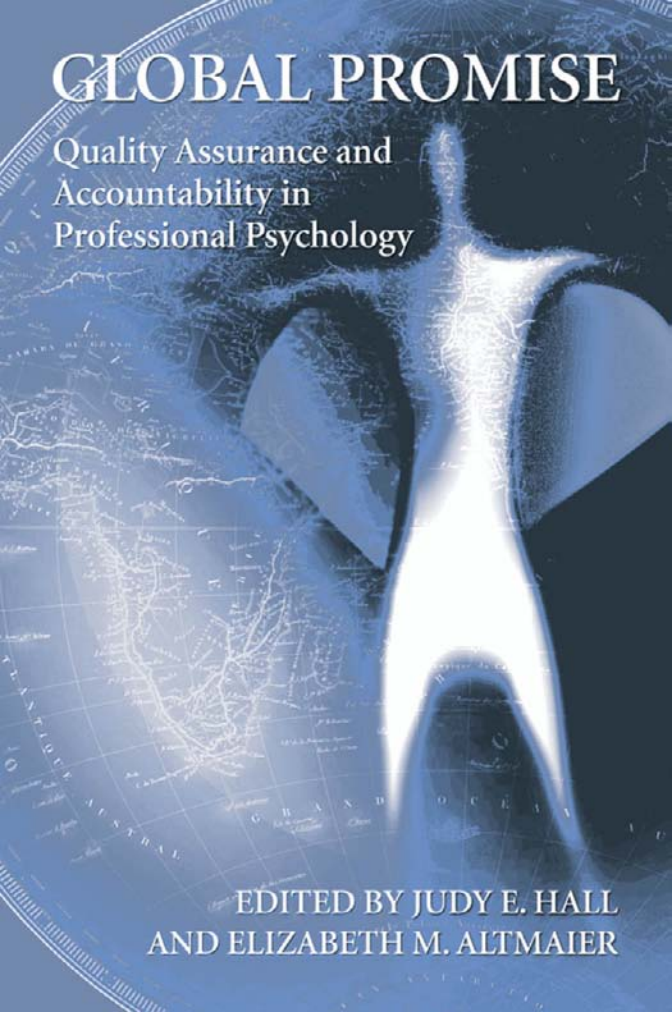
GLOBAL PROMISE

Quality Assurance and Accountability in Professional Psychology



EDITED BY JUDY E. HALL
AND ELIZABETH M. ALTMAIER

Global Promise

This page intentionally left blank

Global Promise

Quality Assurance and Accountability in Professional Psychology

EDITED BY
JUDY E. HALL AND ELIZABETH M. ALTMAIER

New York Oxford
OXFORD
UNIVERSITY PRESS
2008

OXFORD
UNIVERSITY PRESS

Oxford University Press, Inc., publishes works that further
Oxford University's objective of excellence
in research, scholarship, and education.

Oxford New York
Auckland Cape Town Dar es Salaam Hong Kong Karachi
Kuala Lumpur Madrid Melbourne Mexico City Nairobi
New Delhi Shanghai Taipei Toronto

With offices in
Argentina Austria Brazil Chile Czech Republic France Greece
Guatemala Hungary Italy Japan Poland Portugal Singapore
South Korea Switzerland Thailand Turkey Ukraine Vietnam

Published by Oxford University Press, Inc.
198 Madison Avenue, New York, New York 10016
www.oup.com

Library of Congress Cataloging-in-Publication Data
Global promise : quality assurance and accountability in professional
psychology / edited by Judy E. Hall and Elizabeth M. Altmaier.
p. cm.
Includes bibliographical references and index.
ISBN-13: 978-0-19-530608-8
1. Psychologists—Certification.
2. Psychologists—Licenses. 3. Psychologists—Training of.
4. Psychologists—Professional ethics. I. Hall, Judy, 1943– II. Altmaier, Elizabeth M.
BF80.8.G56 2008
150.23—dc22
2007040549

1 3 5 7 9 8 6 4 2
Printed in the United States of America
on acid-free paper

Dedication

We dedicate this book to psychologists in every country and region who are committed to the globalization of psychology. We are indebted to them for their leadership and vision. We also salute their personal commitment to identifying and solving problems inherent in the continued expansion of psychology. We trust this text will stimulate their incorporation of the many aspects of a culture of quality assurance into their work.

This page intentionally left blank

Preface

Psychology, as a profession, has a social contract with the public to use its special skills to promote human and societal welfare. In return for this promise, the public grants to the profession control over the selection, education, training, and certification of those practitioners who call themselves psychologists. This text will examine how psychology carries out these tasks in the various countries and geographical regions in which psychology is practiced.

Why this emphasis on international perspectives in quality assurance? Psychology is increasingly finding itself to be a global profession. There are organizations and constituencies that concern themselves with psychology's growth across the world. Greater than that, however, is the increasing mobility of persons. Technology and relocation have given psychologists the opportunity to work in a country or region different from that in which they were originally trained. How can mobility be fostered? What mechanisms can be used to evaluate persons who wish to practice with an increasing degree of mobility?

This text is meant to respond to these concerns and is important for two reasons. First, changes in systems of education and training, licensing, and credentialing have been proposed or are ongoing in many countries and regions. Thus, this text supplies timely information to parties most interested in its application. Second, we hope, through careful description and analysis, to articulate conclusions about preferable aspects of mechanisms of quality assurance for scholars and for practitioners. Overall, this text responds to the fact that psychology now participates in a global community.

The text contains three parts. The first part is an overview of the various means by which one can evaluate how quality assurance is determined for educational and training programs and for individuals. The first type is the means by which programs of education and training are designated as psychological in nature, are evaluated for their quality, and are approved as appropriate means by which professionals can be educated and trained. The second type is the means by which persons are evaluated for their own credentials to practice, for their practice competencies, and for their advanced areas of specialization. It is particularly important for the reader to gain an overview of the purposes of these types of quality assurance before examining

international variations. Within this part, four chapters will introduce quality assurance, examine quality assurance within higher education, consider quality assurance for individuals, define the contribution of new assessment methods to quality assurance, and discuss how codes of ethics can contribute to accountability, including efforts to develop a universal set of ethical principles.

The second part will consider how approaches to quality assurance are operating within various countries and regions. Both chapters and cameos will describe several common domains. First, at what level are psychologists prepared, and how does this system of preparation build on previous education at all levels? Second, to what degree level is entry to practice restricted? Third, are there organizations or governmental entities that certify the quality of programs of preparation or of professionals themselves? Is emphasis on content, on competencies, or both? And last, what national organizations or movements are influencing education and training? Chapters in this section are longer treatments of countries or regions; cameos are shorter treatments of countries or address quality assurance mechanisms.

The last part will be evaluative in nature. That is, it will compare and contrast systems on several dimensions of interest. Because the reader now has evaluation tools from the first section and descriptions of how countries and regions operate from the second section, the third section will stimulate deliberation on two key questions: how does the international profession of psychology promote a culture of quality assurance, and how does the international profession of psychology promote mobility? The interrelatedness of these concepts is critically important to the future globalization of psychology as a profession. At the conclusion of the text is a chapter for synthesis, comment, and stimulation of additional deliberation.

As editors, we salute the efforts of our contributors to convey information that is culturally contextually specific and to build the larger view of understanding how psychology as a global profession can and should operate. We trust that you as readers will be similarly appreciative of their efforts to create perspectives on quality assurance in the profession of psychology.

We wish to thank those who assisted us in this text. We salute Peter Nathan for his inspiration of this project. The staff of Oxford University Press was gracious and unfailingly helpful. The University of Iowa provided a developmental assignment in support of our work on this text. We also thank the staff in our own workplaces who provided us with assistance: Patricia Martin at the University of Iowa for her formatting assistance and Andrew Boucher at the National Register of Health Service Providers in Psychology, who designed our cover with us looking over his shoulder.

Contributors

Elizabeth M. Altmaier, PhD, is Professor in Counseling Psychology at the University of Iowa, Iowa City, IA, USA. She can be reached at elizabeth-altmaier@uiowa.edu.

Cynthia D. Belar, PhD, is the Executive Director, Education Directorate of the American Psychological Association, Washington, DC, and Professor Emerita in the Department of Clinical and Health Psychology at the University of Florida Health Science Center, Gainesville, FL, USA. She can be reached at cbelar@apa.org.

Merry Bullock, PhD, directs the Office of International Affairs at the American Psychological Association in Washington, DC, USA, and is an officer in the International Union of Psychological Science. She can be reached at mbullock@apa.org.

Karen R. Cohen, PhD, is the Associate Executive Director at the Canadian Psychological Association in Ottawa, Ontario, Canada. She can be reached at kcohen@cpa.ca.

Janel Gauthier, PhD, is Professor of Psychology at Laval University, Québec City, Québec, Canada. He can be reached at janel.gauthier@psy.ulaval.ca.

Sandra Greenberg, PhD, is Vice President for Research and Development at Professional Examination Service, New York City, NY, USA. She can be reached at Sandy@proexam.org.

Catherine L. Grus, PhD, is Associate Executive Director for Professional Education and Training at the American Psychological Association, Washington, DC, USA. She can be reached at cgrus@apa.org.

Judy E. Hall, PhD, is the Executive Officer of the National Register of Health Service Providers in Psychology, Washington, DC, USA. She can be reached at judy@nationalregister.org.

Laura Hernández-Guzmán, PhD, is a Full-Time Professor, National University of Mexico, Mexico City, Mexico. She can be reached at lher@servidor.unam.mx.

George Hurley, PhD, RPsych, is a professor at the Memorial University of Newfoundland University Counselling Centre, St. John's, Newfoundland, Canada. He can be reached at ghurley@mun.ca.

Stephanie Jackson Young, MS, is Coordinator for the ASPPB/National Register Designation Project at the National Register of Health Service Providers in Psychology, Washington, DC, USA. She can be reached at stephanie@nationalregister.org.

Ingrid Lunt, PhD, is Professor in the Department of Educational Studies at the University of Oxford, Oxford, England. She can be reached at ingrid.lunt@edstud.ox.ac.uk.

Henk T. van der Molen, PhD, is Professor Doctor of Psychology at the Institute of Psychology, Erasmus University, Rotterdam, The Netherlands, and past-president of the Dutch Psychological Association (Nederlands Instituut van Psychologen). He can be reached at vandermolen@fsw.eur.nl.

Paul D. Nelson, PhD, was formerly Deputy Executive Director and Director, Graduate and Postgraduate Education, Education Directorate, American Psychological Association, Washington, DC, USA. Now retired from that position, he can be reached at pdn54@comcast.net.

Mingyi Qian, PhD, is at the Research and Training Centre for Clinical Psychology, Psychology Department, Peking University, Beijing, China. She can be reached at qmy@pku.edu.cn.

Pierre L.-J. Ritchie, PhD, is Professor of Psychology, University of Ottawa, Ottawa, Ontario, Canada. He can be reached at pritchie@uottawa.ca.

Patrick T. Sibaya, DEd, is Vice Dean, Faculty of Education, University of Zululand, KwaZulu-Natal, South Africa. He can be reached at psibaya@pan.uzulu.ac.za.

Juan José Sánchez-Sosa, PhD, chairs the Postgraduate Program of Behavioral Medicine at the National University of Mexico, Mexico City, Mexico. He can be reached at johannes@servidor.unam.mx.

I. Leon Smith, PhD, is President and CEO of Professional Examination Service, New York, NY, USA. He can be reached at Leon@proexam.org.

George Stricker, PhD, is Professor of Psychology, Argosy University, Washington, DC, USA. He can be reached at geostricker@comcast.net.

Drs. Klaas H. Visser (Doctorandus) is the Director of Education at the Department of Psychology, University of Amsterdam, The Netherlands. He can be reached at K.H.Visser@uva.nl.

Trevor Waring, MSc, is Conjoint Professor of Psychology and Chancellor at the University of Newcastle, Australia. He can be reached at chancellor@newcastle.edu.au.

Kevin Xu, ScM (Master of Science), is at the Research and Training Centre for Clinical Psychology, Psychology Department, Peking University, Beijing, China. He can be reached at kevin073@263.net.

Ping Yao, PsyD, is at the Research and Training Centre for Clinical Psychology, Psychology Department, Peking University, Beijing, China. She can be reached at pingy@pku.edu.cn.

Jie Zhong, PhD, is at the Research and Training Centre for Clinical Psychology, Department of Psychology, Peking University, Beijing, China. He can be reached at jzhong@pku.edu.cn.

Susan Zlotlow, PhD, is the Director of the Office of Program Consultation & Accreditation and Associate Executive Director of the Education Directorate at the American Psychological Association, Washington, DC, USA. She can be reached at szlotlow@apa.org.

This page intentionally left blank

Contents

Part I

Part II

Part III

Global Promise

This page intentionally left blank

Part I

This page intentionally left blank

1

Introduction to International Quality Assurance for Psychology

Elizabeth M. Altmaier and Judy E. Hall

The array of terms is almost dizzying—implementing regulations, accreditation, credentialing, mobility, licensure, competencies, and outcomes assessment. And yet these terms all describe activities that are essential to the profession of psychology. Why is this the case? Psychology is a *profession.* There are many definitions of a profession, but most share four components (Pellegrino, 1991). First, a profession is based on a systematic body of knowledge, mastered through a broadly defined educational and training process. Second, a profession regulates its own practitioners through a code of ethics and a means of enforcing that code. Third, a profession is characterized by an expectation of all of its members to serve the profession itself, through teaching and mentoring junior members and through other activities that have as their goal the advancement of the profession and the improvement of its contributions to human welfare.

This book is concerned primarily with the fourth component of a profession, and that is *accountability.* A profession has an implicit contract with the public. The profession agrees to use its special skills and knowledge to promote human and societal welfare. In return for this promise, the public gives the profession some degree of control over the education and certification of its members. Psychology, as a profession, carries out its accountability function through a broad variety of ways in order to cover an increasingly widening scope of domains. As examples, accountability includes the designation of certain programs of training and education as appropriate for the development of a trained professional. Accountability includes mechanisms of monitoring individuals' practice to ensure that ethical responsibilities are met. Accountability, furthermore, contains activities in which the training staff voluntarily submit their own credentials and their training-program activities to be peer-reviewed for evaluation and improvement. All of the activities subsumed under the heading of "accountability" could be considered *quality assurance,* a guarantee to the public, to the consumer,

that psychologists have considered and refined the means by which the quality of their services is assured.

It should be noted that accountability includes many activities that encompass issues of ethics and professional conduct: training in ethics and ethical decision making, the development of codes of ethics and standards of conduct, evaluation of ethical knowledge and decision making, and monitoring professional conduct. Thus, while this text has, as its primary aim, an examination of accountability, issues of ethics and ethical conduct are integral to accountability. Thus one chapter will consider how ethics are an essential aspect of accountability, and a cameo will consider whether there can be a universal declaration of ethical principles.

It should also be noted that many of the activities discussed in this text have interrelationships among themselves. For example, accreditation, a voluntary submission of one's training program and staff to peer review for accountability and for improvement, can be related to entry to practice through the standards for licensure. States, provinces, territories, or countries can choose to restrict licensure to graduates of accredited programs. Alternatively, mobility of professionals across states and borders can be facilitated by licensure, but it cannot be assured by licensure. A chapter in this text discusses how various aspects of accountability are related to mobility in various and complex ways.

A second primary aim of this book is the promotion of an *international culture of accountability.* Many who are familiar with their own systems of accountability understand that psychology is and will increasingly become an international profession. Borders are more permeable to the physical movement of psychologists and to the technological advances that allow the practice of psychology to be unrestrained by geographical location. Thus activities of accountability that might have been defined by a specific history or tradition, or constrained by a disciplinary history within a single country or region, now must be considered within the complete international context. While this development is exciting, it also leads to a serious consideration of the cultural specificities of accountability. Chapters in this text will discuss this topic in more detail. Our aim is to sensitize the reader, wherever he or she is located, to the idea of developing a culture of accountability in that location. More importantly, we trust the reader will allow the descriptions of the various activities that work in other countries and regions to stimulate consideration of the importation of such activities to his or her own area of employment.

In spite of the insularity characteristic of the field of psychology in the United States, psychology is a truly global endeavor. Stevens and Wedding (2004) forcefully argue that international psychology must tackle issues of global importance. Briefly, these issues are intergroup conflict, transformation of society and accompanying national

economic development, destruction of the natural environment, significant unmet mental and physical health needs, and the special issues of disempowered groups worldwide. Their text describes how psychology operates within various countries and regions to meet these global needs.

There are positive signs that indicate that psychology may be ready to meet these needs. First, the numbers of psychologists and psychology students are increasing, and the definition of a psychologist is becoming better articulated worldwide. Concomitantly, psychologists are forming organizations within and across borders. Advances in technology make it more likely that contributions can be widely communicated.

However, there are dissatisfactions with Western psychology that may cause isolation within the international community: a reductionist approach to science, a lack of sensitivity to cultural concerns, and a failure to recognize the community service owed by the profession within many countries. These issues are serious ones and reveal that psychology has a significant and large role to play in providing service to society. While we trust that Stevens and Wedding (2004) have articulated means by which psychologists can work collaboratively to solve issues of international importance, our text is targeted to a different but related issue, that of a culture of accountability.

Different countries and geographical regions have developed various systems to meet the goal of accountability. This text will examine these systems within their sociopolitical and historical contexts. This is a necessity because, as a profession, psychology operates within a societal context and thus will vary considerably from country to country. Systems were chosen to represent varying sets of characteristics:

1. *Regulation.* In North America, systems of credentialing are tightly regulated by a variety of governmental agencies and professional organizations.
2. *Autonomy.* Funding by the European Commission of the Leonardo Project has resulted in a proposal for establishing minimal qualifications for psychologists throughout Europe. At the present time, many countries in Europe are autonomous in the way they regulate psychology's education and practice, if they do so at all.
3. *Collaboration.* Australia's system is managed through a collaboration of the professional association and the regulatory boards.
4. *Multifaceted.* The government of Mexico ties licensing to a specific degree, combined with a social service requirement, and is now engaged in a newly established accreditation system. Its developments are more properly compared to South America, which has a similar educational system, and to Spain.

5. *Other examples.* Many other examples abound in the international context.

The specific aims of this text are to (a) define mechanisms by which each system accomplishes quality assurance in education and training, licensing, and credentialing (the actual policies and procedures); (b) consider the relative effectiveness of each mechanism within its own context; and (c) evaluate the variety of mechanisms along common dimensions (e.g., education for science versus practice, specification and control of processes, outcome evaluation methods).

This text is important for two reasons. First, changes have been proposed or are ongoing within each of the above-defined systems. Thus, this project supplies timely information to parties most interested in its evolution. Second, there may be conclusions about preferable aspects of mechanisms of quality assurance, at individual or educational program levels, of interest to scholars in this area of study. The third and fourth section evaluates quality assurance from perspectives of fostering mobility and a culture of accountability.

The content framework is the same for each set of systems. With regard to the book's framework, the first content area (Part I) is the means by which the profession of psychology, through relevant and involved parties, engages in designation and accreditation of educational programs, defining entry-level degrees for licensing of entry-level professionals, and certifying advanced and/or specialized skills. The second content area (Part II) supplements this information with description about the actual practice of the systems in Europe, Latin America, Netherlands, and Australia, with briefer cameos about the United Kingdom, South Africa, and China. The last content area (Part III) is comparative and examines the mechanisms from the perspectives of the other systems, emphasizing influences from external forces that have shaped the development of the mechanisms and comparative strengths and limitations. The final part contains a chapter designed to synthesize and stimulate additional development within this critical area.

All of the means of accountability center around five major domains, however, and the explication of these domains is the remaining focus of this chapter.

DESIGNATION OF APPROPRIATE PROGRAMS OF EDUCATION AND TRAINING

Becoming a professional begins with a program of education and training. These programs are typically offered within institutions of learning that have broader purposes and thus operate within the context of higher education. Higher education itself operates within a defined sphere in various countries. As an example, higher education may be

controlled by a governmental or nongovernmental agency, or by a confederation of institutions or organizations. Thus this first domain of accountability is inextricably linked to how the country or region in question conceptualizes the operation of higher education. Since higher education follows a trajectory of education, from the lowest level to the highest level, that is also defined by the country, it is expected—and the reader will find in the following chapters—that education and training models will vary considerably. Some of these differences relate to the control of the curriculum, some to the degree that is granted upon completion of the educational program, and some to the interplay of the degree with practice responsibilities. Each chapter will clearly describe how educational programs that have as their goal the training of professional psychologists operate within a country or geographical context.

Within the United States and Canada, doctoral programs in professional psychology are designated by the National Register of Health Service Providers in Psychology and the Association of State and Provincial Psychology Boards if they meet the input criteria (http://www.nationalregister.org/designate.html). (Programs accredited by the American Psychological Association or the Canadian Psychological Association meet those criteria.) Designation is one of the mechanisms for determining qualification for licensure in most United States and Canadian jurisdictions and thus functions as a method of accountability.

As Drum and Hall (1993) noted, designation and accreditation refer to the certification process for programs and for facilities. This process serves a variety of purposes. A designation is not an indicator of quality but a statement that the program of training and education has met criteria specified by appropriate groups or constituencies. Such a designation provides information to consumers, students in the case of training programs, that their enrollment in the program and completion of its requirements will enable them to assume the careers to which they aspire. Further, the widespread use of criteria or standards serves to bring education and training into some degree of harmony. Such criteria, as is detailed in chapters to follow, vary in their prescriptive nature. So, as an example, in some countries or regions, such criteria may specify the necessary number of faculty; other criteria may specify their credentials; and other criteria may simply indicate that faculty must be qualified for the tasks to which they are assigned. In any event, the process of designation brings consistency to training across programs that satisfy set criteria.

Historically, education could be thought of as an input model. Students were admitted to programs of study and received education and training in the form of tutorials, courses, apprenticeships, and so on. Their mastery of this work took the form of examinations of knowledge. However, the application of this knowledge to practice was often less fully considered. And, indeed, a professional whose accomplishments

in the educational part of his or her preparation were considered satisfactory, yet whose accomplishments in the professional practice area were unsatisfactory, was not uncommon.

In response to these concerns, psychology, as well as many other professions, has begun to reconceptualize education from an input model to an output model. That is, apart from what the professional needs to know, what does he or she need to know how to do? These are *competencies.* Epstein and Hundert (2002) define competencies in a way that appears to be circular: "Competencies are the habitual and judicious application of the knowledge and skills required for the benefit of the individual and community being served" (p. 227). Perhaps more helpful is the distinction made by Rodolfa et al. (2005) between *foundational competencies* and *functional competencies.* The former are the knowledge, skills, and attitudes or values that serve as the foundation for practice. The latter are the particular skills displayed during the identification and resolution of a problem.

Rodolfa et al. (2005) define necessary competencies within both foundational and functional domains. The foundational competencies are reflective practice/self-assessment, scientific knowledge and methods, relationships, ethical and legal standards and policies, individual and cultural diversity, and interdisciplinary systems. Functional competencies are assessment/diagnosis/case conceptualization, intervention, consultation, research/evaluation, supervision/teaching, and management/administration. An example would illustrate the difference between input and output or competency considerations.

One of a psychologist's core responsibilities is to form working alliances, or relationships, with others. Relationships can be built with clients, with students, with colleagues, with supervisors, with community members, with representatives of other professions, and so on. In an input model of education, a student might be presented with theories of how relationships are built, perhaps focusing on building relationships with a client. Research regarding elements of relationships and their formation and testing might be reviewed and even conducted. Students would also likely receive practical advice from clinical supervisors regarding essential elements of relationship building, and they would also receive feedback from the client regarding what is working and what is not. However, from the first stage of professional preparation to the final, the skill of building relationships has not been changed in specification.

In an output model, the competency itself is redefined at each stage of training, from beginner to advanced, with essential components, and the assessment of those components, becoming more complex. For example, a beginning aspect of building relationships might be listening to and being empathetic to others. An assessment method might be performance in a course or by examination. At an advanced level,

however, the essential component of building relationships progresses to providing leadership to individuals, organizations, and communities. Here, the complexity of necessary knowledge is evident, and the assessment of this competency would be by self, supervisors, and peers, and by documentation of performance achievements.

How faculty and educational regulators have chosen to designate programs of education as appropriate for the preparation of psychologists, and the interplay of those decisions with the societal context of higher education in that country or geographical region, is an additional aspect of accountability. This aspect is typically termed *designation,* and its function varies from region to region. Jackson-Young, in Cameo 1 in this volume, describes the processes of designation within the United States and Canada.

CERTIFYING PROGRAM QUALITY

Quality assurance also includes the profession's representation to the public that existing programs of training and education are meeting the goal of satisfactorily educating the professional so that the welfare of his or her clients is not endangered and so that his or her practice meets appropriate standards. This aspect of a profession's responsibility to the public is particularly important, since the public cannot be expected to be knowledgeable concerning what content should be covered in programs of education and training.

Psychologists have long concerned themselves with this aspect of their professional responsibilities. Initially, as long ago as 1949, psychologists in the United States discussed what content should characterize the curriculum of training in psychology (Raimy, 1950). In the United States, psychologists have held many conferences, all with the goal of defining which characteristics define a quality training program. While consensus is a viable method of developing consistent and coherent standards, the promulgation of these standards alone may not be sufficient for ensuring quality training. With this concern as a backdrop, other methods have been defined, among them accreditation.

Within the United States and Canada, accreditation is the primary means of ensuring program quality (Altmaier, 2003). Accreditation is a voluntary submission by faculty of a training program to the scrutiny of peers using a defined set of standards and principles for judging quality. Leaving aside for the moment the definition of these standards, the purpose of accreditation is to "assess, enhance, and publicly attest to the quality of higher education institutions and programs" (Nelson & Messenger, 2003, p. 12). It is noteworthy that the three intents of this professional activity are to assess quality, enhance quality, and convey professional judgments of quality to the public for their information.

The definition of quality, or the articulation of the standards and principles, has been a matter of much contention over the years. Part of that contention is the difference between input and output described above. Should standards specify only input, only output, or both? What is the role of program faculty and their autonomy in determining the training model and objectives? What is the role of national associations? And what is the role of the consumer, in the form of clients, and of those psychologists already in the work force?

Last, as will be seen in many of the following chapters, the government has a role in determining quality of training. That role may lie in "accrediting the accreditors," a more distant role, or it may lie in the determination of curriculum itself, a more intimate role. Again, as Cohen indicates in Cameo 2, a societal context must be taken into account in determining the quality of training programs. However, within other countries or regions, that role may vary considerably, from accrediting the accreditors to examining the quality of training directly.

As will also be seen in the following chapters, the challenge of *mobility* to quality determination is a significant one. What may be considered quality education and training within one country or region may be considered inadequate in a different country or region. Thus the increasing mobility of professionals and the internationalization of psychology pose challenges to the definition of quality training. Is there a universal definition of quality training? Can there be? Chapters that follow will consider this pivotal question of certifying the quality of programs of training and whether international mobility is possible given the variability among countries and regions on standards of education and training.

CERTIFYING GRADUATES FOR ENTRY INTO THE PROFESSION

To the casual reader, it might seem that if a program has been designated as appropriate for the training of psychologists or if that program has been deemed of high quality, that certifying graduates for entry into the profession of psychology would be *pro forma.* However, the reverse is usually the case. Regulating the practice of professionals is the province of a wide array of bodies, commissions, boards, and committees. Additionally, some countries or geographical regions have not developed the profession of psychology sufficiently to determine processes for entry into the profession, and declaring oneself a professional practitioner is sufficient. Others have been unsuccessful in obtaining permission to regulate the practice of psychology. What are the difficulties that underlie this domain of quality assurance? Two apply in particular: the control of the credentialing mechanism and the assessment methods that are employed to assess graduates' readiness for practice.

While a profession may hold to itself the privilege of determining programs of study and certifying the quality of same, the public is often more concerned with the entry into practice of new professionals. Within the United States, individual states and territories control the process of licensure as a psychologist. Within other countries, national methods apply. Some methods tie entry into practice to a specific degree, others to completion of courses of study, and others to examinations. Chapters that follow will outline the various ways the profession and the public are involved in articulating processes by which entry is made into practice. Given the diversity of models of training, the question becomes one of efficiency and effectiveness.

Equally essential are the means by which an assessment is made of the prospective professional's readiness to practice. Assessment, or the measurement of professional skills and competencies, is a daunting process. There are multiple dilemmas within this process. The first is the degree of efficiency desired; assessment can be lengthy and thorough, but it will then be expensive in terms of time and resources. Assessment can be efficient but cursory—but then is the assessment adequate? Defining the purpose of the assessment will assist in solving this dilemma, but it will not be sufficient to dictate the best system of assessment. A second dilemma is the object of assessment. As will be seen in the following chapters, and as is evident from the above discussion of input versus output models, is the input or the output, or both, being evaluated? A third dilemma is the method. Should the professional sit for a written examination, or an oral examination, or a simulated performance examination? Last is the purpose of the evaluation: is entry-to-practice assessment only meant to determine truly unworthy professionals and weed them out, or is there a feedback loop by which all participants receive information intended to help them improve their performance at whatever level they are assessed as having achieved?

Ultimately, while measurement may be objective, evaluation of the professional's readiness to practice will be subjective. Measurement may and should be precise and unambiguous. However, the processes of evaluation will always contain human factors, errors, and biases. And as this evaluation will occur within a specific cultural context, there will be variations in the means and focus of assessments. Chapters that follow will discuss these matters in more detail and from a global perspective.

CREDENTIALING PRACTITIONERS IN ADVANCED KNOWLEDGE AND SKILLS

It is to be expected that psychologists will acquire an array of advanced and specialized knowledge and skills beyond their initial point of entry into the profession. Psychologists who possess such specialized

knowledge and skills will want to advertise their credentials. However, similar questions concerning the credentialing of professionals as they enter the profession also apply to credentialing advanced and specialized knowledge and skills. As examples, how is an advanced or specialized body of knowledge and skills defined, and what mechanism exists to certify to the public the usefulness of this advanced specialization?

Because the United States has had practicing psychologists since 1945, mechanisms for practitioner certification and credentialing exist that are similar to those for medicine and other professions. The oldest process is that of board certification, such as that originally introduced by the American Board of Professional Psychology in 1947 in three specialty areas and now expanded to 13 specialties (e.g., family psychology, rehabilitation psychology, forensic psychology). Other organizations have developed board certification in more recent years in similar practice areas (e.g., American Board of Professional Neuropsychology, http://www.abpn.net, and American Board of Assessment Psychology, http://www.assessmentpsychologyboard.org). In fact, there are quite a few organizations, but little penetration into the practicing psychologist population.

The certification process is typically as follows: after a process of submitting materials including one's professional education and training credentials, a set of specialty-related credentials, and proof of licensure, materials are reviewed by a group of already certified professionals, and the candidate sits for an oral examination based on the written materials and a performance sample of work with a client. Among the arguments for specialty certification is the rationale that a professional psychologist, when offering services to the public, should be able to have those services vetted by those already in that specialty. However, this may be a Western argument, reflecting the increasing specialization of psychology within the United States and the specific areas of specialization that have been recognized. Within other countries or regions, other specializations may be defined or, in contrast, specialization may be avoided.

Another type of certification exists, such as in the treatment of alcohol and substance abuse or in the examination of knowledge of clinical psychopharmacology (http://www.APAPractice.org/apo/pracorg/pep.html), both originating in the American Psychological Association Practice Organization. Again, the number of professionals who have been certified or examined is very small.

The National Register of Health Service Providers in Psychology is the most successful credentialing organization for practicing psychologists within the broader area of health care, and it is not restricted to specific specialties or proficiencies in psychology. Today, approximately 12,000 psychologists are credentialed as health-service providers based

upon specific education, training, licensure and adherence to ethical standards. This national effort to identify health-care providers in psychology is similar to regulations in the Netherlands, as Molen and Visser describe in Chapter 7.

All three types of organizations reflect the fact that, following licensure or recognition by the state, province, territory, or country, psychologists are expected to pursue advanced competence and continuing professional development. This may take the form of additional education and training as well as specialization within practice after licensure. In fact, the American Psychological Association (APA, 2006) recently adopted a policy derived from the 2000 Commission on Education and Training Leading to Licensure, which addresses exactly this point:

> The American Psychological Association affirms that postdoctoral education and training remains an important part of the continuing professional development and credentialing process for professional psychologists. Postdoctoral education and training is a foundation for practice improvement, advanced competence, and inter-jurisdictional mobility . . . .

Specialization in the practice of any profession is inevitable. Within every country or region, there is a need for the profession to develop or enhance methods that allow advanced practice areas to be defined, assessed, and certified. Chapters that follow will address certification, as a part of admission to practice and within the context of that country or region.

EVALUATING THE DEGREE TO WHICH CERTIFICATION PROCEDURES ADDRESS PRACTITIONER ADHERENCE TO PROFESSIONAL ETHICS AND STANDARDS

Ultimately, the public and the direct consumer desire to be treated with competence by a humane and ethical professional. This is an essential domain of accountability. A profession must develop methods to ensure that every professional's practice is characterized by a commitment to lifelong learning, to integration of new knowledge into practice, to ethical standards and values, and to attitudes of service and compassion. Yet the actual definition of these standards is inevitably culturally bound. How countries differ in their definition of these key terms—ethical practice, attitudes of service, and integration of new knowledge—is both interesting and challenging.

One might ask, is there a universal ethical code to which all psychologists conform? Such a question would be difficult to ask, since ethical codes themselves vary. Some codes emphasize prohibited behaviors, others articulate aspirational standards for behavior, and others focus on personal qualities and attributes necessary for ethical decision making (Meara, Schmidt, & Day, 2000). And, finally, other codes emphasize

the decision making inherent in solving ethical dilemmas rather than any particular code. In the chapters to follow, various types of ethical codes or meta-codes, including potential universal ethical principles, will be presented.

CONCLUSION

This text was organized to give the reader evaluation tools, descriptions of how psychology as a profession operates globally within a set of countries and regions, and analyses. Our purpose in this organization is to allow the reader to engage in an active and interactive synthesis of various practices and methods that are subsumed within accountability. It is not the authors' or editors' expectation that any one set of practices or methods can be demonstrated to be superior, since each must operate within a particular set of societal and cultural contexts. However, it is to be hoped that a thorough comparison of accountability processes would enhance those processes for all readers.

Chapters in the first section consider how evaluation within higher education is carried out. As was noted earlier, education and training of professional psychologists occurs within the larger context of higher education irrespective of the country or region that is being described. Thus, the context of higher education must be understood. An additional tool is the consideration of methods to evaluate competencies. Assessment is a key component of many of the activities that constitute accountability. Thus, methods of assessment are vital tools. Last, while ethical practice is in itself a valued goal, it is also a means of evaluating the various approaches to accountability. Since the ultimate goal is service to the public, psychologists' ethical and professional standards and practice are of the highest importance.

The second section of this text considers a variety of countries and regions. Some have developed methods of accountability. All have the active presence of psychologists, albeit certified or recognized through different processes. Each chapter and cameo was intended to address the domains that have been described in this chapter. How are psychologists prepared—what are the level, nature, and number of programs? Is there a mechanism for such programs to be designated or accredited? What national and/or international organizations influence such preparation within the country or region? How are psychologists identified, licensed, or credentialed for practice, both at the entry level and at an advanced level? What future trends are envisioned for the country or region in these areas?

The last section of this text considers two key analytic questions. First, how is accountability best carried out? What mechanisms of quality assurance appear to work best within which systems, and what

can be learned to enhance the work of all psychologists in this area? Second, how can psychology prepare for increasing mobility? With professional practice beginning to cross state, country, and regional boundaries, thus involving geographic and virtual mobility, what mechanisms of accountability are available to address the challenges inherent in mobility? The final chapter identifies trends across borders and proposes remedies for improving international accountability.

One construct that appears superordinate is that of fostering a culture of accountability. While this construct, again, is culturally contextualized, it is of paramount importance as psychology assumes a role in the global marketplace. It is our sense that this culture of accountability is principled and personal and underlies the efforts of all psychologists in their own region, country, or territory to maintain and enhance their own and the profession's quality assurance methods.

REFERENCES

Altmaier, E. M. (Ed.). (2003). *Setting standards in graduate education: Psychology's commitment to excellence in accreditation.* Washington, DC: American Psychological Association.

American Psychological Association, Council of Representatives (February 17–19, 2006). *Minutes* (p. 2).

Drum, D. J., & Hall, J. E. (1993). Psychology's self-regulation and the setting of professional standards. *Applied and Preventive Psychology, 2,* 151–161.

Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association, 287,* 226–235.

Meara, N., Schmidt, L., & Day, J. (1996). Principles and virtues: A foundation for ethical decisions, policies, and character. *The Counseling Psychologist, 24,* 4–77.

Nelson, P. D., & Messenger, L. C. (2003). Accreditation in psychology and public accountability. In E. M. Altmaier (Ed.), *Setting standards in graduate education: Psychology's commitment to excellence in accreditation* (pp. 7–38). Washington, DC: American Psychological Association.

Pellegrino, E. D. (1991). Trust and distrust in professional ethics. In E. D. Pellegrino, R. Veatch, & J. Langan (Eds.), *Ethics, trust and the professions* (pp. 69–89). Washington, DC: Georgetown University Press.

Raimy, V. C. (Ed.). (1950). *Training in clinical psychology.* New York: Prentice Hall.

Rodolfa, E. R., Bent, R. J., Eisman, E., Nelson, P.D., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36,* 347–354.

Stevens, M. J., & Wedding, D. (Eds.). (2004). *Handbook of international psychology.* New York: Taylor and Francis.

2

Quality Assessment in Higher Education through Accreditation

Paul D. Nelson, Cynthia D. Belar, Catherine L. Grus, and Susan Zlotlow

THE NATURE AND PURPOSE OF ACCREDITATION

The Council of Higher Education Accreditation (CHEA), the national nongovernmental oversight authority for accreditation of postsecondary education in the United States, defines *accreditation* as "a process of external quality review used by higher education to scrutinize colleges, universities, and educational programs for quality assurance and quality improvement" (CHEA, 2002, p. 1). Preceding this definitional statement is more than a century of evolution in thought and debate about how and by whom the quality of higher education institutions and programs should be defined and scrutinized, and whether it is sufficient to hold higher education institutions and programs accountable to an established threshold standard of such quality or whether there should also be evidence of an ongoing effort to enhance quality. Although debate about these issues continues today, not only in the United States but also increasingly in other countries, the CHEA definition makes it clear that both of those goals are valued in accreditation as practiced in the United States.

A distinctive feature of accreditation in the United States not cited in the CHEA definition is voluntary reliance on nongovernmental authority, notably institutional and programmatic self- and peer review as the foundation for the process of external quality review. This self-governance principle of accreditation, while heralded as an essential and defining characteristic of accreditation by leaders of higher education institutions in the United States, has also been a source of concern to leaders of government institutions and agencies whose focus is that of assuring public benefit (accessibility, affordability, and accountability in higher education institutions within which public funds are expended). Consequently, there has been a history of tension between

those who speak for oversight of accreditation from governmental and nongovernmental perspectives, a tension that remains evident today (Bollag, 2006; Schray, 2006). The major concerns of those who oppose greater governmental control of accreditation are the potential risk of politicizing the process by removing it from the oversight of those responsible for higher education, namely the academic institutions and their faculty, and the increased likelihood under such conditions of the imposition of standards that would lack sensitivity to the rich diversity among higher education institutions in our country in terms of their history, mission, and culture. Indeed, it is this very respect for the distinctive historical, cultural, and institutional autonomy among European institutions of higher education that European Ministers of Education sought to preserve in the Bologna Declaration of 1999, in an effort to facilitate greater consistency, collaboration, and international mobility among European nations through the higher education process (van der Wende & Westerheijden, 2001).

These concerns are hardly recent, for either European or U.S. higher education institutions. We are reminded by van Vught (1994) of the historical roots of interest and concern about quality assessment and assurance in higher education dating back to medieval days. In reference to the scholarly accounts by Cobban (1975, 1988) of great universities during that era of history , van Vught offers a comparison of two models of quality control of that time, namely the French model exercised by ecclesiastical authority external to the university as experienced by the University of Paris, albeit with protest by the faculty, and the English model exemplified by the self-governing process of peer review by the university faculties of Oxford and Cambridge. These two models are based on contrasting perspectives about the role of higher education, van Vught argued, namely service to society versus the search for truth through a disinterested pursuit of knowledge. These perspectives characterize the developmental history of higher education in the United States, including the history of higher education accreditation over the past century (Young, 1983). While often viewed as competing mission orientations for higher education institutions, they need not be so (Bok, 1990).

What they evoke, however, are different perspectives about the nature or definition of quality in higher education, how and by whom it is best assessed, all cornerstone questions of accreditation. To wit, following a century of evolution in accreditation practices in the United States, a national workshop focused on these very questions (CHEA, 2006), questions that are fundamental to concerns about accountability: to whom, about what, and through what process. The focus of this text is on such accountability in the profession of psychology, the present chapter having as its theme the process of accreditation as a form of accountability in the evaluation of higher education quality. It can be

argued that the historical driving force for change in higher education in the United States has been that of better serving the public, not simply that of advancing knowledge for its own sake or for the benefit of other scholars. It is not accidental, therefore, that the concept of public accountability is foremost in the contemporary landscape of accreditation discussions in the United States (Eaton, 2003; Ewell, 1994; Wergin, 2005; Young, 1983), as it has been also in the evolution of professional education and training in psychology (Nelson, 1998).

THE EVOLUTION OF THOUGHT ABOUT ACCREDITATION IN THE UNITED STATES

In referring to the period of higher education history in the United States from the mid-nineteenth century to the early twentieth century as "the age of standards," McConn (1935) astutely identified as a dilemma for higher education in a democratic society the tension between a need for academic standards, presumably applied by authority external to academic institutions, and a need for academic independence, freedom from requirements imposed by external authority allowing for flexibility to reflect differences between education institutions. This tension became even more pronounced when accreditation was applied to degree-granting programs of the professions, known in the United States as specialized accreditation, the developmental history of which was summarized by Glidden (1983). Indeed, some have declared that the past century of accreditation in the United States has been characterized by a struggle over standards (Seldon, 1960; Young, 1983).

Toward the mid-twentieth century, however, some changes in philosophy about accreditation standards emerged, primarily among the regional accrediting associations responsible for evaluating the quality of colleges and universities as institutions of higher education. The diversity of history, mission, and culture among higher education institutions in this country led leaders at that time to question whether the same standards of quality should be applied to all colleges and universities or whether standards should be sensitive to institutional differences. Millard (1983) described these contrasting perspectives as the *definitional-prescriptive* and *mission-objective* approaches to accreditation standards. In the former approach, he suggested, all institutions or programs are evaluated against common standards of what constitutes a good institution or program, whereas in the latter of the two approaches, one asks how clearly the institution or program mission is stated, how appropriate the institution or program goals and resources are for that mission, and how effectively the mission and goals are achieved.

These perspectives are foundational to understanding how quality is to be defined, a prerequisite question to determining how, by whom, and for whose benefit it should be assessed. It is clearly toward the

mission-objective approach that accreditation in the United States has turned in the last half century, so much so that it has become a major source of criticism of those (e.g., government agencies, regulating bodies for professions) who are concerned that there are few, if any, common standards that serve the public. Inasmuch as institutional mission statements or professional program goals are more often than not expressed in general qualitative terms, the benchmark indicators of progress toward their achievement and the methods by which the extent of their fulfillment can be assessed are typically complex, subject to qualitative as well as quantitative measurement, subject to variable interpretation, and lacking immediate transparency to all publics to whom the educators are expected to be accountable. The issue of public transparency is among the major concerns expressed in the issue paper on higher education quality assurance prepared recently by Schray (2006) for the U.S. Secretary of Education's Commission on the Future of Higher Education.

The major shift to a mission-objective frame of reference in accreditation, especially in the context of increasing demands from legislatures and the public for greater and more transparent accountability of higher education institutions, also gave rise in the past two decades to a major focus on outcomes assessment in higher education. That is, while it continued to be appropriate to assess the quality of an institution or program in terms of the appropriateness of its education resources (e.g., faculty, students, facilities, financial support) and processes (e.g., curriculum, methods of pedagogy, faculty-student relationships) in the context of its mission or goals, it is the final outcomes of an institution or program (e.g., attrition or graduation, demonstrated student learning, faculty productivity) that many argue are ultimately the most accurate measures in assessing quality. It is nonetheless common practice today for education-accrediting agencies in the United States to place major emphasis on the assessment of student learning outcomes in their accreditation standards and processes. In turn, student learning objectives increasingly are being defined in terms of competencies or capabilities expected of an institution's or program's graduates (Ewell, 2001; Wergin, 2005). Quality in this sense is less a matter of how well endowed an institution or program may be, or by what means it carries out its education mission or tries to achieve its goals, than of what it produces in the development of its students. That such a focus has become institutionalized in accreditation is verified in a policy statement issued on mutual responsibilities for student learning outcomes among higher education accreditation agencies, institutions, and programs (CHEA, 2005).

Even within this common context, however, standards about student learning, including how such outcomes should be benchmarked or otherwise assessed, can be viewed differently from the perspectives

of faculty and students, academic institutions and professional associations, government and nongovernment authorities, and the general public. Given the number and diversity of postsecondary education institutions in the United States, defining the learning process developmentally in terms of the value added by the education experience renders the task of assessing learning outcomes even more complex. Jones (2002) discusses the potential implications of different perspectives for the accreditation process, as does Ewell (2001) in addressing different policies or strategies for accrediting bodies in undertaking such an initiative. Inasmuch as each of the different perspectives about standards represents a community of interest in accreditation, a natural sequel among questions about accreditation policy and standards is the following: "Who shall have oversight of the accreditation process for the purpose of assuring public accountability?"

In the English tradition of the great universities at Oxford and Cambridge, self-governance has been the principle ethic of higher education institutions in the United States for assuring quality. So it has also been with the professions in the context of their requisite education. In medicine, the American Medical Association and the Association of American Medical Colleges assumed these responsibilities a century ago. Medicine was the earliest profession in the United States to set national standards and implement an accreditation process in its professional schools when it commissioned a landmark study of medical education through the Carnegie Foundation (Flexner, 1925). Law, engineering, and other professions were to follow the example of medicine in assuming responsibility for the quality of education in their professional schools (Glidden, 1983). Psychology is among the professions that, by the mid-twentieth century, also assumed responsibility for the quality of its professional education and training programs (Altmaier, 2003), public accountability being one of its foremost responsibilities (Nelson & Messenger, 2003).

A CONFLUENCE OF ISSUES IN THE HISTORY OF ACCREDITATION IN PSYCHOLOGY

Throughout the history of accreditation in psychology, three sources of tension have prevailed, summarized by Sheridan, Matarazzo, and Nelson (1995) as the following: (1) the potential conflict between value orientations of graduate education for science and for clinical practice, (2) the potential conflict between externally imposed standards or criteria for accreditation and the need for innovation and academic independence among graduate departments, and (3) the potential conflict over the governance of accreditation between those who represent graduate education and those who represent practice in the profession.

Science and Practice Orientations

The resolution of these issues has been the subject of many national conferences on graduate and professional education over the past 50 years, nearly one each decade, with the first, the Boulder Conference, boldly setting forth what has been called the *scientist-practitioner* model of professional education in psychology (Raimy, 1950). Its thesis was, in effect, that those who practice psychology as a profession should be well educated in and capable of functioning with the perspective of scientists as well as that of practitioners. Consequently, doctoral programs in clinical, counseling, and school psychology were accredited in academic graduate departments of psychology, nearly all of them awarding the traditional PhD degree for scholarly research. Nonetheless, a quarter of a century later there remained sufficient difference of opinion among the faculty in a number of these departments about requirements for educating psychologists for professional practice that a national conference, the Vail Conference, proclaimed the need for a *practitioner-scholar* model of professional education, the related need for professional schools of psychology outside traditional academic departments, and the need for a professional degree in psychology, the PsyD degree (Korman, 1973).

Sources and Nature of Standards

In addition to these developments related to philosophical and education models by which the epistemologies and methods of science and practice are addressed in professional education and training programs, there has likewise been an evolution in accreditation standards with regard to the curriculum subject matter and goals of pedagogy in these programs. The latter development has reflected the evolution of philosophies among accreditors external to the discipline of psychology, previously described as the definitional-prescriptive and mission-objective approaches, and their relative emphases in developing standards or criteria that reflected program or institutional resources, processes, and outcomes. The earliest accreditation standards for doctoral programs in psychology featured criteria that focused largely on evaluating the curriculum and program resources (APA Committee on Training in Clinical Psychology, 1949). In keeping with national trends of practice among accreditation agencies in the United States, however, the last decade has witnessed a shift toward greater emphasis of program accountability through measurement of education outcomes rather than the curriculum or program resources. This shift in emphasis is clearly reflected in the 1996 revision to the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (APA, 1996) and is maintained in the most recent revision (APA, 2008).

The 1996 revision to the accreditation standards was groundbreaking in stating that programs were to define their desired outcomes based

on the education and training model the program employed. The principles on which these standards are based reflect the resolution of some 50 years of debate, namely that (a) doctoral education, as the entry level for professional practice in psychology, be broad and general, not narrow and technical; (b) science and practice are both valued, not as competing or antithetical value orientations but as complementary in advancing the competence of professional psychologists; and (c) diverse ways of achieving professional education goals be respected, and consequently that programs be evaluated for quality within the context of the educational models they espouse. Thus programs are required to define the education model to which they adhere and then define, in that context, the learning goals or outcomes expected of their students. While this approach gives individual education and training programs a great deal of flexibility, not surprisingly there is a corresponding lack of consistency among accredited programs in professional psychology with regard to the outcomes they report as well as to their methods of measuring those outcomes.

Consequently, while the emphasis on measurement of a program's outcomes clearly represents greater refinement in the methods through which accreditation serves as a gatekeeper for program accountability to the public, the lack of consistency among these outcomes and the methods by which they are assessed raises concern from many within the profession of psychology, for which, in part at least, accredited doctoral programs in the United States are preparing their students for entry to practice. To counter this concern, advocates of the revised standards point out that in keeping with the principle that such programs be broad and general, there are professional competency domains within which all accredited programs are expected to prepare their students. These domains represent the knowledge, skill, and professional function bases of professional practice (e.g., scientific foundations; ethics; and such practice functions as assessment, intervention, and consultation). At the same time, it is recognized that under the current accreditation system, program objectives that are typically reported do not require that programs demonstrate, specifically and directly, the development of competence in its graduates. Rather, they must demonstrate how the broad and general competency domains are satisfied in the context of their program's education model and goals.

Accreditation Governance

The very debate over such matters is one that brings into play the third area of historical tension in the accreditation process, namely its governance. Who sits on the accrediting body? Who determines the accreditation policies? Who sets the accreditation standards? During most of its first 50 years, the Committee on Accreditation was a committee of 7 to 10 persons representing doctoral and internship programs, as well as a representative of the public, all of whom were elected, as were

other standing committees of the APA, by the legislative council of that association. In the 1990s, that changed to a body of 21 persons nominated on slates by psychology education and training organizations external to the APA, as well as by certain governance groups of the APA, to represent the following five communities of interest and responsibility: (1) academic leadership at the graduate department level or higher, (2) professional education and training program leadership, (3) professional practice apart from education and training programs, (4) the general public, and (5) psychology graduate students.

Although these categories of representation remain generally accepted among the various communities of interest in accreditation, several trends, including the expansion of scope to include psychology postdoctoral programs and additional predoctoral specialties and the continued increase in number of accredited programs, resulted in the adoption of a plan in 2007 for a 32-member Commission on Accreditation for psychology's professional education and training in the United States. The new commission will broaden the peer review base for future accreditation policy and program decisions, and will be enhanced by utilizing experienced site-visitor colleagues to function as peer review panels in the evaluation of program quality prior to review by the commission. Although the new commission, like its predecessor, will be administratively housed in and legally a corporate part of the APA, its membership and the source of its policies, procedures, and standards remain an inter-organizational structure.

The maintenance of self-governing oversight of accreditation in psychology has been realized through a balance of perspectives among the many communities of interest, perspectives that on occasion are quite different but nonetheless important. In this context, while accreditation connotes a process and a recognized status of quality assurance and enhancement in higher education, it also represents an ongoing public forum and conversation about values related to the same. It is through the venues of public fora, sponsored by various entities including the new Commission on Accreditation, that opportunities for colleagues to debate and exchange ideas about the accreditation process and its objectives will occur. Among the issues for such discussion in the future are (a) the further definition and assessment of competencies, (b) the role of technology in professional education, and (c) models of accreditation practice. These broad issues have implications for accreditation, credentialing, and the general development of psychology as a profession across, as well as within, national boundaries.

FUTURE DEVELOPMENTS IN ACCREDITATION

Definition and Assessment of Competencies

The current APA accreditation standards address competence indirectly by defining the outcome of doctoral training in professional psychology

as preparation for entry-level practice (APA, 1996). Yet there has been no consensus as to how this preparation is defined or measured. As noted earlier, accreditation standards identify broad and general areas of knowledge, skill, and professional function competencies in which programs are expected to prepare their students. The question raised earlier remains one of developing a greater level of consistency among accredited programs in terms of the core competencies expected for entry-level practice.

To address this issue, the National Council of Schools and Programs in Professional Psychology must be recognized for its early leadership in attempting to define and gain consensus among its member programs, the majority of which award the PsyD degree, about core competencies for graduates of professional education and training programs (Peterson, Peterson, Abrams, & Stricker, 1997). Nearly 20 years later, these competency domains were the focus of a 2002 conference in the United States under the leadership of the Association of Psychology Postdoctoral and Internship Centers with co-sponsorship of the APA and others (Beutler, 2004; Kaslow 2004a). Participants invited to the conference represented psychology's professional educators from programs representing PhD and PsyD degree programs, with their distinct education models. Also participating were psychologists primarily engaged in science, practice, or public policy as well as colleagues with particular scholarly expertise in issues concerning individual and cultural diversity. The conference also included colleagues from Canada and Mexico, where a similar emphasis is being given to the definition and assessment of competencies in the process of professional education and credentialing. Indeed, at the time of the 2002 conference, Canada had already achieved a major milestone in the initial development of consensus among its provincial and territorial licensing jurisdictions about core competencies expected of program graduates at the master's and doctoral degree levels (Edwards, 2000; see also http://www.cpa.ca.scienceandpractice/practice/pswait/regulatorsmeetinggottawaonatriomarch4–52000).

The identification and definition of competencies for professional psychology, good practices within training to develop competencies for entry into the profession, and how competencies might be assessed in training were common themes of multiple work groups at the conference. Building on this conference, in 2003, the APA Board of Educational Affairs convened a task force to develop a point paper on the state of the art in methods for assessing competence in professional psychology and to include, for comparison, methods used in education for other professions. The task force developed a position paper on methodological models for assessing competence at different stages of professional development that includes guiding principles and specific recommendations (APA, 2006).

One of the challenges faced by those seeking to advance the shift to focusing on measuring outcomes has been to establish consensus

with regard to the definition of key terms. For example, *competence* has been distinguished from *competency and capability.* Epstein and Hundert (2002) offer a definition of competence frequently cited in the education and training literature, noting that professional competence is the "habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (p. 227). An essential feature of competence is its manifestation by judgment-based performance that can be observed, otherwise documented, and judged by others. The foundations of competence include knowledge, skills, attitudes, and values, as well as abilities related to professional functioning (e.g., reflective thinking, critical inquiry). Competence presumes the complex integration of multiple competencies—that is, particular sets of knowledge, skills, attitudes, values, and related abilities foundational to professional performance (Kaslow et al., 2004b).

The 2002 Competencies Conference articulated two broad types of competencies in professional psychology: foundational and functional (Rodolfa et al., 2005). *Foundational competencies* were described as the knowledge, skills, attitudes, and values that serve as the foundation for the functions a psychologist is expected to carry out. Foundational competencies articulated at the conference included reflective practice/self-assessment, scientific knowledge and methods, ethical and legal standards, and knowledge about individual and cultural diversity. *Functional competencies* were defined as the major performance domains in which a professional psychologist is expected to function, namely assessment/diagnosis/conceptualization, intervention, consultation, research/evaluation, and supervision/teaching. Functional competencies require reflective integration and application of foundational competencies in problem identification and resolution.

With growing consensus regarding the core competencies in professional psychology, the current challenge to educators is to develop benchmarks for the assessment of competence from early through advanced stages of professional education and training, benchmarks that are sequential and integrated and which include the construct of *readiness for entry-level practice,* the point at which graduates of professional education programs are considered eligible to apply for licensure in the profession. Hatcher and Lassiter (2005) illustrate this type of approach as they outline specific competencies associated with the practicum experience, or the series of supervised practice experiences integrated with didactic coursework that precede and serve as prerequisite training for internship training. In their model, levels of performance are measured by specific benchmarks rated according to a three-category rating scale: novice, intermediate, and advanced. The attainment of competence is conceptualized in this model as a developmental process, such that the competencies that result in overall competence are mastered at different rates and stages of development, not

all of which are expected to be demonstrated at the advanced level by the end of practicum training. The developmental concept underlying this approach to the assessment of competence and competencies bears a resemblance to that described by Halonen et al. (2003) in their description of a schema for the assessment of competence in the domain of scientific inquiry in psychology from early undergraduate through advanced graduate education. It is also similar to recent developments in the assessment of competence in medical education (American Association of Medical Colleges, 1998).

While the work of Hatcher and Lassiter (2005) is a key development for professional education and training in psychology, additional work on this model and its extension to the internship and beyond remains to be done. Toward that end, the APA Board of Educational Affairs, with support from a majority of education and training organizations and regulatory bodies in professional psychology, made a formal commitment in 2005 to advance this process by establishing a 32-member work group charged with the development of a model that articulates competency benchmarks that reflect the entire sequence of education and training in professional psychology and address how these benchmarks might be assessed. The outcomes of this work should be of value to psychology's accreditation body as well as to the profession's credentialing bodies for purposes of licensure and advanced certification. While articulating competency benchmarks in professional psychology is an appropriate next step, there are a number of other challenges to be addressed. One of the biggest is a philosophical challenge. That is, it has been argued that what is needed in professional psychology is a cultural shift with respect to how outcomes of education and training programs are defined and evaluated in the context of a competency-based emphasis (Kaslow et al., 2004b; Nelson, 2001; Roberts, Borden, Christiansen, & Lopez, 2005). This will represent a major shift from current thinking in accreditation, having implications for alternative future models of how accreditation might be carried out.

