

STATE OF NEVADA BOARD OF PSYCHOLOGICAL EXAMINERS
AD HOC COMMITTEE TO CONSIDER REGISTRATION OF SUPERVISORS OF
PSYCHOLOGICAL ASSISTANTS, PSYCHOLOGICAL INTERNS, AND
PSYCHOLOGICAL TRAINEES, AND ASSOCIATED CONCERNS

MEETING MINUTES

May 3, 2023

1. Call To Order/Roll Call to Determine the Presence of a Quorum.

Call to Order: Committee Chair Dr. Whitney Owens called to order at 9:02 a.m. the meeting of the Nevada Board of Psychological Examiners' Ad Hoc Committee to Consider Registration of Supervisors of Psychological Assistants, Psychological Interns, and Psychological Trainees, and Associated Concerns ("the Registration of Supervisors Committee").

Roll Call: Committee Chair Whitney Owens and Committee members Lorraine Benuto, William O'Donohue, and Michelle Paul were present at roll call. Dr. Ben Adams was absent at roll call, but joined the meeting at 9:06 a.m. The Committee had a quorum of its members.

2. Public Comment. Note: Public comment is welcomed by the Committee and may be limited to three minutes per person at the discretion of the Board President. Public comment will be allowed at the beginning and end of the meeting, as noted on the agenda. The Board President may allow additional time to be given a speaker as time allows and in their sole discretion. Comments will not be restricted based on viewpoint. No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken (NRS 241.020).

There was no public comment at this time.

Committee Chair Owens acknowledged how big of a task the Committee has in what it is undertaking, noting that the Committee is trying to overhaul its regulations around supervision and appreciated the committee for being willing to take on such a monumental task.

3. (For Possible Action) Discussion, Deliberation, and Possible Action to approve the minutes of NBOPE's Ad Hoc Committee of the Registration of Supervisors of Psychological Assistants, Psychological Interns, and Psychological Trainees' April 5, 2023, meeting.

Committee Chair Owens asked if the committee members had an opportunity to look over the proposed minutes from the last meeting on April 5, 2023. Dr. Paul noted that in a couple of places the minutes say Medicare, and it needs to say Medicaid throughout. She explained they are very different and should not be confused.

Director Arnold thanked Dr. Paul and said she would make those revisions.

On Motion by Michelle Paul, Second by Lorraine Benuto, the Nevada State Board of Psychological Examiners' Registration of Supervisors Committee approved, with Dr. Paul's requested revisions, the Minutes of its April 5, 2023, Meeting.

(Yea: Whitney Owens, Ben Adams, Lorraine Benuto, William O'Donohue, and Michelle Paul.) Motion Carried: 5-0.

4. (For Possible Action) Discussion, Deliberation, and Possible Action on the NBOPE Ad Hoc Committee of the Registration of Supervisors of Psychological Assistants, Psychological Interns, and Psychological Trainees.

Chair Owens stated that at the last meeting, the committee had talked about the registration of supervisors and the executive director had forwarded information and materials from other states that responded to her listserv inquiry about what supervision looks like in those states. She said that the consensus that she is seeing is that other psychology boards around the country are not registering supervisors, but there are a few states that do a nice job of spelling out supervisors' responsibilities. Dr. Owens highlighted California's supervision provision, section 1387.1, which she said has really nice language about supervisors' responsibilities. She suggested that, while the intention of registering supervisors as the committee had previously discussed was to create supervisor accountability to ensure supervisors knew their responsibilities and that students got their paperwork in, another consideration is to clearly spell out supervisors' responsibilities as has been done in other states.

Dr. Paul wanted to make sure the Committee was reviewing the most up-to-date regulations, as Nevada's regulation revisions in R074-18 outlines the responsibilities of supervisors and what they are expected to do. Dr. Owens agreed, and stated that what California added in its regulations is that supervisors are responsible for completing the supervised practice plan. Dr. Paul noted that R074-18 talks about a written training plan and requires that it be submitted with registering assistants, interns, and trainees. She said that she is fine with revising the regulation, but wants to make sure the Committee is starting with the most recent regulation, as some of the materials with which the Committee was provided are older regulation provisions. Dr. Owens said that

is one of the challenges that they have had because it is difficult to find the different versions due to the changes since 2019 with the Board's executive director and the Legislative Counsel Bureau not having published the most up to date language. Dr. Paul asked to stipulate that Nevada's R074-18 is the starting point for the Committee's work.

Dr. O'Donohue said he likes the idea of trying to provide a support structure and clarity in order to increase the likelihood that supervisors will comply with requirements rather than the idea of going through registration. In his view, that is the right touch, and then if it does not work, it can be revisited to see what can be done to increase intensity.

