



MMPI-2-RF®

Minnesota Multiphasic Personality Inventory-2-Restructured Form®

Yossef S. Ben-Porath, PhD & Auke Tellegen, PhD

OVERVIEW

A new standard in adult personality assessment.

Composed of 338 items, with the RC (Restructured Clinical) Scales at its core, the MMPI-2-RF® builds on the strengths of the MMPI®-2 test to create a new standard. This psychometrically up-to-date tool is used by clinicians to assist with assessment of adult psychological dysfunction and treatment planning.

Users & Applications

The MMPI-2-RF is used by clinicians in a variety of settings to help:


- Assess major manifestations of psychological dysfunction
- Give a strong empirical foundation for expert testimony in forensic evaluations
- Assess medical patients and design effective treatment strategies, including surgical candidate assessment and chronic pain management
- Identify suitable candidates for high-risk public safety positions
- Support treatment and management decisions in criminal justice and correctional settings
- Evaluate participants in substance abuse programs and identify potential treatment approaches
- Support college counseling assessments
- Support marriage and family counseling assessments

Features & Benefits

- The comprehensive Technical Manual presents a conceptual and methodological introduction to the MMPI-2-RF, as well as detailed and extensive data supporting the validity and reliability of the test in numerous settings.
- The Manual for Administration, Scoring, and Interpretation provides basic information on the test, including a full chapter on interpretation.
- The MMPI-2-RF features 51 empirically validated scales.
- With 338 items, the test takes only 35–50 minutes to administer.
- Nine validity indicators assess protocol validity.
- The instrument is linked to current models of psychopathology and personality.
- Innovative software provides reports that include comparison group data and documentation of the sources of interpretive statements.
- Conversion of MMPI-2 scored records to MMPI-2-RF records that are ready for reporting in Q Local scoring and reporting software.

Psychometric Information

The nationally representative normative sample, which is drawn from the MMPI-2 normative sample, consists of 2,276 men and women ages 18–80 from several regions and diverse communities in the United States. The norms are nongendered. See the test manuals for information on the validity and reliability of the test.



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Web-based administration*, scoring, and reporting

Q-global is Pearson's new web-based system. It houses the leading assessment tools and is accessible from any device connected to the Internet. Secure and affordable, Q-global helps you quickly and efficiently organize examinee information, generate scores, and produce accurate comprehensive reports.

*On-screen administration applicable for select products.

For more information, see pp. 2–6 or visit HelloQ.com

MMPI®-2

Minnesota Multiphasic Personality Inventory®-2

2001 Manual: James N. Butcher, PhD, John R. Graham, PhD, Yossef S. Ben-Porath, PhD,

Auke Tellegen, PhD, W. Grant Dahlstrom, PhD, & Beverly Kaemmer, Coordinator for The University of Minnesota Press

2003 RC Scales Test Monograph: Auke Tellegen, PhD, Yossef S. Ben-Porath, PhD, John L. McNulty, PhD, Paul A. Arbisi, PhD, John R. Graham, PhD, & Beverly Kaemmer

2009 FBS Test Monograph: Yossef S. Ben-Porath, PhD, John R. Graham, PhD, & Auke Tellegen, PhD



OVERVIEW

A widely used and researched test of adult psychopathology.

Used by clinicians to assist with the diagnosis of mental disorders and the selection of appropriate treatment methods, the MMPI-2 test helps to meet the assessment needs of mental health professionals in an ever-changing environment.

Users & Applications

The MMPI-2 test is used by clinicians in a variety of settings to help:

- Assess major symptoms of social and personal maladjustment
- Identify suitable candidates for high-risk public safety positions
- Support treatment and management decisions in criminal justice and correctional settings
- Give a strong empirical foundation for expert testimony in forensic evaluations
- Assess medical patients and design effective treatment strategies, including chronic pain management
- Evaluate participants in substance abuse programs and select appropriate treatment approaches
- Support college and career counseling recommendations
- Provide valuable insight for marriage and family counseling

Features & Benefits

- Nine Validity Indicators assess protocol validity
- Validity and reliability, supported by thousands of publications
- Tailored reports that present interpretive information for clinical, forensic, correctional, and personnel employment settings
- Flexible administration and scoring by computer, audio CD, or paper-and-pencil
- Cost-effective and comprehensive scoring using the Extended Score Report
- To help meet the needs of more individuals, the MMPI-2 test is available and supported by Pearson in English, Spanish, Hmong, and French for Canada. Go to <http://www.upress.umn.edu/test-division/translations-permissions> for availability and ordering information in additional languages.

Psychometric Information

Nationally representative normative sample consists of 1,138 males and 1,462 females ages 18–80 from several regions and communities within the United States. See the test manual for information on validity and reliability.

Publisher Statement

The University of Minnesota Press is the publisher of the MMPI® instruments, representing the Regents of the University of Minnesota, which hold copyright on the instruments. As publisher, the Press, working with its advisory board and consultants, is responsible for the substantive development of the tests, including any revisions to them. The University exclusively licenses Pearson to produce, market, and sell the MMPI test products and to offer scoring and interpretive services.

ADDITIONAL RESOURCES AT PearsonClinical.com

- Sample Reports
- Workshops
- Research
- Bibliographies

(continued on p. 14)

MCCI®

Millon® College Counseling Inventory

Theodore Millon, PhD, DSc, with Stephen Strack, PhD, Carrie Millon, PhD & Seth Grossman, PsyD



OVERVIEW

• Provides in-depth clinical information beyond any other standard counseling instrument, the MCCI offers the **only multidimensional** personality inventory specifically developed for use at college counseling centers.

• The MCCI is used by psychologists, social workers, and college counselors to help confirm personality and diagnostic hypotheses, as well as document students' problematic tendencies and concerns. Findings are used to develop personalized treatment plans.

• Helps identify problems most commonly found at college counseling centers

• Takes 25 minutes or less to complete and is easy to score and interpret

• The MCCI is **exclusively** normed on college and university students, encompassing 564 individuals ages 16–40 from 33 college counseling centers located across the U.S.

Designed with troubled college students in mind.

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Scales

Response Tendencies

- V Validity
- X Disclosure
- Y Desirability
- Z Debasement

Personality Tendencies (Clinical)

- 9 Borderline

Expressed Concerns

- A Mental Health Upset
- B Identity Quandaries
- C Family Disquiet
- D Peer Alienation
- E Romantic Distress
- F Academic Concerns
- G Career Confusion
- H Abusive Experiences
- I Living Arrangement Problems
- J Financial Burdens
- K Spiritual Doubts

Clinical Signs

- AA Suicidal Tendencies
- BB Depressive Outlook
- CC Anxiety/Tension
- DD Post Traumatic Stress
- EE Eating Disorders
- FF Anger Dyscontrol
- GG Attention (Cognitive) Deficits
- HH Obsessions/Compulsions
- II Alcohol Abuse
- JJ Drug Abuse

Please visit PearsonClinical.com/MCCI for a full listing of Noteworthy Responses.

Personality Styles (Non-clinical Patterns)

- I Introverted
- 2A Inhibited
- 2B Dejected
- 3 Needy
- 4 Sociable
- 5 Confident
- 6A Unruly
- 7 Conscientious
- 8A Oppositional
- 8B Denigrated

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Web-based administration*, scoring, and reporting

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*On-screen administration applicable for select products.

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PRICING GUIDE

	Q-global Web-based Scoring & Reporting	Includes Manual, 3 Answer Sheets with test items, and 3 Q reports. (Does not include Q support fee.)	\$70.00
	63526CPA Starter Kit with Interpretive Reports		
	32511CPA Answer Sheets Test items included. (pkg. of 25)		1–4 27.50 pkg.
	63525CPA Interpretive Reports	Price per report	1–4 17.50 ea. 5–49 13.50 ea. 50–99 12.50 ea.
	32500CPA Manual (required)		34.50

Call 800.627.7271 for quotes on larger quantities. For system requirements, please visit PearsonClinical.com

OVERVIEW

The Beck Depression Inventory (BDI) is a self-report questionnaire that measures the severity of depression. The BDI-II is the most widely used instrument for measuring depression. It is aligned with DSM-5 and provides a criteria-referenced self-report to help measure depression. This clinically sensitive instrument takes only five minutes to complete.

The BDI-II can be used by clinical psychologists in private practice, large-scale facilities, or clinics as well as Masters-level clinicians with experience in administration and interpretation of DSM-IV disorders. The test is useful in both inpatient and outpatient settings to help screen for and diagnose severity of depression, inform therapy and counseling, and monitor progress.

The BDI-II consists of 21 items to help assess the intensity of depression symptoms in clinical and normal patients. It offers consistency with other Beck scales (Hopelessness, Suicide Ideation, and Anxiety) and examines loss of energy. It assesses both increases and decreases in sleep and appetite and evaluates symptoms over two weeks, as required by DSM-IV guidelines. It is quick and easy to administer and score, extensively researched, and cost effective.

