

**2015 SENATE HUMAN SERVICES**

**SB 2047**

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2047  
1/7/2015  
21745

- Subcommittee  
 Conference Committee

Donald Mueller



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact subsection 8 of section 25-03.2-01 of the North Dakota Century Code, relating to the definition of a qualified mental health professional.

## Minutes:

Attach #1 - Rev. Larry J. Giese Testimony  
Attach #2 - AAMFT Marriage and Family Therapy Core Competencies (12/2004)  
Attach #3 - MFT Educational Guidelines  
Attach #4 - AAMFT Marriage and Family Therapist - The Family Friendly Mental Health Professionals  
Attach #5 - Sarah How Testimony  
Attach #6 - Who are School Psychologists?  
Attach #7 - Terese Schaefer Testimony  
Attach #8 - Children's Mental Health - What Every Policymaker Should Know  
Attach #9 - Model for Comprehensive and Integrated School Psychological Services  
Attach #10 - Standards for the Credentialing of School Psychologists  
Attach #11 - Standards for Graduate Preparation of School Psychologists  
Attach #12 - Principles for Professional Ethics

Alex Conquist, Legislative Management - Testify neither for nor against. This bill came from the interim Human Services committee and forwarded by the legislative management. Section 1 amends the century code to the definition of a qualified mental health professional. (refer to detailed bill reading). The language was recommended by the consultant who was hired by the Interim committee and based on Iowa law.

Senator Dever - what is 25-03 definition apply?

Mr. Conquist - this one is under the children's clinics and there is a separate bill for amending the commitment procedures.

Senators Tim Mathern - This bill came from the deliberations of the Interim Human Services Committee that has proposals based on the recommendations of the Schulte report and the stakeholders and consumers of providers who met in the interim.

1. Testimony of the interim indicated that insufficient mental health professionals around the state. Marriage and family therapist group may be the proper addition to the mental health process commitment process and referrals process in North Dakota.
2. Expertise. Information indicated that treatment with behavioral health problems involves a broader approach. Today, it is appreciated that it is a more complicated issue, including family system.
3. Encourage to hold this bill to allow others to testify, including people interested from Fargo.

In summary, we need more mental health professionals, and that there is a difference in expertise.

Chairman Judy Lee - plan to hold until SB 2049 be heard as more testimony needed.

Testimony in favor:

**Testimony by Rev. Larry Giese** - Reference Attachment #1, 2, 3, 4 (7:48-14:16)

Chairman Judy Lee - part of the concerns expressed is that the marriage and family therapy training is more relationship based rather than diagnosis and clinically treating mental illness. Help us understand the coursework and the internship and clinical hours have changed since the beginning of the field.

Mr. Giese - from personal experience, clinical psychologist was his training supervisor. Caseload was school based program in San Antonio, spoke of DSM in context of what was happening in the families. Diagnosis was made, and treatment plan was built around the family.

Chairman Judy Lee - it is clinically appropriate to be part of the mental health group?

Mr. Giese - yes.

Senator Dever - How many licensed therapists are there in the state? Is there a need for reciprocity with other states?

Mr. Giese - There are currently 41 licensed marriage and family therapists. One is retired and eligible for merit of status (remain title but cannot practice). 13 are in post-graduate supervision training. Regarding reciprocity, many requests of those who were licensed to practice to ND, and then finding out they were not reimbursable, as they weren't considered under the mental health therapy as mental health practitioner, so that has slowed down in the past years. Education they would bring their full license in, but only if it was approved by the other jurisdiction or other state. A lot of times that means they have to start over.

Chairman Judy Lee - how many states recognize marriage and family therapists for reimbursement and recognized as professionals?

Mr. Giese - 38 states. The last three states to get licensure is Montana, Delaware, and West Virginia. They are still organizing, and that was four years ago.

Chairman Judy Lee - Minnesota?

Mr. Giese - Minnesota has been licensing for at least 20 some years.

Chairman Judy Lee - So would reciprocity be available with Minnesota?

Mr. Giese - Reciprocity with Minnesota - many are dual-licensed. You can have a North Dakota license but it doesn't do any good in Minnesota as a Minnesota license doesn't do any good in North Dakota, so you have to be dual licensed. But the reciprocity helps with states further away such as Iowa, Kansas, Oklahoma where there standards are built off of the same regulatory board issues that we have to comply with as well and make sure the education and experience are proper and well documented.

Chairman Judy Lee - Minnesota is not good at reciprocity, including nurses compact.

Senator Dever - the move to a PhD, is that going to be a licensure requirement or an NDSU requirement for graduation?

Mr. Giese - That will be the decision of NDSU.

Senator Dever - So if you wanted to become a licensed therapist in North Dakota, you might be better off going to school in Minnesota and then coming here and applying for licensure?

Mr. Giese - Not sure about that, as there are more and more programs going to the PhD and dropping the masters programs.

Chairman Judy Lee - Is NDSU the only school in ND that is providing this training today?

Mr. Giese - Yes

**Testimony: Rod St. Aubyn, Lobbyist (ending 28:37)**

Provided background - The Interim Human Services Steering committee recognized that we have some significant mental health issues in the state. A bipartisan group, including Representative Hogan and Silbernagle, Senator Mathern and Lee, and others who are interested in this issue, including myself, looked at what needed to be addressed in the interim study. At the same time, the interim committee contracted with Schulte from Iowa. Their role was to be a resource to the consulting firm, bring stakeholders together. After identifying issues with the stakeholders (police, psychologist, psychiatrists, physicians, schools, law enforcement, corrections, hospitals, long term care, DHS-Human Service Centers, etc), they identified solutions and issues. They defined some of the issues - (1) what are the problems that exist in North Dakota that pertain to Mental Health; it's not just in the large cities or oil counties, but throughout the state. Some are legislative issues, some are administrative issues that agencies can deal with themselves. Stakeholders/consumers were very involved. This is one component that the committee will be hearing, and will include access, reciprocity, assessments in schools, others. Problems didn't occur overnight and solutions won't occur overnight, so there will be a timeline of what needs to be done when. This provides background on many bills that will occur.

Chairman Judy Lee - This was intended to be a collaborative approach in the interim committee, conference calls, face-to-face, call-in, to this process; well over 400 people involved. One of the main things is workforce for people to access services.

Those Opposed to SB2047 (31:00)

**Testimony by Sarah How** - Reference Attachment #5

Testimony includes requested language for amendment changes.

There are currently 61 registered with the National Association of School Psychologists. Sarah serves around 1,000 children, where last year she served 2,000, so it varies, depending on the year and the needs. We do need more people at the front line.

**Attachment #6 - Who are school psychologists?**

Primary job is that we help teachers teach and help children learn. One of the barriers to learning is mental health.

School psychologists - working at a federal level. 31 states considered, but not ND yet. School psychologists 61 registered with national school psychologists. Depending on year, could be 1000 to 2000 involved. Help teachers teach and children learn. We need to have a minimum of 60 graduate credits, 1200 practicum hours in the field, and it has to be delineated by age, child development from age 3 to 21, and supervised experience.

Chairman Judy Lee - serve people 3-to-21 because of the federal law that schools have to supply services for that age for children with special needs.

Ms. How - Yes, we are not just special education, we serve all children. For example, I'm also organizing a parenting class to help remediate behavior problems at home that also impacts their learning at school.

Senator Warner - Are you a school district employee?

Ms. How - yes. Our licensing is different; we have an exemption with the State

**Joint Testimony by Terese Schaefer.** - Reference Attachment #7 (37:30)

Senator Warner - if you are a school employee and don't have clinical practice, so much of what we talk about is reimbursement, so I'm assuming you wouldn't be billing another agency or third party providers for the services you perform? How would licensure enhance your ability to do the services?

Ms. Schaefer - we are licensed, but not under the board of psychological examiners. Licensed under the educational practice standards board; 580 is the number. This requires the completion of a masters degree in school psychology from a national association school of psychology accreditation Minnesota State University Moorhead and Minot State University, which are approved programs. Restricted license is restricted to those applicants who have - Refer to testimony (attachment #7).

Refer to Attachment #8, 9, 10, 11, 12.

Senator Howard Anderson, Jr. - We do need to see the standards. You are not licensed by the Clinical Psychologists Board of North Dakota, is that because you have chosen not to and you would be eligible, or you are not eligible? As regulatory boards we protect the public by considering your education and training and that you are adequate to perform the job, and who do we complain to if we have a problem.

Ms. Schaefer - We are not included in the clinical psychologist board. The way school psychology has evolved is that it is a separate license separate professional, with restrictions to the school setting. Looking at educational standards, national certification, graduation standards, ethics and practice standards, - similar foundation to abide by but it happens to run through the school system which give us access to children at a higher level than if you were leaving the school system. 31 states recognize school psychologists as licensed mental health providers.

Senator Howard Anderson, Jr. - What advantage adding you to this bill give your group or the public that we don't have now?

Ms. Schaefer - in principle level, it matters to the school psychologists giving recognition for what they do and for their training. Also included in federal legislation in terms of school psychologists being named as mental health professionals. Not set up to be Medicaid billable for Medicaid eligible; that would require other legislation - perhaps it would take more research.

Senator Howard Anderson, Jr. - If we add your group to this, you indicate it's a matter of principle, what are the unintended consequences, such as some authority, should you perform those services for the general public outside the school system?

Ms. Schaefer - No, credentials does not allow for private practice outside the school. To practice outside the schools, one must apply to the North Dakota Psychological Examiners. There are some who carry both. Scope of practice is listed in the education standards practice board under their license in terms of what their restrictions are, and the intent is not to expand the service to clinical settings. In school setting, diagnosis follows individual with disability education act eligibility - they do not do DSM diagnosis.

Senator Warner - Senators Anderson covered his questions. The old way was reading, writing, arithmetic. Recruitment, retention, reimbursement is one of this committees focus. Please address.

**Wayne Leben (testimony) school psychologist, James River Cooperative**

Regarding reimbursement issue, it important for me to be able to provide services that I'm allowed to under federal law that provides a revenue stream that allows for reimbursement for more help in his school area. This would offer them the ability to hire additional staff through reimbursement would be beneficial.

Retaining is an issue, because pay and opportunities are significantly higher in other states for education psychologists. We do not do DSM diagnosis; however, I am called upon to

do assessments and appraisals and provide treatment recommendations, which are relied on to make therapeutic decisions. Pills do not train behavior.

Chairman Judy Lee - this bill does not pertain to reimbursement. Are you dually licensed or licensed as school psychologist?

Mr. Leben - licensed as school psychologist, not dual.

Ms. How - We also provide supervision for interns. There to help and support early intervention in mental health. Just want to be included as part of the definition of this community.

Chairman Judy Lee - significant increase in students who have challenges today.

Mr. Leben - State of ND has done a lot to address autism issue, but the fact is that there are more students who have emotional disturbance issues, such as special impaired issues.

Chairman Judy Lee - Confirm that all of the school psychologists in ND are employees of the districts that they serve.

Mr. Leben: Yes, some are cooperatives.

Senator Howard Anderson, Jr. - review section (b) under 8b. and 8c. - don't you qualify under that?

Ms. How - Identified suggested language (under attachment #5). There is a difference between school psychologists and regular psychologists.

V. Chairman Oley Larsen - are you guys landlocked, do you have to start over for licensure requirements if you want to switch out of the school psychologist area?

Ms. Schaefer - the scope of practice is school, so to practice outside of school, they would have to get a different license.

Ms. Howe - wouldn't take 4 years as there is some overlap.

Opposition to SB 2047

None

Neutral Position

**Testimony, Dr. Mark Durner, Department of Human Services, Psychologist of Mental Health and Substance Abuse**

Changing the definition, while embracing the concept of improving and expanding the workforce, this pertains specifically to psychiatric residential facilities for children and the amendment to the definition would change how the facilities may employ qualified mental health professionals. But the department does not see how this would have the broader impact that the interim committee might have pursued.

Chairman Judy Lee - How would you suggest that we fix this if this is the challenge?

Dr. Durner - It would take other legislative action. Changing the definition in SB2047 would affect psychiatric residential facilities for children specifically, but not broaden the field of players that might enter the workforce.

Chairman Judy Lee - Their intent is to be named as a mental health professional but remaining in the school setting. If we do what they have requested, you believe we are not addressing it in this section?

Dr. Durner - Not in this section, it will not meet what they are trying to have done, Department's position.

Chairman Judy Lee - As part of the Steering Committee, we were not looking at moving the school psychologists out of the school realm.

Dr. Durner - We are talking about the direct affect this would have on psychiatric facilities operations, residential treatment centers for children. If definition is changed, it will allow PRTFC to change their method of service delivery, because in the language of code in this section, it talks about supervision by a qualified mental health professional. In the original version, that is limited to a psychologist, psychiatrist, LICSW or advanced practice nurse. If this definition is changed, then that would allow these facilities to employ all these other professions in that capacity.

Senator Warner - Some of this seems to be the distinction between education and medicine, and prescriptive abilities of professionals? Administration and treatment with Drug treatments?

Dr. Durner - not in this section; primarily about supervision of treatment within the facilities.

Chairman Judy Lee - Assigned Femi (intern) to work with the people involved on the words for potential amendment, and how to rectify the concerns addressed by the Department of Human Services, and may need to chat with Legislative Council, Mr. Cronquist. Amendment wording needs to be in proper section. Concern is not having school psychologists in the group in the loop, but concern about the wording and where it needs to be placed.

Senator Howard Anderson, Jr. - Have intern get the language for licensure and education standards from practice board. (Terese testimony and further attachments).

Closed hearing.

Action - Hold Bill, No Roll Call Vote.

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2047  
1/14/2015  
J# 21992 (7:20)

- Subcommittee  
 Conference Committee

Donald Mueller



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact subsection 8 of section 25-03.2-01 of the North Dakota Century Code, relating to the definition of a qualified mental health professional.

## Minutes:

No attachments.

These meeting minutes reflect the committee work on July 14, 2015, 2:00pm.

Definition Acronyms: LMFT = Licensed Marriage and Family Therapists  
Definition Acronyms: LPCC = Licensed Professional Clinical Counselors

J# 21992 (7:20)

Maggie Anderson (DHS) indicated this is the bill that is proposing to amend the psychiatric residential treatment facility that section in statute code. By amending this section, the Department of Human Services doesn't believe the intent was for Licensed Marriage and Family Therapists to say they want to be able to participate in the care planning for kids who are in psychiatric residential treatment facilities. The confusion we are in the section of code where we use the word "qualified mental health medical professionals," and in the other sections of code we use "mental health professionals." It goes back to the question of why people want to get under this designation. Getting under this designation without other activities somewhere doesn't get you third party payment, doesn't get you the ability to do involuntary commitments, or any of those things. After the hearing yesterday of SB 2049, this SB 2047 relates to the residential treatment for children section of code. This bill should be amended to just say the department will adopt rules; this doesn't need to be in code. We don't need to define who can be part of the treatment plan and oversight. It is already defined in the administrative code. The Department of Human Services could propose an amendment that could remove the "qualified mental health professional" section and some of the confusion. We would actually eliminate the qualified mental health professionals from bill. In administrative code, we define the provider types who can be part of the treatment plan and part of the recommendation for the treatment of the children. We wouldn't have the words "qualified mental health professional" in code anymore. In the Schulte report, is specifically referenced 2503.2-01, so they believe it was an error in the

section of code. When Legislative Council brought the bill draft forward, they specifically said they are amending the RTC section of code, which added to the confusion.

Chairman Judy Lee expressed her concern about residential treatment centers that do have schools, and she doesn't want school psychologists to be prevented from doing services, but vice versa also. They just want to be recognized as trained professionals. The indicated they are not looking for reimbursement.

Senator Howard Anderson, Jr. indicated the appropriate place to go is go back to your own practice act and describe what you want to be, and then get that passed, rather than adding it to the different sections of code. They are asking for things here that they haven't put in their own practice acts.

Chairman Judy Lee indicated that they think it is fine for what they do, they don't want to be reimbursed, but they want to be recognized that they are professional mental health professionals.

End discussion (12:57)

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2047

1/20/2015

22243

- Subcommittee  
 Conference Committee

Donald Mueller



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact subsection 8 of section 25-03.2-01 of the North Dakota Century Code, relating to the definition of a qualified mental health professional.

## Minutes:

"Click to enter attachment information."

These are meeting minutes from committee work on January 20, 2015.

**Chairman Judy Lee** provided synopsis of the discussions so far, with the school psychologists and the Licensed Marriage and Family Therapists. Instead of having an umbrella definition for a qualified mental health professional that affected everybody, instead we would allow the scopes of practice to determine what each of them individually might do but recognize they all have a role to play.

**Senator Howard Anderson, Jr.** thinks that school group came in at the end and wanted to tag onto this. Senator Howard Anderson, Jr. doesn't think we should get into that and stick with the substance of the bill.

**Chairman Judy Lee** indicated that the school psychologists have an important role, they are regulated by the ESPB, the education standards and practices board, and not by the board of psychologists examiners which is a big differentiating factor. Their scope is only within the schools. They are not in the same category here. At the same time, we have Licensed Marriage and Family Therapists, and we've had some real objection by some folks who are psychologists to the fact that we would let Licensed Marriage and Family Therapists do everything, and they may have a point or two and we may not be able to resolve today.

**Senator Dever** stated that each of these, one in SB 2047, and two in SB 2049, includes only the definitions portions of those sections. One of them is the Psychiatric residential treatment facilities, one is commitment procedures, and the other is judicial review. Senator Dever recommends that the committee read through entire section to see what they are authorizing them to do by that definition.

**Chairman Judy Lee** confirmed.

**V. Chairman Oley Larsen** thought that there was discussion to remove qualified and just have mental health professional. Should it just be renamed to mental health professional and then be under that umbrella?

**Senator Dever** indicated that it was more about being recognized as qualified mental health professional than asking for the authority to do it.

**Chairman Judy Lee** indicated that they weren't even asking for reimbursement. They just wanted to be recognized for what they do.

**Senator Warner** doesn't it affect their status in commitment that they are credible?

**Chairman Judy Lee** indicated they can be designated as such. This bill is in the house judiciary, it came out of the health care review committee. All that bill was supposed to do was add advanced practice registered nurses to the list of people who could initiate the commitment process. The assessment would be done by whatever professionals are designated as appropriate to do assessments. It has become more complicated than that. They've now added physician assistants, who assist physicians. If a physician assistant is working with a patient, the physician can do the initiation of the commitment. It is irrelevant to have physician assistants in that bill. Their education is different. Their scopes of practice are different. The point is that there is more than one bill. It was just to initiate the process, flip the lever, is hard and shouldn't have to wait three weeks to start assessment. That flows with discussion with children and ASAM standards. Senator Dever is right to review, so bring I-Pads, and we'll look at those sections of statute.

**Chairman Judy Lee** also inquired to the committee, wondering if SB 2047 and SB 2049 could be combined, and lay them down side-by-side, and define where we want them.

Meeting adjourned.

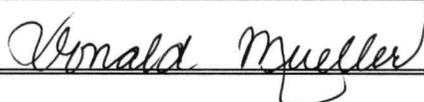
# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2047  
1/21/2015  
22264

- Subcommittee  
 Conference Committee

Donald Mueller



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact subsection 8 of section 25-03.2-01 of the North Dakota Century Code, relating to the definition of a qualified mental health professional.

## Minutes:

"Click to enter attachment information."

These are minutes from committee work on January 21, 2015.

**Senator Howard Anderson, Jr.** indicated that when he looked up the scope of practice for Licensed Marriage and Family Therapists, he did not see anything within their scope of practice that would prevent them from doing what the bill says. He doesn't see why they couldn't do it except that they aren't listed here. If they want to perform they could.

**Chairman Judy Lee** asked about the whole idea of the definition of the qualified mental health professional. We could be here a long time in how we would detail that. We've had some discussion about just say whoever the professional for the scope of practice will determine what they are capable of doing rather than trying to have this umbrella definition of qualified mental health professionals. If we just add Licensed Marriage and Family Therapists to who can treat in a children's residential health facility, is that adequate rather than all of this stuff, or do we have to leave in all of this stuff and recognize that Licensed Marriage and Family Therapists are part of the list.

**Senator Dever** read the definition from section 25.03.201 through 25.03.203. Is that who should be doing that?

**Senator Warner** stated that his understanding this doesn't have much to do with treatment, but legal status of establishing who does the determination of confinement issue. Not as effectiveness, but legal definition of the appropriateness of care.

**Chairman Judy Lee** asked if we need to have someone from the department. I understand what you are saying, but what are we supposed to be doing here, and she understands what Senator Howard Anderson, Jr. is stating, but is this the right place in statute?

**Senator Warner** indicated the legislative council may be helpful.

**Chairman Judy Lee** indicated that Alex Cronquist is new, but perhaps we can get some legal guidance from legislative council.

**Senator Howard Anderson, Jr.** stated that if you look at licensure requirements under this section, the program director of facilities holds at least a minimum master's degree in social work, psychology or related field, with at two years of experience. The Licensed Marriage and Family Therapists would qualify to be the director, but not qualified to do the work.

**Chairman Judy Lee** stated that we are not necessarily unhappy with the outcome, but the section and the process is the problem.

**Senator Warner** asked to provide advance message with intent to legislative council.

**Chairman Judy Lee** asked the intern Femi if Legislative Council legal expertise, perhaps Jennifer Clark or attorney could research the sections of statute in 20.47 and 20.49, and come visit with us.

**Senator Dever** read 25.03.207.

**Chairman Judy Lee** stated that we need to include them in the list of qualified mental health professional if we are going to allow them to do that.

**Senator Dever** if we allow them to do that, but not sure if that's the purpose of their practice. I don't know if we should include them just so they can be included everywhere we state qualified mental health professionals.

**Chairman Judy Lee** looked at scope of practice documents, and there isn't anything that they are being asked to do in this that isn't in their current scope of practice. Yes, there has been resistance to that, including people that she finds credible who have talked about their resistance to this.

**Senator Dever** stated we do call them psychiatric residential treatment facilities. That seems to be a pretty specific type of professional.

**Chairman Judy Lee** countered that there are psychologists with advanced degrees who are closely involved with this as well, not just psychiatrists.

**Senator Dever** but Licensed Marriage and Family Therapists are not either. **Senator Warner** indicated it is relationship training.

**Chairman Judy Lee** stated that she is not defending them. They are saying that their current education and clinical experience is far different from what it used to be. They now have the diagnosis and clinical experience. Which experts do we listen to, because we have heard both sides.

**Senator Dever** indicated that it may be department.

**Chairman Judy Lee** indicated the department is coming this afternoon. The folks who are working with those facilities are one of the best resources. This shouldn't be hard but is confusing.

**Senator Dever** stated that their purpose in this bill is not so they can be involved in residential treatment facility, but to be recognized.

**Senator Howard Anderson, Jr.** indicated this definition is only under this section, so it really doesn't expand anything beyond working in those facilities because that is where the definition is.

**Senator Dever** indicated that why we have the same term in different sections.

**Chairman Judy Lee** recognizes that we do have residential treatment facilities that have schools. She is not comfortable having school psychologists being listed under the qualified mental health professional diagnosis in general. But they have a function in the school setting, which is limited to do the work they do there. We don't want them to be prevented by whatever we are doing in this bill or any other from what they currently do, but not interested in expanding. They don't appear to either, but just want to be recognized.

**Senator Dever** indicated an intense one is the Manchester house in Bismarck.

**Chairman Judy Lee** asked if they have in-house school.

**Senator Dever** answered yes, under the Bismarck school district. Manchester house is for kids with intense circumstances, has limit of 8. The first time he visited there was in 1994, and at that time they took children ages 13 and up. They later decided it's too late, so now they take kids up to 13.

**Chairman Judy Lee** reminded everyone that Dakota Boys and Girls Ranch run has a school in Fargo and it is run by the Fargo schools. Don't want to mess up school psychologists.

**Senator Dever** indicated the only facility that has its own school not associated with another school district is the youth correction center.

**Chairman Judy Lee** indicated they set their own rules.

**V. Chairman Oley Larsen** indicated that talking about facilities, the prairie learning center is also a facility that has residential and school on property.

**Chairman Judy Lee** assigned the intern, Femi, to meet with Dr. Durner from the Department of Human Services. He previously testified. If he could come down and discuss with the committee, what the role is with Licensed Marriage and Family Therapists in schools, because SB 2047 is about children's psychiatric treatment facilities. Also see if we can have Legislative Council lawyers come also, it would be great (Monday afternoon).

Ignore rest of this recording as it is general discussion not pertinent to any bill.

# 2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2047  
1/26/2015  
22536

- Subcommittee  
 Conference Committee

Donald Mueller



## Explanation or reason for introduction of bill/resolution:

A BILL for an Act to amend and reenact subsection 8 of section 25-03.2-01 of the North Dakota Century Code, relating to the definition of a qualified mental health professional.

## Minutes:

Attach #1: Proposed Amendments by Durner

These are minutes from the Senate Human Services committee work on January 26, 2015.

**Chairman Judy Lee** stated that we are trying to see if we are in the correction section for some of these, so it will be up to the Department of Human Services to assist us as well.

**Dr. Mark Durner**, Department of Human Services, distributed proposed amendments to SB 2047. (attach #1) (2:17) In Section 4, rather than trying to define qualified mental health professional, which is only used in this part of code, we are instead proposing that we will adopt rules which professionals may provide clinical supervision and review, and may develop, update and sign an individual treatment plan within a psychiatric residential treatment facility for children. There was some confusion regarding the definition of qualified mental health professional. The Department of Human Services held neutral position, we are not trying to prohibit anyone from being employed within these facilities, but willing to write administrative rules to cover this rather than parse through the definitions.

**Chairman Judy Lee** indicated what they have found after several bills that discuss qualified mental health professionals, all kinds of people who wanted to be included in the definition, that we flipped it around in committee discussion, is to look at the function and who may fulfill that based on their scope of practice. The school psychologists came and testified on SB 2047. We are grateful and respectful of their profession. They are regulated by the educational standards and practices board, and they only work within the school setting. They wanted to be recognized for what they do. But we don't want them doing children's residential treatment. You had mentioned in your testimony that you thought we might be in the wrong section of statute. Can you walk through the amendments with us?

**Dr. Durner** stated that it's their understanding that a school psychologist may work through the school facility or component of a facility and often times, the schools at these facilities are public school settings, serviced by the public school special education departments. School psychiatrists are already able to interact with these children who are in care.

**Chairman Judy Lee** stated part of her concern, with several different facilities, such as Dakota Boys and Girls Ranch, and the Moorhead facility contracted with Fargo and West Fargo schools, we don't want to prevent them from doing what they do, but because they have a different need of counseling, we don't want to limit or expand inappropriately.

**Dr. Durner** stated with the proposed amendments, no restriction of practice of any professional group that has been discussed thus far.

**Senator Dever** appears that what he is doing in the amendments is simply removing the definition of qualified mental health professionals and all the references to it and providing for rule making process. If they want to be called qualified mental health professionals, it won't be in this statute.

**Senator Howard Anderson, Jr.** stated his personal opinion that the place it should be described as their scope of work is in their own practice act, and then in the rule making, if their practice act covers what you need them to do, then you can do it through the rule.

**Chairman Judy Lee** stated that part of the question is Licensed Marriage and Family Therapists whether their preparation is acceptable to some of the folks who are more in the diagnosis and clinical side of treatment, and they are included as well. Do you have some input for us? You can do the rule making part. If we are eliminating the meaning of this, those other various fields should already be in their scope of practice. Is it?

**Dr. Durner** indicated he did not know. The NDSU program that trains the Licensed Marriage and Family Therapists has incorporated a diagnosis and individual therapy component in their classroom practicum.

**Chairman Judy Lee** if our goal is to expand the number of professionals who are available to do some of this work, and we've had a lot of testimony regarding the Licensed Marriage and Family Therapists in doing relationship type work, some people who are very credible stating it will relieve pressure on other counselors if the Licensed Marriage and Family Therapists can do that facet of the counseling, so that these others are doing this kind, how do we fix that?

**Dr. Durner** indicated they will write the administrative rule.

**Chairman Judy Lee** asked that it's private providers that can't, correct?

**Dr. Durner** indicated yes.

**Chairman Judy Lee** stated that we will enable them to provide services and be reimbursed by Medicaid if we do it the way we are talking about.

**Senator Howard Anderson, Jr.** read the section of Licensed Marriage and Family Therapists practice. It's already in their practice act, so it doesn't set any bar that they can't get through.

End of Dr. Durner

**Senator Warner** made a motion DO AMEND SB 2047 with amendments provided by Department of Human Services. The motion was seconded by **Senator Dever**.

**Roll Call Vote**

5 Yes, 1 No, 0 Absent

**Senator Warner** made a motion give a DO PASS as Amended for SB 2047. The motion was seconded by **Senator Dever**.

**Roll Call Vote**

4 Yes, 2 No, 0 Absent

**Senator Warner** will carry the bill.

January 26, 2015

1 of 3  
TD  
1/26/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2047

Page 1, line 1, replace "subsection 8 of section 25-03.2-01" with "sections 25-03.2-01, 25-03.2-03, 25-03.2-07, and 25-03.2-10"

Page 1, line 2, replace "the definition of a qualified mental health professional" with "psychiatric residential treatment facilities for children and rulemaking authority of the department of human services"

Page 1, remove lines 4 through 24

Page 2, replace lines 1 through 3 with:

**"SECTION 1. AMENDMENT.** Section 25-03.2-01 of the North Dakota Century Code is amended and reenacted as follows:

**25-03.2-01. Definitions.**

In this chapter, unless the context otherwise requires:

1. "Child" or "children" means a person or persons under the age of twenty-one.
2. "Clinical supervision" means the oversight responsibility for individual treatment plans and individual service delivery, ~~provided by qualified mental health professionals.~~
3. "Department" means the department of human services.
4. "Diagnostic assessment" means a written summary of the history, diagnosis, and individual treatment needs of a mentally ill person using diagnostic, interview, and other relevant assessment techniques ~~provided by a mental health professional.~~
5. "Individual treatment plan" means a written plan of intervention, treatment, and services for a mentally ill person that is developed under the clinical supervision of a mental health professional on the basis of a diagnostic assessment.
6. "Mentally ill person" has the same meaning provided for in section 25-03.1-02.
7. "Psychiatric residential treatment facility for children" means a facility or a distinct part of a facility that provides to children a total, twenty-four hour, therapeutic environment integrating group living, educational services, and a clinical program based upon a comprehensive, interdisciplinary clinical assessment, and an individualized treatment plan that meets the needs of the child and family. The services are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home, or in a less restrictive setting. The facility must meet the requirements of a psychiatric

residential treatment facility as set out in title 42, Code of Federal Regulations, part 483.352.

- 8. ~~"Qualified mental health professional" means a licensed physician who is a psychiatrist, a licensed clinical psychologist who is qualified for listing on the national register of health service providers in psychology, a licensed certified social worker who is a board certified diplomate in clinical social work, or a nurse who holds advanced licensure in psychiatric nursing.~~
- 9. "Residential treatment" means a twenty-four hour a day program under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital, for the active treatment of mentally ill persons.

**SECTION 2. AMENDMENT.** Section 25-03.2-03 of the North Dakota Century Code is amended and reenacted as follows:

**25-03.2-03. Requirements for license.**

The department shall issue a license for the operation of a psychiatric residential treatment facility for children upon a showing that:

- 1. The premises to be used are in fit, safe, and sanitary condition and properly equipped to provide good care and treatment;
- 2. The program director of the facility holds, at a minimum, a master's degree in social work, psychology, or in a related field with at least two years of professional experience in the treatment of children suffering from mental illnesses or emotional disturbances. The executive director of the facility must have, at a minimum, a bachelor's degree in a behavioral science or a bachelor's degree in any field and two years of experience in administration;
- 3. The staff employed by the facility is supervised by the program director and qualified by training and experience to provide services to children suffering from mental illnesses or emotional disturbances. The facility annually must provide training to staff which is relevant to the needs of the client population;
- 4. The health, safety, and well-being of the children cared for and treated in the facility will be properly safeguarded;
- 5. There are sufficient treatment, educational, recreational and leisure, and physical facilities and services available to the children in the facility;
- 6. The facility will provide for a medical and psychological examination of each child within seventy-two hours of admission and thereafter as needed by the child;
- 7. ~~An interdisciplinary team consisting of at least one qualified mental health professional will review each individual treatment plan at least monthly and update or amend the plan to meet the needs of the child;~~
- 8. The facility develops postdischarge plans and coordinates facility services and related community services with partial discharge plans with each

child's family, school, and community upon discharge to ensure continuity of care; and

- 9. The facility is in compliance with requirements for psychiatric residential treatment facilities under 42 U.S.C. 1396d [Pub. L. 89-97; 79 Stat. 351] and title 42, Code of Federal Regulations, part 441, and with this chapter and rules adopted under this chapter.

**SECTION 3. AMENDMENT.** Section 25-03.2-07 of the North Dakota Century Code is amended and reenacted as follows:

**25-03.2-07. Method of providing service.**

A psychiatric residential treatment facility for children shall provide for the development of an individual treatment plan, based upon a comprehensive interdisciplinary diagnostic assessment, which includes the role of the family, identifies the goals and objectives of the therapeutic activities and treatment, provides a schedule for accomplishing the therapeutic activities and treatment goals and objectives, and identifies the individuals responsible for providing services, consistent with the individual treatment plan, to children. Clinical supervision of the individual treatment plan must be accomplished ~~by full-time or part-time employment of or contracts with qualified mental health professionals~~ as set forth by the department in rules. Clinical supervision must be documented ~~by the qualified mental health professionals co-signing in~~ individual treatment plans and by entries in the child's record regarding supervisory activity.

**SECTION 4. AMENDMENT.** Section 25-03.2-10 of the North Dakota Century Code is amended and reenacted as follows:

**5-03.2-10. Department may adopt rules.**

The department may adopt rules for the conduct of psychiatric residential treatment facilities for children and shall adopt rules defining which professionals may provide clinical supervision and review, and may develop, update, and sign an individual treatment plan within a psychiatric residential treatment facility for children."

Renumber accordingly

Date: 01/26 2015  
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. SB2049

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15. 02 32-03001 Title. 04000

Recommendation:  Adopt Amendment  
 Do Pass     Do Not Pass     Without Committee Recommendation  
 As Amended     Rerefer to Appropriations  
 Place on Consent Calendar

Other Actions:  Reconsider     \_\_\_\_\_

Motion Made By Warner Seconded By Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)		✓	Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 5 No 1

Absent 0

Floor Assignment \_\_\_\_\_

If the vote is on an amendment, briefly indicate intent:

Date: 01 24 2015  
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. SB2047

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0282.03001 Title 04000

Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar

Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Warner Seconded By Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness		✓
Senator Oley Larson (V-Chair)		✓	Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 4 No 2

Absent 0

Floor Assignment Warner

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

**SB 2047: Human Services Committee (Sen. J. Lee, Chairman)** recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2047 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "subsection 8 of section 25-03.2-01" with "sections 25-03.2-01, 25-03.2-03, 25-03.2-07, and 25-03.2-10"

Page 1, line 2, replace "the definition of a qualified mental health professional" with "psychiatric residential treatment facilities for children and rulemaking authority of the department of human services"

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5. "Individual treatment plan" means a written plan of intervention, treatment, and services for a mentally ill person that is developed under the clinical supervision of a mental health professional on the basis of a diagnostic assessment.
6. "Mentally ill person" has the same meaning provided for in section 25-03.1-02.
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8. ~~"Qualified mental health professional" means a licensed physician who is a psychiatrist, a licensed clinical psychologist who is qualified for listing on the national register of health service providers in psychology, a~~

~~licensed-certified social worker who is a board-certified diplomate in clinical social work, or a nurse who holds advanced licensure in psychiatric nursing.~~

- 9- "Residential treatment" means a twenty-four hour a day program under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital, for the active treatment of mentally ill persons.

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3. The staff employed by the facility is supervised by the program director and qualified by training and experience to provide services to children suffering from mental illnesses or emotional disturbances. The facility annually must provide training to staff which is relevant to the needs of the client population;
4. The health, safety, and well-being of the children cared for and treated in the facility will be properly safeguarded;
5. There are sufficient treatment, educational, recreational and leisure, and physical facilities and services available to the children in the facility;
6. The facility will provide for a medical and psychological examination of each child within seventy-two hours of admission and thereafter as needed by the child;
7. An interdisciplinary team ~~consisting of at least one qualified mental health professional~~ will review each individual treatment plan at least monthly and update or amend the plan to meet the needs of the child;
8. The facility develops postdischarge plans and coordinates facility services and related community services with partial discharge plans with each child's family, school, and community upon discharge to ensure continuity of care; and
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Renumber accordingly

**2015 HOUSE HUMAN SERVICES**

**SB 2047**

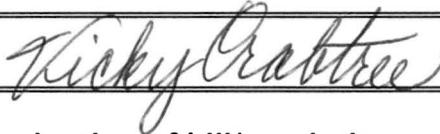
# 2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee  
Fort Union Room, State Capitol

SB 2047  
3/4/2015  
Job #24285

- Subcommittee  
 Conference Committee

Committee Clerk Signature



## Explanation or reason for introduction of bill/resolution:

Relating to psychiatric residential treatment facilities for children and rule making authority of the DHS

## Minutes:

Testimonies 1-2

Chairman Weisz opened the hearing on SB 2047.