Implementation of a system in which education- and training-program outcomes are assessed through the evaluation of student competence poses a number of challenges with respect to assessing competence. One such challenge is addressing the developmental nature of competence. Expectations regarding levels of competence will be different at different levels of education and attained at different rates and in different ways by different students, perhaps even through different types of training experiences. Moreover, some competencies might be more relevant at certain developmental junctures than others. Some may develop in a linear fashion, while others may develop in a nonlinear fashion, relative to other competencies. Mapping how competence in any aspect of professional psychology develops over the sequence of training in a systematic and integrated way is a daunting

task, but it is one that must be undertaken if assessment is to be useful in the shaping of professional education and training.

Another related challenge is how to move toward increased use of formative as opposed to summative assessment strategies. Formative assessment focuses on providing an individual with feedback about performance such that improvement is facilitated, while summative assessment focuses on measuring an end point or outcome of a process. The current guidelines and principles for accreditation in the United States, with outcomes related to the program's stated education model, support a summative, not formative, assessment. Furthermore, formative assessment, when conducted within the context of an education and training program, requires the explicit acknowledgment of the potential for dual roles for those carrying out the assessment of students (Roberts et al., 2005). Ideally, programs would have separate and independent systems for conducting formative and summative assessments (Stern, 2006). Programs must be clear with students about the nature of the assessment process—that is, the extent and manner in which formative or summative assessments will be used.

While recent and current attention center on the development and assessment of competence leading to entry-level practice, there is also a need to ensure that developmental models extend beyond licensure and entry levels to different levels of practicing professionals. A true culture of competency would feature a climate that supports lifelong learning with continued education and self-assessment throughout one's career. The capability to engage in effective self-assessment as part of one's reflective practice is a major element of professional competence. Yet self-assessment has not been widely promoted at the individual level in professional psychology (Belar et al., 2001). Self-assessment, if it is to promote competence among practicing professionals, must be taught, emphasized, and practiced throughout the education and training sequence in professional psychology (Belar et al., 2001; Roberts et al., 2005).

Another challenge associated with the assessment of competence is the selection of assessment methods. The assessment of constructs more complex than those that can be assessed by testing for knowledge necessitate thoughtful consideration as to selection of methodologies that are both reliable and valid. Competency-based evaluation of clinical skills, for example, appears to be best conducted through observation of clinical performance, using a variety of methods, domains, and evaluators (Roberts et al., 2005; Kaslow, 2004b; Stern, 2006). However, such a shift requires consideration of other factors such as costs and training of those conducting the evaluations. Another approach to the assessment of competencies in complex performance contexts, the likes of which professional psychologists are expected to experience, is that of more effective use of technology. The history of technological

development is such that we can anticipate a time in the not-too-distant future where the major challenge facing educators will be not the cost of technology but rather the creativity and efficacy of learning-assessment models themselves.

The Role of Technology in Professional Education

Advances in technology have significantly impacted our educational systems over the past two decades. In some areas, technology has advanced our efficiency and efficacy; in others, it has revolutionized the entire educational enterprise. Advances in technology have increased alternatives for classroom pedagogy, facilitated information processing and data management, and enhanced methods of assessment of learning outcomes (e.g., recordings of professional performance, computer simulations of clinical decision making, computer-based testing). Advances in technology and the development of the Internet have also enhanced opportunities for distance education. As applied to professional education and training, these advancements have presented both opportunities and challenges for quality assurance and accreditation.

Distance education is a "formal educational process in which the majority of the instruction occurs when student and instructor are not in the same place" (Council of Regional Accrediting Commissions, 2001). It can take many forms, occurring via cable television, telephone, videotapes, audiotapes, two-way conferences, and Web-based courses. Distance education is not new: courses in shorthand were offered by mail in Great Britain more than 150 years ago. However, the creation and subsequent evolution of the Internet has led to a virtual explosion in distance education opportunities over the past decade. By 2001, 90% of public institutions offered distance education courses (U.S. Department of Education, National Center for Education Statistics, 2003). And of the 2,810 distance education degree programs identified, 44% were graduate or first professional degree programs. The primary technology used was asynchronous Internet courses (90%).

In its third study of online education in higher education, the Sloan Consortium reported that more than 2.3 million students were taking at least one online course in Fall 2004 (Allen & Seaman, 2005). Moreover, the growth rate of 18.2% between Fall 2003 and Fall 2004 was more than 10 times the growth rate of the entire post-secondary student population. This report also examined penetration by discipline, or the extent to which an institution that offered a course face-to-face also offered the same type of course online. In Fall 2003, online penetration rates were highest for business (42.7%). Psychology had a 23.6% penetration rate.

In professional psychology, distance methods have become commonplace in continuing education. For example, offerings by the APA include independent study programs based on APA books and journals,

as well as multimedia courses through the newer APA Online Academy (http://www.apa.org/ce). Plans for expansion include the development of "Webinars," opportunities for follow-up consultations, and chat rooms to build a community of learners. Some state licensing boards that do not allow distance education continuing education credits for license renewal are reconsidering their regulations, as "any-time, any-place" learning has become more widely accepted as an effective form of knowledge dissemination. In addition, independent study and distance education programs have often required that participants demonstrate more evidence of learning than in-person seminars and workshops in psychology.

There is significant potential for online learning and distance education in graduate education as well. The APA has provided support for the development of an online course offered by the University of New Hampshire to prepare for the teaching of psychology (http://unh.edu/teaching-excellence/GRAD980/Index.htm). Online networks could also be created to share specialized resources across programs. National linkages of shared environments could promote exposure to and understanding of more diverse social and cultural contexts for teaching, research, and practice, and virtual campuses promote access to education and training not only nationally but internationally. Indeed, online doctoral programs in psychology are now in existence, although none of the *primarily* distance education doctoral programs in professional psychology are accredited by the APA Committee on Accreditation, the accrediting agency for professional psychology recognized by the U.S. Department of Education, and the CHEA for accreditation in professional psychology.

This growth in distance education has posed a quandary for all higher education accreditation. An initial question was whether the same standards should be used for residential and nonresidential institutions. Do the current models of quality assurance apply, or do we need new methods of assessing the same? National discussions have led to some agreement that distance education is but one aspect of the evolution of educational delivery systems. In the United States, the eight regional accrediting commissions for higher education have agreed that best practices for the accreditation of distance education are really an extension of good practice that characterizes all regional accreditation (Council on Regional Accrediting Institutions, 2001). The commissions' document, *Best Practices for Electronically Offered Degree and Certificate Programs,* articulates a framework for how well-established essentials of institutional quality are applicable to the accreditation of distance education. The document highlights specific elements that differ for campus-based and distance-based education systems and proposes a number of questions to promote institutional self-study.

To examine implications of these developments for education and training in professional psychology, the APA established the Task Force on Distance Education in Professional Psychology in 2001. The report of that work is too extensive to be addressed here in detail, but it is available online at http://www.apa.org/ed/resources.html and has been summarized by Murphy, Levant, Hall, and Glueckauf (2007). Special attention is given to issues that would arise in the application of the *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (APA, 1996, 2007). This task force represented a first step in an ongoing process for the academic, training, and professional psychology communities in the United States to develop consensus on issues of quality assurance raised by the application of technology and distance education methods to professional education and training.

It is especially noteworthy that other health professions in the United States have accepted distance education programs, particularly those professions whose entry level to practice has been historically lower than the doctorate (e.g., audiology, nursing, occupational therapy, physical therapy). Other health professions, where the doctoral degree has been historically required for entry to practice, have not endorsed distance education models for the attainment of the doctorate, (e.g., dentistry, medicine, veterinary medicine). Distance education has been used in the latter group of professions, however, to upgrade knowledge and skills beyond the entry level. The implicit standard is that health-care professionals acquire the training necessary to enter a profession through a residential program. Psychology appears to be unique among these health-care professions in the development of online training programs for the doctorate, even if none are currently accredited in professional psychology. How these issues and controversies will play out in other countries where the entry level to practice is the master's degree is not yet known.

Despite efforts to address the application of advances of technology to professional education and training, we are left with more questions than answers. In the remainder of this section we address a few of these as related to mentorship, pedagogy, and residency.

Mentorship The growth of distance education requires a reexamination of the role and nature of mentorship. Graduate education in psychology has been rooted in the mentorship model, where research and clinical supervisors play multiple roles in the development of new psychologists. Although it is clear that online relationships can be very productive and meaningful, we also know that they are different from other relationships. Yet we do not know which elements of the mentoring relationship, other than in vivo modeling, would be changed if delivered remotely. Nor do we know how such differences would relate to

the quality of teaching and learning and to quality assurance in professional education and training.

Pedagogy In clinical training, different supervisory models may be differentially affected by distance education. For example, in the psychodynamic model of clinical supervision, there is a focus on the parallel process between trainee and client and between supervisor and trainee. Yet the face-to-face relationship between trainee and client would be quite different from the online relationship between trainee and supervisor. And for a more behavioral model, what are the implications of remote supervision for a supervisory model that depends upon in vivo role modeling? How might clinical hypothesis testing in supervisory exchanges be affected if all are captured in permanent electronic records? And how would such formats affect the disclosure of errors on the part of trainees?

Residence Distance education also requires a reexamination of the meaning and purpose of residency in our professional education and training programs. Historically, residency was the mechanism to provide for immersion in the discipline, socialization into the profession, and oversight by a faculty of the developing competencies essential for entry to independent practice. Can these competencies be achieved through other means? How much massed practice and in vivo oversight does it require to become an athlete, an artist, an engineer, a surgeon, a professional psychologist?

Developments in distance education will require more fully explicated critical components in the education and training of professional psychologists. Distance education will also advance the movement toward the assessment of student learning outcomes and the measurement of competencies for professional practice addressed earlier in this chapter. There is little doubt that we will be required to better assess expected competencies. Distance and online education may very well become the research and development lab of higher education, where the principles of psychological science and their application to teaching and learning will apply as in any other domain.

Models of Accreditation Practice

The pillars of the higher education accreditation process continue to be the relevant institution's or program's self-study, a site-visit review by a team of external peers, and the review of reports from the preceding two sources by the accreditation-decision-making body. What all three aspects of the accreditation process have in common is the accrediting body's standards for quality. To the extent that professional judgment is involved in each stage of the process, however, accreditation reviews and decisions are always vulnerable to questions of reliability and

validity. Consequently, all nationally recognized accrediting bodies in the United States have given significant attention over the years to their methods of review and decision making to increase reliability and validity of the professional judgments rendered.

It is probably true in this context that, of the three pillars of the accreditation process, the site visit and the accrediting-body review processes have generally received more attention in improving the reliability and validity of accreditation than has the institution's or program's self-study process. Yet it is the self-study that serves as the foundation for both the site visit and accrediting-body reviews, setting forth an analysis of how the institution or program is meeting the applicable accreditation standards against which its quality is being judged. From the perspective of college and university presidents (CHEA, 2006), the self-study is the most valued element of the accreditation process in that it affords opportunity for the institution to reflect on its goals, how well it is achieving them, and how it might improve toward that end. The historic role of the site-visit team has been to verify the validity of what is reported in the self-study, but this role could change in the future. The accrediting body then makes its decision based on the reports of the site-visit team and the institution's or program's self-study.

When the accreditation standards were primarily targeted to such aspects of quality as the scholarly achievements of faculty; the qualifications of students; the institution's or program's library, laboratory, or other physical facilities; and a documented curriculum related to the institution's or program's mission and goals, documentation in self-study and verification by site-visit review were relatively reliable judgments. In an era within which an institution's or program's quality is being assessed by standards that, while including these historic input and process benchmarks of quality, place greater emphasis on education outcomes, the challenges of documentation and verification have increased. In programs of professional psychology in the United States, there is variability among programs in the types of outcomes reported and in the methods by which such programs assess their education outcomes in relation to program models and goals.

Not only do programs vary in the types of outcomes they consider important relative to the accreditation standards, it is not uncommon for them to complain about the cost in time and effort required to complete the self-study process, in part a reflection of the fact that many, if not most, do not have an ongoing system for quality assessment in place. If education outcomes are to be assessed formatively as well as summatively, as suggested in this chapter, and if there is to be a developmental assessment of competencies throughout the education experience, programs will need to develop an ongoing documentation system for purposes of quality assessment and quality enhancement.

This change would require a culture shift, as Roberts et al. (2005) have advocated.

The implications of such a shift for the accreditation process are many and challenging, particularly in light of developments in the assessment of competencies as a focus of analysis for accredited programs and the increasing frequency and diversity with which technology is likely to be used in education and ongoing student assessment as proposed here. One can anticipate in this context that the process of self-study would itself become continuous, engaging all faculty and students in a program, not an activity in which the institution or program engages intensively every 7 to 10 years, and not an activity in which one or two persons in the program would become engaged. Were such to be the case, reflective self-study would become a natural extension of the education process, engaging faculty and students much in the tradition of the teaching commons (Huber & Hutchings, 2005). When institutions or programs become learning organizations through such processes, their documentation and reflective practice on teaching and learning become an extension of the scholarship of teaching and learning at the level of a particular faculty member (Shulman, 2004).

The question then remains,"How might the accreditation process work under such a condition?" Ewell (2001) suggests several possible models, particularly in the context of the assessment of student outcomes, each of which is a function of a policy choice. He refers to the models as *program assessment, academic audit, auditing academic standards,* and *third-party certification.* Distinctions among the four models are drawn on the basis of profile across three parameters related to the assessment of outcomes: *prescription of outcomes* (the range of options being from complete institutional or program discretion to being dictated by the accrediting body), *unit of analysis* (the range of options being from competency attainment for individuals to overall institution or program effectiveness), and *the focus of review* (the range of options being from processes for quality assurance to direct evidence of student achievement). Each model has implications for the types of documentation required; the role of different parties to the accreditation process; and the nature of an institution's, a program's, and an accrediting body's public accountability.

As the process of voluntary, nongovernmental accreditation is adopted internationally, and in so doing is adapted to distinctive historical, cultural contexts of higher education in general and professional education in psychology in particular, it seems quite possible, even likely, that the models Ewell described will evolve. Perhaps even different models will be developed. In any event, as the globalization of accreditation practices expands, especially as applied to professional education in psychology, different models and traditions may well inform each other, albeit within the context of various models of training and education.

AUTHOR NOTE

The authors are executive staff of the Education Directorate, American Psychological Association. Each has served in leadership roles in the accreditation of doctoral, internship, and postdoctoral programs of professional psychology. Their opinions as expressed in this chapter, unless otherwise specified, are not to be interpreted as reflecting policy or other official positions of the American Psychological Association.

REFERENCES

Allen, I. E., & Seaman, J. (2005). *Growing by degrees: Online education in the United States, 2005.* Needham, MA: Sloan Consortium.

Altmaier, E. M. (Ed.). (2003). *Setting standards in graduate education: Psychology's commitment to excellence in accreditation.* Washington, DC: American Psychological Association.

American Psychological Association. (2006). *Report of the APA Task Force on the Assessment of Competence in Professional Psychology* (pp. 3–7). Washington, DC: Author. Retrieved May 28, 2007, from http://www.apa.org/ed/competency_revised.pdf.

American Psychological Association, Committee on Accreditation. (1996). *Guidelines and principles for accreditation of programs in professional psychology.* Washington, DC: American Psychological Association.

American Psychological Association, Committee on Accreditation. (2008). *Guidelines and principles for accreditation of programs in professional psychology.* Washington, DC: American Psychological Association.

American Psychological Association, Committee on Training in Clinical Psychology. (1949). Doctoral training programs in clinical psychology: 1949. *American Psychologist, 4,* 331–341.

American Psychological Association, Task Force on Distance Education and Training in Professional Psychology. (2002). *Principles of good practice in distance education and their application to professional education and training in psychology.* Washington, DC: American Psychological Association.

Association of American Medical Colleges. (1998). *Learning objectives for medical student education: Guidelines for medical schools.* Washington, DC: Author.

Belar, C. D., Brown, R. A., Hersch, L. E., Hornyak, L. M., Rozensky, R. H., Sheridan, E. P., et al. (2001). Self-assessment in clinical health psychology: A model for ethical expansion of practice. *Professional Psychology: Research and Practice, 32,* 135–141.

Bok, D. (1990). *Universities and the future of America.* Durham, NC: Duke University Press.

Bollag, B. (2006, April 14). Federal panel floats plan to overhaul accreditation: College leaders decry replacing regional boards with a national system. *The Chronicle for Higher Education,* pp. A1, A22-A23. Retrieved May 31, 2007, from http://chronicle.com/weekly/v52/i32/32a00101.htm

Cobban, A. B. (1975). *The medieval universities: Their development and organization.* London: Methuen.

Cobban, A. B. (1988). *The medieval English universities: Oxford and Cambridge.* Berkeley, CA: University of California Press.

Council for Higher Education Accreditation. (2002, September). *The fundamentals of accreditation: What do you need to know?* Washington, DC: Author. Retrieved May 31, 2007, from http://www.chea.org/pdf/fund_accred_20ques_02.pdf.

Council for Higher Education Accreditation. (2005). *Quality review.* Washington, DC: Author.

Council for Higher Education Accreditation. (2006). Presidential perspectives on accreditation: A report of the CHEA Presidents Project. *CHEA Monograph Series, 2006*(1). Retrieved May 31, 2007, from http://www.chea.org/pdf/CHEAMonograph_Apr06.pdf.

Council of Regional Accrediting Commissions. (2001). *Best practices for electronically offered degree and certificate programs.* Retrieved May 28, 2007, from http://www.ncahlc.org/ download/Best_Pract_DEd.pdf.

Eaton, J. S. (2003). Is accreditation accountable? The continuing conversation between accreditation and the federal government. *CHEA Monograph Series, 2003*(1). Retrieved May 31, 2007, from http://www.chea.org/pdf/CHEAmonograph_Oct03.pdf.

Edwards, H. P. (2000, November 7). *A framework for the determination of competencies in relation to mobility for psychology under the AIT.* Ottawa, Canada: Psychology Sectoral Working Group on the Agreement on Internal Trade.

Epstein, R.M.U., & Hundert, E. M. (2002). Defining and assessing professional competences. *Journal of the American Medical Association, 287,* 226–235.

Ewell, P. T. (1994, November/December). Accountability and the future of self-regulation. *Change, 26,* pp. 25–29.

Ewell, P. T. (2001). *Accreditation and student learning outcomes: A proposed point of departure* (CHEA Occasional Paper). Washington, DC: Council for Higher Education Accreditation. Retrieved May 31, 2007, from http://www.chea.org/pdf/EwellSLO_Sept2001.pdf.

Flexner, A. (1925). *Medical education.* New York: Macmillan.

Glidden, R. (1983). Specialized accreditation. In K. E. Young, C. M. Chambers, H. R. Kells, & Associates (Eds.), *Understanding accreditation* (pp. 187–208). San Francisco: Jossey-Bass.

Halonen, J. S., Bosack, T., Clay, S., McCarthy, M., Dunn, D. S., Hill, G. W., et al. (2003). A rubric for learning, teaching, and assessing scientific inquiry in psychology. *Teaching of Psychology, 30,* 196–219.

Hatcher, R. L., & Lassiter, K. D. (2005, February 24). *Report on practicum competencies.* Association of Directors of Psychology Training Clinics Web site. Retrieved June 28, 2006, from http://www.adptc.org.

Huber, M. T., & Hutchings, P. (2005). *The advancement of learning: Building the teaching commons.* San Francisco: Jossey-Bass.

Jones, D. P. (2002). *Different perspectives on information about educational quality: Implications for the role of accreditation.* Washington, DC: Council for Higher Education Accreditation.

Kaslow, N. J. (Ed.). (2004a). *Competencies conference: Future directions in education and credentialing in professional psychology* [special issue]. *Journal of Clinical Psychology, 60*(7).

Kaslow, N. J. (2004b). Competencies in professional psychology. *American Psychologist, 59,* 774–781.

Kaslow, N. J., Borden, K. A., Collins, F. L., Jr., Forrest, L., Illfelder-Kaye, J., Nelson, P. D., et al. (2004). Competencies conference: Future directions in education and credentialing in professional psychology. *Journal of Clinical Psychology, 60,* 699–712.

Korman, M. (Ed.). (1973). *Levels and patterns of professional training in psychology.* Washington, DC: American Psychological Association.

McConn, C. M. (1935). Academic standards versus U.S. individual differences: The dilemma of democratic education. *American School Board Journal, 91,* 44.

Millard, R. M. (1983). Evolution of accrediting standards. *Council on Postsecondary Accreditation Newsletter, 8*(2).

Murphy, M. J., Levant, R. F., Hall, J. E., & Glueckauf, R. L. (2007). Distance education in professional training in psychology. *Professional Psychology: Research and Practice, 38,* 97–103.

Nelson, P. D. (1998). Accreditation of education and training programs: Its role in shaping a profession. In A. S. Ballack, M. Hersen (Series Eds.), & A. N. Wiens (Vol. Ed.), *Contemporary clinical psychology: Vol. 2. Professional issues* (pp. 47–60). London: Pergamon Press.

Nelson, P. D. (2001, Spring). Psychologists seek cross-national consensus on competency standards. *Psychology International, 12*(2), 6–7.

Nelson, P. D., & Messenger, L. C. (2003). Accreditation in psychology and public accountability. In E. M. Altmaier (Ed.), *Setting standards in graduate education: Psychology's commitment to excellence in accreditation* (pp. 7–38). Washington, DC: American Psychological Association.

Peterson, D .R. (1997). *Educating professional psychologists: History and guiding conception.* Washington, DC: American Psychological Association.

Peterson, R. L., Peterson, D. R., Abrams, J. C., & Stricker, G. (1997). The National Council of Schools and Programs of Professional Psychology education model. *Professional Psychology: Research and Practice, 28,* 373–386.

Raimy, V. C. (Ed.). (1950). *Training in clinical psychology.* New York: Prentice-Hall.

Roberts, M. C., Borden, K. A., Christiansen, M. D., & Lopez, S. H. (2005). Fostering a cultural shift: Assessment of competence in the education and careers of professional psychologists. *Professional Psychology: Research and Practice, 36,* 355–361.

Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology Research and Practice, 36,* 346–354.

Schray, V. (2006). *Assuring quality in higher education: Recommendations for improving accreditation* (Issue Paper No. 14). Washington, DC: U.S. Department of Education.

Seldon, W. K. (1960). *Accreditation: A struggle over standards in higher education.* New York: Harper & Row.

Sheridan, E. P., Matarazzo, J. D., & Nelson, P. D. (1995). Accreditation of psychology's graduate professional education and training programs: An historical perspective. *Professional Psychology: Research and Practice, 26*(4), 386–392.

Shulman, L. S. (2004). *The wisdom of practice: Essays on teaching, learning, and learning to teach.* San Francisco: Jossey-Bass.

Stern, D. T. (2006). A framework for measuring medical professionalism. In D. T. Stern (Ed.), *Measuring medical professionalism* (pp. 3–14). New York: Oxford University Press.

van der Wende, M. C., & Westerheijden, D. F. (2001). International aspects of quality assurance with a special focus on European higher education. *Quality in Higher Education, 7,* 233–245.

Waits, T., & Lewis, L. (2003). *Distance education at degree-granting postsecondary education institutions: 2000–2001* (NCES 2003–017). Washington, DC: U.S. Department of Education, National Center for Education Statistics.

van Vught, F. (1994). Western Europe and North America. In A. Craft (Ed.), *International developments in assuring quality in higher education* (pp. 3–17). London: The Falmer Press.

Wergin, J. F. (2005, January/February). Taking responsibility for student learning: The role of accreditation. *Change, 37,* 30–33.

Young, K. E. (1983). Prologue: The changing scope of accreditation. In K. E. Young, C. M. Chambers, H. R. Kells, & Associates (Eds.), *Understanding accreditation* (pp. 1–16). San Francisco: Jossey-Bass.

Cameo 1

ASPPB/National Register Designation Project

Stephanie Jackson Young

The National Register of Health Service Providers in Psychology (National Register) began reviewing and designating doctoral programs in 1980. At that time, there was no quality assurance for doctoral programs in psychology other than APA accreditation. Applicants for licensure as psychologists were being held to variable educational standards. The National Register decided that there needed to be a criterion-based process for reviewing doctoral programs to determine if they really were psychology programs and to provide assurance to students seeking licensure and credentialing.

The data that served as the basis for the development of the designation system included the following:

1. A survey of all doctoral programs listed in the 1980 APA publication *Graduate Study in Psychology;* communications with the Association of State and Provincial Psychology Boards (ASPPB) and its member boards; contacts with the Council of Graduate Departments of Psychology (COGDOP); information from thousands of applications for the National Register credential, including the transcripts of academic work from applicants and contacts with university faculty, administrators, and program directors.
2. Accreditation guidelines from the Council on Postsecondary Accreditation (COPA) and the American Psychological Association (APA).

As part of the voluntary review process, doctoral programs in psychology submitted information about their program requirements, curricula, faculty, and student population, in addition to publicly available documentation from university catalogs, program descriptions, brochures, and other official materials. The National Register reviewed the documentation to determine if the programs met the *Guidelines for Defining a* "*Doctoral Degree in Psychology.*" The guidelines were developed at the 1977 National Conference on Education and Credentialing in Psychology and are located on the National Register Web site (http://www

.nationalregister.org/doctoraldegrees.html). If programs met the designation criteria, they were approved and then included in the first list of Designated Doctoral Programs published in 1981. Thereafter, the National Register continued to review new program applications, monitor existing designated programs, and publish the annual designation list.

Five years later, at the annual ASPPB meeting, the member board delegates approved a proposal presented by the ASPPB Executive Committee to participate in a shared designation effort with the National Register. Similarly, the National Register's Board of Directors agreed to this effort's becoming a joint project under the supervision of and with the funding from both organizations. The two organizations built on the National Register's review processes, associated database, and annual designation publications (1981–1986). Therefore, since 1987, the list of ASPPB/National Register Designated Doctoral Programs in Psychology reflects the academic review of programs by representatives of licensing boards and the largest credentialing organization in psychology.

As of June 1, 2007, 426 programs were listed as designated doctoral programs in psychology. Of the 426 programs, 375 programs are accredited by the American Psychological Association (APA) and/or the Canadian Psychological Association (CPA), and 10 programs are accredited only by the Canadian Psychological Association; these programs meet Criterion 1 of the guidelines and are designated on that basis. The ASPPB/National Register Designation Committee reviewed the other 41 programs and determined that each met Criteria 2–11; these programs have the ASPPB/National Register designation only. As part of continuing quality assurance, one-third of the designated programs annually submit information about their program requirements, curricula, and faculty to ensure that the programs continue to adhere to the designation criteria. Also, the guidelines for maintaining designated status require program directors to communicate any material changes in the program to the Designation Committee, at any time.

Program designation benefits the doctoral program, graduates, licensing boards, and credentialing organizations. Doctoral-degree-granting programs with an emphasis that falls outside the COA's typical accreditation areas of clinical, counseling, and school psychology may apply for recognition in order to protect their students who intend to apply for licensing or credentialing. Typical examples include programs in industrial-organizational, applied developmental, applied social, and educational psychology. These programs offer training in professional psychology but are not eligible for APA accreditation (or do not care to seek it if it were offered). On the other hand, programs in clinical, counseling, and school psychology may apply for designation as a first step on their way to APA accreditation.

Designation constitutes an evaluation based upon input or formative criteria. The review is based upon material that is publicly available,

such as university catalogs, course descriptions, faculty vitae, and other similar information. No site visit is conducted, and the cost of the application is considerably less than the application for accreditation. Ideally, all doctoral programs in psychology would first apply for designation and, if eligible, would then apply for accreditation. This stepwise process would protect the student and would provide valuable feedback to the program early on in its development.

The designation portal is a resource for students searching for doctoral training programs. Prospective graduate students access current information using the hyperlink to the Web sites of accredited/designated doctoral programs in psychology (http://www.nationalregister.org/designate_stsearch.html). Psychology internship and postdoctoral training sites also utilize the designation portal in evaluating eligibility of applicants from non-APA/CPA accredited programs.

Licensing boards and credentialing bodies such as the National Register use the designation list as a resource to facilitate the educational review of applications for licensing and credentialing. Graduates of designated programs are considered by licensing boards in most jurisdictions to meet the educational requirements for licensing as a psychologist. Once licensed, a graduate of a designated program is eligible to apply for the National Register Health Service Provider in Psychology credential. Graduation from a designated program is the first step in determining whether the applicant meets the educational requirements for the National Register credential (http://www.nationalregister.org/criteriaforhspp.htm).

With regard to international quality assurance, the designation criteria permit the possibility of a review of a doctoral program from outside the United States and Canada, as noted in criterion 2:

> Training in professional psychology is doctoral training offered in a regionally accredited institution of higher education. A regionally accredited institution is an institution with regional accreditation in the United States, an institution with provincial authorization in Canada, or in other countries, an institution that is accredited by a body that is deemed by the ASPPB/National Register Designation Committee to be performing a function equivalent to U.S. regional accrediting bodies.

To date, no program outside the United States and Canada has applied for designation. The difficulty may lie in the fact that these are North American criterion-based standards, which may not fairly evaluate programs in other countries.

In summary, the ASPPB/National Register Designation Project is a joint effort of two psychological organizations to provide a professional resource to various individuals and organizations. It benefits programs and students and serves the 63 licensing boards in the United States and Canada and numerous credentialing bodies, such as the National Register.

Cameo 2

Accreditation in Canada

Karen R. Cohen

Accreditation is one of the important ways in which the profession of psychology attends to quality assurance. Just as licensure determines the community standards of knowledge and practice that practitioners must meet and to which they are held accountable, accreditation determines the community standards of knowledge and practice that doctoral and internship programs must meet in training practitioners and to which they are held accountable. In Canada, licensure is mandatory to practice as a psychologist in almost all jurisdictions. Accreditation, on the other hand, is a voluntary activity to which most doctoral and internship programs in professional psychology subscribe. The reasons programs typically give for seeking accreditation include being able to attract and retain high-quality faculty and students; enhance their students' perceived or actual marketability for training, licensure, and employment; and demonstrate their commitment to providing high-quality training.

Although accreditation in and of itself is not a mechanism for mobility, it can facilitate licensure across jurisdictions. Licensure and accreditation must work synergistically. There is no value or public protection in defining licensing requirements for practitioners that they cannot fulfill at existing doctoral and internship programs. Equally, the needs of students and the needs of consumers of psychological services are not met if doctoral and internship programs do not provide students with the knowledge and skills they need to qualify for licensure as psychologists. It is the aim of this cameo to highlight the development and role of one of Canada's quality assurance mechanisms in psychology, namely accreditation.

Discussions about developing a Canadian program of accreditation date back to the 1960s (Accreditation Standards and Procedures for Doctoral and Internship Programmes in Professional Psychology, 2002), but it was the province of Ontario that first launched an Accreditation Council for the several doctoral and internship programs operating in its jurisdiction. Partly in response to the request to develop a

national program of accreditation, made to the Canadian Psychological Association (CPA) by the Ontario Psychological Association, the CPA began a national program of accreditation in 1984, following a series of meetings and consultations in the early 1980s. The Canadian Council of Clinical Psychology Programme Directors (CCCPD), which is now the Canadian Council of Professional Psychology Programs (CCPPP), undertook the development of CPA's accreditation criteria.

In essence, however, the criteria CPA adopted were substantially the same as those in use by the American Psychological Association (APA), which began its accreditation activities in 1947 (Skinner, Berry, & Jackson, 1994). APA accreditation has been available to Canadian doctoral and internship programs in counseling, clinical, and school psychology, and the APA accredited the first Canadian programs in the late 1960s and early 1970s. When CPA began accrediting its first programs in 1985–1986, it automatically extended accreditation to those Canadian clinical psychology programs that had already been accredited by the APA.

It will become obvious to the reader that the history of psychology accreditation in Canada is inextricably intertwined with the policies and procedures of accreditation in the United States, and there is no accurate way to represent it otherwise. The CPA has been fortunate to have the experience and goodwill of our American colleagues and of the APA. As is detailed in this cameo, CPA's relationship on accreditation with the APA facilitated our foray into this important field of activity, and, over the years, has also challenged us to continually review and monitor it.

In 1989, the CPA developed a Memorandum of Understanding (MoU) with the APA, which created a structure for programs to be concurrently accredited by both the CPA and the APA. Programs could develop and submit one self-study application and undergo one site visit but receive two independently determined accreditation decisions. The number of Canadian programs accredited by the CPA grew from 8 in 1986 to 50 in 2006. Some of these are concurrently accredited by CPA and APA, and increasing numbers (upward of one-third) have sought and received accreditation by the CPA alone.

Also in 1989, the CPA expanded its scope to accredit programs in counseling psychology, which meant that both doctoral and internship programs in clinical and counseling psychology were eligible for either CPA accreditation or concurrent CPA/APA accreditation. School psychology programs in either Canada or the United States were eligible only for APA accreditation, because CPA did not expand its scope to include school psychology until 2004.

In 1991, the CPA expanded its scope again to include clinical neuropsychology. This was a departure from views and traditions in the United States that neuropsychology should remain a postdoctoral specialty, and it was the first important divergence in accreditation of

professional psychology between the United States and Canada. Unlike their U.S. colleagues, Canadian clinical neuropsychologists opted to structure education in clinical neuropsychology to take place during, rather than after, the doctoral degree. Although there is a common acknowledgment by both Canadian and American psychologists of the necessary clinical foundation for the practice of clinical neuropsychology, the CPA Standards and Criteria for clinical neuropsychology have fewer clinical (e.g., clinical assessment and intervention) and greater neuropsychological (e.g., neuroanatomy, neuropsychological assessment) didactic and experiential requirements (CPA Standards and Procedures for the Accreditation of Internship and Doctoral Programmes in Psychology, 2002).

Despite the fact that concurrent CPA/APA accreditation was an option only for doctoral and internship programs in clinical and counseling psychology, the process was one that worked well between 1989 and 1996, when the CPA accreditation criteria were essentially identical to the APA criteria. The concordance between CPA and APA accreditation decisions, based on concurrent site visits, was upwards of 80%. In 1996, however, the second important divergence of APA and CPA accreditation took place. The APA moved from a prescriptive model to an outcome-based model of accreditation and published, in 1996, its *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (APA G&P). The development of the outcome-based model, as we understood it, was spurred by essentially two factors: The first was feedback from programs concerned about the restrictions of a prescriptive model (e.g., a model which defines and requires particular courses, minimum number of hours, and so on) and the second a response to changing views about the core value of accreditation in general, be it in psychology or some other discipline.

The introduction of an outcome-based focus to accreditation was a very important development in quality assurance. Programs were being held accountable for documenting that students received the training they purported to provide. For example, a doctoral clinical psychology program that laid claim to a scientist-practitioner model of training in cognitive-behavioral intervention had to demonstrate that its graduates were indeed scientist-practitioners who researched and/or practiced cognitive-behavioral therapy.

However, the redesign and development of APA's outcome-based model posed several challenges. Feedback received at the CPA Accreditation Office led us to understand that, following the initial round of self-studies and site visits that took place following the 1996 revisions, programs accredited by the APA had difficulty fully understanding how to develop and articulate their philosophy and model of training, the goals of their models, and how programs ensured that they measured and met these goals.

There were special challenges for Canadian psychology and for the Canadian programs that maintained concurrent CPA/APA accreditation after 1996. First, programs were now faced with the increased burdens of paperwork and time in preparing self-study materials that covered two now-divergent sets of accreditation standards (CPA's traditional prescriptive-based model and APA's new outcome-based model). Second, in the view of many in the Canadian community of psychologists, the move toward an outcome-based model, though an important step toward increased accountability, was an unfortunate step away from a defined and articulated standard of what training in professional psychology should be. The flexibility to determine one's own model of training, congruous with the resources and strengths of an individual program, was afforded at the cost of ensuring that each model demonstrate that it met a community standard. Posed another way, what if a program met the outcome of its model but the model was not any good?

Another challenge the APA change posed for CPA and its program of accreditation was whether to adopt the APA changes wholesale in order to facilitate concurrent accreditation or to systematically survey our own community to determine its views and values about the traditional and revised models. Although APA accreditation had become valued and important to Canadian programs, it was important for Canadian psychology to chart its own course. On the one hand, CPA accreditation and Canadian programs have greatly benefited from the resource and experience of the APA's Committee on Accreditation—resource and experience that they have shared so generously. On the other hand, by virtue of subscribing to APA accreditation, an American model of training and accreditation has shaped Canadian psychology—in ways that have not considered, or intended to consider, the different models of education and health care between the United States and Canada.

Furthermore, Canadian and American doctoral and internship programs, and indeed Canadian and American cultures, are remarkably similar, but it is the similarities that obscure attention to the important differences. In 2000, Bowman highlighted the difference in how diversity expresses itself in Canada as compared to the United States. She pointed out that by censuring Canadian programs for the "whiteness" of their faculty, the APA failed to consider that Canada's minority groups are not the same as those in the United States and that there are proportionately far fewer persons of African descent in Canada than there are in the United States. As Bowman further points out, although American accreditors persisted in asking all their accredited programs to report on the demographic characteristics of their students and faculty, Canadian law prohibits asking questions about ethnicity and disability so as to ensure that knowledge of these characteristics is

not used to discriminate against an employee, student, or job applicant (Bowman, 2000). It is interesting to note that APA's diversity criterion, and confusion about how to meet its provisions, have also been a concern for American programs (Skinner, Berry & Jackson, 1994), and CPA has noted that programs' attention to the provisions of its diversity criterion has historically been the single most frequent item identified for attention by the CPA Accreditation Panel.

Another significant difference between Canadian and American models of education and health care is that the public values and accords resources to these activities in Canada, in comparison to the United States where, to a much greater degree, these are private enterprises. This is not to suggest the superiority of one model over another. Rather, it is that a model of training and education, derived from a culture with different values, traditions, and practices, becomes applied wholesale to a different culture. Canada has long held social and political traditions of support for public education and health care. First is the value that both be accessible to all members of the public, and second is the value that the activity (be it education or health care) be offered in the public interest and for the public good, without the real or apparent conflict of interest attendant upon an independent or for-profit service.

It was the foregoing, articulated issues that compelled the CPA not to accept the 1996 APA accreditation revisions completely. Instead, we launched into a lengthy process of consultation and standard revision ourselves. Although Canadian training programs appreciated the enhanced quality assurance afforded by attention to outcomes, at least half of those surveyed continued to value the traditional, more prescriptive accreditation criteria. It continued to be important that the self-proclaimed models of training developed by accredited programs continue to demonstrate their compliance with a community standard for types and content of courses, number and nature of clinical and supervisory hours, and so on. To stretch an analogy suggested in a much earlier publication on the topic (Cohen, 1997), Canadian psychologists felt that their chili had to have beans. Even though there are many terrific recipes for chili, without key ingredients, like beans, chili would not be chili.

The chili analogy continues to hold true some 10 years later, when the identity and integrity of psychology as a discipline in Canada is perhaps even more at issue. Education and health care, whether public or private, come at some cost to society. It has been incumbent upon the discipline of psychology to clearly define its knowledge base and its scope of practice and to ensure that these are recognized in legislation for the purposes of public protection. If, for example, the profession believes that the public good is best served when intellectual testing is administered and interpreted by trained and licensed psychologists,

then accreditation standards must articulate the type and amount of training in testing that psychologists need and receive. To do this, prescriptive accreditation criteria must be retained.

As a result of extensive consultation and surveys from 1996 to 1998, the CPA decided that quality assurance in education and training would be best achieved by retaining the traditional prescriptive approach to accreditation while adding a needed outcome focus that asked programs to be accountable to the outcomes of their training models. In 2002, the Accreditation Panel published its *Accreditation Standards and Procedures for Doctoral Programmes and Internships in Professional Psychology* (CPA S&P). New self-studies were formatted that would enable programs to cover the information requested of them by the CPA S&P as well as the APA G&P in the event that they decided to pursue concurrent CPA/APA accreditation. Although not as easy a process as it was prior to 1996, concurrent CPA/APA accreditation proceeded accordingly.

Throughout this time, the CPA worked very cooperatively and collegially with the APA. However, the outstanding practical and ideological issues attendant upon the concurrent accreditation processes remained unresolved. When the MoU was undertaken by the CPA and APA in 1989, no provision was made to revisit or revise it in response to the development of the profession in both countries over time. The APA would not agree to CPA's request that the APA accredit only those Canadian programs that first met the CPA accreditation criteria—an option which was fully endorsed by all the programs accredited by the CPA that responded to our 1998 survey on the relationship on accreditation between the CPA and APA. Development of a reciprocity agreement between the accrediting bodies of the two countries was acceptable to neither—unacceptable to CPA because, in its view, APA's less prescriptive criteria allowed for the accreditation of programs CPA would not accredit, and unacceptable to APA because reciprocity would be a relegation of the independence of its accreditation decision making. The concern about delegation of authority is echoed in discussions about licensure and international mobility (Hall & Lunt, 2005). Consequently, although we convened many meetings and made several requests of the APA to revisit the MoU, it remained unchanged.

In 2005, however, the APA's Committee on Accreditation (COA) independently considered its position on accrediting internationally and undertook a survey to ask accredited programs and accreditation site-visitors in the United States and Canada about their views. Although it was far easier for CPA to identify the problems for Canadian psychology and Canadian programs when APA accredited in Canada, we can understand that accrediting in Canada was not without its challenges for the COA. First, as mentioned, educational models and the expression of diversity are different in the two countries, and it might be difficult for the Committee to understand or appreciate these differences.

Second, Canadian programs represent a small but demanding constituency of the APA-accredited programs (approximately 5%); for example, the self-study forms and materials they supplied were not formatted in the same way as were those submitted by programs only applying for APA accreditation. Third, the APA began to receive requests to accredit in other countries, and it had to consider policy on accrediting internationally.

In 2006, the COA proposed to stop accrediting in Canada and put proposal out for public comment. The CPA responded to this proposal when it was circulated for public comment and posted its support, essentially as articulated in this cameo, on our Web site (http://www.cpa.ca/accreditation/). I note here, however, as could have been gleaned from the public comment page posted by the COA from May to November 2005, that Canadian psychologists were not of one view in their support of the APA proposal. A vocal minority of Canadian programs supported continued APA accreditation in Canada. Although the majority appeared willing to operate without APA accreditation, they were concerned about relinquishing it voluntarily and putting themselves at a disadvantage if other programs did not also relinquish it. The reasons most commonly offered for maintaining APA accreditation in Canada are to attract top-quality students and to afford program graduates mobility.

In 2001, the CPA attempted to address concerns about student recruitment and mobility by surveying members of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the Council of University Directors of Clinical Psychology (CUDCP), and the Association of State and Provincial Psychology Boards (ASPPB) about whether they would treat graduates of CPA-accredited programs equivalently to graduates of APA-accredited programs when considering them for admission, internship, licensure, or hire. Although response rates were modest (38 APPIC members, 7 CUDCP members, 4 ASPPB members), there was little indication that CPA graduates would be disadvantaged. Thirty-three of 38 (87%) APPIC respondents would consider them for internship or hire. Of the five who would not consider them for hire, four attributed this to the requirement that their employees had to be American citizens. Seven of the nine CUDCP members would treat CPA and APA graduates equivalently, and all four of the ASPPB respondents said that CPA graduates would be eligible for licensure. Although one could argue that the institutions that would not consider CPA graduates for licensure, internship, or hire likely would not respond to our surveys, the fact remains that there are no data to support the perception of disadvantage among some Canadian programs were they to no longer have the option of APA accreditation.

Programs often cited their responsibility to their students, claiming that students are strongly in favor of APA accreditation. First, students'

perceptions about their prospective professions come from the professionals who teach and train them. Second, a program's maintenance of accreditation comes at no direct cost to students—who among us calls the cable company to ask them to remove a channel that we do not watch but do not pay for? Third, and in this I speak personally and not on behalf of CPA, current and especially future members of the profession of psychology in Canada need to think about who is driving the bus that tours Canada. Who do we want to chart the route, and who do we want to decide upon the stops along the way?

In 2006, the COA proposal to stop accrediting in Canada was approved by the APA's Board of Educational Affairs as well as the APA Board of Directors. The proposal also received support of the CPA's Accreditation Panel, its Board of Directors, 18 of its former presidents, and 78% of CPA's accredited doctoral and internship programs. In February 2007, the COA proposal was accepted by the APA Council of Representatives—the last step toward the proposal's becoming APA policy. According the to revisions made to the MoU following the February 2007 Council acceptance of the CoA proposal to stop accrediting in Canada, the APA will not accept new applications for accreditation from Canadian programs as of January 2008 and will not re-accredit any previously APA-accredited Canadian programs after September 2015. An extremely important co-occurrence of the COA proposal and the APA decision to stop accrediting in Canada is the COA's interest in partnering with its accreditation colleagues in Canada and elsewhere to consider a mechanism for international (or multinational) accreditation. Multinational accreditation is an initiative the CPA has promoted for some time (Mikail, Cohen, Truscott, & Pearce, 2004); it is a mechanism through which countries can collaborate and partner on accreditation activity, rather than one where one country holds the programs in another country accountable to its accreditation standards.

Although it is unlikely that such a mechanism would amount to reciprocity—a program in one country would not be automatically accredited by another country—it could confer some assurance that a program accredited by a member country has attained some internationally agreed-upon standard of quality. One such mechanism for consideration is the one agreed to by engineers called the Washington Accord (http://www.washingtonaccord.org/). This accord recognizes the essential equivalence of the accrediting bodies of the countries that are partners to the Accord and the programs these bodies accredit. Although the Accord does not accredit the programs of the partner countries, it does recommend that the graduates of programs from partner countries be recognized as having attained the academic requirements necessary for the practice of engineering.

As mentioned earlier, the impact of culture on the development of psychology as a science and a profession challenged the application of

COA accreditation standards in Canada. Bowman (2000) underscored how the APA accreditation criteria were culturally bound. Her solution to the APA's lack of appreciation of how diversity expresses itself in Canada was to call for the better education of APA and its site visitors about our country and its diversity. The impact of culture poses challenges for the development of international training standards as well (Nixon, 1990), and the challenge will be to preserve diversity within articulated and common standards of training (Lunt, 2005).

It is CPA's view, however, that culture, and the indigenous development of psychology as a profession, needs to be explicitly understood and reflected in the development of accreditation standards and procedures that will have international application. This can be better accomplished when multinational accreditors partner to develop a mechanism to recognize the training of psychologists across partner countries than by applying one set of indigenous standards across countries.

Beyond culture, the development of a multinational mechanism for accreditation will have other challenges. The entry-to-practice standard for psychologists varies within and across countries. In Canada, the provinces and territories regulate psychology. There is a Mutual Recognition Agreement (http://www.cpa.ca/documents/MRA.pdf) that facilitates the mobility of psychologists across Canadian jurisdictions, as well as several mechanisms to facilitate mobility across North America. These mechanisms include those provided by the National Register of Health Service Providers in Psychology and the ASPPB Reciprocity Agreement and Certificate of Professional Qualification (Hall & Lunt, 2005). These mobility mechanisms are challenged by the fact that, especially in Canada, the doctoral degree is required for licensure as a psychologist in some jurisdictions, while in others only the master's degree is required. Furthermore, seemingly similar degrees across and within countries may be substantively different. Hall and Lunt (2005) have pointed out the varying preparation and licensure requirements of psychologists across the various regions of the world.

The challenges notwithstanding, psychology as a profession would benefit greatly were its practitioners to carefully consider competencies necessary to practice—both within and across national boundaries. Although I have argued and continue to believe that the profession has a responsibility for quality assurance via its inputs (e.g., what courses and course content, what kinds of practical experiences and how much), mobility of psychologists internationally may be most easily achieved via quality assurance mechanisms that focus on output—does the practitioner have the knowledge and skills necessary for the competent and licensed practice of the profession? We must step outside our own culturally bound traditions and consider the equivalence of means and mechanisms, as well as any necessary common elements, to prepare psychologists for global practice.

REFERENCES

American Psychological Association, Committee on Accreditation. (1996). *Guidelines and principles for accreditation of programs in professional psychology.* Washington, DC: Author.

Bowman, M. L. (2000). The diversity of diversity: Canadian-American differences and their implications for clinical training and APA accreditation. *Canadian Psychology, 41,* 230–243.

Canadian Psychological Association (2002). *Accreditation standards and procedures for doctoral programmes and internships in professional psychology.* Ottawa, Canada: Author.

Cohen, K. R. (1997, Fall). The changing face of accreditation or the Canadian prescriptive dilemma. *Psynopsis, 19,* 16–17. Retrieved June 5, 2007, from http://www.cpa.ca/cpasite/UserFiles/Documents/Accreditation/Accreditation.pdf.

Cohen, K. R. (1999). Accreditation of doctoral and internship training in professional psychology: "Not so Made in Canada." *Psychology Ontario, 31,* 10–11.

Hall, J. E., & Lunt, I. (2005). Global mobility for psychologists: The role of psychology organizations in the United States, Canada, Europe and other regions. *American Psychologist, 60,* 712–726.

Lunt, I. (2005). The implications of the "Bologna Process" for the development of a European Qualification in Psychology. *European Psychologist, 10,* 86–92.

Mikail, S., Cohen, K., Truscott, D., & Pearce J. (April, 2004). *Accrediting internationally or international accreditation?* Paper presented at the Third International Congress on Licensing, Certification and Credentialing of Psychologists, Montreal, Canada.

Nixon, M. (1990). Professional training in psychology: Quest for international standards. *American Psychologist, 45,* 1257–1262.

Skinner, L. J., Berry, K. K., & Jackson, T. L. (1994). Accreditation of doctoral psychology training programs: Results of a nationwide survey. *Professional Psychology: Research and Practice, 25,* 296–329.

3

Methods to Evaluate Competency and Enhance Quality Assurance Internationally and Across Professions

Sandra Greenberg and I. Leon Smith

The call for a "culture of competence" is driven by the implicit assumption that the acquisition and assessment of competency will enhance quality assurance and the conduct of professional practice. This chapter does not purport to validate that assumption but rather describes available techniques used to assess professional competence in various professions in North America, suggests general guidelines for the implementation of the techniques across stages of the professional life span of the psychologist, and summarizes results from a survey of quality-assurance mechanisms in regions throughout the world.

Professional competence is characterized in many different ways. Standards for professional competency may describe technical, cognitive, and even emotional aspects of practice, including those that may not be measurable (American Board of Internal Medicine, 1999; Norman, 1985).

Competency models, whether generic or specific to a profession, include clusters or groups of distinguishing competencies. Each cluster contains specific competencies that are explicitly defined, as well as behavioral indicators, or ways of demonstrating the competency. The behavioral indicators exist along a continuum in order of intensity (depth), impact (breadth), complexity, and/or other relevant dimensions that highlight levels of expression. A continuum may include negative points that are what-to-avoid indicators or red flags for deficient behavior (e.g., placing patients/clients in a hazardous situation, failing to take a corrective action in an emergency).

In a generic consideration of the work world, Spencer and Spencer (1993) defined competencies as underlying characteristics causally related to criterion-referenced effective and/or superior performance in a job or situation. Competencies include motives (drives that cause action), traits (physical characteristics and consistent responses), self-concepts

(attitudes, values, or self-image), knowledge (content-specific information), and skills (ability to perform a mental or physical task). Whereas knowledge and skill competencies are clearly visible and readily subject to assessment, motive, trait, and self-concept competencies are less apparent and more difficult to assess.

In a different approach to understanding competencies and the contribution they make to actual performance, the "Great Eight" competency model provides a single framework for making predictions from measures of competency potential (ability, personality, and motivation) to ratings of actual work performance, which allows for an exploration of the validity of various potential predictors of workplace performance (Bartram, 2005). Appraisal tools are differentiated in order to provide reliable and valid measures of performance. The results provided by the assessment tools may then be used to identify areas in which people would benefit most from learning opportunities and developmental experiences. The Great Eight competency domain definitions suggest that the competency areas become the basis of formative feedback provided during education and training or professional development. Table 3.1 includes the Great Eight competency domain titles and their associated definitions (Bartram, p. 1187).

In considering the professional practice of medicine, the Accreditation Council for Graduate Medical Education defined six areas of competence (ACGME Outcome Project, 2000): patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. In contrast to the Great Eight, the relevant knowledge base in medicine is specifically identified as a key element. Subsequently, Epstein and Hundert (2002) proposed that professional competence is "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served" (p. 227). The elements within their definition include a cognitive function (knowledge), an integrative function (clinical reasoning), and a moral function (judicious and humane application of skills). Professional competence is developmental (subject to change over time), impermanent (subject to habits of mind), and context dependent (case specific). Finally, professional competence represents more than isolated competence in numerous areas; it is defined by the ability to manage ambiguous problems, tolerate uncertainty, and make decisions with limited information (Schön, 1983).

The American Psychological Association (APA) Task Force on the Assessment of Competence in Professional Psychology (2006) advanced the guiding principle that competencies be conceptualized as generic and developmental abilities in which knowledge, skills, dispositions, self-perceptions, motives, and beliefs/attitudes are considered

Table 3.1. The Great Eight Competency Domain Titles and Their Associated Definitions

Domain Title	Definition
Leading and deciding	Takes control and exercises leadership. Initiates action, gives direction, and takes responsibility.
Supporting and cooperating	Supports others and shows respect and positive regard for them in social situations. Puts people first, working effectively with individuals, teams, clients, and staff. Behaves consistently with clear personal values that complement those of the organization.
Interacting and presenting	Communicates and networks effectively. Successfully persuades and influences others. Relates to others in a confident, relaxed manner.
Analyzing and interpreting	Shows evidence of clear, analytical thinking. Gets to the heart of complex problems and issues. Applies own expertise effectively. Quickly takes on new technology. Communicates effectively.
Creating and conceptualizing	Works well in situations requiring openness to new ideas and experiences. Seeks out learning opportunities. Handles situations and problems with innovation and creativity. Thinks broadly and strategically. Supports and drives organizational change.
Organizing and executing	Plans ahead and works in a systematic and organized way. Follows directions and procedures. Focuses on customer satisfaction and delivers a quality service or product to the agreed standards.
Adapting and coping	Adapts and responds well to change. Manages pressure effectively and copes well with setbacks.
Enterprising and performing	Focuses on results and achieving personal work objectives. Works best when work is closely related to results and the impact of personal efforts is obvious. Shows an understanding of business, commerce, and finance. Seeks opportunities for self-development and career advancement.

as dimensions of holistic abilities rather than discrete dimensions of performance. Moreover, the Task Force posited that "while acquiring competence has been a critical focus within professional psychology, embracing the culture of competency assessment may require a shift of focus toward the ongoing maintenance of competence as a primary goal and the promotion of both an internalized and institutionalized assessment of that competence at all phases of the professional lifespan" (Kaslow et al., 2007).

Initially, program accreditation and professional credentialing developed in virtual independence of one another (Nelson, 2007), the former focusing on certifying quality of education and the latter on certifying qualifications of individuals. Nelson has noted that each should be mindful of the other "if there is to be some modicum of coherence between education and credentialing in the profession" (p. 2). Preparation should be focused on the level and nature of competence expected at each stage of professional development. Moreover, assessment must go well beyond ensuring mastery of the body of knowledge: it must consider how that knowledge is used to actually solve professional problems.

In this chapter, we consider issues related to defining and assessing the essential competencies that foster quality assurance; review assessment models for health-care professionals, including psychologists in the United States and Canada; and conclude with a review of international initiatives.

CONSIDERATIONS IN THE ASSESSMENT OF COMPETENCE

There are implications for the assessment of professional competence if it is developmental, impermanent, and context specific. Moreover, psychometric cautions attach to the assessment of professional competence if it is to be measured in the context of managing ambiguous problems, tolerating uncertainty, and making decisions with limited information. Key factors essential in determining the usefulness of various models for assessing professional competence are as follows: validity, including the construct of reliability; feasibility and practicality; and fidelity to practice. While much of the business world functions on the dictum, "Fast, cheap, good—pick any two," the assessment world for professional credentialing requires all three.

Validity refers to the accumulated evidence on the effectiveness of the assessment model. Content validity is most frequently the focus of examinations used to assess professional competence. Of special interest in professional credentialing examinations would be the degree to which the assessment addresses the breadth (across many varied content specific situations) and the depth (in regard to qualities such as complexity and uniqueness of the content-specific situations) of the

profession. The concept of validity also subsumes the construct of reliability, which refers to the degree to which an assessment will yield similar results if repeatedly administered under comparable conditions, the extent to which multiple raters will evaluate performance similarly, and the internal consistency of the measure (Leigh et al., 2007).

Feasibility and practicality deals with issues associated with the development, administration, scoring, and ongoing implementation of any assessment model. Time and money set absolute limits on its selection, but the availability of content- and process-based expertise as well as other concrete resources impacts the selection of the assessment model. Models of assessment long considered highly efficient and cost effective, such as the multiple-choice examination, may now be more expensive as a function of the change in delivery mode—from infrequently scheduled paper-and-pencil testing events to daily or near daily computer-based testing events—and the constant need for developing new questions given the increase in the rates at which questions are exposed and/or compromised.

Fidelity refers to the degree to which an assessment tool incorporates the actual behaviors that practitioners perform in practice. The degree to which the assessment situation replicates practice is considered a measure of authenticity, although the need for public protection clearly mandates that some situations be simulated, with the level of reality balanced in the direction of practicality and impacted by the need to ensure consistency across repeated simulations of a given situation. Some would question the ability of any assessment situation to replicate practice, given the obvious presence of observers, assessors, and other test takers. On the other hand, less authentic assessment models (e.g., the multiple-choice examination) have recently been made more authentic through the introduction of complex stimulus materials, including graphics, video and audio clips, online reference materials, and real-time interaction. Finally, fidelity may have hidden costs; the degree to which authentic questions are highly memorable may require that they be replaced at a much more rapid rate than that of less authentic, and potentially less memorable, questions.