The most widely used instrument for measuring depression.

Aligned with *DSM-5*[®], the BDI-II provides a criteria-referenced self-report to help measure depression. This clinically sensitive instrument takes only five minutes to complete.

Users & Applications

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Features & Benefits

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- Offers consistency with other Beck scales (Hopelessness, Suicide Ideation, and Anxiety)
- Examines loss of energy
- Assesses both increases and decreases in sleep and appetite
- Evaluates symptoms over two weeks, as required by *DSM-IV* guidelines
- Quick and easy to administer and score
- Extensively researched
- Cost effective

Psychometric Information

After testing original BDI items and new items on the BDI-II with a large clinical sample (N = 500), test developers compared item-option characteristic curves. The new edition showed improved clinical sensitivity, with the reliability of the BDI-II (Coefficient Alpha = .92) higher than the BDI (Coefficient Alpha = .86).



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PRICING GUIDE

0158018370CPA Complete Kit Includes Manual and 25 Record Forms **\$125.00**

Q-global Web-based administration, scoring, and reporting. (Additional manual and Q-global software available for purchase on pp. 2-6 or HelloQ.com for details.)

63175CPA Interpretive Reports
Price per report 1-4 **3.00** ea. 5-49 **2.85** ea. 50-99 **2.70** ea.

0158018389CPA Manual **79.00**

0158018397CPA Record Forms (pkg. of 25) **55.00**

See HelloQ.com for more information on pricing.

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OVERVIEW

• Brief assessment that helps identify post-traumatic stress disorder (PTSD)

• The PDS is a self-report instrument that helps mental health professionals detect and diagnose PTSD in large groups or with patients who have identified themselves as victims of a traumatic event.

• The PDS helps identify the source of a client's pain early on, facilitating effective treatment planning.

• This test can be used by psychologists and counselors to help:

- Screen for the presence of PTSD in large groups or with patients who have identified themselves as victims of a traumatic event
- Gauge symptom severity and functioning in patients already identified as suffering from PTSD

PDS®

Post-traumatic Stress Diagnostic Scale

Edna B. Foa, PhD



Brief assessment that helps identify post-traumatic disorder (PTSD).

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PRICING GUIDE



51736CPA Starter Kit	Includes Manual, 1 Softcover Test Booklet, 3 Answer Sheets, and 3 Q Local reports. (Does not include Q Local software.)	\$62.00
51737CPA Answer Sheets	(pkg. of 25)	1-4 22.50 pkg.
51739CPA Profile Reports	Price per report	1-4 8.50 ea. 5-49 7.75 ea. 50-99 7.50 ea.
51738CPA Manual/User's Guide	(required)	42.00
51619CPA Test Booklets	(pkg. of 5)	19.25

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OVERVIEW

• Projective assessment of basic personality structure and possible psychopathology.

• Developed more than 50 years ago, the Rorschach test is one of the most widely used projective psychological assessments available. Scores are based on the patient's response to 10 unique inkblot designs. Because reading is not required for administration, this test can overcome language or other barriers associated with reading and comprehension.

• This test can be used by psychologists and counselors to help:

- Screen for the presence of PTSD in large groups or with patients who have identified themselves as victims of a traumatic event
- Gauge symptom severity and functioning in patients already identified as suffering from PTSD

Rorschach®

Hermann Rorschach, MD

Projective assessment of basic personality structure and possible psychopathology.

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PRICING GUIDE

0158689097CPA Rorschach Plates		\$125.00
0158688856CPA Summary Forms, 2000 Edition	(pkg. of 100) by John E. Exner, Jr.	61.00
0158688848CPA Workbook, Fifth Edition	by John E. Exner, Jr.	64.00

MMPI®-A

Minnesota Multiphasic Personality Inventory®-Adolescent

James N. Butcher, PhD, Carolyn L. Williams, PhD, John R. Graham, PhD, Robert P. Archer, PhD,
Auke Tellegen, PhD, Yossef S. Ben-Porath, PhD & Beverly Kaemmer, Coordinator for the University of Minnesota Press

OVERVIEW

The most widely used and researched test of adolescent psychopathology.

An empirically based measure of adolescent psychopathology, the MMPI-A contains adolescent-specific scales and tailored reports for particular settings to aid in problem identification, diagnosis, and treatment planning.

Users & Applications

Clinical, counseling, and school psychologists can use this self-report inventory to help:

- Support diagnosis and treatment planning in a variety of settings
- Identify potential problems early
- Provide easy-to-understand information to share with parents, teachers, and others in the adolescent's support network
- Guide the making of appropriate referrals

Features & Benefits

- Validity and reliability are supported by more validity scales and published research than any other adolescent test of personality and behavior.
- Scales help address problems clinicians are more likely to see with adolescents, including family issues, eating disorders, and chemical dependency.
- In-depth computer-based interpretive report provides information to determine which students qualify for services in order to choose the most effective interventions.
- Items are relevant for adolescents.
- Norms are adolescent-specific.

Psychometric Information

The MMPI-A normative sample consists of 1,620 adolescents (805 boys; 815 girls) between 14 and 18 years of age who were selected as representative of the U.S. population. See the test manual for information on the validity and reliability of the test.

Scoring & Reporting

Interpretive Report, Second Edition, by James N. Butcher and Carolyn L. Williams

The comprehensive Minnesota Report includes descriptions of the adolescent's cooperation with the assessment, a thorough analysis of the Clinical Scales profile, and information on responses to the Content Scales and the Content Component Scales in highly readable sections tailored to the client.

Sections of the report:

- Symptomatic Behavior
- Interpersonal Relationships
- Behavioral Stability
- Diagnostic and Treatment Considerations

Specialized reports are available for the following settings:

- Outpatient Mental Health
- Inpatient Mental Health
- General Medical
- School Counseling
- Correctional
- Alcohol and Drug Treatment



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WISC®-IV

Wechsler Intelligence Scale for Children®, Fourth Edition

David Wechsler, PhD

OVERVIEW

Assessment of children's overall cognitive ability and four specific domains of intelligence

Administered to individuals 6:0–16:11

Qualification Level: CA

Completion Time:

Core subtests: 60–90 minutes

Administration: Individual and group

Score Interpretation: FSIQ, index scores, subtests

Self-Scoring:

Scoring Options:

Scoring Assistant with WISC-IV Integrated Suite

Reportable Scores:

FSIQ, index scores

Raw Scores:

Percentiles:

Standard Scores:

Age-Adjusted Scores:

Percentiles:

Standard Scores:

Age-Adjusted Scores:

Percentiles:

Standard Scores:

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Standard Scores:

Age-Adjusted Scores:

Percentiles:

Standard Scores:

Most widely used measure of cognitive ability for children.

The WISC-IV provides four index scores that measure cognitive abilities important in the expression of intelligent behavior. This instrument draws on the research to improve the assessment of verbal comprehension, perceptual reasoning, working memory, and processing speed.

Users & Applications

School psychologists, clinical psychologists, and neuropsychologists working in schools, clinics, hospitals, universities, and forensics use this instrument to help:

- Identify and qualify students with learning disabilities for special services
- Develop critical insights to assist students with disabilities in standards-based education
- Design treatment plans and interventions targeted at the child's areas of cognitive difficulties
- Assess the impact of traumatic brain injury on cognitive functions in children
- Determine the intellectual functioning of accused offenders in criminal trials involving adolescents

Content & Administration

The profile of the domains represents key clinical indicators of the cognitive strengths and weaknesses important to the assessment of learning disabilities, executive functions, attention disorders, traumatic brain injuries, intellectual disability, giftedness, and other medical and neurological concerns.

The WISC-IV provides the following scores:

Full Scale IQ

A comprehensive measure of cognitive intelligence consisting of four specific domains:

- Verbal Comprehension Index
- Perceptual Reasoning Index
- Working Memory Index
- Processing Speed Index

Features & Benefits

- Extremely high reliability, with average reliability of .97 for FSIQ
- Simple administration of 10 core subtests that can be completed in approximately 60–90 minutes
- Five supplemental tests to help collect further data on specific areas of concern
- Improved floors and ceilings of item content
- High consideration and effort given to removing cultural and social bias in item content
- Wide selection of Special Group Study Data available for use
- Ability to expand the utility of the core WISC-IV assessment by upgrading to the WISC-IV Integrated suite
- Scoring and reporting software available for ease of report generation



Q-interactive
Assessment, evolved.

Tablet-based Administration Now Available for WISC-IV

Stimulus books, record forms, and administration instructions are in one place, increasing portability. On-the-fly scoring increases efficiency of administration and reduces overall assessment time.

For more information, see pp. 2–6 or visit HelloQ.com



Accurate software-based scoring and reporting—the quick and easy way!