JoAnn Hoesel: Director of Mental Health and Substance Abuse Services testified in support of the bill. (See Testimony #1)

2:06

Chairman Weisz: The engrossed bill is quite a bit different than the original bill. Can you tell us why?

Hoesel: During the interim committee there was work done regarding the ability for a licensed marriage and family therapist to be considered qualified mental health professionals. There is a bill at this time that provides Medicaid reimbursement for that profession because it currently does not. It ended up in this bill and didn't do anything. Licensed marriage and family therapists can currently be hired and work within PRTF. Qualified mental health profession phrase really doesn't accomplish anything. It is causing confusion. We thought we could clean this up and they make the gains in reimbursement.

Rep. Oversen: The definition of mental health professional is not in the chapter. They do have that definition in other chapters so why wouldn't we put it in this chapter? Why would you put it in Century Code for one chapter and Administrative Rule for a different? Is it the same definition?

Hoesel: It is not the same and it causes confusion. Mental health professional has to do with court committals and court proceedings. This is not what this is a qualified mental health professional. This is about who can provide supervision and sign off on a treatment plan. It doesn't need to be in code.

Bruce Murray: Representing the ND Association of Marriage and Family Therapists testified in support of the bill. (See Testimony #2)

NO OPPOSITION

Chairman Weisz closed the hearing on SB 2047.

Chairman Weisz: Let's take this one up.

Rep. Hofstad: I move a Do Pass on SB 2047.

Rep. Seibel: Second.

Rep. Fehr: My understanding of 2047 (Much static on recording. Inaudible)

Chairman Weisz: In reference to the residential facility?

Rep. Fehr: Correct.

Chairman Weisz: I would say that is a correct assumption.

ROLL CALL VOTE: 11 y 1 n 1 absent

MOTION CARRIED

Bill Carrier: Rep. D. Anderson

Date: 3-4-15  
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2047

House Human Services Committee

Subcommittee

Amendment LC# or Description: \_\_\_\_\_

- Recommendation:  Adopt Amendment  
 Do Pass  Do Not Pass  Without Committee Recommendation  
 As Amended  Rerefer to Appropriations  
 Place on Consent Calendar
- Other Actions:  Reconsider  \_\_\_\_\_

Motion Made By Rep. Hofstad Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen	✓	
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr		✓			
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 11 No 1

Absent \_\_\_\_\_

Floor Assignment Rep. D. Anderson

If the vote is on an amendment, briefly indicate intent:

**REPORT OF STANDING COMMITTEE**

SB 2047, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **DO PASS** (11 YEAS, 1 NAYS, 1 ABSENT AND NOT VOTING). Engrossed SB 2047 was placed on the Fourteenth order on the calendar.

**2015 TESTIMONY**

**SB 2047**

Testimony SB 2047 Senate Human Services Committee (IN FAVOR)  
Wednesday, January 07, 2015, 10:00 AM

Attach 1  
SB 2047  
01/07 (7:48)  
10:10 am  
J# 21745

Rev. Larry J. Giese  
3910 Lewis Road NW  
Mandan, ND 58554, District #31, 701-400-8943

TO: Senator Judy Lee, Chair, Senators Oley Larsen, Senator Howard C. Anderson, Jr., Senator Tyler Axness, Senator Dick Dever, Senator John Warner

I stand in favor of SB 2047 as it is a means to update the North Dakota Century Code to include Licensed Marriage and Family Therapists (LMFT's) among the recognized mental health providers in North Dakota. It is a critical change to update the North Dakota Century Code for licensed marriage and family therapists, and the opportunity to become a part of the workforce in the recognized mental health field.

My concerns follow:

I am Rev. Larry Giese. I have served on the North Dakota Marriage and Family Therapy Licensure Board (NDMFTLB) since the licensing bill passed the Legislative Assembly in 2005. I was appointed to the Board in 2006. I have served as Board President for the past four years. My appointed term has expired and now I serve as Board Administrator.

NDCC 43-53 and Administrative Title 111 rules govern the Board. The law and rules are rigorous and extensive to regulate the field of marriage and family therapy in North Dakota. This Board verifies the education, supervision, and supervised experience hours of the practicum and post-graduate experience of applicants for licensure. A national examination must be passed. Once licensed, licensees must complete Continuing Education to maintain competency in the practice of marriage and family therapy and follow a code of ethics, which if violated, the licensee is subject to discipline. The skill sets of licensees are similar to colleagues in the mental health field, however reflect the unique approach to treatment by implementing family and relational theory. A mandatory federal background check is conducted.

Education. A minimum of a Master's Degree or higher is required. The accreditation standards of the Commission on Accreditation for Marriage and Family Therapy Education and the Council for Accreditation of Counseling and Related Educational Programs are employed. All training must include clinical training in the assessment, diagnosis, and treatment of major mental health issues. This is conducted in a three semester hour class in the first year of study before students are eligible for practicum (9 semester hours, 500 hours of direct client contact) and post-degree supervision (1,000 hours of direct client contact). Included in this accreditation is The Association of Marriage and

Family Regulatory Boards has established a minimum of 48 semester credits for a Master's degree for portability of licenses between states. In North Dakota a graduate receives a minimum of 59 semester credits. Original transcripts must be sent from the university directly to the Board to comply with primary resource verification standards.

Supervision. Licensees are supervised by Board Approved Supervisors or American Association of Marriage and Family Therapy Approved Supervisors. Supervisors have completed the minimum standards or higher for providing supervision at the university practicum and post-graduate work experience. Supervisors are responsible for the continued clinical training in the assessment, diagnosis, and treatment of major mental health issues within the context of individual and relational therapy.

Practicum and Post-graduate Supervised Experience. While accruing experience for licensure, licensees have a 1:5 ratio of supervision hours to experience hours. The experience ranges for an onsite therapy center on the campus of the university or in local agencies and private practices. Licensees are approved for licensure upon accruing 2,000 hours, of which 1,500 hours are direct client contact with individuals, couples, and families in a minimum of two years to four years. These are face to face, client to therapist, in session hours, not just employment hours.

Continuing Education. 30 hours per licensure period are required to maintain competency. Of these 30 hours, 6 must be in coursework on ethics, and if a supervisor, 3 hours must be in coursework on supervision.

Code of Ethics. A strict code of ethics is followed by all licensees. If a licensee is found to be in violation disciplinary actions will be taken ranging from a fine to revocation of the license.

It is the Board's responsibility to assure the public that licensees have completed the education and experience requirements for licensed marriage and family therapy and maintain a core competency for the scope of practice as outlined in NDCC 43-53.

With rigorous and extensive classroom, practicum, and post-graduate supervision and experience hours noted, I believe Licensed Marriage and Family Therapist are well qualified to be included in the definitions of Mental Health Professionals in North Dakota.

Thank you for this opportunity to bring this information before the Human Services Committee today. For any questions please contact me.

**Comparison of MFT, Counseling and SW licensure in North Dakota**

<b>Terminal Licensure</b>	<b>Licensed Marriage and Family Therapist (LMFT)</b>	<b>Licensed Professional Clinical Counselor (LPCC)</b>	<b>Licensed Independent Clinical Social Worker (LICSW)</b>
<b>Scope of practice</b>	<p>“Marriage and family therapy” means the diagnosis and treatment of mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.” NDCC 43-53-01</p>	<p>“Counseling” means the application of human development and mental health principles in a therapeutic process and professional relationship to assist individuals, couples, families, and groups in achieving more effective emotional, mental, marital, family, and social or educational development and adjustment. The goals of professional counseling are to:</p> <ul style="list-style-type: none"> <li>a. Facilitate human development and adjustment throughout the lifespan;</li> <li>b. Prevent, assess, and treat emotional, mental, or behavioral disorder and distress which interferes with mental health;</li> <li>c. Conduct assessments for the purpose of establishing treatment goals and objectives; and</li> <li>d. Plan, implement, and evaluate treatment plans using professional counseling strategies and interventions.</li> </ul> <p>NDCC 43-47-01</p>	<p>“Social work practice” consists of the professional application of social work values, principles, and techniques in helping people obtain tangible services; counseling; psychotherapy with individuals, families, and groups; helping communities or groups to improve social and health services; providing social casework; directly supervising programs providing social work services; social work education; social work research; or any combination of these. The practice of social work requires knowledge of human development and behavior, of social, economic, and cultural institutions, and the interaction of all these factors.” NDCC 43-41-0</p>
<b>Minimum Education</b>	Master's degree	Master's degree	Master's Degree
<b>Experience</b>	2,000 supervised hours, including a minimum of 1,500 hours of clinical client contact including the assessment, diagnosis, and treatment of mental illness.	3,000 hours of post-graduate clinical supervision 700 hours of clinical training in clinical setting	3,000 post-degree supervised clinical social work experience
<b>Examination</b>	National exam	National exam	National exam
<b>Supervisors</b>	Additional requirements for supervisors include a minimum of 3,000 hours experience, completion of 30 hours of supervisor training, and 3 hours of supervisor continuing education per licensure period.	Supervisors must be licensed professional clinical counselors.	Supervisors must be licensed independent clinical social workers.
<b>Continuing Education</b>	30 hours of continuing education every two years, of which six hours must be ethics.	30 hours of continuing education, with at least ten hours of continued professional education primarily focused on clinical counseling, every two years.	30 hours of continuing education every two years, of which two hours must be ethics.



**American Association for  
Marriage and Family Therapy**

Advancing the Professional Interests  
of Marriage and Family Therapists

J# 21745

Attach #2  
SB2047 01/07

112 South Alfred Street  
Alexandria, VA 22314  
Telephone: (703) 838-9808  
Fax: (703) 838-9805  
Website: www.aamft.org

## Marriage and Family Therapy Core Competencies© December, 2004

The marriage and family therapy (MFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of marriage and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess.

Creating competencies for MFTs and improving the quality of mental health services was considered in the context of the broader behavioral health system. The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: *Mental Health: A Report of the Surgeon General*; the President's New Freedom Commission on Mental Health's *Achieving the Promise: Transforming Mental Health Care in America*; and the Institute of Medicine's *Crossing the Quality Chasm*. The AAMFT mapped the competencies to critical elements of these reports, including IOM's 6 Core Values that are seen as the foundation for a better health care system: 1) Safe, 2) Person-Centered, 3) Efficient, 4) Effective, 5) Timely, and 6) Equitable. The committee also considered how social, political, historical, and economic forces affect individual and relational problems and decisions about seeking and obtaining treatment.

The core competencies were developed for educators, trainers, regulators, researchers, policymakers, and the public. The current version has 128 competencies; however, these are likely to be modified as the field of family therapy develops and as the needs of clients change. The competencies will be reviewed and modified at regular intervals to ensure the competencies are reflective of the current and best practice of MFT.

The core competencies are organized around 6 primary domains and 5 secondary domains. The primary domains are:

- 1) **Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.
- 2) **Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.
- 3) **Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.
- 4) **Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.
- 5) **Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
- 6) **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional.

Although not expressly written for each competency, the stem "Marriage and family therapists..." should begin each. Additionally, the term "client" is used broadly and refers to the therapeutic system of the client/s served, which includes, but is not limited to individuals, couples, families, and others with a vested interest in helping clients change. Similarly, the term "family" is used generically to refer to all people identified by clients as part of their "family system," this would include fictive kin and relationships of choice. Finally, the core competencies encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations, and promote resiliency and recovery.

**Domain 1: Admission to Treatment**

1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy
1.1.2	Conceptual	Understand theories and techniques of individual, marital, couple, family, and group psychotherapy
1.1.3	Conceptual	Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system.
1.1.4	Conceptual	Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.
1.2.1	Perceptual	Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
1.2.2	Perceptual	Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).
1.2.3	Perceptual	Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
1.3.2	Executive	Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).
1.3.3	Executive	Facilitate therapeutic involvement of all necessary participants in treatment.
1.3.4	Executive	Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
1.3.5	Executive	Obtain consent to treatment from all responsible persons.
1.3.6	Executive	Establish and maintain appropriate and productive therapeutic alliances with the clients.
1.3.7	Executive	Solicit and use client feedback throughout the therapeutic process.
1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.
1.3.9	Executive	Manage session interactions with individuals, couples, families, and groups.
1.4.1	Evaluative	Evaluate case for appropriateness for treatment within professional scope of practice and competence.
1.5.1	Professional	Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).
1.5.2	Professional	Complete case documentation in a timely manner and in accordance with relevant laws and policies.
1.5.3	Professional	Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.

**Domain 2: Clinical Assessment and Diagnosis**

2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
2.1.2	Conceptual	Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
2.1.3	Conceptual	Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).
2.1.4	Conceptual	Comprehend individual, marital, couple and family assessment instruments appropriate

		to presenting problem, practice setting, and cultural context.
2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
2.1.6	Conceptual	Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
2.1.7	Conceptual	Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.
2.2.1	Perceptual	Assess each clients' engagement in the change process.
2.2.2	Perceptual	Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.
2.2.3	Perceptual	Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
2.2.4	Perceptual	Consider the influence of treatment on extra-therapeutic relationships.
2.2.5	Perceptual	Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
2.3.1	Executive	Diagnose and assess client behavioral and relational health problems systemically and contextually.
2.3.2	Executive	Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
2.3.3	Executive	Apply effective and systemic interviewing techniques and strategies.
2.3.4	Executive	Administer and interpret results of assessment instruments.
2.3.5	Executive	Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.6	Executive	Assess family history and dynamics using a genogram or other assessment instruments.
2.3.7	Executive	Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.
2.3.8	Executive	Identify clients' strengths, resilience, and resources.
2.3.9	Executive	Elucidate presenting problem from the perspective of each member of the therapeutic system.
2.4.1	Evaluative	Evaluate assessment methods for relevance to clients' needs.
2.4.2	Evaluative	Assess ability to view issues and therapeutic processes systemically.
2.4.3	Evaluative	Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.
2.4.4	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis.
2.5.1	Professional	Utilize consultation and supervision effectively.

**Domain 3: Treatment Planning and Case Management**

3.1.1	Conceptual	Know which models, modalities, and/or techniques are most effective for presenting problems.
3.1.2	Conceptual	Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.
3.1.3	Conceptual	Understand the effects that psychotropic and other medications have on clients and the treatment process.
3.1.4	Conceptual	Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step

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		programs, peer-to-peer services, supported employment).
3.2.1	Perceptual	Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.3.2	Executive	Prioritize treatment goals.
3.3.3	Executive	Develop a clear plan of how sessions will be conducted.
3.3.4	Executive	Structure treatment to meet clients' needs and to facilitate systemic change.
3.3.5	Executive	Manage progression of therapy toward treatment goals.
3.3.6	Executive	Manage risks, crises, and emergencies.
3.3.7	Executive	Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
3.3.8	Executive	Assist clients in obtaining needed care while navigating complex systems of care.
3.3.9	Executive	Develop termination and aftercare plans.
3.4.1	Evaluative	Evaluate progress of sessions toward treatment goals.
3.4.2	Evaluative	Recognize when treatment goals and plan require modification.
3.4.3	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4	Evaluative	Assess session process for compliance with policies and procedures of practice setting.
3.4.5	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
3.5.1	Professional	Advocate with clients in obtaining quality care, appropriate resources, and services in their community.
3.5.2	Professional	Participate in case-related forensic and legal processes.
3.5.3	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
3.5.4	Professional	Utilize time management skills in therapy sessions and other professional meetings.

**Domain 4: Therapeutic Interventions**

4.1.1	Conceptual	Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
4.1.2	Conceptual	Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.
4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.
4.2.2	Perceptual	Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.
4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
4.3.2	Executive	Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
4.3.3	Executive	Reframe problems and recursive interaction patterns.
4.3.4	Executive	Generate relational questions and reflexive comments in the therapy room.
4.3.5	Executive	Engage each family member in the treatment process as appropriate.
4.3.6	Executive	Facilitate clients developing and integrating solutions to problems.

4.3.7	Executive	Defuse intense and chaotic situations to enhance the safety of all participants.
4.3.8	Executive	Empower clients and their relational systems to establish effective relationships with each other and larger systems.
4.3.9	Executive	Provide psychoeducation to families whose members have serious mental illness or other disorders.
4.3.10	Executive	Modify interventions that are not working to better fit treatment goals.
4.3.11	Executive	Move to constructive termination when treatment goals have been accomplished.
4.3.12	Executive	Integrate supervisor/team communications into treatment.
4.4.1	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
4.4.2	Evaluative	Evaluate ability to deliver interventions effectively.
4.4.3	Evaluative	Evaluate treatment outcomes as treatment progresses.
4.4.4	Evaluative	Evaluate clients' reactions or responses to interventions.
4.4.5	Evaluative	Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
4.4.6	Evaluative	Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
4.5.1	Professional	Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
4.5.2	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
4.5.3	Professional	Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

### Domain 5: Legal Issues, Ethics, and Standards

5.1.1	Conceptual	Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.
5.1.2	Conceptual	Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
5.1.3	Conceptual	Know policies and procedures of the practice setting.
5.1.4	Conceptual	Understand the process of making an ethical decision.
5.2.1	Perceptual	Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
5.2.2	Perceptual	Recognize ethical dilemmas in practice setting.
5.2.3	Perceptual	Recognize when a legal consultation is necessary.
5.2.4	Perceptual	Recognize when clinical supervision or consultation is necessary.
5.3.1	Executive	Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.2	Executive	Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
5.3.3	Executive	Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4	Executive	Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5	Executive	Take appropriate action when ethical and legal dilemmas emerge.
5.3.6	Executive	Report information to appropriate authorities as required by law.

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5.3.7	Executive	Practice within defined scope of practice and competence.
5.3.8	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.
5.3.9	Executive	Obtain license(s) and specialty credentials.
5.3.10	Executive	Implement a personal program to maintain professional competence.
5.4.1	Evaluative	Evaluate activities related to ethics, legal issues, and practice standards.
5.4.2	Evaluative	Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.
5.5.1	Professional	Maintain client records with timely and accurate notes.
5.5.2	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
5.5.3	Professional	Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.
5.5.4	Professional	Bill clients and third-party payers in accordance with professional ethics, relevant laws and polices, and seek reimbursement only for covered services.

### Domain 6: Research and Program Evaluation

6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.
6.1.2	Conceptual	Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.
6.1.3	Conceptual	Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.
6.2.1	Perceptual	Recognize opportunities for therapists and clients to participate in clinical research.
6.3.1	Executive	Read current MFT and other professional literature.
6.3.2	Executive	Use current MFT and other research to inform clinical practice.
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation in the literature.
6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.
6.5.1	Professional	Contribute to the development of new knowledge.

Attach #3  
SB2047  
01/07  
J# 21745

## MFT Educational Guidelines

### 1. Standard Curriculum

- 1.01 The program will document that all students have completed, or will complete while in the program, all coursework and clinical requirements of the Standard Curriculum, or equivalents thereof. A transcript of completed requirements will be kept on file.
- 1.02 A master's degree program will offer to its students the entire Standard Curriculum as presented in these guidelines, or equivalents thereof.

### 10. Standard Curriculum Didactic Area Requirements

- 10.01 Programs are expected to infuse their curriculum with content that addresses issues related to diversity, power and privilege as they relate to age, culture, environment, ethnicity, gender, health/ability, nationality, race, religion, sexual orientation, spirituality, and socioeconomic status.
- 10.02 The Standard Curriculum will address appropriate collaboration with other disciplines.

#### 101. Area I: Theoretical Knowledge

- 101.01 Area I content will address the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy.
- 101.02 Area I content will enable students to conceptualize and distinguish the critical epistemological issues in the profession of marriage and family therapy.
- 101.03 Area I material will provide a comprehensive survey and substantive understanding of the major models of marriage, couple, and family therapy.

#### 102. Area II: Clinical Knowledge

- 102.01 Area II content will address, from a relational/systemic perspective, psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment, diagnosis and treatment of major mental health issues.
- 102.02 Area II content will address contemporary issues, which include but are not limited to gender, sexual functioning, sexual orientation, sex therapy, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective.
- 102.03 Area II material will address a wide variety of presenting clinical problems.

**103 Area III: Individual Development and Family Relations**

103.01 Area III will include content on individual and family development across the lifespan.

**104. Area IV: Professional Identity and Ethics**

104.01 Area IV content will include professional identity, including professional socialization, scope of practice, professional organizations, licensure, and certification.

104.02 Area IV content will focus on ethical issues related to the profession of marriage and family therapy and the practice of individual, couple, and family therapy. A generic course in ethics does not meet this standard.

104.03 Area IV will address the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, the business aspects of practice, and familiarity with regional and federal laws as they relate to the practice of individual, couple and family therapy.

**105. Area V: Research**

105.01 Area V content will include significant material on research in couple and family therapy.

105.02 Area V content will focus on research methodology, data analysis and the evaluation of research.

105.03 Area V content will include quantitative and qualitative research and its methods.

**106. Area VI: Additional Learning**

106.01 Additional learning will augment students' specialized interest and background in individual, couple, and family therapy. Additional courses may be chosen from coursework offered in a variety of disciplines.

**20. Standard Curriculum Clinical Experience Requirements**

**201. Contact Hours**

201.01 Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psychoeducation may be counted as direct client contact.

201.02 Traditionally, programs have required students to complete 500 supervised, direct client contact hours. The program may choose to uphold the 500 client contact

hour standard. Alternatively, the program may demonstrate that graduating students achieve a competency level equivalent to the 500 client contact hours. The program must define this competency level and document how students are evaluated and achieve the defined level. The program demonstrates a consistent set of evaluation criteria for achieving the defined level of competency across all students.

- 201.03 At least 250 hours (of the required 500 hours of client contact or alternative procedures outlined in 201.02) will occur in clinical facilities for which the program has broad, but not necessarily sole, responsibility for supervision and clinical practice of individual, couple, and family therapy as carried out by the program. The facilities will offer services to the public.
- 201.04 At least 250 (of the required 500 hours of client contact or alternative procedures outlined in 201.02) will be with couples or families present in the therapy room. If the program chooses to require less than 250 relational hours it must use the alternative procedures outlined in 201.02.
- 201.05 Published promotional materials will inform applicants that they must complete 500 direct client contact hours or apply alternative procedures outlined in 201.02.
- 201.06 The program will publish and adhere to criteria for determining when students are prepared for clinical practice.
- 201.07 Students will work with a wide variety of people, relationships, and problems. Specifically, the program will demonstrate that students have the opportunity to work with clients who are diverse in terms of age, culture, physical ability, ethnicity, family composition, gender, race, religion, sexual orientation and socioeconomic status.
- 202. Supervision**
- 202.01 Supervision of students, when conducted in fulfillment of clinical requirements of these standards, will be face-to-face or live supervision conducted by AAMFT Approved Supervisors, Supervisor Candidates, or the equivalent.
- 202.02 A program may designate a person who is not an AAMFT Approved Supervisor as equivalent to that status, for purposes of supervision if the person is an AAMFT Supervisor Candidate. A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor Candidate as equivalent to an AAMFT Approved Supervisor for purposes of supervision, if (1) the program documents that the equivalent supervisor has demonstrated training, education and experience in marriage and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership or other documentation of training, education and experience in individual, couple, and family therapy, and (2) demonstrated training, education and experience in individual, couple, and family therapy supervision. This may be demonstrated by state credential to provide MFT supervision, completing coursework or continuing education in MFT supervision, significant MFT supervised supervision experience, or more than 10

years experience supervising MFT students. (Equivalency criteria must include training in MFT supervision.)

- 202.03 Individual supervision is defined as supervision of one or two individuals.
- 202.04 Group supervision is required and will not exceed ten students per group.
- 202.05 Supervision will be distinguishable from psychotherapy and teaching.
- 202.06 Students will receive at least 100 hours of face-to-face supervision. If the program chooses to require less than 100 supervision hours it must use the alternative procedures outlined in 201.02.
- 202.07 Students will receive at least one hour of supervision for every five hours of direct client contact.
- 202.08 Supervision will occur at least once every week in which students have direct client contact hours.
- 202.09 Individual supervision will occur at least once every other week in which students have direct client contact hours.
- 202.10 Students will receive at least 50 hours of supervision based on direct observation, videotape, or audiotape. At least 25 hours of this supervision will be based on direct observation or videotape. If the program chooses to require less than 50/25 hours of supervision as outlined above it must use the alternative procedures outlined in 201.02.

### **3. Doctoral Programs**

#### **30. Didactic Requirements**

- 30.01 Doctoral programs will have available and will offer the Standard Curriculum to all students who have not graduated from a master's program accredited by the Commission on Accreditation for Marriage and Family Therapy Education.

#### **300. Areas VII, VIII, IX: Theory, Clinical Practice and Individual Development and Family Relations**

- 300.01 Areas VII, VIII, IX are continuations of Areas I, II, and III, respectively, at a doctoral level of sophistication.

#### **310. Area X: Clinical Supervision**

- 310.01 Area X course content will be didactic and experiential, and will include current literature, research and major issues related to supervision in the profession of marriage and family therapy.

**311. Area XI: Research**

- 311.01 Course content in Area XI will provide comprehensive coverage of the critique and execution of couple, marriage, and family therapy research, statistics, research methodologies, and computer analysis and interpretation, in qualitative and quantitative research.
- 311.02 Students will take a minimum of one course with a specific focus on couple, marriage, and family therapy research.

**312. Area XII: Additional Courses**

- 312.01 Additional courses will augment students' specialized interests and backgrounds in couple, marriage, and family therapy. Additional courses may be chosen from coursework offered in a variety of disciplines.

**313. Doctoral Dissertation**

- 313.01 The doctoral dissertation topic will be in the field of marriage and family therapy or a closely related field (e.g., family studies, family science, human development, child development, gerontology) and include a comprehensive discussion of implications for the field of marriage and family therapy.

**320. Clinical Experience**

- 320.01 Before graduating from the doctoral program, doctoral students will have completed 1000 hours of direct client contact equivalent to that which they would be receiving from an accredited program. If the program chooses to require less than 1000 hours it must use the alternative procedures outlined in 201.02.
- 320.02 The program will have established criteria for accepting direct client contact and supervision hours accumulated prior to entering the doctoral program. These criteria are consistent with the requirements set forth in the Standard Curriculum.

**330. Internship**

- 330.01 There will be an internship, not to be counted toward the didactic course requirements.
- 330.02 The internship is to provide doctoral students with a supervised full-time experience of at least nine months duration, emphasizing relationally focused practice and/or administrative/academic/research.
- 330.03 The majority of requirements in Areas VII, VIII, IX, and XI will be completed before the beginning of the internship.
- 330.04 An AAMFT Approved Supervisor, State Approved Supervisor, or the equivalent will supervise the intern's clinical work.

**340: Site Requirements**

- 340.01 The program will maintain clear and ongoing relationships with all internship site(s), which will be specified in a written document.
- 340.02 Activities of each intern will be documented at the internship site(s). These records will be made available to the marriage and family therapy program.
- 340.03 The institution sponsoring the internship site(s) will have been in operation for at least two years.
- 340.04 Internship site(s) will provide adequate facilities and equipment for the intern to carry out designated responsibilities.
- 340.05 Mechanisms for student evaluation of internship site(s) and supervision, and site evaluation of the intern's performance, will be demonstrated.
- 340.06 Documentation of liability insurance for interns will be confirmed. Liability insurance may be provided by the internship site(s), the marriage and family therapy program, or the intern.
- 340.07 Internship site(s) will publish and adhere to policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation, and socioeconomic status.
- 340.08 The internship supervisor will be available to the intern for at least one hour of supervision per week.
- 340.09 The internship supervisor will be clearly senior in experience to the intern.

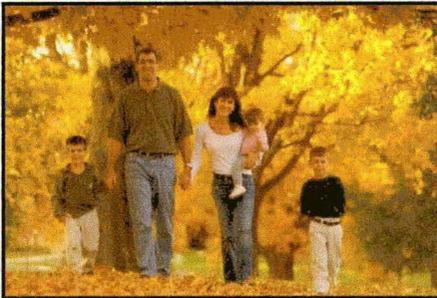


American Association for  
Marriage and Family Therapy

Advancing the Professional Interests  
of Marriage and Family Therapists

## **MARRIAGE AND FAMILY THERAPISTS THE FAMILY-FRIENDLY MENTAL HEALTH PROFESSIONALS**

Marriage and family therapy is based on the research and theory that mental illness and family problems are best treated in a family context. Trained in **psychotherapy** and family systems, Marriage and Family Therapists (commonly referred to as MFTs or Family Therapists) focus on understanding their clients' symptoms and interaction patterns within their existing environment. MFTs treat predominantly individuals, but also provide couples, family and group therapy.



Research has shown that family-based interventions are as effective - and in many cases more effective - than alternative interventions, often at a lower cost. Studies demonstrate that family therapy is a preferred method of treatment for depression, substance abuse, alcoholism, child problems, couple enrichment, and schizophrenia, to name a few.

Family-based interventions are also effective for persons with medical problems. Treatment outcomes show improvement in the identified patient, as well as in other family members. Family therapy is particularly effective with families who are providing care to elders and to a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer). There is also some evidence that family involvement facilitates disease prevention, demonstrating improved outcomes for weight reduction for children and cardiovascular risks.

Marriage and Family Therapists are mental health professionals trained and licensed to independently **diagnose and treat mental health and substance abuse problems**. Currently, there are over 50,000 clinically active MFTs.

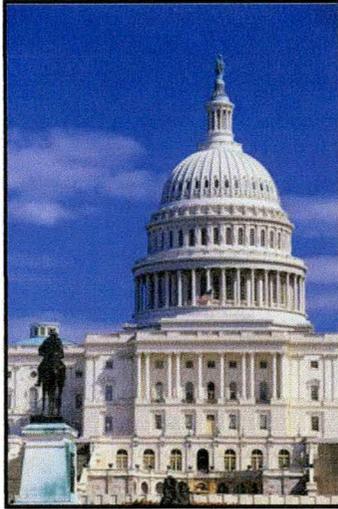
**Family Therapists are the only professionals requiring training in family therapy.**

### ***Federal Recognition of MFTs:***

- **HRSA Recognizes MFTs as Core Mental Health Professionals**  
The Public Health Service Act recognizes **marriage and family therapists as a core mental health profession** under the Health Professional Shortage Area and the National Health Service Corps programs administered by the Health Resources Services Administration (HRSA). Other core professionals are psychiatrists, clinical psychologists, clinical social workers, and psychiatric nurse specialists. (42 CFR Part 5)

By federal definition, MFTs "diagnose and treat mental and emotional disorders"  
--U.S. Department of Labor, U.S. Bureau of Labor Statistics. (June 1999). Standard Occupational Classification, 21-1013 Marriage and Family Therapists: Report 923.

- **New Law Recognizes MFTs as Eligible Providers Under VA**  
Public Law 109-461 adds MFTs to the list of eligible Veterans Administration (VA) mental health providers under the Veterans Benefits Act (38 U.S.C.A. § 7402). This law authorizes the hiring of MFTs within the VA, and ***specifically mentions MFT qualifications in addressing veterans' post-traumatic stress disorder needs.***
  
- **DOT Recognizes MFTs as Eligible for Substance Abuse Program**  
The Department of Transportation (DOT) has opened up eligibility for the Substance Abuse Program (SAP) to all licensed or certified Marriage and Family Therapists (MFTs). ***MFTs are eligible to participate in SAP credentialing in all 50 states, and can evaluate any of the approximately 12.1 million people performing safety-sensitive transportation jobs*** who are covered by DOT drug and alcohol regulations.
  
- **DOD Recognizes MFTs as Health Care Providers**  
The Department of Defense identifies marriage and family therapists as "health-care professionals" who are authorized to provide direct patient care and who may contract with the DOD for personal service contracts. (10 USCS § 1094 & 10 USCS § 1091)
  
- **CHAMPUS/TRICARE Reimburses MFTs**  
CHAMPUS/TRICARE, the federal health care program for members of the uniformed services and their families, reimburses MFTs as independent extramedical individual providers who do counseling or nonmedical therapy. (32 CFR 199.6 / TRICARE Standard Provider Handbook)
  
- **Department of Defense Reimburses MFTs**  
The Department of Defense identified MFTs as clinical practitioners eligible for credentialing and independent privileging in DON Family Service Centers and Family Advocacy Program Centers. (SECNAVINST 1754.7)
  
- **SAMHSA Recognizes MFT Students as Eligible for Minority Fellowship Program**  
The Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) now officially permits MFT students to be granted eligibility to participate in its Minority Fellowship Program.



**Why is Federal recognition so important?**

Not only does it give MFT practitioners an increased capacity for serving residents of the state and their communities, but ***by playing a participatory role in these key federal programs, that practitioner helps to bring federal financing and work opportunities into the state as well.***

- **NHSC Recognizes MFTs as Behavioral and Mental Health Professionals**

The National Health Service Corps (NHSC) defines marriage and family therapy as a “behavioral and mental health professional” for purposes of participating in the NHSC Scholarship and Loan Repayment Programs. These programs are designed to provide health care services to underserved populations. (42 U.S.C. 254d)

- **DOE Recognizes MFTs for School Early Intervention Services**

The Department of Education, in the Individuals with Disabilities Education Act, designates marriage and family therapists as qualified providers of early intervention services to infants and toddlers with a disability. (20 U.S.C.A § 1432)

- **DOE Designates COAMFTE as Accrediting Body for MFT Programs**

The Department of Education recognizes the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as the national accrediting agency for clinical training programs in marriage and family therapy.

- **Indian Health Service Recognizes MFTs**

The Indian Health Service authorizes licensed marriage and family therapists to provide mental health care services to Indians in a clinical setting, along with psychologists and social workers. (25 U.S.C.A. § 1621h(l))

**Family Therapists are highly qualified to provide mental health services.** All licensed MFTs must have a minimum of a master’s degree and at least two years of post-graduate supervised clinical experience. Thirty percent of all MFTs have a doctoral degree. Currently, all 50 states and the District of Columbia recognize and license Family Therapists as independent mental health providers.

## ACADEMICS AND TRAINING

The U.S. Department of Education recognizes the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as the national accrediting agency for clinical training programs in marriage and family therapy. COAMFTE's accreditation standards require clinical training in "**psychodiagnostic categories, and the assessment and treatment of major mental health issues.**" (Standards of Accreditation, Version 10-1).

Family therapy for **severe** mental illness is one of the most well-studied and effective interventions in the mental health literature. Family involvement - including family psychoeducation, multifamily group therapy, and family therapy - have been consistently linked to better individual and family functioning. **Family therapy outcomes for severe mental illness include improved well-being, fewer medical illnesses, decreased medical care utilization, and increased self-efficacy.**

### Typical Program Curriculum Master of Family Therapy

<u>Required Courses</u>	Hours
Introduction to Couples & Family Therapy*	3
Family Theory	3
Contemporary Issues in Addiction	3
Advanced Family Therapy	3
Human Sexuality in Counseling*	3
Couples & Family Therapy Models*	3
Child & Family Assessment Intervention*	3
Group Psychotherapy*	3
Practicum Beginning-Clinical*	4
Practicum Advanced-Clinical*	4
Gender and Ethnicity	3
Families Across the Life Cycle	3
Psychopathology & Behavior Deviation*	3
Couples Therapy*	3
Professional & Ethical Issues	4
Research Methods	4
<b><u>Typical Electives</u></b>	
Existential & Spiritual Issues in Counseling*	3
Violence in Family and Society	3
Medical Family Therapy*	3
Reading: Research and Practices in MFT (optional)	1 - 4
Clinical Therapy (optional)	1 - 4
*Clinically/Psychotherapy related coursework	

### Generalist vs Specialist

There is an old argument that MFTs are specialists and should be a sub classification of other professions. However, with so many Federal statutes recognizing MFTs, and the corresponding financial possibilities related to job classifications and grant potentials, states would lose on potential revenues by NOT licensing MFTs. **More importantly, Federal law and the laws in all 50 states and the District of Columbia already recognize MFT as a legitimate, stand alone, profession.**

## Marriage and Family Therapy Core Competencies© December, 2004

The ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess.

The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: ***Mental Health: A Report of the Surgeon General***; the President's New Freedom Commission on Mental Health's ***Achieving the Promise: Transforming Mental Health Care in America***; and the Institute of Medicine's ***Crossing the Quality Chasm***.

In 2004 the AAMFT published "Marriage and Family Therapy Core Competencies." These competencies represent "the minimum that MFTs licensed to practice independently must possess." Three of the most relevant are:

1. "Understand the current models for **assessment and diagnosis** of mental health disorders, substance use disorders, and relational functioning."