Finally, one additional consideration related to the assessment of competence is the very use of an assessment process per se. "Although test use is universal, the availability and use of tests differ considerably among countries" (Oakland, 2004; Oakland & Hambleton, 1995). In degree, test use is most common in Australia, Canada, Israel, New Zealand, the United States, and most European countries, and less common in countries in Africa, Asia, Central and South America, the Middle East, and the countries of the former Soviet Union (Hu & Oakland, 1991). Still today, in some countries, test use is not important to practice. Hall and Lunt (2005) identified key components to achieving professional mobility, including advocacy efforts by psychological

organizations to promote multiple pathways and cooperation across member jurisdictions/states/countries. Both components would appear to require a basic harmonization across different nations as to the use and meaning of competence assessment tools. To that end, the work of the International Test Commission, including the development of the *International Guidelines on Test Use,* provides a useful structure for developing and interpreting assessments for use within and across nations (International Test Commission, 2001).

ASSESSMENT MODELS IN OTHER PROFESSIONS

Four complementary assessment models are used to measure professional competence along the continuum of professional development. Considerations related to validity, including reliability, feasibility and practicality, and fidelity are identified in connection with each model.

Leigh et al. (2007) describe the four basic assessment models: (1) measures of technical knowledge (written examinations), (2) measures of professional decision making (oral examinations), (3) measures of on-the-job performance and professional attributes, and (4) measures of practice-based skills and the application of knowledge. The models can be compared in usefulness in measuring different types of competencies and appropriateness at various stages across professional development. For example, validity and reliability (as an accurate reflection of content) together with feasibility and practicality may be more important in the initial assessment of students, while fidelity to practice may be more important for ongoing professional development. Assessments used for professional credentialing are considered high-stakes in that the results may have a profound impact on professional status. Accordingly, validity and reliability are of paramount importance. Measures used for self-assessment (or reflection) are low-stakes in that the results may not have as immediate or chilling an impact; in such cases, fidelity to practice may outweigh validity and reliability, although it is difficult to understand the value of questionable results.

Since no single assessment model can be used to assess all competencies in a profession, the optimal plan would be to assemble complementary assessment methods that cumulatively create a robust approach to the assessment of the key competencies. Where possible, care should be taken to avoid reliance on a single assessment model in making critical decisions at any stage of professional development (Chambers, Dugoni, & Paisley, 2004). Even here, however, there may be an exception that is warranted: the identification of the fatal flaw—a behavior or action that represents a red flag for sound practice. In teaching, fatal flaws may take the form of the application of corporal punishment or behaviors that violate the rules of basic safety. In medicine, fatal flaws are less related to patient status than to egregious

errors in judgment or failure to take positive corrective actions in the event of unexpected emergencies. Finally, implicit in the assessment process is the identification of the key competencies that underlie professional practice and the most effective assessment models to be used at various points in time.

Measures of Technical Knowledge: Written Examinations

This class of assessments includes multiple-choice, short-answer, and essay examinations. Knowledge measures are widely used to assess health-care professionals in Canada and the United States. Multiple-choice examinations are objective and standardized assessments used at all points in the professional development continuum, from initial training to high-stakes professional credentialing and lifelong learning. Multiple-choice examinations predict course grades and performance on other multiple-choice assessments and have traditionally been considered the most cost-effective and efficient way of measuring technical knowledge. Individual questions can be used to measure technical knowledge in the context of recall and/or recognition tasks and, if skillfully written, may measure higher-order reasoning skills in the application of the professional knowledge base.

Since a typical examination includes a large number of questions (e.g., 100 to 250), it is relatively easy to ensure content coverage of the test-content outline's breadth, if not the depth. In preparing a multiple-choice examination, it is typical to estimate that each question will take about one minute to complete, but this may vary depending on the specific format of the multiple-choice question. Many summative assessments are scheduled as two- to four-hour events. Following careful review of the questions for both content and psychometric quality, high levels of reliability can be achieved in regard to these measures of technical knowledge.

Since every multiple-choice question includes a stem and multiple response options, only one of which is the correct or best response or best response pattern, it is difficult to assess performance in situations where there is no one right or best answer. In scenario-based multiple-choice questions, an opening scenario can form the basis for several related questions. The scenario permits the question writer to introduce a more elaborate context for the associated questions without imposing an undue reading burden on the test taker. At the same time, the questions may feel more like professional practice or authentic representations of professional work requirements, since they provide additional context as a preface to the question.

In the case of short-answer and essay questions, the test taker is required to develop a constructed or written response to a problem or scenario. Depending on the complexity of the stimulus materials and the response requirements, a short-answer or essay question may take

from a few minutes to 90 minutes to complete. While it may be difficult to ensure content coverage across a complex test outline, it is possible to assess the depth of knowledge in specific aspects of the test outline. Moreover, technical knowledge may be assessed in the context of recall and/or recognition tasks, as well as tasks requiring higher-order reasoning skills such as evaluation and creation (Anderson et al., 2001). Performance can be measured in ambiguous situations, and the test taker may be required to react to situations where there is no clear right or wrong answer.

The grading of short-answer and essay questions may be automated or performed by human raters. In either case, detailed scoring rubrics are required to identify key technical response elements. Written-communications skills may be assessed, and feedback on the level of written communications may be integrated with the technical knowledge feedback. Again, depending on the length of the assessment and the number of scorable response categories, high reliability may be attained, although content coverage may be limited.

Regardless of the format of the examination, technical knowledge feedback is generally provided regarding the test taker's overall performance and in specific areas of the test-content outline. To the degree that the test-content outline may incorporate nontechnical knowledge competencies such as planning, clinical reasoning, or professionalism, feedback may also be generated for those competency areas.

In summary, written examinations are used to assess the technical knowledge competence base, and may be used to assess the nontechnical knowledge base as well. Written examinations are minimally useful for assessing interpersonal competence and leadership, although they may be used to assess factors such as tone appropriateness and the ability to customize communications for the target audience. Written examinations that test the knowledge base are used in medicine, dentistry, nursing, pharmacy, and a variety of other health professions—at all points in the professional development continuum, from student through to highly experienced professional.

Measures of Decision Making: Oral Examinations

This class of assessments comprises case-based oral examinations where the test taker is required to demonstrate sequential and interactive judgment about critical actions. Case materials may be presented via written vignettes, audio- and videotape clips, live patient situations, or the test taker's own clinical records. As the situation unfolds, the test taker is required to describe actions in regard to the assessment, diagnosis, treatment, evaluation, and management of a patient/client situation. To ensure content validity and achieve reliability, a case-based oral examination may consist of multiple cases, each requiring decision making in different clinical situations. Even then, features about

the specific content of the case (e.g., familiarity, complexity, uniqueness) may influence performance more than the test taker's technical knowledge, judgment, and decision-making skills. Measures of decision making are used extensively in voluntary certification in medical and dental specialties in Canada and the United States, as well as in voluntary specialty certification areas within psychology.

A specific class of case-based oral examinations relates to ethical decision making. So, while the measures of technical knowledge described previously include the assessment of the knowledge base related to a profession's ethical codes of conduct, case-based oral examinations might focus on the capacity of the professional to implement ethically defensible actions in complex situations. Profession-specific measures of ethical sensitivity, reasoning, professional role concept, and ethical implementation have been devised in a number of contexts, including counseling and school psychology (Bebeau, Rest, & Yamoor, 1985), but not typically in the context of high-stakes professional credentialing. Similarly, measures of ethical sensitivity and ethical implementation are more likely to be included in formative and summative educational assessments. Finally, feedback from such assessments can be used to provide teachable moments as a basis for extended reflection.

Implementation of a case-based assessment model requires a substantial and ongoing investment in the development of case-based stimulus materials, the development of training and calibration materials for participants (including patients and assessors), the standardized administration of the examinations, and the reliable assessment of the test takers when presented with multiple cases in diverse settings by multiple assessors. In the United States, several jurisdictions have discontinued the use of case-based oral examinations as a requirement for a license in psychology due to lack of demonstrable validity and the appearance of subjectivity in scoring.

In summary, measures of decision making have the appearance of content validity in that they focus on the tasks performed in professional practice, but they may not be reliable because of limitations related to breadth of content coverage or inconsistencies in scoring. Moreover, it may not be practical to administer oral examinations to large numbers of test takers because of the extensive resource requirements associated with development, administration, and scoring. Oral examinations provide a faithful assessment of the nontechnical competencies required for practice, including interpersonal communications, problem solving, and decision making. They are widely used in education and training programs and in some specialty certification programs in psychology.

Measures of On-the-Job Performance and Personal Attributes

This assessment model includes global rating scales, portfolios, and 360-degree evaluations that occur at specified intervals, with systematic

feedback and monitoring of performance in order to reflect the growth and development of professional competence. With global rating scales, a trained rater makes judgments about the professional based on information from multiple sources, including individual and aggregated ratings, frequency counts, and qualitative and quantitative evaluations. Here, the onus is on the development of clear instructions and explicit benchmarks to ensure consistency in the use of the rating scales across different raters and in different settings.

In the case of the portfolio, the professional being assessed collects and documents information in order to demonstrate evidence of learning, achievement, and accomplishment. Evidence may include an essay in which the professional being assessed is required to reflect on progress toward professional behaviors. To a large degree, the information presented for assessment is under the control of the professional who submits the portfolio. This may be problematic if there is a deliberate attempt within the self-reported information to influence the assessment results.

Finally, in a 360-degree evaluation, systematic input is collected from diverse multiple raters, including supervisors, peers and colleagues, supervisees, patients/clients, and self (Atkins & Wood, 2002; Fletcher & Bailey, 2003; Maurer, Mitchell, & Barbeite, 2002). Each evaluator completes a written survey and provides quantitative and qualitative feedback in categories such as professionalism, teamwork, interpersonal and communications skills, management skills, and interpersonal functioning. Of special interest is the focus on the similarities and differences between the others' perceptions and self-perceptions. For a variety of reasons, including legal issues, the collection of valid evaluations from the others may be problematic. That is, raters may be reluctant to provide negative assessments of colleagues, or raters who have limited knowledge of the individual may be asked to complete the ratings.

In summary, global rating scales, portfolios, and 360-degree evaluations require intensive training to implement and analyze. Portfolios, especially, are labor intensive, time consuming, and expensive to prepare and score. For these reasons, they have not been widely integrated into professional credentialing in health care. Portfolios are used by supervisors and employers to provide feedback regarding professional development and in the licensure/registration and voluntary certification of teachers in the United States. These measures may assess both technical and nontechnical competencies, although technical knowledge is generally not the specific focus of the holistic feedback. Portfolios can be also used to document the breadth of professional experience, while the repeated use of global rating scales and 360-degree evaluations can document growth in interpersonal and communication skills, management skills, and teamwork, as well as personal

attributes such as leadership and professionalism. The provision of useful feedback represents a challenge and an opportunity, in that the person being rated can be compared to others in the cohort or at similar or diverse developmental stages.

Measures of Practice-Based Skills and Applied Knowledge

This assessment model comprises the use of practice-based clinical testing stations, including the use of live or standardized patients, and graphic and/or audio- and videotape stimulus materials. Each station presents a unique task that may be assessed in real time or subsequent to the administration. The assessment model assesses clinical, analytical, and interpersonal skills as well as the technical knowledge base. This assessment model is used for both formative and summative evaluations for test takers across the continuum of professional development, from student to highly experienced practitioner.

"Performance assessments are valued globally for their utility to measure students' higher order thinking skills, deep understanding of concepts, and general inquiry strategies" (Ryan, 2006, p. 97); yet they may be time consuming and costly to develop. In addition, there may be major issues with fairness, generalizability, content coverage, and content quality (Linn, Baker, & Dunbar, 1991). According to Ryan, what emerges in the face of these weaknesses is an examination of the cautionary warnings and, therefore, a "consensus of concern in many important areas. Most critics acknowledge the value of performance assessment and have unique contributions to offer, which should help improve performance assessment for those who wish to use such alternative educative assessment modes" (pp. 98–99).

The most widely recognized exemplar of this assessment model, the Objective Structured Clinical Examination (OSCE), including the use of standardized patients, is currently deployed in medicine, social work, physiotherapy, and psychiatry. Separate performance scores are generated for performance at each station. A test taker is rotated across sequential stations for five to 15 minutes or longer. The performance requirements for the stations are effectiveness in assessing history taking and patient/client work-up, communication and counseling skills, and specific technical and analytical skills. Performance may also provide the opportunity to identify red flags in performance—actions that are potentially harmful to the patient/client.

Computerized simulations represent an alternate presentation mode for OSCE-like tasks and are especially useful in depicting extreme or life-threatening situations that could not easily be modeled by either real or standardized patients. Computer simulations are used to assess clinical reasoning, diagnostic planning, and treatment.

In summary, measures of practice-based skills and applied knowledge may represent the breadth and depth of practice if the testing

stations represent the full scope of the test-content outline. However, even though the individual requirements of each station are designed to replicate the requirements of practice, issues related to practicality and feasibility generally set limits to what can be assessed in a highly structured and artificial testing situation. This class of assessments may be useful to assess nontechnical competencies such as planning and decision making, but present an artificial representation of interpersonal and communication skills.

ASSESSING PSYCHOLOGISTS IN CANADA AND THE UNITED STATES FOR LICENSURE/REGISTRATION

The Association of State and Provincial Psychology Boards (ASPPB) was founded in 1961, with one of its missions being to create a national licensure/registration assessment—the Examination for Professional Practice in Psychology (EPPP). A committee was formed to develop an outline for the examination and to write items to meet the outline. In 1965, Form 1 of the EPPP was created and administered to 27 candidates in eight states. The EPPP comprised 150 to 200 multiple-choice items. Through the 1980s and 1990s, two forms per year were offered in paper-and-pencil format, in April and October.

Currently, the exam is offered to more than 4,000 candidates per year in 62 jurisdictions in Canada and the United States. The EPPP consists of 225 multiple-choice items, including 200 operational items that are scored and 25 pretested items that are not scored. The EPPP is now administered at computer-based testing sites. Two new forms are rotated into the four operating forms available each year that are preequated to a pass point equivalent to an earlier base form. Scores are reported as scaled scores with a range from 200 to 800 and with a pass point of 500 (Rehm & Lipkins, 2006). Regardless of all other jurisdictional requirements, including educational and experiential, the EPPP is the one common element in the professional credentialing process used to grant independent practice privileges to entry-level psychologists in 62 jurisdictions in Canada and the United States.

The overall validity of the EPPP and the relationship between performance on the test and demographic and professional background are routinely examined. However, the process for establishing the content validity, as described in the *Standards for Educational and Psychological Testing* (*Standards*) (AERA, APA, & NCME, 1999), emphasizes the need to conduct a practice analysis to ensure that the knowledge, skills, or abilities assessed in credentialing initiatives are limited to those required for competent performance as an entry-level, independent professional, and serves as a public-protection function.

In 1995 and again in 2003, the practice of less- and more-experienced licensed psychologists in the United States and Canada was studied

using process- and content-based approaches (Greenberg & Jesuitus, 2003; Greenberg, Smith, & Muenzen, 1996; Smith & Greenberg, 1998). The work products of these studies are consistent with the requirements set forth in ISO/IEC 17024, *Conformity Assessment—General Requirements for Bodies Operating Certification of Persons* (IOS/COCA, 2003). Similar to the *Standards,* this document also emphasizes the concept of content validity and the need to conduct an analysis of practice. Practice analysis becomes an important basis by which a professional association or regulatory agency establishes, maintains, and defends the validity of its credentialing program requirements in general and its entry-level assessment program specifically.

Process- and content-based approaches to the conduct of a practice analysis study are appropriate for professions such as psychology, wherein the primary professional behaviors are cognitive in nature (Schoon, 1985). In both the 1995 and the 2003 studies, a process-based approach was used because it provided a structure for describing contemporary practice—what psychologists do—and because it facilitated the development of examination items in a practice-related framework. The process-based approach comprises the delineation of roles and associated responsibilities performed by psychologists.

Roles represent major categories of activities. For example, the role of *psychological services* is identified as the provision of psychological services, or supervising or managing their delivery, to individuals, couples, families, groups, and/or organizations/systems in a manner consistent with current professional and ethical standards/guidelines and jurisdictional and national laws/regulations.

Responsibilities represent the specific activities psychologists perform within each role. For example, *provide psychological services and/or make referrals with knowledge of the range of levels and types of evaluation and interventions available* is one responsibility performed in connection with the psychological services. Unique sets of responsibilities are associated with each role.

A content-based approach was also used because it provided a user-friendly template for describing contemporary practice; providing feedback to the candidates; and communicating with universities, professional schools, and training programs. The content-based approach comprises the delineation of content areas and the knowledge statements required to perform the responsibilities. Knowledge statements may be linked to numerous responsibilities across the entire range of practice roles.

Content areas represent categories of knowledge used by psychologists in practice. For example, *Biological Bases of Behavior* is a content area encompassing knowledge of (a) neuroscience, (b) the physiological bases of behavior and illness, and (c) psychopharmacology. Knowledge statements relate to the content areas; they describe an organized body of information needed to perform responsibilities. For example,

interaction of developmental, gender, ethnic, cultural, environmental, and experiential factors with the biological and neural bases of behavior is a knowledge base associated with the content area *biological basis of behavior*, and is required to perform a subset of the responsibilities performed by psychologists. Table 3.2 contains the names of the four roles and eight content areas as well as the number of responsibilities and knowledge statements associated with each role and content area, respectively.

In a practice analysis of a profession such as psychology, the use of the quantitative and qualitative results related to the practice of those respondents closest to entry-level contributes to a profile of licensed/registered psychologists and the development of a validated content outline for the assessment of entry-level psychologists, regardless of the settings in which they may work. Similarly, the use of the results related to the practice of the more-experienced respondents contributes to a profile of practitioners as they transition to unique and/or specialized settings and specialty practice. At the same time, differences in the responsibilities performed by both less and more experienced respondents and the cognitive level at which they use the required knowledge highlights the potential need for different forms of assessments for practitioners at various stages of their careers. This is particularly important if regulatory agencies are to fulfill their public-protection mission of licensure/registration and if professional organizations are to fulfill their quality-assurance mission. Finally, quantitative ratings collected from

Table 3.2 Process- and Content-Based Delineations of the Practice of Psychology Underlying the Construction of the EPPP

Roles	Responsibilities
Psychological services	10
Consultation, outreach, and policy making	8
Academic preparation and professional development	7
Research, evaluation, and scholarship	10
Content Areas	**Knowledge Statements**
Biological bases of behavior	7
Cognitive-affective bases of behavior	7
Social and multicultural bases of behavior	12
Growth and lifespan development	11
Assessment and diagnosis	13
Treatment, intervention, and prevention	17
Research methods and statistics	7
Ethical/legal/professional issues	5

respondents regarding the acquisition of knowledge and skills can be used to target content to be assessed prior to, at the time of, and subsequent to licensure/registration.

The EPPP multiple-choice test items are reviewed and pretested before use as operational items on the test. Each item is reviewed on five different scales to establish the appropriateness of both the cognitive-demand level and the content of the question, the importance of the knowledge and the contribution that it makes to public protection, and the degree to which the question is free of offensive language and stereotypes. Integral to the review process is the determination that only one of the four responses is the correct or best possible response.

The goal of the item-development process is to match the cognitive requirements of the question to those of entry-level licensed/registered psychologists in practice. For example, knowledge used at the recall/recognition levels should be assessed with questions that require recall/recognition, and knowledge used at the procedural level should be assessed with questions that require the application of the knowledge at a level consistent with its use by entry-level licensed/registered psychologists. As an example, procedural knowledge might be assessed in the context of subject-specific techniques and methods or in the context of determining when to use appropriate procedures. The context should reflect the important responsibilities and roles in which entry-level psychologists are most frequently engaged.

ASSESSMENT OF THE KNOWLEDGE BASE VERSUS THE ASSESSMENT OF COMPETENCIES

Since 1965, the EPPP has focused on the assessment of the technical knowledge base underlying practice. The written examination format is both valid and reliable, as well as practical and feasible, while falling short with regard to fidelity to practice:

> In terms of the body of knowledge related to the practice of psychology, the EPPP has content validity. Most, but not all, of the test items, moreover, represent the foundational scientific and applied professional bodies of knowledge applicable to all practice areas. (Nelson, 2007, p. 6)

Currently, ASPPB-funded initiatives are under way to enhance the written-question development process and produce more questions requiring higher-order cognitive skills and decision making (Lipkins, 2007). With regard to the knowledge dimension, this development may mean more focus on the assessment of conceptual, procedural, and metacognitive knowledge in addition to factual knowledge (Anderson et al., 2001). Regarding the cognitive process dimension, different questions may mean more focus on the assessment of application, analysis, evaluation, and creation, as well as remembering and understanding.

In addition, an ASPPB-funded practice analysis study is under way to identify and validate various classes of competencies beyond those forming the technical knowledge base (Greenberg, 2007; Smith, 2007). This practice analysis study will place an emphasis on the delineation and validation of the range of essential competencies underlying practice and the assessment of those competencies as part of the requirements for entry into independent practice. The study will result in the identification and validation of underlying professional competencies (beyond those related to professional knowledge) and the identification of assessment models and methods to measure both the professional knowledge and underlying professional competencies (e.g., problem solving, decision making). Armed with these results, ASPPB will be able to consider changes in the examination program, including augmentation of and/or complementary assessments to the EPPP. Descriptions of various assessment procedures supported by the study participants will serve as useful tools. Finally, the resources required for the development and implementation of the various assessments will be identified.

The empirical description of practice will include a focus on professional knowledge and underlying professional competencies. The professional knowledge competencies component will include content areas and knowledge statements, similar to the current structure of the EPPP test specifications. The underlying professional competency component will include a focus on foundational and core competencies, for example, critical thinking and problem solving, assessment, professionalism, research and evaluation, and ethical behavior and leadership. For each competency, the goal will be to delineate exemplars of behavior presumed to be appropriate before, during, and after entry into independent practice.

This work will be informed by the APA Board of Educational Affairs Competency Benchmarks Work Group (2007). To date, they have identified foundational and functional competencies, including essential components, behavioral anchors, and potential assessment methods for each. The foundational competencies are classified as falling within (a) reflective practice self-assessment, (b) scientific knowledge methods, (c) relationships, (d) ethical/legal standards/policy, (e) individual/cultural diversity, and (f) interdisciplinary systems. The functional competencies are organized into (a) assessment/diagnosis/case conceptualization, (b) intervention, (c) consultation, (d) research/evaluation, (e) supervision/teaching, and (f) management/administration.

INTERNATIONAL INITIATIVES WITH REGARD TO CREDENTIALING

In 2003, ASPPB sponsored an international survey of psychologists in order to compare practice patterns around the globe to those in Canada

and the United States (Greenberg, 2003; Stagner, 2003). Respondents answered open-ended questions in addition to making quantitative ratings. Nearly 300 psychologists in 16 countries responded. While there were insufficient responses to justify the coding of responses on a national basis, the responses were considered on a regional basis—most especially with regard to differences in Eastern European nations versus Nordic nations, Oceania, the Western Hemisphere (excluding Canada and the United States), and South Africa. Responses were categorized in terms of (a) new knowledge important to the practice of psychology, (b) how psychologists can competently perform their roles in the future, and (c) developments in and problems faced with the regulation/credentialing of psychologists.

The first of the open-ended questions asked respondents to identify what new knowledge has become important in the practice of psychology. There was a very clear consensus from nearly all respondents—regardless of nation or region of the world—that psychologists need to become better informed about neuroscience and the biological basis of behavior, including behavioral genetics. Psychologists from nearly as many nations indicated that both health psychology and geropsychology have emerged as substantial knowledge domains. Respondents also indicated that they need to become more competent with regard to the integration of research results from cognitive psychology, attachment/interpersonal, and community models. The application of newer treatment models (e.g., cognitive-behavioral therapy) to an expanding array of patient populations, including the mentally retarded, substance abusers, and the chronically ill, was also identified as an evolving competency requirement. Clearly, new knowledge crosses national barriers and influences contemporary practice regardless of region of the world. Overall, the picture was that of a rapidly changing profession, subject to change as a function of both an expanding knowledge base and patient population.

In response to a question about emerging marketplace trends, regional differences were identified. Respondents from Eastern Europe and/or more recently admitted European Union nations (e.g., Croatia, Estonia, Romania, and Turkey) were most concerned with how their local practice of psychology would fit into the larger regional model of psychology in the European Union, and with establishing professional associations and regulatory initiatives. In contrast, respondents from the Nordic nations described challenges to their professional identities from the medical profession, changes in health-care policy and reduced reimbursement schedules, and changes in consumer expectations. Respondents were most concerned about how they would be paid, whether there might be opportunities for establishing private practices, and how to establish quality-control mechanisms in private practice. Respondents from Mexico anticipated that both NAFTA and

potential regulatory changes will impact opportunities for practice, while respondents from Central and South American countries indicated that change was driven by the marketplace as well as by local political, economic, and emerging legal realities.

When asked to identify recent developments in the regulation and credentialing of psychologists, New Zealand respondents indicated that the New Zealand Health Practitioners Competence Assurance Act (Roe-Shaw, 2005) was introduced to regulate the scopes of practice of all health providers, including psychologists. This recent legislation brought all health professions under one umbrella authority with a mandate to enhance public/client protection in the context of title and scope of practice protection. Competencies and requirements for continued registration are specified for psychologists at various levels.

Responses from the Nordic nations suggested a focus on fine-tuning of existing regulatory components, and again on the impact of political, economic, and emerging legal realities. In these nations, opportunities for employment may be restricted due to funding shortages and the competition from other health-care providers.

Regulation/credentialing in South Africa is quite complex as many systems are undergoing modification at once, including the registration of psychologists with noncomparable education backgrounds; the introduction of new levels of degree programs, including the bachelor of psychology and the doctorate of psychology; changes in the overall qualification process, including a professional board examination, a national examination, and ongoing continuing professional development requirements; and the introduction of new levels of registration (e.g., psychologist, registered counselor, lay counselor).

Finally, when the respondents were asked to describe problems facing their profession, the responses varied enormously—from the struggle to "do nearly everything, including recognizing our profession" and government inertia regarding the creation of an autonomous professional identity to concerns over the place of psychology within the larger health system. A number of regions expressed concerns about training standards in the context of the lack of regulation on research, access to research funding, and faculty and student resistance to the upgrading of professional standards.

In 2006, the international study of practice was extended to psychologists practicing in the Russian Federation (Greenberg & Mileschkina, 2007; Manichev, 2006). The goals of the study included the creation of recommendations for the development of standards for professional practice for Russian psychologists. Nearly 250 psychologists responded to and completed an online Russian-language survey. Of the respondents, the overwhelming majority specialized in organizational, social, educational, or clinical psychology; or psychological consultation, and resided primarily in St. Petersburg and Moscow.

Respondents identified new knowledge needs in one of the following areas: (a) organizational psychology; (b) clinical psychology, including neuropsychology, psychophysiology, health psychology, psychopharmacology, psychogenetics, and pharmacology; (c) psychological consultations and psychotherapy, including family consultations, geriatric psychology, art therapy, psychoanalysis, transpersonal, and existential; and (d) social psychology, including social and ethnic differences, communications psychology, conflict psychology, geriatric psychology, and political phenomena. In contrast to Canadian and U.S. psychologists and other psychologists worldwide, about 42% of the Russian respondents indicated that they never used knowledge about the biological basis of behavior. Similarly, with regard to theoretical approach, whereas the absolute majority of Canadian- and U.S.-licensed/registered psychologists reported using either a cognitive-behavioral or a psychodynamic approach, 60% of the Russian respondents reported using a systems orientation (39%) or an existential/humanistic orientation (21%). Fewer than 3% of the respondents reported using a behavioral approach as their primary theoretical orientation, with one respondent commenting, "It is sad to say that we are losing so fast our native traditions" (Manichev, p. 43).

Nearly three-fourths of the Russian respondents were not recognized or accredited by any professional organization or psychological association. When asked about problems regarding the regulation of their profession, more than one-half of the respondents indicated that psychological practice is not regulated. The respondents suggested that there are no standards to regulate either education or practice, and, further, there are no mechanisms to control practice or to enforce standards. Finally, local educational or association standards may exist, but only at the level of unenforceable recommendations about the quality of practice.

In summary, the quest for better and more applied science transcends borders. Nearly all respondents—regardless of nationality or region—wanted an enhanced knowledge base and looked forward to the integration of neuroscience, cognitive science, and new treatment models into their current practice. By contrast, there are national and regional variations in the changes and challenges with regard to the recognition and credentialing/regulation of psychology. The variability comes from the degree to which psychology is established as a profession, and the degree to which the local economic and public policy structures support the profession. Thus, in some nations, psychology has neither a regulatory nor credentialing mechanism, or it is too new to evaluate, while in other nations the regulatory and credentialing mechanisms are in transition due to internal changes (e.g., the New Zealand Health Professionals Competency Assurance Act) or external pressure (e.g., harmonization related to the European Union).

Since there is such variability, it is likely that challenges faced in one nation may have already been dealt with in another nation. For example, respondents from several regions indicated that changes in public or consumer awareness were becoming an important factor. Other regions have not yet reached that stage. Likewise, some regions indicated a growing focus on the refinement of scopes of practice and/or the creation of specialized credentialing, while other regions have not begun to consider anything other than the most elementary recognition of the profession.

Finally, the identification of similarities and differences in the assessment of competence across nations and regions of the world is made more complex by the interaction of differences in scope of practice, differences in the recognition of both foundational and functional competencies, and differences in basic attitudes toward assessment. The development and implementation of a competency assessment system both within and across borders will be difficult and can only occur as a function of addressing and substantially resolving these issues.

REFERENCES

Accreditation Council for Graduate Medical Education & American Board of Medical Specialties. (2000, September). *Toolbox of assessment methods* (version 1.1). Chicago: Author. Retrieved June 5, 2007 from http://www.acgme.org/Outcome/assess/ Toolbox.pdf.

American Board of Internal Medicine. (1999). *Guide to evaluation of residents in internal medicine.* Philadelphia: Author.

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (1999). *Standards for educational and psychological testing.* Washington, DC: American Psychological Association.

American Psychological Association (APA) Task Force on the Assessment of Competence in Professional Psychology. (2006, October). *American Psychological Association (APA) Task Force on the Assessment of Competence in Professional Psychology: Final report.* Retrieved June 5, 2007, from http://www.apa.org/ed/competency_revised.pdf.

APA Board of Educational Affairs Competency Benchmarks Work Group. (2007, January). *Assessment of Competency Benchmarks Work Group: A developmental model for the defining and measuring competence in professional psychology.* Washington, DC: Author.

Anderson, L., Krathwohl, D., Airasian, P., Cruikshank, K., Mayer, R., Pintrich, P., et al. (Eds.). (2001). *A taxonomy for learning, teaching, and assessing: A revision of Bloom's Taxonomy of Educational Objectives.* New York: Longman.

Atkins, P. W. B., & Wood, R. E. (2002). Self- versus others' ratings as predictors of assessment center ratings: Validation evidence for 360-degree feedback programs. *Personnel Psychology, 55,* 871–904.

Bartram, D. (2005) The Great Eight Competencies: A criterion-centric approach to validation. *Journal of Applied Psychology, 9,* 1185–1203.

Bebeau, M., Rest, J. & Yamoor, C. (1985). Measuring dental students' ethical sensitivity. *Journal of Dental Education, 49,* 225–235.

Chambers, D. W., Dugoni, A. A., & Paisley, I. (2004). The case against one-shot testing for initial dental licensure. *Journal of the California Dental Association, 32,* 243–246, 248–252.

Elmore, P. B., & Camilli, G. (Eds.). (2007). Dialogue on validity [Special issue]. *Educational Researcher, 36*(7).

Epstein, R., & Hundert, E. (2002). Defining and assessing professional competence. *Journal of the American Medical Association, 287,* 226–235.

Fletcher, C. E., & Bailey, C. (2003). Assessing self-awareness: Some issues and methods. *Journal of Managerial Psychology, 18,* 395–404.

Greenberg, S. (2003, April). *Similarities and differences in the practice of psychology around the world.* Paper presented at the Third International Congress on Licensure, Certification and Credentialing of Psychologists, Montreal, Canada.

Greenberg, S. (2007). *Practice analysis proposal submitted to ASPPB.* New York: Professional Examination Service.

Greenberg, S., & Jesuitus, L. (2003). *Study of the practice of licensed psychologists in the United States and Canada.* New York: Professional Examination Service.

Greenberg, S., & Mileschkina, Y. (2007). *Summary report of the study of the practice of psychologists in Russia.* New York: Professional Examination Service.

Greenberg, S., Smith, I. L., & Muenzen, P. (1996). *Study of the practice of licensed psychologists in the United States and Canada.* New York: Professional Examination Service.

Hall, J. & Lunt, I. (2005). Global mobility for psychologists. *American Psychologist, 60,* 712–726.

Hu, S., & Oakland, T. (1991). Global and regional perspectives on testing children and youth: An international survey. *International Journal of Psychology, 26,* 229–344.

International Test Commission. (2001). International Guidelines for Test Use. *International Journal of Testing, 1*(2), 93–114.

International Organization for Standardization/Committee on Conformity Assessment. (2003). *ISO/IEC 17024: Conformity assessment—General requirements for bodies operating certification of persons.* Switzerland, Author.

Kaslow, N. J., Rubin, N. J., Bebeau, M., Leigh, I. W., Lichtenberg, J., Nelson, P. D., et al. (2007). Guiding principles and recommendations for the assessment of competence. *Professional Psychology: Research and Practice, 38,* 441–451.

Lipkins, R. (2007). *Proposal submitted to ASPPB regarding enhanced question writing in board report.* New York: Professional Examination Service.

Leigh, I. W., Smith, I. L., Bebeau, M., Lichtenberg, J. W., Nelson, P. D., Portnoy, S., et al. (2007). Competency assessment models. *Professional Psychology: Research and Practice, 38,* 463–473.

Linn, R., Baker, E., & Dunbar, S. (1991). Complex, performance assessment: Expectations and validation criteria. *Educational Researcher, 20*(9), 15–21.

Manichev, C. (2006). *The study of the practice of psychologists in Russia.* St. Petersburg, Russia: St. Petersburg State University, Department of Engineering Psychology and Ergonomics.

Maurer, T. J., Mitchell, D. R. D., & Barbeite, F. G. (2002). Predictors of attitudes toward a 360-degree feedback system and involvement in post-feedback

management development activity. *Journal of Occupational and Organizational Psychology, 75,* 87–107.

Nelson, P. D. (2007). Striving for competence in the assessment of competence: Psychology's professional education and credentialing journey of public accountability. *Training and Education in Professional Psychology, 1*(1), 3–12.

Norman, G. (1985). Defining competence: A methodological review. In V. Neufeld & G. Norman (Eds.), *Assessing clinical competence* (pp. 15–35). New York: Springer-Verlag.

Oakland, T. (2004). Use of educational and psychological tests internationally. *Applied Psychologist: International Review, 43,* 157–172.

Oakland, T., & Hambleton, R. (Eds.). (1995). *International perspectives on assessment of academic achievement.* Norwell, MA: Kluwer Academic.

Parkes, J. (2007). Reliability as argument. *Educational Measurement: Issues and Practice, 26*(4), 2–10.

Rehm, L. P., & Lipkins, R. H. (2006). The Examination for Professional Practice in Psychology. In T. J. Vaughn (Ed.), *Everything students need to know about licensure and certification.* Washington, DC: APA Books.

Roe-Shaw, M. (2005). What happened on 18 September 2004: Life after the introduction of the Health Practitioners Competence Assurance Act (HPCAA), 2003. *Kairaranga, 6*(1), 16–21. Retrieved June 5, 2007, from http://www.minedu.govt.nz/web/downloadable/dl10849_v1/10849-hpcaa-guidelines-for-education-managers-down.doc.

Ryan, T. (2006). Performance assessment: Critics, criticism, and controversy. *International Journal of Testing, 6,* 97–104.

Schön, D. (1983). *The reflective practitioner.* New York: Basic Books.

Schoon, C. G. (1985). Methods for defining and assessing professional competence. *Professional Practice of Psychology, 6,* 144–155.

Smith, I. L. (2007, April). *Going from here (EPPP) to there (EPPP plus).* Paper presented at the 22nd Midyear Meeting of the Association of State and Provincial Psychology Boards, Louisville, KY.

Smith, I. L., & Greenberg, S. (1998). Defining constructs underlying the practice of psychology. In A. S. Bellack, M. Hersen (Series Eds.), & A. N. Wiens (Vol. Ed.), *Comprehensive clinical psychology: Vol. 2. Professional issues.* Oxford, UK: Elsevier Science.

Spencer, L., & Spencer, S. (1993). *Competence at work: Models for superior performance.* New York: Wiley.

Stagner, B. (2003, April). *Qualitative analysis of global study of the practice of psychology.* Paper presented at the Third International Congress on Licensure, Certification and Credentialing of Psychologists, Montreal, Canada.

4

Codes of Ethics, Conduct, and Standards as Vehicles of Accountability

Pierre L.-J. Ritchie

Ethical principles and values as encompassed by codes of ethics, prescribed conduct, and standards of practice have become a core feature of virtually every human service profession, including psychology. They are an integral component of the profession's implicit contract with society. Initially, the professions themselves attended not only to the promulgation of codes and standards but to their enforcement as well. Accountability was to the profession and by the profession. However, in the latter half of the twentieth century, demand for greater public protection compelled new structures. In many countries, licensure is established through legislatively mandated regulation. In some countries and regions of the world, the profession has created credentialing bodies, sometimes with public participation in their governance. Both are recognized by governments and public agencies as well as by private-sector organizations to identify and restrict psychological practice or the reimbursement of psychological services to those who are appropriately licensed and credentialed. The degree to which regulatory bodies are accorded a measure of self-governance varies. The regulatory approach started as a primarily North American phenomenon but is now found in all regions of the world. Nonetheless, many countries have yet to establish legally mandated regulation of psychology. Whether voluntary through professional associations and credentialing bodies or mandatory as part of the public regulatory system, codes of ethics, prescribed conduct, and standards of practice are among the core foundations for operationalizing psychology's accountability to peers and the public.

This chapter reviews the historic context for the emergence of ethics as a central component of psychology's accountability to the public as well as psychologists' accountability to both the profession and the public. It examines codes and standards in various incarnations; this examination concentrates on the development of recognized documents at the national and multinational levels, including recent work

on metacodes and a universal declaration of ethical principles. The advent of cultural competence is the object of focal attention because of its increasing pertinence in a world characterized by greater mobility. The chapter concludes with a synthesis of observations about the value of ethical codes and standards.

ETHICS AND ACCOUNTABILITY IN HISTORIC CONTEXT

The level of attention ethics now receives in professional education, at professional conferences, and in regulation as well as from practitioners, policy makers, and the general public is relatively new. Only in the past decade could it be claimed, as some observers have noted, that we have become obsessed by ethics (Coody & Bloch, 1996). Most professions established at least a basic formal code of ethics during the second half of the twentieth century. This was initially concentrated in the industrialized countries, but over the course of the last quarter-century many majority world countries have also adopted ethics codes for service-oriented professions. There are important historic roots for this phenomenon: medicine, as practiced in the West, has used the Hippocratic Oath as the precept for its ethical orientation for some 2,500 years.

While enhanced attention to ethical matters is a recent phenomenon, the trend toward codification of ethics largely occurred in the second half of the twentieth century. Prior to that time, ethics was considered to be part of professional character and identity, and achieved through socialization into the profession. Ethical practice reflected the high social status held by members of the health professions and the concomitant public trust in the integrity of their practitioners. At the conclusion of World War II, the world reacted with a combination of shock and horror when it was learned that physicians, nurses, and those in other health professions actively participated in cruel experiments in which the value of human dignity and life itself were disregarded. To be sure, this was far from the first example of torture and abuse of civilian populations in the conduct of warfare. However, it was the active collaboration of those presumed to be dedicated to advancing and protecting human welfare that shocked people across all class, ethnic, national, and racial groups.

Two basic choices presented themselves to those trying to make sense of what happened. One option was essentially a racial interpretation, the argument being that there was a fundamental flaw in the ethnic character of certain nationalities. Given the subtle and overt racism associated with propaganda produced by all protagonists in World War II and stereotypes held by large numbers of people in all regions of the world, this option held more appeal than may be evident to those born later. The alternative was to accept that virtually everyone is vulnerable to political and social pressure to conform and collaborate with prevailing ideology, especially when accompanied by a willingness to exert compliance through instruments of state control.

In regions of the world reflecting different cultural traditions, subsequent research in social psychology, as well as human tragedies, has confirmed that this was the correct, albeit humbling, interpretation.

The great majority of national psychological associations and those of other professions rejected a racist interpretation. The exceptions were based on affiliation with particular ideologies (e.g., racial superiority in South Africa during the apartheid era) that typically led to new abuses in the service of collaboration with state power. Instead, the majority concluded that the more humbling alternative of human vulnerability compelled greater explicit attention to the development of ethical awareness and ethical capacity. This was a major step by the health professions toward acceptance of a broader accountability to the public for the collective and personal ethical conduct of their members. For the most part, basic responsibility remained anchored in personal choices made by individuals. However, there was at least implicit recognition that individuals alone might have difficulty withstanding the subtle expressions of social control, let alone the more coercive instruments of forced compliance.

As a result, the professions decided to establish codified ethics rather than rely on the nebulous process of socialization to reinforce key values that foster respect and the application of fundamental ethical principles. In ensuing decades, dozens of countries in all regions of the world adopted codes of ethics for psychologists. While this was initially more prevalent in industrialized countries, psychologists in countries at all levels of economic development have since adopted codes of ethics.

Before addressing the codes themselves in the next section, a second societal factor that prompted greater accountability should be considered. This element has played a greater role in countries characterized by complex economies with an important focus on delivering a large array of consumer-oriented goods and services. In the past quarter-century, consumer protection has become increasingly important and has given rise to movements, organizations, and a host of institutionalized mechanisms to impose a greater measure of accountability on those selling goods and providing services.

The advent of consumerism as a vehicle for accountability in the realm of health services also reflects an important part of the evolving relationship between health providers and those whom they serve. Heretofore, the relationship was hierarchical. The health professional was presumed to be competent and trustworthy. The role of the patient was to follow what was prescribed, with no expectation of understanding the nature of his or her problems. Psychology always stood apart from this traditional orientation. From the outset, the profession encouraged personal autonomy and responsibility. Nonetheless, in institutional settings, psychologists too tended to operate with a "doctor knows best" mentality. Furthermore, the onset of behaviorism gave rise

to serious concerns about social control and the application of behavioral treatments to vulnerable captive populations without patients or families being informed or granting consent.

The shift from "patient" to "client" as a common descriptor for the person receiving psychological services in English-language countries captures one element of the evolution. The term *patient* traditionally has carried a connotation of subordination, whereas *client* infers a more equal relationship. The first step in the evolution can be construed as remedying an imbalance in power in which greater equality in the relationship was the primary goal.

Defining patients or clients as *consumers* took the process one step further. Consumers are deemed to have rights, including making providers accountable. While psychology generally was never as hierarchical as the older health professions, psychologists have also had to adjust to the changing expectations of many of those seeking their services. Cultural factors also play an important role in attenuating the degree and means through which accountability is achieved. For cultures in which personal rights and prerogatives are emphasized, there is a more obvious link between consumerism and making the practitioner accountable. Ironically, the latest stage of this evolution has been efforts to redress the balance in the other direction. Particularly in health care, the message to the public now addresses the accountability of people to be personally responsible for engaging in proactive measures to maintain good health and prevent ill health.

Potential challenges to psychologists in fulfilling their duty to clients/patients, whether these are politically or socially driven demands or come by virtue of clients/patients themselves having greater expectations, have prompted greater recognition and use of codes of ethics and standards as vehicles of accountability. From one perspective, this shift makes ethical awareness and mastery of ethical decision making essential components in a proactive approach to enhanced accountability. On the other hand, ethical codes and standards have taken on a new dimension as vehicles of risk management for psychologists and other health-service providers. For those societies in which accountability is exercised in part through the legal system, ethics codes and standards are used to determine whether psychologists have fulfilled their duty to those with whom they have contracted to provide services. This has created tension between aspirational, proactive ethics (i.e., doing the right thing, congruent with higher-order principles) and expedient choices based on self-protection.

NATIONAL CODES OF ETHICS AND STANDARDS

This section addresses factors that contribute to the generation of codes of ethics and standards. Since codes were originally developed

by national psychological organizations, these are considered before discussing the more recent work on metacodes and multinational standards in a later section. A thorough review of a single code, rather than a descriptive review of many codes, illustrates important features of contemporary ethics codes and standards.

Given the factors that led to codified ethics, it is worthwhile to identify the main types of codes. Diener and Crandall's (1978) classic work encompassing the social sciences identified three types of ethics. The first type, *wisdom ethics,* promotes ideal professional practice and is aspirational. These ideals help professionals to be aware of their values. Ironically, a critique of traditional aspiration-oriented ethics codes (Sinclair, Poizner, Gilmour-Barrett, & Randall, 1992) is that they have not made the underlying values sufficiently explicit. The second type, *content ethics,* promulgates rules that define proper and improper behavior. They are prescriptive and are intended to offer explicit direction. These may be included in an ethical code or may be found in an ancillary document, sometimes labeled as codes of conduct or standards of practice. The third type focuses on *ethical decisions.* Individual capacity to make ethical judgments is closely related to the collective values of the profession, attenuated by the values of the professional and the relevant circumstances of a particular situation. Decisions are made only after considering all pertinent factors, including codified ethics and regulatory standards as well as prevailing personal, client/patient, and social values.

It is increasingly common for codes to endorse ethical decision making as a core component. This approach lends itself well to a dynamic view of accountability. While all three types provide an organizing framework, there are problems with codes being either wisdom/aspirational or practical/prescriptive alone. The wisdom/aspirational approach risks being unduly abstract and disconnected from the real world. The practical/prescriptive approach risks being unduly narrow and forcing choices that are insensitive to context. From an international perspective, there is greater probability that multinational efforts will have greater success in establishing common generic principles and in developing frameworks to enhance ethical decision making than in a search for common behavioral rules.

Sinclair et al. (1992) undertook a comprehensive interdisciplinary and international literature review to glean the main reasons that ethics codes are established. They found four elements that are repeatedly identified: (1) to establish the group as a profession, (2) to support and guide individual professionals, (3) to meet the responsibility of being a profession, and (4) to provide a statement of moral principle that helps the individual professional resolve moral dilemmas. Bersoff (1995) concluded that professional codes of ethics are derived from core values (e.g., public service and concern for human welfare) and convey the

positive qualities of the practitioners who subscribe to their profession's code. The ethics literature of the past decade confirms that these remain the pertinent elements for establishing codes of ethics. For example, Lindsay (1996) identified similar reasons for the development of ethical codes governing psychology.

The general trend (e.g., Swain, 2000) has been to give greater emphasis than previously given to the importance of ethical awareness and ethical decision making. This trend recognizes that resolution of the ambiguities and complexities of contemporary ethical dilemmas benefits from early recognition of the prospect of an ethical issue arising. Similarly, the most challenging ethical situations do not readily lend themselves to a simple, easily defined solution. Rather, they compel a sophisticated decisional process starting with astute identification of pertinent factors and culminating in an explicit decision that includes assumption of responsibility and continuing evaluation of outcomes.

National codes have become increasingly comprehensive and complex. They enhance accountability through a synthesis of dominant values, generic principles, and explicit operational standards that establish the actual parameters of required conduct and of inappropriate behavior. The *Canadian Code of Ethics for Psychologists* (CPA, 2000), now in its third edition, was the first to attempt to explicitly integrate all these components in a single national code. Both in its original form and as subsequently revised, it has been cited as a model for the development of other codes in countries as diverse as Mexico (e.g., Hernández Guzmán & Ritchie, 2001) and Ireland (Swain, 2000). Because it has received wide attention around the world, its main features are described to illustrate the increasingly multifaceted organization of ethics codes throughout the world.

The Canadian Code

Prior to generating its own code, like a number of other national associations, the Canadian Psychological Association (CPA) used the Code of Ethics of the American Psychological Association (APA). As the APA Code underwent revisions, it became clear that it reflected particular cultural and legal characteristics that were different from those of Canada. Hence, Canadian psychologists decided to develop their own code. It was further determined that development of the Canadian Code was to be based, to an important degree, on an analysis of the ethical decision making of a sample of Canadian psychologists. This was empirically determined through research undertaken under the auspices of the CPA Ethics Committee. Thirty-seven ethical dilemmas in the form of vignettes were generated that sought to include the then extant principles of the APA Code, the conflict between principles, a range of practice areas, and innovative or untested approaches. Psychologists in the sample were asked several questions following each

vignette, including whose rights/needs would they consider in resolving the dilemma, what course of action would they choose and why, and what alternatives were considered. Emphasis was placed on making the reasoning underlying psychologists' decisions explicit. Kohlberg's (1969) moral developmental criteria were a further organizing element for work on the Canadian code. The most commonly used ethical principles of the respondents generated an organizing framework; statements were then categorized according to these principles. Given that internal consistency was a goal for the Canadian code, values and standards are categorized by the principle to which they correspond, and they appear together following the enunciation of the values statement for that principle.

The four core principles of the Canadian Code are as follows:

1. Respect for the Dignity of Persons
2. Responsible Caring
3. Integrity in Relationships
4. Responsibility to Society

Each principle is anchored in a values statement of some 300 to 500 words elaborating and making explicit the values context of each principle. For example, the values statement for *Respect for the Dignity of Persons* includes the following:

> [P]sychologists accept as fundamental the principle of respect for the dignity of persons; that is, the belief that each person should be treated primarily as a person or an end in him/herself, not as an object or as a means to an end. In so doing, psychologists acknowledge that all persons have a right to have their innate worth as human beings appreciated and that this worth is not dependent upon their culture, nationality, ethnicity, colour, race, religion, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, and/or any other preference or personal characteristic, condition, or status. (CPA, 2000, p. 8)

The principles and their respective values statements are the bedrock of the Canadian Code. They communicate the essence and context of what is important. They reflect the ideals of the profession and are the most clearly aspirational component of the Code. However, to be applied effectively, as well as to serve as a means to enforce accountability, something more behavioral is required. Hence, each principle has associated ethical standards that cover a wide range of professional and scientific activities, including bias and discrimination, boundaries and dual relationships, competence and qualifications, confidentiality, conflicts and conflicts of interest, diversity, duty to protect and to

warn, exploitation, fees and financial arrangements, harassment, harm, informed consent, legal requirements and rights, objectivity, privacy, quality assurance, self-care, torture, and vulnerable groups. Two examples are provided to illustrate the articulation of specific standards.

Under the principle of *Respect for the Dignity of Persons* one finds the following:

I.19 Obtain informed consent from all independent and partially dependent persons for any psychological services provided to them, except in circumstances of exceptional need (e.g., disaster or urgent crisis). In urgent circumstances, psychologists would proceed with the assent of such persons but fully informed consent would be obtained as soon as possible.

I.27 Take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward.

Under the principle of *Responsible Caring* are the following:

II.6 Offer or carry out (without supervision) only those activities for which they have established their competence to carry them out for the benefit of others.

II.17 Create and maintain records relating to their activities that are sufficient to support continuity and sufficient coordination of their activities with the activities of others.

II.21 Consulting with or including in service delivery, persons relevant to the culture or belief systems of those served.

In an era of heightened accountability and given the several entities to which any psychologist may be accountable (e.g., employer, professional association, regulatory body), conflict sparked by competing expectations does occur. There can also be circumstances that give rise to apparent contradictions between standards imposed by the same source or even found in the same document. One of the distinguishing characteristics of the Canadian Code is its ordering of the principles in the event that the particular circumstances of an ethical dilemma lead to conflict between one or more of them. Ranking the principles is subject to criticism of undue simplicity. The notion of ranking may also be seen as inimical to the notion that ethical principles should be considered absolute. Yet the reality of the world in which most psychologists deliver services makes such a view naïve.

The Canadian Code seeks to achieve a delicate balance. It recognizes that conflicts between principles can occur. Its solution is to propose a relative weighting of the principles. It recognizes that ethical conflicts are often complex and that a rigid ranking would be inappropriate. The relative ranking follows the order in which the principles are numbered in the Code; that is, *Respect for the Dignity of Persons* is ranked first due

to its emphasis on moral rights. Even here, though, there is a caveat. The Code recognizes that this principle may have to be subordinated to other principles in the context of clear and imminent danger to physical safety (of self or others). *Responsibility to Society* is ordered fourth because the Canadian Code adheres to the position that the dignity and well-being of the person should be given greater weight than the welfare of society.

The preponderance given by the Canadian Code to individual rights relative to collective rights is itself a reflection of the dominant culture from which it emerges. Notwithstanding considerable emphasis on the importance of attending to cultural and social factors in the delivery of psychological services, this Code maintains higher-order emphasis on the sanctity of individual human rights, except when serious threat to life itself is at stake. In other cultural contexts, including the people of the First Nations of Canada, there is a different view of ultimate accountability. In this context, the general well-being of the community has the highest value. This issue is closely related to long-standing legal, philosophical, and theological differences. In some cases, the anthropological perspective is the most useful. When social systems are organized to sustain survival under harsh environmental or other conditions, the individual is more likely to be seen as legitimately subordinate to the collectivity. The criteria, structures, and agencies through which accountability is achieved must also, therefore, take careful account of the sociocultural traditions through which they are mediated.

The Canadian Code relies heavily on an ethical decision-making approach to achieve functional utility. Notwithstanding clear values statements, a small number of generic principles, and 168 specific standards to guide actual conduct, the Code recognizes that the nature of psychological services is often complex and that the resolution of some dilemmas is difficult. Embedded in the Code is a 10-step process to guide ethical decision making. It is presented as a model for actively engaging ethical decision making rather than something to be learned mechanically. The Code notes that some situations calling for an immediate ethical judgment cannot always be anticipated; psychologists may find themselves having to act reactively. Nonetheless, the Code promotes an ethical decision-making process that begins as much as possible with identifying the potential for an ethical dilemma. This underscores the proactive orientation of this Code. It also requires practitioners to have well-developed ethical sensibility and strong general knowledge of ethical issues. The approach mandates identification of alternatives and consideration of legitimate mitigating factors before weighing these elements and making a decision. Assumption of responsibility for the decision includes evaluating the outcome whenever possible. All of these components confirm the utility of the Code as a vehicle to achieve and assess accountability.

In summary, the Canadian Code provides a good illustration of how a code of ethics serves contemporary demands for greater accountability from multiple sources. It offers a clear statement of the profession's values as well as concrete standards for professional conduct. It seeks to prepare psychologists for the rigors of professional practice by equipping them to engage complex issues in a conceptually coherent and sophisticated manner. In the context of risk management, it prompts thoughtful judgment and provides sufficient detail to assess behavior. Yet, as an expression of the profession's requirements for ethical behavior, it can also be used to buffer and refute external demands to engage in dubious or actually inappropriate behavior. As a national code, caution is in order in generalizing its perspective and content to other countries.

Codes Across Countries

In the past decade, there have been several reviews of ethics codes and standards from an international perspective. Ritchie and Sabourin (2001) did a comprehensive assessment focusing both on North American and international elements. Written in French, they cited the few major works that have addressed the topic. In their conclusion, they noted that the search for common ground begins with respect for and acceptance of diversity. They suggested that "recognition of meaningful differences enhances the likelihood that people will be respected and that services will be more adapted to their needs rather than simply to make it easier for the providers." This suggestion is congruent with a much earlier assessment of the subject. Tomaszewski (1979) observed that cultural factors are important mediators of morals and values. From an international perspective, no one code is presumed to be inherently better than another.

Leach and Harbin (1997) undertook a broad review of national codes of ethics. They compared the ethical codes of professional psychological associations in 23 countries to the then current version of APA's ethical code (APA, 1992). The comparison group covered all of the major regions of the world and both industrialized and majority world countries. The principles governing the ethics of American psychologists appeared in more than two-thirds of the other codes examined. Ten standards met the authors' criteria of 75% to be included in the category they considered approaching universal use. These were (1) avoiding harm, (2) avoidance of false or deceptive statements, (3) boundaries of competence, (4) confidentiality, (5) delegation to and supervision of subordinates, (6) disclosure, (7) exploitative relationships, (8) fees and financial arrangements, (9) informed consent to research, and (10) informed consent to therapy. Although these standards were consistently found in the great majority of codes, over one-third of the APA standards appeared in three or fewer of the other countries'

codes. The principles containing the most nonequivalent standards were related to forensic work; teaching, training, and supervision; research and publishing; and sexual harassment. The authors queried whether some of these standards might appear in the laws of these countries. They also speculated that their inclusion in the American code might have been to reduce the probability of legislative action being imposed on the profession.

In a later article, Leach, Glosoff, and Overmier (2001) provided additional analysis based on thematic content that led to recategorization of unmatched principles and standards from the earlier work. This resulted in eight new categories based on the criterion of at least three countries having a similar principle or standard. In descending order of commonality, eight additional components of ethical standards were identified. These were (1) respect for colleagues, (2) institutional affiliation (e.g., standards, guidelines, and legal information regarding joint practice; employer/employee relationships), (3) licensure (including legally established educational and training requirements for entry to the profession and protection of the title psychologist), (4) policy statements, (5) professional autonomy, (6) definitions to clarify terms (e.g., psychologist, client, and agency), (7) evaluation of colleagues and programs, and (8) promotional activities (e.g., financial gain through endorsement of products or other advertising activities).

This brief overview of codes of ethics and standards from an international vantage confirms both some commonality and important differences across national codes. With this in mind, the challenge of developing multinational codes or metacodes is the focus of the next section.

THE DEVELOPMENT OF METACODES

Mobility of psychologists across national boundaries is difficult to document. There is no current evidence that psychologists are moving permanently or transiently across national borders in large numbers. There are important economic and political factors that prompt such decisions, and psychologists are no exception to this type of migration. Nonetheless, the phenomenon of globalization is attracting the attention of human service professions generally (e.g., Lenn & Miller, 1999) and of psychology in particular (e.g., Arnett, 2002). The creation of powerful regional trade treaties has been a stimulus to develop common standards in anticipation of greater cross-border mobility and service delivery. It is important to note the distinction between migration and mobility. Migration involves moving from one area to another either on a permanent basis or, at least, for an extended period of time. Mobility, especially in the context of delivering professional services, may be very transient. Indeed, given the advent of virtual technology,

cross-border services may not involve the physical movement of people at all. For psychology and some other health professions, "telehealth" is an emerging reality that gives rise to several vital questions related to accountability and makes the development of multinational standards especially compelling.