For more information, visit PearsonClinical.com

OVERVIEW

Brief measure of an individual's verbal, nonverbal, and general cognitive ability

Applicable to individuals 16-90 years old

Qualification Level: CV

Completion Time: 30-45 minutes

Administration: Individual

Scoring: Manual

Includes: Manual, Stimulus Book, 25 Record Forms, and 9 blocks in canvas bag



An updated, efficient, and reliable screener of cognitive ability.

The WASI-II is a brief measure of verbal, nonverbal, and general cognitive ability. The instrument helps screen for both intellectual disability and giftedness.

Users & Applications

Clinicians use this evaluation to help:

- Screen to determine whether in-depth evaluation is needed
- Reassess after a comprehensive evaluation
- Assess cognitive functioning of individuals referred for psychiatric evaluations
- Measure IQ scores for vocational, rehabilitation, or research needs
- Estimate a range of FSIQ scores on comprehensive batteries
- Compare results to the *Wechsler Fundamentals: Academic Skills* to determine a student's academic strengths and needs based on an ability-achievement discrepancy analysis

Content & Administration

The WASI-II provides a choice of two forms:

Four-subtest form (Vocabulary, Similarities, Block Design, Matrix Reasoning) provides:

- FSIQ 4 score—Estimate of general cognitive ability
- VCI score—Measure of crystallized abilities
- PRI score—Measure of nonverbal fluid abilities and visuomotor/coordination skills

Two-subtest form (Vocabulary and Matrix Reasoning) provides:

- FSIQ 2 score—Estimate of general cognitive ability

Features & Benefits

- Two- and four-subtest versions provide flexibility in administration time and depth of assessment
- Offers simplified, time-saving administration and scoring with more streamlined directions, shortened discontinue rules and more user-friendly reversal rules
- Revisions to subtests and items to more closely parallel Wechsler counterparts
- WASI-II subtest scores can be substituted for corresponding subtest scores on the WISC®-IV or WAIS®-IV composite scores
- Contains improved floors and ceilings

Psychometric Information

The normative sample includes 2,300 individuals and the score ranges for the composite scores are better aligned with WAIS-IV and WISC-IV.

PRICING GUIDE

0158981561CPA	Complete Kit Includes Manual, Stimulus Book, 25 Record Forms, and 9 blocks in canvas bag	\$327.00
Additional Materials		
015898157XCPA	Manual	183.50
0158981588CPA	Stimulus Book	168.00
0158981596CPA	Record Forms (pkg. of 25)	78.50

ADDITIONAL RESOURCES AT
www.PearsonClinical.com/WASI-II

WAIS®-IV

Wechsler Adult Intelligence Scale®, Fourth Edition

David Wechsler, PhD

OVERVIEW

Assessment of adult (16+) overall cognitive ability and four specific domains of intelligence.

Administered to individuals (16-90+)

Qualification Level:

Completed 10th

Adults with prior education

Administration:

Person-to-person

Standardized Administration

10 Minutes scores: 10 minutes

10 Minutes

10 Minutes

10 Minutes

10 Minutes

10 Minutes

10 Minutes

10 Minutes

10 Minutes

The most advanced comprehensive adult cognitive assessment.

Developed in recognition of emerging demographic and clinical trends, the WAIS-IV provides the most advanced measure of cognitive ability available. This latest edition of the most widely used test of adult cognitive ability offers enhanced utility, precision, and simplicity.

Users & Applications

School psychologists, clinical psychologists, and neuropsychologists working in schools, clinics, hospitals, universities, and forensics can use this comprehensive instrument to help:

- Evaluate and qualify adults for special services
- Identify adults with cognitive problems and recommend appropriate interventions
- Assess the impact of traumatic brain injury on cognitive functions in adults
- Determine cognitive ability of parents in child custody hearings
- Measure the intellectual functioning of accused offenders and potentially influence judgment and sentencing in criminal trials

Content

The WAIS-IV provides the following scores:

Full Scale IQ

A comprehensive measure of intelligence that consists of four specific domains:

- Verbal Comprehension Index
- Perceptual Reasoning Index
- Working Memory Index
- Processing Speed Index

Features & Benefits

Based on the trend of increasing caseloads involving older clients, the WAIS-IV was designed to be more developmentally appropriate for older adults. The instrument features:

- Additional demonstration and teaching items to ensure understanding of tasks
- Reduced vocabulary level for verbatim instructions
- Decreased emphasis on motor demands and time-bonus points
- Enlarged visual stimuli to decrease visual acuity demands

Because caseloads are increasing, administration was streamlined to be as efficient as possible, while still yielding comprehensive, highly reliable clinical information.

Improvements include:

- Reduction of core battery from 13 subtests to 10 subtests
- Selection of core subtests that involve less administration time
- Shortened discontinue rules
- Simplified record form for quicker transcription and calculation of scores



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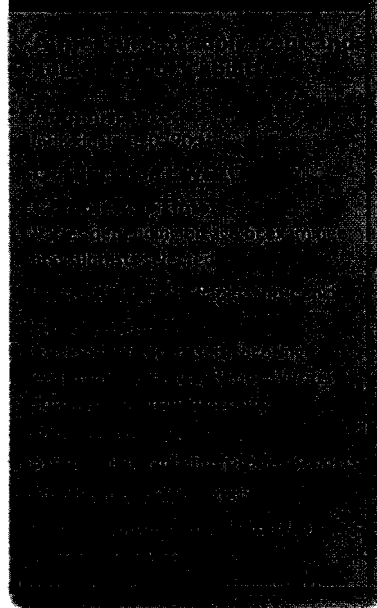
Tablet-based Administration Now Available for WAIS-IV

Stimulus books, record forms, and administration instructions are in one place, increasing portability. On-the-fly scoring increases efficiency of administration and reduces overall assessment time.

For more information, see pp. 2-6 or visit HelloQ.com

WMS®-IV**Wechsler Memory Scale®, Fourth Edition**

David Wechsler, PhD

OVERVIEW**Comprehensively assess adult memory abilities.**

The WMS-IV helps clinicians evaluate memory capabilities as part of a standard adult psychological evaluation. This edition of the test offers significant enhancements, including quicker, easier administration and an increased focus on older adults.

Users & Applications

- Neuropsychologists can use the WMS-IV to help assess dementia in geriatric patients, to help measure brain dysfunction in adults, or as an integral part of medico-legal evaluations
- Clinical psychologists and school psychologists can use the WMS-IV as part of a psycho-educational evaluation of adolescent and adult students.
- Pharmaceutical companies can use components of the WMS-IV in drug development research.

Content & Administration**The WMS-IV Flexible Approach**

New materials and data are available that enable more flexibility with the WMS-IV assessment based on individual client needs and examiner preferences.

- Five alternative batteries to choose from.
- New record form and corresponding normative data allow brief administration and generation of alternative memory indexes.
- Additional new record form and corresponding normative data enable administration of new supplemental subtests (Logos and Names). The subtests provide an alternative memory index that eliminates motor demands on clients.
- Applicable normative information is available for all current WMS-IV users at no charge via a software update for scoring and reporting software users or via an electronic norms disk for non-software users.

See new WMS-IV Flexible Approach Kit and associated materials in pricing grid.

Scores and Indexes

The WMS-IV provides five index scores and three index-level scores for the adult battery and four index scores and two index-level contrast scores for the older adult battery.

WMS-IV offers a revised test structure:

Subtests added

- Spatial Addition
- Symbol Span
- Design Memory
- Brief Cognitive Status Exam

Subtests modified

- Logical Memory
- Verbal Paired Associates
- Visual Reproduction

Subtests eliminated

- Family Pictures
- Faces
- Digit Span
- Letter-Number
- Word List (substituted CVLT-II)
- Mental Control
- Spatial Span
- Information and Orientation

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Bayley-III

Bayley Scales of Infant and Toddler Development™, Third Edition

Nancy Bayley, PhD

OVERVIEW

Help parents and professionals
 determine if a child is developing
 normally or if there are delays.

Administered by
 a caregiver or parent.

Administered in 15-20
 minutes.

Administered in
 a playroom.

Administered by
 a caregiver or parent.

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The Bayley-III Complete Battery offers the latest edition of an instrument long known as the premier assessment for measuring developmental delays in the very young. This comprehensive tool enables clinicians to examine all facets of a young child's development, addressing the five areas specified by IDEA: motor, cognitive, communication, social-emotional, and adaptive behavior. Maintaining the superior psychometric standards for which the Bayley is known, this edition offers two additional scales, plus other improvements designed to make the instrument more clinically useful.