2. "**Diagnose and assess** client behavioral and relational health problems systemically and contextually"

3. "Recognize issues that **might suggest referral for specialized evaluation**, assessment, or care."

### **What distinguishes Family Therapists from other mental health professionals?**

A family orientation coupled with rigorous training requirements make Marriage and Family Therapists uniquely qualified to provide mental health services. Family Therapists are trained in various modes of therapy in order to prepare them for work with **individuals, families, couples, and groups**. The training of MFTs includes **live supervision** by experienced MFTs, which is unique among the mental health disciplines.

### **What Services are Provided by Family Therapists**

- **Diagnosis and treatment** of mental and emotional disorders
- Individual psychotherapy
- Family, couple, and group therapy
- Treatment planning

The **core competencies** are organized around 6 primary domains. The primary domains are:

1. Admission to Treatment
2. **Clinical Assessment and Diagnosis**
3. Treatment Planning and Case Management
4. **Therapeutic Interventions**
5. Legal Issues, Ethics, and Standards
6. Research and Program Evaluation

### What Disorders are Commonly Treated by Family Therapists?

- Depression and other Affective Disorders
- Childhood Behavioral and Emotional Disorders
- Marital and Relationship Problems
- Conduct Disorder and Delinquency
- Substance Abuse
- Alcoholism
- Domestic Violence
- Severe Mental Illness
- Physical Illness



As independent mental health providers, Family Therapists are eligible to become licensed as MFTs in all 50 states and the District of Columbia. In total, there are over 47,000\* MFTs providing clinical services in the United States to some 5.8 million people per year, and nearly half the problems treated are "severe." (Mental Health, United States, 2002. DHHS Pub No. (SMA) 3938.)

(Since the DHHS publication, more than 3,000 family therapists have entered the profession)

***The primary diagnoses most commonly reported by Family Therapists are mood disorders, relationship problems, anxiety disorders, and adjustment disorders. Half of all primary diagnoses are for depression, anxiety and adjustment disorders, and substance abuse.***

**Family Therapists are able to serve the needs of rural residents.** Rural American suffers disproportionately from a shortage of mental health professionals. Over 31% of rural communities have at least one MFT.

**Family Therapists offer effective treatments that result in marked improvements for their clients.** In a survey of 492 clients of Family Therapists, 83% of the clients stated that the therapy goals had been mostly or completely achieved. Almost 90% of the clients reported an improvement in their emotional health.

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***Marital and Family Therapy means the diagnosis and treatment of nervous and mental disorders, whether cognitive, affective, or behavioral, within the context of marital and family systems.***

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Family Therapists are trained to handle **serious mental health problems**. In a survey that asked Family Therapists to rate the severity of their clients' problems, 94% of the 850 cases handled by these MFTs were rated as moderately severe, severe, very severe, or catastrophic.

**Family Therapists perform the services of diagnosis and psychotherapy.** Like members of the other mental health professions, Family Therapists are trained in diagnosis, assessment, and treatment.

**Family therapy is effective in treating severe mental illness and other disorders.** Family involvement has been consistently linked to better individual and family functioning. **Family therapy outcomes for severe mental illness include improved well being, fewer illnesses, and decreased medical care utilization.** Family therapy is particularly effective with families who are providing care to elders and to a child with a chronic illness (e.g., asthma, diabetes, cystic fibrosis, cancer). Family-based therapy has been proven effective in treating a variety of other disorders and problems regularly encountered by MFTs, including:

- Conduct Disorder and Delinquency
- Childhood Behavioral and Emotional Disorders
- Substance Abuse and Alcoholism
- Marital Problems, Relationship Enhancement, and Domestic Violence

**Family Therapists are more cost-effective than other mental health professionals.** Family Therapists are as effective as other mental health professionals in diagnosing and treating mental health and substance abuse problems, but at a lower cost to payers. A survey of large insurers in Massachusetts found that licensed psychologists cost insurers, on average, \$5.00 to \$10.00 more per session than MFTs. A recent state-mandated study in Virginia found that the average claim cost per visit by MFTs for a 45 to 50 minute session of psychotherapy was \$35.05, which is lower than the average cost per visit for any of the other mandated mental health providers in Virginia. By comparison, the average claim cost per visit was 27% higher for social workers than for MFTs, 34% higher for professional counselors, 70% higher for psychologists, and almost four times higher for psychiatrists.

**Family therapy reduces medical expenses.** Many studies have concluded that a "cost-offset" phenomenon exists for mental health coverage. An offset effect occurs when people reduce their use of medical services following some type of therapy or behavioral health intervention. A study of marriage and family therapy participants that compared the participants' healthcare utilization for six months before and after family therapy began found that the participants significantly reduced their medical visits by 21.5%.

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January 7, 2015

RR # 05  
SB2047  
J# 2 1745 01/07/15

Dear Madam Chairperson and Human Service Committee Members,

Thank you for the opportunity to share my thoughts and opinion on Senate Bill SB2047. My name is Sarah How. I am currently a practicing school psychologist in West Fargo Public Schools in West Fargo, ND. I am a Nationally Certified School Psychologist through the National Association of School Psychologists. I am also currently the President of the North Dakota Association of School Psychologists. I am however, not representing this organization by my testimony.

I would like to speak to being opposed to SB2047 as it written due to the language being incomplete. This bill is important and helps support the mental health needs of children and youth in North Dakota and I support that as a school psychologist. I am only opposed to the current definition of a "qualified mental health professional." I would like for an amendment to be made so that SB2047 models the Affordable Care Act, Section 5 definition. This would include an amendment to the following:

Section 1 Amendment b.1 "who holds at least a master's degree in a mental health field, including psychology, **school psychology**....";

Section 1 Amendment b.2 to specifically list it as "has a state license or certification in a state to practice school psychology."

Section 1 Amendment b.3 " or is a mental health professional who completed specialized training in child and adolescent mental health described in clause (1) (for example graduated from a NASP approved program with a minimum of a 1200 hours supervised internship)

If given more time, we would like to share with the committee why we are proposing the above changes.

1. Who we are as school psychologist
2. What our standards are to be school psychologists
3. Why this matters for children and youth

As school psychologist, I am a mental health provider in the school environment. Along with other school psychologists in North Dakota, we are front line people who work daily with children experiencing the impact of mental health on their learning. Let me share an example of one of my children I serve in elementary school. For children their job is to learn. Our job as school psychologists is to remedy the barriers to learning, keep children in the classroom so they can learn and support children to feel empowered to navigate their mental health and well being both in and out of school. We do this by providing direct support and interventions through one of our roles of promoting positive behavior and mental health.

This matters for children and youth because at a national level 1:5 children will be impacted by mental health problems. This is why early intervention and services are so important for changing the trajectory of these children's lives. We are often able to be the first connection for families to help understand their children's learning and mental

January 7, 2015

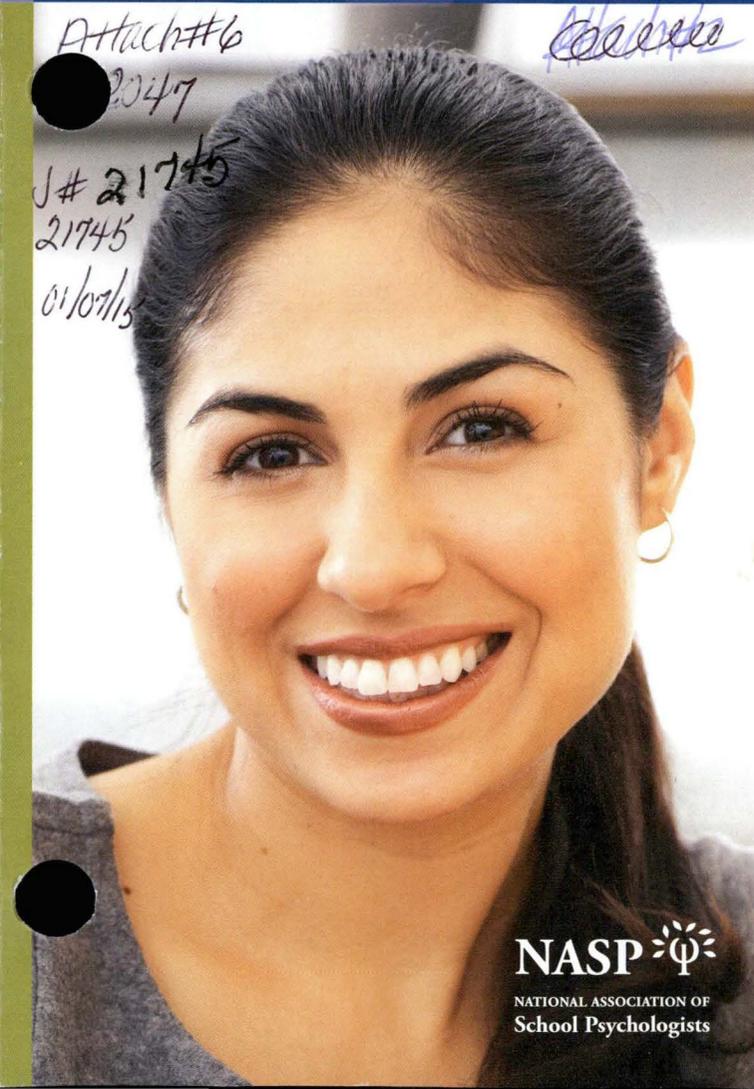
health needs. Additionally we help to connect families with community services providers when necessary. We are trained to work in teams and apply our expertise in mental health, learning and behavior to help children and youth succeed academically, socially, behaviorally, and emotionally.

Written Testimony for Sarah How, Psy.S. NCSP  
School Psychologist West Fargo Public Schools  
3801 22nd St. S.  
Fargo, ND 58104  
701-367-6687



Who Are  
**SCHOOL  
PSYCHOLOGISTS?**

Helping Children Thrive • In School • At Home • In Life



**WHAT DO SCHOOL PSYCHOLOGISTS DO?**

School psychologists provide direct support and interventions to students; consult with teachers, families, and other school-employed mental health professionals (i.e., school counselors, school social workers) to improve support strategies; work with school administrators to improve school-wide practices and policies; and collaborate with community providers to coordinate needed services.



**School psychologists help schools successfully:**

6.2

**Improve Academic Achievement**

- Promote student motivation and engagement
- Conduct psychological and academic assessments
- Individualize instruction and interventions
- Manage student and classroom behavior
- Monitor student progress
- Collect and interpret student and classroom data
- Reduce inappropriate referrals to special education.

**Promote Positive Behavior and Mental Health**

- Improve students communication and social skills
- Assess student emotional and behavioral needs
- Provide individual and group counseling
- Promote problem solving, anger management, and conflict resolution
- Reinforce positive coping skills and resilience
- Promote positive peer relationships and social problem solving
- Make referrals to and coordinate services with community-based providers

**Support Diverse Learners**

- Assess diverse learning needs
- Provide culturally responsive services to students and families from diverse backgrounds
- Plan appropriate Individualized Education Programs for students with disabilities
- Modify and adapt curricula and instruction
- Adjust classroom facilities and routines to improve student engagement and learning
- Monitor and effectively communicate with parents about student progress

**Create Safe, Positive School Climates**

- Prevent bullying and other forms of violence
- Support social-emotional learning
- Assess school climate and improve school connectedness
- Implement and promote positive discipline and restorative justice
- Implement school-wide positive behavioral supports
- Identify at-risk students and school vulnerabilities
- Provide crisis prevention and intervention services

**Strengthen Family-School Partnerships**

- Help families understand their children's learning and mental health needs
- Assist in navigating special education processes
- Connect families with community service providers when necessary
- Help effectively engage families with teachers and other school staff
- Enhance staff understanding of and responsiveness to diverse cultures and backgrounds
- Help students transition between school and community learning environments, such as residential treatment or juvenile justice programs

**Improve School-Wide Assessment and Accountability**

- Monitor individual student progress in academics and behavior
- Generate and interpret useful student and school outcome data
- Collect and analyze data on risk and protective factors related to student outcomes
- Plan services at the district, building, classroom, and individual levels

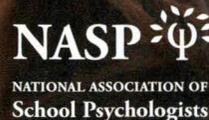


NATIONAL ASSOCIATION OF  
School Psychologists

*NASP empowers school  
psychologists by advancing  
effective practices to improve  
students' learning, behavior, and  
mental health.*

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[www.nasponline.org](http://www.nasponline.org)



## SCHOOL PSYCHOLOGISTS HELP STUDENTS THRIVE

School psychologists are uniquely qualified members of school teams that support students' ability to learn and teachers' ability to teach. They apply expertise in mental health, learning, and behavior to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists partner with families, teachers, school administrators, and other professionals to create safe, healthy, and supportive learning environments that strengthen connections between home, school, and the community.



## WHAT TRAINING DO SCHOOL PSYCHOLOGISTS RECEIVE?

School psychologists receive specialized advanced graduate preparation that includes coursework and practical experiences relevant to both psychology and education. School psychologists typically complete either a specialist-level degree program (at least 60 graduate semester hours) or a doctoral degree (at least 90 graduate semester hours), both of which include a year-long 1,200-hour supervised internship. Graduate preparation develops knowledge and skills in:

- Data collection and analysis
- Assessment
- Progress monitoring
- School-wide practices to promote learning
- Resilience and risk factors
- Consultation and collaboration
- Academic/learning interventions
- Mental health interventions
- Behavioral interventions
- Instructional support
- Prevention and intervention services
- Special education services
- Crisis preparedness, response, and recovery
- Family-school-community collaboration
- Diversity in development and learning
- Research and program evaluation
- Professional ethics, school law, and systems

School psychologists must be credentialed by the state in which they work. They also may be nationally certified by the National School Psychology Certification Board (NSPCB). The National Association of School Psychologists (NASP) sets standards for graduate preparation, credentialing, professional practice, and ethics. The NASP Practice Model (2010) outlines the comprehensive services that school psychologists are encouraged to provide and can be accessed at [www.nasponline.org/practicemodel](http://www.nasponline.org/practicemodel).

6.4

## WHERE DO SCHOOL PSYCHOLOGISTS WORK?

The vast majority of school psychologists work in K-12 public schools. They also provide services in a variety of other settings, including:

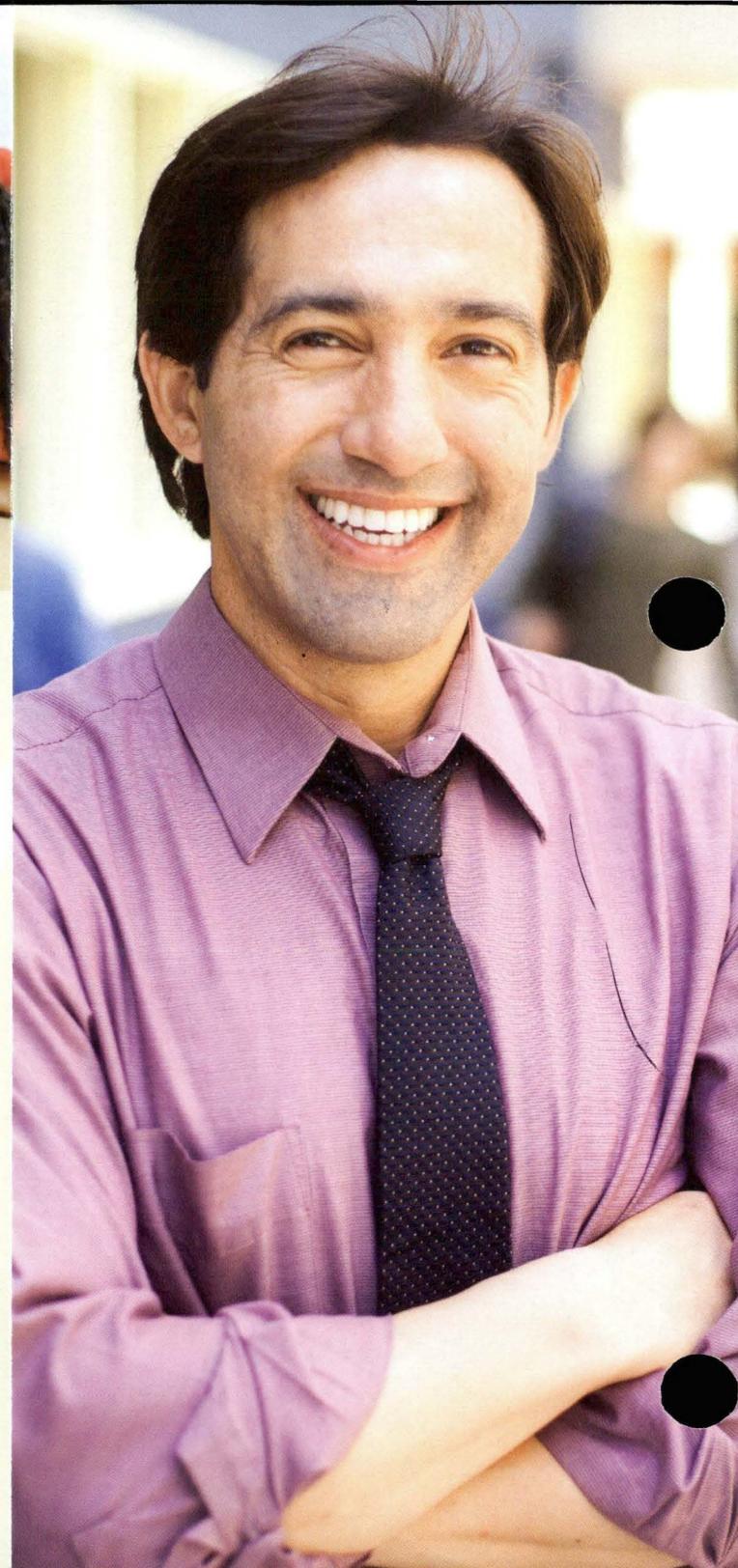
- Private schools
- Preschools
- School district administration offices
- Universities
- School-based health and mental health centers
- Community-based day treatment or residential clinics and hospitals
- Juvenile justice programs
- Independent private practice

## WHY DO CHILDREN AND YOUTH NEED SCHOOL PSYCHOLOGISTS?

All children and youth can face problems from time to time related to learning, social relationships, making difficult decisions, or managing emotions such as depression, anxiety, worry, or isolation. School psychologists help students, families, educators, and members of the community understand and resolve both long-term, chronic problems and short-term issues that students may face. They understand how these issues affect learning, behavior, well-being, and school engagement. School psychologists are highly skilled and ready resources in the effort to ensure that all children and youth thrive in school, at home, and in life.

## HOW DO I CONTACT A SCHOOL PSYCHOLOGIST?

Every school has access to the services of a school psychologist, although some school psychologists serve two or more schools so may not be at a particular school every day. Most often, school psychologists can be reached by inquiring at the school directly or at the district's central office, or by locating contact information on the school or district website.



Attachment #7  
J# 21745 01/07/15  
SB2047

January 6, 2014 Written Testimony

Dear Madam Chairperson and Human Service Committee Members.

Thank you for the opportunity to share my thoughts and opinion on Senate Bill SB2047. My name is Terese Schaefer. I am currently a practicing school psychologist in West Fargo Public Schools. I am Nationally Certified as a School Psychologist through the National Association of School Psychologist. I am also currently the North Dakota Delegate to the National Association of School Psychologists. I am however, not representing this organization in my testimony.

I would like to speak to being opposed to SB2047 as it written due to the language being incomplete. This bill is important and helps support the mental health needs of children in North Dakota and as a school psychologist this is good for children. I am only opposed to the current definition of a "qualified mental health professional." I would like for an amendment to be made so that SB2047 models the Affordable Care Act, Section 5 definition. This would specifically like to talk about school psychology standards in the State of ND and how this relates to the proposed amendment for Section 1 Amendment b.3 "or," "is a mental health professional who completed specialized training in child and adolescent mental health described in clause (1) (for example graduated from a NASP approved program with a minimum of 1200 hours supervised internship).

- A. Standards for the Credentialing of School Psychologists and Standards for Graduate Preparation for School Psychologists
- The credentialing requirements for school psychologists are rigorous and comparable to other eligible providers. School Psychology graduate training programs implement programs to address:
    - i. data based decision making and accountability
    - ii. consultation and collaboration
    - iii. interventions and instructional support to develop academic skills
    - iv. interventions and mental health services to develop social and life skills
    - v. school wide practices to promote learning
    - vi. preventive and responsive services
    - vii. family-school collaboration
    - viii. diversity in development an learning
    - ix. research and program evaluation
    - x. Legal Ethical and Professional Practice
  - In North Dakota...
    1. According to the Education Standards and Practices Board, the license code for school psychologists is 50080. The license description is School Psychologist. \* requires completion of a master's degree in school psychology from a national association of school psychology – accredited institution.
    2. Minot State University and Minnesota State University Moorhead are NASP Approved programs. Many of ND School Psychologists graduate from these two programs.
    3. The Regular SEA Credential (Five-Year) School Psychologist: Requires a master's degree (minimum of 60 graduate hours) from a NASP accredited program, which includes a 1200 internship consisting of at least 600 hours in a school setting.
    4. North Dakota Century Code - School psychology. The prekindergarten through grade twelve school psychology restricted license will be issued to those applicants who have: (a) Obtained a specialist degree in school psychology from a national association of school psychology-accredited institution; or (b) Achieved the national certification of school psychologist certification. To qualify for the national certification of school psychologist license, the candidate must have successfully met the standards for training and field placement programs in school psychology, standards for the credentialing of school psychologist, standards for the provision of school psychological services, and principles of professional ethics.
- B. Model for Comprehensive and Integrated School Psychology Services
1. The NASP Practice Model Improves Outcomes for Students and Schools. School Psychologists support teachers' ability to teach and children's ability to learn. They provide direct educational, behavioral, and mental health services for children and youth, as well as work with families, school administrators, educators, and other professionals to create supportive learning and social environments for all students
  2. Model for Services House Analogy
  3. Examples of School Psychology services addressing mental health services of three children in West Fargo Schools (last week of school prior to holiday break and first week after): 5<sup>th</sup> grade girl, 1<sup>st</sup> grade boy, 3<sup>rd</sup> grade boy.

C. Principles of Professional Ethics

1. Respecting the Dignity and Rights of All Persons
2. Professional Competence and Responsibility
3. Honesty and Integrity in Professional Relationships
4. Responsibility to Schools, Families, Communities, The Profession, and Society.

Terese Schaefer, School Psychologist, M.S. NCSP – West Fargo Public Schools

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  3. Honesty and Integrity in Professional Relationships
  4. Responsibility to Schools, Families, Communities, The Profession, and Society.

7.4

**Special Education: PHYSICAL AND HEALTH DISABILITIES**

<u>Lic Code</u>	<u>License Description</u>	<u>Prep Level</u>	<u>Degree</u>	<u>Course #</u>	<u>Level</u>	<u>Course Description</u>
19065	Physical & Health Disabilities	K-12	Major eq	19301	K-12	Programs for Students with Physical Disabilities
				19000	Pk-12	Exceptional Children

**Special Education: RESOURCE ROOM**

<u>Lic Code</u>	<u>License Description</u>	<u>Prep Level</u>	<u>Degree</u>	<u>Course #</u>	<u>Level</u>	<u>Course Description</u>
19094	Resource Room	K-12	ED or LD	00089	7-12	Day Treatment
				19000	Pk-12	Exceptional Children

**Special Education: SCHOOL PSYCHOLOGISTS**

<u>Lic Code</u>	<u>License Description</u>	<u>Prep Level</u>	<u>Degree</u>	<u>Course #</u>	<u>Level</u>	<u>Course Description</u>
50080	School Psychologist	K-12	Masters	00035	K-12	School Psychologist
				19000	Pk-12	Exceptional Children

*\*requires completion of a master's degree in school psychology from a national association of school psychology-accredited institution.*

**Special Education: EDUCATION OF DEAF AND HARD OF HEARING WITH DOUBLE MAJOR**

<u>Lic Code</u>	<u>License Description</u>	<u>Prep Level</u>	<u>Degree</u>	<u>Course #</u>	<u>Level</u>	<u>Course Description</u>
19020	Deaf Education	K-12	Major eq	19223	K-12	Programs for Students with Hearing Impairments
				00041	K-12	Consult

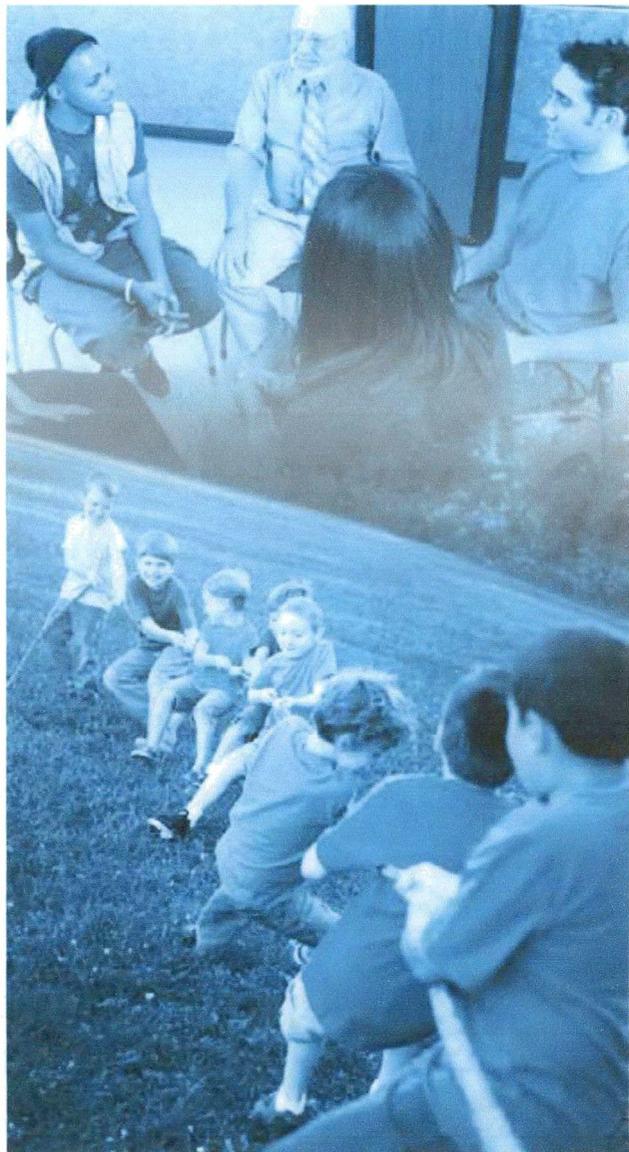
BRIEF

Attach # 08  
SB2047

J# 21745 01/07/15

# Children's Mental Health

*What Every Policymaker Should Know*



Shannon Stagman  
Janice L. Cooper

April 2010

NCCP

National Center for Children in Poverty  
Mailman School of Public Health  
Columbia University

The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.

#### CHILDREN'S MENTAL HEALTH What Every Policymaker Should Know

Shannon Stagman, Janice L. Cooper

#### AUTHORS

Janice L. Cooper, PhD, is interim director at NCCP and assistant clinical professor, Health Policy and Management at Columbia University Mailman School of Public Health. Dr. Cooper directs *Unclaimed Children Revisited*, a series of policy and impact analyses of mental health services for children, adolescents, and their families. From 2005 to 2010, she led NCCP's health and mental health team.

Shannon Stagman, MA, is a research analyst for early childhood and health and mental health at NCCP. She works primarily on Project Thrive, the policy support initiative for the State Early Childhood Comprehensive Systems (ECCS) funded by the Maternal and Child Health Bureau, and provides research support for various mental health projects, including *Unclaimed Children Revisited: California Case Study*.

#### ACKNOWLEDGMENTS

The authors thank Christel Brellocks and Yumiko Aratani for their guidance in the development of this brief. Special thanks also to Morris Ardoin, Amy Palmisano, and Telly Valdellon for their production support.

This brief updates *Children's Mental Health: Facts for Policymakers* (Masi and Cooper 2006).

# Children's Mental Health

## *What Every Policymaker Should Know*

Shannon Stagman | Janice L. Cooper

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Mental health is a key component in a child's healthy development; children need to be healthy in order to learn, grow, and lead productive lives. The mental health service delivery system in its current state does not sufficiently meet the needs of children and youth, and most who are in need of mental

health services are not able to access them. With the addition of effective treatments, services, and supports, the mental health system can become better equipped to help children and youth with mental health problems, or those who are at risk, to thrive and live successfully.

### Children's Mental Health Problems are Widespread

Mental health and substance abuse problems occur commonly among today's youth<sup>1</sup> and begin at a young age.<sup>2</sup>

- ◆ One in five children birth to 18 has a diagnosable mental disorder.<sup>3</sup>
- ◆ One in 10 youth has serious mental health problems that are severe enough to impair how they function at home, in school, or in the community.<sup>4</sup>
- ◆ The onset of major mental illness may occur as early as 7 to 11 years old.<sup>5</sup>
- ◆ Roughly half of all lifetime mental health disorders start by the mid-teens.<sup>6 7</sup>
- ◆ Individual and environmental risk factors that increase the likelihood of mental health problems include receiving public assistance, having unemployed or teenage parents, or being in the foster care system. These and other factors can be identified and addressed in the early years.<sup>8</sup>
- ◆ Among youths aged 12 to 17, 4.4 percent had serious emotional disorders in 2008.<sup>9</sup>
- ◆ In 2008, 9.3 percent of youths were illicit drug users, and rates of alcohol use were 3.4 percent among persons aged 12 or 13; 13.1 percent of persons aged 14 or 15; and 26.2 percent of 16- or 17-year-olds.<sup>10</sup>
- ◆ The rate of substance dependence or abuse among youths aged 12 to 17 was 7.6 percent, slightly higher than that of adults aged 26 or older (7.0 percent).<sup>11</sup>

Children and youth at increased risk for mental health problems include those in low-income households, those in the child welfare and juvenile justice systems, and those in military families.

- ◆ Twenty-one percent of low-income children and youth aged 6 to 17 have mental health problems.<sup>12</sup>
- ◆ Fifty-seven percent of these children and youth with mental health problems come from households living at or below the federal poverty level.<sup>13</sup>

A greater proportion of children and youth in the child welfare and juvenile justice systems have mental health problems than those in the general population.

- ◆ Fifty percent of children and youth in the child welfare system have mental health problems.<sup>14</sup>
- ◆ Youth in residential treatment centers, 69 percent of whom come from the juvenile justice and child welfare systems, have extremely high rates of mental and behavioral health disorders compared to the general population.<sup>15</sup>
- ◆ Sixty-seven to seventy percent of youth in the juvenile justice system have a diagnosable mental health disorder.<sup>16</sup>

Children and youth in military families tend to have higher rates of mental health problems than those in the general population, and those mental health problems are especially pronounced during a parent's deployment.

- ◆ Thirty-two percent of children of military families scored as "high risk" for child psychosocial morbidity, 2.5 times the national average.<sup>17</sup>
- ◆ There is a higher prevalence of emotional and behavioral difficulties in youth aged 11 to 17 in military families compared to the general population.<sup>18</sup>

- ◆ During a parent's deployment, children exhibit behavior changes including changes in school performance, lashing out in anger, disrespecting authority figures, and symptoms of depression.<sup>19</sup>
- ◆ Children age 3 to 5 with a deployed parent exhibit more behavioral symptoms than their peers without a deployed parent.<sup>20</sup>
- ◆ The rate of child maltreatment in families of enlisted Army soldiers is 42 percent higher during combat deployment than during non-deployment.<sup>21</sup>

### Most Children and Youth with Mental Health Problems Struggle to Succeed

Children and youth with mental health problems have lower educational achievement, greater involvement with the criminal justice system, and fewer stable and longer-term placements in the child welfare system than their peers. When treated, children and youth with mental health problems fare better at home, in schools, and in their communities.

Youth in high school with mental health problems are more likely to fail or drop out of school.

Children and youth in preschool and elementary school with mental health problems are more likely to experience problems at school, be absent, or be suspended or expelled than are children with other disabilities.

- ◆ Up to 14 percent of youth with mental health problems receive mostly Ds and Fs (compared to seven percent for all children with disabilities).<sup>27</sup>
- ◆ Up to 44 percent of them drop out of high school.<sup>28</sup>
- ◆ Over 10 percent of high school dropouts were attributable to mental health disorders.<sup>29</sup>

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Youth in the child welfare and juvenile justice systems with mental health issues do less well than others. In the child welfare system, children with mental health issues experience additional problems compared to those without a mental health disorder.

- ◆ Preschool children face expulsion rates three times higher than children in kindergarten through 12th grade, due in part to lack of attention to social-emotional needs.<sup>22</sup>
- ◆ African-American preschoolers are three to five times more likely to be expelled than their white, Latino, or Asian-American peers.<sup>23</sup>
- ◆ In the course of the school year, children with mental health problems may miss as many as 18 to 22 days.<sup>24</sup>
- ◆ Their rates of suspension and expulsion are three times higher than those of their peers.<sup>25</sup>
- ◆ Among all students, African-Americans are more likely to be suspended or expelled than their white peers (40 vs. 15 percent).<sup>26</sup>

- ◆ They are less likely to be placed in permanent homes.<sup>30</sup>
- ◆ They are more likely to experience a placement change than children without a mental health disorder.<sup>31</sup>
- ◆ They are more likely to be placed out of home in order to access services.<sup>32</sup>
- ◆ They are more likely to rely on restrictive or costly services such as juvenile detention, residential treatment, and emergency rooms.<sup>33</sup>

## Many Children and Youth are Unable to Access Needed Services

In 2007, 3.1 million youth (12.7 percent) received treatment or counseling in a specialty mental health setting for emotional or behavior problems. An additional 11.8 percent of youth received mental health services in an education setting, along with 2.9 percent who received services in a general medical setting.<sup>34</sup> Though this indicates that some are able to access services, it is clear that most children and youth with mental health problems do not receive needed services.

- ◆ Seventy-five to 80 percent of children and youth in need of mental health services do not receive them.<sup>35</sup>
- ◆ Thirty-seven to 52 percent of adolescents and young adults who were hospitalized for a suicide attempt received mental health services in the month prior.<sup>36</sup>
- ◆ Only 29 percent of youth expressing suicide ideation in the prior year received mental health services.<sup>37</sup>

Delivery of and access to mental health services and supports vary depending on the state in which a child or youth with mental health needs lives.

- ◆ There is a 30 percent difference between the states with the highest and lowest unmet need for mental health services (51 to 81 percent).<sup>38</sup>

Children and youth from diverse racial and ethnic groups and from families who face language barriers are often less likely to receive services for their mental health problems than white children and youth.

- ◆ Thirty-one percent of white children and youth receive mental health services.<sup>39</sup>
- ◆ Thirteen percent of children from diverse racial and ethnic backgrounds receive mental health services.<sup>40</sup>
- ◆ Non-Hispanic/Latino white children and youth have the highest rates of mental health services usage, while Asian American/Pacific Islander children have the lowest rates.<sup>41</sup>
- ◆ Hispanic/Latino and African-American children in urban areas receive less mental health care than their white peers.<sup>42</sup>
- ◆ Among children in the child welfare system, African-Americans have less access to counseling than white children.<sup>43</sup>

Some children and youth with the most intense needs and some who are insured do not receive mental health services.

- ◆ In juvenile detention facilities, 85 percent of youth with psychiatric disorders report at least one perceived barrier to service usage, including the belief that problems would go away without help, uncertainty about where to go, or cost of services.<sup>44</sup>
- ◆ Eighty-five percent of children and youth in need of mental health services in the child welfare system do not receive them.<sup>45</sup>

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- ◆ Privately-insured families with children in need of mental health care face significantly greater financial barriers than families with children without mental health needs.<sup>46</sup>
- ◆ Families with children who have mental health problems bear a disproportionate amount of co-insurance, putting an added strain on caregivers.<sup>47</sup>
- ◆ Seventy-nine percent of children with private health insurance and 73 percent with public health insurance have unmet mental health needs.<sup>48</sup>
- ◆ In the child welfare system, both privately insured and uninsured children are less likely to receive needed mental health counseling than those with public insurance.<sup>49</sup>

A gap also exists between need and treatment for youth with substance use disorders that sometimes occur with mental health problems.

- ◆ Only 9.3 percent of the 1.2 million youths 12 through 17 years of age in need of treatment for an illicit drug use problem in 2008 received specialty facility-based treatment.<sup>50</sup>
- ◆ Of the 1.2 million youths who needed treatment for an alcohol use problem, only 6.2 percent received treatment at a specialty facility.<sup>51</sup>

## The Public Mental Health Service Delivery System Remains Largely Ineffective for Children and Youth

Even among those children and youth who are able to access mental health services, quality of care is often deficient. There is an insufficient number of providers, and many of them do not use effective, evidence-based, or empirically supported practices.