Work to date in this area has concentrated mainly on the development of metacodes. A multinational metacode of ethics has some elements that may be less apparent in the development of a national code, at least in some countries. By definition, a multinational metacode of ethics should offer fundamental principles that can guide practice across differing cultures and political systems. At the same time, a metacode should be complementary to the codes of national organizations that may have additional values and principles to be included in their respective codes. This is evident in the approach taken in Europe, where work has progressed most. The metacode adopted by the European Federation of Psychologists Associations (EFPA) and the Code of Conduct of the Association of State and Provincial Psychology Boards (ASPPB) are examples of metacodes already promulgated, albeit for different purposes. The former is expected to be used by individual psychologists as adopted; the latter is a model offered to psychology regulatory bodies for their consideration in adopting local standards. Then, examples of work in progress toward a North American Metacode and toward a Universal Declaration of Ethical Principles are considered.

The European Metacode

The most substantial multinational accomplishment in establishing a common ethics framework is the Metacode of the European Federation of Psychologists Associations (EFPA, 1995). EFPA (formerly EFPPA) brings together the national psychology bodies of 32 countries. Reflecting the current variants in the legal recognition of psychology, and of the organization of psychology itself in European countries, some EFPA member bodies are professional associations, some are regulatory bodies, some integrate both functions in a single entity, and some are federations of both a country's professional association and its regulatory body. EFPA is a formally constituted body recognized by the European Union as the voice of European psychology.

The European Metacode addresses individual psychologists, but it is also intended to guide its member associations in their future development of national ethics codes. Lindsay (1996), who worked on the development of the European Metacode, regards it not as a replacement for national codes but rather a supplement to them. Lindsay's observation is that ethics codes are socially constructed, being derived from factors characteristic of the broader society from which they emerge as well as from elements specific to psychology. This perspective is

important to an appreciation of national codes and multinational metacodes as vehicles of accountability. It underscores that accountability is not unidimensional, even when examined according to ethical principles and standards of conduct.

The history of Europe; its diverse pedagogical, philosophical, political, and theological traditions; and the varying socioeconomic conditions that make for meaningful North/South and East/West distinctions within Europe itself all make EFPA's adoption of the European Metacode a remarkable achievement. Therefore, it is described in further detail to illustrate how European psychology determined the essential components of ethical accountability to be applied across national borders.

Four interdependent principles are the organizing framework for the European Metacode:

1. Respect for a Person's Rights and Dignity
2. Competence
3. Responsibility
4. Integrity

Each principle is further articulated through 19 specifications, each of which contains a number of operational statements totaling 38 in all that set expectations for particular behaviors. Once again, we find the structure of higher-order principles around which more behavioral standards are grouped. The European Metacode had adopted an intermediate category called *specifications* to identify elements that are stated without immediate elaboration. One of the distinguishing features of the European Metacode is that the specifications are more descriptive than the general principles and articulate the scope of each principle.

The specifications for the first principle, *Respect for a Person's Rights and Dignity*, are:

1.1 General Respect, including of clients, colleagues, public, and third parties as well as of cultural and role differences
1.2 Privacy and Confidentiality
1.3 Informed Consent and Freedom of Consent
1.4 Self-Determination

Within the second principle, *Competence*, are found:

2.1 Ethical Awareness
2.2 Limits of Competence
2.3 Limits of Procedures
2.4 Continuing Development
2.5 Incapability

The third principle, *Responsibility*, is further specified as follows:

3.1 General responsibility for the quality and consequences of the psychologists' professional actions

3.2 Promotion of High Standards
3.3 Avoidance of Harm
3.4 Continuity of Care
3.5 Extended Responsibility, for example, to subordinates
3.6 Resolving Dilemmas

The fourth principle, *Integrity,* is articulated as follows:

4.1 Recognition of Professional Limitations
4.2 Honesty and Accuracy
4.3 Straightforwardness and Openness
4.4 Conflict of Interests and Exploitation
4.5 Actions of Colleagues

EFPA's recognition that its metacode is complementary to national codes is confirmed in an additional action taken at the time that the metacode was adopted. In promulgating the European Metacode, EFPA directed its member associations to be guided by several factors when developing or revising their own codes. EFPA recommends that professional behavior be considered within a professional role. This is an important limitation that makes explicit that accountability of psychologists does not extend to personal actions unrelated to professional life. It is noteworthy that some North American regulatory-based codes of conduct add a caveat to enable disciplinary action when psychologists are found guilty of criminal acts or for behavior that discredits the profession (e.g., CPO, 2005). EFPA also urges that inequalities of knowledge and power be considered and taken into account in professional relationships and, further, that the greater this inequality, the greater the responsibility of psychologists to ensure that the relationship remains appropriate. Finally, EFPA determined that what constitutes appropriate professional behavior must be considered in terms of the stage of the professional relationship. In terms of accountability, these attenuations are largely in the spirit of explicitly setting the boundaries and scope of the metacode and of national codes. This responds to concerns that professional and regulatory bodies may become unduly intrusive in the lives of psychologists, especially outside of their professional roles. It is equally clear that within those roles national and multinational codes are attempting to be inclusive of all the reasonably identifiable ethical issues that give meaning to accountability across settings and jurisdictions.

The ASPPB Code of Conduct

Even when commonality across jurisdictions is more apparent, as is the case with American states/territories and Canadian provinces/territories, it has been necessary to attend to noteworthy differences.

The ASPPB Code of Conduct deserves particular mention in this regard (ASPPB, 2005). ASPPB represents 63 regulatory bodies of psychology in Canada and the United States. It provides services to its member bodies, the actual regulators of psychologists at the provincial, state, and territorial levels in the two countries.

The ASPPB Code of Conduct has no freestanding regulatory force in itself. Rather, it serves as a model, with each jurisdiction deciding how to use it. Since each jurisdiction has its own legislation and regulations, not only for psychology as a single profession but often for requirements that are generic to a number of professions, the ASPPB model code has to be adapted to integrate locally important dimensions. Hence, even in the more circumscribed area of the regulation of psychology in two countries that share much in common in legal and political traditions, it is not possible to promulgate multijurisdictional standards of conduct that can simply be imposed without further adaptation. This is most true for the Canadian province of Québec, which has a different system of civil law than that found in other American and Canadian jurisdictions. Nonetheless, even among those that appear to be most similar, there are sufficient differences in legislation and jurisprudence; no one set of standards can cover all the elements to which psychologists in those jurisdictions are accountable.

Toward a Framework for a North American Metacode

The Trilateral Forum on Psychology, Education, Practice, and Credentialing in Canada, Mexico, and the United States was established in 1995. Commonly known as the Trilateral Forum, it brings together the leadership of the major national psychological organizations of the three countries for an annual meeting. The genesis of the Forum derived partly from adoption of the North American Free Trade Agreement (NAFTA) by the national governments of the three countries. Unlike EFPA, which is a formally constituted body, the Trilateral Forum has remained an informal entity whose purpose is largely to exchange information and undertake common analysis of issues related to education, practice, and credentialing. It may also advise or make recommendations to the respective national organizations, but it has no authority to make binding policy.

NAFTA Annex 1210 identifies eight areas where the parties are encouraged to develop common standards that might eventually be amenable to adoption by mutually acceptable agreements. In a demonstration of informal accountability to national and multinational public policy, the Trilateral Forum has addressed the issue of ethics since its original 1995 meeting. About a half-decade later, it began work on development of a metacode. The priority is the identification of core ethical principles. This approach offered a more reasonable way to

begin the process of developing common standards for psychologists across the three countries. It also reflects the typical pattern of evolving from codes of ethics as statements of principles to specific, operationally defined standards of conduct and disciplinary procedures. Since discipline is an explicitly regulatory matter, it presents a more daunting challenge and was regarded as an unproductive starting point. This view is reinforced by other analyses cited above that confirm that the legal and political factors that vary across jurisdictions are more likely to influence specific operationally oriented content.

While there are differences that are more than a nuance, analysis of the principles currently adopted by each of the three national psychological associations in Canada, Mexico, and the United States reveals a high level of commonality (Ritchie & Sabourin, 2001; Hernandez Guzman & Ritchie, 2001). This is also generally consistent with the findings of Leach & Harbin (1997) and Leach et al. (2001). However, once again, the more that specific standards and operational expectations are examined, the greater the incongruence. Differences driven by culture/language, judicial/legal traditions, legislative/political factors, prevailing social policy, and the values that define all these elements are more likely to yield contrasts in a comparative analysis of discrete behavioral expectations.

Notwithstanding much commonality, not all the principles with similar terms have the same meaning. For example, the difference between the American notion of *Fidelity and Responsibility* and the Canadian *Responsibility to Society* is more than a turn of phrase. The Canadian values statement accompanying this principle is approximately five times longer than the statement defining the seemingly similar American principle. The current APA Code (APA, 2002) actually further accentuates the difference. Responsibility, while retained at the general principle level, is now combined with Fidelity. The American statement remains general while the Canadian version contains expectations associated with prevailing Canadian social values. For purposes of generating broad principle for a North American Metacode, such differences may well be resolvable. Nonetheless, the definition will require the kind of attenuation that could end up being too diluted for some and too inclusive for others. Working on such differences also has the merit of contributing to better appreciation of the importance of cultural competence.

In considering how to identify the common principles that would be the essence of a Trilateral Metacode, the Forum has considered several options to date. Among them was to simply adopt the European Metacode. Its four principles (Respect for a Person's Rights and Dignity, Competence, Responsibility, and Integrity) are at minimum generally congruent with the five general principles found in the American Code (Beneficence and Nonmaleficence, Fidelity and Responsibility, Integrity, Justice, and Respect for People's Rights and Dignity) and the four

principles of the Canadian Code (Respect for the Dignity of Persons, Responsible Caring, Integrity in Relationships, and Responsibility to Society), as well as synthesis and translation (Hernández Guzmán, 2000) prepared for the Trilateral Forum of the four general principles of the Mexican Code (Welfare of the Profession [i.e., promoting its positive image and scientific quality], Respect for the Dignity of Humankind, Environmental Conservation, and Respect for the Psychologist's Personal and Professional Dignity). The European Metacode has the additional merit of having been adopted by delegates of national associations whose working languages include (among others) the main trilateral languages: English, French, and Spanish.

Notwithstanding the advantages, there were potential problems with this option. A detailed analysis of the European specifications suggests that the social responsibility/responsibility to society dimension would not be sufficiently explicit. Indeed, it can be argued that this element is absent from the European code. The Mexican Code also has an additional element of social responsibility in that it is the most specific regarding environmental conservation. While this could be seen as implicit in the American and Canadian codes' social principles, it is again manifestly absent from the European Metacode. This element requires additional consideration.

As a result, the intent is to focus the search for common principles on the existing American, Canadian, and Mexican codes. This option has the merit of greater assurance that the principles retained will encompass relevant cultural specificity pertinent to the three countries. Given the importance that the Trilateral Forum has attached to cultural competency, this is an important feature of this option.

As Ritchie and Sabourin (2001) described, several additional actions are required to arrive at a complete North American Metacode of Ethics. Analysis of the overlap among the principles of the three national codes suggests that it should be possible to resolve nomenclature and determine those variances that are not the result of fundamentally different understandings of a particular principle. This process will produce a single statement for each common principle. Producing a coherent document requires that each principle have sufficient definitional elaboration to enable readers to appreciate the meaning of a principle. There has been some empirical work associated with each of the three national codes. Therefore, empirical validation of the North American Metacode would then be the next step in each of the three countries. In working toward common standards that will have greater utility for accountability purposes, this will be an especially important task.

In the interim, work has also begun on a Universal Declaration of Ethical Principles (see the cameo by Gauthier in this text). In each instance where it is confirmed as inclusive of all the Trilateral principles related to a particular principle, the terminology being proposed for

the Universal Declaration and that used in the European Metacode will likely be retained for the anticipated North American Metacode. The prospect of an eventual global metacode that encompasses standards as well as principles will be enhanced by the degree of convergence across the continental/regional and global ethical principles.

The Trilateral orientation is consistent with the view that ethical principles are aspirational and not, in themselves, the basis for disciplinary action. In deciding to move forward with development of a metacode, participants were keenly aware that at this stage they did not want to create a document that imposed a new set of obligations. Should that come about, it will require detailed negotiation about specific standards that address actual behavior and conduct. Consequently, the Trilateral Forum decided that development of a framework for a trilateral metacode of ethics rather than for a code of conduct was the appropriate direction to take. From an accountability perspective, this will make the eventual adoption of a Trilateral Metacode less immediately useful. However, put in historical context, it would be an essential first step toward common standards that could be especially valuable in addressing some of the vexing issues beginning to emerge from cross-border services offered through physical or virtual mobility.

Proposal for a Universal Declaration of Ethical Principles

The eventual goal may be a single code of ethics for all countries in a region and, ultimately, the world, but that remains an ideal whose time has not yet come. Instead, the two umbrella international organizations of psychology, the individual member-based International Association of Applied Psychology and the national member-based International Union of Psychological Science, established a joint work group on the Development of a Universal Declaration of Ethical Principles for Psychologists in 2002. Subsequently, the International Association of Cross-Cultural Psychology agreed to support this endeavor. The adoption of a Universal Declaration will likely take another two years. At present, the joint committee working on the Universal Declaration has progressed to the point of suggesting four broad principles:

1. Respect for the Dignity of All Human Beings
2. Competent Caring for the Well-Being of Others
3. Integrity
4. Professional and Scientific Responsibility to Society

It is immediately apparent that there is considerable overlap with the general principles of the European Metacode and what might emerge for a North American Metacode. Gauthier discusses this proposal in more detail later in this volume.

A Perspective on Metacodes

A metacode is not a substitute for a national code of ethics, given the current stage of psychology's development across the world as well as current geopolitics. Nation-states remain the core political unit despite substantial movement toward greater regional economic integration and attendant efforts toward more multinational political structures in some parts of the world. In the foreseeable future, accountability will remain more concentrated in national and even subnational bodies than in multinational or international bodies. The work to date in Europe and North America on metacodes will influence the development or revision of ethics codes for psychologists in other continents and countries. To this work can now be added the progress toward a Universal Declaration. Nonetheless, they can only complement but not replace important work in countries themselves. This approach made the adoption of the European Metacode possible. It also reflects the shared values found in the Trilateral Forum. An interesting recent example of how such a process can work in practice is the Code of Professional Ethics of the Psychological Society of Ireland (http://www.psihq.ie/DOCUMENTS/Code%20of%20Professional%20Ethics.PDF), which is derived from features of both the CPA and European Metacodes, mediated by features particular to Ireland (Swain, 2000).

From the perspective of having meaningful ethical codes and standards to facilitate and enhance accountability, the current state of development of metacodes of ethics for psychologists confirms the optimism expressed by Ritchie and Sabourin (2001). As they noted, the essential value of recent accomplishments rests in the balance between embracing commonality and respecting differences. Recognition of meaningful differences increases the probability that services will respond to actual needs and be adapted to them. In the context of globalization, multiple layers of accountability that encompass national and international instruments can better serve the profession and the public. The respect for diversity and an appreciation of its practical implications have prompted increased awareness that competence must include this capacity. Therefore, the focus of the next section is the emergence of cultural competence as an element of ethics and standards.

CULTURAL COMPETENCE

The emergence of cultural competence as a primary skill to be attained by professional psychologists underscores the recognition that distinct societies exist among and within countries and the regions of the world. A continued expression of this distinctiveness includes the codes of ethics of the respective national psychological associations. The re-analysis done by Leach et al. (2001), using a different method than the earlier Leach and Harbin (1997) study, found that almost two-thirds of the

national codes examined had specific ethical standards that could not be placed in their eight new categories. To the extent that they reflect cultural differences, the codes mirror the distinct societies in which they are embedded. At the same time, national codes are attending more explicitly to cultural issues. For example, the 2002 revision of the APA Code expresses greater sensitivity to the needs of cultural and linguistic minorities and students (Knapp & VanderCreek, 2003). Cultural competence is also receiving attention from other professions, for example, nursing (Donnelly, 2000) and psychiatry (Tseng & Streltzer, 2004).

For the purpose of articulating ethical principles and standards, culture and cultural competence typically have broad rather than restrictive meanings. To achieve meaningful accountability, this makes the task more difficult. For this chapter, the interest in culture is in the context of cultural competence. It includes visible and invisible factors that encompass belief systems, ethnicity, language, nationality, and race. It is generally regarded that a definition of cultural competence is elusive (Arthur et al., 2005). Nonetheless, an overview of some of the work in this area provides a good sense of the breadth of what is coming to be understood as cultural competence.

Within psychology, Sue's scholarly work has long been influential. In a recent article (Sue, 2006), Sue's model of cultural competence includes cultural awareness and beliefs, cultural knowledge, and cultural skills. This model is elaborated as being aware of one's own values and biases, as well as how they influence the dynamics between client and profession; being aware of the client's culture and world view (e.g., varying emphases on individualism, strong family bonds, and collectivism); and intervening in a culturally sensitive manner. Others have proposed similar notions, but each has some different feature or emphasis. In proposing culturally competent practice, Lum (1999) indicated that cultural competence is about accepting and respecting cultural differences; analyzing one's own cultural identity and biases; being aware of the dynamics of difference in clients from other cultures; and recognizing the need for additional knowledge, research, and resources to work with clients. Even earlier, Cross, Bazron, Dennis, and Isaacs (1989), in a definition also cited in other works, identified cultural competence as a composite in which congruent behaviors, attitudes, and policies come together in a system, agency, or among professionals to enable the system, agency, or professionals to work effectively when cross-cultural factors are present.

Health services and health settings have received special attention in the realm of cultural competence. Chiriboga, Lee, and Jang (2005), considering late-life depression, found that to be culturally competent, it is important to respect a client's heritage, provide services in the language of the client if he or she has limited proficiency, and understand how the client's cultural background may affect the treatment process.

From a psychiatric rehabilitation perspective, Arthur et al. (2005) cite a Cultural Competency Advisory Group that emphasizes "willingness, commitment, effort and ability to recognize, understand and appreciate cultural differences" and to effectively use such knowledge in the design and provision of mental health services to respond to the needs of people from various cultures. Davis (1997), working from a mental-health planning perspective, uses terms more appropriate to that context in recommending that cross cultural competence be seen as

> the integration and transformation of knowledge, information and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques and marketing programs that match the individual's culture and increase the quality and appropriateness of health care outcomes.

Other areas of psychological practice have also been attending to cultural competence. From an industrial/organizational perspective, Bryson and Hokson (2005) see "cultural competency" as having the knowledge and proficiency to work effectively with others (individuals, groups, organizations, and business systems) who are from a culture different than that of the consultant. Hernandez and Issacs (1998) make an important distinction, differentiating between individual and organizational cultural competence. Cross et al. (1989) and Sue (2006) make similar observations, noting that the attitudes, policies, and structure of an organization greatly influence organizational cultural competence.

Psychologists are increasingly expected to demonstrate cultural competence. The way in which the competence is defined and taught also makes them increasingly accountable for their work with diverse populations. This is not limited to classic cross-cultural differences but also includes more subtle distinctions. For example, even when language and ethnicity are common, psychologists are expected to know and apply such knowledge when diversity is characterized by social class or by setting (e.g., rural or urban). The boundaries of cultural competence are not limitless. They can be defined in part by the pertinent culture-based characteristics of both the psychologist provider and those invited to receive psychological services. This is an area of accountability that can only occur with the active participation of all parties. Fortunately, this is in the spirit of the proactive approach to ethics and standards that has emerged in the past 20 years.

SYNTHESIS AND CONCLUDING COMMENTS

In this chapter, we examined how codes of ethics, conduct, and standards of practice contribute to enhancing the accountability of individual psychologists and the profession. Over the course of half a century,

psychology has evolved considerably in the way that it views its relationship to the public at large and to specific recipients of psychological services as well as to public and private organizations that require or request various forms of accountability. It is clear that the original reliance on general socialization into the profession is far from adequate to meet contemporary expectations for demonstrable competence in meeting ethical challenges. The result has been the sustained codification of ethical principles, standards stating expected and prohibited conduct, and practice guidelines.

The process of codification reflects the changes initiated as a result of heightened awareness that psychologists and other professionals, like other people, are vulnerable to coercion and more subtle forms of compliance with authority that, under certain circumstances, can lead to abuse of human rights. While the profession has an admirable track record of proactive engagement with ethical issues and challenges, it is doubtful that the extent of codification and manifest attention to ethics would have occurred without political pressure and the public's espousal of consumer-driven ideology. One result is that ethics education now occurs across the entire lifespan of a psychologist's career. Students are provided multiple exposures to ethics in their academic and professional training. Psychologists in countries where the profession has attained sufficient standing and a critical mass of scholars and practitioners are regularly invited to seminars and workshops on ethics. Where regulatory accountability has been established, the importance of ethics is further reinforced.

The aspirational element of ethics, typically expressed in a limited number of core ethical principles, remains the foundation for everything else. It is noteworthy that international efforts to establish multinational metacodes and the work on an international declaration of ethical principles suggest that certain core values are shared by psychologists across the planet. When the focus is more on behaviorally focused standards, there is greater variability. Many national codes and the European Metacode have blended principles and specific standards into a single document. Hence, ideals and practicality are brought together.

There is increasing recognition that ethical awareness and the ability to appropriately address complex ethical dilemmas involve more than having strong values and "doing the right thing." Making the correct decision requires full cognitive and moral engagement. Ethical decision making compels both ethical sensibility and intellectual rigor. This development also enables a proactive orientation that makes accountability more than sophisticated risk management. It also makes it harder to impose forms of ethical absolutism that can unintentionally arise when the focus is either on ideals or conduct alone without constant appreciation for the many variants of the same generic phenomenon. To be sure, there are some absolutes for which there is virtual unanimity across psychologists of every demographic and

national identity. These, however, are relatively few and not difficult to comprehend. Some ethical issues are also easy to resolve, even though applying the decision may be personally difficult for the psychologist. The ethical decision-making approach is especially well suited to challenges where there are multiple, competing factors, at least two of which would normally prompt ethically correct choices, that are seemingly now in conflict.

Broadly construed cultural issues that have ethical implications are being given greater attention. This trend has generated a new term, usually called *cultural competence.* This chapter concludes that no single factor accounts for cultural competency. Rather, it is better construed as a coherent way of being that is a composite of content and conceptual knowledge, interpersonal skill and sensitivity, personal values, and tolerance for the values of others. From the perspective of accountability, this area will likely continue to present difficult issues in the foreseeable future. Progress toward achieving a shared understanding of cultural competence is more likely to be evidenced through proactive approaches that emphasize mutual respect and engage a process that parallels the ethical decision-making model.

Not long ago, discussing ethics and external accountability together would have been considered oxymoronic. This view held that ethics was about applying values that depended entirely on moral character. Today, most of us would regard such a notion as the antiquated expression of an ideal that has yet to be attained, beyond perhaps a small number of heroic persons whose goodness is evident to all. The great majority of us have no claim to such standing. Yet, in the realm of psychological services, ethical capacity to make sense of complex issues and competing interests is at the heart of ethical decision making. Values are integral to this process. It follows, then, that ethical codes are the ultimate expression of a profession's shared values. Meeting the requirements of accountability is more than steering a course just inside of what will be deemed wrong or unacceptable, or the oversimplification of risk management as an expedient alternative to more complex analysis and solutions that are not always easily attainable. Hence it remains essential that the translation of ethical principles into expectations of personal conduct and standards of conduct remains firmly anchored in the profession's shared system of values. This translation compels basic and continuing ethics education that is willing to accept that some dilemmas do not lend themselves to a consensus resolution. Accountability is well served when we can recognize the competence and good faith of colleagues whose decisions may have been different than ours.

REFERENCES

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060–1073.

Arnett, J. J. (2002). The psychology of globalization. *American Psychologist, 10,* 774–783.

Arthur, T. E., Reeves, I., Morgan, O., Cornelius, L. J., Booker, N. C., & Brathwaite, J. (2005). Developing a cultural competence assessment tool for people in recovery from racial, ethnic and cultural backgrounds: The journey, challenges and lessons learned. *Psychiatric Rehabilitation Journal, 28,* 243–250.

Association of State and Provincial Psychology Boards. (2005). *ASPPB Code of Conduct.* Montgomery, AL: Author.

Bersoff, D. N. (Ed.). (1995). *Ethical conflicts in psychology.* Washington, DC: American Psychological Association.

Bryson, J., & Hosken, C. (2005). What does it mean to be a culturally competent I/O psychologist in New Zealand? *New Zealand Journal of Psychology, 34,* 69–76.

Canadian Psychological Association. (2000). *Canadian Code of Ethics for Psychologists* (3rd ed.). Ottawa: Author.

Chiriboga, D. A., Yee, B. W. K., & Jang, Y. (2005). Minority and cultural issues in late-life depression. *Clinical Psychology: Science and Practice, 12,* 358–363.

Coody, M., & Bloch, S. (Eds.). (1996). *Codes of ethics and the professions.* Melbourne: Melbourne University Press.

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a culturally competent system of care* (Vol. 1). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Davis, K. (1997). *Exploring the intersection between cultural competency and managed behavioral health care policy.* Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.

Diener, E., & Crandall, R. (1978). *Ethics in social and behavioral research.* Chicago: The University of Chicago Press.

Donnelly, P. L. (2000). Ethics and cross-cultural nursing. *Journal of Transcultural Nursing, 11,* 119–126.

European Federation of Professional Psychologists Associations. (1995). *Meta-Code of Ethics.* Brussels: Author.

Hernández Guzmán, L. (2000, May). *The development and assessment of the Ethics Code of the Mexican Psychological Society.* Presented at the Trilateral Forum, Québec City.

Hernández Guzmán, L., & Ritchie, P. L.-J. (2001). Hacia la transformación y actualización empíricas del código ético de los psicólogos mexicanos. *Revista Mexicana de Psicología, 18,* 347–357.

Hernandez, M., & Isaacs, M. (Eds.). (1998). *Promoting cultural competence in children's mental health services.* Baltimore, MD: Paul Brookes.

Knapp, S., & VandeCreek, L. (2003). An overview of the major changes in the 2002 APA Ethics Code. *Professional Psychology: Research and Practice, 34,* 301–308.

Kohlberg, L. (1969). Stage and sequence: The cognitive-developmental approach to socialization. In D. A. Goslin (Ed.), *Handbook of socialization theory and research.* Chicago: Rand McNally.

Leach, M. M., Glosoff, H. L., & Overmier, J. B. (2001) International ethics codes: A follow-up study of previously unmatched standards and principles. In J. B. Overmier & J. A. Overmier (Eds.), *Psychology: IUPsyS global resource* [CD-ROM]. Hove, UK: Psychology Press.

Leach, M. M., & Harbin, J. J. (1997). Psychological ethics codes: A comparison of twenty-four countries. *International Journal of Psychology, 32,* 181–192.

Lenn, M. P., & Miller, B. R. (Eds.). (1999). *The foundations of globalization of higher education and the professions.* Washington, DC: The Center for Quality Assurance in Education.

Lindsay, G. (1996). Psychology as an ethical discipline and profession. *European Psychologist, 1,* 79–88.

Lum, D. (1999). *Culturally competent practice: A framework for growth and action.* Pacific Grove, CA: Brooks/Cole.

Ritchie, P. L.-J., & Sabourin, M. E. (2001). Pour un cadre commune en matière de codes de déontologie: le contexte canadien, nord américain et international. In D. Castro (Ed.),*Pratiques psychologiques et déontologie.* Paris: Les Éditions Hommes et Perspectives.

Sinclair, C., Poizner, S., Gilmour-Barrett, K., & Randall, D. (1992/2001). The development of a code of ethics for Canadian psychologists. In C. Sinclair & J. Pettifor (Eds.), *Companion manual to the Canadian Code of Ethics for Psychologists* (3rd ed.). Ottawa: Canadian Psychological Association.

Sociedad Mexicana de Psicología, A. C. (2007). *Código ético de los psicólogos.* México: Editorial Trillas.

Sue, S. (2006). Cultural competency: From philosophy to research and practice. *Journal of Community Psychology, 34,* 237–245.

Swain, R. (2000). Awareness and decision-making in professional ethics: The new code of the Psychological Society of Ireland. *European Psychologist, 5,* 19–27.

Tomaszewski, T. (1979). Ethical issues from an international perspective. *International Journal of Psychology, 14,* 131–135.

Tseng, W.-S., & Streltzer, J. (Eds.). (2004). *Cultural competence in clinical psychiatry.* Washington, DC: American Psychiatric.

Cameo 3

Universal Declaration of Ethical Principles for Psychologists

Janel Gauthier

A universal declaration of ethical principles for psychologists is a statement of moral principles based on common human values that guide psychologists on how to relate to others individually and collectively. Documents adopted by international psychological organizations, such as the International Union of Psychological Science (IUPsyS), the International Association of Applied Psychology (IAAP), and the International Association for Cross Cultural Psychology (IACCP), are persuasive but are not enforceable and, therefore, are not a mechanism for formal accountability. Formal accountability, regulation, enforcement, and quality assurance are matters that are legally and culturally the mandate of jurisdictions based on geography and law.

The idea of developing a universal declaration of ethical principles for psychologists was first put forth for discussion at a symposium on ethics during the 25th International Congress of Applied Psychology (ICAP) in Singapore in 2002 (Gauthier, 2002, 2003). A few days later, the IUPsyS General Assembly approved unanimously a motion to create an Ad Hoc Joint Committee to develop a universal declaration of ethical principles for psychologists. Initially, the joint project involved only IUPsyS and IAAP. Later an invitation was extended to IACCP, and the project became a tripartite endeavor. The Ad Hoc Joint Committee includes representatives from all five continents. The members are (in alphabetical order) Rubén Ardila (Colombia), Lutz Eckensberger (Germany), Janel Gauthier (Chair) (Canada), Nasrin Jazani (Iran), Hassan Kassim Khan (Yemen), Catherine Love (New Zealand), Elizabeth Nair (Singapore), Kwadzi Nyanungo (Zimbabwe), Paul B. Pederson (United States), Tuomo Tikkanen (Finland), Ann D. Watts (South Africa), and Kan Zhang (China). The focus of this international initiative is to articulate principles and values that provide a common ethical framework for psychologists throughout the world and can be used as a moral justification, and to provide a guide for the development of standards as appropriate for differing cultural contexts.

The *Universal Declaration of Ethical Principles for Psychologists* presented below is a revised version of the draft *Universal Declaration* released for international consultation in June 2005. This new draft, which has been the focus of a new series of consultation since June 2007, is the result of a multiyear process involving careful research and broad international consultation (Gauthier, 2005, 2006).

1. Comparisons were made among existing codes of ethics for psychologists from around the world to identify commonalties in ethical principles and values.
2. Ethical principles and values espoused by other international disciplines and communities were examined and compared to those most commonly found in codes of ethics for psychologists.
3. Internationally accepted documents, such as the *Universal Declaration of Human Rights,* were reviewed to delineate the underlying moral principles and to compare them to the principles most frequently used to develop codes of ethics in psychology.
4. Eastern and Western historical documents, such as codes, oaths, prayers, and rules for physicians in China, Egypt, Greece, India, Japan, and Persia, were explored to identify the roots of the ethical principles most commonly found in modern codes of ethics in psychology.
5. Focus groups of psychologists were held at international meetings in Asia, Europe, India, North America, South America, and the Middle East.
6. International symposia were organized in Singapore, Vienna, Beijing, Granada, Athens, and Prague.

In its current form, the document has a preamble followed by four sections, each relating to a different ethical principle. Each section includes a statement defining the principle and outlining the fundamental ethical values contained in the principle. The structure of the document mirrors the framework developed through research and consultation.

Universal Declaration of Ethical Principles for Psychologists

PREAMBLE

Ethics is at the core of every discipline. The *Universal Declaration of Ethical Principles for Psychologists* speaks to the common moral framework that guides and inspires psychologists worldwide toward the highest ethical ideals in their professional and scientific work. Psychologists recognize that they carry out their activities within a larger social context. They recognize

that the lives and identities of human beings both individually and collectively are connected across generations, and that there is a reciprocal relationship between human beings and their natural and social environments. Psychologists are committed to placing the welfare of society and its members above the welfare of the discipline and its members. They recognize that adherence to ethical principles in the context of their work contributes to a stable society that enhances the quality of life for all human beings.

The objectives of the *Universal Declaration* are to provide: (a) a generic set of moral principles to be used as a template by psychology organizations worldwide to develop and revise their country-specific or region-specific ethical codes and standards; (b) a universal standard against which the worldwide psychology community worldwide can assess progress in the ethical and moral relevancy of its codes of ethics; (c) a shared moral framework for representatives of the psychology community to speak with a collective voice on matters of ethical concern; and (d) a common basis for psychology as a discipline to evaluate alleged unethical behavior by its members.

The *Universal Declaration* describes those ethical principles that are based on shared human values. It reaffirms the commitment of the psychology community to help build a better world where peace, freedom, responsibility, justice, humanity, and morality prevail. Subsumed under each principle are a number of values that stem from it. These values should not be understood to exhaust the implications of the associated principles.

The *Universal Declaration* articulates principles and associated values that are general and aspirational rather than generic and prescriptive. Application of the principles and values to the development of specific standards of conduct will vary across cultures, and must occur locally or regionally in order to ensure their relevance to local or regional culture, customs, beliefs, and laws.

The significance of the contribution of the *Universal Declaration* depends on its recognition and promotion by psychology organizations at national, regional, and international levels. Every psychology organization is asked to keep this *Declaration* constantly in mind and, through teaching and education, promote respect for these principles, and, through national and international measures, secure their universal recognition and observance.

PRINCIPLE I: RESPECT FOR THE DIGNITY OF PERSONS AND PEOPLES

Respect for the dignity of persons is the most fundamental and universal ethical principle across geographical and cultural boundaries, and across professional disciplines. It provides the philosophical foundation for many of the other ethical principles put forward by professions. Respect for dignity recognizes the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or other such characteristics. This inherent worth means that all human beings are worthy of equal moral consideration.

All human beings, as well as being individuals, are interdependent social beings that are born into, live in, and contribute to the ongoing evolution of their peoples. The different culture, ethnicity, religion, social

structures and other such characteristics of peoples are integral to the identity of their members and give meaning to their lives. The continuity of lives and cultures over time connects the peoples of today with the peoples of past generations and the need to nurture future generations. As such, respect for the dignity of persons includes moral consideration of and respect for for the dignity of peoples.

Respect for the dignity and worth of human beings is expressed in different ways in different communities and cultures. It is important to acknowledge and respect such differences. On the other hand, it also is important that all communities and cultures adhere to moral values that respect and protect their members both individually and collectively.

THEREFORE, psychologists accept as fundamental the Principle of Respect for the Dignity of Persons and Peoples. In so doing, they accept the following related values:

a) Respect for the unique worth and inherent dignity of all human beings;
b) Respect for the diversity among persons and peoples;
c) Respect for the customs and beliefs of cultures, limited only when a custom or a belief seriously contravenes the principle of respect for the dignity of persons or peoples or causes serious harm to their well-being;
d) Free and informed consent;
e) Privacy for individuals, families, groups, and communities;
f) Protection of confidentiality of personal information;
g) Fairness and justice in the treatment of others.

PRINCIPLE II: COMPETENT CARING FOR THE WELL-BEING OF OTHERS

Competent caring for the well-being of others involves working for their benefit and, above all, trying to do no harm. It includes maximizing benefits, minimizing potential harm, and offsetting or correcting harm. Competent caring requires the application of knowledge and skills that are appropriate for the nature, and the social and cultural context, of a situation. It also requires the ability to establish interpersonal relationships that enhance potential benefits and reduce potential harms. Another requirement is adequate self-knowledge of how one's values, experiences, culture, and social context might influence one's actions and interpretations.

THEREFORE, psychologists accept as fundamental the Principle of Competent Caring for the Well-Being of Others. In so doing, they accept the following related values:

a) Active concern for the well-being of individuals, families, groups, and communities;
b) Taking care to do no harm to individuals, families, groups, and communities;
c) Maximizing benefits and minimizing potential harms to individuals, families, groups, and communities;

d) Correcting or offsetting harmful effects that have occurred as a result of their activities;
e) Developing and maintaining competence;
f) Self-knowledge regarding how their own values, attitudes, experiences, and social context influence their actions, interpretations, choices, and recommendations;
g) Respect for the ability of individuals, families, groups, and communities to make decisions for themselves and to care for themselves and each other.

PRINCIPLE III: INTEGRITY

Integrity is vital to the advancement of scientific knowledge and its application, and to the maintenance of public confidence in psychologists. Integrity is based on honest, open, and accurate communications. It includes recognizing, monitoring, and managing potential biases, multiple relationships, and other conflicts of interest that could result in harm to or exploitation of others.

Complete openness and disclosure of information must be balanced with other ethical considerations, including the need to protect the safety or confidentiality of others and to respect cultural expectations.

Cultural differences exist regarding appropriate professional boundaries, multiple relationships, and conflicts of interest. However, regardless of such differences, continual monitoring and management are needed to ensure that self-interest does not interfere with acting in the best interests of others.

THEREFORE, psychologists accept as fundamental the Principle of Integrity. In so doing, they accept the following related values:

a) Truthfulness and honest, accurate, and open communications;
b) Avoiding incomplete disclosure of information unless complete disclosure is culturally inappropriate; violates the confidentiality of others; or carries the potential to do serious harm to individuals, families, groups, or communities;
c) Maximizing impartiality and minimizing biases;
d) Not exploiting others for personal, professional, or financial gain;
e) Avoiding conflicts of interest and declare them when such situations cannot be avoided or are inappropriate to avoid.

PRINCIPLE IV: PROFESSIONAL AND SCIENTIFIC RESPONSIBILITIES TO SOCIETY

Psychology functions as a discipline within the context of human society. As a science and a profession, it has responsibilities to society. These responsibilities include contributing to the knowledge about human behavior and to people's understanding of themselves and others, and using such knowledge to improve the condition of individuals, families, groups, communities, and society. They also include conducting its affairs within society in accordance with the highest ethical standards, and encouraging the development of social structures and policies that benefit all persons and peoples.

THEREFORE, psychologists accept as fundamental the Principle of Professional and Scientific Responsibilities to Society. In so doing, they accept the following related values:

a) The discipline's responsibility to increase scientific and professional knowledge in ways that promote the well-being of society and all its members;
b) The discipline's responsibility to ensure that psychological knowledge is used for beneficial purposes and to protect such knowledge from being misused, used incompetently, or made useless by others;
c) The discipline's responsibility to conduct its affairs in ways that promote the well-being of society and all its members;
d) The discipline's responsibility to promote the highest ethical standards in the scientific, professional, and educational activities of its members;
e) The discipline's responsibility to adequately train its members in their ethical responsibilities and required competencies;
f) The discipline's responsibility to develop its ethical awareness and sensitivity and to be as self-correcting as possible.

DISCUSSION

Psychologists have raised a number of questions or issues during international consultation and focus-group discussion. The following provides an overview of those questions or issues encountered most frequently.

It is important to note that the *Universal Declaration of Ethical Principles for Psychologists* is not a universal code of ethics, nor is it a universal code of conduct. There are fundamental differences between codes of conduct, codes of ethics, and declarations of ethical principles.

1. *Codes of conduct* define the minimally acceptable level for professional conduct (i.e., what you *must* or *must not* do).
2. *Codes of ethics* are more aspirational, in that they articulate standards *reflecting* underlying principles and values.
3. *Declarations of ethical principles* reflect principles and values that guide the development of a code of ethics or a code of conduct.

Because a universal declaration is aspirational in nature and generic in its wording, it cannot be enforced like a code, a law, or a set of regulations. The purpose of a universal declaration is to inspire, not to enforce. History has shown that a universal declaration can be quite influential over time. For example, the *Universal Declaration of Human Rights* has been a strong moral force for more humane treatment of human beings in many parts of the world since it was proclaimed by the United Nations in 1948.

The *Universal Declaration of Ethical Principles for Psychologists* emphasizes respect and caring for individuals as well as for families, groups, and communities. This dual emphasis is deliberately meant to address the issue of balance between the individual and the communal. Some cultures emphasize the individual; others emphasize the collective. Such cultural differences have implications for the interpretation of informed consent, confidentiality, privacy, professional boundaries, and decision making.

The document also emphasizes the role of community and culture in people's lives. Accordingly, it recognizes the need to respect the dignity of peoples as well as of individuals. The reference to the concept of "persons and peoples" in the context of ethics may be rare, but it is not new. For example, it can be found in the *Code of Ethics for Psychologists Working in Aotearoa/New Zealand* (2002), where the Maori culture co-exists with a European culture. The concept of "peoples" can also be found in the *Universal Declaration of Human Rights,* which refers to "individuals, peoples, and nations." In addition, the United Nations has developed a declaration to affirm that indigenous peoples are equal in dignity and rights to all other peoples. It is called the *Declaration on the Rights of Indigenous Peoples* and was adopted by the United Nations Human Rights Council in June 2006.

The document does not specifically use the term *human rights.* This omission is deliberate and in accordance with advice given as early as 2002, and was validated during a focus-group discussion at the 2006 International Congress of Cross-Cultural Psychology in Spetses, Greece. The term is forbidden in some parts of the world, and its use in the document would make it difficult, perhaps impossible, for psychologists living in those locations to use the document to promote and develop ethics where they work.

It has been suggested that the document is too generic to be useful. It is true that it would be meaningless if it were too generic. This is why each section dealing with one of the four ethical principles includes not only a statement broadly defining the principle but also a list of specific fundamental ethical values contained in the principle. This helps to make the document more specific and focused in terms of content and, thus, less generic without becoming prescriptive. It is up to cultures to determine how best to translate the principles and values of the *Declaration* into reality.

The three sponsoring organizations—the IAAP, the IACCP, and the IUPsyS—support the development of a universal declaration of ethical principles for psychologists and have provided practical assistance in the development process. Consultations with the Board of Directors of the IAAP and the Executive Council of the IACCP, two organizations whose membership consists of individual psychologists, have been positive and constructive, with some seeing the *Universal Declaration* as a source of guidance in addressing ethics in their own countries.

Consultations with the General Assembly of the IUPsyS, which consists of delegates representing some 70 national organizations of psychology that are members of the IUPsyS, has shown that there is strong support for the *Universal Declaration.*

The current version of the draft *Universal Declaration* is a work in progress and will be revised in 2008, in response to further consultations to determine the cultural appropriateness of the definitions, concepts, and language used in the document. The Ad Hoc Joint Committee is aware that the *Declaration* must be sensitive to natural and cultural differences in order to be useful and to obtain widespread support. It also is cognizant of the fact that it must be relevant to local communities and indigenous values to be of worldwide value.

The project enjoys strong and enthusiastic support from all parts of the world. Some national bodies in psychology have begun using the *Declaration* to develop or revise their code of ethics. The shared human values that are enunciated are already contributing to the quality of psychological activities in practice, teaching, and research.

For more information and updates, psychologists are invited to visit the Web site of the IUPsyS (http://www.iupsys.org), where they will find copies of the progress reports as well as copies of background and other related documents. Subsequent drafts will be posted on the Web site as they become available. As the development of the *Universal Declaration* is a work in progress, the Ad Hoc Joint Committee looks forward to hearing from psychologists from all over the world.

REFERENCES

Gauthier, J. (2002, July). Ethics and human rights: Toward a universal declaration of ethical principles for psychologists. In J. Pettifor (Chair), *Professional codes of ethics across national boundaries: Seeking common grounds.* Symposium conducted at the 25th International Congress of Applied Psychology, Singapore.

Gauthier, J. (2003). Toward a universal declaration of ethical principles for psychologists. In J. B. Overmier & J. A. Overmier (Eds.), *Psychology: IUPsyS global resource* [CD-ROM]. Hove, UK: Psychology Press.

Gauthier, J. (2005). Toward a universal declaration of ethical principles for psychologists: A progress report. In M. J. Stevens & D. Wedding (Eds.), *Psychology: IUPsyS global resource.* Hove, UK: Psychology Press. Retrieved May 29, 2007, from http://www.iupsys.org/ethicsdoc.html and http://www.am.org/iupsys/ethicsdoc.html.

Gauthier, J. (2006). Onward toward a universal declaration of ethical principles for psychologists: Draft and progress report. In M. J. Stevens & D. Wedding (Eds.), *Psychology: IUPsyS Global Resource.* Hove, UK: Psychology Press. Also available at http://www.iupsys.org/ethicsdoc.html and http://www.am.org/iupsys/ethicsdoc.html.

New Zealand Psychological Society. (2002). *Code of Ethics for Psychologists Working in Aotearoa/New Zealand.* New Zealand Psychologists Board Web site. Retrieved May 29, 2007, from http://www.psychology.org.nz/about/Code_of_Ethics_2002.html.

This page intentionally left blank

Part II

This page intentionally left blank

5

Practice and Regulation of Professional Psychology in Latin America

Laura Hernández-Guzmán and Juan José Sánchez-Sosa

Although relatively young as an organized and regulated profession, psychology in Latin America has a past as long as that of many other, more developed regions of the world. Higher education institutions in at least two Latin American countries had experimental psychology laboratories only a few decades after Wilhelm Wundt's own was founded in Leipzig, with similar equipment actually acquired in Germany. Psychological societies were founded in Mexico and Argentina as early as 1907 (Sánchez-Sosa & Valderrama-Iturbe, 2001). Today, psychology is thriving in Latin America both as a scientific discipline and as a profession, but socioeconomic and political conditions prevalent in the subcontinent have hindered faster development and consolidation such as that existing in the United States, Canada, and most countries of the European Union.

This chapter reviews key features and trends in psychology as a profession in Latin American countries. However, information regarding professional practice and regulatory aspects in many countries is sketchy and sometimes difficult to access. In fact, most countries are undergoing changes in the professional training program curricula and in the legislation regarding professional practice.

EDUCATION AND PROFESSIONAL TRAINING

Professional training programs in Latin America, except for some isolated cases, prepare psychologists at the licentiate level. Postgraduate studies are aimed at advanced studies for professional specialization or advanced teaching (master's level) or strictly for research (doctorate level). In order to enroll in a licentiate program, students attain a bachelor's degree from a university or school with an officially registered and recognized program. Recognition is issued by either federal or state governments through their departments of education, or by being part of, or affiliated with, well-established public universities.

A typical licentiate-level program contains academic courses and practica exclusively in psychology, except for tools such as statistics and computer usage. These programs are taught within a university and normally take around five years to complete. The first six semesters usually involve course and laboratory work on basic psychological principles, social-historical context, and research methodology. Typical courses include sensation-perception, biological basis of behavior, theories and systems in psychology, learning and memory, motivation, cognitive processes, personality, child development, experimental methodology and design, psychological testing, and statistics. The last four to five semesters contain course and practicum work with definite emphasis on applied settings and problems. Typical content includes assessment techniques, clinical interviews, data collection, behavior observation procedures, psychotherapy, classroom and workplace interventions, and ethics. Although some licentiate programs offer an emphasis on applied fields (e.g., clinical, school, neuropsychology) after the seventh semester, many provide a generalist approach in training. In this regard, psychology licentiate programs in Latin America resemble those identified as combined professional-scientific programs in the American Psychological Association (APA) guidelines for accreditation (APA, 2008).

The completion of a licentiate degree includes three main options. The first, available in most programs, involves the assignment of a thesis advisor or tutor during the ninth or tenth semester by a departmental chair or school dean. This professor is responsible for overseeing the elaboration of a professional thesis and advising the student during the process. Theses include the description of a research study, the delivery of professional services under specified conditions, or the analysis of a research or professional activity, concluding with a proposal for additional development or work that is similar to an extended review paper in the United States. Once the thesis is completed, it is distributed to four professors for review. After final approval for printing and binding, a public thesis defense is conducted with at least three committee members present.

A second option involves writing and defending an extended report of professional activities under supervision, corresponding to a period of 500 to 2,000 hours, after completion of the student's coursework. In some countries, this activity is formally referred to as *social service* and is compulsory for programs in any profession. The procedural and paperwork requirements for this option are the same as those for thesis graduation. A slight variation of this option consists of a report describing the practicum training carried out by the student, under one or more supervisors during the last three semesters of the program.

A third option is becoming progressively available in universities with large professional schools such as business administration, medicine, and law. It involves answering an exam composed of 300 to

400 multiple-choice questions on areas covered by a typical licensing program. The exam, also generalist in nature, is usually prepared and administered by an independent institution, which creates a committee of experts for each profession. In most countries, the appointing institution is the equivalent of a vice ministry for higher education. Each exam is calibrated until a reasonable level of validity and reliability is met. Paradoxically, small psychology programs whose faculty body is either too small or not diverse enough to staff the committees needed for various research or application areas are adopting this graduation option.

Once the licensing exam is passed, the new graduate gets a provisional certificate at the end of the public defense session, which is then exchanged for an official diploma. This diploma is the formal university title certifying that the holder has the licensing degree in psychology. Technically, however, the actual license, the *cédula,* is issued by the Ministry of Education through an office for the regulation of professions. Graduates from training programs not officially recognized and registered by the Ministry of Education, at least in Mexico, cannot obtain a *cédula.*

Another option for professional practice in psychology developing in several Latin American countries, as well as in Spain and Portugal, is a specialty professional master's title. This additional specialized training, with hands-on supervision, usually takes 2 to 3 years to complete after obtaining the licensing degree and leads to a title certifying that the holder is an industrial/organizational, health, clinical, school, or neuropsychologist. It is critical to distinguish these specialized master's degrees from those offered in English-speaking countries and universities. The latter are never obtained after 5 or more years of university professional training exclusively in psychology; instead they are received after obtaining a bachelor's degree. If an equivalency is to be attempted, the post-licensure master's degrees (especially from prestigious universities in Latin America) are based upon no less than 7 years of education and training, and therefore are easily comparable to almost any professional doctoral degree in an English-speaking country.

Psychologists practicing on the basis of specialized training are expected to both register their master's/specialty title and apply for the corresponding certification, a *cédula* issued by the same office that registers the basic entry-level title.

According to a study by Sierra and Bermudez (2005) on the contents of basic licensing programs that analyzed the academic curricula of 64 programs of professional training in psychology in 22 Spanish- and Portuguese-speaking countries, the 10 subjects most frequently addressed in all countries with certain exceptions are (1) general psychology, except in Costa Rica; (2) evaluation, measurement, and statistics, except in Costa Rica; (3) neuroscience, except in Ecuador and Puerto Rico;

(4) clinical psychology, except in Paraguay and Dominican Republic; (5) industrial and organizational psychology, except in Bolivia, Colombia, and Paraguay; (6) educational psychology, except in Paraguay and Puerto Rico; (7) school psychology in seven of the countries (Brazil, Cuba, Guatemala, Peru, Puerto Rico, Dominican Republic, and Venezuela); (8) theories and systems in psychology, except in Honduras, Nicaragua, Paraguay, Peru, Puerto Rico, and Dominican Republic; (9) community psychology in eight countries (Argentina, Costa Rica, El Salvador, Nicaragua, Panama, Puerto Rico, Uruguay, and Venezuela); and finally (10) psychotherapy, in most countries. Even though ranked in 11th place, psychoanalysis and other psychodynamic approaches are present in 12 of the 22 countries and occupy first place in Brazil, second place in Uruguay and Argentina, third in Panama, and fourth in Peru and Honduras. According to Sierra and Bermudez (2005), psychoanalysis is predominant in clinical practice in Latin America, where most clinical psychologists embrace a psychodynamic approach.

Basic contents of professional training in psychology are also shared among the countries signing the Common Market of the South (Mercado Común Del Sur, or MERCOSUR) treaty: Argentina, Brazil, Paraguay, Uruguay, and Venezuela, with Chile and Bolivia as associate members. MERCOSUR is a multilateral agreement on trade, including agricultural trade, between Argentina, Brazil, Paraguay, and Uruguay. The agreement was signed in 1991 and came into effect on January 1, 1995. Its main goal was to create a customs union between the four countries by 2006 (for more information see http://stats.oecd.org/glossary/detail.asp?ID=390).

The treaty signatories agreed to include cognitive, motivational, learning, affective-emotional, perceptual, attention, developmental, personality, and psychopathological processes, as well as history and psychological theories and systems, research training, evaluation and diagnosis, epistemology, and applied psychology. They also decided to guarantee theoretical and methodological diversity and general training, while reserving specialization for postgraduate studies. Psychology is recognized by the treaty as a science and professional discipline, generating knowledge that is later applied. Theoretical-practical integration, training for participation in multiprofessional groups, and training toward the solution of social problems are parts of these agreements. Finally, the signatories pledge to promote the construction of the professional identity of psychologists and ethical commitment in favor of critical and reflexive attitudes (Comité Coordinador de Psicólogos del Mercosur y Países Asociados [Coordinating Committee of Psychologists of Mercosur and Associated Countries], 1998).

There is currently an expansion of professional training programs in psychology, mainly in Mexico, Colombia, and Chile. Beginning with

a few programs established during the 1960s, there are about 420 programs in Mexico alone. Although there are no reliable data on the number of practicing psychologists, the Dirección General de Profesiones (General Department of Professions) issued 64,000 licenses from the early 1960s to 2003. Chile has 1,500 graduated psychologists, with seven schools that are training around 18,566 students (Vera-Villarroel & Moyano-Díaz, 2005).

Training programs in Argentina, according to the Federación de Psicología de la República Argentina (the Argentinean Federation of Psychology), are located in seven schools, with an estimated 38,000 licensed psychologists. In Brazil, there are 100,000 professional psychologists trained in 170 schools of psychology. Paraguay, with 19 schools of psychology, counts 3,000 licensed psychologists, whereas Uruguay has two training programs and 3,000 professional psychologists. In Bolivia, 1,000 psychologists practice the profession and nine schools operate.

PRACTICE REGULATIONS/RESTRICTIONS AND TITLE PROTECTION

The entry level to delivery of psychological services is restricted to professionals holding a *cédula* after completing a licentiate degree. In this regard, the profession is title-protected, and this protection holds true for all countries. In principle, for example, judges would rule in favor of a plaintiff complaining of malpractice by someone who offered psychological services without holding a valid psychologist's license.

Gray areas develop when the services rendered are psychological in nature but are not denominated as such by the practitioner. The practice area most vulnerable to this scenario is probably that of psychotherapy/counseling or clinical assistance, as well as personnel screening or interpersonal improvement. It is possible to get training in some type of therapy from a freestanding, small, private institute. This person might possess a diploma as a family or gestalt therapist and open a private practice. Setting aside many questions about the quality of this training, it is possible that this type of training will go unnoticed unless there is a formal complaint by a client, a highly unlikely event because of a cultural lack of a sense of accountability. Practitioners tend not to specify what clients should reasonably expect from their services. They usually convey the idea that therapy's success depends on the client's personal effort and cooperation and that the therapist's personality is only a tool to help the client progress through therapy.

Another lack of accountability relates to the freestanding institutes not requiring a university licentiate degree for admission. Although these schools are few and usually small in most Latin American countries, where psychology is well established and regulated, there

are practically no legal provisions to prevent them from operating. Sometimes these institutes operate disguised as nonprofit organizations but actually function as businesses. It is important to remember that in some countries, specialty graduates from programs not registered and officially recognized by the proper higher education authorities cannot apply for a specialty certification or *cédula.* Disciplinary actions depend on formal complaints actually being filed. Clients are frequently ignorant of the legal provisions or are persuaded by the practitioner that there is really nothing to complain about or to challenge.

ACADEMIC CONTENT OR COMPETENCIES IN PROFESSIONAL PREPARATION

Although programs emphasizing academic content predominate, competency training is increasingly being recognized as an important aspect of curricula for professional training in psychology. Consensus on the minimal competencies expected from a student graduating from a professional program is gradually helping to prescribe the nature and scope of the academic content and supervised practice.

In Mexico, for example, a nationwide survey of practicing psychologists aimed at identifying knowledge, skills, and values needed to practice psychology as a profession produced agreement on six main competencies:

1. Interpersonal competency
2. Assessment and evaluation
3. Planning and evaluation of systems
4. Design and use of psychological measurement
5. Designing and conducting interventions
6. Research

A SPECIFIC PROPOSAL

The professional training programs in psychology in Latin America would benefit from the conception that professional competencies are dynamic systems where knowledge, abilities, values, and attitudes interact with the personal history and characteristics of the individual as the user of psychological services. This section describes a proposal actively promoted by the authors in national (Mexican) and international professional and scientific meetings in psychology. The conception of competencies as dynamic and adaptive systems allows for the expression of their complexity, their organization as a whole, and the emergence of new forms. Knowledge, abilities, values, and attitudes connect with each other and configure competencies. Each competency comprises, in an organized way, the intertwined domain of declarative, procedural, metacognitive, and attitudinal attributes.

In turn, competencies relate to each other and are organized to generate more complex new competencies. This complexity manifests itself in hierarchical levels. Competencies are simultaneously open to a socioeconomic and cultural context. They depend on such factors as contextual conditions, professional task complexity, and the characteristics of the specific situation where they participate.

Thus, abilities, knowledge, values, and attitudes interweave and influence one another within each competency. When combined, they organize and establish transversal and hierarchical interactions leading to the competence. Competencies are generated as an organization with new structural and functional properties, including the interactions with their cultural context.

It is possible to identify levels of organization within the competency. Figure 5.1 shows the transversal and hierarchical relationships through schematic concentric circles. Levels represent the sequence

FIGURE 5.1. Professional Competency.

into increasingly complex forms and may be the basis for determining how to generate and evaluate competencies, nonetheless preserving their flexibility and internal coherence. The following section contains a brief description of these interactions.

Beginner's Level

The simplest competency is the practical ability (Edwards, 2000), represented in Figure 5.1 by the innermost circle. This ability is associated with the actions that characterize a competency; these actions and the basic declarative knowledge about how to demonstrate ability interact within each competency. This beginner level can be compared with the nearly mechanical performance of activities prescribed by a procedure manual and can be accomplished through repeated practice.

Advanced Beginner Level

This next level comprises the accomplishment of procedures through a more advanced performance associated to specific knowledge directly linked to a competency.

Competent Level

Progressing toward the outer circles, the next level adds the competent performance to knowledge of basic psychological mechanisms and research findings essential to both the competency and the corresponding theoretical explanations.

Mastery Level

The next level includes not only the integrated competencies but also modifications, innovations, and new explanations stemming from the interaction with the most recent contributions of scientific research and technological and theoretical advancement.

Professional Level

The most peripheral level of the circle shows the integration of basic competencies, as well as the adaptation to professional practice context, innovation, and the integration of a theoretical corpus.