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Content & Administration

The core battery includes five subtests:

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- Motor
- Language
- Social-Emotional
- Adaptive Behavior

Features & Benefits

- The test is administered with caregiver/parent involvement, providing more input from the child's natural environment.
- All assessment factors are based on the age of the child, allowing for more refined developmental evaluation.
- Test kit is easy to transport and use.
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The latest edition contains these components:

- Social-Emotional subtest, which includes growth scores and growth charts
- Adaptive Behavior subtest
- Screening Test (see p. 153)
- Caregiver Report, with suggestions to help parents plan for their child
- Scoring Assistant for cognitive, language, and motor scales — ideal for team and arena testing

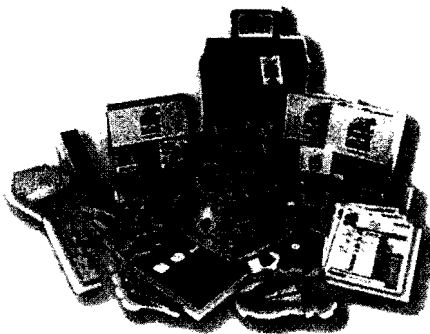
In addition, the Bayley-III offers these improvements to enhance clinical utility:

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985 P.2d 915
Supreme Court of Utah.

STATE of Utah, Plaintiff and Appellee,

v.

Brett Wes CHAPOOSE,
Defendant and Appellant.

No. 980213. | Sept. 3, 1999.

Defendant pled guilty in the District Court, Uintah County, A. Lynn Payne, J., to child sodomy, and denied defendant probation. Defendant appealed his sentence. The Supreme Court, Zimmerman, J., held that: (1) invited error doctrine did not apply, and (2) remand was required to determine whether statute, which mandated that defendant undergo psychological evaluation for probation purposes, required psychologist to personally conduct testing and interview defendant.

Reversed and remanded.

Attorneys and Law Firms

*915 Jan Graham, Att'y Gen., Kris C. Leonard, Asst. Att'y Gen., Salt Lake City, for plaintiff.

Wesley M. Baden, Vernal, for defendant.

Opinion

ZIMMERMAN, Justice:

¶ 1 **Brett Wes Chappose**, convicted of a sexual offense with a child, appeals the trial court's termination of proceedings to consider putting him on probation, pursuant to Utah Code Ann. § 76-5-406.5 (Supp.1998), and its imposition of a prison sentence. **Chappose** contends that the trial court did not have before it a proper psychological evaluation of **Chappose**, as required by section 76-5-406.5, when it terminated the probation proceedings. **Chappose** claims that an examining psychologist must personally meet the defendant to conduct the statutorily mandated "complete psychological evaluation," and that it is not sufficient if the defendant has personal contact only with a certified social worker who performs testing for the evaluating psychologist.

We conclude that the legislature intended that psychological evaluations under section 76-5-406.5(1)(j) be performed in accordance with professional standards of *916 reliability and competency. Yet neither section 76-5-406.5(1)(j), nor the professional licensing statutes for certified social workers and psychologists,¹ addresses the question of whether a psychologist needs to personally conduct the evaluation of a defendant. Therefore, we reverse the termination of the probation proceeding and remand for an evidentiary hearing to determine the appropriate professional or industry standard for conducting psychological evaluations and for any further proceedings required by this opinion.

¶ 2 We first state the facts. After he confessed to improper sexual activity with the victim, **Chappose** was charged with four counts of sodomy on a child, in violation of section 76-5-403.1 of the Code, and one count of aggravated sexual abuse of a child, in violation of section 76-5-404.1. He entered a guilty plea to one count of sodomy on a child and the other charges were dismissed. The trial court ordered a presentence investigation report and, upon defendant's request, a psychological evaluation by Intermountain Specialized Abuse Treatment ("ISAT"). Under section 76-5-406.5 of the Code, a "complete psychological evaluation" must be performed and the evaluator must reach certain specified results before a defendant can be considered for probation.² Utah Code Ann. § 76-5-406.5(1)(j) (Supp.1998). Mr. W. Frost, a certified social worker, interviewed **Chappose**. Frost also administered many tests, the results of which were then used by Dr. C.Y. Roby, a licensed psychologist, in preparing the evaluation of **Chappose**.

¶ 3 Dr. Roby's evaluation did not reach a clear conclusion as to two of the statutory prerequisites to eligibility for probation. Specifically, he did not answer whether the defendant is an "exclusive pedophile" and whether he presents "an immediate and present danger to the community if released on probation and placed in a residential sexual abuse treatment center." Utah Code Ann. § 76-5-406.5(1)(j)(i) (Supp.1998) **Chappose** sought a new psychological evaluation. **Chappose** raised as a further ground for a new evaluation the fact that the psychological examination was not conducted properly. **Chappose** had had no personal contact with either David Morgan, M.S., or Dr. Roby, the two professionals who signed

the report. Chapoose contended that a section 76-5-406.5 evaluation must include a personal interview by the evaluator.

¶ 4 The trial court agreed the report was incomplete. But the court did not order that the further evaluation be conducted by anyone other than Dr. Roby, nor did it require that the evaluation include a personal interview. Dr. Roby then filed a supplemental report stating that Chapoose was not an exclusive pedophile, but that he did present an immediate and present danger to the community if released on probation. Dr. Roby further stated that he would be willing to meet with Chapoose if he was compensated for the trip to the prison where Chapoose was being held, or if Chapoose were transported to Dr. Roby's office.

¶ 5 Chapoose filed a renewed motion for a new psychological evaluation, based on the *917 lack of a personal interview, and an objection to proceeding with sentencing. The court gave Chapoose the opportunity for a hearing on his motion, but Chapoose declined. The court then denied the motion on the grounds that Chapoose did not "provide evidence [that] the evaluation was improperly conducted" and because the defendant did not want a hearing. The court sentenced Chapoose to "an indeterminate term of not less than six years and which may be life in the Utah State Prison." Chapoose appealed to this court, claiming that section 76-5-406.5 of the Code requires the investigating evaluator to personally conduct the examination.

[1] [2] ¶ 6 We set out the standard of review before turning to our analysis. When the trial court denied Chapoose's motion for a new psychological evaluation and his objection to sentencing, and then proceeded to sentence, it implicitly denied probation under section 76-5-406.5 of the Code. The decision to grant or deny probation is at the discretion of the trial court, and we review it under an abuse of discretion standard. See Utah Code Ann. § 76-5-406.5(1), (4) (Supp.1998); see also State v. Gibbons, 779 P.2d 1133, 1135 (Utah 1989). However, the trial court's determination as to whether section 76-5-406.5's mental evaluation requirement was satisfied by the submission of a report prepared by an evaluator who has not conducted a personal examination, presents a question of law, which we review for correctness. See State v. Pena, 869 P.2d 932, 936 (Utah 1994).

[3] [4] ¶ 7 The State argues that we should not address Chapoose's claim that the psychological evaluation had to include a personal interview by the evaluator because Chapoose was given the opportunity for an interview with Dr. Roby and declined it. This left the trial court with an evaluation lacking an interview and no choice but to proceed with the sentencing. In essence, the State argues that if there was error in not having a personal interview, the error was invited. And our case law is clear that we will not permit a party to claim error at the trial level when the party asserting the error led the trial court to commit it. See State v. Brown, 948 P.2d 337, 343 (Utah 1997); State v. Dunn, 850 P.2d 1201, 1220 (Utah 1993).

¶ 8 We agree with the State's statement of the invited error doctrine, but find it to have no application here. After Dr. Roby turned in the first evaluation, Chapoose challenged the trial court's interpretation of the statute and argued that the evaluator had to personally interview the one being evaluated. The trial court rejected that contention and ordered Dr. Roby to answer two questions left open in the initial evaluation. Dr. Roby did this without seeing Chapoose, finding him not to meet the probation criteria set out in the statute. Only then did Dr. Roby offer the possibility of an interview. Chapoose contends that once the evaluator was fully committed, he considered the harm to have been done. The only remedy was for Chapoose to obtain a fresh evaluation by another person. And the only way to get that was to go through sentencing and then appeal, which he did. We agree with Chapoose. There was no invited error here.

[5] ¶ 9 We turn next to section 76-5-406.5 of the Code. It provides that when a defendant has been convicted of sodomy on a child, the court may suspend the sentence and consider probation to a residential sexual abuse treatment center only if all of the following circumstances are found by the court to be present:

- (j) the defendant has undergone a complete psychological evaluation conducted by a professional approved by the Department of Corrections and the Department of Human Services and:
 - (i) the professional's opinion is that the defendant is not an exclusive pedophile and does not present an immediate and present danger to the community if

released on probation and placed in a residential sexual abuse treatment center; and

(ii) the court accepts the opinion of the professional.