The service delivery system lacks key elements of supportive infrastructure which results in poor provider capacity and competency. Components of a strong infrastructure include provider training and retention, adequate reimbursement, strong information technology systems, and robust family involvement in policy.

- ◆ Information technology, such as electronic health records and management and accountability systems, is a key component in infrastructure that supports efficiency and quality improvements.<sup>52</sup>
- ◆ Despite this, there is not currently widespread use of these tools.<sup>53</sup>
- ◆ Family advocacy, support and education organizations (FASEOs) are frequently asked to make up for the absence or inadequacy of local mental health services, while facing fiscal fragility and uncertain sources of revenue. This results in a family advocacy network that is largely unstable.<sup>54</sup>

### Legislative Changes on the Horizon

Recent federal legislation holds promise for increasing access to and the quality of children's mental health services. Children's Health Insurance Program Reauthorization 2009 requires that mental health and substance abuse benefits are equal to other medical benefits in health insurance. Similar provisions are included in the Patient Protection and Affordability Care 2010. Consistent with the Wellstone-Domenici Act (2008), it requires mental health and substance abuse benefits in the individual and group market to be on par with medical benefits. It makes providers of mental health and substance abuse services a high priority in the law for increasing the work-force competency and availability of community based services. The law also provides for prevention and early intervention and includes mental health as part of the quality initiatives to manage chronic conditions, along with a range of initiatives to address disparities.

Financing for children's mental health remains inadequate. While there are no current estimates of overall national spending, it is projected that federal agencies contributed nearly \$6 billion to preventive services in 2007.<sup>55</sup> Despite this financial support, and due in large part to a deficit of flexible fiscal support for the system and for service users, quality of care suffers and many children and youth do not receive the services they need.

- ◆ Finance policies drive the capacity and quality of the services provided for children and youth with mental health conditions.<sup>56</sup>
- ◆ Restrictive funding streams impede the ability of system leaders to provide services based on the individual needs of the child and family within the context of their community.<sup>57</sup>
- ◆ Flexible funding strategies improve service innovation and increase the system's ability to provide needed services.<sup>58</sup>
- ◆ Service capacity overflow leads to high use of costly forms of care, such as emergency rooms.<sup>59</sup>

A major strategy among policymakers for attaining optimal service quality is the implementation of evidence-based practices (EBPs), which are those practices for which there is valid scientific evidence of effectiveness. States encounter many barriers in adopting EBPs in large systems, including lack of fidelity to models, mismatch between provider preparation and expectations of practice, and large variation in the ability to transport from one setting to another.<sup>60</sup>

- ◆ Perspectives on evidence-based practices are mixed, with some providers expressing doubts and concerns about the effectiveness of EBPs.<sup>61</sup>
- ◆ Service users and family members are not well-informed about EBPs, and many consider receiving care with fidelity to EBP models a tertiary concern when they experience great difficulty in obtaining any quality care at all.<sup>62</sup>
- ◆ State infrastructure support to implement effective practices is variable, limited in scope, pays insufficient attention to cultural needs, and lacks consistent fiscal support.<sup>63</sup>

## Effective Policy Strategies to Enhance Mental Health for Children, Youth, and Families

- ◆ **Increase access to effective, empirically-supported practices like mental health consultation with a specific focus on young children.** Preschool children with access to mental health consultation exhibit less disruptive behavior and have lower expulsion rates.<sup>64</sup>
- ◆ **Develop systems to identify at-risk children.** Identifying those children and youth most at risk for poor mental health outcomes is instrumental in designing effective strategies for prevention and intervention.<sup>65</sup>
- ◆ **Coordinate services and hold child- and youth-serving systems accountable.** Robust service coordination in the child welfare system reduces gaps in access to services between African-American and white children and youth.<sup>66</sup> Outcome-based systems are better able to track youth outcomes, improve provider capacity, and tailor services.<sup>67</sup>
- ◆ **Finance and provide mental health services and supports that meet the developmental needs of children.** Treatment and supports using a developmental framework are more likely to respond to the changing needs of children and youth.<sup>68</sup>
- ◆ **Increase adoption of electronic health records, and implement information systems for quality assurance, accountability, and data sharing across providers, agencies and counties.** A system for sharing records facilitates joint planning and improves efficiency and quality of care.<sup>69</sup>
- ◆ **Fund and apply consistent use of effective treatments and supports.** A range of effective treatments exist to help children and youth with mental health problems to function well in home, school, and community settings.<sup>70</sup>
- ◆ **Engage families and youth in their own treatment planning and decisions.** Family support and family-based treatment are critical to children and youth resilience. Reaching out to community stakeholders to increase their awareness and knowledge regarding EBPs will enhance youth and family engagement, which fosters treatment effectiveness.<sup>71</sup>
- ◆ **Provide culturally and linguistically competent services.** Attention to providers' cultural and language competence leads to improved mental health outcomes and greater adoption of effective practices.<sup>72</sup>
- ◆ **Finance and implement concrete strategies to identify and prevent mental health problems and intervene early.** Empirically-supported prevention and early intervention strategies support children and youth resilience and ability to succeed.<sup>73</sup>
- ◆ **Ensure that the implementation of health reform recognizes the need to support a comprehensive array of benefits from prevention to treatment.** Health insurance expansion is associated with increases in access to mental health services.<sup>74</sup>

### Endnotes

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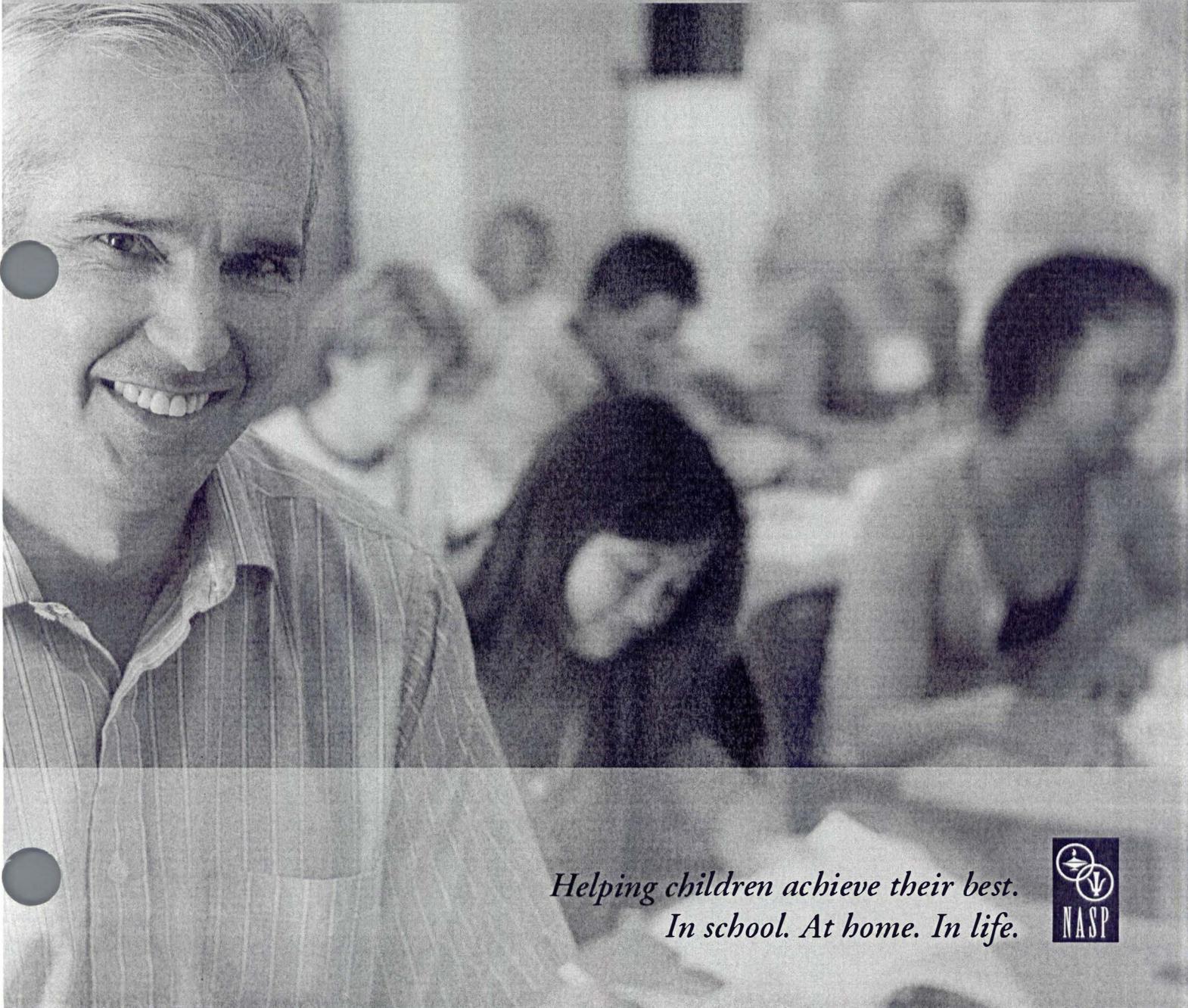
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Attach #9 SB2047  
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# Model for Comprehensive and Integrated School Psychological Services

NASP PRACTICE MODEL OVERVIEW



*Helping children achieve their best.  
In school. At home. In life.*



## The NASP Practice Model Helps Schools Successfully:

### **Improve Academic Engagement and Achievement**

High expectations and academic rigor for *all* students set the foundation for schools that both raise expectations and close achievement gaps. However, providing rich content and rigor alone is not enough for struggling students. School psychologists work with educators and families to:

- Identify and remedy barriers to learning, such as disabilities; mental or physical health problems; or social, cultural, language, or family issues
- Implement appropriate academic interventions by monitoring the effectiveness of academic interventions, developing student organizational skills, and promoting the use of learning strategies
- Implement appropriate social-emotional and behavioral strategies such as those that are designed to improve attention, strengthen motivation, and promote student problem-solving

Interventions that foster students' engagement in learning contribute to more positive, orderly classroom environments, increase time focused on learning, and increase school attendance and graduation rates.

### **Facilitate Effective Instruction**

Rigorous, quality curricula must be matched with effective instruction that meets the individual needs of diverse learners. School psychologists consult with teachers on how to:

- Individualize instruction
- Manage classroom behavior
- Monitor student progress
- Evaluate classroom data
- Adjust intervention and instructional strategies to make content accessible to every student

Increasingly, this consultation occurs within a response-to-intervention or problem-solving process, which has been shown to improve achievement for students in the general education classroom and reduce inappropriate referrals to special education. Teachers who consult with their school psychologist receive support for working with struggling students, improve their classroom management and teaching skills, and are more able to focus on effective instruction for all students.

### **Support Positive Behavior and Socially Successful Students**

Promoting students' positive behavior and social interactions directly supports their academic achievement and contributes to a healthy learning environment. School psychologists provide services that promote children's communication and social skills, problem solving, anger

management, conflict resolution, self-regulation, self-determination, resilience, and optimism. They consult with teachers and administrators on:

- Classroom management strategies
- Programs promoting positive peer relationships and social problem solving
- School-wide positive behavior interventions and supports
- The use of effective discipline policies and practices
- Programs to promote student wellness and reduce risk-taking

Additionally, school psychologists provide mental health services, including wellness and prevention programming, risk assessment and interventions, and counseling, which are proven to reduce discipline referrals and increase attendance and academic performance. They also coordinate community services provided in schools to ensure their link to learning.

### **Support Diverse Learners**

Successfully meeting the needs of a wide range of diverse learners can be a challenge for schools. School psychologists have special expertise in working with students who have disabilities or health problems, who face cultural or linguistic barriers, or whose family or socioeconomic situation affects their learning. They work with teachers and other staff to:

- Assess learning and behavior needs and distinguish between issues related to family, culture, or language and a learning style or disability
- Plan appropriate Individualized Education Programs for students with disabilities
- Modify and adapt curricula and instruction
- Adjust classroom facilities and routines to promote greater student engagement
- Promote positive relationships among all students
- Monitor and effectively communicate with parents about student progress
- Coordinate links to community services

School psychologists work with school administrators to ensure that education plans are designed and implemented so students with disabilities receive a free appropriate public education in the least restrictive environments.

### **Create Safe, Positive School Climates**

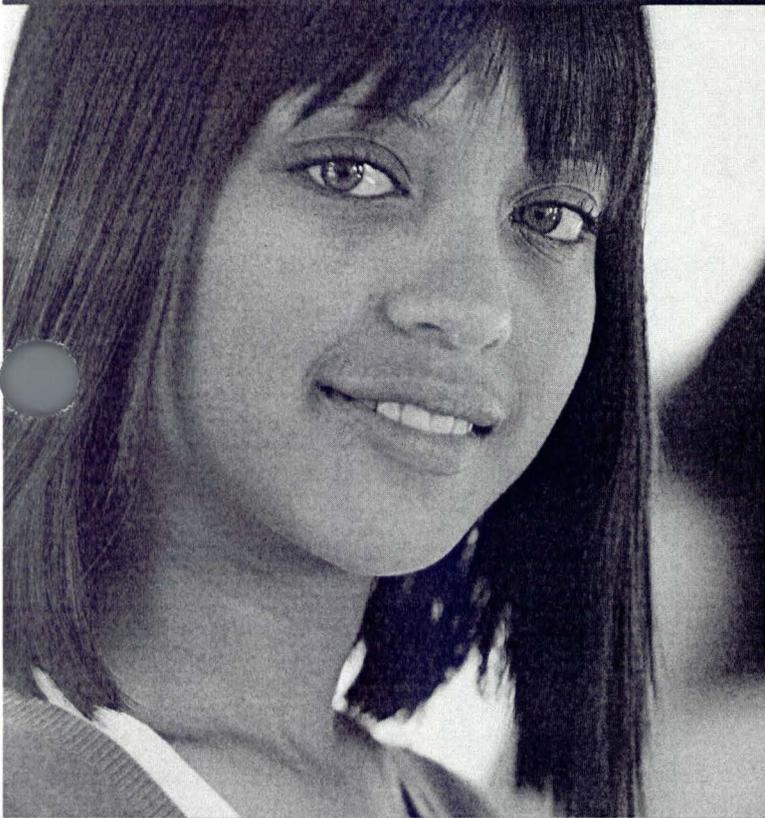
Positive school climate is a critical factor in student achievement. No matter how good the curriculum and instruction are, a negative learning environment will interfere with student outcomes. School psychologists work with school leadership teams to help choose, design, and evaluate evidence-based approaches to address issues such as bullying prevention, student connectedness, family engagement, cultural responsiveness, and crisis response planning. They contribute expertise in:

## NASP Practice Model

The National Association of School Psychologists (NASP) has set standards for the provision of school psychological services for over 30 years. Despite this long-standing guidance to states and local school districts, school psychologists' roles and practice vary significantly across the country. In March 2010, NASP approved a formal model of practice designed to improve the consistent implementation of school psychological services to help ensure their maximum effectiveness, efficiency, and quality in schools nationwide.

The *NASP Model for Comprehensive and Integrated School Psychological Services* also known as the NASP Practice

Model, represents NASP's official policy regarding the delivery of school psychological services. It delineates what services can reasonably be expected from school psychologists across 10 domains of practice, and the general framework within which services should be provided. The recommended ratio for schools implementing this comprehensive model is one school psychologist to 500–700 students. Implementation of the NASP model creates the capacity to make the best, most cost-effective use of school psychologists' skills and expertise, which are an existing but sometimes underutilized resource in schools. The NASP model allows flexibility for agencies and professionals to develop policies and procedures that meet local needs, while also providing sufficient specificity to ensure appropriate, comprehensive service provision.



### The NASP Practice Model Helps Schools Successfully:

- Improve academic engagement and achievement
- Facilitate effective instruction
- Support positive behavior and socially successful students
- Support diverse learners
- Create safe, positive school climates
- Strengthen family–school–community partnerships
- Improve assessment and accountability
- Invest existing resources wisely and effectively

## NASP Practice Model Organizational Principles

The NASP Practice Model is framed on six organizational principles that reflect and link to the broader organizational principles of effective schools. These principles are summarized below.

**Principle 1.** Services are coordinated and delivered in a comprehensive and seamless continuum that considers the needs of consumers and utilizes an evidence-based program evaluation model.

**Principle 2.** The professional climate facilitates effective service delivery that allows school psychologist to advocate for and provide appropriate services.

**Principle 3.** Physical, personnel, and fiscal systems support appropriately trained and adequate numbers of school psychologists, and provide adequate financial and physical resources to practice effectively.

**Principle 4.** Policies and practices exist that result in positive, proactive communication among employees at all administrative levels.

**Principle 5.** All personnel have levels and types of supervision and/or mentoring adequate to ensure the provision of effective and accountable services.

**Principle 6.** Individual school psychologists and school systems create professional development plans annually that are both adequate for and relevant to the service delivery priorities of the school system.

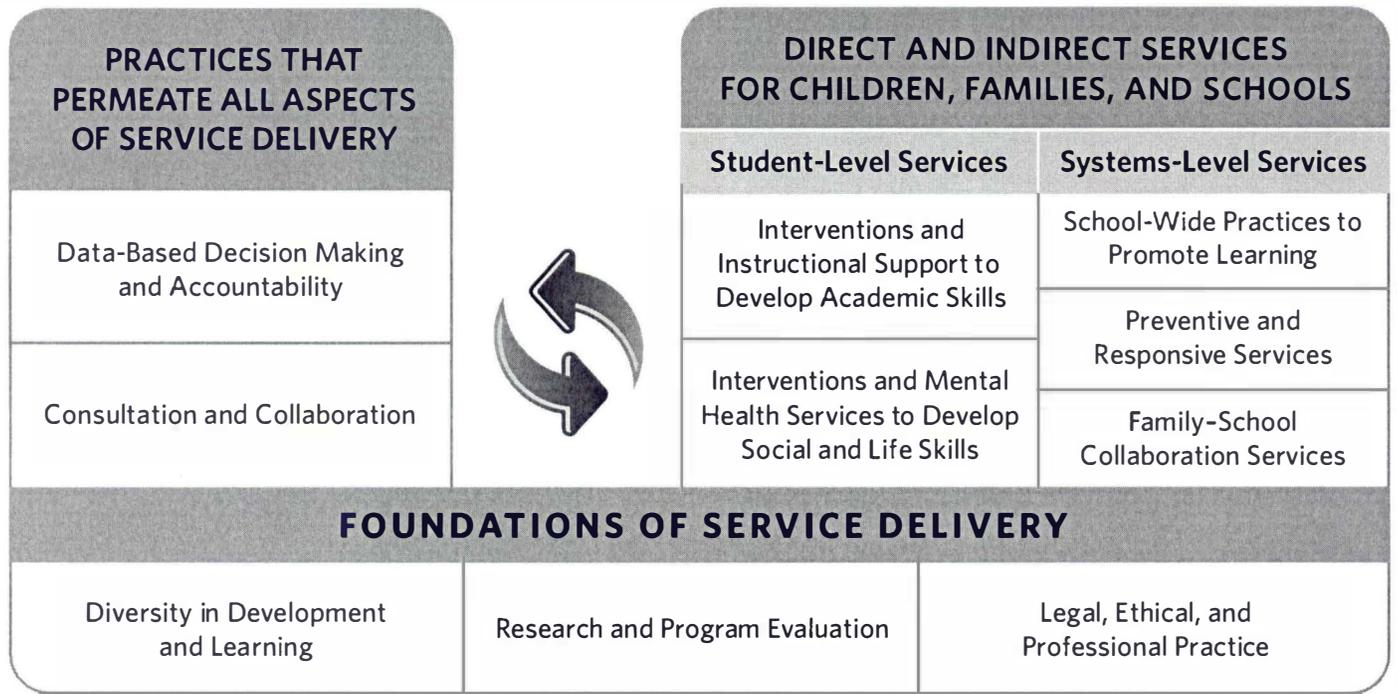
# The NASP Practice Model Improves Outcomes for Students and Schools.

All children deserve a high-quality, genuinely accessible education that supports their high academic achievement and healthy development, and prepares them for responsible citizenship and success in a global economy. Services and supports that lower barriers to learning, like those provided by school psychologists, are central to this mission.

School psychologists are uniquely qualified members of school teams that support teachers' ability to teach and children's ability to learn. They provide direct educational, behavioral, and mental health services for children and youth, as well as work with families, school administrators, educators, and other professionals to create supportive learning and social environments for all students.

## NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

# Model for Services by School Psychologists



**HELPING STUDENTS AND SCHOOLS ACHIEVE THEIR BEST**

## 10 Domains of Practice

### Practices That Permeate All Aspects of Service Delivery

#### Domain 1: Data-Based Decision Making and Accountability

School psychologists have knowledge of varied models and methods of assessment and data collection for identifying strengths and needs, developing effective services and programs, and measuring progress and outcomes.

#### Domain 2: Consultation and Collaboration

School psychologists have knowledge of varied models and strategies of consultation, collaboration, and communication applicable to individuals, families, groups, and systems and methods to promote effective implementation of services.

### Direct and Indirect Services for Children, Families, and Schools

#### Student-Level Services

#### Domain 3: Interventions and Instructional Support to Develop Academic Skills

School psychologists have knowledge of biological, cultural, and social influences on academic skills; human learning, cognitive, and developmental processes; and evidence-based curricula and instructional strategies.

#### Domain 4: Interventions and Mental Health Services to Develop Social and Life Skills

School psychologists have knowledge of biological, cultural, developmental, and social influences on behavior and mental health, behavioral and emotional impacts on learning and life skills, and evidence-based strategies to promote social-emotional functioning and mental health.

#### Systems-Level Services

#### Domain 5: School-Wide Practices to Promote Learning

School psychologists have knowledge of school and systems structure, organization, and theory; general and special education; technology resources;

and evidence-based school practices that promote learning and mental health.

#### Domain 6: Preventive and Responsive Services

School psychologists have knowledge of principles and research related to resilience and risk factors in learning and mental health, services in schools and communities to support multitiered prevention, and evidence-based strategies for effective crisis response.

#### Domain 7: Family-School Collaboration Services

School psychologists have knowledge of principles and research related to family systems, strengths, needs, and culture; evidence-based strategies to support family influences on children's learning and mental health; and strategies to develop collaboration between families and schools.

### Foundations of School Psychological Service Delivery

#### Domain 8: Diversity in Development and Learning

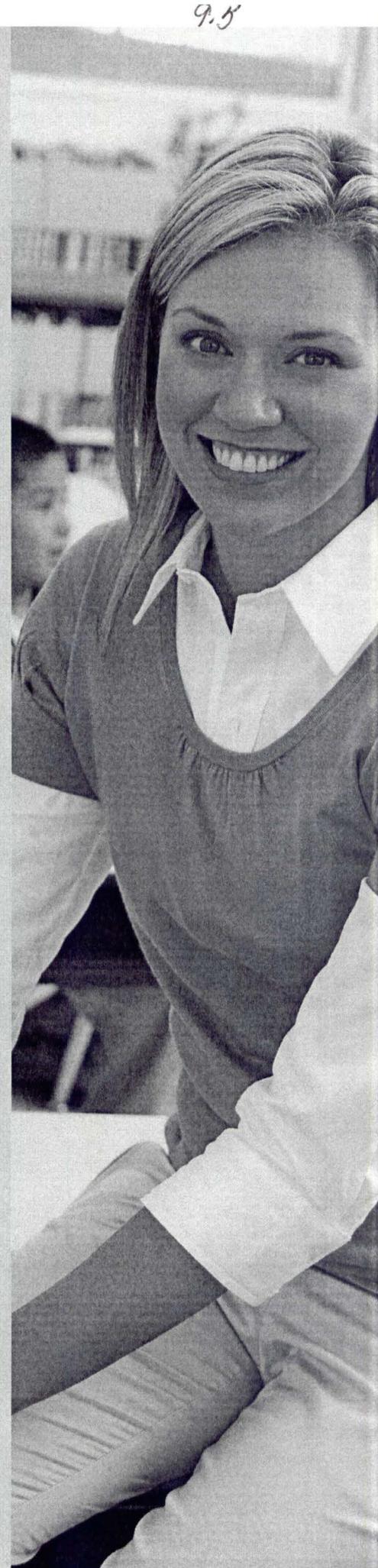
School psychologists have knowledge of individual differences, abilities, disabilities, and other diverse student characteristics; principles and research related to diversity factors for children, families, and schools, including factors related to culture, context, and individual and role difference; and evidence-based strategies to enhance services and address potential influences related to diversity.

#### Domain 9: Research and Program Evaluation

School psychologists have knowledge of research design, statistics, measurement, varied data collection and analysis techniques, and program evaluation sufficient for understanding research and interpreting data in applied settings.

#### Domain 10: Legal, Ethical, and Professional Practice

School psychologists have knowledge of the history and foundations of school psychology; multiple service models and methods; ethical, legal, and professional standards; and other factors related to professional identity and effective practice as school psychologists.



- Data collection and analysis
- Social-emotional learning
- Child development and behavior
- Violence prevention
- Crisis and trauma prevention and response
- Home-school-community collaboration

Positive school climates contribute to improved academic achievement, graduation rates, student attitudes, and connection in school, and to more trusting, respectful relationships among school staff, students, and families.

**Strengthen Family-School Partnerships**

Students whose families are engaged in their school experience do better academically, socially, and emotionally. How and to what extent parents and other caregivers are involved in their children’s learning and extracurricular activities depends on many factors, including opportunity, culture, language, attitudes toward school, past experience, access to information, and school climate. School psychologists provide specific support to help families:

- Understand and support their children’s learning and mental health needs
- Navigate special education processes
- Connect with community service providers when necessary

- Engage with teachers and other school staff effectively
- Reinforce the school-family-community partnership

School psychologists work with staff to enhance understanding and acceptance of diverse cultures and backgrounds and to promote culturally responsive schools, which is essential to engaging all families in school life.

**Improve Assessment and Accountability**

A critical part of making informed decisions is the effective use of data. School psychologists bring extensive knowledge of data collection and analysis to school improvement efforts. They can help school leaders and teachers to:

- Generate and interpret valuable student outcome data
- Make decisions regarding programs and interventions at the district, building, classroom, and individual student levels
- Monitor individual student progress in academics and behavior
- Collect and analyze data on risk and protective factors related to student outcomes

The capacity to both collect the right data and know what to do with the information is essential to meeting the needs of students and making adequate yearly progress and other mandated accountability measures.

**A Wise Investment of Existing Resources**

School psychologists serve in almost every school in the country. They are a ready resource. Adopting the NASP Practice Model enables schools to make best use of their skills and expertise, and to give all students access to the services that can help them stay engaged and successful in school. School leaders and policy makers interested in moving service provision to the model can work with their school psychologists to assess current practice, resources, and steps toward implementation. NASP provides tools and further guidance to assist in this process; available online at [www.nasponline.org/practicemodel](http://www.nasponline.org/practicemodel). The comprehensive implementation of school psychological services has consistently been shown to support teachers’ ability to teach and students’ ability to learn, and is a cost-effective investment in the success of all students.



NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

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For more information on the NASP Practice Model and the full NASP Standards visit <http://www.nasponline.org/standards/2010standards.aspx>. Please cite this document as: National Association of School Psychologists. (2010). *Model for Comprehensive and Integrated School Psychological Services, NASP Practice Model Overview*. [Brochure]. Bethesda, MD: Author. This brochure is based on the NASP 2010 Standards.

The mission of the National Association of School Psychologists (NASP) is to represent school psychology and support school psychologists to enhance the learning and mental health of all children and youth.

*Helping children achieve their best. In school. At home. In life.*

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National Association of School Psychologists

# Standards for the Credentialing of School Psychologists

2010

## INTRODUCTION

The mission of the National Association of School Psychologists (NASP) is to represent school psychology and support school psychologists to enhance the learning and mental health of all children and youth. NASP's mission is accomplished through identification of appropriate evidence-based education and mental health services for all children; implementation of professional practices that are empirically supported, data driven, and culturally competent; promotion of professional competence of school psychologists; recognition of the essential components of high-quality graduate education and professional development in school psychology; preparation of school psychologists to deliver a continuum of services for children, youth, families, and schools; and advocacy for the value of school psychological services, among other important initiatives.

*School psychologists* provide effective services to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists provide direct educational and mental health services for children and youth, as well as work with parents, educators, and other professionals to create supportive learning and social environments for all children. School psychologists apply their knowledge of both psychology and education during consultation and collaboration with others. They conduct effective decision making using a foundation of assessment and data collection. School psychologists engage in specific services for students, such as direct and indirect interventions that focus on academic skills, learning, socialization, and mental health. School psychologists provide services to schools and families that enhance the competence and well-being of children, including promotion of effective and safe learning environments, prevention of academic

and behavior problems, response to crises, and improvement, of family-school collaboration. The key foundations for all services by school psychologists are understanding of diversity in development and learning; research and program evaluation; and legal, ethical, and professional practice. All of these components and their relationships are depicted in Appendix A, a graphic representation of a national model for comprehensive and integrated services by school psychologists. School psychologists are credentialed by state education agencies or other similar state entities that have the statutory authority to regulate and establish credentialing requirements for professional practice within a state. School psychologists typically work in public or private schools or other educational contexts.

The NASP *Standards for Credentialing of School Psychologists* are designed to be used in conjunction with the NASP *Standards for Graduate Preparation of School Psychologists*, NASP *Model for Comprehensive and Integrated School Psychological Services*, and NASP *Principles for Professional Ethics* to provide a unified set of national principles that guide graduate education, credentialing, professional practice and services, and ethical behavior of effective school psychologists. These NASP policy documents are intended to define contemporary school psychology; promote school psychologists' services for children, families, and schools; and provide a foundation for the future of school psychology. These NASP policy documents are used to communicate NASP's positions and advocate for qualifications and practices of school psychologists with stakeholders, policy makers, and other professional groups at the national, state, and local levels.

The purpose of this document is to provide guidance to state education agencies and other state and national agencies for credentialing school psychologists and regulating the practice of school psychology. These

credentialing standards were developed and approved by NASP pursuant to its mission to support school psychologists, to enhance the learning and mental health of children and youth, and to advance the standards of the school psychology profession.

Credentialing is a process by which a state agency authorizes—and reauthorizes—the use of the title “school psychologist” (or related titles) and practice of school psychology by individuals who initially meet established standards of graduate education and then later comply with standards for continuing professional development, ethical behavior, and experience. These credentialing standards relate to both the use of the title “school psychologist” and to the practice of school psychology, which is defined by the National Association of School Psychologists’s (NASP) *Model for Comprehensive and Integrated School Psychological Services* (2010).

The *Standards for the Credentialing of School Psychologists* are intended as a model for state education agencies or other state or local entities that employ school psychologists and have the statutory authority to establish and regulate credentialing for school psychologists’ title and practice. Included are recommended criteria for initial credentialing (consisting of graduate coursework, practica, and internship requirements) as well as recommendations for credential renewal (i.e., supervision, mentoring, and professional development). These criteria are most applicable to the credentialing of persons employed as school psychologists in public or private schools. Such employment settings typically have a primary responsibility for the safety and welfare of clients served by their employees. For example, state education agencies and local school boards that employ school psychologists and other professionals have a legal responsibility for ensuring that their employees are qualified and act in accordance with various legal and regulatory mandates in their professional relationships with students and parents served by those schools. Similar responsibilities are fulfilled by the administration of other organizations with education programs in which school psychologists might work, such as hospitals or juvenile justice institutions.

NASP recognizes that states vary in the operation of their credentialing systems. Most states conduct their own initial credentialing of school psychologists but may delegate some of their regulatory responsibilities to local education agencies and/or other entities. In addition, multiple state education agency departments are typically involved in the regulation of school psychology with regard to employment, job descriptions, funding, performance evaluation, professional development, ser-

vice provision, etc. Some aspects of credentialing may be embodied in state laws; most are incorporated in regulations. However, the *Standards* are intended to provide guidance regarding credentialing and regulation of school psychology regardless of a state’s organizational and legal structure.

The *Standards* also include a description of the *Nationally Certified School Psychologist* (NCSP) credential, a model implementation of these standards as administered by the National School Psychology Certification Board. The NCSP is a national certification system for school psychologists based upon recognized standards for advanced preparation, performance-based assessment of competency and demonstration of positive outcomes for consumers of school psychological services. The National School Psychology Certification System (NSPCS) was created by NASP to establish a nationally recognized standard for credentialing school psychologists. The *Standards for the Credentialing of School Psychologists* are used by the NSPCS, and the NCSP is bestowed upon individuals in recognition of meeting national standards. The *Standards for the Credentialing of School Psychologists* are also considered to be appropriate for states to use in executing their authority in credentialing school psychologists. As a result, the NCSP credential is widely recognized by state education agencies as a valid approach for credentialing school psychologists. These *Standards* are not intended to supplant a state’s authority to implement equivalent credentialing processes for school psychologists. The purposes of this national credentialing system are to promote uniform credentialing standards across states, agencies, and training institutions, and to facilitate the credentialing of school psychologists across states through the use of equivalency. The National Association of School Psychologists’s designation for persons who meet these standards is *Nationally Certified School Psychologist*, or NCSP. Persons who hold the NCSP are considered to have met rigorous standards of training and competency based upon the assessment and demonstration of effective services and positive impact on students, families, and learning environments.

## THE STRUCTURE OF THE SCHOOL PSYCHOLOGIST CREDENTIAL

### 1.0 State Credentialing Authority

- 1.1 Credentialing for school psychologists (i.e., licensure or certification) is the process whereby a state authorizes individuals to use the title “school

psychologist” and provide school psychological services. Credentialing in school psychology is granted to individuals meeting established standards of graduate education and experience. A state’s credentialing authority, found in statute and/or regulations, should require all providers of school psychological services and all users of the title “school psychologist” to hold a current credential, and provide for legal sanctions and sanctioning procedures for violators.

- 1.2 When a state empowers one or more organizational entities to administer the credentialing (certification and/or licensure) process for school psychologists, administrative codes and regulations adopted by such bodies should be consistent with the *Standards for the Credentialing of School Psychologists* and carry the weight of law.

## 2.0 Elements of the School Psychologist Credential

- 2.1 The credential should be issued in writing and expressly authorize both the practice of school psychology as defined by *NASP Model for Comprehensive and Integrated School Psychological Services* and the use of the title “school psychologist.”
- 2.2 The professional school psychologist credential should be issued for a minimum period of three years.
- 2.3 The minimum requirement for a professional credential as a school psychologist is the specialist-level credential in school psychology per the criteria in section 3.0.
- 2.4 The credentialing process should require at least one academic year of postdegree supervision and/

or mentoring following initial issuance of the credential. (See Section 5.5).

- 2.5 Following the completion of one year of supervision, the credential should allow school psychologists to have professional autonomy in determining the nature, scope, and extent of their specific services consistent with their training, supervised experience, and demonstrated expertise and in accordance with *NASP’s Principles for Professional Ethics* (2010).
- 2.6 It is recommended that state and local education agencies incorporate *NASP’s Model for Comprehensive and Integrated School Psychological Services* (2010) in any performance evaluation system used to evaluate school psychologists.

## STATE CREDENTIALING REQUIREMENTS

### 3.0 Criteria for Specialist-Level Credentialing in School Psychology

- 3.1 The minimum requirement for credentialing as a school psychologist shall be a specialist-level program of study in school psychology consisting of the following: (a) a minimum of three years of full-time study at the graduate level, or the equivalent if part-time; (b) at least 60 graduate semester hours or the equivalent<sup>1</sup>, with at least 54 hours exclusive of credit for the supervised specialist level internship experience; and (c) institutional documentation of specialist-level school psychology program completion<sup>2,3</sup> provided to graduates.

Criteria for each of the following areas will be consistent with *NASP Standards for Graduate Preparation of School Psychologists*<sup>4</sup>.

<sup>1</sup> Graduate semester hours are units of graduate credit based on a semester course schedule. In cases in which a quarter schedule is used, three quarter hours equals two semester hours. Thus, 90 quarter hours of credit are essentially equivalent to 60 semester hours. Programs that utilize other credit systems (e.g. trimester credits, unit credits) provide candidates with institution policy regarding their equivalency to a semester hour system.

<sup>2</sup> Institutional documentation of program completion is “official” documentation provided by the higher education institution (or by a unit of the institution) that an individual has completed the entire required program of study in the school psychology program, including the internship. Institutional documentation is typically in the form of a degree or diploma, certificate of advanced graduate studies, transcript notation indicating program completion, or similar documentation of completion of the entire school psychology program.

<sup>3</sup> Various types of institutional documentation may be used to recognize “specialist-level” program completion in school psychology, defined as a program consisting of a minimum of 60 graduate semester hours or the equivalent and including the internship. The following are *examples* of institutional documentation of specialist level program completion: master’s degree requiring 60+ semester hours, master’s degree plus certificate of advanced study (e.g., CAS, CAGS) totaling 60+ semester hours, Educational Specialist (EdS) or Psychology Specialist (PsyS) degree requiring 60+ semester hours, etc.