Throughout all levels of any professional competency, there are basic competencies inherent to every profession. The same levels described, and the same horizontal and vertical relationships between such levels, get reproduced in each basic competency as follows:

1. Communicating with others in an effective way, both verbally and in writing, in order to convey the importance, efficacy, effectiveness, and benefits of the services offered by psychologists.
2. Establishing interpersonal relationships with users or consumers of psychological services, with colleagues, and with

the general public, by means of attitudes of personal consideration, empathy, understanding of others' perspectives, and personal acceptance.
3. Understanding context and culture and appreciating the immediate and cultural context of psychologists' professional relationships.
4. Managing information through searching, collecting, integrating, and critically applying findings from the professional and research literature to solving a problem.
5. Critically evaluating one's own professional behavior and that of one's colleagues through criteria based on scientific knowledge, and contributing to knowledge by communicating the research results obtained.
6. Applying the principles and ethical standards to the psychologist's professional activities.

Thus, program accreditation in psychology should consider both the teaching methods and the assessment of the students' academic performance throughout the training process. If students are to fulfill the characteristics established by a professional profile at the licensing level, programs must offer learning experiences in direct correspondence to concrete articulated competencies. Assessment of one's competencies should take place throughout the whole professional life, and should stem from valid and reliable measures to determine the level of competency reached by students. In addition to the traditional methods of assessment of knowledge, supervisors and clients evaluate the services rendered. Sources for evaluation also include samples of work such as videos, live performance, and computerized simulations of case files, including their evolution and outcome.

EVALUATION OF PSYCHOLOGY PRACTITIONERS

In most Latin American countries, the evaluation of professional competence lies within the educational program itself and tends to be predominantly input-oriented (education, training, experience). However, some recently developed internal regulations of the ministries of health and education in Mexico for the accreditation of psychology programs specify that programs must provide follow-up data regarding their graduates in terms of employment and professional influence or success. This change represents a seminal initiative to become more outcome-oriented in terms of relating input to output. This trend is prevalent in Brazil, Colombia, Argentina, and Chile.

Designation and Accreditation

Globalization and the need for mobility across countries led to several national and international initiatives aimed at finding common

ground for agreements among countries regarding both designation and accreditation of professional programs, two inseparable processes in most Latin American countries. Thus, in principle, although a professional program could be designated as psychological in nature but not necessarily be accredited, the same entities tend to be in charge of both formal declarations. However, the growing trend is movement away from a governmental-only approach to a joint governmental-organizational approach.

Three specific treaties have played an important role in fostering designation and accreditation of professional training programs in Latin America: the North American Free Trade Agreement (NAFTA), the Central American Council of Accreditation, and MERCOSUR. Probably motivated by the pressure exerted by these international efforts, governments have promoted program accreditation. Therefore, accreditation of professional programs has originated at the governmental level.

For the past decade, psychologists from Canada, Mexico, and the United States have met annually at the Trilateral Forum to discuss issues of education and credentialing in the profession of psychology. Challenges to professional mobility, including student-exchange programs across these three North American countries, have been a result of different historical traditions in education and credentialing models for the preparation of psychological service providers, as well as differences in linguistic, literacy, and other cultural competencies relative to the populations to which professional services are provided. The four purposes of this Forum are as follows:

1. To collect and disseminate accurate information about the psychology profession in the three countries;
2. to facilitate and promote a trilateral perspective in the various deliberative settings that exist in the three countries;
3. to foster exchanges at all levels; and
4. to facilitate continued attention to the voluntary objectives described in NAFTA in order to enhance the prospects for mobility of psychologists across the three countries.

Soon it became apparent that psychology did not need to be unduly constrained by the language of NAFTA. Since each of the three countries (United States, Canada, and Mexico) had its own history and traditions, it was considered most important to establish a dialogue to facilitate the constructive evolution of the profession of the three countries, rather than to view NAFTA as a constraint (Edwards, 2000).

Mexico

Mexico initiated its accreditation system in 2003. The Council for the Accreditation of Higher Education (Consejo para la Acreditación de

la Educación Superior, COPAES) is the organization that certifies the quality of accreditation programs within the specific professional training programs. Although funded by the Ministry of Education, COPAES is autonomous in terms of internal organization, criteria, and procedures. For the time being, the Accreditation Council (CA-CNEIP) of the National Council for Teaching and Research in Psychology (CNEIP) is the only entity authorized by COPAES to accredit professional training programs in psychology (Figueroa-Rodríguez, López-Suarez, & Reyes-Lagunés, 2005). However, there are legal provisions in place allowing for more organized groups to conduct such evaluations. This accreditation procedure includes self-evaluation and a formal evaluation, including a site visit, leading to a final decision. Evaluation refers to peer review of institutional regulations, administration of academic activities, financial operation, curriculum, academic staff, students, research activities, infrastructure and equipment, services provided to students, cooperation agreements with other institutions, and the planning and evaluation program.

In Mexico, as well as in other Latin American countries, universities designated as autonomous play a central role in the designation of programs, and the ministries of education usually recognize them in a formal way with little or no scrutiny. Autonomous universities are public universities funded and supported by state or federal governments, but governments cannot intervene in how these universities run themselves. Thus, matters under the governance of the universities include criteria for hiring or promoting faculty, determining the content of curricula and programs, establishing agreements with other entities in order to support supervised training and outreach, and electing university senates. Other legal provisions allow for designating or recognizing programs, for example, by presidential or gubernatorial decree or by incorporating programs of private universities in well-established, public, autonomous universities (i.e., formally adopting their curriculum).

A private program can also file for recognition by the Interinstitutional Committee for the Training of Health Service Providers (Comisión Interinstitucional para la Formación de Recursos Humanos en Salud, CIFRHuS). CIFRHuS is jointly administered by the ministries of education and health and began evaluating programs in 1983 on criteria related to philosophical goals (mission and vision), regulations, attention to social and professional needs, admission requirements, professional success achieved by graduates, curriculum, evaluation of learning, curricular evaluation, follow-up of graduates, and administrative organization (Hernández-Guzmán & Sánchez-Sosa, 2005). Currently, this committee bases its decisions on standards comparable to those in Canada and the United States, and it now accredits an average of two programs a year.

Private universities usually invest serious efforts in obtaining this certificate, termed Recognition of Official Validity of Studies (RVOE). Graduates from accredited programs are automatically eligible to obtain a professional *cédula* issued by the Ministry of Education. In practically all of Latin America, licensing is valid nationwide and is permanent until revoked by the Ministry or a judge on the basis of professional misconduct. Several countries have recently criticized this feature of licensure, and some psychological organizations are promoting legislative work to require professional licenses to be revalidated periodically, usually every 5 years (Sánchez-Sosa & Valderrama-Iturbe, 2001).

Central America

Central America includes seven countries: Guatemala, Honduras, El Salvador, Costa Rica, Panama, Nicaragua, and Belize. The Central American Council of Accreditation is the organization in charge of integrating quality assurance efforts in that region. In all those countries except for El Salvador, state universities are completely autonomous and independent from their respective ministries of education. In recent years, there has been an expansion of both the university population and the number of new universities, mainly private. This situation has imposed a need for quality assurance.

In Guatemala, professional training is regulated by the Council of Private Higher Education, in charge of supervising the quality of training of private universities. The San Carlos University, the only self-regulated and autonomous public university, has recently started both self-evaluation and external evaluation of its professional training programs within the context of the Central American System of Evaluation and Accreditation of Higher Education. The project to create the National Council of Accreditation of Higher Education is the most recent initiative to integrate these efforts by public and private higher education.

In Honduras, the institution responsible for quality assurance of professional training is the National University of Honduras, through the Council for Higher Education, which prescribes the periodical evaluation of professional training programs. However, professional associations and universities in this country are studying the possibility of creating an accreditation system under the regulations and supervision of the Central American Council of Accreditation.

El Salvador, in contrast to the rest of the countries in the region, presents strong governmental control over higher education. In particular, the Ministry of Education, through the Committee for Accreditation of Academic Quality, is legally responsible for defining national policies and for supervising and evaluating universities. The Ministry of Education has recently proposed a reform to the Higher Education Law in order to empower the Committee for Accreditation of Academic

Quality as the organization in charge of accrediting specific professional programs.

South America

In South America, diverse levels of development characterize the evaluation and accreditation systems. The agreements signed under MERCOSUR were facilitated by the similarities that the countries share, and this has helped the countries to agree on common criteria and efforts to improve the quality of education. Also, because they share similar backgrounds, the countries of this region have a higher probability of implementing similar evaluation and accreditation systems.

In some of the countries, evaluation and accreditation systems are obligatory, whereas in other countries they operate voluntarily. The organizations guiding accreditation efforts are academic and autonomous, and they are in charge of the evaluation procedures used to assure the quality of training in psychology. Other organizations have had a weaker impact, but all struggle for the same goal: quality assurance of professional training programs. Among them is the Iberoamerican Federation of Psychological Associations, which includes representatives from Argentina, Chile, Colombia, Spain, Mexico, Peru, and Venezuela. Also, the Iberoamerican Network for the Accreditation of the Quality of Higher Education (Red Iberoamericana para la Acreditación de la Calidad de la Educación Superior, RIACES) pursues two main objectives: to guarantee the quality of higher education and to harmonize professional certificates and the length of studies in participating countries (Crespo, 2005). The creation of these organizations has in some countries enhanced, and in others initiated, the accreditation effort.

In some countries, the accreditation process started in the early 1990s, while in others this initiative is rather recent. For example, in Colombia, the process started in 1992 as a law. The National System of Accreditation (Sistema Nacional de Acreditación, SNA) is in charge of a definitive evaluation and final recommendation, after self-evaluation and external peer evaluation. In Argentina, the Ministry of Education, Science and Technology, through the National Commission of University Evaluation and Accreditation (Comisión Nacional de Evaluación y Acreditación Universitaria, CONEAU), is in charge of the accreditation of graduate programs and professional programs regulated by the state, or those areas of professional practice that could directly risk the health, safety, rights, goods, or training of the citizens. Doctoral and master's psychology programs have been evaluated according to the following four main criteria: (1) institutional insertion, normative framework, and conduction of the postgraduate program; (2) curricular design, duration, and development; (3) education and training process; and (4) results and mechanisms for review and supervision (National Commission, 2006).

According to Vera-Villarroel and Moyano-Díaz (2005), organizations in charge of the quality of higher education in Chile are the Higher Education Council (HEC), the National Commission of Undergraduate Education (NCUE), and the National Commission of Graduated Education (NCGE). The accreditation process of psychology as a career in Chile is conducted according to nine criteria: career proposal; institutional integrity; organizational, administrative, and financial structure; professional and curricular structure; human resources; teaching and learning process; administrative process results; infrastructure, technical aid, and teaching resources; and media involvement.

Peru recently passed the General Education Law, which has introduced accreditation of professional training programs and certification of individuals. However, the specific regulations have not yet been approved. Once these regulations are approved by the congress, the accreditation and certification process will start. The Peruvian National Assembly of University Presidents (Asamblea Nacional de Rectores, ANR) has been working since 2004 on self-evaluation criteria for psychology programs. ANR has developed manuals to guide the self-evaluation process and to improve the training of persons conducting the evaluations. The ANR also participates in RIACES.

THE INFLUENCE OF NATIONAL ORGANIZATIONS

Most Latin American countries have a national psychological organization, with its foundation dating from the beginning of the twentieth century to the past two decades. Some of these associations function more like scientific societies, and others more as professional associations or guilds, depending on the type of attributions provided by the corresponding national laws regarding professions, with several countries having both types. Although universities tend to be independent regarding criteria and procedures of professional training and are wary of external influence, the fact remains that many times the psychologists who are prominent academicians within a university are also influential in those institutions or organizations in charge of accreditation, certification, and credentialing. Members sitting in a professional curriculum committee in a prestigious university where psychology training is well established, respected, and frequently seen as a model for others will also sit in other institutional or organizational committees entrusted with the establishment of standards and procedural norms for other facets of psychological labor. Thus, in some countries, the national organizations that influence education and training are the same ones that influence credentialing of individuals. This tendency, however, is starting to shift toward a place where diverse organizations address specific aspects of psychology training and practice.

In general, organizations bearing the term *federation* in their title are associations composed of two or more organizations. Organizations named *society* are usually scientific societies, and those called *college* tend to be organized predominantly as guilds. Thus some national organizations influencing education, training, and practice in Latin America include the Argentinean Association for the Behavioral Sciences, the College of Psychologists of Chile, Colombian National Committee of Psychology (a federation), Psychologists' Union of Cuba, Dominican Association of Psychology, the Mexican Psychological Society, Nicaraguan Psychological Association, Panamanian Association of Psychologists, Psychological Association of Peru, Society of Psychology of Uruguay, and the Federation of Psychologists of Venezuela. A notable absence from this list is the case of Brazil, where psychology is very well established and psychologists are numerous, but their organizations tend not to collaborate with each other. Thus, for example, no single national association is listed as representing Brazil in the International Union of Psychological Science (IUPsyS).

CERTIFICATION AND CREDENTIALING

If accreditation is just now developing in most Latin American countries, certification or credentialing of individuals is only starting to be a concern. Whereas in some countries there appears to be no known effort concerning these two aspects of psychological standard-setting, in others it is being done by specific professional functions through mechanisms that evaluate practitioners at a relatively advanced level of specialization.

Certification and credentialing are frequently carried out through the same mechanisms that grant an individual a valid specialized or advanced professional degree. In this regard, institutions in charge of certification are the universities, either public or private in each country, and certification involves granting an official postgraduate specialized degree, which is then registered or validated by the appropriate educational authorities.

In Argentina, the entity regulating psychologists' professional activities and enforcing an ethical code is the Federation of Psychologists of the Argentinean Republic (Federación de Psicólogos de la República Argentina, FEPRA). There is currently no legislation in Argentina regarding specialties in psychology that makes it possible to regulate the certification requirements.

In Panama, there are specialties leading to certification. A certification in cognitive-behavioral therapy is one such example. The certification is conducted by evaluating specific portions or modules of professional expertise. Modules are designed so that the first three can be taken as a diploma course. Only those who fulfill the first three modules can

complete the fourth module. The Panamanian program is beginning to reach international dimensions in the sense that other Latin American universities endorse its contents. Thus, the Universidad de Flores, in Argentina, approves each of the first four modules. Psychologists interested only in the specific contents can take modules 5, 6, 7, and 8 independently.

This certification program is designed with the purpose of providing psychologists with the knowledge and tools necessary to practice cognitive-behavioral therapy. Modalities currently include the Rational-Emotive Behavioral Therapy approach and Cognitive Therapy as postulated by Beck, as well as other accessory techniques, such as problem solving, assertiveness training, training in social abilities, and others. Certification is issued through the Latin American Federation of Psychotherapy and the World Council for Psychotherapy. Specific certifications by the Albert Ellis Institute and the Academy for Cognitive Therapy, the authorization by Universidad de Flores, and the accreditation by Universidad Santa María La Antigua (USMA) have gained the program national and international recognition.

On the other hand, an agreement signed with the USMA allows those who complete the certification program to attempt completion of a doctorate degree by studying eight additional modules. Granting the degree includes the publication of a thesis based on clinical work with patients. In order to obtain this degree, it is first necessary to obtain a BSc in psychology and a master's degree in clinical psychology.

In Mexico, there is a recent trend concerning professional certification. Under the initiative of the Ministry of Education, an invitation aimed at professional associations and colleges in Mexico City has been issued to help supervise the practice of professions. The Consulting Council of Professional Certification (Consejo Consultivo de Certificación Profesional) is the entity created by the Ministry of Education to evaluate certification plans presented by associations. A group of professional associations in psychology are preparing a certification schema, which will be presented to this Council. If approved, the Council will be allowed to certify individual psychologists.

FUTURE TRENDS IN EDUCATION, TRAINING, AND CREDENTIALING

Socioeconomic conditions prevailing in Latin American countries will probably support recent trends regarding education and the practice of psychology. More postgraduate education programs are likely to become available, especially professional master's programs. Whether these programs will gradually replace the licentiate as sufficient for entry level to practice is difficult to ascertain. Most likely they will become an educational requirement for specialized psychological services.

On the other hand, a progressive adoption of the competencies approach to curriculum development and reform is likely to yield similar content, sequence, and graduation requirements for both licentiate and postgraduate professional degrees. This degree of similarity might in turn reduce the number of students who actually get their entry-level training abroad (in other Latin American countries or Spain). By the same token, professional programs at all levels will probably emphasize supervised practica and agree internationally on minimum requirements of such supervised training. These changes will likely feed into accreditation criteria and procedures, which will in turn lead to programs and universities more actively seeking accreditation in order to become competitive.

Regarding certification and credentialing, governments at the federal or provincial/state levels will very likely promote the adoption of legislation leading to norms and regulations on practice, and part of this drive may well stem from international pressure within Latin America itself. By the same token, governments and legislatures and/or well-established psychologists' organizations will probably aim at requiring more accountability in continuing education and individual professional practice records tied to license renewal.

Mexico's participation in the development of a North American Metacode of ethics and the identification of ethical principles has helped Mexican psychologists become more active in protecting consumers of psychological services, further promoting regulation efforts. Also, as a result of the interaction within the context of the Trilateral Forum on Professional Psychology in North America on education, practice, and credentialing in Canada, Mexico, and the United States, the Mexican code was updated according to research data on ethical dilemmas faced by Mexican psychologists (Hernández-Guzmán & Ritchie, 2001). Analysis of the dilemmas in terms of the principles involved in their solution has been the first step toward validation of the principles.

Finally, efforts to educate the public, politicians, and others regarding the importance of psychology and psychologists as contributors to development, health, and well-being will probably be tempered by the irony that, as psychology becomes more important in the public eye and demand increases, a proliferation of both pseudo-psychologists and spurious schools of psychology will occur. The need for established organizations to maintain the quality of degrees and practice-certification processes is present and is certain to persist.

SUMMARY

Even though Latin American universities date as far back as the sixteenth century and professions such as law or medicine have been regulated since the beginning of the twentieth century, efforts to regulate

the teaching and practice of professional psychology are rather recent and have mostly been promoted by international initiatives that push governments toward globalization. Organizations such as MERCOSUR or IESALC-UNESCO do not list already existing organizations that regulate psychology as a profession in some Latin American countries. Governmental departments in charge of higher education, such as ministries of education or leading national public universities, have either assumed the role of accreditation and certification or induced professional, decentralized organizations to become regulators under governmental supervision. The challenge faced by many Latin American countries is to create the necessary conditions and criteria to conduct a sensible evaluation of their educational programs and of the individuals graduating from those programs.

REFERENCES

American Psychological Association. (2008). *Guidelines and principles for principles of accreditation of programs in professional psychology.* Retrieved April 23, 2007, from http://www.apa.org/ed/accreditation/G&P0522.pdf.

Comité Coordinador de Psicólogos del Mercosur y Países Asociados [Coordinating Committee of Psychologists of Mercosur and Associated Countries]. (1998).

Protocolo de acuerdo marco de los principios para la formación de psicólogos en los países del Mercosur y países asociados [Framework agreement protocol on principles for education of psychologists in the Mercosur countries and associated countries.]. In *Conselho Federal de Psicologia, A psicologia no Mercosul* (pp. 15–19). Brasilia: Author.

Crespo, I. (2005). La cooperación en educación superior: La red iberoamericana para la acreditación de la calidad (RIACES) [Cooperation in higher education: The Iberoamerican Network for Quality Accreditation (RIACES); Monograph]. *Revista Mexicana de Psicología, 22,* 345–353.

Edwards, H. (2000). *Trilateral Forum on Professional Psychology: Working notes of the Year 2000 Meeting.* Québec City, Canada, May 4–6, 2000.

Figueroa Rodríguez, S., López Suarez, A.D., & Reyes Lagunes, I. (2005). Origen, trayectoria y perspectiva del organismo acreditador de programas de psicología en México [Origins, trajectory and perspectives of the accrediting organization for psychology programs in Mexico; Monograph]. *Revista Mexicana de Psicología, 22,* 287–292.

Hernández-Guzmán, L., & Ritchie, P. L.-J. (2001). Hacia la transformación y actualización empíricas del código ético de los psicólogos mexicanos [Toward the transformation and updating of the Ethics Code of Mexican psychologists]. *Revista Mexicana de Psicología, 18,* 347–357.

Hernández-Guzmán, L., & Sánchez-Sosa, J. J. (2005). El aseguramiento de la calidad de los programas de formación en psicología profesional en México [Quality assurance of professional psychology education and training programs in Mexico; Monograph]. *Revista Mexicana de Psicología, 22,* 271–286.

National Commission for University Evaluation and Accreditation of Argentina [Comisión Nacional de Evaluación y Acreditación Universitaria].

(2006). Ministerio de Educación Ciencia y Tecnología. Retrieved April 23, 2007, from http://www.coneau.edu.ar.

Sánchez-Sosa, J. J., & Valderrama-Iturbe, P. (2001). Psychology in Latin America: Historical reflections and perspectives. *International Journal of Psychology, 36,* 384–394.

Sierra, J. C., & Bermudez, M. P. (2005). Hacia el título iberoamericano de psicología: Análisis de los programas docentes de las carreras de Psicología en Iberoamérica [Towards the Iberoamerican diploma in psychology: Analysis of Iberoamerican teaching programs in psychology; Monograph]. *Revista Mexicana de Psicología, 22,* 224–242.

Vera-Villarroel, P., & Moyano-Díaz, E. (2005). La acreditación de los programas de psicología en Chile: Antecedentes contextuales y estado actual [Accreditation of psychology programs in Chile: Contextual background and current status; Monograph]. *Revista Mexicana de Psicología, 22,* 293–305.

6

Professional Mobility and Quality Assurance within the European Union

Ingrid Lunt

The challenge of accountability in professional psychology is to justify the trust and the special relationship that professionals, in this case psychologists, have negotiated with society with respect to their competence and professional conduct.

> Professions have what has been called a special relationship with society, the essence of which is that professions are given greater autonomy than other social groups. [They] set their own standards, regulate entry into their own ranks, discipline their members, and operate with fewer restraints than the arts, trades, or business. In return the professions are expected to serve the public good and enforce high standards of conduct and discipline. (Skrtic, 1991, p. 87)

Increasing internationalization and recent well-publicized accounts of professionals apparently abusing this trust make it imperative that countries and regions develop robust systems of accountability that are internationally recognizable.

It is no longer sufficient for professional qualifications and titles to be recognized at national levels only, particularly in Europe, where professional mobility is actively encouraged and promoted. It is argued that Europe provides particular challenges and opportunities in relation to the development of a more universal system of accountability. On the one hand, Europe consists of up to 48 countries with different cultures, languages, and political and economic contexts, and therefore disparate professional traditions and orientations. On the other hand, Europe is increasingly being brought together by a strong political and economic European Union (EU), which has the potential to create frameworks and processes that transcend national boundaries. Yet even within this Union there is tension between principles of subsidiarity and nonharmonization, respect for national diversity, and the pressures for consensus and voluntary commitment of member states at an intergovernmental level.

THE EUROPEAN CONTEXT

The EU consists of 25 very different countries or member states. It was created almost 50 years ago when six countries agreed to form an economic collaboration. The legal base of the European Community consists of three treaties: the Treaty of Paris (1951), which set up the European Committee on Accreditation and Steel Community (ECSC), and the two Treaties of Rome (1957), which set up the European Economic Community (EEC) and the European Atomic Energy Committee (Euratom). Since that time, the EU has expanded considerably, growing from 15 to 25 countries in 2004 and adding another two countries in 2007. The most recent additions include many of the former Soviet and Eastern Bloc countries.

The countries bring very different political systems, historical and sociocultural traditions, languages, and expectations, leading to very different systems of professional education, training, and regulation (Lunt, 1998, 1999). These systems vary depending upon where psychologists are trained, the duration of the psychology study, the timing and degree of specialization, the educational philosophy and orientation, and the content of the curriculum. There are also major differences in the systems for professional accountability and regulatory framework in the European countries, as well as a range of policies and systems for quality assurance, reflecting long-held and often deeply rooted traditions.

In 1981, the European Federation of Professional Psychologists' Associations (EFPPA) was formed, with a major purpose of collaborating over education and training systems. EFPA, as it is now named, is a federation that brings together the psychology associations from 34 countries in Europe, including 26 of the 27 EU member states. The members of the federation are professional bodies of psychologists in the constituent member countries, steered by a presidents' council that meets annually. Supported at least implicitly by the existence of the EU, EFPA has the potential to play an increasingly strategic role in relation to professional accountability of psychologists in Europe. It has a major role in the collection and dissemination of information, in lobbying EU organs in Brussels, and in indirectly influencing practice in its member associations (Lunt, 1999). Recently, it has played an increasing role within the EU and has taken a lead in initiatives toward greater professional accountability, including support for a European qualification and quality standard for psychologists.

Arguably of even greater importance at the European level is the so-called Bologna Declaration, which is an intergovernmental initiative signed in December 1999, when ministers from 29 European countries made a commitment to the formation of the European Higher Education Area (EHEA) by 2010. There are now 45 signatory countries; decision

making occurs through consensus of the participating countries. Since 1999, there have been substantial strides toward the creation of the European Higher Education Area (see, for example, Lunt, 2005), including biennial top-level governmental summits every two years. Although the initial objectives of the Bologna Process were to remove obstacles to student mobility across Europe, to enhance the attractiveness of European higher education worldwide, and to establish a common structure of higher education systems across Europe, quality assurance has become an increasingly important part of this process (Gonzalez & Wagenaar, 2003b; Haug, 2003).

The formation in 2000 of the European Network for Quality Assurance in Higher Education (ENQA) was intended to promote cooperation in the field and has succeeded in creating a forum for sharing good practices and bringing together the quality-assurance agencies of European countries. This Network was transformed in 2004 to the European Association for Quality Assurance in Higher Education, bringing together quality-assurance bodies in the signatory states of the Bologna Declaration (http://www.enqa.eu). Along with other European organizations and networks such as the European Universities Association (EUA; http://www.eua.be/index.php), the European Association of Institutions in Higher Education (EURASHE; http://www.eurashe.eu), the European Students' Union (ESIB; http://www.esib.org), the European Consortium for Accreditation (ECA; http://www.ecaconsortium.net/index.php?section=content&id=1), the European Network of Information Centres (ENIC), and the National Academic Recognition Information Centres (NARIC; information on it and ENIC can be found at http://www.enic-naric.net), ENQA has made considerable progress in coordinating quality assurance at the European level.

This chapter focuses mainly on the European Union and its 27 constituent countries, though it should be borne in mind that other European countries (named "accession" countries) are due to join and increase EU membership. A major focus of the chapter, therefore, is on recent legislative developments within the EU and the development of *EuroPsy,* the European Certificate of Psychology. However, alongside this system of quality assurance, the Bologna process and its accompanying initiatives arguably have an equally wide influence on the quality and accountability of professional psychology across Europe.

The chapter presents a short account of the nature and role of EFPA, followed by a discussion of the nature of professional regulation across European countries, including a discussion of the initiative to develop a European qualification that will serve as a credential and provide some form of accountability at the European level. The next section presents some of the developments resulting from the Bologna Declaration, including the role of the European quality-assurance activities of ENQA.

Finally, there is a discussion of these developments and some future possibilities.

THE NATURE AND ROLE OF EFPA

In 1981, there were political pressures within the EU for greater professional mobility. Since then, EFPA has had a strong interest in education and qualifications and in legal regulation. It has supported task forces in the area of education and training, leading to the agreed statement "Optimal Standards for the Professional Training in Psychology" (EFPPA, 1990); the area of professional ethics, leading to a European Metacode of Ethics (EFPPA, 1995); and the area of professional regulation, leading to inventories of regulations across Europe (EFPPA, 1997, 2001). For most of its 25-year history, EFPA involved mainly Western European countries, as indeed did the EU. Recently, both EU and EFPA have expanded to include former central and Eastern European countries, which have very different traditions of education, training, professional practice, and professional regulation.

Over the past 10 years, EFPA has supported moves within the EU to develop quasi-legislation at the European level, in particular through European directives. This support has involved a growth in EFPA's political involvement and an increasing commitment to the development of European standards and systems of accountability. At the present time, this is being pursued through vigorous support for a European certificate in psychology, which will produce a system for accountability of individual psychologists and, it is anticipated, will have an influence on national systems of education and training.

REGULATION IN EU COUNTRIES

The past 10 years have seen a considerable increase in the extent of professional regulation across EU countries, and currently 19 of the 27 member states have some form of national legal regulation protecting the title of psychologist, with two EU member states actively pursuing legal regulation. All of this regulation is at the national level only, and attempts made by EFPA to achieve regulation at the European level have been unsuccessful and have little likelihood of future success. The types of professional accountability vary across European countries, where there are also regional patterns, for example, within the Nordic region, the Iberian region, or within former Soviet Bloc countries. The form of professional accountability seen in the United Kingdom, and to an extent in other Anglophone countries, tends to be very different from forms of accountability in other European countries. For example, professional self-regulation is a feature of the United Kingdom, clearly exemplifying the contract and trust negotiated between professionals

and society (see Skrtic, 1991); this social contract does not exist in other European countries.

The nature and extent of professional regulation is also related to the modes of employment and diverging social and economic factors in different European countries. For example, in countries where psychologists are employed by the state in the public sector, or at least recognized by the state for insurance purposes, there is a greater tendency for clear state regulation, whereas in other countries where there is a greater tradition of private practice there may be less state regulation and more of a market approach to quality. The countries differ also in the nature of the regulation, in particular whether it covers title protection only or also entails restricting areas of practice to qualified psychologists. EFPA is committed to national regulation of psychologists in all its member associations and has had some success in supporting efforts to achieve such national regulation.

Regulation and Mobility at the EU Level

Psychologists within the EU are currently covered by the European Directive 89/48/EEC entitled "Mutual Recognition of Higher Education Diplomas," which requires individual member states to have procedures to facilitate mobility. This provides a minimum level of quality control of individuals, although the emphasis is on mobility rather than on quality. However, the EU holds very strongly to the *principle of subsidiarity,* which acknowledges the diversity of Europe's systems and means that major decisions are delegated to the national rather than European level: responsibility for higher education and professional qualifications lies at the national level.

The September 2005 acceptance by the Council of the EU and the European Parliament of a new Directive (2005/36/EC) on recognition of professional qualifications was intended to facilitate mobility of students and professionals across European member states, and also to provide an opportunity for professionals to develop systems to assure and enhance quality. Member states were required to implement the Directive by September 2007. The Directive provides the opportunity for a professional body such as EFPA, which represents professional psychologists at the European level, to make proposals directly to the European Commission for a European standard or *kite mark* for psychology education and training, and to require minimum standards and quality in the training of psychologists. (In the United Kingdom, *kite mark* is the official mark of approval of the British Standards Institution, shaped like a stylized kite, indicating that a manufactured item meets certain standards of quality and reliability.)

The acceptance of the Directive coincides with the completion of a series of projects funded by the EU under its Leonardo da Vinci program, initially set up to develop a European framework for psychologists'

training (Bartram et al., 2001; Lunt, 2002) and which subsequently developed the European Diploma in Psychology (Bartram et al., 2005). The initial project addressed the need for quality standards in psychology education and training at the European level, as well as the need to facilitate recognition of professional qualifications across the EU. However, in the period covered by the projects (1999–2005), the political context changed rapidly. EFPA made a firm commitment to support the development of a qualification, and the new European Directive was accepted, providing a clear opportunity for developments at the European level that would enhance both accountability and quality.

The European Certificate of Psychology

The specification for this qualification was accepted by EFPA in 2005. It was developed over five to six years by a project group funded by the EU and including representatives from 12 European countries, and its development required consultation with all EFPA member associations. The EuroPsy, originally named the European Diploma in Psychology but now referred to as the European Certificate in Psychology due to requirements by the European Commission and the European practice to refer to any qualification generically as a "diploma," is a qualification based on a six-year education and training sequence. The six years may be divided into three years of first cycle (bachelor), two years of second cycle (master's), and one year of supervised practice; this system fits with the Bologna model of first and second cycles. The first cycle is guided by the European Framework for Psychologists Training, which specifies parameters of curriculum content, and there is substantial agreement across European countries in this (Newstead & Mäkkinen, 1997). The second cycle is much more complex and controversial, since this is where there are major differences between countries in terms of professional education and standards. Here, competencies have been used as an overarching guide to requirements, which fits well with the emphasis on learning outcomes developing within the Bologna process and European quality-assurance initiatives.

The final year of supervised practice, which is an essential requirement for the license to practice in a number of countries, is another controversial area. At the present time, there are many countries within Europe without a tradition of supervised practice before qualification; this is an area where compensation mechanisms will probably be required (Hall & Lunt, 2005). The specification of requirements of the EuroPsy will therefore likely raise standards across European countries.

Although the EuroPsy has received widespread agreement and support across European countries, there remain a number of controversial issues, a major one being the name and, to an extent, the level of the qualification. The long tradition of a wide range of titles for university degrees in European countries is beginning to give way, through the

Bologna process, to a more uniform nomenclature of bachelor's and master's degrees, though professional qualifications have tended to retain their traditional nomenclature. Furthermore, while some countries deem the university qualification an entitlement and license to practice, other countries demand additional requirements before awarding the license. Based on the Bologna system, the EuroPsy qualification would be at master's level, yet a country such as the United Kingdom already requires doctoral-level qualification (through a practitioner doctorate) for professional psychologists, at least in the health system. This degree level matches requirements for countries such as the United States (Donn et al., 2000).

A second major tension surrounds the fields or contexts of professional practice; currently there are fundamentally different systems of education for psychologists in different countries in Europe. Some countries have early specialization, leading to specialist titles on qualification (e.g., clinical psychologist or educational psychologist), while other countries have more generic education and training and late specialization, with the generic title of "psychologist" being granted upon qualification (Newstead & Mäkkinen, 1997). Here again, the use of competencies to specify exactly what a holder of a qualification should be able to do, and in what work contexts, has been helpful (Bartram, 1996; Bartram & Roe, 2005; Roe, 2002; see also Gauthier, 2002).

The EuroPsy system is based on a number of guiding principles, which include the protection of consumers and citizens in Europe through the assurance of quality, the protection of the public against unqualified providers of services, and the assurance that the EuroPsy is awarded on the basis of (a) demonstrated completion of an academic curriculum in psychology of sufficient scope, (b) demonstrated competence in the performance of professional roles during supervised practice, and (c) endorsement of European (as well as national) ethical standards for psychologists. It provides a general framework of curriculum coverage, taking into account national and contextual differences, a detailed specification of competencies that psychologists are expected to have developed during the course of training and which form the basis for evaluation, some guidance on supervised practice, and a commitment to continuing professional development. The EuroPsy certificate is awarded to qualified psychologists for a period of seven years, after which point there is a process of revalidation. The intention is that there will be a publicly searchable Register of European Psychologists and that all EuroPsy holders will be referred to as Registered EuroPsy Psychologists.

The EuroPsy will provide a means of credentialing individual psychologists, of certifying that they have met minimal standards for entry to the profession, and for continued maintenance on the Register. Individuals will apply for the certificate to a national awarding

committee, which is moderated by a European awarding committee. In practice, however, the EuroPsy system is also likely to lead to a means for certifying the standard and level of programs, and it is anticipated that it will lead to the development of quality standards for university programs. Currently (2006–2008), the EuroPsy is undergoing a pilot trial in six countries before being introduced across the EFPA member countries to coincide with the implementation of the Directive 2005/36/EC. The pilot involves the scrutiny and certification of actual individuals using national systems set up for this purpose. At the same time, there is a political initiative within EFPA to put forward the EuroPsy as the European minimal standard within the provision of the Directive, which would confer substantial status on the certificate.

THE BOLOGNA PROCESS AND QUALITY ASSURANCE

The Bologna process is an intergovernmental initiative that has achieved considerable momentum since its initiation in 1999. Following the European Pilot project for Evaluating Quality in Higher Education in 1994–1995, which demonstrated the value of sharing and developing experience and good practices in the area of quality assurance, the Bologna Declaration included a commitment to cooperate with regard to quality assurance. In 1999, the Bologna process already involved the planned convergence of higher education systems in Europe toward a more transparent system in which different systems would use a common framework based on three cycles: bachelor's, master's, and doctoral degrees. According to the latest progress report (Reichert & Tauch, 2005), "the process of moving to a comprehensible three-cycle system throughout Europe is a highly complex cultural and social transformation that has set off a chain of developments with their own dynamic in different contexts" (p.4). In spite of this, there has been widespread structural reform, and the majority of universities have moved to a bachelor's/master's degree structure.

Quality assurance has gained an increasingly prominent role within the Bologna process. For example, according to the Berlin Communiqué issued at the 2003 biennial meeting of Ministers responsible for higher education,

> the quality of higher education has proven to be at the heart of the setting up of the European Higher Education Area. . . . Ministers stress the need to develop mutually shared criteria and methodologies on quality assurance. They also stress that consistent with the principle of institutional autonomy, the primary responsibility for quality assurance in higher education lies with each institution itself and this provides the basis for real accountability of the academic system within the national quality framework (*Realising the European Higher Education Area,* p. 3).

This is consistent with the principle of subsidiarity by which responsibility for education lies with the EU member states at the national level. However, the Berlin summit made an explicit commitment to exploring ways of ensuring an adequate peer review system for quality assurance (QA) agencies and to developing an agreed-upon set of standards, procedures, and guidelines on QA at the European level.

It is within this context that ENQA, in cooperation with EUA, ESIB, and EURASHE (referred to as the E4 within the Bologna process), has developed *Standards and Guidelines for Quality Assurance in the Higher Education Area* (ENQA, 2005a). Given the diversity of the systems within the EHEA and the commitment to subsidiarity and supporting national decision-making where possible, the standards are generic rather than specific and are couched in terms of a common framework rather than a prescriptive set of procedures. The ENQA report sets standards of good practice for internal and external quality assurance and concludes that

> a European higher education area with strong, autonomous and effective higher education institutions, a keen sense of the importance of quality and standards, good peer reviews, credible quality assurance agencies, an effective register and increased co-operation with other stakeholders, such as employers, is now possible. (ENQA, 2005, p. 35)

The standards cover three areas: internal quality assurance, external quality assurance, and quality assurance of external quality assurance agencies. It is relevant here to present the main results of the ENQA report, which was accepted by the Bologna Ministers in 2005:

1. There will be European standards for internal and external quality assurance and for external quality-assurance agencies.
2. European quality-assurance agencies will be expected to submit themselves to a cyclical review within five years.
3. There will be an emphasis on subsidiarity, with reviews being undertaken nationally where possible.
4. A European Register of quality-assurance agencies will be produced.
5. A European Register Committee will act as gatekeeper for the inclusion of agencies in the register.
6. A European Consultative Forum for Quality Assurance in Higher Education will be established.

These recommendations are expected to lead to a consistency of quality assurance across the EHEA, a strengthening of procedures for the recognition of qualifications, a growth of mutual trust, and a move toward mutual recognition. There is, however, always a delicate balance to be forged between a desire to develop common (European) standards and a desire to respect national and cultural contexts, a

balance that may be arrived at through the process of cultural transformation to develop mutual confidence in standards and procedures across European countries (ENQA, 2005b).

The *European Standards and Guidelines for Quality Assurance in the EHEA* and the *Framework for Qualifications of the EHEA* (Bologna Working Group, 2005) were adopted by the Bologna Ministers in 2005, and their implementation constitutes part of the Bologna work program for 2005–2007. The Framework is overarching and generic in nature, consisting of three cycles (bachelor's, master's, doctoral), generic qualification descriptors for each cycle, a focus on learning outcomes rather than curriculum input, and the use of credits (ECTS) to define equivalence. The focus on learning outcomes is a key aspect of the Framework and builds on developments from the Tuning project (Gonzalez & Wagenaar, 2003a), which emphasized the expression of the level of education to be achieved in terms of competencies and learning outcomes.

FUTURE POSSIBILITIES

It is clear that Europe holds the potential to develop strong regional mechanisms for professional accountability of psychologists. The Bologna process and the support of the EU lead to increasing convergence of systems and growing mutual understanding and trust across different countries, and the strong role taken by ENQA and other bodies means that there are real opportunities for the development of quality initiatives. The commitment of EFPA to the European standard and qualification embodied in EuroPsy complements developments at the EU level in relation to recognition of professional qualifications and facilitation of mobility. By 2008, there should be practical procedures within a clear quality framework, which will support the European qualification.

Yet there are enormous challenges to address. The first challenge concerns the relationship between university qualifications and professional licensing. As mentioned above, countries differ in their traditions. The moves within the EU and to an extent the Bologna process push in the direction of mobility, employability, and the creation of a European Higher Education Area that competes and leads internationally. In a number of countries, there is a weak relationship between the professional body, which sets standards for professional practice, and the university, which accredits an academic degree. This means that accreditation for the EuroPsy standard will be a complex and potentially controversial issue.

A second challenge arises in relation to ethics and the assurance of ethical integrity. In order for the public to have trust in the quality of the profession, there needs to be a mechanism to ensure the routine exchange of information on ethical infringements across national borders.

A final challenge, at least for the EuroPsy, is to develop requirements that are sufficiently inclusive to apply to a significant proportion of those working as psychologists in Europe, and excluding those whose education, training, and experience fall short while respecting national differences and contexts. This is particularly relevant with growing internationalization and mobility globally (Hall & Lunt, 2005). It is to be hoped that the initiatives within Europe are able to support high standards and quality, thus ensuring professional accountability, and are also able to compare with international standards, thus impacting the profession of psychology across the world.

REFERENCES

Bartram, D. (1996). Occupational standards and competence-based qualifications for professional applied psychologists in the UK. *European Psychologist, 1,* 157–165.

Bartram, D., Bamberg, E., Bräuner, B., Georgas, J., Holte, A., Jern, S., et al. (2005). *EuroPsy—The European Diploma in Psychology.* Retrieved December 18, 2007, from http://www.efpa.be/doc/EuroPsy02005%20Final%20almost%20VISION%203.pdf

Bartram, D., Döpping, J., Georgas, J., Jern, S., Job, R., Lecuyer, R., et al. (2001). *A European framework for psychologists' training.* Retrieved December 18, 2007, from http://www.casp.upol.cz/doc/edp_05.doc.

Bartram, D., & Roe, R. (2005). Definition and assessment of competences in the context of the European Diploma in Psychology. *European Psychologist, 10,* 93–102.

Bologna Working Group. (2005). *A framework for qualifications of the European Higher Education Area.* Copenhagen: Ministry of Science, Technology and Innovation. Retrieved December 20, 2006, from http://www.bolognabergen2005.no/.

Donn, J., Routh, D., & Lunt, I. (2000). From Leipzig to Luxembourg (via Boulder and Vail): History of clinical psychology training in Europe and the United States. *Professional Psychology: Research and Practice, 31,* 423–428.

ENQA. (2005a). *Standards and Guidelines for Quality Assurance in the European Higher Education Area.* Helsinki: Author. Retrieved December 20, 2006, from http://www.enqa.eu/files/ENQA%20Bergen%20Report.pdf.

ENQA. (2005b). *Quality Convergence Study* (ENQA Occasional Papers 7). Brussels: Author. Retrieved December 20, 2006, from http://www.enqa.eu/files/Quality%20Convergence%20Study.pdf.

EFPPA. (1990). *Optimal standards for training of professional psychologists.* Brussels: Author.

EFPPA. (1995). *Metacode of professional ethics.* Brussels: Author.

EFPPA. (1997). *Inventory of Regulations in Psychology.* Brussels: Author.

EFPPA. (2001). *Inventory of Regulations in Psychology* (2nd ed). Brussels: Author.

Gauthier, J. (2002). Facilitating mobility for psychologists through a competency-based approach for regulation and accreditation: The Canadian experiment. *European Psychologist, 7,* 203–212.

Gonzalez, J., & Wagenaar, R. (2003a). Tuning educational structures in Europe. Final report phase one. Retrieved December 20, 2006, from http://www.tuning.unideusto.org/tuningeu/index.php?option=com_docman&Itemid=59&task=view_category&catid=19&order=dmdate_published&ascdesc=DESC.

Gonzalez, J., & Wagenaar, R. (2003b). Quality and European programme design in higher education. *European Journal of Education, 38,* 241–251.

Hall, J. E., & Lunt, I. (2005). Global mobility for psychologists: The role of psychology organizations in the United States, Canada, Europe and other regions. *American Psychologist, 60,* 712–726.

Haug, G. (2003). Quality assurance/accreditation in the emerging higher education area: A possible scenario for the future. *European Journal of Education, 38,* 229–240.

Lunt, I. (1998). Psychology in Europe: Challenges and opportunities. *European Psychologist, 3,* 93–101.

Lunt, I. (1999). The professionalization of psychology in Europe. *The European Psychologist, 4,* 240–247.

Lunt, I. (2002). A common framework for the training of psychologists in Europe. *European Psychologist, 7,* 180–191.

Lunt, I. (2005). The implications of the "Bologna Process" for the development of a European Qualification in Psychology. *European Psychologist, 10,* 86–92.

Newstead, S., & Mäkkinen, S. (1997). Psychology teaching in Europe. *European Psychologist, 2,* 3–10.

Peiro, J. M., & Lunt, I. (2002). The context for a European framework for psychologists' training. *European Psychologist, 7,* 169–179.

Realising the European Higher Education Area: Communiqué of the Conference of Ministers Responsible for Higher Education. (2003). Retrieved December 18, 2007, from http://www.bologna-berlin2003.de/pdf/Communique1.pdf.

Reichert, S., & Tauch, C. (2005). *Trends IV: European universities implementing Bologna.* Brussels: European Universities Association. Retrieved December 20, 2006, from http://www.eua.be/eua/jsp/en/client/item_view.jsp?type_id=1&item_id=2404.

Roe, R. (2002). What makes a competent psychologist? *European Psychologist, 7,* 192–202.

Skrtic, T. M. (1991). *Behind special education: a critical analysis of professional culture and school organization.* Denver: Love.

Cameo 4

Accountability in Professional Psychology in the United Kingdom

Ingrid Lunt

There is a high degree of accountability for professional psychologists in the United Kingdom (UK), through both the professional body, the British Psychological Society (BPS), and the national Quality Assurance Agency (QAA), which monitors the quality of university programs. However, there is a major caveat: psychologists do not have statutory regulation, and the BPS Register of Chartered Psychologists is voluntary.

The BPS provides a regulatory framework by accrediting professional education programs; setting the standards, criteria, and professional framework for chartered psychologist status; and evaluating individual applications for that status. It also administers the disciplinary procedures. This professional body provides a framework that creates a high degree of accountability. This framework consists of the standard for chartered psychologist status and the requirements for the seven different professional training routes that the BPS recognizes and accredits: clinical, counseling, educational, forensic, health, occupational, and sport and exercise psychology. However, the profession of psychology has no statutory regulation in the UK, and chartered psychologist status is voluntary; this means that it is possible to practice as a psychologist outside this regulatory framework, and this is a limitation to the professional accountability of psychologists.

The requirements for chartered psychologist status are a BPS-accredited first degree in psychology (bachelor's degree) of the breadth and standard defined by the qualifying examination of the BPS, followed by a BPS-recognized postgraduate professional training route. Currently, all professional training and education is organized through university degrees. The professional training routes differ according to the different areas of practice; all routes require the BPS-recognized bachelor's degree in psychology; some routes require a BPS-recognized master's degree plus one year of supervised practice, while professional doctorate-level training is increasingly required (e.g., DClinPsy

or DEdPsy, which will normally include a research element, supervised practice, and professional courses). All professional psychologists are trained in university programs that are recognized by statutory bodies and fall under the aegis of the QAA, which monitors the quality of programs in universities across the UK. This framework applies to the four regions that compose the UK: England, Northern Ireland, Scotland, and Wales.

HISTORICAL BACKGROUND

The BPS was founded in 1901 as the learned society for psychology (Lunt, 2004). With the growth of professional psychology, in particular following the Second World War (or from the 1950s onwards), the BPS has increasingly taken on roles such as accreditation of university degrees, setting the standards for postgraduate professional training, and providing a self-regulatory framework of code of ethics and disciplinary procedures. This body now serves as both a learned society and as a professional body for psychologists in the UK and thus brings together the interests of scientific and academic psychologists and of professional and practitioner psychologists. The BPS membership first voted for statutory regulation in the early 1980s, and the society has since been working toward this end. As a move toward registration, the Register of Chartered Psychologists was set up in 1987, introducing the title of Chartered Psychologist: there are now around 14,000 registrants (http://www.bps.org.uk/e-services/find-a-psychologist/register.cfm).

Over the past 20 years, the BPS has committed major efforts to achieving statutory regulation of psychologists in order to protect the public, to provide greater accountability, and to ensure standards of education and practice. The regulatory framework provided by the national government has not made this goal straightforward, and at the present time the picture is complicated. As in many countries, the requirements for qualification in professional psychology have increased over the years; for example, currently in the UK, one must have a doctoral-level degree to practice as a chartered clinical psychologist (Lunt, 2000).

QUALIFICATION IN PROFESSIONAL PSYCHOLOGY

The BPS maintains a voluntary Register of Chartered Psychologists. This constitutes the quasi-regulation of professional psychologists in the UK. The definition of a chartered psychologist specifies the standard of qualification to be the following:

1. graduate basis for registration (GBR; i.e., a BPS-accredited bachelor's degree in psychology), **and**

2. successful completion of a BPS-accredited postgraduate professional course together with such additional period of directly supervised practice as required (the professional courses are specialized within specific fields of professional psychology), **or**
3. completion of a research doctorate in psychology, **and**
4. judged fit to practice psychology without supervision.

There are seven areas of professional psychology with defined education requirements and routes to chartered status (clinical, counseling, educational, forensic, health, occupational, and sport and exercise). In addition, it is possible to gain chartered psychologist status through the neuropsychology and teaching and research psychology routes, though these are somewhat different and will not be discussed here. Each one of the seven professional training areas has a clear and separate route to chartered psychologist status (with a BPS-accredited postgraduate qualification) and therefore to recognized qualification. This route consists of a BPS-recognized first degree in psychology (which leads to GBR) followed by a BPS-accredited postgraduate professional training course plus an additional period of supervised practice as required. This is frequently defined as a "3 + 3" training route, consisting of a three-year bachelor's degree in psychology followed by either a one- or two-year master's degree plus supervised practice or a three-year professional doctorate, which leads to the DClinPsy or DEdPsy qualification.

Most professional psychologists in the UK are employed within the public sector, particularly in the National Health Service (NHS), which is the major employer of clinical and health psychologists, and the Local Authority (LA), which is the major employer of educational psychologists. The NHS and the LA increasingly use chartered psychologist status as a requirement for employment. The various areas of professional psychology have traditionally been clearly differentiated by education and training, employment contexts, and areas of work restricted to those with the specialist qualification, for example, the NHS work restricted to clinical psychologists and LA work restricted to educational psychologists. This situation is changing gradually, with improvements in public sector working conditions and developments within professional training.

UNIVERSITY EDUCATION IN PSYCHOLOGY

There are more than 100 universities in the UK that offer undergraduate programs in psychology (Lunt, 2004). Psychology is one of the most popular undergraduate programs, and there is considerable competition to gain a place to study at the bachelor's level; universities may thus require high grades of students in their end-of-high-school examinations. There is even greater competition to gain a place to progress to

postgraduate professional training, and only 20% of those with undergraduate psychology degrees continue with professional training in psychology. The competition for postgraduate places to train as a clinical psychologist is especially fierce, such that the majority of applicants not only have a high-grade bachelor's degree in psychology but also sometimes have a PhD in psychology plus substantial work experience as an assistant psychologist prior to gaining a place in a DClinPsy program.

The university system in the UK consists mainly of the bachelor's degree (3 to 4 years), the master's degree (1 to 2 years), and the doctoral degree (3 to 4 years). Increasingly, professional psychologists are educated to the doctoral level. All clinical psychologists are required to take the DClinPsy, which is a professional doctorate (Donn, Routh, & Lunt, 2000; Lunt, 1998); educational psychologists now require the DedPsy, and other professional psychologists are developing this route of the professional doctorate being required to attain chartered psychologist status.

It should be noted that all chartered psychologists must have gained a first degree in psychology (bachelor's) accredited by the BPS as conferring eligibility for GBR. This is defined by the yardstick of the BPS Qualifying Examination, which provides a syllabus demonstrating the breadth and standard of knowledge, skills, and understanding of psychology required.

The BPS assures the quality of programs that lead to chartered psychologist status by accrediting bachelor's, master's, and professional doctorate programs that meet its criteria of standards and curriculum content and organization. In order to monitor and assure quality, the BPS carries out accreditation visits to universities.

In the more than 100 universities that offer bachelor's-level programs, the BPS accredits about 700 programs in 111 university departments. It is not possible to work as a professional psychologist with a bachelor's degree in psychology. Most students will move to a different

Table 6.1. Psychology Degrees and Associated Credentials in the European Union

Degree (BPS-recognized)	Credential
BA/BSc Psychology (3 to 4 years)	Equivalent to GBR, defined by the yardstick of the Qualifying Examination
MSc (Professional) Psychology plus 1 year supervised practice (3 years)	May lead to chartered psychologist status
DClinPsy/DEdPsy (3 years)	Leads to chartered psychologist status

university for their postgraduate program, of which there are about 60 offering the 122 different postgraduate programs in psychology accredited by the BPS.

Following qualification at university, the majority of graduates who wish to practice as a psychologist will seek chartered psychologist status (this is not mandatory). The title signifies a certain level and quality of education, and is limited to the field in which the training was gained—chartered clinical, educational, forensic, or occupational psychologist—and delivery of services is restricted to the field of training. The names and qualifications of all chartered psychologists are entered on a publicly searchable register, which provides accountability and protection for the public.

Following developments nationally in the UK to introduce vocational qualifications through the use of competencies (Bartram, 1996), the BPS was early in developing its own occupational standards in applied psychology. These have now been developed as National Occupational Standards (NOS) in Psychology. NOS are "statements of the skills, knowledge and understanding needed in employment and clearly define the outcomes of competent performance." These enable greater transparency and accountability in the training area (BPS, 2005, 2006).

THE ROLE OF THE QUALITY ASSURANCE AGENCY

University programs are audited by the QAA, which evaluates teaching quality and has developed benchmark statements that provide a means for the academic community to describe the nature and characteristics of programs in a specific subject. They also represent general expectations about the standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate (QAA, 2002). Subject benchmark statements drawn up by the QAA serve as an external source of reference; they support internal quality assurance and are used for purposes of external review. The psychology benchmark statement (QAA, 2002) provides a clear statement of defining principles, the nature and extent of the discipline, the knowledge and skills, requirements for teaching learning and assessment, and subject knowledge statements. In addition to the subject benchmark statements, the QAA carries out external quality assurance of provision through institutional audit and subject reviews, and each institution is provided with a review and grade according to its performance against set criteria.

EVALUATION OF INDIVIDUAL COMPETENCE

Within the UK, individual competence is assessed within the university system through examinations. For bachelor's degrees, there is a

range of forms of assessment, from coursework assessment and more formative assessment to final examinations at the end of three years. As stated, the BPS accredits undergraduate psychology programs to ensure that all graduates who progress to professional postgraduate training have an adequate grounding in psychology. For master's degrees, there is normally coursework plus a dissertation, while professional doctorate degrees are typically assessed through coursework, a dissertation, and clinical/practical portfolio reports. All universities benefit from an external moderation and quality assurance through the system of external examiners, which enable universities to have confidence in their standards and the comparability of these across the country and, increasingly, internationally.

More universities have moved to the use of learning outcomes and competencies, and they are encouraged in this by guidance from the QAA and other national bodies that require program specifications to include statements of learning outcomes. This means that individual students are required to demonstrate their competence in specific areas, a practice which has long been used within postgraduate professional training where students on supervised practice placements or internships are evaluated for their professional competence.

This move fits well with the BPS development of NOS for psychology, which provides standards for the six generic key roles:

1. Develop, implement, and maintain personal and professional standards and ethical practice.
2. Apply psychological and related methods, concepts, models, theories, and knowledge derived from reproducible research findings.
3. Research and develop new and existing psychological methods, concepts, models, theories, and instruments in psychology.
4. Communicate psychological knowledge, principles, methods, needs, and policy requirements.
5. Develop and train the application of psychological skills, knowledge, practices, and procedures.
6. Manage the provision of psychological systems, services, and resources (BPS, 2005).

CREDENTIALING OF INDIVIDUALS FOR THE PRACTICE OF PSYCHOLOGY

Despite considerable efforts over many years, psychologists are not regulated by governmental or other state bodies in the UK. As indicated above, they are regulated through the voluntary Register of Chartered Psychologists maintained by the BPS, which relies on a code of ethics and associated disciplinary procedures. In practice, almost all clinical and educational psychologists elect to obtain chartered

psychologist status, and this becomes their credential within the UK and, increasingly, internationally. To join the Register of Chartered Psychologists, many applicants apply for provisional registration during their postgraduate training period; this occurs through individual verification of qualifications. Following their final qualification, applicants then apply to be on the Register, again following individual evaluation by a committee and procedures through the BPS.

The BPS as a professional body both accredits university courses and credentials individuals, while also maintaining the Register of Chartered Psychologists and its code of ethics and disciplinary procedures. In addition, the BPS is the designated authority that is delegated by the government to evaluate applications from psychologists trained in other countries for equivalence of qualifications. This occurs at the individual level, and applicants' credentials are evaluated against the yardstick of UK qualifications. (See Hall & Lunt, 2005, for data on five years of this evaluation process.) Recent developments within the European Union (EU) (see Chapter 6 in this volume) require EU member states to develop systems for greater mobility of psychologists (see Hall & Lunt, 2005; Lunt, 2005).

CONTINUING PROFESSIONAL DEVELOPMENT

Until recently, there was no system of mandatory continuing professional development in the UK, although chartered psychologists have been required to pay an annual fee to renew their practicing certificate, thus committing to be bound by the code of conduct and disciplinary procedures. However, since 2005, there has been a system of mandatory continuing professional development (CPD), which requires chartered psychologists who are practicing to undertake and maintain a record of their CPD in order to demonstrate the maintenance of their professional competence. Public accountability is seen as increasingly important to all professionals, and a robust system of CPD provides an integral element of this accountability.