Utah Code Ann. § 76-5-406.5(1)(j)(i)-(ii) (Supp.1998). Chappoose contends that: (i) the term "psychological evaluation" clearly means that the evaluation must be completed by a psychologist, and (ii) the phrase "conducted by" means that the evaluating psychologist should be the individual who actually *918 interviews and assesses the defendant. The State responds that section 76-5-406.5 should be interpreted according to its plain meaning. *See, e.g., Morton Int'l, Inc. v. State Tax Comm'n*, 814 P.2d 581, 590 (Utah 1991). It argues that because the statute is silent as to how the professional is to perform the "complete psychological evaluation," there is no reason to construe the statute as requiring a personal interview. The term "conducted by" could mean that the examining professional is only responsible for directing the administration of the tests, and that a personal meeting is not necessary. In the present situation, for example, Dr. Roby is the professional approved by the Department of Corrections and the Department of Human Services to perform these "complete psychological evaluation[s]." While Mr. Frost, the certified social worker who met with ~~Chappoose~~, is not an approved professional, the State contends that there is nothing in the statute which precludes the selected "professional" from supervising the work of a suitable person, such as a certified social worker, who administers tests and performs interviews and from relying on that work product in preparing the ultimate evaluation for the court.³

¶ 10 There is nothing in the language of the statute that helps us on this point, and no relevant case law has been found.⁴ Therefore, we must attempt to divine the legislature's purpose from the language of the statute. *See State v. Hunt*, 906 P.2d 311, 312 (Utah 1995) (" 'The best evidence of the true intent and purpose of the Legislature in enacting the Act is the plain language of the Act.' " (quoting *Jensen v. Intermountain Health Care, Inc.*, 679 P.2d 903, 906 (Utah 1984))). The legislature provided that the court, faced with the contention that a given defendant should be put on probation after being convicted of certain forms of child sexual abuse, could not do so without first having received an opinion from "a professional" approved by the Department of Corrections and the Department of Human Services, after

"a complete psychological evaluation" has been "conducted" by that professional, that the defendant met the criteria set forth in subpart (j) of section 76-5-406.5. It is clear that the legislature wanted to preclude courts from putting these offenders on probation unless it had first been determined by a competent mental health professional that these persons did not present an unreasonable risk to the public. And it seemingly contemplated that that professional be at least a psychologist. The statute is silent as to how that professional is to carry out his or her charge. However, given that the evaluation stands as a bar to consider a convicted person for probation unless the professional certifies that the person being considered meets the statutory criteria, it is only reasonable to assume that the legislature intended that the person performing the evaluation would proceed in a manner consistent with his or her calling's highest professional standards.

*919 ¶ 11 The record before us is silent as to what is required by the relevant professional standards. Yet we think those standards are determinative of the question before us—does the statute contemplate a personal interview by the evaluator? If the relevant professional standards call for personal interviews by the individual ultimately responsible for the evaluation, then there is no basis for concluding, as the State argues, that the legislature intended to permit the professional to perform an evaluation by proxy. On the other hand, if the relevant professional standards permit an evaluation to be performed without a personal interview by the evaluator, then there is no basis for concluding that ~~Chappoose~~ was deprived of his rights under the statute.

¶ 12 Because there is no evidence before us on this critical issue, we vacate the sentence and remand this case for a hearing before the district court to determine the professional standard of a licensed psychologist for conducting a "complete psychological evaluation" of one convicted of child sexual abuse for the purpose of determining eligibility for consideration of probation under section 76-5-406.5 of the Code. To facilitate any eventual appellate review of that determination, the trial court should enter detailed findings and conclusions. If the trial court determines that under the applicable professional standards the evaluator should personally interview the convicted person before preparing the evaluation, then it should vacate the sentence, order a new evaluation by a different professional, and conduct the probation determination after receiving the

results. On the other hand, if it determines that the evaluation was conducted in a manner that satisfied the relevant professional standards, it should enter an order to that effect and resentence. If Chapoose is dissatisfied with that result, he is free to bring that matter back before this court.⁵

¶ 13 We, therefore, reverse and remand for a hearing in accordance with this opinion.

¶ 14 Chief Justice HOWE, Associate Chief Justice DURHAM, Justice STEWART and Justice RUSSON concur in Justice ZIMMERMAN'S opinion.

Parallel Citations

377 Utah Adv. Rep. 5, 1999 UT 83

Footnotes

- 1 See Utah Code Ann. § 58-60-201 to -207 (1998) (social workers); Utah Code Ann. § 58-61-101 to -602 (1998) (psychologists).
- 2 Section 76-5-406.5 provides in relevant part:
 - (1) In a case involving conviction for ... Section 75-5-403.1, sodomy on a child ... the court may suspend execution of sentence and consider probation to a residential sexual abuse treatment center only if all of the following circumstances are found by the court to be present and the court in its discretion, considering the circumstances of the offense, including the nature, frequency, and duration of the conduct, and considering the best interests of the public and the child victim, finds probation to a residential sexual abuse treatment center to be proper:
 - ...
 - (j) the defendant has undergone a complete psychological evaluation conducted by a professional approved by the Department of Corrections and the Department of Human Services and:
 - (i) the professional's opinion is that the defendant is not an exclusive pedophile and does not present an immediate and present danger to the community if released on probation and placed in a residential sexual abuse treatment center; and
 - (ii) the court accepts the opinion of the professional.
- 3 Utah Code Ann. § 76-5-406.5(1)(j)(i)-(ii) (Supp.1998). The statute that licenses psychologists includes within the definition of the "practice of psychology" the "psychological testing and evaluation or assessment of personal characteristics." Utah Code Ann. § 58-61-102(9)(a)(iii) (1998). This plainly would include within its scope the performance of the "complete psychological evaluations" contemplated by section 76-5-406.5. On the other hand, the statute under which social workers are licensed, section 58-60-202, does not include within the definition of the "practice of certified social work" psychological testing and evaluation. *Id.* § 58-60-202(3) (1998). Therefore, it seems clear from the licensing statutes that the legislature contemplated that to perform the mandated evaluations, the professional in question must at least be a licensed psychologist.
- 4 The State cites cases which it claims bolster its argument. For example, in *Williamson v. State*, 330 So.2d 272, 275 (Miss.1976), a challenge was made concerning an expert witness who was testifying about an appellant's mental capability, because the testimony was based on a report from two clinical technicians who performed the psychological testing. The court allowed the testimony to be admitted, and said that the technicians did not have to be held up to such a high standard because these tests were routine. Another case cited was *Shurtleff v. Jay Tuft & Co.*, 622 P.2d 1168, 1173 (Utah 1980), in which an expert was allowed to testify about information where he had no personal knowledge and never personally observed what he was testifying about. These cases are inapposite. We are not discussing the admissibility of expert testimony, but rather, what the proper procedure is, under section 76-5-406.5, for administering the required psychological evaluation.
- 5 Chapoose renewed his argument on appeal that the denial of a new psychological evaluation was a violation of his due process rights. Since we have not determined that it was error to deny a new psychological evaluation, we do not find it necessary to address this argument.

NON-PSYCHOLOGIST PERFORMANCE OF PSYCHOLOGICAL TESTS

Division's Current Position. The Division interprets Utah law to allow a mental health therapist (LCSW, LCMHC, LMFT) to conduct a psychological test as part of an evaluation of an individual's mental health; however, it is not acceptable for a mental health therapist to title the evaluation as a "Psychological Evaluation" or "Psychological Assessment." If it is suspected that a mental health therapist is engaged in unprofessional conduct by conducting a psychological test that is outside the scope of their competency, abilities, or education, a complaint against the therapist should be filed with the Division and the allegations will be investigated.

APPLICABLE STATE STATUTES

Psychologist Licensing Act 58-61-102. Definitions.

(9) (a) "Practice of psychology" includes:

(i) the practice of mental health therapy by means of observation, description, evaluation, interpretation, intervention, and treatment to effect modification of human behavior by the application of generally recognized professional psychological principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior;

(ii) the observation, description, evaluation, interpretation, or modification of human behavior by the application of generally recognized professional principles, methods, or procedures requiring the education, training, and clinical experience of a psychologist, for the purpose of assessing, diagnosing, preventing, or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health;

(iii) psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning;

(iv) counseling, marriage and family therapy, psychoanalysis, psychotherapy, hypnosis, and behavior analysis and therapy;

(v) diagnosis and treatment of mental and emotional disorders of disability, alcoholism and substance abuse, disorders of habit or conduct, and the psychological aspects of physical illness, accident, injury, or disability; and

(vi) psychoeducational evaluation, therapy, remediation, and consultation.

(b) An individual practicing psychology may provide services to individuals, couples, families, groups of individuals, members of the public, and individuals or groups within organizations or institutions.

Mental Health Professional Practice Act

58-60-102. Definitions.

(5) "Mental health therapist" means an individual who is practicing within the scope of practice defined in the individual's respective licensing act and is licensed under this title as:

(a) a physician and surgeon, or osteopathic physician engaged in the practice of mental health therapy;

(b) an advanced practice registered nurse, specializing in psychiatric mental health nursing;

(c) an advanced practice registered nurse intern, specializing in psychiatric mental health nursing;

(d) a psychologist qualified to engage in the practice of mental health therapy;

(e) a certified psychology resident qualifying to engage in the practice of mental health therapy;

(f) a clinical social worker;

(g) a certified social worker;

(h) a marriage and family therapist;

(i) an associate marriage and family therapist;

(j) a clinical mental health counselor; or

(k) an associate clinical mental health counselor.