<sup>4</sup> The *NASP Standards for Graduate Preparation of School Psychologists* are approved by the National Council for Accreditation of Teacher Education (NCATE) and are utilized by NASP when it conducts graduate program reviews as a part of the NCATE unit accreditation process.

3.2 Domains of Professional Practice. The credential should be based upon the completion of an integrated and sequential program of study that is explicitly designed to develop knowledge and practice competencies in each of the following Domains of Professional Practice. School psychologists provide comprehensive and integrated services across 10 general domains of school psychology, as illustrated in Appendix A. The 10 domains of school psychology reflect the following principles:

- ◆ School psychologists have a foundation in the knowledge bases for both psychology and education, including theories, models, research, empirical findings, and techniques in the domains, and the ability to explain important principles and concepts.
- ◆ School psychologists use effective strategies and skills in the domains to help students succeed academically, socially, behaviorally, and emotionally.
- ◆ School psychologists apply their knowledge and skills by creating and maintaining safe, supportive, fair, and effective learning environments and enhancing family–school collaboration for *all* students.
- ◆ School psychologists demonstrate knowledge and skills relevant for professional practices and work characteristics in their field.
- ◆ School psychologists ensure that their knowledge, skills, and professional practices reflect understanding and respect for human diversity and promote effective services, advocacy, and social justice for all children, families, and schools.
- ◆ School psychologists integrate knowledge and professional skills across the 10 domains of school psychology in delivering a comprehensive range of services in professional practice that result in direct, measurable outcomes for children, families, schools, and/or other consumers.

Professional preparation should reflect the ability to integrate knowledge and skills across each of the following domains. Competency requires demonstration of both knowledge and skills. The descriptions below are representative of competencies in each domain but are not intended to be exhaustive or prescriptive. Appendix A represents the 10 domains within a model of

comprehensive and integrated services by school psychologists. In addition, the NASP (2010) *Model for Comprehensive and Integrated School Psychological Services* presents specific school psychology practices and provides more detail about the integrated and comprehensive nature of the 10 domains below.

### **1. Data-Based Decision Making and Accountability**

- School psychologists have knowledge of varied methods of assessment and data-collection methods for identifying strengths and needs, developing effective services and programs, and measuring progress and outcomes.
- As part of a systematic and comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery, school psychologists demonstrate skills to use psychological and educational assessment and data collection strategies, and technology resources, and apply results to design, implement, and evaluate response to services and programs.

### **2. Consultation and Collaboration**

- School psychologists have knowledge of varied methods of consultation, collaboration, and communication applicable to individuals, families, groups, and systems and used to promote effective implementation of services.
- As part of a systematic and comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery, school psychologists demonstrate skills to consult, collaborate, and communicate with others during design, implementation, and evaluation of services and programs.

### **3. Interventions and Instructional Support to Develop Academic Skills**

- School psychologists have knowledge of biological, cultural, and social influences on academic skills; human learning, cognitive, and developmental processes; and evidence-based curriculum and instructional strategies.
- School psychologists, in collaboration with others, demonstrate skills to use assessment and data-collection methods and to implement and evaluate services that support cognitive and academic skills.

#### **4. Interventions and Mental Health Services to Develop Social and Life Skills**

- School psychologists have knowledge of biological, cultural, developmental, and social influences on behavior and mental health; behavioral and emotional impacts on learning and life skills; and evidenced-based supported strategies to promote social-emotional functioning and mental health.
- School psychologists, in collaboration with others, demonstrate skills to use assessment and data collection methods and implement and evaluate services to support socialization, learning, and mental health.

#### **5. School-Wide Practices to Promote Learning**

- School psychologists have knowledge of school and systems structure, organization, and theory; general and special education; and empirically supported school practices that promote academic outcomes, learning, social development, and mental health.
- School psychologists, in collaboration with others, demonstrate skills to develop and implement practices and strategies to create and maintain effective and supportive learning environments for children and others.

#### **6. Preventive and Responsive Services**

- School psychologists have knowledge of principles and research related to resilience and risk factors in learning and mental health, services in schools and communities to support multitiered prevention, and empirically supported strategies for effective crisis response.
- School psychologists, in collaboration with others, demonstrate skills to promote services that enhance learning, mental health, safety, and physical well-being through protective and adaptive factors and to implement effective crisis preparation, response, and recovery.

#### **7. Family-School Collaboration Services**

- School psychologists have knowledge of principles and research related to family systems, strengths, needs, and culture; empirically supported strategies to support family influences on children's learning, socialization, and mental health; and methods to develop collaboration between families and schools.

- School psychologists, in collaboration with others, demonstrate skills to design, implement, and evaluate services that facilitate family and school partnerships and interactions with community agencies for enhancement of academic and social-behavioral outcomes for children.

#### **8. Development and Learning**

- School psychologists have knowledge of individual differences, abilities, disabilities, and other diverse characteristics; principles and research related to diversity factors for children, families, and schools, including factors related to culture, context, individual, and role differences; and empirically supported strategies to enhance services and address potential influences related to diversity.
- School psychologists demonstrate skills to provide professional services that promote effective functioning for individuals, families, and schools with diverse characteristics, cultures, and backgrounds, and across multiple contexts with recognition that an understanding and respect for diversity in development and advocacy for social justice are foundations for all aspects of service delivery.

#### **9. Research and Program Evaluation**

- School psychologists have knowledge of research design, statistics, measurement, varied data-collection and analysis techniques, and program evaluation methods sufficient for understanding research and interpreting data in applied settings.
- School psychologists demonstrate skills to evaluate and apply research as a foundation for service delivery and, in collaboration with others, use various techniques and technology resources for data collection, measurement, analysis, and program evaluation to support effective practices at the individual, group, and/or systems levels.

#### **10. Legal, Ethical, and Professional Practice**

- School psychologists have knowledge of the history and foundations of school psychology; multiple service models and methods; ethical, legal, and professional standards; and other factors related to professional identity and effective practice as school psychologists.
- School psychologists demonstrate skills to provide services consistent with ethical, legal, and professional standards; engage in responsive ethical and profes-

sional decision-making; collaborate with other professionals; and apply professional work characteristics needed for effective practice as school psychologists, including respect for human diversity and social justice, communication skills, effective interpersonal skills, responsibility, adaptability, initiative, dependability, and technology skills.

3.3 Applicants for a school psychology specialist credential will have completed supervised practica experiences<sup>5</sup> that include the following:

- a. Completion of practica, for academic credit or otherwise documented by the institution, that are distinct from, precede, and prepare candidates for the school psychology internship.
- b. Specific, required activities and systematic development and evaluation of skills, consistent with goals of the program, emphasize human diversity, and are completed in settings relevant to program objectives for development of candidate skills (See Standards 3.2 Domains of Professional Practice)
- c. Direct oversight by the program to ensure appropriateness of the placement, activities, supervision, and collaboration with the placement sites and practicum supervisors
- d. Close supervision by program faculty and qualified practicum supervisors, including appropriate performance-based evaluation by program faculty and supervisors to ensure that candidates are developing professional work characteristics and designated competencies

3.4 Applicants for a school psychology credential will have completed a comprehensive, supervised, and

carefully evaluated internship<sup>6</sup> consisting of the following<sup>7</sup>:

- a. A minimum of 1200 clock hours for specialist-level interns, including a minimum of 600 hours of the internship completed in a *school setting*<sup>8</sup>
- b. A minimum of one academic year, completed on a full-time basis or on a half-time basis over two consecutive years
- c. Completion in settings relevant to program objectives for candidate competencies and direct oversight by the program to ensure appropriateness of the placement, activities, and field supervision
- d. A culminating experience in the program's course of study that is completed for academic credit or otherwise documented by the institution
- e. A primary emphasis on providing breadth and quality of experiences, attainment of comprehensive school psychology competencies, and integration and application of the full range of domains of school psychology graduate education and practice (See Standards 2.1 to 2.10)
- f. Completion of activities and attainment of school psychology competencies consistent with the goals and objectives of the program, and which emphasize human diversity, and delivery of professional school psychology services that result in direct, measurable, and positive impact on children, families, schools, and/or other consumers
- g. Inclusion of both formative and summative performance-based evaluations of interns that are completed by both program faculty and

<sup>5</sup> School psychology practica are closely supervised on-campus and/or field-based activities designed to develop and evaluate school psychology candidates' mastery of specific professional skills consistent with program goals. Practica activities may be completed as part of separate courses focusing on distinct skills or as part of a more extensive field experience that covers a range of skills. Candidate skill and competency *development*, rather than delivery of professional services, is a primary purpose of practica.

<sup>6</sup> The school psychology internship is a supervised, culminating, comprehensive field experience that is completed prior to the awarding of the degree or other institutional documentation of completion of the specialist- or doctoral-level program. The internship ensures that school psychology candidates have the opportunity to integrate and apply professional knowledge and skills acquired in program coursework and practica, as well as to acquire enhanced competencies consistent with the school psychology program's goals and objectives.

<sup>7</sup> See *Best Practice Guidelines for School Psychology Internships* for an additional resource for graduate programs and internship sites, available on the NASP website.

<sup>8</sup> A "school setting" is one in which the primary goal is the education of students of diverse backgrounds, characteristics, abilities, disabilities, and needs. Generally, a school setting includes students who are enrolled in Grades pre-K-12 and has both general education and special education services. The school setting has available an internal or external pupil services unit that includes at least one state-credentialed school psychologist and provides a full range of school psychology services. Other internship settings, if allowed by the program beyond the 600 hours in a school setting, are consistent with program objectives and may include relevant school psychology activities in other educational contexts within, for example, hospitals, juvenile justice institutions, and community agencies that provide collaborative services for schools.

field-based supervisors, are systematic and comprehensive, and ensure that interns demonstrate professional work characteristics and attain competencies needed for effective practice as school psychologists

- h. Provision of field supervision from a school psychologist holding the appropriate state school psychology credential for practice in the internship setting (or, if a portion of the internship is conducted in a another setting, as noted in Standard 3.4a, provision of field supervision from a psychologist holding the appropriate state psychology credential for practice in the internship setting)
  - i. An average of at least two hours of field-based supervision per full-time week or the equivalent for half-time placements
  - j. Preponderance of field-based supervision provided on at least a weekly, individual, face-to-face basis, with structured mentoring and evaluation that focus on development of the intern's competencies
- 3.5 Documentation is provided that the applicant has demonstrated the ability to integrate domains of knowledge and apply professional skills in delivering a comprehensive range of services evidenced by measurable positive impact on children, youth, families, and other consumers.
- 3.6 Applicants should achieve a passing score on a state or national test appropriate for school psychology. The National School Psychology Certification Board has established a passing score on the Educational Testing Service's (ETS) School Psychology Examination that is suitable for state credentialing purposes.

#### 4.0 Criteria for Doctoral Credential in School Psychology

- 4.1 A doctoral-level credential in school psychology should be based upon (a) a minimum of 4 years of full-time study at the graduate level or the equivalent, if part time (b) at least 90 graduate semester hours or the equivalent, with at least

78 hours exclusive of credit for the supervised doctoral internship experience and any terminal doctoral project (e.g., dissertation), and (c) institutional documentation of school psychology doctoral-level program completion provided to graduates. Criteria for each of the following areas will be consistent with NASP *Standards for Graduate Preparation of School Psychologists*.

- 4.2 The credential should be based upon the completion of an integrated and sequential program of study in school psychology<sup>9</sup> that is explicitly designed to develop knowledge and practice competencies in each of the following Domains of Professional Practice.
- a. Data-Based Decision Making and Accountability
  - b. Consultation and Collaboration
  - c. Interventions and Instructional Support to Develop Academic Skills
  - d. Interventions and Mental Health Services to Develop Social and Life Skills
  - e. School-Wide Practices to Promote Learning
  - f. Preventive and Responsive Services
  - g. Family-School Collaboration Services
  - h. Diversity in Development and Learning
  - i. Research and Program Evaluation
  - j. Legal, Ethical, and Professional Practice
- 4.3 Applicants for a school psychology doctoral credential will have completed supervised practica experiences that include the following:
- a. Completion of practica, for academic credit or otherwise documented by the institution, that are distinct from, precede, and prepare candidates for the school psychology internship.
  - b. Specific, required activities and systematic development and evaluation of skills, consistent with goals of the program and in settings relevant to program objectives for development of candidate skills (See Standards 2.1 to 2.10)
  - c. Direct oversight by the program to ensure appropriateness of the placement, activities,

<sup>9</sup>Greater depth in one or more school psychology competencies identified by the program in its philosophy/mission of doctoral-level preparation and reflected in program goals, objectives, and sequential program of study and supervised practice. (Doctoral programs typically are characterized by advanced competencies in research, and the program may identify additional competencies that address the specific philosophy/mission, goals, and objectives of its doctoral program of study, e.g., greater depth in one or more domains described in Standards 2.1 to 2.10, a practice specialization, supervision or leadership competency, preparation for specialized roles or settings such as research or graduate instruction).

- supervision, and collaboration with the placement sites and practicum supervisors
- d. Close supervision by program faculty and qualified practicum supervisors and inclusion of appropriate performance-based evaluation by program faculty and supervisors to ensure that candidates are developing professional work characteristics and designated competencies
- 4.4 Applicants for a school psychology doctoral credential will have completed a comprehensive, supervised, and carefully evaluated internship consisting of the following:
- a. A minimum of 1500 clock hours for doctoral-level interns<sup>10</sup>, including a minimum of 600 hours of the internship completed in a *school setting*.
  - b. A minimum of one academic year for internship, completed on a full-time basis over one year or at least a half-time basis over two consecutive years
  - c. Completion in settings relevant to program objectives for candidate competencies and direct oversight by the program to ensure appropriateness of the placement, activities, and field supervision
  - d. A culminating experience in the program's course of study that is completed for academic credit or otherwise documented by the institution
  - e. A primary emphasis on providing breadth and quality of experiences, attainment of comprehensive school psychology competencies, and integration and application of the full range of domains of school psychology graduate education and practice (See Standards 2.1 to 2.10)
  - f. Completion of activities and attainment of school psychology competencies consistent with the goals and objectives of the program and delivery of professional school psychology services that result in direct, measurable, and positive impact on children, families, schools, and/or other consumers
- g. Both formative and summative performance-based evaluations of interns that are completed by both program faculty and field-based supervisors, are systematic and comprehensive, and ensure that interns demonstrate professional work characteristics and attain designated competencies needed for effective school psychology practice
  - h. Provision of field supervision from a school psychologist holding the appropriate state school psychology credential for practice in the internship setting (or, if a portion of the internship is conducted in a another setting, as noted in Standard 4.4a, provision of field supervision from a psychologist holding the appropriate state psychology credential for practice in the internship setting)
    - i. An average of at least 2 hours of field-based supervision per full-time week or the equivalent for part-time placements.
    - j. Preponderance of field-based supervision provided on at least a weekly, individual, face-to-face basis, with structured mentoring and evaluation that focus on development of the intern's competencies
- 4.5 Documentation is provided that the candidate has demonstrated the ability to integrate domains of knowledge and apply professional skills in delivering a comprehensive range of services evidenced by measurable positive impact on children, youth, families, and other consumers.
- 4.6 Applicants should achieve a passing score on a state or national test appropriate for school psychology. The National School Psychology Certification Board has established a passing score on the Educational Testing Service's (ETS) School Psychology Examination that is suitable for state credentialing purposes.

<sup>10</sup> Programs may allow up to half of the required 1500 *doctoral* internship hours to be used from a prior, appropriately supervised specialist-level internship or equivalent experience in school psychology if (a) the program determines that the specialist-level internship or equivalent experience meets program objectives and NASP standards for the school psychology internship (see Standards 3.2 to 3.6), (b) candidates have met program objectives and criteria for school psychology specialist-level internship competencies, and (c) any field experiences considered equivalent to a formal specialist-level internship in school psychology are clearly articulated and systematically evaluated by the program.

## STATE CREDENTIALING PROCEDURES

### 5.0 Implementation of School Psychology Credentialing Requirements by States

- 5.1 The state credential is granted to individuals who meet the requirements described in Standard 3.0, including completion of a specialist-level school psychology program consistent with *NASP Standards for Graduate Preparation of School Psychologists*, demonstration of professional work characteristics, completion of applied professional practice, and demonstrated competency in the domains of professional practice.
- 5.2 Implementation of these requirements may be facilitated in four ways:
- a. Applicants who are graduates of school psychology programs approved by the National Association of School Psychologists at the specialist or doctoral level will have met preparation requirements 3.0 or 4.0 respectively and are eligible for credentialing as school psychologists.
  - b. Applicants who are graduates of school psychology programs that, at the time of the applicant's graduation, were accredited by an agency (e.g., American Psychological Association), approved by the U.S. Department of Education, and who have met the internship requirement specified in Standard 4.4, are eligible for credentialing as school psychologists.
  - c. Applicants who are graduates of other graduate education programs should demonstrate equivalency with the *NASP Standards for Graduate Preparation of School Psychologists*. For applicants who hold graduate degrees in related fields and are seeking graduate preparation and credentialing as a school psychologist, the state should ensure that its requirements for alternative credentialing are consistent with these NASP credentialing standards. NASP approved graduate education programs may be consulted to ensure that an applicant's prior courses, field experiences, and professional competencies are equivalent to *NASP Standards for Graduate Preparation of School Psychologists*<sup>11</sup>.
  - d. Applicants who hold a valid credential as Nationally Certified School Psychologists (NCSP) have been judged by the National Association of School Psychologists to have met its graduate preparation and credentialing standards and should be considered eligible for state credentialing as school psychologists.
- 5.3 The NCSP credential is suitable for adoption by state education agencies for credentialing of school psychologists. However, comparable credentialing approaches should be available to applicants as described in Standard 5.2. Recognition of the NCSP facilitates interstate reciprocity agreements. The NCSP system can also satisfy state credential renewal requirements for continuing professional development.
- 5.4 Adequate professional support should be provided to all credentialed school psychologists. School systems should ensure that all personnel have levels and types of supervision and/or mentoring adequate to ensure the provision of effective and accountable services. Supervision and mentoring are provided through an ongoing, positive, systematic, collaborative process between the school psychologist and a school psychology supervisor or other school psychology colleagues.
- 5.5 Credentialed school psychologists in their first postgraduate year of employment should participate in district-provided supervision or mentoring. Such induction experiences should be for the purpose of establishing a foundation for lifelong learning and professional growth. For initially credentialed school psychologists, participation in district-provided supervision and/or mentoring conducted either directly or indirectly is recommended for a minimum average of 1 hour per week.
- 5.6 Supervisors have a valid school psychologist credential for the setting in which they are

<sup>11</sup> If the school psychology program provides opportunities for respecialization, retraining, or other alternative approaches to prepare candidates for credentialing as school psychologists (e.g., for candidates who hold graduate degrees in related fields and are seeking graduate preparation and credentialing as school psychologists), the program ensures that its requirements for respecialization, retraining, or alternative credentialing approaches are consistent with these NASP graduate preparation standards. The program applies systematic evaluation procedures and criteria to grant recognition of candidates' prior courses/field experiences and to identify additional graduate courses and experiences necessary for candidates to meet school psychology program requirements.

employed, and have a minimum of 3 years of experience as a practicing school psychologist. Education and/or experience in the supervision of school personnel are desirable.

- 5.7 Supervision methods should match the developmental level of the school psychologist. Novice school psychologists require more intensive supervisory modalities, including regularly scheduled sessions. Alternative methods, such as supervision groups, mentoring, and/or peer support can be utilized with more experienced school psychologists to ensure continued professional growth and support for complex or difficult cases. School systems should allow time for school psychologists to participate in supervision and mentoring.
- 5.8 The school system should develop and implement a coordinated plan for the accountability and evaluation of all school psychological services. This plan should address evaluation of both implementation and outcomes of services.
- 5.9 Renewal of the initial state credential should be granted to applicants meeting the following criteria:
  - a. Evidence of public, private, or university-based practice for a minimum of 1 academic year of full-time equivalent (FTE) experience during the previous 3 years.
  - b. Evidence of continuing professional development for a minimum of 75 clock hours during the previous 3-year period while the credential was in effect.
  - c. Evidence of having successfully completed a minimum of 1 academic year of professional experience with a mentor or supervisor. For professional practice within a school setting, supervision or mentoring should be provided

by a credentialed school psychologist with a minimum of 3 years of experience.

## 6.0 Nationally Certified School Psychologist

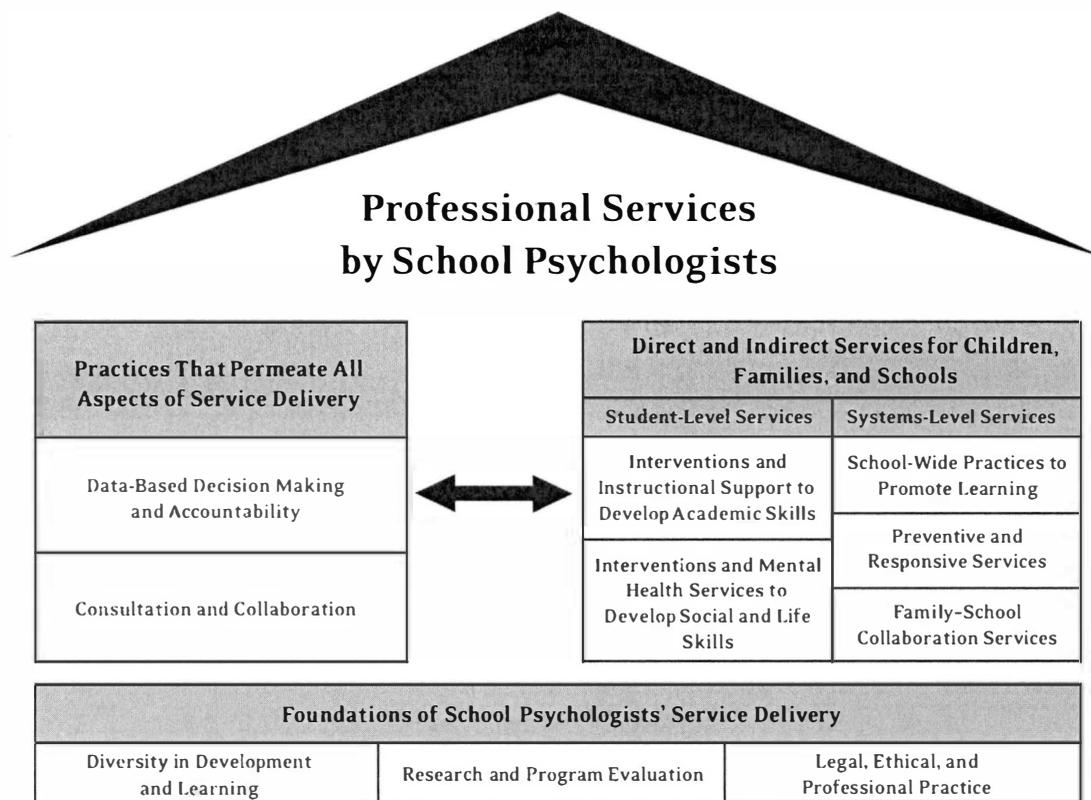
- 6.1 The Nationally Certified School Psychologist (NCSP) credential is granted to persons who have successfully met standards 3.0–3.7 above<sup>12</sup>.
- 6.2 For initial renewal of the NCSP credential, there should be evidence of having successfully completed a minimum of 1 academic year of professional support from a mentor or supervisor. For professional practice within a school setting, supervision or mentoring shall be provided by a credentialed school psychologist with a minimum of three years of experience. For any portion of the experience that is accumulated in a nonschool setting, supervision or mentoring shall be provided by a psychologist appropriately credentialed for practice in that setting. Supervision and/or mentoring conducted either individually or within a group for a minimum average of 1 hour per week is recommended.
- 6.3 Renewal of the NCSP will only be granted to applicants who complete at least 75 contact hours of continuing professional development activities within a 3-year period.

## 7.0 Principles for Professional Ethics

State and local education agencies are encouraged to adopt the NASP *Principles for Professional Ethics* and develop appropriate problem-solving, due process, and discipline procedures for addressing potential ethical misconduct by school psychologists in addition to the already established procedures for handling employee misconduct.

<sup>12</sup> *Approved Programs in School Psychology*: The National Association of School Psychologists (NASP) publishes annually a list of graduate education programs in school psychology that have been determined to meet the NASP *Standards for Graduate Preparation of School Psychologists*. A copy of the approved program list can be obtained by contacting the National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814 or at <http://www.nasponline.org>

## APPENDIX A. MODEL OF COMPREHENSIVE AND INTEGRATED SERVICES BY SCHOOL PSYCHOLOGISTS



## APPENDIX B. EXPANDED DESCRIPTION OF DOMAINS OF SCHOOL PSYCHOLOGY GRADUATE EDUCATION AND PRACTICE WITHIN A MODEL OF COMPREHENSIVE AND INTEGRATED SERVICES BY SCHOOL PSYCHOLOGISTS

Within the model of comprehensive and integrated services, illustrated in Appendix A, school psychologists' activities include knowledge and skills across 10 domains of school psychology. As noted in NASP Graduate Preparation Standards 2.1 to 2.10, the school psychology program ensures that all candidates demonstrate basic competencies in the 10 domains of school psychology. The domains are highly interrelated and not mutually exclusive, and should be reflected across the school psychology program of study. The NASP (2010) *Model for Comprehensive and Integrated School Psychological Services* presents specific school psychology practices and provide more detail about the integrated and comprehensive nature of the 10 domains.

Below, an expanded list of *sample areas of knowledge and skills in the domains* is provided that programs may find useful

in defining expected candidate competencies. The examples in the descriptions below are not intended to reflect the possible full range of competencies for school psychologists, but instead identify examples of knowledge and skills that school psychology graduate programs may consider when identifying their own goals and objectives for their candidates. The examples of knowledge and skill below are intended to serve only as *general guides* for the school psychology program. The program may elect to emphasize specific knowledge and skill areas from the descriptions below or may elect to identify additional knowledge and skills areas, depending on program goals and objectives, areas of specialization, specialist- or doctoral-level preparation, roles and functions for which candidates are being prepared, etc.

The following elements are apparent in the school psychology program:

### 2.1 Data-Based Decision Making and Accountability

School psychologists have knowledge of the following:

- Assessment and data collection methods relevant to a comprehensive, systematic process of effective decision making and problem solving for particular situations, contexts, and diverse characteristics
- Varied methods of assessment and data collection in psychology and education (e.g., norm-referenced, curriculum-based, direct behavior analysis, ecological) and their psychometric properties.
- Assessment and data collection methods useful in identifying strengths and needs and documenting problems of children, families, and schools
- Strategies for translating assessment and data collection to development of effective instruction, interventions, and educational and mental health services
- Assessment and data-collection methods to measure response to, progress in, and effective outcomes of services

School psychologists demonstrate *skills* to:

- Use psychological and educational assessment and data collection strategies as part of a comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery
- Systematically collect data and other information about individuals, groups, and environments as key components of professional school psychology practice
- Translate assessment and data collection results into design, implementation, and accountability for empirically supported instruction, interventions, and educational and mental health services effective for particular situations, contexts, and diverse characteristics
- Use assessment and data collection methods to evaluate response to, progress in, and outcomes for services in order to promote improvement and effectiveness
- Access information and technology resources to enhance data collection and decision making
- Measure and document effectiveness of their own services for children, families, and schools

## 2.2 Consultation and Collaboration

School psychologists have *knowledge* of the following:

- Varied methods of consultation in psychology and education (e.g., behavioral, problem solving, mental health, organizational, instructional) applicable to individuals, families, groups, and systems
- Strategies to promote collaborative, effective decision making and implementation of services among professionals, families, and others
- Consultation and collaboration strategies effective across situations, contexts, and diverse characteristics

- Methods for effective consultation and collaboration that link home, school, and community settings
- School psychologists demonstrate *skills* to:

- Apply consultation methods, collaborate, and communicate effectively with others as part of a comprehensive process that permeates all aspects of service delivery
- Consult and collaborate in planning, problem solving, and decision-making processes and to design, implement, and evaluate instruction, interventions, and educational and mental health services across particular situations, contexts, and diverse characteristics
- Consult and collaborate at the individual, family, group, and systems levels
- Facilitate communication and collaboration among diverse school personnel, families, community professionals, and others
- Effectively communicate information for diverse audiences, for example, parents, teachers, other school personnel, policy makers, community leaders, and/or others
- Promote application of psychological and educational principles to enhance collaboration and achieve effectiveness in provision of services

## 2.3 Interventions and Instructional Support to Develop Academic Skills

School psychologists have *knowledge* of the following:

- Biological, cultural, and social influences on cognitive and academic skills
- Human learning, cognitive, and developmental processes, including processes of typical development, as well as those related to learning and cognitive difficulties, across diverse situations, contexts, and characteristics
- Empirically supported methods in psychology and education to promote cognitive and academic skills, including those related to needs of children with diverse backgrounds and characteristics
- Curriculum and instructional strategies that facilitate children's academic achievement, including, for example, teacher-directed instruction, literacy instruction, peer tutoring, interventions for self-regulation and planning/organization; etc.
- Techniques to assess learning and instruction and methods for using data in decision making, planning, and progress monitoring
- Information and assistive technology resources to enhance children's cognitive and academic skills

School psychologists, in collaboration with others, demonstrate *skills* to:

- Use assessment and data-collection methods to develop appropriate academic goals for children with diverse abilities, disabilities, backgrounds, strengths, and needs
- Implement services to achieve academic outcomes, including classroom instructional support, literacy strategies, home-school collaboration, instructional consultation, and other evidenced-based practices
- Use empirically supported strategies to develop and implement services at the individual, group, and systems levels and to enhance classroom, school, home, and community factors related to children's cognitive and academic skills
- Implement methods to promote intervention acceptability and fidelity and appropriate data-based decision making procedures, monitor responses of children to instruction and intervention, and evaluate the effectiveness of services

#### 2.4 Interventions and Mental Health Services to Develop Social and Life Skills

School psychologists have *knowledge* of the following:

- Biological, cultural, social, and situational influences on behavior and mental health and behavioral and emotional impacts on learning, achievement, and life skills
- Human developmental processes related to social-emotional skills and mental health, including processes of typical development, as well as those related to psychopathology and behavioral issues, across diverse situations, contexts, and characteristics
- Empirically supported strategies to promote social-emotional functioning and mental health
- Strategies in social-emotional, behavioral, and mental health services that promote children's learning, academic, and life skills, including, for example, counseling, behavioral intervention, social skills interventions, instruction for self-monitoring, etc.
- Techniques to assess socialization, mental health, and life skills and methods for using data in decision making, planning, and progress monitoring

School psychologists, in collaboration with others, demonstrate *skills* to:

- Use assessment and data collection methods to develop appropriate social-emotional, behavioral, and mental health goals for children with diverse abilities, disabilities, backgrounds, strengths, and needs

- Implement services to achieve outcomes related to socialization, learning, and mental health, including, for example, counseling, consultation, behavioral intervention, home-school collaboration, and other evidence-based practices
- Integrate behavioral supports and mental health services with academic and learning goals for children
- Use empirically supported strategies to develop and implement services at the individual, group, and/or systems levels and to enhance classroom, school, home, and community factors related to children's mental health, socialization, and learning
- Implement methods to promote intervention acceptability and fidelity and appropriate data-based decision making procedures, monitor responses of children to behavioral and mental health services, and evaluate the effectiveness of services

#### 2.5 Diversity in Development and Learning

School psychologists have *knowledge* of the following:

- Individual differences, abilities, disabilities, and other diverse characteristics of people in settings in which school psychologists work
- Psychological and educational principles and research related to diversity factors for children, families, and schools, including factors related to culture, individual, and role differences (e.g., age, gender or gender identity, cognitive capabilities, social-emotional skills, developmental level, race, ethnicity, national origin, religion, sexual and gender orientation, disability, chronic illness, language, socioeconomic status)
- Empirically supported strategies in psychology and education to enhance services for children and families and in schools and communities and effectively address potential influences related to diversity
- Strategies for addressing diversity factors in design, implementation, and evaluation of all services

School psychologists demonstrate *skills* to:

- Provide effective professional services in data-based decision making, consultation and collaboration, and direct and indirect services for individuals, families, and schools with diverse characteristics, cultures, and backgrounds, with recognition that an understanding of and respect for diversity and in development and learning is a foundation for all aspects of service delivery

- In collaboration with others, address individual differences, strengths, backgrounds, and needs in the design, implementation, and evaluation of services in order to improve academic, learning, social, and mental health outcomes for all children in family, school, and community contexts
- In schools and other agencies, advance social justice and recognition that cultural, experiential, linguistic, and other areas of diversity may result in different strengths and needs; promote respect for individual differences; recognize complex interactions between individuals with diverse characteristics; and implement effective methods for all children, families, and schools to succeed
- Provide culturally competent and effective practices in all areas of school psychology service delivery and in the contexts of diverse individual, family, school, and community characteristics

### 2.6 School-Wide Practices to Promote Learning

School psychologists have *knowledge* of the following:

- School and systems structure, school organization, general education, special education, and alternative educational services across diverse settings
  - Psychological and educational principles and research related to organizational development and systems theory,
  - Issues and needs in schools, communities, and other settings, including accountability requirements and local, state, and federal policies and regulations
  - Empirically supported school practices that promote academic outcomes, learning, social development, and mental health; prevent problems; and ensure positive and effective school organization and climate across diverse situations, contexts, and characteristics
- School psychologists, in collaboration with others, demonstrate *skills* to:
- Design and implement empirically supported practices and policies in, for example, areas such as discipline, instructional support, staff training, school improvement activities, program evaluation, student transitions at all levels of schooling, grading, home-school partnerships, etc.
  - Utilize data-based decision making and evaluation methods, problem-solving strategies, consultation, and other services for systems-level issues, initiatives, and accountability responsibilities
  - Create and maintain effective and supportive learning environments for children and others within a multitiered continuum of school-based services

- Develop school policies, regulations, services, and accountability systems to ensure effective services for all children

### 2.7 Preventive and Responsive Services

School psychologists have *knowledge* of the following:

- Psychological and educational principles and research related to resilience and risk factors in learning and mental health
- Methods of population-based service delivery in schools and communities to support prevention and timely intervention related to learning, mental health, school climate and safety, and physical well-being across diverse situations, contexts, and characteristics
- Universal, selected, and indicated (i.e., primary, secondary, and tertiary) prevention strategies at the individual, family, group, and/or systems levels related to learning, mental health, and physical well-being
- Empirically supported strategies for effective crisis prevention, preparation, and response

School psychologists, in collaboration with others, demonstrate *skills* to:

- Promote environments, contexts, and services for children that enhance learning, mental and physical well-being, and resilience through protective and adaptive factors and that prevent academic problems, bullying, violence, and other risks
- Use assessment and data collection methods to develop appropriate goals for and to evaluate outcomes of prevention and response activities and crisis services
- Contribute to, design, implement, and/or evaluate prevention programs that integrate home, school, and community resources and promote learning, mental health, school climate and safety, and physical well-being of all children and families
- Contribute to, design, implement, and/or evaluate services for crisis prevention, preparation, response, and recovery at the individual, family, and systems levels and that take into account diverse needs and characteristics
- Utilize data-based decision making methods, problem-solving strategies, consultation, collaboration, and direct and indirect services for preventive and responsive services to promote learning and mental health and for crisis services

### 2.8 Family-School Collaboration Services

School psychologists have *knowledge* of the following:

- Characteristics of families, family strengths and needs, family culture, and family–school interactions that impact children’s development
- Psychological and educational principles and research related to family systems and their influences on children’s academic, motivational, social, behavioral, mental health, and social characteristics
- Empirically supported strategies to improve outcomes for children by promoting collaboration and partnerships among parents, schools, and community agencies, and by increasing family involvement in education
- Methods that improve family functioning and promote children’s learning, social development, and mental health, including, for example, parent consultation, conjoint consultation, home–school collaboration, and other evidence-based practices

School psychologists, in collaboration with others, demonstrate *skills* to:

- Design and implement empirically supported practices and policies that facilitate family–school partnerships and interactions with community agencies to enhance academic, learning, social, and mental health outcomes for all children
- Identify diverse cultural issues, situations, contexts, and other factors that have an impact on family–school interactions and address these factors when developing and providing services for families
- Utilize data-based decision making and evaluation methods, problem-solving strategies, consultation, and direct and indirect services to enhance family–school–community effectiveness in addressing the needs of children
- Design, implement, and evaluate educational, support, and other types of programs that assist parents with promoting the academic and social–behavioral success of their children and addressing issues and concerns

## 2.9 Research and Program Evaluation

School psychologists have *knowledge* of the following:

- Research design, measurement, and varied methods of data collection techniques used in investigations of psychological and educational principles and practices
- Statistical and other data analysis techniques sufficient for understanding research and interpreting data in applied settings
- Program evaluation methods at the individual, group, and/or systems levels
- Technology and information resources applicable to research and program evaluation

- Techniques for judging research quality; synthesizing results across research relevant for services for children, families, and schools; and applying research to evidence-based practice

School psychologists demonstrate *skills* to:

- Evaluate and synthesize a cumulative body of research and its findings as a foundation for effective service delivery
- Provide assistance in schools and other settings for analyzing, interpreting, and using empirical foundations for effective practices at the individual, group, and/or systems levels
- Incorporate various techniques for data collection, measurement, analysis, accountability, and use of technology resources in decision-making and in evaluation of services at the individual, group, and/or systems levels
- In collaboration with others, design, conduct analyses, and/or interpret research and/or program evaluation in applied settings

## 2.10 Legal, Ethical, and Professional Practice

School psychologists have *knowledge* of the following:

- History and foundations of their profession
- Multiple school psychology service delivery models and methods
- Ethical and professional standards for school psychology
- Legal standards and regulations
- Factors related to professional identity in school psychology
- Relevant information sources and technology
- Methods for planning and engaging in continuing education

School psychologists demonstrate *skills* to:

- Provide services consistent with ethical and professional standards in school psychology
- Provide services consistent with legal standards and regulations
- Engage in effective ethical and professional decision-making that reflects recognition of diverse needs and characteristics of children, families, schools, and other professionals
- Apply professional work characteristics needed for effective practice as a school psychologist, including respect for human diversity and social justice, communication skills, effective interpersonal skills, responsibility, adaptability, initiative, and dependability
- Utilize supervision and mentoring for effective school psychology practice

- Engage in effective, collaborative professional relationships and interdisciplinary partnerships
- In collaboration with other professionals (e.g., teachers, principals, library and media specialists), access, evaluate, and utilize information resources and technology in ways that enhance the quality of services for children
- Advocate for school psychologists' professional roles to provide effective services, ensure access to their services, and enhance the learning and mental health of all children and youth
- Engage in career-long self-evaluation and continuing professional development

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National Association of School Psychologists

# Standards for Graduate Preparation of School Psychologists

2010

## INTRODUCTION

The mission of the National Association of School Psychologists (NASP) is to represent school psychology and support school psychologists to enhance the learning and mental health of all children and youth. NASP's mission is accomplished through identification of appropriate evidence-based education and mental health services for all children; implementation of professional practices that are empirically supported, data driven, and culturally competent; promotion of professional competence of school psychologists; recognition of the essential components of high-quality graduate education and professional development in school psychology; preparation of school psychologists to deliver a continuum of services for children, youth, families, and schools; and advocacy for the value of school psychological services, among other important initiatives.