FUTURE TRENDS

The context for professional accountability in the UK has been changing rapidly over recent years in response to government and legislative requirements, high-profile instances of professional misconduct, and a general pressure in society for greater transparency and accountability. The BPS aspires to achieve a suitable form of statutory regulation in the near future. Given the current government perspective, which opposes individual professions' having separate regulatory arrangements, some progress has been made for regulation within the Health Professions Council, which regulates a number of health professions (excluding medical doctors and nurses). The BPS proposal for statutory regulation

has consistently provided for a single registration of all psychologists rather than a separate register of health professionals or psychologists working in the health field. It is likely that the different fields of professional practice will, over time, all require doctoral-level education, though these moves need to be seen within the context of developments within the EU (see Lunt, 2005, and Chapter 6 in this volume).

CONCLUSION

Professional psychologists in the UK work under a system of a high degree of accountability, through the BPS and the QAA, although professional accountability through the BPS is limited by the voluntary nature of the Register of Chartered Psychologists. The BPS is committed to and is working consistently to achieve a system of statutory regulation that will protect the public and will mean that no one is able to call himself or herself a psychologist without full qualification and a commitment to abide by the code of conduct and ethical and disciplinary procedures. This will provide the professional accountability that will protect the public and will help to ensure high standards of professional practice.

REFERENCES

Bartram, D. (1996). Occupational standards and competence-based qualifications for professional applied psychologists in the UK. *European Psychologist, 1,* 157–165.

British Psychological Society. (2005). *National Occupational Standards.* Retrieved August 29, 2006, from http://www.bps.org.uk/professional-development/nos/nos_home.cfm.

British Psychological Society. (2006). *Register of Chartered Psychologists.* Retrieved August 29, 2006, from http://www.bps.org.uk/e-services/find-a-psychologist/register.cfm.

Donn, J., Routh, D., & Lunt, I. (2000). From Leipzig to Luxembourg (via Boulder and Vail): History of clinical psychology training in Europe and the United States. *Professional Psychology: Research and Practice, 31,* 4, 423–428.

Hall, J. E., & Lunt, I. (2005). Global mobility for psychologists: The role of psychology organizations in the United States, Canada, Europe and other regions. *American Psychologist, 60,* 712–726.

Lunt, I. (2000). Psychology as a profession. In K. Pawlik and M. Rozenzweig (Eds.), *International Handbook of Psychology.* London: SAGE.

Lunt, I. (2004). Psychology in the United Kingdom. In M. Stevens & D. Wedding (Eds.), *Handbook of international psychology* (pp. 371–386). New York: Brunner-Routledge.

Lunt, I. (2005). The implications of the "Bologna Process" for the development of a European Qualification in Psychology. *European Psychologist, 10,* 86–92.

Quality Assurance Agency (2002). *Subject benchmark statement: Psychology.* Retrieved December 18, 2007, from http://www.qaa.ac.uk/academicinfrastructure/benchmark/statements/Psychology07.asp.

7

Accountability of Psychology in the Netherlands

Henk T. van der Molen and Klaas H. Visser

The first aim of this chapter is to give a brief overview of the history and the general aims and character of psychology programs in the Netherlands. There are 11 universities in this country offering such programs. The study of psychology has recently become very popular. At the end of World War II, there were some 50 psychologists in the Netherlands; since then, some 35,000 individuals have graduated with a master's degree in psychology, although about only half of them are working as psychologists. To our knowledge, the Netherlands, with a population of 16 million people, has the highest density of psychologists in the world: one psychologist for every 500 to 600 inhabitants. To illustrate psychology's popularity, in 2006, a total of nearly 4,000 students were enrolled in 11 programs. So, the average number of students in the first year of each program is about 360 students (the larger departments take 500 per year, and the smaller 250 to 400).

Our second aim is to describe the procedure and system of quality assessment and accreditation of these programs. In 1988, the government initiated a system of quality assessment followed by an accreditation procedure under the responsibility of the Dutch Flemish Organization for Accreditation (Nederlands Vlaamse Accreditatie Organisation, NVAO). The Ministers of Education of the Netherlands and Flanders established NVAO in 2003.

Our third aim is to present an overview of registration procedures developed to certify individual professional psychologists who are working in a special field. There is a legislative registration procedure for psychologists in the field of (mental) health care that is stated in the Law for Professions in Individual Health Care. For psychologists in other fields, such as work and organizational psychology and developmental and educational psychology, the Dutch Psychological Association, the professional association of psychologists that was established in 1938, has developed registration requirements and procedures.

The fourth aim is to portray recent developments, such as the development of four-year psychology programs (three-year bachelor's degree, plus one additional year for a master's degree) in the Netherlands. Since the introduction of the bachelor's–master's system, the universities have tried to convince the government that the master's should require two years of post-bachelor's study. Recently, the NVAO has decided that the length of the one-year master's programs in clinical and health psychology should be extended by one year. Another development is that this organization has accredited a few programs in psychology that are offered by institutions for higher vocational education (HBO) next to the programs offered by the universities. The final aim is to evaluate the existing systems of quality assessment and accreditation of programs and registration of individuals.

HISTORY, GOALS, AND CHARACTER OF PSYCHOLOGY PROGRAMS

Until 1982, seven universities in the Netherlands offered a full-length program in psychology. Every program had a duration of five or six years: three years for the candidate examination (*kandidaatsexamen*) and two or three years for the doctoral examination (*doctoraalexamen*) leading to the title of *doctorandus* (*Drs.*) in psychology. In 1982, the government introduced changes in the landscape of Dutch university programs with the law called *Tweefasenstructuur,* or two-phase structure. This law stated that every program should have a maximum duration of four years leading to a doctoral examination (Drs. first phase, equivalent to a master's degree), followed by highly selective PhD programs of another four years for only 5% of the graduates. The main goals of this law were (a) to increase the number of graduates and decrease the number of dropouts, (b) to increase the number of university students, and (c) to have programs with a higher density and heavy workload.

Four-year programs should be possible because the secondary education programs are very selective, with only 15% of the Dutch graduating from the preparatory scientific education (VWO), and because every year at university has a heavy study load (42 weeks of 40 hours, or 1,680 hours per year). It should also be mentioned that Dutch university programs have a strong monodisciplinary focus. About 90% of psychology programs consists of courses in psychology; only about 10% of courses are elective, so every student pays full attention to the major and specializes in one of the main fields of psychology. The four-year programs consisted of a *propedeuse* (a diploma awarded to students upon completion of the first year, providing a certain number of credits have been obtained) and a second year that offered a general program in psychology, followed by a two-year specialization program. Another difference relative to programs in other countries is that the programs focus heavily on a scientific approach; students learn to conduct scientific research

and can only graduate after defending a thesis that is a product of empirical research. Every university program is offered by a department in psychology that has a strong focus on research in psychology. These research programs are also assessed on quality every six years.

Twenty years later, in 2002, the bachelor's–master's system was introduced to the Netherlands. As a result of the Bologna agreement (made by 12 European ministers of education), all countries are moving toward a system of higher education of at least a bachelor's program of three years and a one-year master's before 2009. Thus, the Dutch law was changed. Universities were committed to introducing three-year bachelor's programs followed by one-year master's programs. In the meantime, four more universities (including the Open University of the Netherlands) started offering psychology programs. Since 2003, every program consists of a bachelor's of three years and a one-year master's. Bachelor programs are open to every student who graduated in the aforementioned VWO; master's programs in psychology are open to those who finished a bachelor's in psychology. There are exceptions: most universities got a permit to start a highly selective two-year research master's with a more international approach that can then be directed toward a PhD program.

In the Netherlands, the discipline of psychology is considered to have its own specific goals derived from the specific characteristics of psychology as a scientific discipline on the one hand and from the fields of applications of psychology on the other. Furthermore, international recognition is essential for the identity of the psychology programs. In general, psychology is directed at the scientific study of cognitive and motivational functions and of behaviors that people show in their relationship with themselves and their physical and social environments. Observation and analysis of behavior are the most common instruments for the study of perception and thinking, contents of knowledge and emotions, and the relations between these concepts.

Data that are required for the analysis of mental activities such as cognitions and emotions can be collected in ways other than direct observation of behavior. The discipline of psychology has developed its own methods of data collection and interpretation. Examples of these methods are interviews, experimental and quasi-experimental studies, and correlation studies. To draw reliable and valid conclusions, psychologists first need education in scientific thinking and scientific research. However, to apply their knowledge, they also need a thorough introduction in the practice of psychology.

For the education in psychology, these two fields are considered equally important. Psychology is a *biopsychosocial* science. Observation and analysis of personal and interpersonal processes cannot be independent from knowledge of the biological basis of behavior and of the social systems within which these processes take place. This is true for all subdisciplines within the field of psychology.

As for the preparation of students for professional practice, attention should be paid to the fact that psychological practitioners, just like physicians, may make important decisions that are intended to influence the (mental) health or well-being of individual clients. To realize positive effects, they do not operate exclusively in a one-to-one relationship. The social context of the individual person often has to be taken into account when these practitioners come to these decisions. Such a systems approach can be applied to relationships between couples, members of families, teachers and pupils at schools, employers and employees in work situations, and, finally, between representatives of institutions.

CONSEQUENCES FOR THE CONTENT OF PSYCHOLOGY CURRICULA

Based on the general goals and character of the psychological discipline, as described above, the Chamber of Psychology of the Association of Cooperating Universities in the Netherlands (Vereniging van Samenwerkende Nederlandse Universiteiten, VSNU; i.e., the assembly of all the educational directors of the psychology programs in the Netherlands) composes every six years a so-called frame of reference specific for the domain of psychology. This frame of reference indicates the minimal requirements for the content of the psychology curricula. The recent quality assessment committee (2004) has used this frame of reference as a basis for their judgment. The frame of reference contains the following elements:

Bachelor's Degree

1. Introductions in the most important basic fields of psychology, namely cognitive psychology, biological psychology, developmental psychology, personality psychology, social psychology, and psychopathology.
2. Supporting fields: history of psychology, philosophy of science, methodology, data analysis, and statistics.
3. Theoretical education and practical exercise in the research methods of psychological science; to establish a foundation for the requirements of the Basic Qualification Psychological Assessment of the NIP (Nederlands Instituut van Psychologen, 2006), which is to be fully met in the master's program; to meet the requirements of this qualification, students have to spend about 960 hours of study (34 ECTS [European Credit Transfer and Accumulation System]) divided between basic knowledge of test theory and assessment procedures and practical exercises in interviewing and the use of psychological tests.
4. Next to the global knowledge of the fundamental fields and the fields of application, the beginning of some specialization

in a certain field, either as preparation for a practical career or as preparation for a research career.
5. Writing a bachelor's thesis, which can be a survey of literature concerning a certain subject or a report of a small empirical investigation.

Master's Degree

1. Advanced subjects in a field of specialization.
2. A supervised internship in the field of specialization.
3. Practical exercise in professional skills in order to meet the requirements of the Basic Qualification Psychological Assessment of the NIP, if considered relevant and required for the specialization.
4. Design, execution, and report of an empirical investigation, resulting in the master's thesis.

QUALITY ASSESSMENT AND ACCREDITATION OF DUTCH PSYCHOLOGY PROGRAMS

All of the programs offered by the universities and institutions for higher vocational education in the Netherlands must be accredited by the NVAO. This accreditation is necessary for recognition by the Ministry of Education, Culture, and Sciences. Accreditation lasts for six years and is necessary for governmental financing of the particular program. That is, the universities receive an amount of money for each student enrolling in and finishing a program, and individual students may receive funding for the costs of their study. In this section, we describe the process of quality assessment and accreditation and the criteria the psychology programs need to meet in order to receive their accreditation. We will make use of examples from the recent quality assessment of psychology programs in the Netherlands in 2006.

Quality assessment on a national level was introduced in 1988. Since then, every university program has been assessed every six years by the VSNU: a committee of peers, with at least one member from abroad, participates in a three-day site visit to gain a thorough understanding of the quality of the psychology program. As preparation, every department writes a self-evaluation report in which a description and analysis is given of all the aspects of quality assessment. In 1988, 1994, and 2001, quality assessments took place, all resulting in the general conclusion that Dutch university programs in psychology were of a high scientific level and met the requirements that are defined by the law and by the VSNU. Since the introduction of the bachelor's–master's system, the quality assessment is followed by an accreditation procedure executed by the NVAO under direct governance of the Ministry of Education.

The Quality Assessment Process

As previously mentioned, the first step in the whole process is the establishment of a frame of reference, specific for the domain of psychology, by the members of the Chamber of Psychology. This frame of reference takes into account that the discipline of psychology develops quickly. For instance, the psychology programs of today pay more attention to insights from the neurosciences.

The second step involves the Chamber of Psychology making a proposal for the chair and the members of a quality assessment committee to visit the departments of psychology to determine whether the programs fulfill the general and specific requirements formulated by the NVAO. The members of the committee are professors with a certain reputation in their field, and they cover the main areas of psychology. The latest committee consisted of a chair who had experience in educational psychology, and the members (some from foreign universities) covered the fields of clinical and health psychology, work and organizational psychology, social psychology, and biological and cognitive psychology. In practice, it takes quite some time before the members of the Chamber of Psychology reach agreement on who should serve as the chair and who among the professors may be approached to participate in the committee, because these persons must also be accepted by the deans of the faculties and the boards of the universities who receive advice from the deans. Altogether, the process of formation of the quality-assessment committee may take nine months to a year.

An institution that specializes in quality assurance coordinates the actual organization of the quality assessment. Such institutions in the Netherlands are the Quality Assurance Netherlands Universities (QANU) and Netherlands Quality Assurance (NQA). In 2006, QANU delivered a secretary for coordinating the whole process and took responsibility for a general report on the quality of the Dutch psychology programs and specific reports on the 11 individual psychology programs at the different universities. The executive boards of the 11 universities give the task to execute the visit to QANU.

The composition of self-evaluation reports concerning the bachelor's and master's program is the third step in the process of quality assessment. In these self-evaluation reports, the strengths and weaknesses of the program are described. The persons who are responsible for the particular psychology programs write these reports. In the Netherlands, there are directors of education (next to directors of scientific research) for the psychology programs, who have been appointed in that position for a certain period of time (e.g., four years). These directors establish their program in a board that consists of the chairs of the educational (staff and students) and examination committees and of professors who are mainly responsible for the content of the programs. It is important

that the final version of the self-evaluation report receive support from the scientific staff and from students in the educational committee before it is sent to the accreditation committee. This report also needs to be approved by the dean of the faculty to which the psychology program belongs. (In the Netherlands, most of these programs are part of a faculty of social sciences that offers other educational programs such as pedagogy, sociology, and public administration.) Finally, the report has to be approved by the executive board of the university. The process of writing the report and the involvement of the several groups and persons mentioned above takes approximately five to six months.

The fourth step is the two-day site visit of the psychology programs by the quality-assessment committee. During this visit, the committee has discussions with a number of different groups: the persons who are responsible for the program, the members of the educational committee, the members of the examination committee, the teaching staff of the bachelor's and master's programs, bachelor's and master's students, students who have already graduated (alumni), and, finally, the executive board of the faculty. Additionally, the committee may inspect all the teaching materials and examples of written examinations. Finally, it has to assess facilities such as the psychological laboratory, the library, the electronic learning environment, and the class and lecture rooms, as well as the availability of psychological tests and instruments. At the end of these two days, the members of the committee make up their minds concerning the criteria on which the programs are assessed (see the next section). After that, the chair of the committee presents a first oral report to the staff and students of the particular program.

When the committee has visited all 11 programs, they write their final reports. This is the fifth step. The persons in charge of the psychology programs receive the opportunity to comment on a first version of this final report, which may lead to adaptations. The period from the first visit to the presentation of the final report takes at least 10 months. For instance, the first visit during the recent visitation took place in May 2006, and the final report was presented in March 2007.

The sixth step is that the QANU sends the report to the executive board of the university that wants their program to be accredited. The seventh and final step is that the executive board of the university asks NVAO for prolongation of the accreditation by forwarding the report from an independent quality-assessment committee. The board of this organization then has to decide within six to 12 months. They make their own meta-evaluation of the quality assessment and validate the reports. Finally, they give advice to the Minister of Education, Culture, and Sciences, who decides upon the actual accreditation. In practice, when the quality committee's report is positive, the last steps are mainly bureaucratic. (There is, however, an example of a program in another

domain that received positive advice from the visitation committee but which was not approved by NVAO because they felt that the positive advice in the final report had not been sufficiently argued.) Altogether, the whole procedure described in the seven steps above takes about two and a half years.

Criteria for Assessing Programs

Based on their critical appraisal of the self-evaluation reports and the discussions with the different groups during the visits, the members of the committee assess the programs based on six main criteria. Within these criteria, specific aspects are reviewed. The scores of the psychology programs on all six main criteria should be at least *satisfactory* to receive accreditation. These scores can vary between *unsatisfactory, satisfactory, good,* and *excellent.* In the next section we will specify several aspects that belong to these criteria.

Goals of the Program

Aspect 1: Domain-Specific Requirements The first aspect to be assessed here is whether the final qualifications of the program are in line with the requirements of the scientific discipline and the professional field. So, the content of the psychology programs should be in keeping with the domain-specific frame of reference presented previously.

Aspect 2: Level The second aspect is whether the final qualifications correspond with general, internationally accepted descriptions of the qualifications of a bachelor's or a master's program. In the Netherlands, the frame of reference that has been developed within the Leonardo da Vinci project financed by the European Committee has been widely accepted. This framework consists of a three-year bachelor's program, a two-year master's program, and one year of supervised practice. However, a substantial problem is that the university programs are financed for bachelor's and master's programs with a total length of four years (three-year bachelor's, one-year master's).

In the self-evaluation report concerning the goals of the bachelor's and master's programs, it should be made clear that these goals are comparable to the Dublin descriptors for the level of the bachelor's and master's program. These five descriptors are knowledge and insight, application of knowledge and insight, the capability to form opinions, communication, and learning skills ("Dublin Descriptors as used in the Framework for Qualifications of EHEA," pp. 1–4).

Aspect 3: Orientation For the bachelor's program, this aspect refers to the preparation of students for specific master's programs. In the Netherlands, the general opinion concerning the three-year bachelor's

program in psychology is that this program has no civil effect. That means that a bachelor's degree does not yet permit graduates to work as a professional psychologist. This opinion is the same as the opinion of the European Federation of Psychologists Associations (EFPA), which was crystallized by the Leonardo project. For the master's program, it should be made clear that sufficient attention is paid to the competency to execute scientific research, and to the capability to solve multidisciplinary or interdisciplinary problems in professional practice.

Content of the Program

Aspect 4: General Requirements for Scientific Education Here it should be proved that the development of the knowledge of the students takes place via an interaction between education and scientific research that is executed in the particular department. The program has to cover actual scientific theories, and students should learn skills for scientific psychological research. Finally, the program should relate to the actual practice of psychology.

Aspect 5: Relation Between the Goals and Content of the Program Under this aspect, it should be made apparent that the program adequately covers the general goals described before. It should indeed offer the students the opportunity to reach the final qualifications.

Aspect 6: Coherence of the Program Here it should be demonstrated that the students follow a coherent program. The different courses and skill-training programs of the curriculum should have a logical order, with overlap and superfluous repetition avoided.

Aspect 7: Structure of the Program and Study Time This aspect means that the program can be followed and that factors that slow the progress of the students are eliminated. Moreover, the program should not contain barriers that cause problems for a majority of the students. For instance, there may be one teacher in the program who always offers an examination to the students that is too difficult, needlessly prolonging study time.

Aspect 8: Enrollment of Students Under this aspect, a description has to be given of the requirements for the students who enter the program. It should be made clear from evaluation results that entering students don't have too many problems in following the program. Moreover, it should be demonstrated that the information that students receive before they enter the program is transparent.

Aspect 9: Size of the Program This is a formal requirement in the Netherlands. A bachelor's program consists of 180 ECTS, and a master's program of 60.

Aspect 10: Coherence Between Structure and Content of the Program Here, the didactic concept behind the program has to be presented. Furthermore, the relationship between contact hours (lectures, participation in obligatory working groups), self-study time, and other study activities should be optimal. Finally, the places of the internship and the thesis as proof of scientific ability in the curriculum have to be argued.

Aspect 11: Examinations and Assessment Under this aspect it should be made clear that examinations and assessments adequately cover the learning goals of the program. Moreover, the role of the examination committee has to be described. Guarantees should be given for consistency in decisions, for instance by formulating clear criteria for satisfactory and unsatisfactory scores on written examinations, and by consistency between the examinations developed by different staff members. Students should receive sufficient feedback on their results, and this feedback should also be given in time.

Personnel and Human Resources Development

Aspect 12: Requirements for Scientific Education First, an overview has to be presented of the scientific and nonscientific staff available for the program. Based on that overview, it has to be clear that the program has been developed and is executed by teachers who are engaged in scientific research of sufficient and recognized quality. For the psychology program, it is also important that these teachers show that they have been able to make relevant connections between the content of the program and practice.

Aspect 13: Quantity of Personnel Second, it has to be argued that the quantity of the staff is sufficient to execute all the educational activities. The ratio between the number of staff and the number of students also has to be calculated and evaluated. The criterion in the Netherlands is that this ratio be about 1:35.

Aspect 14: Quality of Personnel The personnel should be qualified for the realization of the program. They should have the necessary expertise in the different fields of psychology, in education, and in scientific research. Moreover, it should be demonstrated that human resources development is directed at improvement of the educational qualities of the staff members. For instance, young staff members should receive the opportunity to improve their skills in lecturing or in guiding small tutorial groups.

Facilities

Aspect 15: Material Facilities Here, the quality of the educational facilities, such as the rooms, the lecture halls, the information and communication

technology equipment, and the library, has to be evaluated. These should be sufficient to reach the educational goals.

Aspect 16: Study Guidance Under this aspect, it should be demonstrated that the study guidance and the information for the students on the educational approach, the examinations, and the order in which courses have to be followed are adequate. There should also be a monitoring system to track the study progress of the students, and to warn them when problems in that progress arise.

Internal Quality Assurance

Aspect 17: Evaluation of Results The curriculum and the separate courses have to be periodically evaluated on the basis of explicit and testable goals. It should be made clear that students are involved in this process. Student evaluation forms concerning courses and practical skill training should be available.

Aspect 18: Measures for improvement The outcomes of the evaluations mentioned above should lead to concrete and provable measures for improvement of the curriculum as a whole, for instance by changing the order in which courses are offered. Also, courses and training programs themselves should be improved.

Aspect 19: Involvement of Students, Alumni, and the Professional Field A final aspect of internal quality assurance is that students and alumni have to be involved in the process. For instance, the evaluation of the curriculum in the educational committee in which they have a vote has to be documented.

Results

Aspect 20: Level that Has Been Realized It has to be demonstrated that the final level of knowledge and competencies of the students corresponds with the goals that have been formulated. For instance, an alumni questionnaire may be used. Most important, a random selection of bachelor's or master's theses must be reviewed to determine whether they meet the expected standard of quality.

Aspect 21: Outcome First, concrete goals, such as the percentage of students who are expected to finish their study program, are stated (e.g., 70%), and then the program is evaluated to determine whether these goals have been achieved. In the past, psychology programs in the Netherlands have suffered from a rather high percentage of dropouts and from delay in completion. The final report of the 2000 accreditation committee (VSNU, 2001) mentions an average first-year outcome of only 60% three years after students have started. So, 40% had dropped out at that moment. The outcome over the next three years of the program rises to about 70%, but this percentage is only achieved after six years.

Altogether, these figures mean that only about 42% (i.e., 70% of 60%) of the students who chose psychology finished their course of study.

REGISTRATION PROCEDURES FOR THE CERTIFICATION OF INDIVIDUAL PSYCHOLOGISTS

Several registrations have been developed during the past decade to ensure that psychologists practice in a professional manner after leaving the university and stay informed on recent developments in their area of interest. We summarize them as follows:

All recipients of the master's degree in psychology (as mentioned above before they received the title *doctorandus*) can acquire the title *psychologist-NIP* after nine months of work under the supervision of a psychologist who is a member of this professional association. This title has been established by the NIP because the title of "psychologist" is not legally protected. The aim of the establishment of this title was to provide accountability and protection to the public. Thus, when a client contacts a psychologist-NIP, he may be sure that this psychologist has successfully followed an academic program and also has practical experience.

Recipients of the master's in psychology who have the ambition to work in the clinical and health fields have to pursue a two-year post-master's program in order to receive the officially recognized title of *health care psychologist (BIG).* "BIG" stands for *Beroepen Individuele Gezondheidszorg*—that is, Professions in Individual Health Care; other professionals required to follow this law are physicians, nurses, physiotherapists, pharmacists, dentists, midwives, nurses, and psychotherapists (RIBIZ, n.d.). This is a dual, full-time, two-year program. One day per week, students follow an advanced course that is directly relevant for clinical practice; the other four days, they practice under supervision in a mental-health-care institution. Those who finish the program in health-care psychology may apply for a follow-up three-year program in clinical psychology. Another possibility is to apply for a post-master's program in psychotherapy. In this program, students need to have enough experience in clinical work to be able to apply. They follow a three-year program, also on a dual basis. These programs are all highly selective: only one of five graduates who apply is admitted.

At this moment, the titles *health care psychologist* and *psychotherapist* are the only ones in the Netherlands (as far as psychology is concerned) with a legal basis. After having obtained one of these titles, there is a procedure to receive a renewed registration after seven years. In this period, practitioners have to show that they have kept up with the literature and new treatment methods by following advanced courses. A final registration in this field that is administered by the Dutch Psychological Association is *primary health care psychologist-NIP.*

With the aim to maintain the quality of professional practice, the Dutch Psychological Association keeps registers for the other fields in psychology. For the field of work and organization, there are procedures that lead to registrations as *psychologist-trainer-NIP, work and health psychologist-NIP,* and *psychologist-NIP for occupational choice and career guidance.* For the field of developmental psychology, this association offers registrations as *psychologist for children and youth-NIP* and *specialized psychologist for children and youth-NIP.*

All the individual registrations of the Dutch Psychological Association are valid for a period of seven years. Persons with such a registration should enhance their professional knowledge and skills in the same manner as the health-care psychologists in order to have their registration renewed after that period.

RECENT DEVELOPMENTS

One recent development in Dutch psychology programs is based on the general desire to expand the one-year master's programs by another year. Of course, this aspiration finds its roots in the general structure of psychology programs in Europe leading to the European Diploma in Psychology (EFPA, 2005). It is also based on the Bologna agreement among the European Ministers of Education. The main goals of this agreement are to reach international comparability of educational programs and to enhance the possibilities for international exchange of students. So, both the Dutch Psychological Association and the Chamber of Psychology are of the opinion that such a prolongation is needed for the programs to be internationally comparable with programs and titles delivered in most other European countries. The struggle about this issue with the Ministry of Education, Culture, and Sciences started in 2001. However, although agreement has been reached among the directors of education of the psychology programs about the desirability of two-year master's programs for the fields in psychology, unfortunately, not all of them have received support from the executive boards at their universities. Therefore, a number of them agreed to restrict their official application for extension of the master's program to the field of clinical and health psychology. Several other universities, however, have applied for extension of the psychology specializations in all master's programs they offer (e.g., in work and organizational psychology, and in educational and developmental psychology).

As a consequence, NVAO (which has to assess the applications for accreditation) has appointed a committee to give advice upon the necessity to expand the curriculum in all fields. Recently, this committee has argued that they regard prolongation of the master's in clinical and health psychology as inevitable. For the other fields in psychology, they consider the arguments for the necessity of a two-year master's program not yet

sufficient. Their opinion is strongly influenced by the fact that four-year programs have existed since 1982, and have been sufficient. In the field of clinical and health psychology, however, the situation has changed over the years; students have to meet so many requirements that a four-year program is too short. So, in the near future, there will be two-year selective master's programs for future researchers and for clinical and healthcare psychologists (also for those in clinical developmental psychology or clinical neuropsychology), with chances that other extended programs may be developed in different fields of applied psychology.

The second development in the Netherlands is presented below. For five years, one institution of higher vocational education (HBO) has offered a nonscientific program in applied psychology. Recently, three institutions of higher vocational education submitted an application for a four-year professional bachelor's program to NVAO (also on applied psychology). The Dutch Psychological Association and the Chamber of Psychologists have presented negative opinions of these plans, mainly because they consider psychology a scientific discipline. In their opinion, applied psychology needs to be based on science. Such an attitude is not the main focus in institutions for higher vocational education. In spite of these fundamental objections, the committee appointed by NVAO has given positive advice on the first three applications. As a consequence, bachelor's programs in applied psychology will be offered for the first time at these institutions in 2007. The main difference in the university bachelor's programs with regard to the content is that the first programs are fully focused on the application of psychology, not on the development of an academic attitude and methodological and research skills. However, the length of these bachelor's programs is four years, since students are admitted who have reached a lower level of secondary education than those who enter university. The difference between university bachelor's programs and HBO programs is substantial, especially with regard to scientific training. The HBO does not offer master's programs. Admission to a university master's program with a bachelor's of applied psychology offered by an HBO is usually only possible after extra years of study focusing mainly on scientific training.

A third development is the recent development of graduate schools. The universities are trying to integrate their two-year research master's programs with the four-year PhD programs and to formalize graduate schools where future researchers will have their own curriculum including lectures, seminars, classes, and research.

EVALUATION

In this final section, we evaluate the process of quality assessment of psychology programs in the Netherlands, the arrangements for

individual registration, and recent developments. It is clear that the process of quality assessment and accreditation is a time- and money-consuming affair. The formation of a committee, the composition of self-evaluation reports, and the visits themselves take at least two years altogether. In our opinion, there is considerable bureaucracy involved in this process. This is caused by the fact that at least seven different parties are involved in the process: (1) the department of psychology itself; (2) the dean of the faculty to which the department belongs; (3) the executive board of the university; (4) the Chamber of Psychology; (5) the association that has to coordinate the visitation, for example, the QANU; (6) the accreditation organization, NVAO; and (7) the Ministry of Education, Culture, and Sciences. An estimation of the total costs for personnel and procedures is difficult to present, but it may add up to two full-time equivalents per year in the period of accreditation. One may seriously question whether these costs are in balance with the results.

As for individual registrations, our evaluation of the Dutch situation is more positive. In our view, there is a broad range of registrations for the different fields of psychology. These are all directed at the maintenance and improvement of the quality of the individual professionals. The Law for Professions of Individual Health Care especially regulates entrance into the register of health-care psychologists and prevents quackery or fraud within the society.

Finally, as for the recent developments, a number of comments have to be made. First, it may be considered a victory that NVAO will accredit two-year master's programs in clinical and health psychology. For this field, the goals of the Bologna agreement seem to have been reached. However, in the same vein, it may be considered a loss that the committee that has recently given advice to NVAO doubts the necessity for two-year master's programs in other fields of psychology. With respect to these programs, the Netherlands may have difficulties, since they will not deliver psychology graduates who meet the international requirements; for instance, these graduates' education will not be sufficient for the European Diploma in Psychology. Moreover, these programs will not be attractive to students from other European countries. So, the second goal of the Bologna agreement—to enhance international mobility among students—will not be realized.

Second, the recent accreditation of bachelor's of psychology programs at schools for higher vocational education has to be considered with several reservations. An initial problem is that the quality of the profession may be affected, because the entrance level of students at these schools is lower than at the universities. A second problem is that it is still unclear how the market will respond when people can choose between psychologists with a "3 + 2" or "3 + 1" university master's degree and a four-year bachelor's degree acquired at the level of higher

vocational education. It will be a challenge for the Dutch Psychological Association to find solutions for these problems. A final problem that certainly will come up is that four-year bachelor's graduates with an education at the higher vocational level will strive to enter master's programs at the university level. Here, cooperation between the persons who are responsible for the university psychology programs and the programs at higher vocational schools will be necessary.

CONCLUSION

As in the United Kingdom, professional psychologists in the Netherlands work under a system with a high degree of accountability. However, the system that is used for accreditation of study programs at the universities seems to be more complex, and the role of the Dutch Psychological Association more restricted, in comparison with the role of the British Psychological Society. Positive in comparison to the UK system is the legislative basis for the title of "health care psychologist." Nearly half of Dutch psychologists work in this field.

The recent developments described above will need careful attention in the future. Nevertheless, in our view, professional psychology in the Netherlands is characterized by high standards, and the professional association with the universities helps to ensure that psychologists are and remain sufficiently qualified to deal with often complex and delicate human problems. A final aspect to be mentioned in this respect is that psychologists who are members of the Dutch Psychological Association should behave in accordance with the (recently revised) Ethical Code (Beroepscode NIP, 2006).

REFERENCES

Dublin Descriptors as used in the Framework for Qualifications of EHEA compared to the descriptors as used in the EU Commission staff working document "Towards a European Qualifications Framework for Lifelong Learning." (n.d.). Retrieved March 26, 2007, from http://bologna.hrdc.bg/pdf/sem/01_06/supporting/DUBLIN%20DESCRIPTORS.pdf.

European Federation of Psychologists Associations. (2005). *The European Diploma in Psychology.* Brussels: Author.

Nederlands Instituut van Psychologen. (2006). *Beroepscode NIP* [Ethical code NIP]. Amsterdam: Author.

Quality Assurance Netherlands Universities. (2004). *Beknopte instructies voor het schrijven van een zelfevaluatierapport, basiskwaliteit* [Short instructions on how to write a self-evaluation report, basic quality]. Utrecht: Author.

RIBIZ. (n.d.). Retrieved March 26, 2007, from http://www.ribiz.nl/.

Vereniging van Samenwerkende Nederlandse Universiteiten. (2001). *Onderwijsvisitatie psychologie* [Visitation of psychology programs]. Utrecht: Author.

8

The Regulation of Psychology in Australia

Trevor Waring

THE HISTORY OF PSYCHOLOGY IN AUSTRALIA

Recent archaeological discoveries point to the first people arriving in Australia around 45,000 to 60,000 years ago. The evidence suggests that humans left Africa around 65,000 years ago and moved rapidly around the coast of India and down to Australia. However, only in relatively recent times did Europeans colonize the country. Indeed, it wasn't until the late eighteenth century that the British established (largely penal) colonies in New South Wales, particularly around Sydney and later at other eastern locations within the continent.

In the 220 years since its colonization, Australia has developed into a modern Western country with a thriving economy, stable government, and high standard of living, despite a relatively small population of some 20 million people in a land mass almost the size of the United States. The vast majority of these 20 million live on the narrow coastal strip running down the eastern side of the country, with additional, smaller population centers in the southern, western, and northwest capital cities. The economy's backbone consists of mineral and rural exports, particularly coal, iron ore, wool, beef, and grain, to name just a few of the main commercial commodities that form the foundation of the nation's wealth.

While not without its own internal problems (which pale into insignificance when compared with those of many other troubled areas of the world), Australians generally enjoy a climate and standard of living comparable to the best in the developed world. Despite this, and in concert with other developed countries, problems associated with mental health, drug and alcohol use, interpersonal relationship and family breakdown, isolation, trauma, and so on present a continuing challenge to the health and welfare sector as it tries to ensure that all people benefit from the opportunities offered by living in such an advanced society. One of the greatest challenges continues to be the mental and physical health of the indigenous population.

The formal history of psychology in Australia extends back more than 60 years, to a small meeting that took place in Sydney in 1944 regarding

formation of the Australian Branch of the British Psychological Society (Cooke, 2000). It was another 20 years before an independent society of psychologists was formed in Australia. In spite of these small beginnings, by 2006, Australia had 25,000 registered psychologists practicing in a wide variety of fields throughout the country. There has also been an equivalent, rapid development in the education and training of psychologists. In the early 1900s, psychology was taught in Australian universities as part of a program in "mental philosophy." It wasn't until 1925 that the first three-year psychology curriculum was offered at the University of Sydney. By the start of the Second World War, a psychology sequence was also available at the University of Western Australia. However, few graduates would have referred to themselves as psychologists, despite interest by the armed forces in securing their services in testing for selection purposes. This need drew more than 1,000 people claiming psychological training and skills, but most had little real education in psychology, and, on closer questioning, only a bare handful could lay claim to three or more years of training (Cook, 2000).

ESTABLISHING STANDARDS FOR TRAINING AND PRACTICE

Toward the end of the war, the collection of academic and practicing psychologists that formed the Australian Branch of the British Psychological Society was also the very group that, in the mid-1960s, was instrumental in establishing the Australian Psychological Society (APS). The APS is the main professional association of psychology as both a discipline and a profession in Australia. Membership growth of the APS has been phenomenal. In the mid-1960s, membership was around the 1,000 mark. In 2006, the APS boasted some 16,000 members meeting its membership requirements; accepting its code of conduct; subscribing to its professional journals; and supporting its social welfare interests, professional development programs, political lobbying, professional support initiatives, and academic standards. Indeed, it was the APS that held the de facto position of "regulator" of psychological practice until the regulation of psychological practice became legislated in all Australian states and territories, and this was not finalized until the last of the territories, the Australian Capital Territory, enacted legislation in 1995. The Northern Territory enacted legislation in 1986.

As the de facto regulator of psychology and psychological practice in Australia, the APS had three main roles. The first was to establish and monitor educational standards in Australian universities teaching psychology as either a discipline or a profession. The second was to indirectly determine who could be employed as a psychologist, and the third was to provide an avenue of complaint for those who felt aggrieved by the actions of one of its members. These rules came about largely because the major employers of psychologists, until the last 15 years or

so, were government departments ranging across health, education, welfare, justice and corrections, and the armed forces. Almost invariably, government advertisements for vacancies would stipulate "membership or eligible for membership of the Australian Psychological Society." Thus, applicants would only be included in short lists if they were able to convince selectors that they had attained educational standards set by the APS. Until 2000, this standard was set as a four-year sequence in psychology taught at a university whose program had been accredited on a five-year cycle by the APS. Since 2000, the minimum educational standard has been a six-year approved program, raising anomalies with the various state and territory regulating bodies. Coupled with its "default" role of monitoring standards of education and training was a disciplinary role, where lack of compliance with an established code of conduct could lead to censure, suspension, or even expulsion from the Society, which in turn could have serious implications for one's employment and future career.

The primary minimum standard for educating psychologists in Australia had, until recent times, rested with the APS. In general terms, the procedure for ensuring that one's university program was accredited with the APS involved a team of experienced academic psychologists from relevant specialties or areas of work being invited to survey the programs offered, academic staffing levels, library and laboratory resources, and so forth, with the aim of satisfying APS standards for accreditation and thus ensuring graduates would be acceptable to employers. That is, they would be eligible for membership in the APS, having graduated from an APS-approved program, and therefore would be competitive in the employment field. After all, what student would study at a university whose psychology program was not APS accredited and risk being ineligible for employment? Failure to gain APS accreditation would result in no students, and eventually no psychology department. It was partly this situation that motivated universities to maintain standards acceptable to what was deemed minimum by the national professional body.

By voluntarily conducting this quality audit of standards, the APS was able to ensure maximum compliance in a largely deregulated profession where, in many parts of the country, all that was required to practice as a psychologist (preregistration) was the price of a brass plaque. Indeed, in one of the territories, this was possible until recently. The coming of state and territory government regulation in the practice of psychology in Australia shifted the balance of responsibility for quality and disciplinary action away from the national professional society. As a result, the risk arose of diluting quality assurance with the establishment of differing standards from state to state, dissolving the benefit of a national commitment to a singular model of education and training under the guidance of the APS, according to which a psychologist in the

state of New South Wales would be a psychologist in Western Australia, some 3,000 miles away, the same as he or she would be in Victoria, Queensland, or any other state or territory in the country.

The history of regulation of psychology in Australia has ties to the establishment of the Commonwealth with the Act of Federation in 1901. Under this arrangement, certain powers were ceded to the Commonwealth at the same time as the sovereignty of the individual states and territories was protected. This (by and large) means that each state and territory (there are six states and two territories) enacts its own legislation dealing with, among the usual laws, such issues as the registration of a profession if it is deemed warranted that a profession be regulated. This act could have meant significant differences between the states and territories, which would have posed little problem in that individual states and territories would protect their own standards, with those wishing to migrate into a different jurisdiction having to comply with local registration requirements. However, federal (national) legislation was enacted nullifying a state's or territory's right to such local controls. The legislation is titled the *Mutual Recognition Act, 1992,* and dictates that the states and territories must recognize those who have been registered professionals in a state or territory other than the one in which they intend to practice. (In 1997, similar legislation extended to New Zealand was titled *The Trans Tasman Mutual Recognition Act*.) Thus, one could register in the state or territory with the lowest demands in terms of education and training and practice in any other jurisdiction. Moreover, each state and territory had slightly different criteria for what constituted satisfactory professional conduct and professional misconduct. Each registration board was aware of these problems and was keen to find a national solution.

It wasn't until 1965 that the Victorian State Government passed the first Psychological Practices Act. This action was the result of a recommendation coming from a Board of Inquiry into Scientology and reporting to the government in late 1965. The bill was passed within a few weeks of the report and largely covered the title rather than the practice of psychology, a theme carried through in all subsequent state and territory psychologists' registration acts. That is, the legislation protects the descriptive title *psychologist* and not the function, which would have led to untenable, multiple descriptors of activities deemed to be the sole domain of a psychologist. It was another 10 years before a second state (South Australia) enacted legislation to protect the title *psychologist,* and an additional 15 years before New South Wales (Australia's most populated state) followed. As mentioned above, the final territory to legislate was the Australian Capital Territory (the home of the federal government), whose legislation came into being in 1995.

Prior to the registration of psychologists in Australia, maximum censure, as a result of a positive finding by the APS following a complaint,

was expulsion from the Society. Unfortunately, this outcome provided limited protection for the public, as the guilty professional could simply forfeit membership in the APS and continue to practice at will. Indeed, given that membership in the APS was not mandatory, the APS had no jurisdiction over nonmembers. Serial incompetents were of little mind to join a society likely to censure their practices and, after all, job opportunities were open to those eligible for membership, not only members.

COORDINATING QUALITY ASSURANCE ACROSS STATES AND TERRITORIES

With the eventuality of registration in all states and territories, a significant shift occurred, with each registration board now having legal responsibilities and powers to determine educational standards and professional standards of practice. With these powers and responsibilities came the obligation to pursue complaints by way of investigation and, in many cases, prosecution and determination of penalty. In contrast to nonmandatory membership in the professional society (APS), whose powers extended only to its membership and were limited to the ultimate censure of expulsion, mandatory registration resulted in the regulator having the ultimate power of excluding an individual from professional practice.

Each independent registration board was required to establish a code of conduct coupled with its other responsibilities of educational standards, training requirements, and disciplinary procedures. Thus, added to the existing APS Code and procedures were eight sets of codes and procedures covering the practice of psychology in a country with a relatively small population. For some time, any member of the public feeling disaffected by a psychologist's behavior could have turned only to the APS, but now he or she had the option of complaining to the APS or a state or territory registration board or, in many cases, to both. Having two bodies investigate and hear a complaint was both inefficient and unfair to the respondent. Solutions to these dilemmas and the potential problems of multiple systems, standards, and codes of conduct needed to be found to avoid the obvious potential for confusion and disharmony within the profession.

To address the problem of diffusion of standards and protocols across the nation, the various board presidents and their respective registrars began to meet annually in an informal manner for the purpose of exchanging information and ideas. The group met in a different state or territory each year and quickly recognized the benefits of information exchange relevant to the interpretation of the different legislations. In 1995, a conference was held in Perth, Western Australia. This conference decided to investigate ways in which a national body could be formed to take conference decisions forward, particularly where a decision

would coordinate national issues. By 1996, the Trans Tasman Bureau of Psychologists Registration Boards (the TTBP) was established. The title "Trans Tasman" was adopted to include New Zealand psychologists who had been developing their interest in formal regulation almost concurrently with their Australian neighbors. As in Australia, a branch of the British Psychological Society had been formed in New Zealand in 1947, with an independent Society established in 1967 and formal registration legislation enacted in 1981.

The TTBP was not a legally incorporated body and operated relatively informally as the national body through which all Australian Boards and, later, the New Zealand Board organized the annual conference and coordinated national issues. The TTBP continued in this informal fashion until it became clear that the body was legally vulnerable to litigation and other risks. By this stage, the TTBP was financially supported by a national levy, agreed to by the TTBP members, of a small amount per registered psychologist. Collecting and spending these funds had no legal basis aside from the goodwill of the member boards. In 2002, the conference agreed to investigate an appropriate, incorporated model to address these shortcomings in an organization that was fast becoming a very significant body within the Australian community of psychologists.

An example of the growing influence of the registration boards involved the question of educational standards and course accreditation. As mentioned above, until the existence of the registration boards, the APS controlled the way in which university programs would develop if they wished to have their graduates recognized and employed. With the advent of the regulators, compliance with their standards was the only compliance that was mandatory. Thus, if a university wished, they could attract students to a program that perhaps did not meet APS standards but did meet a particular registration board standard. Their students would be able to legally practice, if not become members of the APS. Indeed, in the competitive tertiary education market, some universities did bypass the APS and approach a state registration board. At least one such course not endorsed by the APS was accredited.

RECENT DEVELOPMENTS IN ORGANIZATIONAL COOPERATION

In early 2003, the TTBP was dissolved and a new incorporated body encompassing all registration boards was formed: the Council of Psychologists Registration Boards (Australasia) Inc. (CPRB). It is important to note that the existence of the CPRB depended purely on the cooperative goodwill of the various jurisdictions. While none were bound legally to the incorporated body, each recognized the benefits that a united and common approach to education, training, and registration requirements would bring. Additionally, a united presentation of the

profession to the national public provided a message of comfort that the meaning of the professional title *psychologist* was common throughout the country, as were standards of education, training, and codes of ethical behavior.

The CPRB stated as its purpose "the consideration of matters of joint or common concern or interest to the various Psychologists Registration Boards in Australia and New Zealand" (CPRB Rules of Incorporation, 2003). There are 11 basic objectives contained in the incorporation document:

1. to implement decisions resolved at the Trans Tasman Conference of Psychologists Registration Boards;
2. to coordinate the preparation of the agenda for the Trans Tasman Conference of Psychologists Registration Boards;
3. to report at least annually to members at the Trans Tasman Conference of Psychologists Registration Boards;
4. to identify matters that impact on, or are relevant to statutory regulation of, psychologists;
5. to provide a forum for discussion and exchange of information relevant to the purposes of the Boards, including consideration of co-coordinated approaches to legislative and statutory provisions administered by the Boards, provided always that in the pursuit of this objective, the Council will act only in an advisory capacity toward the Boards;
6. to arrange assessments of the qualification of overseas, qualified psychologists for registration consistent with the legislative requirements of the individual Boards and the Trans Tasman Mutual Recognition agreement between Australia and New Zealand;
7. to establish consultative mechanisms with key stakeholders to assist in the achievement of the purposes and objectives of the Council;
8. to foster cooperation with, consult with, and provide advice to government bodies, professional and other organizations, and international psychologists' regulatory authorities;
9. to collect and distribute information to boards and other relevant professional bodies and government agencies;
10. to provide a central point of communication and reference for boards and other relevant professional bodies and government agencies; and
11. to apply a continuous quality-improvement approach to its activities.

Providing a focal point where individual boards could participate in a show-and-tell exercise ensured a common national view of the world of psychology regulation without transgressing the sovereignty of the

state and territory legislation. This occurred though expressed agreement to cooperate for the good of both the profession and the public. Governments and other official bodies now had a single body when dealing with registration boards across the country—the next best thing to a national registration structure, although, by 2006, this was well and truly in the mind of the national government.

Membership of the CPRB consists of one member of each of the state or territory boards, plus New Zealand's representative and the registrar or the responsible administrator of each board. The executive is elected at the annual conference and holds office for two years. At this conference, the annual levy is decided on to support the budget set for the following year, along with any national policy-setting or program intentions. With 12 months' notice, any state or territory board can withdraw from the Council.

National policy can be set by the CPRB, but again it should be emphasized that no jurisdiction is bound by any policy save for their expressed commitment to the principles of the national cooperation enunciated above. A current example of this cooperative approach can be found in the decision of the Council to lobby respective governments to invoke legislation to raise necessary qualifications required for registration as a psychologist in Australia, coming more into line with most of the developed world. As has been previously noted, the requirement for registration is a four-year degree from an accredited program from a recognized university or higher education facility, plus a two-year structured internship or a recognized postgraduate degree in place of the internship. Recognized postgraduate degrees have built into their program the required supervised clinical/experiential experience. This is in contrast to the APS requirement for full membership of a six-year, full-time university sequence in psychology. Thus, membership in the national professional body requires a higher level of university training than is required for registration to practice. This anomaly was recognized by all Australian Registration Boards and led to their 2006 decision to lobby government to move the basic level of education to six years. Early government resistance on the grounds that increasing educational requirements could reduce the available workforce is being addressed.

An alternative might have been for one jurisdiction to increase its required level of training for registration, hoping others would follow. However, this would undoubtedly also lead to the problem cited previously of applicants for registration seeking the jurisdiction with the lowest requirements and utilizing the "mutual recognition legislation" to choose where they might then practice. Hence, CPRB decided to encourage individual boards to lobby their respective governments simultaneously. After all, the legislation belonged to the government and not the profession, leaving open the possibility that a particular government, for reasons such as a workforce supply argument, could

lower standards of training and education, creating a pocket of professionals with substandard qualifications who could return to their home state to practice, with potential for perilous community outcomes.

As it turned out, in early 2006, the Council of Australian Governments agreed that a national professional registration scheme for health practitioners would be established by July 2008. Thus, by this date, a single cross-profession national registration board would assume responsibility for a consolidated national health-practitioner registration scheme allowing a state and territory presence to manage disciplinary matters under a national code. As a result of this development, which was welcomed by the vast majority, the CPRB has focused its campaign on the need for more advanced education and training for psychologists.

CURRENT MECHANISMS OF EVALUATION

The principle professional body (the APS) and the coordinating council of registration authorities (the CPRB) now existed alongside each other, creating a need to discover ways in which the administration of the profession could be developed to ensure coordination and cooperation between these two leading influences on psychology in Australia. This was particularly important in relation to education and training standards and disciplinary matters. It was commonly argued that the emphasis on educational programs within universities being accredited by the APS accreditation teams was "too academic" and that training standards were not a priority, with the latter left to the employer or postgraduate programs. As the professional or applied component of the discipline was developing, a call for greater emphasis on professional skill development at the undergraduate level was asserted by practitioners employing junior colleagues—employers who often found themselves in a de facto training role for relatively untrained graduates.

Strong arguments were posed that members of other professions, such as social work, occupational therapy, physiotherapy, and speech pathology, could not only be trained and educated in a shorter period than psychologists but were independently practicing at graduation, while psychologists were seen to have knowledge but not skills and were therefore less employable. The counterargument posed by some in the psychology profession—that psychologists took longer to educate and train because of the need for a higher degree of sophistication—was not well received, particularly when compared with medical practitioners who were educated and trained in Australia over an initial five-year period.

A variety of discussions continue, aimed at considering available pathways to professional competence for psychologists. Psychology is both a discipline and a profession, unlike other allied health professions. For example, a student commencing in physiotherapy will most

likely be a practitioner upon graduation; no such assumption can be made for a student studying in an Australian first-year psychology class. Considerations to address this situation have ranged from developing professional curricula for those not studying as a component part of another degree to viewing the education and training of professional psychologists as a double degree, where professional training would occur in a second three-year period.

Whatever the case, graduates of four-year psychology degrees gaining provisional registration need to acquire certain competencies over the two-year period of their provisional registration, including assessment, diagnostic, research, and intervention skills as well as basic competencies in such areas as counseling, ethics, and professional development.

CHALLENGES TO STANDARDS

As both the profession and academia were considering the future of psychology, employers and practitioners were either employing other professions or creating a hybrid to be known as a *mental health worker.* Mental health workers were made up of those with generic behavioral training and educational backgrounds and were invariably cheaper to employ despite their lack of specialized knowledge. Continuation of this health management practice could well have seen a serious contraction of the profession, if not its demise in the health sector.

Some universities responded to this threat to the employment prospects of its graduates, and therefore its programs, by enhancing the applied component of their core courses. In so doing, some areas had to be sacrificed, and the fear of many was that this would be at the expense of the academic integrity of the discipline and, indeed, the profession. In controlling any such drift of the psychology programs endorsed by APS, greater focus on discipline-specific subjects was applied to programs seeking APS accreditation. This was not always welcomed by those developing programs to attract students in a very competitive higher education sector, leading them, as mentioned before, to consider bypassing the APS accreditation program and going directly to registration boards who had authority to approve such programs for registration purposes. Some had suggested that the newly created CPRB form an alternative "course accreditation structure" more in keeping with industry demand for useful graduating practitioners.

If any of the registration boards had acceded to individual institutional approaches to have their courses accredited at a state level bypassing the long-established APS accreditation program, the entire quality and standards of the profession would have been at risk. It could have then been dictated by the local decisions of a state or territory board, undermining any semblance of a national approach to quality

control. And as these things seem to do, the lowest common denominator would emerge as the national standard, because any jurisdiction retaining a higher standard for registration would see applicants take advantage of the mutual recognition laws, gaining registration in the state or territory with the lowest requirements and returning to practice in their chosen location.

For the CPRB to establish a separate accreditation program, a significant increase in funding would have been required. The CPRB did not have the expertise to carry out such an auditing program, and appropriate experts would have to have been engaged. Ironically, given the available pool of such expertise in the country, it was highly likely that the very same experts who were carrying out the APS accreditation program would have been engaged to carry out a CPRB accreditation program, albeit under new management. There were a number of difficulties with such an action, not least of which would have been a significant rise in costs, as the APS program involves releasing staff from their university duties. Each university would, usually on a five-year cycle, benefit from such an arrangement. If the CPRB were to undertake activities associated with surveying and accrediting university-based psychology education and training, it would have had to do so at cost-recovery rates in an unfriendly commercial world.

The additional issue of whether the APS would accept an independent reviewer's recommendation of courses likely to meet their membership requirements was also a moot point. Already registration requirements across the country did not meet the requirements for full membership in the APS, and the concept of the country's major professional body for psychologists relinquishing control over their membership criteria was not tenable. Any tension between the two bodies needed resolution. On the one hand, the CPRB had legislative powers; on the other hand, the APS had expertise, tradition, and the power of its considerable membership. The third player in the scenario was, of course, the higher education providers, who would be the ones to enact the standards. They, too, needed to protect their academic independence and integrity if they were not to be viewed as simply providing a workforce for the nation, and not the scientists and scholars of the profession that they valued as their past and future roles.

CURRENT PSYCHOLOGIST REGISTRATION STANDARDS

Following extensive discussions between all the stakeholders, an agreement came into being in 2005 that met the needs of the various parties involved. To the credit of all, the atmosphere of the deliberations was not the gaining or losing of power but rather the good of the profession at a national level; again, a spirit of reconciliation regarding what might have been viewed as competing needs became a search for a cooperative

solution. The heads of departments of psychology in Australian universities had always met as an ad hoc group under the acronym of HODSPA (Heads of Departments and Schools of Psychological Association). There are around 40 universities and recognized higher education authorities teaching psychology in Australia. Although the group has no legal standing, it is a group with common interests and a need for information exchange surrounding issues to do with higher education in psychology and the preservation of basic standards within the discipline. Obviously, HODSPA had a very real and obvious interest in the discussions surrounding matters to do with course accreditation, but it labored under its lack of formal status and its inability to enter into agreements on behalf of its multitude of independent university delegates. Nonetheless, both the APS and the CPRB were eager for HODSPA to become involved in the preliminary discussions and decision making as, after all, its members were the ones to implement decisions. More importantly, HODSPA was committed to ensuring academic standards were not compromised by decisions made by others seeking to solve the problems of educating and training the Australian psychology workforce.

The agreed-upon solution was the formation of a limited company to be known as the Australian Psychology Accreditation Council (APAC) Ltd. The company would be controlled by a board of directors drawn from the APS and the CPRB, with HODSPA having observer status at all meetings. The broad objective of the company was to assess and improve the minimum qualifications from recognized schools of psychology for the purpose of registration of a person as a psychologist in Australia. The agreement was first ratified by each of the parties, which meant in the case of the CPRB that each state and territory needed to gain the approval of its respective board. The member's agreement was signed on December 2, 2005, and then APAC, and not the APS, became responsible for the accreditation of programs recognized both for registration and membership in the APS.

APAC's directors are drawn equally from the APS and the CPRB. Three directors from each organization, with the chair rotating every two years, saw the implementation of a new cooperative approach between the registration authorities and the profession to the management of standards within Australia for the education, training, and practice of psychology. Funding for the program is shared between the two organizations. Previously, the registration boards had relied on APS advice as to which programs suitably qualified individuals for registration, thus effectively obtaining free information at the expense of the APS. This reliance had saved them a considerable amount of money. Indeed, had the APS taken some form of legal control over the information and restricted its use commercially, these costs would have had to be accommodated in raised annual registration fees. It was only fair that the new costs incurred by APAC would now be shared.

The objectives of the company are the following:

1. provide a collaborative, coordinating body with representatives from the CPRB and the APS to develop standards of education for the training and registration of psychologists throughout Australia, with such standards to be referred to the parent bodies for ratification;
2. set the standards and implement the accreditation process in consultation with HODSPA in order to maintain a register of accredited programs;
3. agree on a framework, within which such a national accreditation body will operate and such accreditation will take place;
4. ensure that the accreditation process adopted
   i. is open to external scrutiny,
   ii. is conducted in a consultative and consensus-building fashion,
   iii. is collegial, and
   iv. balances academic priorities with those of the regulating authorities and the profession;
5. ensure that it has the agreement of its constituent bodies and the means to implement the course accreditation decisions;
6. provide advice to Australian governments and statutory authorities about the training and practical requirements that need to be met by overseas persons who wish to become registered psychologists in Australia;
7. seek to resolve situations where CPRB and APS views about course accreditation are in conflict;
8. review standards of supervision for trainee psychologists seeking state or territory registration; and
9. consult and liaise with other relevant bodies (APAC Constitution, 2005).

It needs to be explained again that the whole operation of APAC and the CPRB exists by way of a signed agreement that is not binding on any party wishing to move independently on a particular program within its sovereign state or territory. Thus a state could choose to ignore APAC advice on a particular program and either recognize or not recognize it. This would undermine the spirit of the agreement and cause it to be unworkable. One imagines that if such a scenario were to unfold, great pressure would be applied at multiple levels, not the least of which would be political given the political ownership of the regulating body in each jurisdiction. Such an eventuality is not foreseen in even the long-term future.