(6) "Mental illness" means a mental or emotional condition defined in an approved diagnostic and statistical manual for mental disorders generally recognized in the professions of mental health therapy listed under Subsection (5).

(7) "Practice of mental health therapy" means treatment or prevention of mental illness, whether in person or remotely, including:

(a) conducting a professional evaluation of an individual's condition of mental health, mental illness, or emotional disorder consistent with standards generally recognized in the professions of mental health therapy listed under Subsection (5);

(b) establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy listed under Subsection (5);

(c) prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and

(d) engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy listed under Subsection (5).

Division of Occupational and Professional Licensing Act

58-1-501. Unlawful and unprofessional conduct.

(2) "Unprofessional conduct" means conduct, by a licensee or applicant, that is defined as unprofessional conduct under this title or under any rule adopted under this title and includes:

(i) practicing or attempting to practice an occupation or profession regulated under this title beyond the scope of the licensee's competency, abilities, or education;

Social Worker Licensing Act

58-60-202. Definitions.

(3) "Practice of clinical social work" includes:

(a) the practice of mental health therapy by observation, description, evaluation, interpretation, intervention, and treatment to effect modification of behavior by the application of generally recognized professional social work principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, the symptoms of any of these, or maladaptive behavior;

(b) the application of generally recognized psychotherapeutic and social work principles and practices requiring the education, training, and clinical experience of a clinical social worker; and

(c) supervision of the practice of a certified social worker or social service worker as the supervision is required under this chapter and as further defined by division rule.

Marriage and Family Therapy Practice Act

58-60-302. Definitions.

In addition to the definitions in Sections 58-1-102 and 58-60-102, as used in this part:

(3) "Practice of marriage and family therapy" includes:

(a) the process of providing professional mental health therapy including psychotherapy to individuals, couples, families, or groups;

(b) utilizing established principles that recognize the interrelated nature of individual problems and dysfunctions in family members to assess, diagnose, and treat mental, emotional, and behavioral disorders;

(c) individual, premarital, relationship, marital, divorce, and family therapy;

(d) specialized modes of treatment for the purpose of diagnosing and treating mental, emotional, and behavioral disorders, modifying interpersonal and intrapersonal dysfunction, and promoting mental health; and

(e) assessment utilized to develop, recommend, and implement appropriate plans of treatment, dispositions, and placement related to the functioning of the individual, couple, family, or group.

Clinical Mental Health Counselor Practice Act

58-60-402. Definitions.

(2) "Practice of clinical mental health counseling" means the practice of mental health therapy by means of observation, description, evaluation, interpretation, intervention, and treatment to effect modification of human behavior by the application of generally recognized clinical mental health counseling principles, methods, and procedures for the purpose of preventing, treating, or eliminating mental or emotional illness or dysfunction, symptoms of any of these, or maladaptive behavior.



State of Utah
Utah Psychologist Licensing Board

2

January 6, 2015

Dear Senator or Representative:

The Utah Psychologist Licensing Board wishes to express support for a legislative proposal to create a behavior analyst license to be issued by the Utah Department of Commerce, Division of Occupational and Professional Licensing.

The Board believes this license is necessary because it ensures protection of public's health, safety, and welfare. The Board recognizes the high vulnerability of the population that use behavioral analysis services. Continuing to not require licensure for those that work in this field exposes this vulnerable population to potential harm. Licensing is one way to ensure this population is served by qualified professionals who are required to demonstrate competency through completion of exams, formal education, supervised experience, and continuing education.

Members of the Utah Psychologist Licensing Board hope the Utah Legislature takes action during the 2015 Legislative Session to join the 25 jurisdictions throughout the United States that already license behavior analysts.

Sincerely,

Utah Psychologist Licensing Board

to assist her in her probation. Dr. Cohn conducted the interview. Dr. Hilemon reviewed her education and experience with the Board. Dr. Hilemon advised the Board that the violation that placed her license on probation was she engaged in a two week inappropriate dual relationship with a client. Dr. Hilemon stated she owns a residential program for adults. She has five or six clients at any given point. She provides therapy in a separate office. Her staff is not licensed. She employs two life coaches who are masters level social workers who do not provide mental health therapy. They provide help with daily care. Her program provides individualized care with her clients. She works with Dr. Robert Kramer, Psychiatrist, for medication for her clients. At 10:43 A.M., Dr. Jackson made a motion to close the Board meeting to discuss the character, professional competence, or physical or mental health of an individual. Dr. Cohn seconded the motion. There was no recording made. Written notes were not taken. The Board meeting opened at 11:10 A.M. Dr. Hilemon stated she is currently meeting with her supervisor, Dr. O'Keefe, Psy.D. He supervised her during her residency. The Board advised Dr. Hilemon that her supervisor needs to be objective enough to provide her with supervision and expressed concern that Dr. O'Keefe may not have enough experience in the field. The Board reviewed Dr. O'Keefe's letter to the Board and approved him as Dr. Hilemon's supervisor at this time. The Board advised Dr. Hilemon to continue looking for CE courses. Submit course descriptions to Mr. Oborn for the Board's review. The Board wants her to attend some CE courses in person. The psychological evaluation is on hold for now. The Board asked to see Ms. Hilemon on October 7, 2014. The Board approved a telephone interview as long as she is in compliance with her stipulation. **Dr. Hilemon is in compliance with her stipulation.**

DISCUSSION ITEMS:

1. Proposal to license applied behavior analysts

Dr. Klein and Mr. Thomas Higbee, USU/Utah Association for Behavioral Analysis met with the Board regarding a proposal to license applied behavior analyst professionals. Mr. Higbee advised the Board

that the practice of behavior analysis means the design and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. Mr. Higbee stated that 25 states license applied behavior analysts. The applied behavior analysts will not provide mental health therapy and they will not diagnose. This will be done by the psychologists or psychiatrists. Currently there are two programs in Utah, Utah State and the U of U. There are about 15 students every other year graduating. Behavior analysts have their own certification. National certification is awarded after passing a national exam and a set of training and supervision requirements. The language in the proposal represents agreement from many stakeholders. Mr. Oborn noted that the proposal adds a behavior analyst to the Psychology Licensing Board. Mr. Higbee stated that there would be about 50 new applicants for the new license. Most are masters level and six to eight have doctoral degrees. The national certification has its own disciplinary board. For those who are currently working in the field and do not have the degree, there is a grandfather clause for six years. This proposal requires that if they leave their current job or move to another entity, they must become licensed. Dr. Cohn made a motion to recommend that the Utah Legislature consider adopting this license. The motion was seconded by Dr. Jackson and carried unanimously.

2. Continued consideration of amending R156-61-302a to address graduates from doctoral programs that are candidates for CoA accreditation

Mr. Oborn reviewed a consideration of amending R156-61-302a to address graduates from doctoral programs that are candidates for CoA accreditation with the Board. Mr. Oborn noted that the Board discussed this change at a previous Board meeting. Mr. Oborn noted that the new language creates a new definition of the term "Program accredited by the COA" in R516-61-102(6)(ii). The proposal expands the definition to be a program that was in eligibility status for accreditation by the CoA at the time which the applicant satisfactorily completed the program and has not been previously denied accreditation by the CoA.

Mr. Oborn noted that the PLUS program moving forward and ASPPB will be doing all of the approval

State of Utah
Administrative Rule Analysis

NOTICE OF PROPOSED RULE

- * The agency identified below in box 1 provides notice of proposed rule change pursuant to Utah Code Section 63G-3-301.
- * Please address questions regarding information on this notice to the agency.
- * The full text of all rule filings is published in the Utah State Bulletin unless excluded because of space constraints.
- * The full text of all rule filings may also be inspected at the Division of Administrative Rules.