*School psychologists* provide effective services to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists provide direct educational and mental health services for children and youth, as well as work with parents, educators, and other professionals to create supportive learning and social environments for all children. School psychologists apply their knowledge of both psychology and education during consultation and collaboration with others. They conduct effective decision making using a foundation of assessment and data collection. School psychologists engage in specific services for students, such as direct and indirect interventions that focus on academic skills, learning, socialization, and

mental health. School psychologists provide services to schools and families that enhance the competence and well-being of children, including promotion of effective and safe learning environments, prevention of academic and behavior problems, response to crises, and improvement of family-school collaboration. The key foundations for all services by school psychologists are understanding of diversity in development and learning; research and program evaluation; and legal, ethical, and professional practice. All of these components and their relationships are depicted in Appendix A, a graphic representation of a national model for comprehensive and integrated services by school psychologists. School psychologists are credentialed by state education agencies or other similar state entities that have the statutory authority to regulate and establish credentialing requirements for professional practice within a state. School psychologists typically work in public or private schools or other educational contexts.

The NASP *Standards for Graduate Preparation of School Psychologists* are designed to be used with the NASP *Standards for the Credentialing of School Psychologists*, *Model for Comprehensive and Integrated School Psychological Services*, and *Principles for Professional Ethics* to provide a unified set of national principles that guide graduate education, credentialing, professional practices, and ethical behavior of effective school psychologists. These NASP policy documents are intended to define contemporary school psychology; promote school psychologists' services for children, families, and schools; and provide a foundation for the future of school psychology. These NASP policy documents are used to communicate NASP's positions and advocate for qualifications and practices of school

psychologists with stakeholders, policy makers, and other professional groups at the national, state, and local levels.

The NASP *Standards for Graduate Preparation of School Psychologists* contribute to the development of effective school psychology services by identifying critical graduate education experiences and competencies needed by candidates preparing for careers as school psychologists. *Graduate education of school psychologists occurs through specialist level or doctoral level programs of study in school psychology, as defined in these standards.* In addition to providing guidance to graduate programs, the NASP graduate preparation standards are intended to serve as a national model that assists state education agencies and other state and national agencies for establishing standards for school psychologists' graduate education. It is important to note that the NASP graduate preparation standards are official *policy* documents of the association and, as national guiding principles for graduate preparation, provide statements about program structure and content that reflect NASP's expectations for high quality in *all* graduate education programs in school psychology.<sup>1</sup>

## NASP STANDARDS FOR GRADUATE PREPARATION OF SCHOOL PSYCHOLOGISTS

### I. School Psychology Program Context/Structure

Graduate education in school psychology is delivered within the context of a comprehensive program framework based on clear goals and objectives and a

sequential, integrated course of study in which human diversity is emphasized. Graduate education develops candidates' strong affiliation with school psychology, is delivered by qualified faculty, and includes substantial coursework and supervised field experiences necessary for the preparation of competent school psychologists whose services positively impact children, families, schools, and other consumers. In addition to specialist-and/or doctoral-level programs of study, a school psychology program that offers opportunities for respecialization, retraining, and other alternative approaches to credentialing as a school psychologist ensures that program requirements are consistent with NASP graduate preparation standards.

The following elements are apparent in the school psychology program:

- 1.1 The school psychology program is composed of integrated and comprehensive philosophy/mission, goals, objectives, program of study, and supervised practice, as reflected in the following:
  - Clear identification as a "school psychology program" and communication of a program framework or model, in which its philosophy/mission is represented in explicit goals and objectives for school psychology competencies that candidates are expected to attain and in which human diversity is emphasized
  - An integrated, sequential program of study and supervised field experiences that are based on the program's philosophy/mission, goals, and objectives and consistent across candidates<sup>2 3</sup>

<sup>1</sup> The NASP *Standards for Graduate Preparation of School Psychologists* also will be a foundation for NASP's program review and approval/national recognition procedures for specialist and doctoral level programs in school psychology. However, a separate document, *NASP Criteria for Graduate Program Review and Approval* (in preparation), will outline the framework for program review and approval, requirements for materials submitted by school psychology programs for NASP review, and criteria for evaluation. For those programs in units accredited by the National Council for Accreditation of Teacher Education (NCATE), NASP serves as one of the specialized professional associations (SPAs) that conducts program reviews as a part of the NCATE process. NCATE accredits units (e.g., schools of education), not programs, but does provide "national recognition" status (full or with conditions) to approved programs in NCATE-accredited units. As such, the *NASP Criteria for Graduate Program Review and Approval* document will be applied in NCATE reviews 18 months after the document is approved by NCATE (pending approval by NCATE; approval tentatively scheduled for October 2010). In order to provide all school psychology programs with access to the NASP review process and potentially to national approval/national recognition, NASP also conducts reviews of specialist and doctoral level school psychology programs that are not in NCATE units and that submit materials for review by NASP on a voluntary basis. The *NASP Criteria for Graduate Program Review and Approval* document will be found on the NASP website at <http://www.nasponline.org/>.

<sup>2</sup> If the school psychology program grants recognition of prior graduate courses and/or field experiences taken by candidates before entry into the program, the program applies systematic evaluation procedures and criteria to ensure *equivalency* between prior courses/field experiences and program requirements and *consistency* across required program coursework and field experiences for candidates.

<sup>3</sup> An integrated, sequential program of study and supervised practice in school psychology is a planned sequence of related courses and field experiences designed according to the program's philosophy/mission, goals, and objectives. Course prerequisites, a required program sequence, and/or similar methods ensure that all candidates complete the program in a consistent, systematic, sequential manner. In addition to requiring a program of study for candidate attainment of primary knowledge and skill areas, the program may offer options for specializations or electives in specific competencies.

- Full-time, part-time, and/or alternative types of enrollment that provide multiple and systematic opportunities through coursework, supervised practice, and other comprehensive program activities for candidates to establish professional identity as school psychologists and develop an affiliation with colleagues and faculty<sup>4</sup>
  - Use of systematic, performance-based evaluation and accountability procedures to improve the quality of the program
- 1.2 Graduate preparation in the school psychology program is designed, delivered, and assessed by highly qualified faculty members who primarily are school psychologists,<sup>5 6</sup> as demonstrated by the following:
- Faculty who are designated specifically as school psychology program faculty members and total at least three full-time equivalents (FTEs)
  - At least two school psychology program faculty members (including the program administrator) who hold doctoral degrees with specialization in school psychology and are actively engaged in school psychology (e.g., possess state and/or national credentials as school psychologists; have experience as school psychologists; participate in professional associations of school psychologists; contribute to research, scholarly publications, and presentations in school psychology)
- Other school psychology program faculty members, as relevant for the program, who hold doctoral degrees in psychology, education, or closely related disciplines with specializations supportive of their graduate preparation responsibilities in the program
- 1.3 SCHOOL PSYCHOLOGY SPECIALIST-LEVEL PROGRAMS ONLY: The specialist-level program of study in school psychology consists of the following:
- A minimum of 3 years of full-time study at the graduate level, or the equivalent if part-time
  - At least 60 graduate semester hours or the equivalent, with at least 54 hours exclusive of credit for the supervised specialist-level internship experience<sup>7</sup>
  - Institutional documentation of school psychology specialist-level program completion provided to graduates<sup>8 9</sup>
- 1.4 SCHOOL PSYCHOLOGY DOCTORAL-LEVEL PROGRAMS ONLY: The doctoral level

<sup>4</sup> Examples of program activities include candidate attendance at program/department seminars; participation with other candidates and faculty in professional organization meetings; participation in ongoing research, program development, outreach, or service activities; and similar activities in school psychology that promote candidates' professional identity as school psychologists and affiliation with colleagues and faculty.

<sup>5</sup> School psychology program faculty members are those designated for primary teaching, supervisory, and/or administrative responsibilities in the program and who participate in comprehensive program development and mentorship activities, including ongoing decision-making, planning, and evaluation processes. Program faculty may hold full-time or part-time assignments in the program, but ongoing participation in a number of comprehensive program activities is a key factor. In contrast, other faculty may contribute to the program only by teaching a course(s) or by participating in another limited activity(s), for example, on a limited adjunct, affiliated, or related basis. In addition, Standard 1.2 does not preclude candidates taking courses or participating in experiences offered by other programs or departments, as defined and limited in the school psychology program's required, sequential course of study and field experiences.

<sup>6</sup> Faculty shortages in school psychology programs have been a concern nationally. School psychology programs are encouraged to advocate with their administrators and engage in other activities to ensure that Standard 1.2 is addressed to the greatest extent possible.

<sup>7</sup> Graduate semester hours are units of graduate credit based on a semester course schedule. In cases in which a quarter schedule is used, three quarter hours equals two semester hours. Thus, 90 quarter hours of credit are essentially equivalent to 60 semester hours. Programs that utilize other credit system (e.g., trimester credits, unit credits) provide candidates with institution policy regarding their equivalency to a semester hour system.

<sup>8</sup> Institutional documentation of program completion is "official" documentation provided by the higher education institution (or by a unit of the institution) that an individual has completed the *entire required course of study in the school psychology program at the specialist or doctoral level, including the internship*. Institutional documentation is typically in the form of a degree or diploma, certificate of advanced graduate studies, transcript notation indicating program completion, or similar official documentation of completion of the entire school psychology program.

<sup>9</sup> Various types of institutional documentation may be used to recognize "specialist level" program completion in school psychology, defined as a program consisting of a minimum of 60 graduate semester hours or the equivalent and including the internship. The following are examples of institutional documentation of specialist level program completion: master's degree requiring 60+ semester hours; master's degree plus certificate of advanced study (e.g., CAS, CAGS) totaling 60+ semester hours; Educational Specialist (EdS) or Psychology Specialist (PsyS) degree requiring 60+ semester hours, etc.

program of study in school psychology<sup>10</sup> consists of the following:

- Greater depth in one or more school psychology competencies identified by the program in its philosophy/mission of doctoral-level preparation and reflected in program goals, objectives, and sequential program of study and supervised practice. (Doctoral programs typically are characterized by advanced competencies in research, and the program may identify additional competencies that address the specific philosophy/mission, goals, and objectives of its doctoral program of study, e.g., greater depth in one or more domains described in Standards 2.1 to 2.10, a practice specialization, supervision or leadership competency, preparation for specialized roles or settings such as research or graduate instruction)
- A minimum of 4 years of full-time study at the graduate level, or the equivalent if part-time
- At least 90 graduate semester hours or the equivalent, with at least 78 hours exclusive of credit for the supervised doctoral internship experience and any terminal doctoral project (e.g., dissertation)<sup>7</sup>
- Institutional documentation of school psychology doctoral-level program completion provided to graduates<sup>8</sup>

1.5 If the school psychology program provides opportunities for respecialization, retraining, or other alternative approaches to prepare candidates for credentialing as school psychologists (e.g., for candidates who hold graduate degrees in related fields and are seeking graduate preparation and credentialing as school psychologists), the program ensures that its requirements for respecialization, retraining, or alternative credentialing approaches are consistent with these NASP graduate preparation standards. The program applies systematic evaluation procedures and criteria to grant recognition of candidates' prior courses/field experiences and to identify additional graduate courses and experiences necessary for candidates to meet school psychology program requirements.<sup>2</sup>

## II. Domains of School Psychology Graduate Education and Practice

School psychologists provide comprehensive and integrated services across 10 general domains of school psychology, as illustrated in Appendix A. The school psychology program ensures that all candidates demonstrate basic professional competencies, including both *knowledge* and *skills*, in the 10 domains of school psychology as a result of their graduate preparation in the program. The 10 domains of school psychology reflect the following principles:

- ◆ School psychologists have a foundation in the knowledge bases for both psychology and education, including theories, models, research, empirical findings, and techniques in the domains, and the ability to explain important principles and concepts.
- ◆ School psychologists use effective strategies and skills in the domains to help students succeed academically, socially, behaviorally, and emotionally.
- ◆ School psychologists apply their knowledge and skills by creating and maintaining safe, supportive, fair, and effective learning environments and enhancing family-school collaboration for *all* students.
- ◆ School psychologists demonstrate knowledge and skills relevant for professional practices and work characteristics in their field.
- ◆ School psychologists ensure that their knowledge, skills, and professional practices reflect understanding and respect for human diversity and promote effective services, advocacy, and social justice for all children, families, and schools.
- ◆ School psychologists integrate knowledge and professional skills across the 10 domains of school psychology in delivering a comprehensive range of services in professional practice that result in direct, measurable outcomes for children, families, schools, and/or other consumers.

The domains below are highly interrelated and not mutually exclusive and should be reflected across the school psychology program of study and supervised practice. The brief descriptions of domains provided below outline major areas of knowledge and skill, but are not intended to reflect the possible full range of competencies of school psychologists. Appendix A

<sup>10</sup> Programs are encouraged to provide opportunities for doctoral study for practicing school psychologists and, to the greatest extent possible within the program's objectives and course of study, credit for prior graduate preparation.

represents the 10 domains within a model of comprehensive and integrated services by school psychologists, and Appendix B provides an expanded list of sample areas of knowledge and skills in each domain that the program may find useful in defining expected candidate competencies, consistent with its own goals and objectives. In addition, the NASP (2010) *Model for Comprehensive and Integrated School Psychological Services* presents specific school psychology practices and provides more detail about the integrated and comprehensive nature of the 10 domains below.

The 10 domains provide a *general frame of reference for basic competencies* that program graduates should possess when beginning practice as school psychologists. A program is expected to prepare candidates in the 10 domains through coursework and supervised practice and to determine that candidates attain primary competencies in integrating knowledge and skills across the domains. However, graduate preparation in a general foundation of knowledge and skills in the domains does not preclude the program emphasizing specific knowledge and skill areas within domains or preparing candidates in specialized competencies, depending on the program goals and objectives for specialist- and/or doctoral-level education. (As noted in Standard 1.9, doctoral programs in school psychology provide greater depth in one or more school psychology competencies, consistent with the program's philosophy/mission, goals, and objectives). It is emphasized that the *program's own identification of specific candidate competencies in the domains* is necessary and must be relevant for the program's philosophy/mission, goal and objectives, level of graduate preparation (specialist or doctoral level), and expected outcomes in the roles and functions for which candidates are being prepared. Further, it is expected that program graduates will continue to expand their knowledge and skills in the domains through practice, experience, and continuing professional development as school psychologists.

The school psychology program requires courses and other program activities to *address* the knowledge and skills determined by the program to be relevant for the domains. It is not expected that the school psychology program will require a specific course to correspond to each individual domain below. However, it is important that the program implement its own goals and objectives to demonstrate that primary areas of knowledge and skills

in the domains are sufficiently addressed in the required course of study and other activities. The program ensures that graduates are competent to begin professional practice in the roles and functions for which they are being prepared and for which they will be credentialed by state education agencies or other similar state entities.

Further, the school psychology program implements well-designed, valid methods to *assess* the knowledge and skills of candidates and collects assessment data to determine that candidates *attain* adequate competencies in the domains and integrate competencies across domains in delivering a comprehensive range of services.<sup>11</sup> The brief descriptions of knowledge and skill identified below, as well as the examples in Appendix B, are intended to serve only as general guides for the school psychology program. Although the program assesses all candidates' attainment of basic knowledge and skills in the domains and integrated competencies across a range of services, the content of program assessment methods and nature of candidates' attainment of competencies may vary, depending on program goals and objectives, areas of specialization, specialist- or doctoral-level preparation, etc.

The following elements are apparent in the school psychology program:

#### 2.1 Data-Based Decision Making and Accountability

- School psychologists have knowledge of varied methods of assessment and data collection methods for identifying strengths and needs, developing effective services and programs, and measuring progress and outcomes.
- As part of a systematic and comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery, school psychologists demonstrate skills to use psychological and educational assessment, data collection strategies, and technology resources and apply results to design, implement, and evaluate response to services and programs.

#### 2.2 Consultation and Collaboration

- School psychologists have knowledge of varied methods of consultation, collaboration, and communication applicable to individuals,

<sup>11</sup> Further guidance regarding the assessment of candidate knowledge and skills is provided in the document, *Guidelines for Performance-Based Assessment and Program Accountability and Development*, located on the NASP website.

families, groups, and systems and used to promote effective implementation of services.

- As part of a systematic and comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery, school psychologists demonstrate skills to consult, collaborate, and communicate with others during design, implementation, and evaluation of services and programs.

### 2.3 Interventions and Instructional Support to Develop Academic Skills

- School psychologists have knowledge of biological, cultural, and social influences on academic skills; human learning, cognitive, and developmental processes; and evidence-based curriculum and instructional strategies.
- School psychologists, in collaboration with others, demonstrate skills to use assessment and data-collection methods and to implement and evaluate services that support cognitive and academic skills.

### 2.4 Interventions and Mental Health Services to Develop Social and Life Skills

- School psychologists have knowledge of biological, cultural, developmental, and social influences on behavior and mental health; behavioral and emotional impacts on learning and life skills; and evidence-based strategies to promote social-emotional functioning and mental health.
- School psychologists, in collaboration with others, demonstrate skills to use assessment and data-collection methods and to implement and evaluate services that support socialization, learning, and mental health.

### 2.5 School-Wide Practices to Promote Learning

- School psychologists have knowledge of school and systems structure, organization, and theory; general and special education; technology resources; and evidence-based school practices that promote academic outcomes, learning, social development, and mental health.
- School psychologists, in collaboration with others, demonstrate skills to develop and implement practices and strategies to create and maintain effective and supportive learning environments for children and others.

### 2.6 Preventive and Responsive Services

- School psychologists have knowledge of principles and research related to resilience and risk factors in learning and mental health, services in schools and communities to support multi-tiered prevention, and evidence-based strategies for effective crisis response.
- School psychologists, in collaboration with others, demonstrate skills to promote services that enhance learning, mental health, safety, and physical well-being through protective and adaptive factors and to implement effective crisis preparation, response, and recovery.

### 2.7 Family-School Collaboration Services

- School psychologists have knowledge of principles and research related to family systems, strengths, needs, and culture; evidence-based strategies to support family influences on children's learning, socialization, and mental health; and methods to develop collaboration between families and schools.
- School psychologists, in collaboration with others, demonstrate skills to design, implement, and evaluate services that respond to culture and context and facilitate family and school partnership/ interactions with community agencies for enhancement of academic and social-behavioral outcomes for children.

### 2.8 Diversity in Development and Learning

- School psychologists have knowledge of individual differences, abilities, disabilities, and other diverse characteristics; principles and research related to diversity factors for children, families, and schools, including factors related to culture, context, and individual and role differences; and evidence-based strategies to enhance services and address potential influences related to diversity.
- School psychologists demonstrate skills to provide professional services that promote effective functioning for individuals, families, and schools with diverse characteristics, cultures, and backgrounds and across multiple contexts, with recognition that an understanding and respect for diversity in development and learning and advocacy for social justice are foundations of all aspects of service delivery.

## 2.9 Research and Program Evaluation

- School psychologists have knowledge of research design, statistics, measurement, varied data collection and analysis techniques, and program evaluation methods sufficient for understanding research and interpreting data in applied settings.
- School psychologists demonstrate skills to evaluate and apply research as a foundation for service delivery and, in collaboration with others, use various techniques and technology resources for data collection, measurement, analysis, and program evaluation to support effective practices at the individual, group, and/or systems levels.

## 2.10 Legal, Ethical, and Professional Practice

- School psychologists have knowledge of the history and foundations of school psychology; multiple service models and methods; ethical, legal, and professional standards; and other factors related to professional identity and effective practice as school psychologists.
- School psychologists demonstrate skills to provide services consistent with ethical, legal, and professional standards; engage in responsive ethical and professional decision-making; collaborate with other professionals; and apply professional work characteristics needed for effective practice as school psychologists, including respect for human diversity and social justice, communication skills, effective interpersonal skills, responsibility, adaptability, initiative, dependability, and technology skills.

### III. Practica and Internships in School Psychology

During systematic, comprehensive practica and internship experiences consistent with its goals and objectives, the school psychology program ensures that all candi-

dates demonstrate application of knowledge and professional skills in relevant settings and under conditions of appropriate supervision, evaluation, and support. The school psychology program's practica and internship develop and enhance candidates' skills and professional characteristics needed for effective school psychology service delivery; integration of competencies across the 10 domains of professional preparation and practice outlined in Standards 2.1 to 2.10; and direct, measurable, positive impact on children, families, schools, and other consumers.

The following elements are apparent in the school psychology program:

3.1 The school psychology program requires supervised practica experiences<sup>12</sup> that include the following:

- Completion of practica, for academic credit or otherwise documented by the institution, that are distinct from, precede, and prepare candidates for the school psychology internship
- Specific, required activities and systematic development and evaluation of skills (see Standards 2.1 to 2.10) that are consistent with goals of the program, emphasize human diversity, and are completed in settings relevant to program objectives for development of candidate skills
- Direct oversight by the program to ensure appropriateness of the placement, activities, supervision, and collaboration with the placement sites and practicum supervisors
- Close supervision of candidates by program faculty and qualified practicum supervisors, including appropriate performance-based evaluation, to ensure that candidates are developing professional work characteristics and designated competencies

3.2 The school psychology program requires a comprehensive, supervised, and carefully evaluated internship in school psychology<sup>13 14</sup> that includes the following:

<sup>12</sup> School psychology practica are closely supervised on-campus and/or field-based activities designed to develop and evaluate school psychology candidates' mastery of specific professional skills consistent with program goals and objectives. Practica activities may be completed as part of separate courses focusing on distinct skills or as part of a more extensive practicum field experience that covers a range of skills. Candidate skill and competency *development*, rather than delivery of professional services, is a primary purpose of practica.

<sup>13</sup> The school psychology internship is a supervised, culminating, comprehensive field experience that is completed prior to the awarding of the degree or other institutional documentation of completion of the specialist or doctoral level program. The internship ensures that school psychology candidates have the opportunity to integrate and apply professional knowledge and skills acquired in program coursework and practica, as well as to acquire enhanced competencies consistent with the school psychology program's goals and objectives.

<sup>14</sup> See NASP's *Best Practice Guidelines for School Psychology Internship*, available on the NASP website, for an additional resource for graduate programs and internship sites.

- A culminating experience in the program's course of study that is completed for academic credit or otherwise documented by the institution
  - A primary emphasis on providing breadth and quality of experiences, attainment of comprehensive school psychology competencies, and integration and application of the full range of domains of school psychology (see Standards 2.1 to 2.10)
  - Completion of activities and attainment of school psychology competencies that are consistent with the goals and objectives of the program and emphasize human diversity, and provision of professional school psychology services that result in direct, measurable, and positive impact on children, families, schools, and/or other consumers
  - Inclusion of both formative and summative performance-based evaluations of interns that are completed by both program faculty and field-based supervisors, are systematic and comprehensive, and ensure that interns demonstrate professional work characteristics and attain competencies needed for effective practice as school psychologists
- 3.3 The school psychology program requires that the internship be completed for a sufficient time period and in appropriate settings to achieve program objectives, as demonstrated by the following:
- A minimum of 1200 clock hours for specialist-level interns and 1500 clock hours for doctoral-level interns,<sup>15</sup> including a minimum of 600 hours of the internship completed in a school setting<sup>16 17</sup>
- 3.4 The school psychology program requires that each intern receive appropriate and regularly scheduled field-based supervision, including the following:
- A minimum of one academic year for internship, completed on a full-time basis over one year or at least a half-time basis over two consecutive years
  - Completion in settings relevant to program objectives for candidate competencies and direct oversight by the program to ensure appropriateness of the placement, activities, supervision, and collaboration with the placement sites and intern supervisors
- 3.4 The school psychology program requires that each intern receive appropriate and regularly scheduled field-based supervision, including the following:
- Provision of field supervision from a school psychologist holding the appropriate state school psychologist credential for practice in a school setting (If a portion of the internship is conducted in a another setting, as noted in Standard 3.3, provision of field supervision from a psychologist holding the appropriate state psychology credential for practice in the internship setting)
  - An average of at least two hours of field-based supervision per full-time week or the equivalent for part-time placements
  - Preponderance of field-based supervision provided on at least a weekly, individual, face-to-face basis, with structured mentoring and evaluation that focus on the intern's attainment of competencies

<sup>15</sup> Programs may allow up to half of the required 1500 *doctoral* internship hours to be used from a prior, appropriately supervised specialist-level internship or equivalent experience in school psychology if (a) the program determines that the specialist-level internship or equivalent experience meets program objectives and NASP standards for the school psychology internship (see Standards 3.2 to 3.6), (b) candidates have met program objectives and criteria for school psychology specialist-level internship competencies, and (c) any field experiences considered equivalent to a formal specialist level internship in school psychology are clearly articulated and systematically evaluated by the program.

<sup>16</sup> A "school setting" is one in which the primary goal is the education of students of diverse backgrounds, characteristics, abilities, disabilities, and needs. Generally, a school setting includes students who are enrolled in Grades pre-K–12 and has both general education and special education services. The school setting has available an internal or external pupil services unit that includes at least one state-credentialed school psychologist and provides a full range of school psychology services. Other internship settings, if allowed by the program beyond the 600 hours in a school setting, are consistent with program objectives and may include relevant school psychology activities in other educational contexts within, for example, hospitals, juvenile justice institutions, and community agencies that provide collaborative services for schools.

<sup>17</sup> Programs may allow doctoral candidates who have met the internship requirement of at least 600 hours in a school setting through a prior, appropriately supervised, specialist-level internship or equivalent experience in school psychology to complete the entire 1500+ hour doctoral school psychology internship in another internship setting that includes appropriately supervised and relevant school psychology activities in other educational contexts, as consistent with the school psychology program's goals and policies. Program policy specifically defines methods for determining if a doctoral candidate's prior specialist-level internship or equivalent experience in a school setting meets program criteria and NASP Standards 3.2 to 3.6.

3.5 The school psychology internship represents a collaboration between the school psychology program and internship placement agency that is consistent with program goals and assures attainment of competencies by interns, as demonstrated by the following:

- A written plan specifying collaborative responsibilities of the school psychology program and internship site in providing supervision and support and ensuring that internship objectives are achieved
- Formative and summative performance-based evaluation of intern performance by program faculty and field-based supervisors and systematic, clearly articulated methods by which concerns about intern performance and attainment of competencies may be addressed
- Provision of appropriate support for the internship by the placement agency, including (a) commitment to the internship as a diversified *learning* experience for a candidate in a graduate school psychology program and opportunities for the intern to attain professional competencies through carefully supervised activities; (b) a written agreement that specifies the period of appointment and any terms of compensation for the intern and released time for the field based supervisor; (c) expense reimbursement, a safe and secure work environment, adequate office space, and support services for the intern consistent with that afforded agency school psychologists; and (d) provision for the intern's participation in continuing professional development activities

3.6 The school psychology program employs a systematic, valid process in which program faculty ensure that interns, during their culminating internship experience, demonstrate competencies to begin effective practice as school psychologists, including the following:

- Integration of domains of knowledge and application of professional skills in school

psychology for delivering a comprehensive range of services

- Effective school psychology service delivery evidenced by direct, measurable, positive impact on children, families, schools, and other consumers

#### IV. School Psychology Program Support/ Resources<sup>18</sup>

Adequate resources are available to support the school psychology program and its faculty and candidates. Such resources are needed to ensure accomplishment of program goals and objectives and candidates' attainment of competencies needed for effective school psychology services that positively impact children, families, schools, and other consumers.

The following elements are apparent in the school psychology program:

4.1 The school psychology program faculty members are assured adequate professional time for program responsibilities, including the following:

- Faculty loads that take into account instruction, program administration, supervision, research/scholarship, service, candidate assessment, and other activities associated with graduate-level school psychology program faculty responsibilities
- Faculty loads that allow flexibility to meet department and institution responsibilities (e.g., teaching undergraduate courses, service, research) while maintaining faculty responsibilities to the school psychology program
- Faculty teaching and supervision loads that typically are no greater than 75% of that typically assigned to faculty who teach primarily undergraduate courses
- Awarding of at least 25% reassigned or released time for the program administrator for administrative duties

4.2 The school psychology program ensures adequate candidate support from and interaction with

<sup>18</sup>NOTE: Although standards in section IV reflect NASP's principles for high quality in all school psychology programs, programs in units/institutions accredited or undergoing review by the National Council for Accreditation of Teacher Education (NCATE) do not need to provide a response to the standards in section IV as part of the NASP program review and approval/national recognition process.

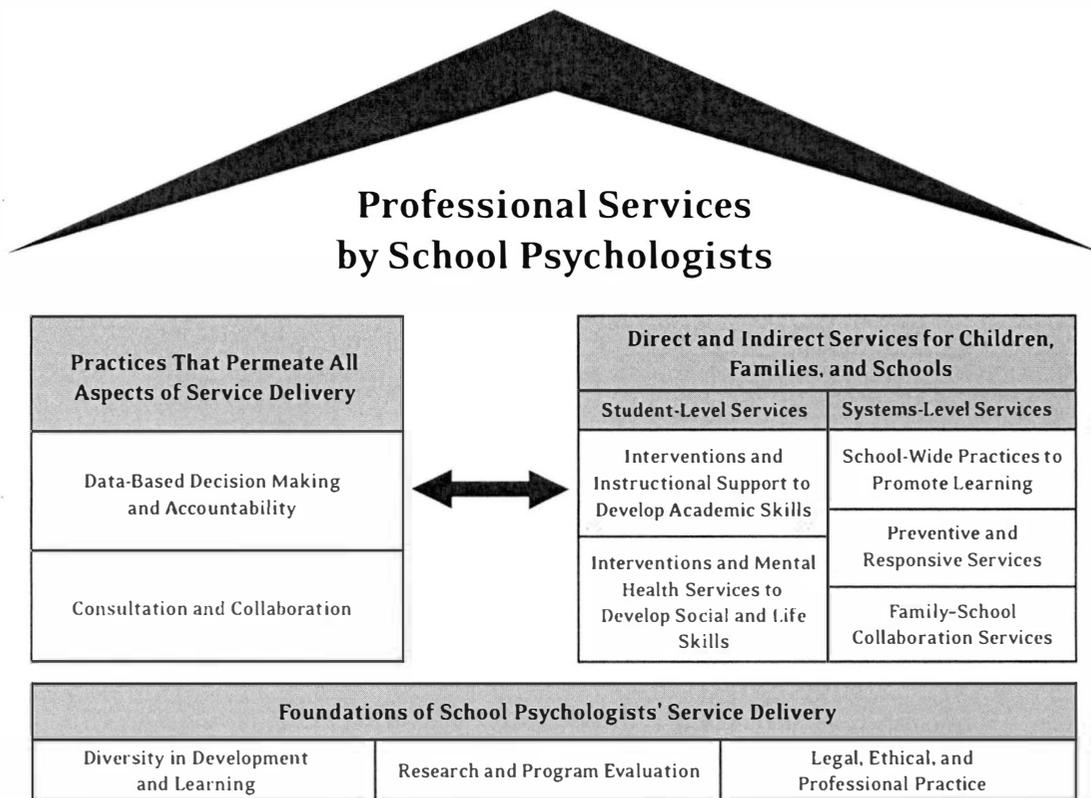
school psychology program faculty members<sup>19</sup> through the following:

- Extensive, intensive, and individualized faculty advisement, supervision, and mentoring of candidates during all components of coursework, practica, internships, and other program activities that are available from and provided primarily by school psychology program faculty members, as defined in Standard 1.2
  - Ongoing and comprehensive program development and evaluation, instruction, candidate assessment, and other program activities that are available from and provided primarily by school psychology program faculty members, as defined in Standard 1.2
  - A ratio of no greater than 1:12 school psychology faculty FTE to school psychology candidate FTE in the overall program, including candidates participating in coursework, practica, internships, and other program activities<sup>20</sup>
- 4.3 The school psychology program faculty receive support for ongoing learning and professional experiences relevant to assigned graduate preparation responsibilities, including the following:
- Support for involvement in school psychology, including with professional organizations, research/scholarship, and/or professional service activities
  - Support for continuing professional development and related activities important to maintaining and enhancing knowledge, skills, and contributions to school psychology
- 4.4 Candidates in the school psychology program receive ongoing support from the institution, or a unit of the institution, during graduate preparation, including the following:
- Availability of university and/or program support services (e.g., career centers, health services, student associations, advisement about state credentialing procedures)
  - Opportunities for funding or related assistance needed to attain educational goals (e.g., assistantships, scholarships, fellowships, traineeships, internship stipends, college financial aid programs)
- 4.5 Adequate physical resources are available to support faculty and candidates in the school psychology program, including the following:
- Office space for faculty
  - Field-based, clinical, and/or laboratory resources
  - Instructional and technology resources
- 4.6 For qualified candidates and faculty with disabilities, the school psychology program provides the following:
- Reasonable accommodations for special needs
  - Accessible academic programs and field experiences
  - Equal opportunities for development and demonstration of competencies
- 4.7 The institution provides adequate library resources to support instruction, independent study, and research relevant to the school psychology program, including the following:
- Comprehensive library and information resources and services
  - Major publications and periodicals in the field
- 4.8 The school psychology program provides for, collaborates in, or contributes to relevant continuing professional development opportunities for practicing school psychologists.
- 4.9 The school psychology program is located in an institution that is accredited, without probation or an equivalent status, by the appropriate institutional regional accrediting agency recognized by the U.S. Department of Education.

<sup>19</sup>The school psychology program may employ other faculty who do not participate in ongoing and comprehensive program activities and who contribute to the program only by teaching a course(s) or by participating in another specific activity(s), for example, on an adjunct, affiliated, or related basis. The number of these faculty members should be limited and their specific activities in the program should be well-defined and systematically coordinated and supervised. However, the program should ensure that comprehensive program activities, outlined in Standard 4.2, are available from and provided primarily by school psychology program faculty members.

<sup>20</sup>The ratio of FTE faculty to FTE candidates consists of full-time program faculty to candidates enrolled full-time in the school psychology program and/or a prorated FTE proportion of part-time program faculty and/or part-time candidates. Interns, as well as candidates working exclusively on research, theses, or dissertations, may be prorated based on the semester hours enrolled and the amount of supervision provided by program faculty.