In working terms, APAC ensures that a particular university's programs are reviewed every five years. A survey team working to a pre-programmed schedule is invited to visit a given university for the purpose of assessing its undergraduate and postgraduate courses

against APAC-determined national standards. The cost of the assessment is borne partly by the university and partly by APAC. The survey team is largely made up of the Program Development and Accreditation Advisory Group (PDAAG) that operates within the Directorate of Training and Standards of the APS to monitor program development and accreditation in Australian universities. This advisory group provides direct advice to the director and through him or her to APAC. A nominated member from the relevant registration board is also a member of the site visit team.

Of critical importance to the accreditation process is the definition of the body being surveyed or reviewed. To cover the various titles given to psychology teaching bodies within universities, APAC adopts the term *Academic Organisational Unit* (AOU) to refer to

> a department or school or other separately identifiable academic organisational unit with the Head of the unit having resource responsibility for that unit. In each institution offering accredited psychology programmes, there should be a psychology AOU which is regarded as the core AOU capable of offering undergraduate and postgraduate programs in psychology. The psychology AOU would be expected to contain the name 'psychology' in its title and it is the position of APAC to recognise only one such AOU per institution. (APAC Standards, 2007)

The accreditation process considers submitted documentation and evidence from the site visit to the applying institution, along with any response to concerns expressed by the site team. The five-year cycle commences with APAC contacting the AOU in October of the preceding year, requesting full documentation and information on course offerings by March of the next year. The actual audit visit takes place during the following June–August period. Multiple copies of all information are supplied along with attachments covering the offered program details, staffing details, test library holdings, general library holdings, academic staff commitments, and particular details required by the Standards.

The site visiting team consists of at least two PDAAG members, a member of the registration board in which the AOU operates, and a member of any APS specialist college where the AOU offers a postgraduate program of specialization in the college's area of specialization. The visit usually runs for two or three days and includes contact with the university's vice-chancellor and president, who sign the AOU submission. Team members audit the facility in accord with its submitted documents and consider examples of student work at both undergraduate and postgraduate levels. The team then prepares a report and draft recommendations for initial comment by the AOU. The final report is submitted to the APS Director of Training and Standards for final submission to APAC.

APAC may grant any of a number of categories of accreditation following the recommendations of the site visit team and the Director of

Training and Standards. These can range from full accreditation of the AOU through accreditation of specified programs to any number of provisions of conditional accreditation or even failure to be accredited or withdrawal of previous accreditation. Should a program fail to meet standards, action is taken to remediate the program, with student welfare taking highest priority, to enable all students enrolled to avoid any adverse consequences.

APAC considers the structure of an AOU. Aside from having the term *psychology* in its title, it must have a senior, identifiable psychologist head at professor level with, among other qualifications, publications in refereed journals. The AOU should also have a core of academic psychologists able to offer three-year undergraduate degrees, honors years, an array of postgraduate degree programs by research and coursework, and an environment of research and scholarship in the science of psychology. An AOU offering only professional training would not be recognized by APAC.

Degree nomenclature is also monitored and controlled. Three-year undergraduate degrees must lead to a generic degree such as a bachelor's degree in arts, science, or social science. Specialist titles such as *Bachelor of Educational Psychology* are unacceptable at this level. Each of these degrees can have an honors or fourth year, sometimes labeled a *Graduate Diploma,* say, in Psychological Science. The title *Bachelor of Psychology* is reserved for a four-year integrated-study program in psychology. Fifth and sixth years are represented as postgraduate degrees and are no less than two years of full-time equivalent study. These degrees are at the master's level and are titled most usually as a specialist degree such as *Master of Clinical Psychology* or *Master of Forensic Psychology.*

Higher degrees recognized by APAC fall into two basic categories: research degrees, leading to a PhD degree, are equivalent to any research-based doctoral degree; and DPsych or PsyD programs are largely coursework programs but contain a significant research component and are no less than the equivalent of three years of full-time study. Thus, the pathway to registration in Australia is contained within the "4 + 2" year model—that is, a four-year full-time (or equivalent part-time) sequence study in psychology plus either a two-year supervised structured internship or a recognized higher degree at the master's or doctoral level.

An area of particular interest to APAC accreditation is the level of staff servicing the programs offered at an AOU in terms of both quantity and quality. Indeed, quite specific demands are articulated to ensure that adequate academic resources are available at a standard that merits accreditation of the programs offered. The staffing profile is detailed in APAC policy, including the number of staff and the required range of seniority and experience. Obviously, the number and specialization of staff will vary depending on the programs offered. However,

to offer undergraduate and professional postgraduate programs, consideration would only be given to an AOU with 10 or more full-time or full-time-equivalent staff members. These staff members would also need to meet certain basic criteria such as holding a research-based PhD. Clearly, if an organization were offering more than one postgraduate professional program, a greater number of suitable staff would be required. Staff-to-student ratios are also examined and expected to be similar to those of other science-based university programs.

PREPARATION AT THE UNDERGRADUATE LEVEL AND GRADUATE LEVEL

In terms of program content, APAC approves three-year sequences that provide students with a thorough education in the scientific discipline of psychology, with a possible introduction to the application of the discipline. The first year of the program is required to have a minimum of 25% psychology courses, increasing to two-thirds by year three. APAC expects this three-year program to offer at least a solid introductory grounding in the following core topic areas: (a) abnormal psychology; (b) biological basis of behavior; (c) cognition, information processing, and language; (d) individual differences in capacity and behavior, testing and assessment, and personality; (e) learning; (f) lifespan developmental psychology; (f) motivation and emotion; (g) perception; (h) social psychology; (i) history and philosophy of psychology; (j) intercultural diversity and indigenous psychology; (k) research and professional ethics; (l) legislative frameworks including privacy and human rights; (m) consumer and career participation in psychological care; (n) psychology, society, and the workplace/influencing systems; and (o) research design, methods, and analysis.

The three-year program expects that students will be given the opportunity for formal practical work, not all of which will be laboratory based, and that student assessment methods will utilize the common methods of essays, coursework submissions, laboratory reports, and formal examinations.

Fourth-year programs are of particular interest to APAC as they form the foundations for those intending to go on in the profession either by the pursuit of higher research degrees or by way of advanced professional training degrees. The fourth year, which is taken as either an honors degree or graduate diploma, accepts only those who have secured advanced results in their previous three years of psychological study. During this year, students, in addition to more advanced coursework, must undertake a substantial research project that is reflected in no less than one-third of their final-year grading. The report is written up in APA format, contains a substantial literature review, and is between 9,000 and 15,000 words in length. Many of these research undertakings find their way into refereed journals and are frequently developed into a successful PhD thesis.

Most Australian universities with an AOU in psychology also offer professional master's degrees requiring full-time fifth and sixth years. Successful completion of such a degree qualifies the graduate for associate-level entry into a relevant APS Specialist College such as Clinical, Organisational, Forensic, Educational, Health, or Counseling. As a consequence, the Colleges have a particular interest in such postgraduate degrees and have a member of their respective College present at each APAC AOU review. Acceptance into a master's program requires a high-level honors result in the student's fourth year, acceptable referee's reports, and, most often, participation in a structured interview. Positions in master's programs are highly competitive.

Australian master's programs provide both a theoretical and a practical approach to the professional practice of psychology, with APAC insisting on no greater than a 1:6 staff-to-student ratio. The content of these programs is spread across coursework, research, and practical placement. Coursework loading must fall somewhere between 40% and 50% of the two-year full-time program, with research accounting for 20% to 33% and practical placement for 24% to 30%. The research project is conducted in an area of relevance to the specialist degree and the supervised practical placement experience, and involves a minimum of 1,000 hours. Professional doctoral programs extend the postgraduate period of training to three years with concomitant increases in all areas, particularly in the research and placement components.

The coursework component of professional training degrees are consistent with the Australian National Practice Standards for the Mental Health Workforce and, as such, are required to again meet minimum standards in content and quality. APAC ensures that the coursework content covers the three essential categories of professional practice, practice management, and professional standards. In the category of professional practice, topics include but are not limited to (a) interview and history taking; (b) counseling; (c) consultation; (d) intercultural and ethnic issues, working with indigenous groups; (e) assessment, including theory and administration of tests; (f) planning and implementing interventions; (g) report writing; and (h) supervision.

The practice management segment covers such areas as storing and accessing psychology files, record keeping, administration, and management skills, while the professional standards component addresses such areas as planning and evaluating programs, planning and implementing research, ethics, and legal issues.

Despite the cooperative efforts of the professional association and the regulatory bodies in establishing an authoritative body to oversee the national standards governing the education, training, and appropriate registration of psychologists throughout Australia, there remains a discrepancy between the legislators and the profession. In terms of

the basic requirements for registration, governments, at this time, are content to leave the level of required university training at four years, largely for workforce supply reasons. The profession, however, since 2000, has moved to a six-year sequence in university study as a minimum. This discrepancy remains under discussion and will need to be resolved in favor of the six-year requirement if Australia is to maintain credibility with other developed nations in the recognition of its psychologist's qualifications.

To be fair, however, it is also important that comparisons be made on degree content and requirements rather than simply on the basis of nomenclature. Largely following the British system, Australian degrees carry considerable weight at a master's level against many international degrees labeled as doctorates. Until a legislative move toward the six-year requirement can be achieved, registration boards have increased the demands of the supervised two-year postgraduate pathway to include more rigorous formal training and supervision requirements. At the same time, market forces in the employment field have seen a preference for postgraduate, professionally trained personnel leading more graduates to pursue higher-degree training.

ACCOUNTABILITY FOR PRACTICE

Having been educated, trained, and registered as a psychologist in Australia, accountability for professional standards of practice falls to the various registration boards that design and implement codes of conduct endorsed by the relevant government authority in each jurisdiction. While maintaining independence, the individual boards, largely through the CPRB, have developed codes of practice that are not inconsistent with one another and that are consistent with the APS Code of Ethics, a much more detailed document. In addition to the congruence of conduct codes, the boards share information where disciplinary action has been taken against a practitioner, avoiding cross-border migration of psychologists removed from the register in a given jurisdiction and seeking to establish themselves in another.

The APS has a sophisticated Code of Ethics covering in considerable detail the more global expression of the practice of psychology, including a series of published guidelines and training scenarios, allowing individual members to consider the likely practical impact of the Code and its guidelines on situations in which they may find themselves. The Code is based on the three fundamental principles of *responsibility, competence,* and *propriety.* There then follow a number of more detailed sections addressing the areas of psychological assessment procedures, relationships with clients, the teaching of psychology, supervision and training issues, research, reporting and publication of research results, public statements and advertising, and members' relationships with professionals. In each

of these sections, a clear set of more precise details relating to ethical behavior is described.

APS guidelines have been developed over a number of years and are constantly added to and reviewed. They cover areas ranging from financial dealings to the use of hypnosis, from the use of psychological tests to so-called recovered memories, from care of suicidal patients to mandatory reporting of child abuse, from working with Aboriginals to working with minors. Both the Code of Ethics and the guidelines can be referenced at http://www.psychology.org.au.

Prior to the establishment of mandatory registration, the APS dealt with complaints against its members through its Ethics Committee, a committee process designed to facilitate the processes of natural justice and to seek fair and productive outcomes. The emphasis was not punitive but rather corrective, and generally only in the more extreme cases was the ultimate sanction of expulsion from the APS exercised. But, as alluded to earlier, this process was only open to complaints where the respondent was a member of the APS, and little could be done by the APS to prevent a person from continuing to practice after a finding of culpability. With the coming of registration came also power to investigate and impose sanctions in protection of the public that were beyond the extent of a professional society to the authority of law.

It was incumbent on the various registration boards throughout the nation to develop a code of conduct that would form a basis on which the legislative clauses could be implemented. As mentioned previously, while the state and territory codes were independent of one another, there was a congruence that eliminated significant differences, with any variations falling mainly to a question of semantics on the main themes. The codes were also consistent with the APS code in principle, although in most instances they were more general than specific.

To detail the seven codes at this juncture is unnecessary, as each can be found at its respective Web site. For illustrative purposes, a brief description of the New South Wales Code will suffice, coupled with an outline of the complaint-handling process and outcome possibilities to demonstrate the kind of system generally in place in Australia. The state of New South Wales has a population of 6.5 million people and, in 2006, around 9,000 registered psychologists. Its Registration Board is made up of nine persons representing the profession, government, academia, and members of the public. The legislation covering the registration of psychologists in New South Wales is titled the Psychologists Act 2001 No 69 and contains an express clause surrounding the establishment of a code of professional conduct satisfactory to the Minister responsible for the government department under which the legislation lies. The code is developed after wide and exhaustive consultation

with the myriad stakeholders, including the general public. It is then endorsed by the government and becomes the official document against which professional behavior is judged. However, it is also made clear within the code that the code is not the sole determinant of any question of professional conduct. The code gives voice to Section 3 of the Act with the objective "to protect the health and safety of members of the public by providing mechanisms to ensure that Psychologists are fit to practice" (Psychologists Act, 2001).

The general principles underpinning the code are fourfold:

1. Psychologists will demonstrate continuing competence in their practice of psychology that includes adequate knowledge, skill, judgment, and care.
2. Psychologists will aim to maximize benefit and do no harm in their practice of psychology.
3. Psychologists will respect the dignity and welfare of individuals and groups with whom they have professional contact.
4. Psychologists will act ethically and properly and will promote accuracy, fairness, and honesty in their practice of psychology.

Following these four principles, minimum standards are outlined in the areas of consent, confidentiality, professional relationships, and issues pertaining to personal and professional welfare.

Anyone can make a complaint to the Board about the professional practice of a particular psychologist. Anyone can also make a complaint about the professional behavior of a psychologist to the State Health Care Complaints Commission (HCCC), an independent body established by government to investigate complaints about any health-care provider. A complaint about a psychologist to either body is considered a complaint to each. The legislation covering the registration board and that controlling the HCCC have clauses that make it compulsory for each to disclose to the other any complaints received in relation to psychologists. Following consultation, a joint decision is then made as to what action will result in relation to the complaint. The stance of the organization taking the more serious view of an alleged behavior is the stance that is adopted.

A number of alternative avenues are available to the Board and the HCCC in responding to a complaint. Under the legislation, a matter may be dealt with by an established tribunal, a hearing by the Board itself, referral to a professional standards committee known as the Psychological Care Assessment Committee, or referral to an impaired practitioner panel. Each of these has as their primary objective the protection of the public, and does not aim to act as a punitive body deliberating over suitable punishments. Indeed, the only matters open to legal representation are those matters before the Tribunal where serious

complaints could result in the suspension or cancellation of a practitioner's registration.

General powers of the Board itself, in response to a finding of culpability, range from a caution to recommending to the chairperson of the tribunal that the psychologist be suspended for a period of time and include such options as reprimands, specific conditions of practice, educational directions, supervision, and counseling. The tribunal has all the powers of the Board plus, of course, the power to suspend or cancel a registration. Where a suspension or cancellation is ordered, the matter is notified to all other registration boards and the government, and is released to the wider media to avoid individuals' continuing to practice under another, similar title. Indeed, one state has introduced legislation preventing a disqualified practitioner from working in any associated health and welfare field, either privately or with government agencies. Other states are likely to follow this action.

CONCLUSION

The history of psychology and the professional practice of applied psychology as a discipline are relatively young. This is particularly so in the Australian context, where the discipline of psychology has been taught in universities for only 60 years and the actual regulation of the profession throughout the country was finally fully implemented only a decade ago. In this short time, a sophisticated method has developed of unifying the education, training, and regulation of the profession at a national level. This has been achieved to the satisfaction of the discipline, academia, profession, and government regulators; and, in late 2006, psychologists joined other medical and allied health disciplines whereby an individual can consult and be treated by a psychologist under federal government funding. Additionally, as a consequence of cooperation between the state and territory governments, 2007 saw an agreement, endorsed by the federal government, that there would be national registration of the health disciplines—psychology being one of these. Thus, in the future, national registration of psychology professionals will apply. This will mean that a registered psychologist will have national registration status and be eligible to practice in any state or territory in the country. The National Board will control standards and policy with the intention that each state and territory will process administrative and disciplinary matters through a management-committee structure.

Like other developed countries, Australia faces a range of problems likely to benefit from the intervention of psychologists but also faces workforce shortages of adequately trained professionals, a problem currently being addressed, with the comfort of the knowledge that education, training, and regulation are unified and functioning at only the highest levels of quality with nationally controlled standards.

REFERENCES

Australian Psychology Accreditation Council Ltd. *Constitution.* (2005). Retrieved April 24, 2007, from www.apac.psychology.org.au.

Australian Psychology Accreditation Council. *Standards for Accreditation of Australian Psychology Programs*. (2006, April; 2007, January). Retrieved April 24, 2007, from http://www.apac.psychology.org.au/Content.aspx?PageID=1083.

Council of Psychologists Registration Boards [Australasia] Inc. *Rules.* (2003). Retrieved April 24, 2007, from http://www.psychreg.health.nsw.gov.au/hprb/psych_web/pdf/S3RggdlnJ06.pdf.

Cooke, S. (2002). A meeting of minds: The Australian Psychological Society and Australian Psychologists 1944–1994. *Australian and New Zealand Journal of Psychiatry, 36*(3), 1–281.

Psychologists Act 2001 No 69 (New South Wales). Retrieved April 24, 2007, from http://www.legislation.nsw.gov.au/maintop/scanact/inforce/NONE/0.

Cameo 5

Education and Training of a Professional Psychologist in South Africa: A Personal Perspective

Patrick Themba Sibaya

In South Africa, there are two forms of professional recognition of the discipline of psychology. The first recognition is by the Health Professions Council of South Africa (HPCSA). The HPCSA has 13 professional boards that act as watchdogs for health-related professionals. One is the Professional Board for Psychology, which determines who may practice psychology in South Africa. The second recognition of the discipline of psychology comes from the Psychological Association of South Africa (PSYSSA). This is a guild, or a trade union that provides a peer-review mechanism for mutual recognition of professional standards. PSYSSA has no legal status.

The period before 1974 was marked by voluntary registration of psychologists under the South African Medical Council (SAMDC). The Health Professions Act of 1974, Act 56, was promulgated by the Minister of Health (Government Gazette No. R1856, September 16, 1977). The Minister of Health approved rules developed by SAMDC of the Medical Dental and Supplementary Health Services Professions Act. These rules specify the acts or omissions that constitute potential disciplinary actions that may be taken by the Professional Board for Psychology and the Council.

With the new political dispensation in 1994, the HPCSA replaced the SAMDC. The HPCSA exists by virtue of an Act of the Parliament of the Republic of South Africa. Perhaps this is a feature that distinguishes the legal status of psychological practice in South Africa from that in other countries.

MANDATE OF THE HPCSA AND THE PROFESSIONAL BOARD FOR PSYCHOLOGY

The education and training of a professional psychologist is within the mandate of the HPCSA and the accredited institutions of higher education, the universities. The Professional Board for Psychology

fulfills the mandate of the HPCSA (http://www.hpcsa.co.za/hpcsa/default.aspx). The HPCSA governs education and training standards for psychologists in terms of section 16 of the Health Professions Act 56 of 1974. The HPCSA sets the overarching strategic policy framework for the regulations of professions, while the individual professional boards focus on setting discipline/profession-specific standards in terms of education, training, ethics, and professional practice.

The Professional Board for Psychology has several committees to facilitate its operation. For instance, there are the Education Committee, Psychometric Committee, Preliminary Committee of Inquiry, Examinations Committee, and Accreditation and Quality Assurance Committee. For the purposes of quality assurance, the Education Committee and the Accreditation and Quality Assurance Committee are most important.

Professional training in psychology lasts at least five years. It takes three years to complete a junior degree in psychology, followed by one year for an honors degree and at least one year for a directed master's degree. Not every program leads to registration as a psychologist. Students can follow a purely academic route in studying psychology up to and including the PhD level.

Upon complying with all the academic requirements, including a thesis/dissertation, the candidate is expected to complete a 12-month internship at an accredited institution. Upon successful completion of an internship, the candidate may register as a professional psychologist, though he or she is expected to do another 12 months of community service, preferably in rural or underserved areas. Candidates are registered with the Board throughout their training.

The professional route leading to registration as a psychologist is controlled by the HPCSA. Any university interested in this training can prepare the training program in accordance with the manual drawn up by the HPCSA. If this is done, the program is submitted to the Education Committee for review. Should the program be considered to meet the minimum standards, the Board will send the Accreditation and Quality Assurance Committee to conduct an inspection.

As a result of this arrangement, the syllabi for the training of psychologists tend to be similar across the accredited institutions. The contrast between purely academic and professional training in psychology lies in the practicum and internship. The professional route is characterized by integration of theory and practicum from the honors degree to the master's level. Each year requires a certain minimum number of hours of practicum. There are also time frames in the training program for registration as a psychologist, accompanied by punitive measures for those who do not comply. The Professional Board for Psychology ensures that the minimum standards for training and education are met and are uniform.

Furthermore, any qualification in South Africa is registered with three other bodies: the Department of Education with its ministry, the South African Qualification Authority (SAQA), and the Council on Higher Education (CHE). The CHE operates through its Higher Education Quality Committee (HEQC), which works collaboratively with the HPCSA structures to ensure quality in all professional qualifications.

South Africa is an examination-ridden country. Coupled with all these structures, obtaining professional training is like riding an unbridled horse. Both private and public sectors responsible for internship training are subject to scrutiny or inspection by the Board for Psychology. The process of credentialing individuals for practice of psychology is strictly in the hands of the HPCSA, which is a statutory body, and other bodies such as the CHE. It is a national imperative and not a prerogative of private concern.

Because of uniformity of content of training and education, portability of credits in psychology is possible from one institution to the other. The emphasis is on similar content and competencies. The Board for Psychology provides protection for the public; guidance to the profession; and regulation standards for professional education, training, and practice. Without this, unqualified persons could potentially practice psychology.

COMPETENCIES

The core competencies defined for psychologists are (a) psychological assessment—that is, in-depth diagnostic methodologies; (b) psychological intervention encompassing psychotherapy; counseling; advanced psycho-education and training; and promotion of primary, secondary, and tertiary interventions; (c) referral expertise; (d) research; and (e) consultation. The categories of registration limit the scope of practice of these competencies. Typically, upon completion of a master's degree, there are five categories of registration available: (1) clinical psychologist, (2) counseling psychologist, (3) educational psychologist, (4) industrial psychologist, and (5) research psychologist.

There are certain core subjects in the training of psychologists, but other subjects are specific to one or more of the above categories. Furthermore, these categories call for different internship settings. The categories for registration have gradually expanded to include emerging categories such as neuropsychology and hypnotherapy. Furthermore, there are registration categories below the master's degree. Candidates who complete an accredited honors degree may register as psychometrists and/or registered counselors. (For more information about the Board for Psychology, see the latest newsletter at http://www.hpcsa.co.za/hpcsa/UserFiles/File/PSYCHOLOGY/Phyc%20NEWS%20April%20May.pdf. For the latest information on the South African Qualifications Authority, see http://www

.saqa.org.za/show.asp?main=structure/sgb/regsgbs/psychology-brief.html&menu=subssgb.)

The future trend is toward increasing the categories of registration, with generic registration categories available at lower levels of education. South Africa cannot entertain early specialization and have elite models of training practitioners at the same time. We respond to national imperatives that are geared toward enhancing access to psychological services on a much broader scale and that underpin a primary health approach.

ACKNOWLEDGMENT

I hereby acknowledge editorial comments from Advocate B. Mkhize, the Registrar of the HPCSA.

Cameo 6

Accountability in Professional Psychology: The Improvement in Mainland China

Jie Zhong, Mingyi Qian, Ping Yao, and Kevin Xu

In China, the practice of psychotherapy and psychological counseling is within the area of clinical and counseling psychology. As there is increasing need for psychotherapy and counseling for the general population in China, the practice of psychotherapy and counseling is growing, and the number of professionals in this field is increasing rapidly. High-quality professionals not only are urgently needed in the current society but also are critical to the social prestige and accountability of professional psychology. Although the Chinese Psychological Society (CPS) and Chinese Mental Health Association suggested a need for psychotherapy and counseling practitioners in 1993 (CPS & Chinese Mental Health Association, 1993), the professional movement in clinical and counseling psychology did not take place until 2002.

The status quo of accountability for professional psychologists in Mainland China is diverse and developing. The Chinese Ministry of Labor and Social Security Affairs (CMLSS) is in charge of the license of professional psychological counselors. The Chinese Ministry of Health Affairs (CMHA) monitors the qualifications of professional psychotherapists in hospitals and other health-care agencies. The CPS controls the quality of professional psychologists and professional training programs.

The CMHA promulgated a state protocol defining the professional criteria for professional psychological counselors in 2001, with revisions in 2002 (CMHA, 2001, 2002). These national criteria have the following characteristics:

1. These criteria are dependent on the *continuing training program*, but not on the training programs for master's or doctoral degrees. Participants who have a junior college degree subsequent to two to three years of study in any major are allowed to enter a continuing training course.
2. Issuing of licenses is controlled by a professional entrance examination, and is not based solely on the professional training program. After 60 hours in a continuing training course,

participants are allowed to take an exam for an intake counselor license, which is the lowest level of psychological counselor.
3. Neither professional ethical codes nor quality control for the practicing profession is well structured.

In 2003, the CMHA established a similar system to certify professional psychotherapists working in hospitals who had passed the required examinations. Typically, the participants who want to take the CMHA-required exams for psychotherapy get a degree from a technical secondary school. For example, a nurse who has a degree from a technical school for training nurses can apply to take the CMHA examination for certification as a psychotherapist after working in mental health for a few years in a hospital.

In order to facilitate regular, ordered, and healthy development of Chinese clinical and counseling psychology, an urgent task is the development of a professional registration system that is relatively well founded and adapted to the Chinese situation. Different from the CMLSS and CMHA, the Clinical and Counseling Psychology Registration System (CCPRS) of CPS is characterized by quality control and voluntary application. However, it is important to note that in China, the law does not protect the title of *professional psychologist*.

THE HISTORY AND ESTABLISHMENT OF CCPRS

Led by the Executive Council of CPS, three different work groups, mainly consisting of CPS Clinical and Counseling Psychology Board members, were established to develop CCPRS. These three workgroups addressed the following: (a) the registration criteria for professional training programs and individual practitioners in clinical and counseling psychology, setting up the criteria for registration, and developing the initial documents for the ethical code; (b) the registration processing workgroup, which is responsible for the implementation of registration provisions and auditing the qualifications of the applicants in accordance with the standards; and (c) the professional ethics workgroup, which is in charge of implementing and interpreting the professional ethical code; investigating and monitoring the ethical behaviors of the applicants; and guiding the ethical training, consultation, and guidance on ethical issues for professionals, as well as dealing with ethical complaints and regulating unethical behavior.

By the authorization of CPS, these three workgroups worked separately with clear job division and mutual cooperation. The relevant documents were drafted and finalized based on the preliminary investigation and large amount of preparatory work done by the Clinical and Counseling Psychology Committee of CPS. For instance, members of the CPS Clinical and Counseling Psychology Board conducted preliminary

investigations and preparation for the registration system, including research related to registration systems of different organizations in foreign countries, such as the American Psychological Association, American Counseling Association, British Psychological Society, and Employee Assistance Professionals Association, as well as related systems in Hong Kong and Taiwan province.

In 2006, the three work groups met several times and modified the registration documents and code of ethics based upon the previous work and feedback from the Executive Council. In addition, they evaluated the first group of supervisor candidates, and 106 supervisors were accepted into the registration system.

The Executive Council of CPS approved two main documents in 2007: the registration criteria for professional training programs and individual practitioners of clinical and counseling psychology, and the code of ethics for counseling and clinical practice.

REGISTRATION CRITERIA IN THE CCPRS

The registration criteria include principles, policies, and criteria for the following: (a) master's training programs, (b) doctoral training programs, (c) intern training agencies, (d) clinical and counseling psychologists, (e) supervisors, and (f) the continuing training project.

The main principles of this registration system are as follows. First, it is nonprofit. Second, it is aimed at quality control: this system seeks to control the quality of the training program, training agency, continuing training projects, and professional practitioners in clinical and counseling psychology in Mainland China. Third, it is voluntary: individuals and training programs may apply for registration voluntarily.

The registration criteria for master's and doctoral training programs require that the program have a specific training manual that contains the training objectives, the admitting criteria and procedure for the applicants, the training process, and quality control of training outcomes. There should be a teaching team of registered clinical or counseling psychologists responsible for the training, and there should be a coordinated, well-organized procedure for training. Specifically, the program should contain an organized sequence of basic psychology courses and sufficient courses related to the theories and practice of clinical and counseling psychology. Hours of internship should be strictly prescribed as no less than 100 hours of face-to-face clinical practice with patients/clients for a master's-level student and no less than 250 hours of face-to-face clinical practice with patients/clients for a doctoral-level student. Hours of supervision from registered supervisors should be strictly prescribed as no less than 100 hours for a master's-level student and no less than 200 hours for a doctoral-level student.

The registration criteria for the intern training agency require a written declaration or a manual in which the objectives and content of intern training are described specifically, with the requirements and expectations for the quantity and quality of the tasks that the intern completes also clearly stated. In addition, there are specific requirements in the registration system for the number of registered psychologists and supervisors in the intern agency.

To be a registered clinical and counseling psychologist, applicants must comply with the ethical principles, have no malpractice record, be recommended by two registered psychologists, and have no fewer than 150 hours of supervised internship, with no fewer than 100 hours of supervision from registered supervisors completed within two years after receipt of the master's degree. Supervisor applicants must accumulate no fewer than 800 hours of clinical practice and no fewer than 80 hours of an internship in which the applicant practiced supervision while under supervision. This may occur after registration as a clinical and counseling psychologist. In addition, they must attend a continuing education program with prescribed content and hours (CPS, 2007b).

PROFESSIONAL ETHICAL CODES IN THE CCPRS

The content areas for the code of ethics for counseling and clinical practice are as follows: (a) general principles; (b) professional relationships; (c) privacy and confidentiality; (d) professional responsibility; (e) psychological testing and assessment; (f) teaching, training, and supervision; (g) research and publication; and (h) resolving ethical issues.

The general principles include welfare, responsibility, honesty, justice, and respect. Professional relationships involve informed consent, dual and intimate relationships, fee-for-service provisions, not using position for personal gain, and the relationship between colleagues and professionals in related fields. Privacy and confidentiality includes protecting confidentiality and privacy; noting any exemption from confidentiality; and protection of testing data, case records, correspondence, tapes, and videotapes.

Professional responsibility includes the need for professionals to obtain continuing education and supervision; to practice self-care; to be honest, objective, and accurate when facing the public and the media; and to advocate for themselves and their professional services. Under the principle relating to psychological testing and assessment, psychologists are required to receive proper training; follow the regulations of test selection, utilization, scoring, interpretation, and test development; and not misuse psychological testing tools.

Under teaching, training, and supervision, psychologists are required to be honest, serious, and responsible, with the goal of improving the student's professional competency. Psychologists should be

aware of the importance of maintaining professional relationships; be honest and fair when evaluating the students, trainees, or supervisees; and not take advantage of their role as teachers for personal gain.

Professionals are required to respect the rights of subjects and participants and to report the results honestly in research and publications, with plagiarism banned. The final chapter provides the framework and procedures for resolving ethical issues and dilemmas, and for making ethical complaints (CPS, 2007a).

CURRENT DEVELOPMENT OF CCPRS

The work of CCPRS brought attention from the international world, especially from Professor Schnyder, chairman of the International Psychotherapy Federation, and Professor Pritz, chairman of the World Council of Psychotherapy. They expressed support and then invited members to help draft the ethical code for counseling and clinical psychology practice for the Asian Federation for Psychotherapy (AFP). Thus, the AFP ethical code was based on the ethical principles of CCPRS. The registration activities for 2006–2007 include the following:

1. On June 30, 2006, 106 registered supervisors who applied voluntarily were approved following recommendation from the committee members of the three work groups of CCPRS and the auditing and separate voting by the registration and ethics workgroups.
2. In March 2007, each registered supervisor recommended three clinical and counseling psychologists as candidates, according to the Interim Procedures for Psychologist Registration. Registration interim procedures emphasize the recommendation of professionals who have been working in the field of counseling and psychotherapy for many years at a high professional level but without a master's degree. Psychologist applicants were recommended by two supervisors and must be audited by both the registration and ethical work groups.
3. By July 1, 2007, registration of the first group of applicant psychologists was finished. Those who qualified were audited after July 1, 2007, according to the provisions of the registration criteria and ethical codes. By the end of 2007, the first group of 100 psychologists was registered after they successfully passed the three-month ethical auditing.

FURTHER IMPROVEMENTS OF CCPRS

The CPS plans further improvements for CCPRS. A Web site for the registration system will be developed (http://www.chinacpb.org). The

ethical code and the registration criteria, as well as the list of registered psychologists and supervisors, will be placed on the Web site. Furthermore, the rules and procedures for the registration system will be voted on. The intent is to protect the academic authority and seriousness of the registration system.

Training on the ethical principles and on the theory and practice of supervision will be provided to the first group of registered psychologists and supervisors. When possible, teaching staff will also be trained, so that training programs will be designed to comply with the registration system for clinical and counseling psychologists.

After December 2007, the registration of clinical and counseling psychologists will be publicized in the media to facilitate awareness on the part of both professionals and nonprofessionals. In addition, a registration system will be promoted for related professionals. We will try to make the related government departments aware of the system so as to obtain support. It is important to ensure that the registration system, including the ethical code, influences relevant national legislation and administrative regulations.

This registration system, based on a large amount of investigation and scientific research on successful and well-developed professional psychology practice in Western countries, is a product of the efforts and wisdom of hundreds of Chinese professionals in clinical and counseling psychology (including those in Hong Kong and Taiwan province). We hope that the registration system will have an impact on the profession, provide positive and constructive values for improving the quality of professional work, and facilitate healthy and continuing development of the profession in Mainland China.

REFERENCES

Chinese Ministry of Health Affairs. (2001). *State professional criteria of counselors* (protocol). Beijing, China: Central Broadcast and Television University Press.

Chinese Ministry of Health Affairs. (2002). *State professional criteria of counselors.* Beijing, China: Central Broadcast and Television University Press.

Chinese Psychological Society, Chinese Mental Health Association. (1993). Professional standards for the work of counseling and psychotherapy of practitioners in health services. *Acta Psychologica Sinica, 25,* 223–224.

Chinese Psychological Society. (2007a). Code of ethics for counseling and clinical practice of Chinese Psychological Society. *Acta Psychologica Sinica, 39,* 947–950.

Chinese Psychological Society. (2007b). The registration criteria for professional training programs and individual practitioners of clinical and counseling psychology of Chinese Psychological Society. *Acta Psychologica Sinica, 39,* 942–946.

This page intentionally left blank

Part III

This page intentionally left blank

9

Quality Assurance in Professional Psychology Education

George Stricker

This chapter is, by invitation and design, a personal and idiosyncratic vision of the process of quality assurance in the education of the professional psychologist. The editors asked me to draw on my experience in this area and speculate about trends, past and future, that characterize this area. I am happy to do so, but I do not claim any particular expertise in the task. Although I am indebted to many people and writings on this subject, I have kept the number of references to a minimum in order to increase the flow of the chapter; however, I do not claim originality for the ideas expressed. The quality assurance for this chapter on quality assurance is less than established.

The approach I take is to divide the path toward professional development into stages and then examine each of the stages in turn. I look at the tasks of formative and summative evaluation at each stage. A formative evaluation studies the program, taking into account its implementation and the process by which it is delivered. A summative evaluation focuses on the effects or outcomes of the program. Therefore, process is measured by formative evaluations, whereas output is measured by summative evaluation. Input should be included in formative evaluations, but often it is ignored.

Quality assurance is a term that has a long and distinguished history in the area of health-care delivery (Stricker & Rodriguez, 1998; Stricker, Troy, & Shueman, 2000). In this context, it has been defined as representing "the profession's attention to its innate concern about quality services reflected in professional ethics, identity, science, and training. It has thus become contiguous with professionalism and serves as a cornerstone and touchstone for professional commitment to quality and service" (Rodriguez, 1988, p. 3) . Allowing for differences in content, a similar definition may be employed concerning the sequence of training in education, particularly the education of professional psychologists. For the purpose of this chapter, *quality assurance* is defined as attention by the profession and the public to their innate concern about quality

of education and training. A *professional psychologist* is defined as a person who delivers health services to the public. This definition includes all health-care-provider psychologists but does not include those whose service is offered in academic settings or those who work in industrial/organizational settings. These latter groups often do not seek licensure, and even if they do, they may not need it for their position and so are not grouped as professional psychologists for the purposes of this chapter.

There are many steps in the development of a professional psychologist. A student begins by choosing an institution at which professional education and training are provided. This selection is followed by internship, postdoctoral experience, and licensure. Advanced credentials, such as certification as a health-service provider, and signs of advanced functioning, such as board certification, may follow as well. Both the profession and the public have a stake in assuring that each of these steps conforms to professional and ethical standards so that the provider delivers service to the public in a manner consistent with the best that the profession has to offer. I review each of the steps in turn, outlining what the mechanisms for quality assurance are. Generally, I describe a North American model, and when information about other venues is included, it draws heavily on material that appears elsewhere in this volume. I am indebted to the authors of the other chapters for their rigorous attention to the task presented to them by the editors of this volume.

THE EDUCATIONAL INSTITUTION

Choosing an educational institution for advanced training in psychology is the first step taken by a student who wishes to become a psychologist. The specific requirements that the educational institution must follow are established within the North American jurisdiction (state, province, or territory) that will issue a license, and it is important for the student to be familiar with the requirements of the various jurisdictions in which he or she may wish to practice, as these requirements differ in sometimes significant ways. The educational institution as a whole must be accredited by a recognized regional accrediting agency, and the specific program may be accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA).

Quality assurance for the institution in North America is achieved through regional accreditation. This is a quality assurance effort that is originated outside the profession by the public, not by the government, and it is a voluntary (but necessary) responsibility assumed by almost every educational institution. Traditionally, regional accreditation followed a formative model, with specific characteristics of the institution (e.g., financial resources, faculty size, mission) measured and judged. More recently, summative components also have been added, so that output variables are taken into account in awarding regional accreditation.

Almost every U.S. institution that grants advanced degrees in psychology has regional accreditation, so this is not a characteristic that differentiates the institutions. However, it should be noted that there are some innovative (electronic) or developing institutions that have not yet achieved this status, and so students should be wary. The more differentiating characteristic of the institutions is the achievement of accreditation by a national professional organization (in North America, the APA or the CPA). Here, too, the accreditation efforts have both a formative and summative component, and again the addition of attention to summative elements is a more recent development. Previously, the accreditation criteria were prescriptive and formative in nature, but there now is a good deal of emphasis on outcome criteria. Factors such as the nature of the curriculum and the student-faculty ratio are formative elements, whereas the performance of students and achievements of graduates are crucial summative elements. For both regional and organizational accreditation, there are both written and observational aspects to quality assurance efforts. The institution does a self-study, which is followed by a site visit, and then decisions are made. The duration of the accreditation varies depending on the adequacy of the program, but between determinations of accreditation, annual self-studies must be submitted. This volume contains an excellent and comprehensive chapter on the U.S. accreditation process (see Chapter 2) and a cameo on the Canadian accreditation process (see Cameo 2), and so no more detail need be given here.

The primary approach to training in professional psychology in North America was inspired by the Boulder conference and the scientist–practitioner model (Raimy, 1950). However, it must be noted that many programs that claim to follow this model emphasize either one or the other extreme of what should be a continuum of training, and some programs that indicate they follow another model (e.g., scholar–practitioner, local clinical scientist) may in fact be delivering scientist–practitioner education (Stricker, 2000). If we look beyond nomenclature, the important information for a student to seek is the stated goals of the program, and the accreditation process often will take these goals into account in appraising the success of the program in meeting those goals.

The two major current models for training are the scientist–practitioner model, often implemented—out of keeping with the original formulation of that model (Committee on Training in Clinical Psychology, 1947)—with an intention to train scientists rather than practitioners, and the scholar–practitioner model, usually implemented with the expressed intention of training practitioners (Belar & Perry, 1992; Peterson, Peterson, Abrams, & Stricker, 1997). The former model initially was the basis of the overwhelming majority of programs in clinical psychology, but their emphasis on science training and minimization of training for practice led to a series of developments culminating

in the Vail conference, which emphasized professional training (Korman, 1976). This conference endorsed both professional training and the new PsyD degree and was followed shortly by the development of the National Council of Schools of Professional Psychology, an organization devoted to professional training in psychology (Stricker & Cummings, 1992).

At the present time, the majority of accredited programs award the PhD and indicate adherence to the scientist–practitioner model, but the majority of degrees are awarded by professional schools and express adherence to either the scholar–practitioner or the local clinical scientist model (Stricker & Trierweiler, 1995; Trierweiler & Stricker, 1998). This condition prevails because of striking differences in the size of the two types of programs, with science-oriented programs typically admitting small groups of students whereas professional programs are a great deal larger. Most students choose applied psychology programs (e.g., clinical psychology, counseling psychology, school psychology) because of an interest in practice, and most graduates go on to careers in practice, regardless of the stated goals of the training program.

The difference in size of entering classes is currently an issue of great concern in the accreditation process. Here is one place where formative factors (the size of the student body) seem less important than summative ones (the student outcomes). A class is too large when the program cannot accomplish its goals with that many students, regardless of the absolute numbers of students admitted. A program that does not succeed in graduating a significant number of admitted students probably is taking too many, as is a program that graduates students but cannot place them in positions consistent with their training objectives. This situation underlines an important point: the responsibility of a program for its students should not end with graduation, and the ultimate summative quality assurance measure is what has become of the graduates of a training program. It is noteworthy that in some Latin American countries, programs are required to collect and provide data about their graduates, assuring the possibility of a more summative approach to evaluation. Perhaps this approach is possible because the university acts more like a gatekeeper to the profession in these countries, but it is a model worthy of emulation.

A very important and often overlooked aspect of quality assurance in graduate training is truth in advertising, so that a student is clear about what to expect from the program. Accreditation procedures have taken a step toward this goal by requiring that programs list (a) the time to completion for the last seven years of graduates, (b) program costs, (c) data on internship placement, (d) attrition for the last seven years, and (e) licensure information for graduates across an eight-year span. This information should be very helpful to prospective students. However, it may be even more important to know the training goals for the program. Some programs are explicit about their desire not to

train practitioners, whereas others indicate that such training is their primary focus. A student who wishes to have a career in practice would be better advised to enter a program that will accept such a goal, and a student who is aiming for a career in science and academics will receive more appropriate training from a program that expresses a wish to fulfill such a goal. The accreditation process is beginning to consider the correspondence between the stated goals of the program and the achievements of its graduates, and that is a step in the right direction.

Finally, this brief overview of approaches to quality assurance at the level of the graduate program has not yet taken into account the crucial element of input. Following the GIGO principle (garbage in, garbage out), the quality of a program is determined as much by the quality of students who are admitted as by the curriculum and the faculty, although the latter two are more likely to be the focus of accreditation efforts. Of course, depending on the nature and goals of the program, one program's garbage is another program's gold. We must be careful that the student characteristics evaluated (e.g., high Graduate Record Exam scores, capacity for empathic relatedness) are consistent with the goals of the program, and we should also note that these two qualities are not mutually exclusive.

For North American institutions, the typical terminal degree is a doctorate (most typically PhD, PsyD, or EdD), although master's degrees are awarded by many institutions and result in a license in some jurisdictions. In Latin America, in contrast, the typical entry degree to practice is a licentiate, but the description of this post-baccalaureate course of study sounds very much like a North American doctorate. The master's that follows in Latin America seems to resemble a postdoctoral course of study, and the doctorate is solely a research degree. In Australasia, there is political concern about the entry-level degree, but it seems clear that a doctorate is not necessary for legitimate function as a psychologist. In the United Kingdom, the doctorate is required for practice as a clinical psychologist, but practice as a psychotherapist or in another branch of applied psychology seems common. In Europe, the entry degree varies from country to country, creating a difficulty for mobility between countries. In many of these regions, there seems to be an increasing tendency toward the development of professional degrees that are similar to the PsyD in the United States.

These discrepancies in nomenclature are likely to contribute to difficulties in international mobility, and indeed such difficulties are rife. It seems likely (although it remains to be determined) that psychologists trained in different countries do not differ markedly in their skills but do differ markedly in their degrees. One possible solution to the problem of international mobility would be multinational licensing, but that poses so many political and substantive problems that it does not seem to be likely in the near future. However, any solution that may be reached surely will have to be based on demonstrating comparable performance rather than comparable preparation, but this involves a commitment to outcome rather than process that is also difficult to achieve.

What does the future of quality assurance in graduate education hold? Some attempt to resolve the situation of international mobility, with all of the difficulties just noted, must be made as the world continues to shrink. In addition, innovation is a major, barely explored area, and new developments in distance education and electronic learning surely will find a place in future training programs. These innovations have the capacity to deliver education to students who cannot take advantage of more traditional approaches, as well as to expand the range of educational possibilities for more traditional students. However, these approaches also raise questions of quality control, and it will take very rigorous summative approaches to determine whether students being taught in this manner are receiving an education equivalent (or even superior) to that provided in a more traditional manner. There is a thorough account of the issues involved in distance education (Murphy, Levant, Hall, & Glueckauf, 2007), but it carries the clear message that the new method must conform to the old standards, and this is a procrustean solution that may stifle innovation.

PRACTICUM AND INTERNSHIP EXPERIENCES

Programs that train professional psychologists usually provide both practicum and internship experiences for their students. A practicum is a supervised experience in the area of practice being studied, usually distributed over several days each week. Many programs offer two or three such experiences, and the accumulation of practicum hours is a valued experience in applying for an internship. The internship is a full year of supervised experience, usually in the last year of study, and prepares the student for a health-service-delivery degree.

Quality assurance for these experiences is a crucial part of the training program, as this component represents direct experience in the area in which the degree is offered. There are very few quality assurance mechanisms for the practicum, either internal or external, although practicum training is evaluated as part of the overall accreditation process for the training program. Internships, in contrast, are independently accredited by the relevant professional organization.

The practicum provides a basic foundation for professional practice, coming as it does in the early years of graduate training. The practicum often represents a statement by the program of what is considered good training consistent with program goals. Some programs will offer practica in research settings, whereas others will focus on service-delivery settings in the community, and these choices represent a statement of what the program most values in the training of the students. Supervisors at these settings usually do not have faculty status (other than in an adjunct capacity) and are not under the control of the program except in that they are chosen as training sites for the students.

Quality assurance is the responsibility of the Director of Training in the program, and it is usual to have students fill out evaluation questionnaires to help determine whether the site meets the training needs of the program. Because of the need to attend to input, the students also are evaluated by the supervisors, and so quality assurance for the training program is accomplished at these settings as well.

The usual procedure for choosing practicum settings is for the graduate program to develop agreements with the training sites, with the program contributing the student and the site contributing the training. Communication between the two is of great value, and it is crucial for everyone involved to recognize that the placement is for the purpose of training and not solely for service. In some cases, the student is placed directly by the program, and in others the student will be directed to settings but then must apply for the placement. However, it would be very rare for a student not to be placed, and it is the responsibility of the program to ensure that a sufficient number of placements are available for their students. Failure to provide placements would be prima facie evidence that the program is taking more students than it is capable of training.

The internship is a very different experience in many ways. Students apply for the internship, the application process is very competitive, and the student is not guaranteed an internship. A computer matching program has been developed, and students and internships each submit preferential rank orders leading to the assignment of students to internships on the basis of an algorithm that maximizes the best fit possible. The program does not choose the internship, except in very indirect ways (settings must be approved for the students by the training program), and accreditation is granted to the internships. This accreditation process also has formative and summative components. The formative elements include such components as the amount of supervision provided, the range of services engaged in, and the educational opportunities available to the interns. The summative elements probably are less emphasized but include some assessment of the skills developed by the students.

The acceptability of the internship by the training program can be linked to several potential sponsors, and this acceptance of several sponsors may reflect the growing gap between the number of applicants and the number of placements that are available. Each year, the percentage of applicants who succeed in finding a suitable internship gets smaller, and the situation may be approaching crisis proportions if a student can go through an entire training program and not be able to complete the degree because of the absence of this crucial component. In 2007, 75% of the applicants were matched through this process, whereas 90% of the available positions were filled. Both of these percentages increased as a result of subsequent activities, primarily through a clearinghouse developed by the Association of Psychology Postdoctoral and Internship

Centers (APPIC), the sponsor of the match program. Between 2002 and 2007, the number of available internship positions increased by 5%, but the number of applicants increased by 20%, resulting in a 95% increase in unmatched applicants (APPIC, 2007). Clearly, referring to this as a crisis is not hyperbole.

Accreditation by the national organization is most desirable, and even is prerequisite for some later positions (e.g., employment in a Veteran's Administration setting). This accreditation is based on a self-study and a subsequent site visit, in a manner parallel to the accreditation of doctoral programs. However, because of the growing gap between applicants and placements, more programs are finding it sufficient for an internship to be listed by APPIC. APPIC listing is not accreditation per se, and is based on the submission of paper credentials that are evaluated solely on formative criteria. However, it has become a substitute quality assurance mechanism in order to help to fill the gap and make more good sites available to students. Because the gap may be most exaggerated in California, listing by the California Psychology Internship Council (CAPIC), another formative mechanism, but not an accreditation process, has also been accepted recently by many programs. CAPIC has worked to develop additional training sites and to supplement the list provided by APPIC and the matching program, but the disparity in the ratio of sites to students still places students in jeopardy of remaining unplaced.

There are several important issues relevant to this crisis in internship availability. The first concerns the possibility of students taking unfunded internships. (Most practica are unfunded and are seen as training opportunities that are integral to the pre-internship training of the student.) Historically, many training programs and sponsoring agencies have frowned on these positions because they are demeaning to the students, potentially exploitative, and beyond the economic reach of many applicants. Even with the growing need, organizations such as APPIC and CAPIC have continued to discourage unfunded internships, allowing them to be offered by member organizations only in unusual circumstances. It does seem clear that the gap might be narrowed if more unfunded internships were available, but it is equally clear that if they were available, the number of funded internships would shrink even more rapidly (why pay for what you can get for nothing?), and the crisis would expand.

Some training programs have attempted to deal with this crisis in a most responsible manner by working with community agencies to develop internship sites for their students. These often take the form of consortia, as no single site has the resources to offer an accredited internship, but together they can do so. These consortia then serve as captive agencies for students from the sponsoring training program. The program and the accrediting or listing organization then share responsibility for

quality assurance, and more places are available for the students in the program. This is a very beneficial arrangement for the students, the community agencies, and the training programs, and should be an area of increased activity in future years.

There have been statements that the internship should be separated from the degree-granting program, with the student left to find an internship after the degree has been earned. In my mind, this represents a dereliction of duty by the training program, which then would take the tuition money of the students and leave them without any assurance that they ever would complete their health-services training. Licensing hours would be amassed on the job, where the focus would be on service rather than on learning, and the public eventually would suffer. This conclusion, of course, is subject to summative evaluation, and it may be a less disastrous step than I anticipate. If so, the whole training enterprise would be subject to reconsideration, as the internship now is viewed—correctly, I believe—as a crucial component.

Quality assurance for the internship is a very complex matter, as it represents quality assurance for the training program as well as for the student. For the student, assuming there is a modicum of rationality in the process, failure to obtain an internship may suggest less than adequate skills (my experience is that selection is not so clear a reflection of student quality, although students, unfortunately, always take it as such). Matters seem clearer for the training program. The issue of program size was raised before, and it seems to me that failure to place a reasonable number of students in internships on a consistent basis provides an operational definition of taking too many students. An alternative explanation, particularly for smaller programs, is that the number of students admitted is reasonable but the quality of training is not. In either case, this failure reflects poorly on the program, and should lead to a reexamination of the student admissions and training processes.

LICENSING

To this point, a dual-level quality assurance process has existed. The training program (including the internship) is evaluated and accredited by external agencies and mechanisms while it is simultaneously evaluating the students in the program. However, once the degree is granted, the training program drops out of the equation, and the graduate—now a potential psychologist—appears to be independent of external surveillance. However, that is not the case.

For the graduate, the first step on the path to becoming a psychologist is the achievement of licensure. In most jurisdictions, the license legally is a certificate, with the title *psychologist* protected but the function of the psychologist not as clearly specified and restricted as is desirable. This echoes the situation in many other countries, with little

ability to regulate who practices psychology as long as the title is not used. Nonetheless, the license is a critical step in the career of the professional psychologist, and most graduates pursue it. Here, it is important to note that the license is awarded by the jurisdiction in which the graduate works, and that each jurisdiction has its own criteria for licensure. This leads to problems with mobility, and these are discussed later. It also should be noted that most jurisdictions offer a generic license in psychology rather than a specific license to provide health services, and the type of service offered by the licensee, although it should be in an area of competence, often is not regulated unless charges are brought against the practitioner.

The granting of the license is a critical quality assurance mechanism assumed by the jurisdiction for the protection of the public. Although criteria differ, each jurisdiction follows a pattern of three E's to determine eligibility for licensure: education, experience, and examination. Each is part of the licensing process, although the specific requirements can differ markedly depending on the state or province.

The educational requirement, broadly speaking, consists of a degree in psychology. For most jurisdictions, the degree is a doctorate, but master's-level licensing is available in some settings, either for independent function or under supervision. The degree can be in psychology or, in some jurisdictions, its equivalent. It has been observed that a degree in psychology or its equivalent allows a degree that is not in psychology, and so quality assurance for training in psychology may break down at the earliest point in the process. Even if a degree in psychology is required, there is a question as to which programs are offering degrees, regardless of title, that really are in psychology. In order to approach this question, the Association of State and Provincial Psychology Boards (ASPPB) and the National Register of Health Service Providers in Psychology (NR) have combined to create a Joint Designation Program that indicates which programs have established the formative components that are consistent with an advanced degree in psychology. Programs that have achieved organizational accreditation in psychology are exempt from the designation process and automatically qualify as programs in psychology, and the occasional difference in decisions made by the accreditation process and the designation process calls both quality assurance mechanisms into question. If there is not even basic agreement as to what constitutes a viable training program in psychology, it is difficult to be clear as to who has been appropriately trained for the professional practice of psychology.

The experience portion of the qualifications for licensure can also differ, but it usually consists of two years of supervised experience, one of which may be predoctoral (usually the internship). There are some advocates of moving this experience entirely to the predoctoral sphere, as a good deal of supervised practicum experience occurs during

training. My preference would be to leave the qualifications as they are, given the early point in training in which the practicum experiences occur, but this, too, is a summative question and can be evaluated by an empirical rather than a political process. In any case, the supervisor is empowered to exercise some quality assurance over the candidate, but this process rarely results in anything but approval (perhaps because the student is so well prepared?).

Finally, there is an examination that consists of a multiple-choice test that is national in scope, supplemented in some jurisdictions by a variety of additional evaluative procedures. Although the examination is national and the score can be transferred from one state to another, the pass point is local, and a candidate can pass the examination in one jurisdiction with a score that would not be acceptable to another because it is above one pass point but below another. In some areas, there also is a jurisprudence examination keyed to local regulations, and this seems like a wise addition, as psychologists should be aware of the regulations that govern their behavior. Finally, some states also include an oral examination to judge the preparation and suitability of the candidate for practice within that jurisdiction.

It is typical for candidates to complain about one or another of these requirements, stating that their education was sufficient and no further test is needed, or that additional experience beyond the doctorate is unnecessary, or that the national examination does not really measure a person's ability to practice. These complaints miss the point, as the convergence of the various measures establish a quality assurance mechanism that is greater than the sum of its parts, and each one has a unique contribution to make to the evaluation of the candidate for licensure. Although there are mechanisms in place for quality assurance following licensure, these are not used with great frequency, and so the point of licensure represents the major step at which prospective psychologists can be evaluated.

In light of the variation in jurisdiction qualifications, it is not surprising that mobility can be difficult. As long as each jurisdiction retains control over local licensing (a practice that also is in place for other professions), mobility will continue to be an obstacle; it is important for the profession, respecting the right of the public, to develop mechanisms that will promote mobility for qualified psychologists. In response to this problem, both ASPPB and NR separately have developed such mechanisms. Nonetheless, the problem still exists, and psychologists are in the anomalous position of being able to practice responsibly, effectively, and ethically in one jurisdiction but not in a neighboring one. This situation seems reasonable when it is applied to attorneys, who must be aware of the differing laws in the state in which they practice, but it seems less reasonable for psychologists and physicians, as the nature of their practice does not vary greatly as they cross state, provincial, or national boundaries. The solution to this problem, of course, is to develop

national licensing laws, but this solution does not seem likely given the strong feeling for state's rights in developing licensing laws.

The importance of licensure for the professional psychologist is so strong that there are many attempts to alter qualifications, usually initiated by the profession and in the direction of loosening standards (although the attempts rarely are presented as such). Among the targets of these attempts are such matters as the need for postdoctoral experience and the need for the degree to actually be at the doctoral level and in psychology. The promotion of the profession by loosening standards may result in ultimate harm to the profession, and it also may result in harm to the public, although here, too, empirical demonstration of the value (or lack of same) of some of the qualifications would pose the strongest argument for change.

The problem of international mobility simply is the problem of regionalization writ large. An international definition of a psychologist depends on some agreement between independent entities about definitions. Similarly, in almost every country, there is a desire expressed for national standards, but local standards are jealously guarded. For example, the North American model of licensing is regional, with each state or province retaining autonomy and little attempt at communication among legislative bodies. There is another way. I am impressed by the activity in Australasia, where the problems of multiple countries, each with independent states or territories, also exist. There seems to be good coordination among the professional associations, the academic institutions, and the boards of registration, all key players in any potential solution to striving for some degree of comparability in standards for training and practice. Not only might this provide a model for each country or area, it might also be replicated on a larger scale if cooperation could be achieved, though I do not foresee this happening in the near future.