DAR file no.:		Date filed:	
State Admin. Code Filing (R):		Time filed:	

	Agency No.	Rule No.	Section No.
Utah Admin. Code Ref (R no.):	R 156	- 61	-
Changed to Admin. Code Ref. (R no.):	R	-	-

1. Agency: Commerce/Division of Occupational and Professional Licensing

Room no.:

Building: Heber M. Wells Building

Street address 1: 160 East 300 South

Street address 2:

City, state, zip: Salt Lake City UT 84111-2316

Mailing address 1: PO Box 146741

Mailing address 2:

City, state, zip: Salt Lake City UT 84114-6741

Contact person(s):

Name:	Phone:	Fax:	E-mail:
Rich Oborn	801-530-6767	801-530-6511	roborn@utah.gov

(Interested persons may inspect this filing at the above address or at the Division of Administrative Rules during business hours)

- 2. Title of rule or section (catchline):**
Psychologist Licensing Act Rule
- 3. Type of notice:**
New ___; Amendment XXX; Repeal ___; Repeal and Reenact ___
- 4. Purpose of the rule or reason for the change:**
The Division and the Psychologist Licensing Board reviewed the rule and determined it was necessary to: (1) further define an existing license exemption established in Subsection 58-1-307(1)(b); (2) modify the definition of a program accredited by the Commission on Accreditation (CoA) of the American Psychological Association; (3) modify the examination requirement; and (4) make various nonsubstantive changes.
- 5. This change is a response to comments from the Administrative Rules Review Committee.**
No XXX; Yes ___
- 6. Summary of the rule or change:**

Section 102: Paragraph (4) is added to define the term "on-the-job training program" as used in Subsection 58-1-307 (1)(b). Standards that these programs must meet are established in Section 601. These proposed amendments create a 45-day exemption applicable to individuals who have completed all required coursework for a degree but who do not yet qualify for a license because they are waiting for their school to formally award the degree. There is always a gap between the completion date of a final course of a program and the formal awarding of a degree. This proposed amendment allows these individuals to continue to legally work under an exemption for a maximum of 45 days under certain conditions specified in the rule. Renumbering changes are made throughout the section. In Paragraph (6), the definition of the term "program accredited by CoA" is expanded to include programs that are under review for accreditation by the CoA and approved for a site visit within six years after the applicant satisfactorily completed the program. This amendment is necessary in order to accommodate qualified applicants who graduate from programs that are not accredited by the CoA, but have been approved for a site visit by CoA. Section 302a: An incorrect rule citation is corrected in this section. Section 302b: A typographical error is corrected in this section. Section 302c: Paragraph (2) is removed because the Division is removing itself from the exam pre-approval process. Under the new process, the American Association of State Psychology Board (ASPPB) will control who takes the Examination for the Professional Practice of Psychology (EPPP), and the Division's testing contractor will control who takes the Utah Psychologist Law and Ethics Exam. The new process will dramatically decrease the number of days that a psychologist license application is pending with the Division. Paragraphs (6) and (7) are no longer necessary under the new process and are being deleted. Section 601: New section establishes standards for an approved on-the-job training program.

7. Aggregate anticipated cost or savings to:

A) State budget:

Affected: No ; Yes

Administering the exam pre-approval process for the EPPP and the Utah Psychologist Law and Ethics examinations currently distracts Division staff from their primary responsibility of processing license applications. As a result, the Division will experience savings impact due to removing itself from the exam pre-approval processes under amendments to Section 302c. The Division is unable to estimate the extent of savings impact caused by this amendment. The Division will incur minimal costs of approximately \$100 to print and distribute the rule once the proposed amendments are made effective. Any costs incurred will be absorbed in the Division's current budget. No other cost impact to the Division is anticipated.

B) Local government:

Affected: No ; Yes

The proposed amendments apply only to doctoral psychology students and applicants for licensure as a psychologist. As a result, the proposed amendments do not apply to local governments.

C) Small businesses ("small business" means a business employing fewer than 50 persons):

Affected: No ; Yes

Many mental health agencies and private practices are small businesses that employ individuals as they transition from being a student to a licensed psychologist. These businesses may experience a cost savings under the proposed amendments because the amendments enable individuals to continue therapy or counseling with their clients for up to 45 days after the individual completes coursework. If a business decides to keep the student on staff after completion of the internship course, the business will avoid the expense of hiring a new employee to perform the services provided by the student. The Division is unable to quantify this impact due to a wide range of circumstances.

D) Persons other than small businesses, businesses, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an agency):

Affected: No ; Yes

Many individuals working in the psychology field and transitioning from being a student to a licensee may experience a cost savings because the proposed amendments enable them to continue practicing psychology with clients for up to 45 days after completing their coursework. It may also increase the likelihood that an internship site will continue to employ an individual after they complete the internship. The Division is unable to quantify this impact due to a wide range of circumstances. Removing the Division from the EPPP exam pre-approval process has cost impact on individuals in Utah seeking to register for the EPPP. This is because the ASPPB has indicated that it will require candidates to register for the ASPPB Psychology Licensure Universal System (PLUS) as part of the exam pre-approval process. Registration for the PLUS requires payment of a \$200 fee.

8. Compliance costs for affected persons:

NOTE: The date above is the date on which this rule MAY become effective. It is NOT the effective date. After the date designated in Box 12(A) above, the agency must submit a Notice of Effective Date to the Division of Administrative Rules to make this rule effective. Failure to submit a Notice of Effective Date will result in this rule lapsing and will require the agency to start the rulemaking process over.

14. **Indexing information -- keywords** (maximum of four, in lower case, except for acronyms (e.g., "GRAMA") or proper nouns (e.g., "Medicaid")); may not include the name of the agency:

licensing

psychologists

15. **Attach an RTF document containing the text of this rule change**
(filename):

R156-61.pro

To the agency: Information requested on this form is required by Sections 63G-3-301, 302, 303, and 402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin*, and delaying the first possible effective date.

AGENCY AUTHORIZATION

Agency head or
designee, and title:

Mark B. Steinagel, Director

Date
(mm/dd/yyyy):

11/07/2014

R156. Commerce, Occupational and Professional Licensing.

R156-61. Psychologist Licensing Act Rule.

R156-61-101. Title.

This rule is known as the "Psychologist Licensing Act Rule."

R156-61-102. Definitions.

In addition to the definitions in Title 58, Chapters 1 and 61, as used in Title 58, Chapters 1 and 61 or this rule:

(1) "Approved diagnostic and statistical manual for mental disorders" means the following:

(a) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5 or Fourth Edition: DSM-IV published by the American Psychiatric Association;

(b) 2013 ICD-9-CM for Physicians, Volumes 1 and 2 Professional Edition published by the American Medical Association; or

(c) ICD-10-CM 2013: The Complete Official Draft Code Set published by the American Medical Association.

(2) "CoA" means Committee on Accreditation of the American Psychological Association.

(3) "Direct supervision" of a supervisee in training, as used in Subsection 58-61-304(1)(f), means:

(a) a supervisor meeting with the supervisee when both are physically present in the same room at the same time; or

(b) a supervisor meeting with the supervisee remotely via real-time electronic methods that allow for visual and audio interaction between the supervisor and supervisee under the following conditions:

(i) the supervisor and supervisee shall enter into a written supervisory agreement which, at a minimum, establishes the following:

(A) frequency, duration, reason for, and objectives of electronic meetings between the supervisor and supervisee;

(B) a plan to ensure accessibility of the supervisor to the supervisee despite the physical distance between their offices;

(C) a plan to address potential conflicts between clinical recommendations of the supervisor and the representatives of the agency employing the supervisee;

(D) a plan to inform a supervisee's client or patient and employer regarding the supervisee's use of remote supervision;

(E) a plan to comply with the supervisor's duties and responsibilities as established in rule; and

(F) a plan to physically visit the location where the supervisee practices on at least a quarterly basis during the period of supervision or at a lesser frequency as approved by the Division in collaboration with the Board;

(ii) the supervisee submits the supervisory agreement to the Division and obtains approval before counting direct supervision completed via live real-time methods toward the 40 hour direct supervision requirement; and

(iii) in evaluating a supervisory agreement, the Division shall consider whether it adequately protects the health, safety, and welfare of the public.

(4) "On-the-job training program approved by the Division", as used in Subsection 58-61-301(1)(b), means a program that meets the standards established in Section R156-61-601.

([4]5) (a) "Predoctoral internship" refers to a formal training program that meets the minimum requirements of the Association of Psychology Postdoctoral and Internship Centers (APPIC) offered to culminate a doctoral degree in clinical, counseling, or school psychology.

(b) A training program may be a full-time one year program or a half-time two year program.

([5]6) (a) "Program accredited by the CoA", as used in Subsections R156-61-302a(1), means a psychology department program that, as of the date on which a student completes a doctoral psychology degree program:

(i) has obtained an accreditation from the CoA; or

(ii) (A) has applied to the CoA for accreditation;

(B) has been approved by the CoA for a site visit, which is to occur within the ensuing six years; and

(C) has not previously been denied accreditation by the CoA. [accredited at the time of completion of a doctoral psychology degree.

~~(b) No other accredited educational program at a degree granting institution is considered to meet the requirement in Subsections R156-61-302a(1), and in no case are departments or institutions of higher education considered accredited.]~~

([6]7) (a) "Program of respecialization", as used in Subsection R156-61-302a(3), is a formal program designed to prepare someone with a doctoral degree in psychology with the necessary skills to practice psychology.

(b) The respecialization activities shall include substantial requirements that are formally offered as an organized sequence of course work and supervised practicum leading to a certificate (or similar recognition) by an educational body that offers a doctoral degree qualifying for licensure in the same area of practice as that of the certificate.