## APPENDIX A. MODEL OF COMPREHENSIVE AND INTEGRATED SERVICES BY SCHOOL PSYCHOLOGISTS



## APPENDIX B. EXPANDED DESCRIPTION OF DOMAINS OF SCHOOL PSYCHOLOGY GRADUATE EDUCATION AND PRACTICE WITHIN A MODEL OF COMPREHENSIVE AND INTEGRATED SERVICES BY SCHOOL PSYCHOLOGISTS

Within the model of comprehensive and integrated services, illustrated in Appendix A, school psychologists apply knowledge and skills across 10 domains of school psychology. The domains are highly interrelated and not mutually exclusive, and should be reflected across the school psychology program of study. As noted in Standards 2.1 to 2.10, the school psychology program ensures that all candidates demonstrate basic competencies in 10 broad domains of school psychology. Further, the school psychology program determines that candidates integrate knowledge and professional skills across the 10 domains of school psychology in delivering a comprehensive range of services in professional practice that result in direct, measurable outcomes for children, families, schools, and/or other consumers. The

NASP (2010) *Model for Comprehensive and Integrated School Psychological Services* presents specific school psychology practices and provides more detail about the integrated and comprehensive nature of the 10 domains.

Below, an expanded list of *sample areas of knowledge and skills in the domains* is provided, and programs may find the examples useful in defining expected candidate competencies. The examples in the descriptions below are not intended to reflect the possible full range of competencies for school psychologists, but instead identify examples of knowledge and skills that school psychology graduate programs may consider when identifying their own goals and objectives for their candidates. The examples of knowledge and skills below are intended to serve only as *general guides* for the school psychology program. The program may elect to emphasize specific knowledge and skill areas outlined in the descriptions below or may elect to identify additional knowledge and skills areas, depending on program goals and objectives, areas of specialization, specialist- or doctoral-level preparation, roles and functions for which candidates are being prepared, etc.

## 2.1 Data-Based Decision Making and Accountability

Examples of areas in which school psychologists have *knowledge* include the following:

- Assessment and data collection methods relevant to a comprehensive, systematic process of effective decision making and problem solving for particular situations, contexts, and diverse characteristics
- Varied methods of assessment and data collection in psychology and education (e.g., norm-referenced, curriculum-based, direct behavior analysis, ecological) and their psychometric properties
- Assessment and data collection methods useful in identifying strengths and needs and in documenting problems of children, families, and schools
- Strategies for translating assessment and data collection to development of effective instruction, interventions, and educational and mental health services
- Assessment and data collection methods to measure response to, progress in, and effective outcomes of services

Examples of areas in which school psychologists demonstrate *skills* include the following:

- Use psychological and educational assessment, data collection strategies, and technology resources as part of a comprehensive process of effective decision making and problem solving that permeates all aspects of service delivery
- Systematically collect data and other information about individuals, groups, and environments as key components of professional school psychology practice
- Translate assessment and data collection results into design, implementation, and accountability for evidence-based instruction, interventions, and educational and mental health services effective for particular situations, contexts, and diverse characteristics
- Use assessment and data collection methods to evaluate response to, progress in, and outcomes for services in order to promote improvement and effectiveness
- Access information and technology resources to enhance data collection and decision making
- Measure and document effectiveness of their own services for children, families, and schools

## 2.2 Consultation and Collaboration

Examples of areas in which school psychologists have *knowledge* include the following:

- Varied methods of consultation in psychology and education (e.g., behavioral, problem solving, mental health, organizational, instructional) applicable to individuals, families, groups, and systems
- Strategies to promote collaborative, effective decision making and implementation of services among professionals, families, and others
- Consultation, collaboration, and communication strategies effective across situations, contexts, and diverse characteristics
- Methods for effective consultation and collaboration that link home, school, and community settings

Examples of areas in which school psychologists demonstrate *skills* include the following:

- Apply consultation methods, collaborate, and communicate effectively with others as part of a comprehensive process that permeates all aspects of service delivery
- Consult and collaborate in planning, problem solving, and decision-making processes and to design, implement, and evaluate instruction, interventions, and educational and mental health services across particular situations, contexts, and diverse characteristics
- Consult and collaborate at the individual, family, group, and systems levels
- Facilitate collaboration and communication among diverse school personnel, families, community professionals, and others
- Effectively communicate information for diverse audiences, for example, parents, teachers, other school personnel, policy makers, community leaders, and/or others
- Promote application of psychological and educational principles to enhance collaboration and achieve effectiveness in provision of services

## 2.3 Interventions and Instructional Support to Develop Academic Skills

Examples of areas in which school psychologists have *knowledge* include the following:

- Biological, cultural, and social influences on cognitive and academic skills

- Human learning, cognitive, and developmental processes, including processes of typical development, as well as those related to learning and cognitive difficulties, across diverse situations, contexts, and characteristics
- Evidence-based methods in psychology and education to promote cognitive and academic skills, including those related to needs of children with diverse backgrounds and characteristics
- Curriculum and instructional strategies that facilitate children's academic achievement, including, for example, teacher-directed instruction, literacy instruction, peer tutoring, interventions for self-regulation and planning/organization, etc.
- Techniques to assess learning and instruction and methods and technology resources for using data in decision making, planning, and progress monitoring
- Information and assistive technology resources to enhance children's cognitive and academic skills

Examples of areas in which school psychologists demonstrate *skills*, in collaboration with others, include the following:

- Use assessment and data collection methods to develop appropriate academic goals for children with diverse abilities, disabilities, backgrounds, strengths, and needs
- Implement services to achieve academic outcomes, including classroom instructional support, literacy strategies, home-school collaboration, instructional consultation, and other evidence-based practices
- Use evidence-based strategies to develop and implement services at the individual, group, and systems levels and to enhance classroom, school, home, and community factors related to children's cognitive and academic skills
- Implement methods to promote intervention acceptability and fidelity and appropriate data-based decision making procedures, monitor responses of children to instruction and intervention, and evaluate the effectiveness of services

#### **2.4 Interventions and Mental Health Services to Develop Social and Life Skills**

Examples of areas in which school psychologists have *knowledge* include the following:

- Biological, cultural, social, and situational influences on behavior and mental health and behavioral and

emotional impacts on learning, achievement, and life skills

- Human developmental processes related to social-emotional skills and mental health, including processes of typical development, as well as those related to psychopathology and behavioral issues, across diverse situations, contexts, and characteristics
- Evidence-based strategies to promote social-emotional functioning and mental health
- Strategies in social-emotional, behavioral, and mental health services that promote children's learning, academic, and life skills, including, for example, counseling, behavioral intervention, social skills interventions, instruction for self-monitoring, etc.
- Techniques to assess socialization, mental health, and life skills and methods and technology resources for using data in decision making, planning, and progress monitoring

Examples of areas in which school psychologists demonstrate *skills*, in collaboration with others, include the following:

- Use assessment and data collection methods to develop appropriate social-emotional, behavioral, and mental health goals for children with diverse abilities, disabilities, backgrounds, strengths, and needs
- Implement services to achieve outcomes related to socialization, learning, and mental health, including, for example, counseling, consultation, behavioral intervention, home-school collaboration, and other evidence-based practices
- Integrate behavioral supports and mental health services with academic and learning goals for children
- Use evidence-based strategies to develop and implement services at the individual, group, and/or systems levels and to enhance classroom, school, home, and community factors related to children's mental health, socialization, and learning
- Implement methods to promote intervention acceptability and fidelity and appropriate data-based decision making procedures, monitor responses of children to behavioral and mental health services, and evaluate the effectiveness of services

#### **2.5 School-Wide Practices to Promote Learning**

Examples of areas in which school psychologists have *knowledge* include the following:

- School and systems structure, school organization, general education, special education, and alternative educational services across diverse settings
- Psychological and educational principles and research related to organizational development and systems theory
- Issues and needs in schools, communities, and other settings, including accountability requirements; local, state, and federal policies and regulations; and technology resources
- Evidence-based school practices that promote academic outcomes, learning, social development, and mental health; prevent problems; and ensure positive and effective school organization and climate across diverse situations, contexts, and characteristics

Examples of areas in which school psychologists demonstrate *skills*, in collaboration with others, include the following:

- Design and implement evidence-based practices and policies in, for example, areas such as discipline, instructional support, staff training, school improvement activities, program evaluation, student transitions at all levels of schooling, grading, home–school partnerships, etc.
- Utilize data-based decision making and evaluation methods, problem-solving strategies, consultation, technology resources, and other services for systems-level issues, initiatives, and accountability responsibilities
- Create and maintain effective and supportive learning environments for children and others within a multitiered continuum of school-based services.
- Develop school policies, regulations, services, and accountability systems to ensure effective services for all children

## 2.6 Preventive and Responsive Services

Examples of areas in which school psychologists have *knowledge* include the following:

- Psychological and educational principles and research related to resilience and risk factors in learning and mental health
- Methods of population-based service delivery in schools and communities to support prevention and timely intervention related to learning, mental health, school climate and safety, and physical well-being across diverse situations, contexts, and characteristics

- Universal, selected, and indicated (i.e., primary, secondary, and tertiary) prevention strategies at the individual, family, group, and/or systems levels related to learning, mental health, and physical well-being
- Evidence-based strategies for effective crisis prevention, preparation, and response

Examples of areas in which school psychologists demonstrate *skills*, in collaboration with others, include the following:

- Promote environments, contexts, and services for children that enhance learning, mental and physical well-being, and resilience through protective and adaptive factors and that prevent academic problems, bullying, violence, and other risks
- Use assessment and data collection methods to develop appropriate goals for and to evaluate outcomes of prevention and response activities and crisis services
- Contribute to, design, implement, and/or evaluate prevention programs that integrate home, school, and community resources and promote learning, mental health, school climate and safety, and physical well-being of all children and families
- Contribute to, design, implement, and/or evaluate services for crisis prevention, preparation, response, and recovery at the individual, family, and systems levels and that take into account diverse needs and characteristics
- Utilize data-based decision making methods, problem-solving strategies, consultation, collaboration, and direct and indirect services for preventive and responsive services to promote learning and mental health and for crisis services

## 2.7 Family–School Collaboration Services

Examples of areas in which school psychologists have *knowledge* include the following:

- Characteristics of families, family strengths and needs, family culture, and family–school interactions that impact children’s development
- Psychological and educational principles and research related to family systems and their influences on children’s academic, motivational, social, behavioral, mental health, and social characteristics
- Evidence-based strategies to improve outcomes for children by promoting collaboration and partnerships among parents, schools, and community agencies, and by increasing family involvement in education

- Methods that improve family functioning and promote children’s learning, social development, and mental health, including, for example, parent consultation, conjoint consultation, home–school collaboration, and other evidence-based practices.

Examples of areas in which school psychologists demonstrate *skills*, in collaboration with others, include the following:

- Design and implement evidence-based practices and policies that facilitate family–school partnerships and interactions with community agencies to enhance academic, learning, social, and mental health outcomes for all children
- Identify diverse cultural issues, situations, contexts, and other factors that have an impact on family–school interactions and address these factors when developing and providing services for families
- Utilize data-based decision making, evaluation methods, problem-solving strategies, consultation, communication, and direct and indirect services to enhance family–school–community effectiveness in addressing the needs of children
- Design, implement, and evaluate education programs and other types of services that assist parents with promoting the academic and social–behavioral success of their children and addressing issues and concerns

## 2.8 Diversity in Development and Learning

Examples of areas in which school psychologists have *knowledge* include the following:

- Individual differences, abilities, disabilities, and other diverse characteristics of people in settings in which school psychologists work
- Psychological and educational principles and research related to diversity factors for children, families, and schools, including factors related to culture, context, and individual and role differences (e.g., age, gender or gender identity, cognitive capabilities, social–emotional skills, developmental level, race, ethnicity, national origin, religion, sexual and gender orientation, disability, chronic illness, language, socioeconomic status)
- Evidence-based practices in psychology and education to enhance services for children and families and in schools and communities and effectively address potential influences related to diversity

- Strategies for addressing diversity factors in design, implementation, and evaluation of all services

Examples of areas in which school psychologists demonstrate *skills* include the following:

- Provide effective professional services in data-based decision making, consultation and collaboration, and direct and indirect services for individuals, families, and schools with diverse characteristics, cultures, and backgrounds and across multiple contexts, with recognition that an understanding of and respect for diversity and in development and learning is a foundation for all aspects of service delivery
- In collaboration with others, address individual differences, strengths, backgrounds, and needs in the design, implementation, and evaluation of services in order to improve academic, learning, social and mental health outcomes for all children across family, school, and community contexts
- In schools and other agencies, advocate for social justice and recognition that cultural, experiential, linguistic, and other areas of diversity may result in different strengths and needs; promote respect for individual differences; recognize complex interactions between individuals with diverse characteristics; and implement effective methods for all children, families, and schools to succeed
- Provide culturally competent and effective practices in all areas of school psychology service delivery and in the contexts of diverse individual, family, school, and community characteristics

## 2.9 Research and Program Evaluation

Examples of areas in which school psychologists have *knowledge* include the following:

- Research design, measurement, and varied methods of data collection techniques used in investigations of psychological and educational principles and practices
- Statistical and other data analysis techniques sufficient for understanding research and interpreting data in applied settings
- Program evaluation methods at the individual, group, and/or systems levels
- Technology and information resources applicable to research and program evaluation
- Techniques for judging research quality; synthesizing results across research relevant for services for

children, families, and schools; and applying research to evidence-based practice

Examples of areas in which school psychologists demonstrate *skills* include the following:

- Evaluate and synthesize a cumulative body of research and its findings as a foundation for effective service delivery
- Provide assistance in schools and other settings for analyzing, interpreting, and applying empirical evidence as a foundation for effective practices at the individual, group, and/or systems levels
- Incorporate various techniques and technology resources for data collection, measurement, analysis, and accountability in decision-making and in evaluation of services at the individual, group, and/or systems levels
- In collaboration with others, design, conduct analyses, and/or interpret research and/or program evaluation in applied settings

## 2.10 Legal, Ethical, and Professional Practice

Examples of areas in which school psychologists have *knowledge* include the following:

- History and foundations of school psychology
- Multiple school psychology service delivery models and methods
- Ethical and professional standards for school psychology
- Legal standards and regulations relevant for practice in settings in which school psychologists work
- Factors related to professional identity and effective practice as school psychologists
- Relevant information sources and technology

- Methods for planning and engaging in continuing education

Examples of areas in which school psychologists demonstrate *skills* include the following:

- Provide services consistent with ethical and professional standards in school psychology
- Provide services consistent with legal standards and regulations relevant for practice in settings in which school psychologists work
- Engage in effective and responsive ethical and professional decision-making that reflects recognition of diverse needs and characteristics of children, families, schools, and other professionals
- Apply professional work characteristics needed for effective practice as school psychologists, including respect for human diversity and social justice, communication skills, effective interpersonal skills, responsibility, adaptability, initiative, dependability, and technology skills
- Utilize supervision and mentoring for effective school psychology practice
- Engage in effective, collaborative professional relationships and interdisciplinary partnerships
- In collaboration with other professionals (e.g., teachers, principals, library and media specialists), access, evaluate, and utilize information resources and technology in ways that enhance the quality of services for children
- Advocate for school psychologists' professional roles to provide effective services, ensure access to their services, and enhance the learning and mental health of all children and youth
- Engage in career-long self-evaluation and continuing professional development

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National Association of School Psychologists

# Principles for Professional Ethics

2010

## TABLE OF CONTENTS

INTRODUCTION .....	1
DEFINITION OF TERMS .....	3
<b>PRINCIPLES</b>	
<b>I. RESPECTING THE DIGNITY AND RIGHTS OF ALL PERSONS .....</b>	<b>3</b>
School psychologists engage only in professional practices that maintain the dignity of all individuals. In their words and actions, school psychologists demonstrate respect for the autonomy of persons and their right to self-determination, respect for privacy, and a commitment to just and fair treatment of all persons.	
<b>Principle I.1. Autonomy and Self-Determination (Consent and Assent) .....</b>	<b>3</b>
<b>Principle I.2. Privacy and Confidentiality .....</b>	<b>5</b>
<b>Principle I.3. Fairness and Justice .....</b>	<b>5</b>
<b>II. PROFESSIONAL COMPETENCE AND RESPONSIBILITY .....</b>	<b>6</b>
Beneficence, or responsible caring, means that the school psychologist acts to benefit others. To do this, school psychologists must practice within the boundaries of their competence, use scientific knowledge from psychology and education to help clients and others make informed choices, and accept responsibility for their work.	
<b>Principle II.1. Competence .....</b>	<b>6</b>
<b>Principle II.2. Accepting Responsibility for Actions .....</b>	<b>6</b>
<b>Principle II.3. Responsible Assessment and Intervention Practices .....</b>	<b>7</b>
<b>Principle II.4. Responsible School-Based Record Keeping .....</b>	<b>8</b>
<b>Principle II.5. Responsible Use of Materials .....</b>	<b>9</b>
<b>III. HONESTY AND INTEGRITY IN PROFESSIONAL RELATIONSHIPS .....</b>	<b>9</b>
To foster and maintain trust, school psychologists must be faithful to the truth and adhere to their professional promises. They are forthright about their qualifications, competencies, and roles; work in full cooperation with other professional disciplines to meet the needs of students and families; and avoid multiple relationships that diminish their professional effectiveness.	
<b>Principle III.1. Accurate Presentation of Professional Qualifications .....</b>	<b>9</b>
<b>Principle III.2. Forthright Explanation of Professional Services, Roles, and Priorities .....</b>	<b>10</b>
<b>Principle III.3. Respecting Other Professionals .....</b>	<b>10</b>
<b>Principle III.4. Multiple Relationships and Conflicts of Interest .....</b>	<b>10</b>
<b>IV. RESPONSIBILITY TO SCHOOLS, FAMILIES, COMMUNITIES, THE PROFESSION, AND SOCIETY ..</b>	<b>11</b>
School psychologists promote healthy school, family, and community environments. They maintain the public trust in school psychologists by respecting law and encouraging ethical conduct. School psychologists advance	

professional excellence by mentoring less experienced practitioners and contributing to the school psychology knowledge base.

**Principle IV.1. Promoting Healthy School, Family, and Community Environments . . . . .12**  
**Principle IV.2. Respect for Law and the Relationship of Law and Ethics . . . . .12**  
**Principle IV.3. Maintaining Public Trust by Self-Monitoring and Peer Monitoring . . . . .12**  
**Principle IV.4. Contributing to the Profession by Mentoring, Teaching, and Supervision. . . . .13**  
**Principle IV.5. Contributing to the School Psychology Knowledge Base . . . . .13**  
**APPENDIX A. . . . . 15**

National Association of School Psychologists

Principles for Professional Ethics

2010

INTRODUCTION

The mission of the National Association of School Psychologists (NASP) is to represent school psychology and support school psychologists to enhance the learning and mental health of all children and youth. NASP's mission is accomplished through identification of appropriate evidence-based education and mental health services for all children; implementation of professional practices that are empirically supported, data driven, and culturally competent; promotion of professional competence of school psychologists; recognition of the essential components of high-quality graduate education and professional development in school psychology; preparation of school psychologists to deliver a continuum of services for children, youth, families, and schools; and advocacy for the value of school psychological services, among other important initiatives.

School psychologists provide effective services to help children and youth succeed academically, socially, behaviorally, and emotionally. School psychologists provide direct educational and mental health services for children and youth, as well as work with parents, educators, and other professionals to create supportive learning and social environments for all children. School psychologists apply their knowledge of both psychology and education during consultation and collaboration with others. They conduct effective decision making using a foundation of assessment and data collection. School psychologists engage in specific services for students, such as direct and indirect interventions that focus on academic skills, learning, socialization, and mental health. School psychologists provide services to schools and families that enhance the competence and well-being of children, including promotion of effective and safe learning environments, prevention of academic and behavior problems, response to crises, and

improvement of family-school collaboration. The key foundations for all services by school psychologists are understanding of diversity in development and learning; research and program evaluation; and legal, ethical, and professional practice. All of these components and their relationships are depicted in Appendix A, a graphic representation of a national model for comprehensive and integrated services by school psychologists. School psychologists are credentialed by state education agencies or other similar state entities that have the statutory authority to regulate and establish credentialing requirements for professional practice within a state. School psychologists typically work in public or private schools or other educational contexts.

The NASP *Principles for Professional Ethics* is designed to be used in conjunction with the NASP *Standards for Graduate Preparation of School Psychologists*, *Standards for the Credentialing of School Psychologists*, and *Model for Comprehensive and Integrated School Psychological Services* to provide a unified set of national principles that guide graduate education, credentialing, professional practices, and ethical behavior of effective school psychologists. These NASP policy documents are intended to define contemporary school psychology; promote school psychologists' services for children, families, and schools; and provide a foundation for the future of school psychology. These NASP policy documents are used to communicate NASP's positions and advocate for qualifications and practices of school psychologists with stakeholders, policy makers, and other professional groups at the national, state, and local levels.

The formal principles that elucidate the proper conduct of a professional school psychologist are known as *ethics*. In 1974, NASP adopted its first code of ethics, the *Principles for Professional Ethics (Principles)*, and revisions were made in 1984, 1992, 1997, and 2000. The purpose of the *Principles* is to protect the public and those who receive school psychological services by sensitizing

school psychologists to the ethical aspects of their work, educating them about appropriate conduct, helping them monitor their own behavior, and providing standards to be used in the resolution of complaints of unethical conduct.<sup>1</sup> NASP members and school psychologists who are certified by the National School Psychologist Certification System are bound to abide by NASP's code of ethics.<sup>2</sup>

The NASP *Principles for Professional Ethics* were developed to address the unique circumstances associated with providing school psychological services. The duty to educate children and the legal authority to do so rests with state governments. When school psychologists employed by a school board make decisions in their official roles, such acts are seen as actions by state government. As state actors, school-based practitioners have special obligations to all students. They must know and respect the rights of students under the U.S. Constitution and federal and state statutory law. They must balance the authority of parents to make decisions about their children with the needs and rights of those children, and the purposes and authority of schools. Furthermore, as school employees, school psychologists have a legal as well as an ethical obligation to take steps to protect all students from reasonably foreseeable risk of harm. Finally, school-based practitioners work in a context that emphasizes multidisciplinary problem solving and intervention.<sup>3</sup> For these reasons, psychologists employed by the schools may have less control over aspects of service delivery than practitioners in private practice. However, within this framework, it is expected that school psychologists will make careful, reasoned, and principled ethical choices<sup>4</sup> based on knowledge of this code, recognizing that responsibility for ethical conduct rests with the individual practitioner.

School psychologists are committed to the application of their professional expertise for the purpose of promoting improvement in the quality of life for students, families, and school communities. This objective is pursued in ways that protect the dignity and rights of those involved. School psychologists consider the interests and rights of children and youth to be their highest priority in decision making, and act as advocates for all students. These assumptions necessitate that school psychologists "speak up" for the needs and rights of students even when it may be difficult to do so.

The *Principles for Professional Ethics*, like all codes of ethics, provide only limited guidance in making ethical choices. Individual judgment is necessary to apply the code to situations that arise in professional practice. Ethical dilemmas may be created by situations involving

competing ethical principles, conflicts between ethics and law, the conflicting interests of multiple parties, the dual roles of employee and pupil advocate, or because it is difficult to decide how statements in the ethics code apply to a particular situation.<sup>5</sup> Such situations are often complicated and may require a nuanced application of these *Principles* to effect a resolution that results in the greatest benefit for the student and concerned others. When difficult situations arise, school psychologists are advised to use a systematic problem-solving process to identify the best course of action. This process should include identifying the ethical issues involved, consulting these *Principles*, consulting colleagues with greater expertise, evaluating the rights and welfare of all affected parties, considering alternative solutions and their consequences, and accepting responsibility for the decisions made.<sup>6,7</sup>

The NASP *Principles for Professional Ethics* may require a more stringent standard of conduct than law, and in those situations in which both apply, school psychologists are expected to adhere to the *Principles*. When conflicts between ethics and law occur, school psychologists are expected to take steps to resolve conflicts by problem solving with others and through positive, respected, and legal channels. If not able to resolve the conflict in this manner, they may abide by the law, as long as the resulting actions do not violate basic human rights.<sup>8</sup>

In addition to providing services to public and private schools, school psychologists may be employed in a variety of other settings, including juvenile justice institutions, colleges and universities, mental health clinics, hospitals, and private practice. The principles in this code should be considered by school psychologists in their ethical decision making regardless of employment setting. However, this revision of the code, like its precursors, focuses on the special challenges associated with providing school psychological services in schools and to students. School psychologists who provide services directly to children, parents, and other clients as private practitioners, and those who work in health and mental health settings, are encouraged to be knowledgeable of federal and state law regulating mental health providers, and to consult the American Psychological Association's (2002) *Ethical Principles of Psychologists and Code of Conduct* for guidance on issues not directly addressed in this code.

Four broad ethical themes<sup>9</sup> provide the organizational framework for the 2010 *Principles for Professional Ethics*. The four broad ethical themes subsume 17 ethical principles. Each principle is then further articulated by

multiple specific standards of conduct. The broad themes, corollary principles, and ethical standards are to be considered in decision making. NASP will seek to enforce the 17 ethical principles and corollary standards that appear in the *Principles for Professional Ethics* with its members and school psychologists who hold the Nationally Certified School Psychologist (NCSP) credential in accordance with NASP's *Ethical and Professional Practices Committee Procedures* (2008). Regardless of role, clientele, or setting, school psychologists should reflect on the theme and intent of each ethical principle and standard to determine its application to his or her individual situation.

The decisions made by school psychologists affect the welfare of children and families and can enhance their schools and communities. For this reason, school psychologists are encouraged to strive for excellence rather than simply meeting the minimum obligations outlined in the *NASP Principles for Professional Ethics*,<sup>10</sup> and to engage in the lifelong learning that is necessary to achieve and maintain expertise in applied professional ethics.

## DEFINITION OF TERMS AS USED IN THE PRINCIPLES FOR PROFESSIONAL ETHICS

*Client:* The *client* is the person or persons with whom the school psychologist establishes a professional relationship for the purpose of providing school psychological services. A school psychologist–client professional relationship is established by an informed agreement with client(s) about the school psychologist's ethical and other duties to each party.<sup>11</sup> While not clients per se, classrooms, schools, and school systems also may be recipients of school psychological services and often are parties with an interest in the actions of school psychologists.

*Child:* A *child*, as defined in law, generally refers to a minor, a person younger than the age of majority. Although this term may be regarded as demeaning when applied to teenagers, it is used in this document when necessary to denote minor status. The term *student* is used when a less precise term is adequate.

*Informed Consent:* *Informed consent* means that the person giving consent has the legal authority to make a consent decision, a clear understanding of what it is he or she is consenting to, and that his or her consent is freely given and may be withdrawn without prejudice.<sup>12</sup>

*Assent:* The term *assent* refers to a minor's affirmative agreement to participate in psychological services or research.

*Parent:* The term *parent* may be defined in law or district policy, and can include the birth or adoptive parent, an individual acting in the place of a natural or adoptive parent (a grandparent or other relative, stepparent, or domestic partner), and/or an individual who is legally responsible for the child's welfare.

*Advocacy:* School psychologists have a special obligation to speak up for the rights and welfare of students and families, and to provide a voice to clients who cannot or do not wish to speak for themselves. *Advocacy* also occurs when school psychologists use their expertise in psychology and education to promote changes in schools, systems, and laws that will benefit schoolchildren, other students, and families.<sup>13</sup> Nothing in this code of ethics, however, should be construed as requiring school psychologists to engage in insubordination (willful disregard of an employer's lawful instructions) or to file a complaint about school district practices with a federal or state regulatory agency as part of their advocacy efforts.

*School-Based Versus Private Practice:* *School-based practice* refers to the provision of school psychological services under the authority of a state, regional, or local educational agency. School-based practice occurs if the school psychologist is an employee of the schools or contracted by the schools on a per case or consultative basis. *Private practice* occurs when a school psychologist enters into an agreement with a client(s) rather than an educational agency to provide school psychological services and the school psychologist's fee for services is the responsibility of the client or his or her representative.

## I. RESPECTING THE DIGNITY AND RIGHTS OF ALL PERSONS

**School psychologists engage only in professional practices that maintain the dignity of all with whom they work. In their words and actions, school psychologists demonstrate respect for the autonomy of persons and their right to self-determination, respect for privacy, and a commitment to just and fair treatment of all persons.**

### Principle I.1. Autonomy and Self-Determination (Consent and Assent)

**School psychologists respect the right of persons to participate in decisions affecting their own welfare.**

**Standard I.1.1**

School psychologists encourage and promote parental participation in school decisions affecting their children (see Standard II.3.10). However, where school psychologists are members of the school's educational support staff, not all of their services require informed parent consent. It is ethically permissible to provide school-based consultation services regarding a child or adolescent to a student assistance team or teacher without informed parent consent as long as the resulting interventions are under the authority of the teacher and within the scope of typical classroom interventions.<sup>14</sup> Parent consent is not ethically required for a school-based school psychologist to review a student's educational records, conduct classroom observations, assist in within-classroom interventions and progress monitoring, or to participate in educational screenings conducted as part of a regular program of instruction. Parent consent is required if the consultation about a particular child or adolescent is likely to be extensive and ongoing and/or if school actions may result in a significant intrusion on student or family privacy beyond what might be expected in the course of ordinary school activities.<sup>15</sup> Parents must be notified prior to the administration of school- or classroom-wide screenings for mental health problems and given the opportunity to remove their child or adolescent from participation in such screenings.

**Standard I.1.2**

Except for urgent situations or self-referrals by a minor student, school psychologists seek parent consent (or the consent of an adult student) prior to establishing a school psychologist–client relationship for the purpose of psychological diagnosis, assessment of eligibility for special education or disability accommodations, or to provide ongoing individual or group counseling or other nonclassroom therapeutic intervention.\*

- It is ethically permissible to provide psychological assistance without parent notice or consent in emergency situations or if there is reason to believe a student may pose a danger to others; is at risk for self-harm; or is in danger of injury, exploitation, or maltreatment.
- When a student who is a minor self-refers for assistance, it is ethically permissible to provide

psychological assistance without parent notice or consent for one or several meetings to establish the nature and degree of the need for services and assure the child is safe and not in danger. It is ethically permissible to provide services to mature minors without parent consent where allowed by state law and school district policy. However, if the student is *not* old enough to receive school psychological assistance independent of parent consent, the school psychologist obtains parent consent to provide continuing assistance to the student beyond the preliminary meetings or refers the student to alternative sources of assistance that do not require parent notice or consent.

**Standard I.1.3**

School psychologists ensure that an individual providing consent for school psychological services is fully informed about the nature and scope of services offered, assessment/intervention goals and procedures, any foreseeable risks, the cost of services to the parent or student (if any), and the benefits that reasonably can be expected. The explanation includes discussion of the limits of confidentiality, who will receive information about assessment or intervention outcomes, and the possible consequences of the assessment/intervention services being offered. Available alternative services are identified, if appropriate. This explanation takes into account language and cultural differences, cognitive capabilities, developmental level, age, and other relevant factors so that it may be understood by the individual providing consent. School psychologists appropriately document written or oral consent. Any service provision by interns, practicum students, or other trainees is explained and agreed to in advance, and the identity and responsibilities of the supervising school psychologist are explained prior to the provision of services.<sup>16</sup>

**Standard I.1.4**

School psychologists encourage a minor student's voluntary participation in decision making about school psychological services as much as feasible. Ordinarily, school psychologists seek the student's assent to services; however, it is ethically permissible to bypass student assent to services if the service is considered to be of direct benefit to the student and/or is required by law.<sup>17</sup>

\* It is recommended that school district parent handbooks and websites advise parents that a minor student may be seen by school health or mental health professionals (e.g., school nurse, counselor, social worker, school psychologist) without parent notice or consent to ensure that the student is safe or is not a danger to others. Parents should also be advised that district school psychologists routinely assist teachers in planning classroom instruction and monitoring its effectiveness and do not need to notify parents of, or seek consent for, such involvement in student support.

- If a student’s assent for services is not solicited, school psychologists nevertheless honor the student’s right to be informed about the services provided.
- When a student is given a choice regarding whether to accept or refuse services, the school psychologist ensures the student understands what is being offered, honors the student’s stated choice, and guards against overwhelming the student with choices he or she does not wish or is not able to make.<sup>18</sup>

**Standard 1.1.5**

School psychologists respect the wishes of parents who object to school psychological services and attempt to guide parents to alternative resources.

**Principle I.2. Privacy and Confidentiality**

**School psychologists respect the right of persons to choose for themselves whether to disclose their private thoughts, feelings, beliefs, and behaviors.**

**Standard 1.2.1**

School psychologists respect the right of persons to self-determine whether to disclose private information.

**Standard 1.2.2**

School psychologists minimize intrusions on privacy. They do not seek or store private information about clients that is not needed in the provision of services. School psychologists recognize that client–school psychologist communications are privileged in most jurisdictions and do not disclose information that would put the student or family at legal, social, or other risk if shared with third parties, except as permitted by the mental health provider–client privilege laws in their state.<sup>19</sup>

**Standard 1.2.3**

School psychologists inform students and other clients of the boundaries of confidentiality at the outset of establishing a professional relationship. They seek a shared understanding with clients regarding the types of information that will and will not be shared with third parties. However, if a child or adolescent is in immediate need of assistance, it is permissible to delay the discussion of confidentiality until the immediate crisis is resolved. School psychologists recognize that it may be necessary to discuss confidentiality at multiple points in a professional relationship to ensure client understanding and agreement regarding how sensitive disclosures will be handled.

**Standard 1.2.4**

School psychologists respect the confidentiality of information obtained during their professional work. Information is not revealed to third parties without the agreement of a minor child’s parent or legal guardian (or an adult student), except in those situations in which failure to release information would result in danger to the student or others, or where otherwise required by law. Whenever feasible, student assent is obtained prior to disclosure of his or her confidences to third parties, including disclosures to the student’s parents.

**Standard 1.2.5**

School psychologists discuss and/or release confidential information only for professional purposes and only with persons who have a legitimate need to know. They do so within the strict boundaries of relevant privacy statutes.

**Standard 1.2.6**

School psychologists respect the right of privacy of students, parents, and colleagues with regard to sexual orientation, gender identity, or transgender status. They do not share information about the sexual orientation, gender identity, or transgender status of a student (including minors), parent, or school employee with anyone without that individual’s permission.<sup>20</sup>

**Standard 1.2.7**

School psychologists respect the right of privacy of students, their parents and other family members, and colleagues with regard to sensitive health information (e.g., presence of a communicable disease). They do not share sensitive health information about a student, parent, or school employee with others without that individual’s permission (or the permission of a parent or guardian in the case of a minor). School psychologists consult their state laws and department of public health for guidance if they believe a client poses a health risk to others.<sup>21</sup>

**Principle I.3. Fairness and Justice**

**In their words and actions, school psychologists promote fairness and justice. They use their expertise to cultivate school climates that are safe and welcoming to all persons regardless of actual or perceived characteristics, including race, ethnicity, color, religion, ancestry, national origin, immigration status, socioeconomic status, primary language, gender, sexual orientation, gender identity, gender expression,**

**disability, or any other distinguishing characteristics.**

***Standard I.3.1***

School psychologists do not engage in or condone actions or policies that discriminate against persons, including students and their families, other recipients of service, supervisees, and colleagues based on actual or perceived characteristics including race; ethnicity; color; religion; ancestry; national origin; immigration status; socioeconomic status; primary language; gender; sexual orientation, gender identity, or gender expression; mental, physical, or sensory disability; or any other distinguishing characteristics.

***Standard I.3.2***

School psychologists pursue awareness and knowledge of how diversity factors may influence child development, behavior, and school learning. In conducting psychological, educational, or behavioral evaluations or in providing interventions, therapy, counseling, or consultation services, the school psychologist takes into account individual characteristics as enumerated in Standard I.3.1 so as to provide effective services.<sup>22</sup>

***Standard I.3.3***

School psychologists work to correct school practices that are unjustly discriminatory or that deny students, parents, or others their legal rights. They take steps to foster a school climate that is safe, accepting, and respectful of all persons.

***Standard I.3.4***

School psychologists strive to ensure that all children have equal opportunity to participate in and benefit from school programs and that all students and families have access to and can benefit from school psychological services.<sup>23</sup>

## **II. PROFESSIONAL COMPETENCE AND RESPONSIBILITY**

**Beneficence, or responsible caring, means that the school psychologist acts to benefit others. To do this, school psychologists must practice within the boundaries of their competence, use scientific knowledge from psychology and education to help clients and others make informed choices, and accept responsibility for their work.**<sup>24</sup>

### **Principle II.1. Competence**

**To benefit clients, school psychologists engage only in practices for which they are qualified and competent.**

***Standard II.1.1***

School psychologists recognize the strengths and limitations of their training and experience, engaging only in practices for which they are qualified. They enlist the assistance of other specialists in supervisory, consultative, or referral roles as appropriate in providing effective services.