POSTLICENSURE QUALITY ASSURANCE MECHANISMS

The trajectory of the training of a professional psychologist is marked, at the beginning, by a great deal of quality assurance activity. The training program selects a student from many applicants, based on criteria that appear to be correlated with future success. During graduate training, the program then continues students on the basis of good performance in academic and practice settings. This process leads to selection for an internship, where further supervision and selection occur. At the same time, regional accrediting organizations are ensuring the quality of the degree-granting institution, and national professional associations are accrediting the training program and the internship. When the degree is granted, the quality assurance scrutiny is reduced markedly, but it is transferred to the jurisdiction granting licenses, where there is further evaluation of education and experience, and an examination that further

attests to the suitability of the psychologist for independent practice. At the point of the granting of a license, however, the approaches to quality assurance mechanisms in place reduce drastically. Once a license is issued to a psychologist, the mandatory mechanisms for continued quality assurance rest with license maintenance and renewal, so that, to all intents and purposes, the license is permanent.

The psychology license can be maintained for the period of licensure (which varies from one jurisdiction to another) as long as there are no active reasons to remove it, and so this is a passive process. The license will only be removed if a charge is brought against the psychologist and is then upheld by a quasi-judicial process involving a hearing before a panel empowered by the licensing agency. Such charges are usually based on violations of the licensing act, which includes a code of professional conduct. If the psychologist has been charged with unethical conduct and this charge has led to action by the national organization's ethics committee, the result will be reported to the licensing agency and may result in further action. As long as the psychologist can maintain the appearance of acceptable professional conduct (there is no way of knowing how frequently unprofessional behavior occurs but does not result in charges), the license will be maintained. The removal of a license, carrying with it the denial of a livelihood to the psychologist, is a serious action and does not occur with great frequency. As in many cases, this may be the result of the high professional standards of psychologists or the low capacity of the regulatory bodies for monitoring professional behavior.

The more controversial point where quality assurance can occur is at the time of license renewal. Criteria for license renewal usually include an attestation that no ethical charges have been made in the intervening period and vary from the continuing ability to write a check to substantial requirements for continuing professional education (CPE). The issue of CPE requirements is one that has been hotly debated in the profession. The guidelines for CPE that have been issued by ASPPB indicate that "mandated CPE can consist of a variety of forms of learning experiences including lectures, conferences, seminars, workshops, video conferences, and distance learning technologies as well as sponsor-approved, organized self-study. These learning experiences must be pertinent to the profession of psychology and should be designed to enhance the quality and range of services rendered and assure the continuing competency of the licensed psychologist" (ASPPB, 2001, para. 2). ASPPB includes a recommendation for mandated CPE in its model licensing act, but approximately 25% (the number can vary with each legislative session) of its jurisdictions have not yet enacted such a requirement. Those that have such requirements vary greatly in the number of hours and content of acceptable activities to qualify for CPE. It appears as though the average requirement is for 20 hours of CPE per

year, with some jurisdictions requiring CPE in ethics or law. Compliance usually is by attestation followed by random audit.

The controversy surrounding CPE is based on arguments about its efficacy, although such arguments may also serve to mask self-interest. The argument for CPE is obvious. It provides an apparent means of protecting the public by increasing the likelihood that practitioners have sustained a level of competence that is necessary to offer good service and have done so by maintaining their knowledge of sound and current practice. However, CPE also provides a significant revenue stream for sponsors of CPE activities, and, therefore, they must be able to demonstrate that CPE succeeds in its chosen task. Unfortunately, as opponents of CPE have maintained, such evidence is lacking. Opponents also muster arguments for reliance on the professionalism of the applicants and the freedom inherent in voluntary participation. These arguments seem rather self-serving and are unlikely to be convincing to those who wish to protect the public.

The most effective means of accomplishing the goals of CPE (enhancing the quality and range of services rendered and assuring the continuing competency of the licensed psychologist) is one that is opposed by both proponents and opponents of CPE. Proponents view CPE as a means of forestalling more rigorous quality assurance, and opponents are opposed to any regulation. The more radical approach is to require periodic relicensing rather than simple license renewal. Relicensing can involve several mechanisms, including reexamination and practice review. These are much more likely to be able to attest to the continuing competence and currency of the psychologist, although empirical testing would be required to document that conclusion. However, they also would be more likely to draw opposition from most psychologists who would be affected by this intrusive and demanding requirement. Nonetheless, if our interest is in the highest standards to protect the public, this seems like a reasonable, if unlikely, direction in which to move.

Perhaps here is the best place to introduce a new theme. Efforts to protect the public, so central to the charge of public agencies and professional ethics, have a ring of paternalism about them. There is a rising tide of consumerism in North America that has led to more involvement by the public in shaping these efforts at protection. Professional organizations, licensing boards, and ethics committees all have public members who can speak to the needs of the group that is being served. Individual consumers have multiple mechanisms available to challenge the function of psychologists who deliver less than satisfactory service. These include bringing ethics charges, filing disciplinary complaints with licensing authorities, and filing malpractice and other civil suits. This rise in consumer voice increases the pressure on psychological groups to self-regulate, because there is a growing and important voice that will fill whatever gaps may exist in quality assurance.

CREDENTIALING MECHANISMS

After the license is awarded, it is possible for the psychologist to earn some additional credentials that add to his or her distinctiveness, and the presence of these provides some measure of quality assurance to the public. The first such is credentialing by the National Register of Health Service Providers in Psychology (National Register), which, strictly speaking, is not an independent credential as much as a verification of other credentials. In the 1970s, there was much talk in the United States of a national health-insurance plan, and one source of opposition to the inclusion of psychologists in such a plan came from Massachusetts Senator Ted Kennedy's office. He felt that the term *psychologist* was too generic, as was the license, and he could not tell who among psychologists was qualified to deliver health services and be included in the plan. In response to this concern, the National Register was established and listed all psychologists who applied and demonstrated that they had the appropriate education, experience, and licensure to be qualified to deliver such services. Of course, the national health insurance plan was never passed, and the National Register has developed other services, such as visibility, enhanced mobility, easier inclusion on health-care panels, and continuing education. Credentialing by the National Register is one sign to a member of the public that the generic license awarded to a potential provider really did originate in a health-care discipline and that the provider is qualified to offer services.

It also is possible to earn specialty certification in psychology, most frequently through the American Board of Professional Psychology (ABPP). ABPP now offers certification in 13 different specialties, and it is possible for a provider to obtain certification in several of these. In addition, several other organizations also certify psychologists as specialists. In order to be eligible for examination, the applicant must have an acceptable doctoral education, current licensure, and experience in the area of the specialty. The applicant then submits a work sample, which forms part of the basis for the oral examination. Passage of this examination denotes an advanced level of specialization that should be reassuring to the public.

In addition, the Practice Organization of APA also offers a certification of proficiency in specific areas of practice, such as alcohol and substance abuse treatment. In order to earn such a certificate, the practitioner must be a licensed health-service provider with experience in the proficiency area and must also pass a written examination in that area.

Finally, there is an option for formal postdoctoral training. Several specialty areas (e.g., psychoanalysis, neuropsychology) have extended and demanding postdoctoral programs of study, and interested psychologists may enroll in such a program.

The number of psychologists who take advantage of these options is surprisingly low. I'm not sure what this says about the responsiveness of psychologists to efforts to present higher orders of credentials to the public, but it does seem as though quality assurance is not a major concern of practitioners. It is a shame if that is so, and it often is the case that, when the profession does not demonstrate sufficient attention to self-regulation, external regulation fills the void. If practicing psychologists fail to develop and support approaches to quality assurance, they are inviting such external regulation, and it rarely is as professionally appropriate as internal mechanisms would be.

CONCLUSION

As we survey this portrait of the passage of a person from the beginnings of becoming a psychologist to full practice as a licensed practitioner, what conclusions can we draw? It would be nice if the passage were a direct and seamless one, each step interlinked with the others, guided by an invisible hand that made certain there was a rational connection between all parts. It also would be nice if the seamlessness existed in space as well as time, so that a well-trained psychologist in one venue would be recognized as being well trained in all others. Alas, such is not the case. In a world that is undergoing globalization and rapidly shrinking, the world of psychology is clinging to Balkanization. Within national boundaries, such as in North America, licensure in one state or province may not qualify the person in a neighboring jurisdiction. When international boundaries are considered, the discontinuities increase, and often they are based on title rather than function. Attempts to enhance the possibility of multinational mobility are met by subjecting one country's graduates to another country's standards, without the standards of either country being based on anything other than conviction. Here, as in so many places, more focus on the summative and less on the formative might add some rationality to a system fraught with professional self-protection, often at the expense of the public.

The world of quality assurance is front-loaded, so that there is a great deal of control and scrutiny early in the process but very little that is enforceable (much remains aspirational) after independent practice begins. The clearest observation is that there are a great many firm, often contradictory, opinions, but very little relevant data. Some of the movement from formative to summative evaluation is a step in this direction, but more, clear efforts to relate formative characteristics with summative variables (process to outcome) would be welcome. Some of the important questions that have been raised (the need for doctoral training, the appropriate degree to be awarded, the characteristics of a good training program and internship, the requirements for licensure, the form and value of continuing education, and the impact of relicensing

procedures, to name just a few) can be subject to empirical test, and by doing so, some of the thunder and lightning may be replaced by clear skies. If we fail to have a rational procedure for self-regulation and attention to the need of the public we serve, we are inviting intervention by external authorities who are even less likely than we to be rational about the regulations that are developed. Perhaps it is time to pretend that we are psychologists and address these questions with the research methods that were central in our graduate training.

REFERENCES

ASPPB. (2001, June). ASPPB Guidelines for Continuing Professional Education. Retrieved May 15, 2007, from http://www.asppb.org/publications/guidelines/cpe.aspx.

APPIC. 2007 APPIC Match Statistics. Retrieved May 15, 2007, from http://appic.org/match/5_2_2_1_9_match_about_statistics_general_2007.html.

Belar, C. D., & Perry, N. W. (1992). National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology. *American Psychologist, 47,* 71–75.

Committee on Training in Clinical Psychology. (1947). Recommended graduate training program in clinical psychology. *American Psychologist, 2,* 539–558.

Korman, M. (Ed.). (1976). *Levels and patterns of professional training in psychology.* Washington, DC: American Psychological Association.

Murphy, M. J., Levant, R. F., Hall, J. E., & Glueckauf, R. L. (2007). Distance education in professional training in psychology. *Professional Psychology: Research and Practice, 38,* 97–103.

Peterson, R. L., Peterson, D. R., Abrams, J. C., & Stricker, G. (1997). The National Council of Schools and Programs of Professional Psychology educational model. *Professional Psychology: Research and Practice, 28,* 373–386.

Raimy, V. (Ed.). (1950). *Training in clinical psychology.* New York: Prentice-Hall.

Rodriguez, A. R. (1988). An introduction to quality assurance in mental health. In G. Stricker & A. R. Rodriguez (Eds.), *Handbook of quality assurance in mental health* (pp. 3–36). New York: Plenum Press.

Stricker, G. (2000). The scientist-practitioner model: Gandhi was right again. *American Psychologist, 55,* 253–254.

Stricker, G., & Cummings, N. A. (1992). The professional school movement. In D. K. Freedheim (Ed.), *History of psychotherapy: A century of change* (pp. 801–828). Washington, DC: American Psychological Association.

Stricker, G., & Rodriguez, A. R. (1988). *Handbook of quality assurance in mental health.* New York: Plenum Press.

Stricker, G., & Trierweiler, S. J. (1995). The local clinical scientist: A bridge between science and practice. *American Psychologist, 50,* 995–1002.

Stricker, G., Troy, W. G., & Shueman, S. A. (2000). *Quality management in behavioral health.* New York: Plenum Press.

Trierweiler, S. J., & Stricker, G. (1998). *The scientific practice of professional psychology.* New York: Plenum Press.

10

The Promotion of International Mobility

Merry Bullock and Judy E. Hall

Psychologists have long promoted national and international exchange through conferences, networks, and collaboration. Now, with the benefits of fast communication and affordable transportation, there are increased opportunities for international work, exchange, interaction, collaboration, and delivery of health services across distances and even across borders. These opportunities have prompted organizations and individuals to pursue mobility for psychologists. At the regional level, for example, within the United States, between the United States and Canada, between Australia and neighboring countries, and within Europe, psychologists and psychology organizations have been working to solve the accountability issues of coordinating standards, educating regulatory bodies, and reaching concensus about mutual recognition. Progress at the regional level is a good precursor for addressing the significant challenges posed by broader international mobility.

How does international mobility interface with issues of accountability? Accountability assumes knowledge of and adherence to a common set of procedures and standards, addressing education, professional activities, scope of expertise, ethics, and the like. International accountability is a challenge because there is often no direct correspondence between educational, regulatory, or professional systems across borders, making it difficult to determine similarities and differences.

In this chapter, we address international mobility and mechanisms for accountability by first mapping the landscape and then describing opportunities for and barriers to international mobility. We consider international perspectives on accountability within professional psychology for those psychologists who provide health, educational, or other services that typically require some form of external regulation through licensing, certification, or similar mechanisms.

DEFINING TERMS: MODELS FOR MOBILITY

For psychology, as for any licensed or regulated profession, mobility across borders requires some mechanism to recognize professionals

trained or working in one jurisdiction for relevant regulation in another jurisdiction. There are a number of models for accomplishing this task.

Reciprocity Agreements

A reciprocity agreement is a contract between two or more regulatory bodies that have deemed the education, training, and licensure standards met by individuals under their jurisdictions to be the same or equivalent. Thus, licensure in one jurisdiction is sufficient for licensure in the other if both jurisdictions participate in the agreement. This approach is adopted by 13 U.S. jurisdictions (http://www.asppb.org/mobility/reciprocity/states.aspx). Two states (Louisiana and Texas) have a separate agreement brokered by representatives of the licensing boards.

Mutual Recognition Agreement

A mutual recognition agreement is a signed agreement across multiple jurisdictions to recognize the licensees of the other jurisdictions (e.g., the Mutual Recognition Agreement across Canada's provinces/territories, the recognition agreement between Australia and New Zealand) or to recognize a common set of educational and training standards (such as what is proposed for the European Union) and thus facilitate mobility for those psychologists who meet those standards. Although such recognition agreements have the potential of affecting large numbers of psychologists, their requirement for adherence to and agreement by all the jurisdictions covered generally requires a long period of negotiation.

Endorsement of Credentials

Endorsement by credentials is the process by which psychologists are certified as meeting a standard by a body independent of the local or regional licensing body. Generally, a credentialing body such as the National Register of Health Service Providers in Psychology (National Register-U.S.), the Association of State and Provincial Psychology Boards (ASPPB-U.S.), or the Canadian Register of Health Service Providers in Psychology (Canadian Register-Canada) verifies that a psychologist meets specific national standards for education and training. With each of those organizations, the individual must be licensed in order to qualify for the credential. In other countries, such as the United Kingdom and the Netherlands, where there is currently no licensure statute that regulates practice, voluntary credentials serve to recognize psychologists (for example, chartering by the British Psychological Society or registration on the BIG Register in the Netherlands).

Because it is at the individual level, endorsement by credentials does not confer immediate mobility as would reciprocity or mutual recognition agreements, but it does aid and expedite mobility. Psychologists

may use the credential as proof of meeting foundational requirements for licensing, and thus do not have to submit separate documentation of education and training. Frequently, however, the applicant may be required to pass a jurisprudence or oral examination.

Endorsement of credentials is the most successful mobility model in North America (Hall & Lunt, 2005). Because credentialing entails ascertaining whether individuals meet specific standards, it may also be used to establish the level of professional qualifications for international psychologists. At present, there is no international credentialing board that provides this service across countries other than those previously named (United States and Canada; Australia and New Zealand).

Waiver of Requirements in Emergency Situations

Within the United States and Canada, jurisdictions often permit latitude to individual psychologists who temporarily relocate to an area to volunteer their services in times of disaster, war, or other conflict/crisis situations (e.g., AIDS counseling, American Red Cross disaster response network). Within the United States, such crisis situations are typically covered by state or federal emergency legislation and involve temporary recognition of a license held in another jurisdiction. There is less uniformity in international contexts outside the United States and Canada (which share some licensure reciprocity), although international guidelines (IASC, 2007) specify that psychosocial intervention should only be undertaken under the auspices of established global agencies and should primarily involve training and educational activities, not direct services.

EXAMPLES OF MOBILITY

North America incorporates all three of the primary mechanisms for promoting mobility of psychologists: (1) reciprocity agreements, (2) mutual recognition agreements, and (3) endorsement of credentials, all of which require the psychologist to be licensed before being eligible for mobility.

Procedures in the United States for enabling psychologists licensed/recognized in one jurisdiction to practice in another began in 1989, when Missouri recognized in statute the National Register credential as an individual mobility mechanism. Following that action, ASPPB and the National Register independently initiated efforts to promote mobility, first through the ASPPB Reciprocity Agreement and then through individual endorsement of credentials, which is the most widely used mechanism.

Canadian psychology organizations began working in the late 1990s on the development of the Mutual Recognition Agreement (MRA), primarily to comply with obligations under the Canadian Agreement on

Internal Trade (AIT) (Chapter 7 [Labour Mobility]). The purpose of the Canadian MRA was to establish the conditions under which a psychologist who is licensed/registered to practice without supervision in one Canadian jurisdiction could have his or her qualifications recognized in another jurisdiction that was a signatory to the MRA. The agreement, signed in 2001 and amended in 2004 (Canadian Psychological Association, 2004, pp. 1–33) reflects the cooperation of regulatory bodies and the professional and credentialing organizations in developing mechanisms for facilitating mobility.

In Europe, the mechanism currently being explored is a common credential, now described as a European Professional Card by the President of the European Federation of Psychologists Associations (EFPA; Tikkanen, 2006). This card would be separate from but may serve in place of licensure in a particular country (see Chapter 6 for the history of this development).

In 1997, the Australian Mutual Recognition Act of 1992, which provides for mobility across Australia's states and territories, was extended to New Zealand and titled *The Trans Tasman Mutual Recognition Act* (see Chapter 8).

ACCOUNTABILITY ACROSS JURISDICTIONS

Despite increased opportunity and interest, global mobility for psychologists is neither easy nor commonplace. The challenges in pursuing professional activities across country or jurisdictional borders are both logistical and substantive. As noted above, mobility has been expedited across state, provincial, territorial, and international borders in the United States and Canada, in the European Union (EU), and in Oceania. Even domestic mobility within those countries that have multiple states or jurisdictions rather than a single (federal) professional regulatory body is not complete (Hall & Lunt, 2005), although significant progress has been made in the last decade.

In contrast, as yet, there is no common internationally accepted license, certificate, or credential that qualifies one to practice. Countries vary enormously in the ways in which they define qualifications for psychological practice, regulate professional psychology, and train psychologists and in whether there is governmental regulation of the right to practice. Because of this variation, intercountry mobility has generally been addressed on an *ad hoc,* individual basis. In addition, because competence to practice requires knowledge of linguistic and cultural nuances and assumptions specific to the local culture, regulatory bodies may be unwilling to accept training and experience gained outside that culture as sufficient for practice. Thus, for example, a jurisdiction may require supplemental local training or supervised experience, even for experienced professionals from another jurisdiction.

As the chapters in this text attest, differences in the admission to and structure of educational systems, the definition of practice areas for the psychologist/psychotherapist, the required education and training level for entry into the profession, the mechanism for achieving a license to or recognition for practice, as well as requirements for expertise in the local language and culture present serious challenges to mobility. These challenges suggest a need for concerted cross-country or cross-region collaboration to foster a truly international psychology.

Full mobility within a regulated profession such as psychology would require agreement on mechanisms for quality assurance and procedures for reciprocal recognition across jurisdictions. There is discussion but no consensus at national, regional, and international levels about common standards for promoting quality assurance that address (a) content, scope, and level of education and training; (b) determination of equivalence of education and training; (c) accreditation/designation of programs for education and training; and (d) national credentials. Achieving universal standards for education and training or the equivalent is a significant challenge because education and training, practice norms, and national regulatory structures are neither universal nor equivalent and are frequently difficult to compare within the profession of psychology.

BARRIERS TO MOBILITY

Psychology's education, training, and practice variability underscore the structural, pragmatic, and cultural barriers to mobility. As an illustration, the following questions were excerpted from queries sent to the authors' host organizations (American Psychological Association [APA] Office of International Affairs and the National Register) and are typical of the mobility issues that arise in an international context. We use them to begin mapping the landscape of what international mobility entails.

- "I am a psychologist studying for a PhD in Israel. I would like to pursue an internship in the United States."
- "I am a psychologist trained in Argentina and moving to the United States. How do I obtain a license to practice?"
- "I am a clinical psychologist in Pennsylvania. I am relocating to the UK. Do I need a license to practice there, and will my U.S. license transfer?"
- "I am completing my coursework for a PhD in clinical psychology and want to do my internship abroad. Will this pose problems when I return to work in the United States?"

Structural barriers include legal and regulatory requirements for professional practice, which are not designed to accommodate professionals

whose education, training, and experience occurred in other jurisdictions. Difficulties in meeting legal and regulatory requirements generally arise because of cross-country differences in the educational and training systems and in the requirements for the practice of the profession. These barriers are not unique to psychology; they pertain to any profession in which professional competence and credentials form the basis of permission to practice. Even professions in which the content matter may be expected to be relatively culturally neutral, such as engineering, face this barrier, as the following quotation indicates:

> Definitions of licensed professional engineers are as varied as educational systems and degrees in engineering across the world. Equally diverse are varied definitions of licensures, registrations or certifications, and titles of professional engineers. The international recognition of accredited degrees alone is not equal to licensure to practice professional engineering internationally. Other potential concerns for *full mobility* as licensed professional engineers involve differences in national standards, requisite language/communication skills, professional responsibilities and accountability, applicable jurisdictional codes, continuing education requirements, etc. The licensing of engineers must ensure that there is quality, expertise and trust in the engineering services. Internationally, there is a multitude of national licensing bodies with very diverse requirements. To date, because of these complexities, there are no direct universal broad-based reciprocal agreements for the transferability of national licensures for international practice. (Kasuba & Vohra, 2004, p. 43)

Variability in quality assurance definitions and mechanisms and lack of a universal set of standards or a universal system for quality assurance are characteristic of psychology as well.

In addition to structural barriers, psychologists face pragmatic and cultural barriers to mobility. *Pragmatic barriers* include a lack of core information about how to meet the various requirements for professional practice across the world's countries that could be used in education/training programs to prepare students for international activities. *Cultural barriers* refer to the growing recognition that language, ethnicity, and local customs can make an important difference in psychological practice and that psychological expertise must include knowledge of the local history and culture ("cultural sensitivity"). In a profession like psychology, where much of the interchange is verbal (in interviews, consultations, and therapeutic situations), effective international practice may require broader expertise in both language and cultural understanding.

In this section, we examine the landscape by highlighting the answers to some of the questions we received from psychologists/students interested in transborder employment or training—including psychologists interested in working in the United States and psychologists from the United States interested in working abroad. To help address these

questions, we solicited input from groups that are involved with licensing at the organizational level in the United States (member boards of ASPPB) and combined that with the experiences of the National Register credential-review process for foreign-trained psychologists. These questions involve fundamental issues regarding accountability in international mobility.

International Psychologists Applying for Licensure in the United States

When a psychologist from outside of North America wants to practice in the United States, the psychologist must demonstrate equivalence to U.S. standards in three foundational areas: education, training experience (practicum, internship), and one year of supervised postdoctoral experience. Assuming those criteria are satisfied, the psychologist must pass the licensure examination in order to be licensed. (Typically, countries other than the United States and Canada do not require an examination in order to practice; thus, demonstrating equivalence of examination procedures is not required.)

In general, the licensing boards in the United States and Canada who responded to a survey noted that they do not license an applicant merely on the basis of his or her holding a license, being chartered, or having other credentials from another country. The applicants must first demonstrate that they meet the specific education and training standards in that jurisdiction. Most respondents also noted that practical experience—internships and work experience—must be completed in the United States or Canada where more is known about the settings, the supervising psychologists, and the direct service experience.

Education/Training Equivalence

In most U.S. states, obtaining a license to practice requires fulfilling educational and internship/experiential requirements. For foreign psychologists who did not complete equivalent training, requiring compensatory education, training, or experience typically constitutes a significant barrier. First, there is generally a lack of correspondence between U.S. and foreign standards for education as a professional psychologist. The educational systems and degree nomenclatures do not correlate easily. For example, the years of specialized education/training in psychology required for a master's degree vary from two (in the United States, following a general bachelor's degree) to six (in many European countries, students receive specialized psychology training for four years of post-secondary education and two years of postgraduate training.) Many graduate programs in the United States do not require a bachelor's degree in psychology for admission.

The general procedure for ascertaining equivalence is that candidates must first have their graduate education (transcript) reviewed for equivalence to a U.S. degree by a member organization of the National

Association of Credential Evaluator Services (NACES) or by the National Register. If deemed equivalent by those standards, the application is processed and the specific coursework is reviewed. For some U.S. jurisdictions, there is no regulatory provision for being allowed to take supplementary coursework to make up deficiencies in order to qualify for a license. Not meeting the requirements based on an existing degree would mean that the only way to qualify would entail completing a new U.S. or Canadian doctorate, although some of the coursework taken in a foreign country might count toward the new degree.

Recently, the United Kingdom and other commonwealth countries initiated the DClinPsy degree, which may be viewed as similar to a PsyD in the United States. However, as with any international training, the coursework taken would need to meet the curriculum requirements in the ASPPB/National Register Designation Criteria (http://www.nationalregister.org/designate.html) or adhere to the APA/CPA guidelines for accreditation (http://www.apa.org or http://www.cpa.ca) to be eligible for fulfilling education requirements in the United States or Canada.

Internship Requirements

Within the United States, there are a number of mechanisms used to evaluate a training experience to determine whether it meets the criteria for an acceptable internship. In addition to APA/CPA accreditation of internships, there is review of internships by the Association of Psychology Postdoctoral and Internship Centers (APPIC), and a list of all acceptable internships can be found online (http://www.appic.org). Most jurisdictions in the United States require completion of an acceptable internship for licensure.

Obtaining a U.S. internship is difficult for psychologists not educated in the United States. Of the more than 600 APPIC internship sites, only 186 would consider students who are citizens of countries other than the United States or Canada. Also, only 234 programs will accept students who come from doctoral programs that are not accredited by APA/CPA (and by definition, all doctoral programs outside North America are currently not accredited by APA/CPA). Even within these programs, international students (who have obtained their education outside the United States and thus have not attended APA/CPA-accredited doctoral programs) may not find internships because there are considerably fewer internships slots available than there are applicants. This limited availability effectively bars non-U.S. students from acquiring U.S. internships.

U.S. Psychologists Wishing to Practice Abroad

U.S. psychologists who want to practice in countries outside North America face the same type of barriers as those faced by non-U.S.

psychologists who wish to practice in the United States—differences in educational systems, regulatory systems, and professional nomenclature. The entry level for practicing psychology independently in the United States is generally the doctoral degree. In other countries, a master's or undergraduate degree in psychology may qualify one for practice as a psychologist or a psychotherapist, even without statutory licensure. However, these psychologists may pursue a doctoral degree in psychology after licensure, especially if they intend to do research and teach.

In some countries (such as the UK, Ireland, Australia/New Zealand, and Mexico,) the educational background required for achieving recognition as a psychologist includes completion of an undergraduate degree in psychology. Thus, when applying for a license, U.S. applicants may need to document their undergraduate education in psychology in addition to doctoral education and training in the United States. This is the case in the United Kingdom (see Chapter 6) and in Canada, where most (if not all) applicants for graduate admission in psychology must have completed an honors undergraduate degree in psychology (see Chapter 2, Cameo 2).

Differences in educational sequences present a different level for determining equivalence outside the United States. For those countries where the bachelor's degree in psychology is required for admission to graduate training, that degree would be closely examined for equivalence. Supplemental work may be needed to make up for the differences in background (see Hall & Lunt, 2005, for a report on five years of the British Psychological Service compensatory measures).

PROMOTING MOBILITY: MODEL OF AN INTERNATIONAL PSYCHOLOGY

The current state of professional mobility is challenged by global variation in education, training, and regulatory processes. Although there are regional attempts to regularize some of these dimensions, it is unlikely that there will be universal educational standards or universal regulatory systems in the foreseeable future—both for pragmatic reasons and because psychology and psychological practice take different forms across different cultures. However, mobility can be enhanced by increasing information and increasing exchange for common experience. In the next section, we outline some examples.

Currently, there is no accurate and comprehensive international database of licensing requirements. Psychologists who wish to educate themselves on licensing and regulatory requirements search for advisors or knowledgeable colleagues on an ad hoc basis through informal networks or by contacting national psychology associations in the target country. In many cases, access points for relevant information may be only in the country's home language. When information is found,

it must often be contextualized to the specific country's educational, training and experiential systems and requirements—and understanding other countries' systems may be difficult. In addition, much of the essential information for licensure in a country is not available online. Thus, working to develop accessible and comprehensible information about how to work in other countries will be a successful portal to promoting mobility.

In writing their article on global mobility for the *American Psychologist,* Hall and Lunt (2005) had to rely often on secondary sources to determine the state of the profession in certain countries (e.g., Stevens & Wedding, 2004). Limited information is available in journals such as the *European Psychologist,* the *International Journal of Psychology,* and other similar publications. Finding information directly from national associations is not easy: although there are comprehensive directories of national psychology associations (see http://www.apa.org/international/intlorgs.html), generally these directories do not list the individual offices of national associations or the name of the person to contact for psychologist-recognition materials. Thus, one simple way to foster mobility is to create a central, comprehensive repository for this information. Steps toward such information have been initiated by a number of organizations as follows:

1. The European Federation of Psychological Associations (EFPA) has asked each of its member country associations to provide information on education, training, and regulatory procedures. At the same time, EFPA has developed a standard for the education and training of psychologists for the EU member states to adopt as a basis for automatic recognition. This standard, the EuroPsy framework, consists of a master's or equivalent level of university training in psychology for a total of six years and of one year of supervised practice included in or in addition to the university degree (Tikkanen, 2006).
2. Within the United States, APA is developing a resource called the *Psychologists' Map of the World* that will provide this information through a Web portal. In collaboration with other organizations (e.g., the National Register) and with countries around the world, this resource will provide an English-language guide to links to regulatory requirements, contacts, and procedures. Such a database with information on the basic architecture of regulatory requirements across countries will be part of a larger database covering information on academic institutions, research regulation procedures, and professional issues in psychology.
3. Within the United States, ASPPB (http://www.asppb.org/about/boardContactStatic.aspx) and the National Register

(http://www.nationalregister.org/links_licensingboards.html) provide links to the 63 U.S. and Canadian regulatory board Web sites. Thus, if the psychologist can read English, he or she can determine the requirements, often totally online, by visiting the jurisdictional regulatory board office. The APA no longer compiles U.S. licensure requirements across states into one document because constant revisions to statutes/regulations make it difficult to be accurate.

4. EFPA is negotiating with the European Commission to "build a common platform" (http://ec.europa.eu/internal_market/qualifications/docs/future/platforms_en.pdf) by collecting exact data of the duration and content of the training of psychologists in the EU member states. When a procedure is implemented for registering psychologists whose education and training fulfill the EuroPsy standard, psychologists will benefit by being granted automatic recognition without engaging in any compensation measures. Out of this complex process should emerge a complete picture of the recognition of psychologists in Europe.

CONSENSUS ON QUALITY

Quality assurance for professions generally includes standards for education, training, and professional experience. Mobility should be based upon a foundation of organized systems of quality assurance such as accreditation/designation of education and training programs or a national license. However, most professional organizations that accredit educational programs do not do so internationally, and there are no internationally active accreditation programs. In some countries, a national license is either present (Mexico) or recently approved (Australia). However, a national license for psychology does not exist in North America and is not likely to be developed in the foreseeable future due to jealously guarded state's rights.

There are ways in which international mechanisms for mobility may be fostered. One method would be to develop an *international register* of professional psychologists who have met a set of agreed-upon requirements for a credential awarded on the basis of explicit and national/international criteria. Examples are the National Register (U.S.) or possibly, in the future, the EuroPsy Card (EU). Although such registration may be a necessary first step toward universal recognition, there is no guarantee that jurisdictions will recognize these credentials for mobility purposes. At present, registries are voluntary and individual-based and focus on the individual's degree level and experience (EU and Australia/New Zealand) or doctoral degree, experience in health-service provision, licensure (including the examinations needed), and

absence of disciplinary activity. Prior to adopting this approach for international licensing, it would be necessary to reach agreement on jurisdictional qualifications, national/international qualification standards, and adoption of the international registry's credential.

Another model is to implement *international accreditation* of education and training programs. Such an attempt is presently underway in the European Union. The Bologna Process/European Higher Education (BP/HEA) concept was initiated by 29 countries in 1999. This consortium covers the entire European continent. Its aim is to have a common degree-recognition and quality assurance accreditation system in full operation by 2010. A test is whether the EU universities will embrace the Bologna Declaration. If so, those standards, in combination with the EuroPsy standard, should make possible a European psychologist register, assuming the infrastructure and funding are present to implement such a register.

A third approach is to consider regulatory systems. The United States built its regulatory system primarily on the provisions of the APA Model Acts (APA, 1955, 1967). These *model acts* were not intended to be a mandated standard but a guideline. As a result, great variability in the actual provisions adopted in the United States over the subsequent years exists at the state level. A number of states are now considering the implementation of the new APA-recommended education and training requirements for licensure; this includes a provision for the second year of experience to be completed predoctorally or postdoctorally (APA, 2006). This 40-year timeframe reflects how slowly change occurs in education and training.

An additional method would be a *confederation of mutual recognition* of national-level quality assurance programs. A confederation composed of organizations responsible for quality assurance within countries might agree on a set of principles or procedures for establishing quality assurance in member countries, and this process could lead to international equivalence. An example of this is the Washington Accord for the engineering profession, a confederation that provides a mechanism for mutual recognition between signatory bodies of engineering-education accreditation processes. Each country involved expresses its confidence in the quality assurance processes of the other member countries. By extension, this leads to the effective mutual recognition of accredited engineering degree courses/programs, and generally to exemption from the education requirement for practicing in each of the signatory countries. Within this accord, individual engineering institutions are licensed to accredit courses/programs that meet academic standards for admission to the register as well as to assess the academic standards of candidates for registration who have not followed an accredited course. No such body exists for psychology at this point. The greatest challenge to developing one is the variation in degree levels required for psychological practice globally.

A more individualized approach might stem from working through *international trade agreements* (e.g., Asia Pacific Economic Cooperation, APEC) as in engineering. This approach would involve developing a register of nationally prescreened professionals for professional practice and seeking endorsement from each country. In this case, the individual would need to meet licensure requirements in his or her own country, and the registries are, of course, only advisory. In a current example, only those applicants from APEC countries can be listed in the register. Upon request, the national jurisdictional body reviews an applicant from a country that is a signatory to the trade agreement and determines whether to license that person. For North America, the corollary trade agreement would be NAFTA, which covers the United States, Canada, and Mexico. While psychologist representatives of those three countries have been jointly meeting annually for more than 11 years, no register has been developed.

A last option is a more determined focus on *competencies* (outcomes) as opposed to coursework and training (input). One strategy that has been discussed for addressing the global variability in psychology programs and incommensurability of educational systems is to focus on developing international competency evaluation procedures for graduates. Challenges to implementing this option are that assessment of individual competency necessitates significant resources. To date, this model has not been developed. However, recent efforts to develop competency benchmarks for the sequence of education and training leading to licensure are underway in the United States (Competencies Benchmarks Work Group, 2007). Issues of implementation and lack of funding plague this type of approach.

EDUCATIONAL INITIATIVES FOR MOBILITY

Another way to foster international mobility is to incorporate opportunities for foreign-based professional work into training and education programs. Models for fostering international mobility do exist in other licensed professions (such as engineering, architecture, and public health) where graduate programs offer supervised international pre- and postdoctoral experiences. International conferences do foster exchange, as do journal publications. The challenge for psychology, however, is to develop venues and mechanisms for assuring the needed linguistic and cultural expertise for direct service provision in other countries.

Cultural Competence and Skills

Cultural competence is a complex term that is used within countries to indicate awareness of socioeconomic, ethnic, racial, linguistic, and other dimensions that make important differences and contributions to

behavioral interventions. Internationally, cultural competence includes knowledge of the history, culture, language, and social structure of other countries, including knowledge of local language.

Students from the United States generally have little international experience. Some experience can be gained from year-abroad programs, a familiar feature of some high school and bachelor's degree programs that attracts a small (but growing) percentage of the U.S. student population. Another source of knowledge is international students who study in the United States (overall about 5% to 8% of the undergraduate student population). For many students, these two contexts are the only ones in which they might encounter international experience.

There is a general movement in the United States to internationalize curricula and to introduce students to a broad, international perspective. For example, the APA is pursuing a project, initially begun under the auspices of the American Council on Education, to provide general guidance on how undergraduate and graduate curricula can incorporate material and perspectives from most parts of the world. Various groups (including APA Division 2—Teaching of Psychology and APA Division 52—International) are preparing materials for incorporation into the classroom.

Beyond internationalizing the curriculum, acquiring international experience and cultural competence is a challenge for promoting mobility. Although there are at present no general guidelines specifically for psychologists' international professional activities, global organizations such as the World Health Organization have released guidelines for psychosocial interventions (e.g., the Inter-Agency Standing Committee guidelines) and for specific topic areas (e.g., AIDS, sexual trauma, psychological first aid).

OTHER ROUTES TO MOBILITY

Of course, not all psychologists who practice internationally do so by registering as a local professional. Psychologists also work within global organizations in a variety of professional roles—providing service to expatriates or other company personnel, consulting, and training. At present, we have little information on the scope or nature of these positions and the psychologists who fill these positions. A resource with information for psychologists on how to find and pursue global employment opportunities would also increase the opportunities and motivation for international mobility. A number of organizations in the U.S. and elsewhere are training psychologists to work with international nongovernmental organizations for short- or long-term assignments (see www.apa.org/international/resources for a list). Psychologists also have active roles as consultants in international contexts. Counseling and I/O psychology training programs produce

psychologists whose consulting work includes work with foreign corporations, businesses, and universities.

ETHICAL ISSUES AND MOBILITY

There are currently a number of initiatives to consider universal ethical principles for psychology (see Chapter 4, Cameo 3) and to post a resource with links to codes of ethics across countries (http://www.iupsys.org). Ritchie (Chapter 4) addresses these ethical issues from the perspective of professional accountability. These are issues on which psychology must engage and discuss as the opportunities for international mobility steadily increase.

CONCLUSION

If this chapter were to be written in 10 or even 5 years from now, we imagine it would cover a psychologists' world with much greater international mobility than today—as individuals, organizations, and regulatory bodies are all actively addressing the challenges to international mobility and searching for mechanisms that will take account of international variation in education, training, and work opportunities. The challenge in the international arena is to devise mechanisms for accountability across borders that are sufficiently specified to be useful and that accommodate variation in the definition of education, training, and regulations governing professional psychology. The development of international mechanisms for shared standards and accountability is under discussion. Progress at the regional level (in North America, Europe, and Asia) provides models and optimism that the shrinking world will be one in which psychologists of all nations can share expertise and experience and can promote ways in which globalization and local culture can interact for the benefit of those they serve.

REFERENCES

American Psychological Association, Committee on Legislation. (1955). Joint report of the APA and the CSPA (Conference of State Psychological Associations). *American Psychologist, 10,* 727–756.

American Psychological Association, Committee on Legislation. (1967). A model for state legislation affecting the practice of psychology 1967: Report of the APA Committee on Legislation. *American Psychologist, 22,* 1095–1103.

American Psychological Association, Council of Representatives Minutes. (2006, August). *Policy on education and training leading to licensure.* Retrieved December 1, 2007, from http://www.apa.org/governance/cpm/chapter4b.html#7.

Assessment of Competencies Benchmarks Work Group. (2007, February). *A developmental model for the defining and measuring competence in professional*

psychology: Draft report. (Convened by the APA Board of Educational Affairs in collaboration with the Council of Chairs of Training Councils.) Retrieved June 1, 2007, from www.apa.org/ed/resources.html.

Canadian Psychological Association. (2001, June; 2004, June). Mutual Recognition Agreement. Retrieved December 18, 2007, from http://www.cpa.ca/documents/MRA.pdf.

Hall, J. E., & Lunt, I. (2005). Global mobility for psychologists: The role of psychology organizations in the United States, Canada, Europe, and other regions. *American Psychologist, 60,* 712–726.

Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings.* Geneva: Author.

Kasuba, R., & Vohra, P. (2004). International mobility and the licensing of professional engineers. *World Transactions on Engineering and Technology Education, 3,* 43–46.

Stevens, M. J., & Wedding, D. (Eds.). (2004). *Handbook of international psychology.* New York: Brunner-Routledge.

Tikkanen, T. (2006, July). *The present status and future prospects of the profession of psychologists in Europe.* Paper presented at the meeting of the International Congress of Applied Psychology, Athens, Greece.

11

Synthesis and Concluding Comments

George Hurley

WHY ACCOUNTABILITY?

Hall and Altmaier open this text (Chapter 1) with the assertion that accountability is both multifaceted and the sine qua non of any profession. No profession, by definition, can lay claim to self-regulation without a concomitant contract with society. This ongoing professional obligation promises a high level and evolving set of standards of education, training, and conduct that contributes to both the profession and society through the understanding and betterment of individuals, groups, communities, and culture. These are lofty goals and difficult to attain within any country, let alone to accomplish on a global scale. However, this is precisely the task set forth for a global professional psychology that seeks to better understand and implement ways to promote human good and prevent harm through the accountability mechanisms of education, training, licensing, credentialing, and ethical practice.

Across time and geographic space, professional psychology has sought to anchor itself in the origins of science. No system of education, training, and practice, as described by authors in this text, has moved to divorce itself from the scientific foundations, even as contextual elements of professional training become more prominent across countries. Core content criteria for professional psychology (despite global variety) have historically been perhaps the most consistent benchmarks for professional accountability. However, this basis for the evaluation of quality education and training is beginning to morph into new forms—not only by virtue of changes of philosophies and models of education, training, and credentialing in professional psychology but by its rapid and near-global expansion in a variety of cultural, regulatory, and societal contexts.

Specific questions and tensions derive from these shifts. As noted by Nelson, Belar, Grus, and Zlotlow in their contribution on evaluation within higher education (Chapter 2), "questions that are fundamental to concerns about accountability . . . to whom, about what, and through

what process" occupy much of the debate about how best to develop and implement accreditation standards. The same questions, by extension, apply to the entire scope of international accountability in professional psychology.

GLOBALIZATION AND THE DEVELOPMENT OF ACCOUNTABILITY

What then of the larger geographic landscape where systems of accountability for professional psychology are just developing and in more formative stages, or where significantly different traditions and histories are already embedded in country and culture? Developing accountability mechanisms, whether through internal professional forces and/or external demands, that are culturally and developmentally relevant yet flexible enough to adapt to national and international change remains arguably the prime challenge for any truly international scope of accountability in professional psychology.

On a countrywide basis, Waring's description (Chapter 8) of Australia's rapid and cohesive internal development of education, training, and regulation under the auspices of the Australian Psychological Society—then followed by Australia's Mutual Recognition Act—highlights some of the transitional difficulties of moving from a single, cohesive, national, and professional accountability mechanism to a more devolved, state-based accountability structure, then back to an integrated accountability approach. Fortunately, recapturing coherence and consensus for professional psychology's accountability in Australia and related territories continued to be an evolving negotiation with other health-care professions and the government, resulting in a successful national reintegration of health-care professions through a national registration and, thus, national mobility mechanism.

On the other hand, Hernández-Guzmán and Sánchez-Sosa (Chapter 5) highlight that, from a Latin American perspective, curricula have historically tended to vary according to country and training traditions; an example is the predominance of psychoanalytic training in Brazil, Uruguay, and Argentina. With the advent of political trade initiatives such as the Common Market Treaty of the South (Mercado Común del Sur, or MERCOSUR), psychology's professional/scientific identity and psychology training curricula are now becoming more harmonized for signatory countries as consensual definitions for professional psychology, which have been operationalized and embedded in treaty language. Lunt (Chapter 6) makes a similar observation that Europe's tradition of highly disparate education and training philosophies in professional psychology have begun to shift toward increased cohesiveness due to intersecting influences such as the European Federation of Psychologists Associations (EFPA) with the EU-generated Bologna Process and its subsidiary directives and initiatives. These latter examples

suggest that international accountability mechanisms do not seem to develop without the presence of both internal and external forces that align around multinational interests. In individual European regions like the Netherlands, described by Molen and Visser (Chapter 7), or the United Kingdom, highlighted in Lunt's cameo (Chapter 6), countries connected to these international political initiatives are becoming increasingly sensitive and responsive to more internationally generated goals for the professions and professional psychology.

THE CHANGING LANDSCAPE IN METHODS OF ACCOUNTABILITY

Inputs to Outputs

The major shift to a "mission-objective" frame of reference in U.S. accreditation, as described by Nelson, Belar, Grus, and Zlotlow (Chapter 2), reframes the focus on outcomes assessment in higher education and is forcing a new form of thinking about accountability in the context of program accreditation. Although perhaps more developed as policy formulations in the EU (Lunt, Chapter 6), this shift is now endorsed by a growing number of U.S. educators and trainers as models and measures are developed through interorganizational initiatives (e.g., the Council of Credentialing Organizations in Professional Psychology, CCOPP) and national conferences on competencies (e.g., APPIC Competencies Conference, 2002; Competencies Workgroup, 2007). Yet this movement has really just begun in earnest for professional psychology in North America. Leon Smith and Sandra Greenberg (Chapter 3) note that competency measures as applied to professional graduates are now becoming operationally defined in the United States and elsewhere and hold promise for making professional psychology and professional psychologists more accountable across the entire professional life span.

The shift to outcome measures for professional psychology in a growing number of countries, although seen as real progress in accountability, is still confounded by the fact that different countries have different approaches to implementing this methodology. As an example, the two historically allied accrediting bodies in Canada and the United States point to the difficulties that even well-developed and quite similar systems of accreditation in professional psychology experience as these measurement shifts occur. As noted by Cohen in her cameo on CPA accreditation (Chapter 2), Canada likewise has worked to develop more of an output-based model of program accreditation for professional psychologists. Driven largely by national mobility initiatives (i.e., Canada Agreement on Internal Trade and Federal Labour Mobility Movement leading to a Mutual Recognition Agreement for Psychology), CPA accreditation procedures for doctoral programs and internships have undergone

redesign. However, even in these highly overlapping systems of program accreditation, besides certain cultural nuances, differences in philosophy of accountability exist regarding how far mission-based thinking should supplant fundamental, time-honored, criteria-based measures for determining program quality or at what level specialization might occur. It appears that such a shift in quality assurance mechanisms that are competency based will still require international consensus building and flexibility of evaluative focus in order to garner the benefits derived from such an approach.

Licensing and Credentialing

In the area of individual certification of professional psychologists, similar issues remain to be resolved as licensing and credentialing bodies continue to refine criteria for competence to enhance both portability and national or international acceptance. Bullock and Hall (Chapter 10) note that endorsement by credential has been one of the most effective mobility vehicles to date—at least in North America—as this approach allows for a more nationally focused approach to ensuring accountability measures and expediting mobility for psychologists without overriding local jurisdictional requirements. As Lunt notes, somewhat similar but even more ambitious plans are underway in Europe to develop a European Certificate in Psychology (EuroPsy) that will provide a cross-national credential for qualified EU psychologists, along with the development of a consumer-searchable register of European psychologists holding the EuroPsy (Chapter 6). The intent to limit the EuroPsy certification to seven years' duration should enhance accountability for professional psychology as it models long-standing methods of accountability already embedded in the certification mechanisms of other health-care professions.

Ethics and Global Accountability

As noted by Ritchie in his contribution on ethics, conduct, and standards as vehicles of accountability (Chapter 4), the level of attention to ethics is markedly higher than in the past. Ritchie adroitly points out that ethical issues have become much more salient for the profession and the public, as the susceptibility of professionals to destructive social pressures is now understood to be more pervasive than many have erstwhile cared to believe. Whether acknowledging the past infractions of professionals due to wartime circumstances or acknowledging the present reality that no one—however educated and trained—is immune to these forces, the public and professional recognition of these influences means greater scrutiny and accountability for professional psychologists as they work across the world. Such increased awareness has made ethical principles and conduct for psychologists an ever

higher priority and has led to the investigation of how others develop and manage their ethical principles, moral frameworks, and codes of conduct.

Lunt notes that Europe has already developed a European Metacode of Ethics. Canada has likewise developed a code of ethics that draws from a wide variety of other countries' work. Sánchez-Sosa and Hernández-Guzmán report that the Mexican ethical code was recently updated using data from ethical dilemmas faced by Mexican psychologists. Finally, Gauthier's cameo (Cameo 3) outlining the development of a universal declaration of ethical principles for psychologists drawn from five continents demonstrates that there are indeed some areas of professional psychology that seem particularly amenable to more universal approaches—perhaps because this area represents core human values that transcend countries and societies. Such a template of moral principles, derived through an investigation of common ethical principles across continents, offers one of the more inspiring examples of how professional psychologists can work together to develop the possibility of a shared global framework and a possible universal standard that could serve as an ethical benchmark to a developing global professional psychology. The question then remains: if ethical principles can potentially serve as a more unifying common denominator for professional psychology across continents, are there other mechanisms available to help shape professional psychology into a more unified global profession?

Mobility and the Nation State

As noted by a number of authors in this text, mobility has been a professional conundrum at the best of times. Bullock and Hall (Chapter 10) note that mechanisms to facilitate mobility—either nationally or internationally—have only come onstream in the last 10 years. Often, progress appears driven by national or international initiatives that force local standards to change. Whether NAFTA, MERCOSUR, or EU treaties or declarations such as the Bologna Process, all compel professional psychology to increasingly harmonize and/or multinationally recognize their quality assurance mechanisms in order to offer a more level playing field for mobility purposes. While this push for harmonization or mutual recognition often moves the mobility agenda forward, Bullock and Hall highlight the resultant tension from these forces for professional psychology when they note that the "challenge in the international arena is to devise mechanisms for accountability across borders that both are sufficiently specified to be useful and accommodate variation in the definition of education, training, and regulations governing professional psychology." These authors point out that structural, pragmatic, and cultural barriers all contribute to retardation of mobility for professional psychology, and that each must continue to be addressed to expedite any mobility agenda.

THE FUTURE OF ACCOUNTABILITY: CHALLENGES AND PROMISES

All authors of this text have articulated the challenges and promises in the development of accountability in professional psychology across various parts of the globe. Across this text, there are evident trends that are worth noting. First, standards are being developed and implemented for professional psychology that focus more on quality assurance aspects of professional education, training, and certification. Second, there appears to be greater coordination by professional, educational, and governmental bodies among and across countries as professional psychology is recognized as a growing and important profession for society. Third, there appears to be greater attention paid by professional psychology to international treaties as mechanisms for promoting professional mobility. What perhaps is most striking of all is that, given the recent and rapid expansion of professional psychology—and despite the challenges in developing and implementing accountability mechanisms that keep pace with both national and international trends—such issues are now beginning to be seriously addressed. Among considered remedies for improving international accountability are a cluster of five process issues mentioned or inferred by authors of this text that appear to facilitate accountability on both a national and international scale. These issues include the following:

- *Information Access:* developing mechanisms that will allow easy access to information about education, training, credentialing, and ethical practice across countries. The near-ubiquitous availability of Internet technology now readily allows for near-instantaneous information exchange. What remains is a more centralized aggregation of relevant information for access.
- C*ommunication:* developing mechanisms/bodies/structures that allow for easier communication and decision making among diverse international constituencies on matters of mutual importance.
- C*oordination:* developing mechanisms/bodies/structures that facilitate internationally oriented accreditation, licensing, credentialing, and ethical practice that meet acceptable accountability standards across countries.
- *Implementation:* endorsing national and international perspectives on the implementation of principles, structures, and platforms that honor legitimate national/regional differences and offer flexibility in models and methodologies of accountability.
- *Trust:* through the above processes, developing principles, procedures, standards, and accountability mechanisms that are widely agreed upon and transparent in their design, implementation, and utilization and are open to review over time.

How might these five process issues be facilitated in more practical terms? First of all, such process issues tend to be sequential in their implementation. Information access often lays the groundwork for communication, which sets the stage for coordination and implementation issues before trust in the process is eventually developed. Perhaps the best way to address practical remedies for specific topics in international accountability is to first assess their stage of progress along these process issues; for example, do people actually have ready access to needed information in order to then communicate with one another about specific accountability issues? As an example, Bullock and Hall (Chapter 10) point out that at the moment, there is no comprehensive database of regulatory requirements across countries. However, the authors' institutions (APA and National Register) will collaborate on the development of a database with information on the basic architecture of regulatory requirements across countries as part of a larger database covering academic, research, and professional issues in psychology (APA's Psychologists' Map of the World). Although regional progress on regulatory requirements has been made in part because such relevant information is more readily available and lays the basis for communication, coordination, and implementation, there remain many large holes in the global information network leading to the loss of opportunity to access and/or compare already existing or newly developing frameworks.

Bullock and Hall's observation that a criterion-based doctoral designation mechanism for professional psychology already exists for potential use by the international community but has yet been untapped as a resource is perhaps one such example of a situation in which information about an accountability mechanism is not in an easily recognized form and therefore is not accessed by others in the international community. Clearly, easier access to relevant international information through more coordinated thematic informational structures would go a long way toward disseminating what already exists, or is in the process of development, and would offer the opportunity for targeted communication regarding specific accountability issues of mutual concern.

For communication issues, the development of mechanisms, bodies, or structures that allow for easier communication and decision making among diverse international constituencies on matters of mutual importance are in many ways already in place, but often they are not utilized to their optimum potential. As an example, there are a number of nationally and internationally oriented professional psychology associations that conduct their affairs on a variety of topics germane to the membership of the associations. With some notable exceptions (e.g., the three international congresses on licensure and credentialing in professional psychology), these meetings or congresses tend not to convene for purposes of addressing a single large and mutually shared

international issue around accountability in professional psychology. More often, such targeted meetings occur through more specialized coalitions of organizations devoted to a specific area, such as credentialing or mobility issues. As an example from North America, the CCOPP is composed of organizations coalescing around credentialing issues germane to U.S., Canadian, and, recently added, Mexican professional psychology (CCOPP Graduate Education: http://www.apa.org/ed/graduate/ccopp.html; CCOPP Conceptual Framework for Specialization in the Health Service Domain of Professional Psychology: http://www.nationalregister.org/ccopp.html; Credentialing Opportunities for Psychologists: http://www.nationalregister.org/credopps.html). Other North American interorganizational coalitions include the Trilateral Forum on Professional Psychology, where psychologist representatives from Mexico, Canada, and the United States have convened yearly for the past 12 years to develop countrywide options to improve North American professional mobility.

However, even with the efforts of these more targeted groups, it is difficult to directly implement ideas, as these coalitions may not have official standing or overall authority for reconciliation of such issues, given that each member organization must individually decide upon the appropriateness of the recommendations for their own organization and country. Although such a process is often time consuming in the best of circumstances, such coalitions seem to presently offer one of the better interim professional mechanisms for addressing more internationally oriented accountability issues. In the future, one might expect larger assemblages (e.g., international conferences) of such mutually interested bodies, representing even broader geographic regions that meet on a regular basis as a way to share ideas on developing or sharing already existing systems of accountability.

Coordination and implementation issues for developing mechanisms, bodies, or structures that facilitate internationally oriented accreditation, licensing, credentialing, and ethical practice and which meet acceptable accountability standards across countries are, as expected, more difficult and complex tasks. Assuming the good will and/or political necessity exists to coordinate various accountability mechanisms on a more national or international scale, much negotiation would have to take place, and this would most likely be predicated on a philosophy of implementation already described—endorsing national and international perspectives on the implementation of principles, structures, and platforms that honor legitimate national/regional differences and offer flexibility in models and methodologies of accountability. Here, some examples could include working toward national/international mechanisms that would acknowledge and endorse various components of education, training, certification, and ethical conduct. Cohen suggests that Canadian psychology is committed to developing with

other organizations a multinational or international accreditation system, perhaps borrowing their strategy from another discipline, such as the Washington Accord for Engineers (Cameo 2). Thus coordination and implementation issues are not out of reach when based upon a continued, shared philosophy of implementation and mutual trust that an acceptable accountability outcome will be reached. Numerous other mobility initiatives or mechanisms proposed by Bullock and Hall—that is, educational initiatives for mobility, cultural competence, and training, or a confederation of mutual recognition of national level quality assurance programs—suggest that there are a variety of possible approaches to help meet the problem of global mobility, each perhaps emphasizing a different aspect of accountability, but all addressing that common end point. Finally, Australia's recent move to implement a national register for health-care professionals and national mobility for professional psychologists and other registered health-care providers through a national license is yet another example that shows that there are ways and means to overcome local and regional barriers when practical necessity, political will, and mutual cooperation converge for professional and public good (Chapter 8).

As noted by many authors of this text, the process of developing accountability mechanisms increasingly acceptable to large portions of the international community is a slow and arduous task requiring inventiveness, political courage, and mutual cooperation. Some may argue that it is not worth the effort. However, the risks of not addressing such an undertaking are even larger. As Stricker notes in his chapter on quality assurance (Chapter 9), psychology has a historic propensity for Balkanization and can be highly resistant to change in local standards—in large part based upon untested assumptions that one jurisdiction's standards are inherently superior to another. Stricker's call to arms for professional psychology in these situations is to "act like psychologists" and—through research—begin to assess the true comparability of quality assurance mechanisms across jurisdictions. In summary, without sustained forward progress toward a more global professional psychology and an openness to learning from those who have overcome Balkanization, professional psychology runs the risk of losing precious momentum and thereby becoming less relevant as a highly regarded and critical worldwide health-care profession for its many global publics.

REFERENCES

Council of Credentialing Organizations in Professional Psychology (CCOPP). (2007). American Psychological Association Graduate Education Web site. Retrieved December 13, 2007, from http://www.apa.org/ed/graduate/ccopp.html.

Council of Credentialing Organizations in Professional Psychology. (2004, January). *A conceptual framework for specialization in the health service domain of professional psychology.* Retrieved May 7, 2007, from http:www.nationalregister.org/ccopp.html.

Council of Credentialing Organizations in Professional Psychology. (n.d.). *Credentialing opportunities for psychologists: Doctoral and postdoctoral sequence in the US and Canada from entry into graduate school to HSPP and specialty board certification.* Retrieved May 7, 2007, from http://www.nationalregister.org/credopps.html.

This page intentionally left blank

Index