([7]8) "Qualified faculty", as used in Subsection 58-1-307(1)(b), means a university faculty member who provides pre-doctoral supervision of clinical or counseling experience in a university setting who:

(i) is licensed in Utah as a psychologist; and

(ii) is training students in the context of a doctoral program leading to licensure.

([8]9) "Residency program", as used in Subsection 58-61-301(1)(b), means a program of post-doctoral supervised clinical training necessary to meet licensing requirements as a psychologist.

([9]10) (a) "Psychology training", as used in Subsection 58-61-304(1)(e), means practical training experience providing direct services in the practice of mental health therapy and psychology under supervision.

All activities in full-time internships and full-time post-doctoral positions devoted solely to mental health delivery meet this definition.

(b) Activities not directly related to the practice of psychology, even if commonly performed by psychologists, do not meet the definition of psychology training under Subsection 58-61-304(1)(e). Examples of ineligible activities include psychology coursework, analog clinical activities (e.g. role plays), activities required for business purposes (e.g. billing), supervision of others engaged in activities other than practice of psychology (e.g. supervising adolescents in wilderness settings), and activities commonly performed by non-psychologists (e.g. teaching of psychology on topics not of a professional nature).

R156-61-302a. Qualifications for Licensure - Education Requirements.

(1) In accordance with Subsection 58-61-304(1)(d), an institution or program of higher education awarding a psychology degree that qualifies an applicant for licensure as a psychologist shall be accredited by the CoA.

(a) An applicant shall graduate from the actual program that is accredited by CoA. No other program within the department or institution qualifies unless separately accredited.

(b) If a transcript does not uniquely identify the qualifying CoA accredited degree program, it is the responsibility of the applicant to provide signed, written documentation from the program director or department chair that the applicant did indeed graduate from the qualifying accredited degree program.

(2) In accordance with Subsection 58-61-304(1)(d), an institution or program of higher education awarding a psychology doctoral degree that is not accredited by CoA shall meet the following criteria in order to qualify an applicant for licensure as a psychologist:

(a) if located in the United States or Canada, be an institution having a doctoral psychology program recognized by the Association of State and Provincial Psychology Boards (ASPPB)/National Register Joint Designation Committee as being found to meet "designation criteria", at the time the applicant received the earned degree. Whether a program is found to meet designation criteria is a decision to be made by the ASPPB/National Register Joint Designation Committee; or

(b) if located outside of the United States or Canada, be an institution that meets the ASPPB National Register (NR) Designation Guidelines for defining a doctoral degree in psychology as determined by the NR.

(3) An applicant whose psychology doctoral degree training is not designed to lead to clinical practice or who wishes to practice in a substantially different area than the training of the doctoral degree shall complete a program of respecialization as defined in Subsection R156-61-102(~~5~~7), and shall meet requirements of Subsection~~5~~ R156-61-302a(2).

(4) The date of completion of the doctoral degree shall be the graduation date listed on the official transcript.

R156-61-302b. Qualifications for Licensure - Experience Requirements.

(1) An applicant for licensure as a psychologist under Subsection 58-61-304(1)(e) or mental health therapy under Subsections 58-61-304(1)(e) and (1)(f) shall complete a minimum of 4,000 hours of psychology training approved by the Division in collaboration with the Board. The training shall:

(a) be completed in not less than two years;

(b) be completed in not more than four years following the awarding of the doctoral degree unless the Division in collaboration with the Board approves an extension due to extenuating circumstances;

(c) be completed while the applicant is enrolled in an approved doctoral program or licensed as a certified psychology resident;

(d) be completed while the applicant is under the supervision of a qualified psychologist meeting the requirements under Section R156-61-302d;

(e) if completed under the supervision of a qualified faculty member who is not an approved psychology training supervisor in accordance with S[ub]section R156-61-302d, the training shall not be credited toward the 4,000 hours of psychology doctoral clinical training;

(f) be completed as part of a supervised psychology training program as defined in Subsection R156-61-102(4) that does not exceed:

(i) 40 hours per week for full-time internships and full-time post doctoral positions; or

(ii) 20 hours of part-time internships and part-time post doctoral positions; and

(g) be completed while the applicant is under supervision of a minimum of one hour of supervision for every 20 hours of pre-doctoral training and experience and one hour for every 40 hours of post-doctoral training and experience.

(2) In accordance with Subsection 58-61-301(1)(b), an individual engaged in a post-doctoral residency program of supervised clinical training shall be certified as a psychology resident.

(3) An applicant for licensure may accrue any portion of the 4,000 hours of psychology doctoral degree training and experience required in Subsection 58-61-304(1)(e) in a pre-doctoral program.

(4) An applicant who applies for licensure as a psychologist who completes the 4,000 hours of psychology doctoral degree training and experience required in Subsection 58-61-304(1)(e) in a pre-doctoral program or post-doctoral residency, and meets qualifications for licensure, may be approved to sit for the examinations, and upon passing the examinations will be issued a psychologist license.

(5) An applicant for licensure as a psychologist who has commenced and completed all or part of the psychology or mental health therapy training requirements under Subsection R156-61-302b(1) outside the state, may receive credit for that training completed outside of the state if it is demonstrated by the applicant that the training is equivalent to the

requirements for training under Subsections 58-61-304(1)(e) and (f), and Subsection R156-61-302b(1).

R156-61-302c. Qualifications for Licensure - Examination Requirements.

(1) The examination requirements which shall be met by an applicant for licensure as a psychologist under Subsection 58-61-304(1)(g) are:

(a) passing the Examination for the Professional Practice of Psychology (EPPP) developed by the American Association of State Psychology Board (ASPPB) with a passing score as recommended by the ASPPB; and

(b) passing the Utah Psychologist Law and Ethics Examination with a score of not less than 75%.

~~(2) [A person may be admitted to the EPPP and Utah Psychologist Law and Ethics examinations in Utah only after meeting the requirements under 58-61-305, and after receiving written approval from the Division.~~

~~(3)~~ If an applicant is admitted to an EPPP examination based upon substantive information that is incorrect and furnished knowingly by the applicant, the applicant shall automatically be given a failing score and shall not be permitted to retake the examination until the applicant submits fees and a correct application demonstrating the applicant is qualified for the examination and adequately explains why the applicant knowingly furnished incorrect information. If an applicant is inappropriately admitted to an EPPP examination because of a Division or Board error and the applicant receives a passing score, the results of the examination may not be used for licensure until the deficiency which would have barred the applicant for admission to the examination is corrected.

~~(4)~~ An applicant who fails the EPPP examination three times will only be allowed subsequent admission to the examination after the applicant has appeared before the Board, developed with the Board a plan of study in appropriate subject matter, and thereafter completed the planned course of study to the satisfaction of the Board.

~~(5)~~ An applicant who is found to be cheating on the EPPP examination or in any way invalidating the integrity of the examination shall automatically be given a failing score and shall not be permitted to retake the examination for a period of at least three years or as determined by the Division in collaboration with the Board.

~~(6) In accordance with Section 58-1-203 and Subsection 58-61-304(1)(g), an applicant for the EPPP or the Utah Psychologist Law and Ethics Examination shall pass the examinations within one year from the date of the psychologist application for licensure. If the applicant does not pass the examinations within one year, the pending psychologist application shall be denied. The applicant may continue to register to take the EPPP examination under the procedures outlined in Subsection R156-61-302c(4).~~

~~(7) In accordance with Section 58-1-203 and Subsection 58-61-304(2)(d), an applicant for psychologist licensure by endorsement shall pass the Utah Psychologist Law and Ethics Examination within six months~~

~~from the date of the psychologist application for licensure. If the applicant does not pass the examination in six months, the pending psychologist application shall be denied.]~~

R156-61-601. Standards - Approved On-the-Job Training Program.

In accordance with Subsection R156-61-102(4), an on-the-job training program is one that:

(1) includes only individuals who have completed all courses required for graduation in a doctoral degree that satisfies the licensure requirements under Title 58, Chapter 61 and these rules;

(2) starts immediately upon completion of all courses required for graduation;

(3) ends no later than 45 days from the date it begins, or upon licensure, whichever is earlier;

(4) may not be extended or used a second time;

(5) is completed while the individual is an employee of a public or private agency engaged in the practice of psychology; and

(6) is supervised by an individual who:

(a) is licensed under Title 58, Chapter 61; and

(b) conducts supervision at least weekly on circumstances where supervisor and supervisee are physically present in the same room at the same time.

KEY: licensing, psychologists

Date of Enactment or Last Substantive Amendment: ~~November 7, 2013~~ 2015

Notice of Continuation: January 13, 2014

Authorizing, and Implemented or Interpreted Law: 58-1-106(1) (a); 58-1-202(1) (a); 58-61-101