***Standard II.1.2***

Practitioners are obligated to pursue knowledge and understanding of the diverse cultural, linguistic, and experiential backgrounds of students, families, and other clients. When knowledge and understanding of diversity characteristics are essential to ensure competent assessment, intervention, or consultation, school psychologists have or obtain the training or supervision necessary to provide effective services, or they make appropriate referrals.

***Standard II.1.3***

School psychologists refrain from any activity in which their personal problems may interfere with professional effectiveness. They seek assistance when personal problems threaten to compromise their professional effectiveness (also see III.4.2).

***Standard II.1.4***

School psychologists engage in continuing professional development. They remain current regarding developments in research, training, and professional practices that benefit children, families, and schools. They also understand that professional skill development beyond that of the novice practitioner requires well-planned continuing professional development and professional supervision.

### **Principle II.2. Accepting Responsibility for Actions**

**School psychologists accept responsibility for their professional work, monitor the effectiveness of their services, and work to correct ineffective recommendations.**

**Standard II.2.1**

School psychologists review all of their written documents for accuracy, signing them only when correct. They may add an addendum, dated and signed, to a previously submitted report if information is found to be inaccurate or incomplete.

**Standard II.2.2**

School psychologists actively monitor the impact of their recommendations and intervention plans. They revise a recommendation, or modify or terminate an intervention plan, when data indicate the desired outcomes are not being attained. School psychologists seek the assistance of others in supervisory, consultative, or referral roles when progress monitoring indicates that their recommendations and interventions are not effective in assisting a client.

**Standard II.2.3**

School psychologists accept responsibility for the appropriateness of their professional practices, decisions, and recommendations. They correct misunderstandings resulting from their recommendations, advice, or information and take affirmative steps to offset any harmful consequences of ineffective or inappropriate recommendations.

**Standard II.2.4**

When supervising graduate students' field experiences or internships, school psychologists are responsible for the work of their supervisees.

**Principle II.3. Responsible Assessment and Intervention Practices**

**School psychologists maintain the highest standard for responsible professional practices in educational and psychological assessment and direct and indirect interventions.**

**Standard II.3.1**

Prior to the consideration of a disability label or category, the effects of current behavior management and/or instructional practices on the student's school performance are considered.

**Standard II.3.2**

School psychologists use assessment techniques and practices that the profession considers to be responsible, research-based practice.

- School psychologists select assessment instruments and strategies that are reliable and valid for the child and the purpose of the assessment. When using standardized measures, school psychologists adhere to the procedures for administration of the instrument that are provided by the author or publisher or the instrument. If modifications are made in the administration procedures for standardized tests or other instruments, such modifications are identified and discussed in the interpretation of the results.
- If using norm-referenced measures, school psychologists choose instruments with up-to-date normative data.
- When using computer-administered assessments, computer-assisted scoring, and/or interpretation programs, school psychologists choose programs that meet professional standards for accuracy and validity. School psychologists use professional judgment in evaluating the accuracy of computer-assisted assessment findings for the examinee.

**Standard II.3.3**

A psychological or psychoeducational assessment is based on a variety of different types of information from different sources.

**Standard II.3.4**

Consistent with education law and sound professional practice, children with suspected disabilities are assessed in all areas related to the suspected disability

**Standard II.3.5**

School psychologists conduct valid and fair assessments. They actively pursue knowledge of the student's disabilities and developmental, cultural, linguistic, and experiential background and then select, administer, and interpret assessment instruments and procedures in light of those characteristics (see Standard I.3.1. and I.3.2).

**Standard II.3.6**

When interpreters are used to facilitate the provision of assessment and intervention services, school psychologists take steps to ensure that the interpreters are appropriately trained and are acceptable to clients.<sup>25</sup>

**Standard II.3.7**

It is permissible for school psychologists to make recommendations based solely on a review of existing records. However, they should utilize a representative

sample of records and explain the basis for, and the limitations of, their recommendations.<sup>26</sup>

### **Standard II.3.8**

School psychologists adequately interpret findings and present results in clear, understandable terms so that the recipient can make informed choices.

### **Standard II.3.9**

School psychologists use intervention, counseling and therapy procedures, consultation techniques, and other direct and indirect service methods that the profession considers to be responsible, research-based practice:

- School psychologists use a problem-solving process to develop interventions appropriate to the presenting problems and that are consistent with data collected.
- Preference is given to interventions described in the peer-reviewed professional research literature and found to be efficacious.

### **Standard II.3.10**

School psychologists encourage and promote parental participation in designing interventions for their children. When appropriate, this includes linking interventions between the school and the home, tailoring parental involvement to the skills of the family, and helping parents gain the skills needed to help their children.

- School psychologists discuss with parents the recommendations and plans for assisting their children. This discussion takes into account the ethnic/cultural values of the family and includes alternatives that may be available. Subsequent recommendations for program changes or additional services are discussed with parents, including any alternatives that may be available.
- Parents are informed of sources of support available at school and in the community.

### **Standard II.3.11**

School psychologists discuss with students the recommendations and plans for assisting them. To the maximum extent appropriate, students are invited to participate in selecting and planning interventions.<sup>27</sup>

## **Principle II.4 Responsible School-Based Record Keeping**

**School psychologists safeguard the privacy of school psychological records and ensure parent access to the records of their own children.**

### **Standard II.4.1**

School psychologists discuss with parents and adult students their rights regarding creation, modification, storage, and disposal of psychological and educational records that result from the provision of services. Parents and adult students are notified of the electronic storage and transmission of personally identifiable school psychological records and the associated risks to privacy.<sup>28</sup>

### **Standard II.4.2**

School psychologists maintain school-based psychological and educational records with sufficient detail to be useful in decision making by another professional and with sufficient detail to withstand scrutiny if challenged in a due process or other legal procedure.<sup>29</sup>

### **Standard II.4.3**

School psychologists include only documented and relevant information from reliable sources in school psychological records.

### **Standard II.4.4**

School psychologists ensure that parents have appropriate access to the psychological and educational records of their child.

- Parents have a right to access any and all information that is used to make educational decisions about their child.
- School psychologists respect the right of parents to inspect, but not necessarily to copy, their child's answers to school psychological test questions, even if those answers are recorded on a test protocol (also see II.5.1).<sup>30</sup>

### **Standard II.4.5**

School psychologists take steps to ensure that information in school psychological records is not released to persons or agencies outside of the school without the consent of the parent except as required and permitted by law.

### **Standard II.4.6**

To the extent that school psychological records are under their control, school psychologists ensure that only those school personnel who have a legitimate educational interest in a student are given access to the student's school psychological records without prior parent permission or the permission of an adult student.

### **Standard II.4.7**

To the extent that school psychological records are under their control, school psychologists protect elec-

tronic files from unauthorized release or modification (e.g., by using passwords and encryption), and they take reasonable steps to ensure that school psychological records are not lost due to equipment failure.

#### **Standard II.4.8**

It is ethically permissible for school psychologists to keep private notes to use as a memory aid that are not made accessible to others. However, as noted in Standard II.4.4, any and all information that is used to make educational decisions about a student must be accessible to parents and adult students.

#### **Standard II.4.9**

School psychologists, in collaboration with administrators and other school staff, work to establish district policies regarding the storage and disposal of school psychological records that are consistent with law and sound professional practice. They advocate for school district policies and practices that:

- safeguard the security of school psychological records while facilitating appropriate parent access to those records
- identify time lines for the periodic review and disposal of outdated school psychological records that are consistent with law and sound professional practice
- seek parent or other appropriate permission prior to the destruction of obsolete school psychological records of current students
- ensure that obsolete school psychology records are destroyed in a way that the information cannot be recovered

### **Principle II.5 Responsible Use of Materials**

**School psychologists respect the intellectual property rights of those who produce tests, intervention materials, scholarly works, and other materials.**

#### **Standard II.5.1**

School psychologists maintain test security, preventing the release of underlying principles and specific content that would undermine or invalidate the use of the instrument. Unless otherwise required by law or district policy, school psychologists provide parents with the opportunity to inspect and review their child's test answers rather than providing them with copies of their child's test protocols. However, on parent request, it is permissible to provide copies of a child's test protocols to a professional who is qualified to interpret them.

#### **Standard II.5.2**

School psychologists do not promote or condone the use of restricted psychological and educational tests or other assessment tools or procedures by individuals who are not qualified to use them.

#### **Standard II.5.3**

School psychologists recognize the effort and expense involved in the development and publication of psychological and educational tests, intervention materials, and scholarly works. They respect the intellectual property rights and copyright interests of the producers of such materials, whether the materials are published in print or digital formats. They do not duplicate copyright-protected test manuals, testing materials, or unused test protocols without the permission of the producer. However, school psychologists understand that, at times, parents' rights to examine their child's test answers may supersede the interests of test publishers.<sup>31,32</sup>

## **III. HONESTY AND INTEGRITY IN PROFESSIONAL RELATIONSHIPS**

**To foster and maintain trust, school psychologists must be faithful to the truth and adhere to their professional promises. They are forthright about their qualifications, competencies, and roles; work in full cooperation with other professional disciplines to meet the needs of students and families; and avoid multiple relationships that diminish their professional effectiveness.**

### **Principle III.1. Accurate Presentation of Professional Qualifications**

**School psychologists accurately identify their professional qualifications to others.**

#### **Standard III.1.1**

Competency levels, education, training, experience, and certification and licensing credentials are accurately represented to clients, recipients of services, and others. School psychologists correct any misperceptions of their qualifications. School psychologists do not represent themselves as specialists in a particular domain without verifiable training and supervised experience in the specialty.

#### **Standard III.1.2**

School psychologists do not use affiliations with persons, associations, or institutions to imply a level of profes-

sional competence that exceeds that which has actually been achieved.

### **Principle III.2. Forthright Explanation of Professional Services, Roles, and Priorities**

**School psychologists are candid about the nature and scope of their services.**

#### **Standard III.2.1**

School psychologists explain their professional competencies, roles, assignments, and working relationships to recipients of services and others in their work setting in a forthright and understandable manner. School psychologists explain all professional services to clients in a clear, understandable manner (see I.1.2).

#### **Standard III.2.2**

School psychologists make reasonable efforts to become integral members of the client service systems to which they are assigned. They establish clear roles for themselves within those systems while respecting the various roles of colleagues in other professions.

#### **Standard III.2.3**

The school psychologist's commitment to protecting the rights and welfare of children is communicated to the school administration, staff, and others as the highest priority in determining services.

#### **Standard III.2.4**

School psychologists who provide services to several different groups (e.g., families, teachers, classrooms) may encounter situations in which loyalties are conflicted. As much as possible, school psychologists make known their priorities and commitments in advance to all parties to prevent misunderstandings.

#### **Standard III.2.5**

School psychologists ensure that announcements and advertisements of the availability of their publications, products, and services for sale are factual and professional. They do not misrepresent their degree of responsibility for the development and distribution of publications, products, and services.

### **Principle III.3. Respecting Other Professionals**

**To best meet the needs of children, school psychologists cooperate with other profes-**

**sionals in relationships based on mutual respect.**

#### **Standard III.3.1**

To meet the needs of children and other clients most effectively, school psychologists cooperate with other psychologists and professionals from other disciplines in relationships based on mutual respect. They encourage and support the use of all resources to serve the interests of students. If a child or other client is receiving similar services from another professional, school psychologists promote coordination of services.

#### **Standard III.3.2**

If a child or other client is referred to another professional for services, school psychologists ensure that all relevant and appropriate individuals, including the client, are notified of the change and reasons for the change. When referring clients to other professionals, school psychologists provide clients with lists of suitable practitioners from whom the client may seek services.

#### **Standard III.3.3**

Except when supervising graduate students, school psychologists do not alter reports completed by another professional without his or her permission to do so.

### **Principle III.4. Multiple Relationships and Conflicts of Interest**

**School psychologists avoid multiple relationships and conflicts of interest that diminish their professional effectiveness.**

#### **Standard III.4.1**

The *Principles for Professional Ethics* provide standards for professional conduct. School psychologists, in their private lives, are free to pursue their personal interests, except to the degree that those interests compromise professional effectiveness.

#### **Standard III.4.2**

School psychologists refrain from any activity in which conflicts of interest or multiple relationships with a client or a client's family may interfere with professional effectiveness. School psychologists attempt to resolve such situations in a manner that provides greatest benefit to the client. School psychologists whose personal or religious beliefs or commitments may influence the nature of their professional services or their willingness to provide certain services inform

clients and responsible parties of this fact. When personal beliefs, conflicts of interests, or multiple relationships threaten to diminish professional effectiveness or would be viewed by the public as inappropriate, school psychologists ask their supervisor for reassignment of responsibilities, or they direct the client to alternative services.<sup>33</sup>

**Standard III.4.3**

School psychologists do not exploit clients, supervisees, or graduate students through professional relationships or condone these actions by their colleagues. They do not participate in or condone sexual harassment of children, parents, other clients, colleagues, employees, trainees, supervisees, or research participants. School psychologists do not engage in sexual relationships with individuals over whom they have evaluation authority, including college students in their classes or program, or any other trainees, or supervisees. School psychologists do not engage in sexual relationships with their current or former pupil-clients; the parents, siblings, or other close family members of current pupil-clients; or current consultees.

**Standard III.4.4**

School psychologists are cautious about business and other relationships with clients that could interfere with professional judgment and effectiveness or potentially result in exploitation of a client.

**Standard III.4.5**

NASP requires that any action taken by its officers, members of the Executive Council or Delegate Assembly, or other committee members be free from the appearance of impropriety and free from any conflict of interest. NASP leaders recuse themselves from decisions regarding proposed NASP initiatives if they may gain an economic benefit from the proposed venture.

**Standard III.4.6**

A school psychologist's financial interests in a product (e.g., tests, computer software, professional materials) or service can influence his or her objectivity or the perception of his or her objectivity regarding that product or service. For this reason, school psychologists are obligated to disclose any significant financial interest in the products or services they discuss in their presentations or writings if that interest is not obvious in the authorship/ownership citations provided.

**Standard III.4.7**

School psychologists neither give nor receive any remuneration for referring children and other clients for professional services.

**Standard III.4.8**

School psychologists do not accept any remuneration in exchange for data from their client database without the permission of their employer and a determination of whether the data release ethically requires informed client consent.

**Standard III.4.9**

School psychologists who provide school-based services and also engage in the provision of private practice services (dual setting practitioners) recognize the potential for conflicts of interests between their two roles and take steps to avoid such conflicts. Dual setting practitioners:

- are obligated to inform parents or other potential clients of any psychological and educational services available at no cost from the schools prior to offering such services for remuneration
- may not offer or provide private practice services to a student of a school or special school program where the practitioner is currently assigned
- may not offer or provide private practice services to the parents or family members of a student eligible to attend a school or special school program where the practitioner is currently assigned
- may not offer or provide an independent evaluation as defined in special education law for a student who attends a local or cooperative school district where the practitioner is employed
- do not use tests, materials, equipment, facilities, secretarial assistance, or other services belonging to the public sector employer unless approved in advance by the employer
- conduct all private practice outside of the hours of contracted public employment
- hold appropriate credentials for practice in both the public and private sectors

**IV. RESPONSIBILITY TO SCHOOLS, FAMILIES, COMMUNITIES, THE PROFESSION, AND SOCIETY**

**School psychologists promote healthy school, family, and community environments. They assume a proactive role in identifying social injustices that affect children and schools and**

**strive to reform systems-level patterns of injustice. They maintain the public trust in school psychologists by respecting law and encouraging ethical conduct. School psychologists advance professional excellence by mentoring less experienced practitioners and contributing to the school psychology knowledge base.**

#### **Principle IV.1. Promoting Healthy School, Family, and Community Environments**

**School psychologists use their expertise in psychology and education to promote school, family, and community environments that are safe and healthy for children.**

##### **Standard IV.1.1**

To provide effective services and systems consultation, school psychologists are knowledgeable about the organization, philosophy, goals, objectives, culture, and methodologies of the settings in which they provide services. In addition, school psychologists develop partnerships and networks with community service providers and agencies to provide seamless services to children and families.

##### **Standard IV.1.2**

School psychologists use their professional expertise to promote changes in schools and community service systems that will benefit children and other clients. They advocate for school policies and practices that are in the best interests of children and that respect and protect the legal rights of students and parents.<sup>34</sup>

#### **Principle IV.2. Respect for Law and the Relationship of Law and Ethics**

**School psychologists are knowledgeable of and respect laws pertinent to the practice of school psychology. In choosing an appropriate course of action, they consider the relationship between law and the *Principles for Professional Ethics*.**

##### **Standard IV.2.1**

School psychologists recognize that an understanding of the goals, procedures, and legal requirements of their particular workplace is essential for effective functioning within that setting.

##### **Standard IV.2.2**

School psychologists respect the law and the civil and legal rights of students and other clients. The *Principles for Professional Ethics* may require a more stringent standard of conduct than law, and in those situations school psychologists are expected to adhere to the *Principles*.

##### **Standard IV.2.3**

When conflicts between ethics and law occur, school psychologists take steps to resolve the conflict through positive, respected, and legal channels. If not able to resolve the conflict in this manner, they may abide by the law, as long as the resulting actions do not violate basic human rights.<sup>35</sup>

##### **Standard IV.2.4**

School psychologists may act as individual citizens to bring about change in a lawful manner. They identify when they are speaking as private citizens rather than as employees. They also identify when they speak as individual professionals rather than as representatives of a professional association.

#### **Principle IV.3. Maintaining Public Trust by Self-Monitoring and Peer Monitoring**

**School psychologists accept responsibility to monitor their own conduct and the conduct of other school psychologists to ensure it conforms to ethical standards.**

##### **Standard IV.3.1**

School psychologists know the *Principles for Professional Ethics* and thoughtfully apply them to situations within their employment context. In difficult situations, school psychologists consult experienced school psychologists or state associations or NASP.

##### **Standard IV.3.2**

When a school psychologist suspects that another school psychologist or another professional has engaged in unethical practices, he or she attempts to resolve the suspected problem through a collegial problem-solving process, if feasible.

##### **Standard IV.3.3**

If a collegial problem-solving process is not possible or productive, school psychologists take further action appropriate to the situation, including discussing the situation with a supervisor in the employment setting, consulting state association ethics committees, and, if

necessary, filing a formal ethical violation complaint with state associations, state credentialing bodies, or the NASP Ethical and Professional Practices Committee in accordance with their procedures.

#### **Standard IV.3.4**

When school psychologists are concerned about unethical practices by professionals who are not NASP members or do not hold the NCSP, informal contact is made to discuss the concern if feasible. If the situation cannot be resolved in this manner, discussing the situation with the professional's supervisor should be considered. If necessary, an appropriate professional organization or state credentialing agency could be contacted to determine the procedures established by that professional association or agency for examining the practices in question.

#### **Principle IV.4. Contributing to the Profession by Mentoring, Teaching, and Supervision**

**As part of their obligation to students, schools, society, and their profession, school psychologists mentor less experienced practitioners and graduate students to assure high quality services, and they serve as role models for sound ethical and professional practices and decision making.**

#### **Standard IV.4.1**

School psychologists who serve as directors of graduate education programs provide current and prospective graduate students with accurate information regarding program accreditation, goals and objectives, graduate program policies and requirements, and likely outcomes and benefits.

#### **Standard IV.4.2**

School psychologists who supervise practicum students and interns are responsible for all professional practices of the supervisees. They ensure that practicum students and interns are adequately supervised as outlined in the *NASP Graduate Preparation Standards for School Psychologists*. Interns and graduate students are identified as such, and their work is cosigned by the supervising school psychologist.

#### **Standard IV.4.3**

School psychologists who employ, supervise, or train professionals provide appropriate working conditions,

fair and timely evaluation, constructive supervision, and continuing professional development opportunities.

#### **Standard IV.4.4**

School psychologists who are faculty members at universities or who supervise graduate education field experiences apply these ethical principles in all work with school psychology graduate students. In addition, they promote the ethical practice of graduate students by providing specific and comprehensive instruction, feedback, and mentoring.

#### **Principle IV.5. Contributing to the School Psychology Knowledge Base**

**To improve services to children, families, and schools, and to promote the welfare of children, school psychologists are encouraged to contribute to the school psychology knowledge base by participating in, assisting in, or conducting and disseminating research.**

#### **Standard IV.5.1**

When designing and conducting research in schools, school psychologists choose topics and employ research methodology, research participant selection procedures, data-gathering methods, and analysis and reporting techniques that are grounded in sound research practice. School psychologists identify their level of training and graduate degree to potential research participants.

#### **Standard IV.5.2**

School psychologists respect the rights, and protect the well-being, of research participants. School psychologists obtain appropriate review and approval of proposed research prior to beginning their data collection.

- Prior to initiating research, school psychologists and graduate students affiliated with a university, hospital, or other agency subject to the U.S. Department of Health and Human Services (DHHS) regulation of research first obtain approval for their research from their Institutional Review Board for Research Involving Human Subjects (IRB) as well as the school or other agency in which the research will be conducted. Research proposals that have not been subject to IRB approval should be reviewed by individuals knowledgeable about research methodology and ethics and approved by the school administration or other appropriate authority.

- In planning research, school psychologists are ethically obligated to consider carefully whether the informed consent of research participants is needed for their study, recognizing that research involving more than minimum risk requires informed consent, and that research with students involving activities that are not part of ordinary, typical schooling requires informed consent. Consent and assent protocols provide the information necessary for potential research participants to make an informed and voluntary choice about participation. School psychologists evaluate the potential risks (including risks of physical or psychological harm, intrusions on privacy, breach of confidentiality) and benefits of their research and only conduct studies in which the risks to participants are minimized and acceptable.

**Standard IV.5.3**

School psychologists who use their assessment, intervention, or consultation cases in lectures, presentations, or publications obtain written prior client consent or they remove and disguise identifying client information.

**Standard IV.5.4**

School psychologists do not publish or present fabricated or falsified data or results in their publications and presentations.

**Standard IV.5.5**

School psychologists make available their data or other information that provided the basis for findings and conclusions reported in publications and presentations, if such data are needed to address a legitimate concern or need and under the condition that the confidentiality and other rights of research participants are protected.

**Standard IV.5.6**

If errors are discovered after the publication or presentation of research or other information, school psychologists make efforts to correct errors by publishing errata, retractions, or corrections.

**Standard IV.5.7**

School psychologists only publish data or other information that make original contributions to the professional literature. They do not report the same study in a second publication without acknowledging previous publication of the same data. They do not duplicate significant portions of their own or others' previous publications without permission of copyright holders.

**Standard IV.5.8**

When publishing or presenting research or other work, school psychologists do not plagiarize the works or ideas of others. They appropriately cite and reference all sources, print or digital, and assign credit to those whose ideas are reflected. In inservice or conference presentations, school psychologists give credit to others whose ideas have been used or adapted.

**Standard IV.5.9**

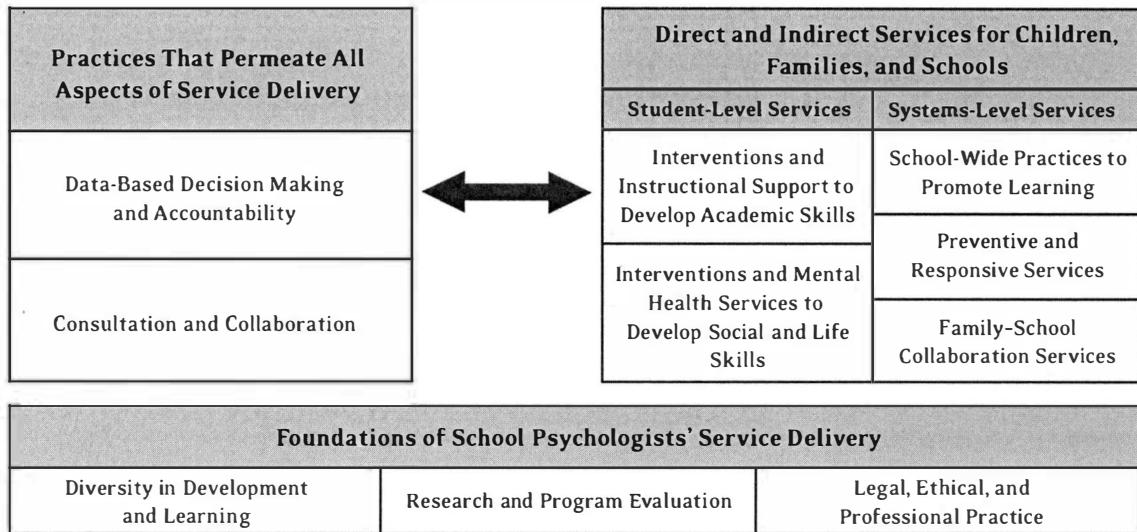
School psychologists accurately reflect the contributions of authors and other individuals who contributed to presentations and publications. Authorship credit is given only to individuals who have made a substantial professional contribution to the research, publication, or presentation. Authors discuss and resolve issues related to publication credit as early as feasible in the research and publication process.

**Standard IV.5.10**

School psychologists who participate in reviews of manuscripts, proposals, and other materials respect the confidentiality and proprietary rights of the authors. They limit their use of the materials to the activities relevant to the purposes of the professional review. School psychologists who review professional materials do not communicate the identity of the author, quote from the materials, or duplicate or circulate copies of the materials without the author's permission.

## APPENDIX A.

## Professional Services by School Psychologists



<sup>1</sup> Jacob, S., Decker, D. M., & Hartshorne, T. S. (in press). *Ethics and law for school psychologists* (6th ed.). Hoboken, NJ: John Wiley & Sons.

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<sup>17</sup> Weithorn, L. A. (1983). Involving children in decisions affecting their own welfare: Guidelines for professionals. In G. B. Melton, G. P. Koocher, & M. J. Saks (Eds.), *Children's competence to consent* (pp. 235-260). New York: Plenum Press.

<sup>18</sup> Weithorn, L. A. (1983). Involving children in decisions affecting their own welfare: Guidelines for professionals. In G. B. Melton, G. P. Koocher, & M. J. Saks (Eds.), *Children's competence to consent* (pp. 235-260). New York: Plenum Press.

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<sup>32</sup> Newport-Mesa Unified School District v. State of California Department of Education, 371 F. Supp. 2d 1170; 2005 U.S. Dist. LEXIS 10290 (C.D. Cal. 2005).

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12.19

# NASP Professional Standards & Training

Helping Children Thrive • In School • At Home • In Life

## NASP Professional Standards

(Adopted in 2010)

At the NASP 2010 Delegate Assembly in Chicago, NASP leaders unanimously approved the 2010 Revision of the NASP Standards. The *NASP 2010 Standards* consists of four separate documents: (a) *Standards for Graduate Preparation of School Psychologists* (formerly *Training and Field Placement Programs in School Psychology*), (b) *Standards for the Credentialing of School Psychologists*, (c) *Principles for Professional Ethics*, and the (d) *Model for Comprehensive and Integrated School Psychological Services* (formerly *Guidelines for the Provision of School Psychological Services*).

The 2010 Standards were developed within the context of current issues relevant to education and psychology, with a visionary look ahead to anticipated future developments and issues in our field.

Over an almost three-year period, the Standards Revision Task Force members and other NASP leaders worked to assure the process of revising the NASP Standards was completed with integrity and with input from our NASP membership, elected and appointed NASP leaders, and other leaders in the field of school psychology. The adoption of the NASP 2010 Standards was accomplished as a result of the commitment of NASP leaders and members, and in consultation with other school psychology organizations.

The process to revise the four NASP standards (Training, Credentialing, Ethics, and Practice Guidelines) formally began in September 2007. The comprehensive revision process integrated an analysis of key issues for school psychology and needs of school psychologists with a multistage development and review of draft documents by numerous individuals, including NASP leaders, NASP members, and representatives of other school psychology and related organizations. Web-based surveys, focus groups held at NASP conventions, and other communications were used throughout the revision process to solicit input about needed revisions for the standards and to obtain feedback about drafts of the standards from NASP leaders, members, and other organizations. From an organizational perspective, the revision process was spearheaded by *Writing Teams* for each document, which developed drafts of the standards and reviewed all comments and suggestions resulting from multiple surveys and focus groups. Next, *Development Groups* (representatives from NASP and other school psychology organization) provided review and feedback in fall 2008, and then *Reaction Groups* (NASP leadership and membership and related organizations and stakeholders) provided further review and feedback in winter 2009. As a result of this process, many revisions were made. The final versions adopted by the Delegate Assembly in March 2010 represent an integration of the expertise and experience of numerous school psychologists.

These efforts produced strong policy documents for NASP and all school psychologists and will strengthen NASP's many efforts to support school psychologists and promote comprehensive school psychological services. The NASP 2010 standards are a unified set of national principles that guide graduate education, credentialing, professional practices, and ethical behavior of effective school psychologists. These major NASP policy documents are intended to define contemporary school psychology; promote comprehensive and integrated services for children, families and schools; and provide a foundation for the future of school psychology. These policy documents will be used to communicate NASP's positions and advocate for qualifications and practices of school psychologists with stakeholders, policy makers and other professional groups at the national, state and local levels.

### **Acknowledgement of NASP Standard Revision Task Force Members**

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12.20

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12.21

SB2047 01/26/15  
J# 22536 Attach#1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2047

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to amend and reenact sections 25-03.2-01, 25-03.2-03, 25-03.2-07, and 25-03.2-10 of the North Dakota Century Code, relating to psychiatric residential treatment facilities for children and rulemaking authority of the department of human services.

**BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

**SECTION 1. AMENDMENT.** Section 25-03.2-01 of the North Dakota Century Code is amended and reenacted as follows:

**25-03.2-01. Definitions.**

In this chapter, unless the context otherwise requires:

1. "Child" or "children" means a person or persons under the age of twenty-one.
2. "Clinical supervision" means the oversight responsibility for individual treatment plans and individual service delivery, ~~provided by qualified mental health professionals.~~
3. "Department" means the department of human services.
4. "Diagnostic assessment" means a written summary of the history, diagnosis, and individual treatment needs of a mentally ill person using diagnostic, interview, and other relevant assessment techniques ~~provided by a mental health professional.~~
5. "Individual treatment plan" means a written plan of intervention, treatment, and services for a mentally ill person that is developed under the clinical supervision of a mental health professional on the basis of a diagnostic assessment.
6. "Mentally ill person" has the same meaning provided for in section 25-03.1-02.
7. "Psychiatric residential treatment facility for children" means a facility or a distinct part of a facility that provides to children a total, twenty-four hour, therapeutic environment integrating group living, educational services, and a clinical program based upon a comprehensive, interdisciplinary clinical assessment, and an individualized treatment plan that meets the needs of the child and family. The services are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home, or in a less restrictive setting. The facility must meet the requirements of a psychiatric residential treatment facility as set out in title 42, Code of Federal Regulations, part 483.352.
8. ~~"Qualified mental health professional" means a licensed physician who is a psychiatrist, a licensed clinical psychologist who is qualified for listing on the national register of health service providers in psychology, a licensed certified social worker who is a~~

#1.2

~~board-certified diplomate in clinical social work, or a nurse who holds advanced licensure in psychiatric nursing.~~

9. — "Residential treatment" means a twenty-four hour a day program under the clinical supervision of a mental health professional, in a community residential setting other than an acute care hospital, for the active treatment of mentally ill persons.

**SECTION 2. AMENDMENT.** Section 25-03.2-03 of the North Dakota Century Code is amended and reenacted as follows:

**25-03.2-03. Requirements for license.**

The department shall issue a license for the operation of a psychiatric residential treatment facility for children upon a showing that:

1. The premises to be used are in fit, safe, and sanitary condition and properly equipped to provide good care and treatment;
2. The program director of the facility holds, at a minimum, a master's degree in social work, psychology, or in a related field with at least two years of professional experience in the treatment of children suffering from mental illnesses or emotional disturbances. The executive director of the facility must have, at a minimum, a bachelor's degree in a behavioral science or a bachelor's degree in any field and two years of experience in administration;
3. The staff employed by the facility is supervised by the program director and qualified by training and experience to provide services to children suffering from mental illnesses or emotional disturbances. The facility annually must provide training to staff which is relevant to the needs of the client population;
4. The health, safety, and well-being of the children cared for and treated in the facility will be properly safeguarded;
5. There are sufficient treatment, educational, recreational and leisure, and physical facilities and services available to the children in the facility;
6. The facility will provide for a medical and psychological examination of each child within seventy-two hours of admission and thereafter as needed by the child;
7. ~~An interdisciplinary team consisting of at least one qualified mental health professional~~ will review each individual treatment plan at least monthly and update or amend the plan to meet the needs of the child;
8. The facility develops postdischarge plans and coordinates facility services and related community services with partial discharge plans with each child's family, school, and community upon discharge to ensure continuity of care; and
9. The facility is in compliance with requirements for psychiatric residential treatment facilities under 42 U.S.C. 1396d [Pub. L. 89-

97; 79 Stat. 351] and title 42, Code of Federal Regulations, part 441, and with this chapter and rules adopted under this chapter.

**SECTION 3. AMENDMENT.** Section 25-03.2-07 of the North Dakota Century Code is amended and reenacted as follows:

**25-03.2-07. Method of providing service.**

A psychiatric residential treatment facility for children shall provide for the development of an individual treatment plan, based upon a comprehensive interdisciplinary diagnostic assessment, which includes the role of the family, identifies the goals and objectives of the therapeutic activities and treatment, provides a schedule for accomplishing the therapeutic activities and treatment goals and objectives, and identifies the individuals responsible for providing services, consistent with the individual treatment plan, to children. Clinical supervision of the individual treatment plan must be accomplished ~~by full-time or part-time employment of or contracts with qualified mental health professionals~~ as set forth by the department in rules. Clinical supervision must be documented by ~~the qualified mental health professionals cosigning in~~ individual treatment plans and by entries in the child's record regarding supervisory activity.

**SECTION 4. AMENDMENT.** Section 25-03.2-10 of the North Dakota Century Code is amended and reenacted as follows:

**25-03.2-10. Department may adopt rules.**

The department may adopt rules for the conduct of psychiatric residential treatment facilities for children and shall adopt rules defining which professionals may provide clinical supervision and review, and may develop, update, and sign an individual treatment plan within a psychiatric residential treatment facility for children."

Renumber accordingly

**Testimony**  
**Engrossed Senate Bill 2047 – Department of Human Services**  
**House Human Services**  
**Representative Weisz, Chairman**  
**March 4, 2015**

Chairman Weisz and members of the House Human Services Committee, I am JoAnne Hoesel, Director of the Division of Mental Health and Substance Abuse Services (Division) of the Department of Human Services (DHS). I am here today to support Senate Engrossed Bill 2047 and to provide information on the changes made by the Senate.

The term, 'qualified mental health professional' is used in only one section of North Dakota Century Code. This section is specific to psychiatric residential treatment centers (PRTF) for children. The term 'mental health professionals' is used in a variety of other century code chapters and includes a broader application. The similarity of these phrases has led to confusion.

In order to reduce the confusion between the two terms, Engrossed Senate Bill 2047 removes the term 'qualified mental health professional' and the Department of Human Services will adopt rules to clarify the professional qualifications necessary to provide services within a PRTF.

I am available to answer any questions.

#2

**Testimony**

**Senate Bill 2047 – Bruce Murry, Lobbyist, American Association for Marriage & Family Therapy-ND Chapter**

**House Human Services Committee**

**Chairman Robin Weisz**

**March 4, 2015**

Chairman Weisz and members of the Committee, my name is Bruce Murry and I am here representing the North Dakota Association of Marriage and Family Therapists, a chapter of the AAMFT. The NDAMFT is a membership association comprised of members from communities throughout ND. I am here to testify in support of SB 2047.

In North Dakota, Licensed Marriage and Family Therapists are well qualified to practice in a variety of settings, working cohesively in both individual and group settings. According to the American Association for Marriage and Family Therapy, “LMFT’s must have a minimum of a Master’s degree and two years of supervised clinical experience. LMFT’s are trained in psychotherapy & family systems, and focus on understanding their clients’ symptoms and interaction patterns within their existing environment. LMFT fees average 60% of Psychiatrist’s and 80% of Psychologist’s”. The Bureau of Labor Statistics website says, “Both Clinical/Mental Health Counselors & LMFT’s are so similar, they’ve grouped the two together. Both are qualified to diagnose and treat mental conditions”.

With regards to SB 2047, we understand the Department of Human Services will be developing a functional definition of Mental Health Professional in North Dakota. We support the provisions of SB 2047 and ask the members of the House Human Services Committee to consider the qualifications of LMFT’s as competent qualified providers in ND and ask NDDHS to include LMFT’s in the functional definition of Mental Health Professional.

Thank you Chairman Weisz and members of the committee for the opportunity to testify before you this morning. I’d be happy to answer any questions.