Dr. Owens suggested that the Committee look at the most updated information that Dr. Paul is looking at, and said if there are some pieces that are already in there, the Committee might just be chasing tails. She wondered if they could have one of the Committee members be responsible for looking at the R074-18 language along with what California's regulation says and see if there are missing pieces the Committee can recommend adding or clarifying in a way that spells out supervisors' responsibilities. Dr. Owens stated that, on one hand, if the language is already there, then the task is determining how to get it out to supervisors, and on the other hand, if there is language missing, then they can make recommendations to the Board for some changes to the NAC Chapter 641 and add those in.

Dr. Paul and Dr. O'Donohue stated they liked that idea. Dr. O'Donohue added that it is similar in some ways to dissemination and translation research. He said evidence based therapies are buried in academic journals behind paywalls and you cannot assume people are going to adopt it. He wanted to make sure the language is to the Committee's liking and then figure out the problem with and solution to dissemination. Dr. O'Donohue noted that he would personally find that approach friendly, stating that if he received information related to someone he is supervising that was a checklist of what needs to be done, he would find that helpful and useful as opposed to going through the registration process, which is a burdensome task and he might fail because he did not meet a criteria.

Dr. Owens stated that she wants to be friendly and make sure the Committee is encouraging people to want to supervise and to do so in a responsible, effective, positive way. She asked the executive director what she needs to do to find the most updated language for R074-18, in response to which the executive director said that the version she sent out to the Committee members is the version that is on the Board's website as the most recent version. Dr. Paul confirmed that the version of R074-18 that is on the Board's website is the most recent version, it having been approved and gone through the legislature, and effective as of January 30, 2019. She went on to explain that the materials the executive director had sent included the current version of and the various revisions to the applicable code provisions. She said that because R074-18 has not yet been codified, the current version of the code that is available to

the public is outdated, and so what was included in the materials that was sent out had outdated language. Dr. Owens clarified that the executive director had sent what is currently published as well as the updated, revised versions that followed each code provision. Director Arnold explained that her intention was to send the version that is available to the public to show what the public sees and also the provisions that have been revised and how they have been revised, in effect providing a chronology of the updates. She stated that she did not intend to send the 2016 version as the current version, but rather the version that is currently published and available to the public, and apologized if the materials she forwarded were misconstrued.

Dr. Paul asked what document to which Dr. Owens was referring regarding the NAC's current and revised supervision provisions. Dr. Owens directed Dr. Paul to where in the materials that information is provided and stated that it is the current, published version followed by the revisions. Dr. Paul said she saw that, but believed there is more in R074-18, and perhaps that document needs to be merged with R074-18 because it has information about the responsibilities of supervisors. Dr. Paul also noted that this illustrates why the Committee needs to know what it is looking for. Dr. Owens stated that it also illustrates why people are confused. Dr. Paul said she has not been on the Board for a while and it looks like there were additional revisions to R074-18, as the regulations are not in sync.

Dr. Owens stated that the Governor has required that boards provide recommendations about regulations that they can remove and that are not useful, and that the Board has responded to the Governor by recommending that the BCBA language be removed, and has explained the work the Committee is addressing so there is not so much confusion.

Dr. Adams said he appreciates the opportunity to review all of the material.

Dr. Paul wanted to be crystal clear that the Committee have the current version with revisions side-by-side, which is helpful, and that R074-18 in its entirety is the version with which the Committee would be working.

In looking at R074-18, Dr. Owens asked if anyone on the Committee was willing to review those regulations along with those from other states in the materials that the Committee has and see if there is anything that could be included. She specifically noted that what California has in terms of regulations may be helpful to have for supervisors in Nevada's regulations. Dr. Owens stated that she does not necessarily mean marrying the documents, but rather seeing if there is language from other states that may be helpful in clarifying the role of a supervisor or clarifying a supervisor's responsibilities. Dr. Benuto stated that she would be happy to do that. She clarified that the executive director would be sending her the documents she needs and that her task would be to see if there is anything in those documents the Committee would consider adopting. Dr. Owens confirmed and asked the executive director to send Dr. Benuto the language for R074-18 as well as the relevant regulations from California and Oregon.

Dr. O'Donohue raised the idea of criteria used to evaluate any additions. He gave an example of an article called Let's Quit Kidding Ourselves About Clinical Training, which talks about the ceramics course fallacy when people are deciding to put on a curriculum. He explained that the ceramics course fallacy goes "a good course in ceramics never hurt anybody", and that the article's author said that is too low of a bar. Dr. O'Donohue suggested that a bar he would use in choosing clinical course requirements would consider whether he would send a loved one to someone who did not have that course. He said he would not send a loved one to someone who did not have a course in psychopathology, epidemiology, or psychometrics, and he thought that criteria are more useful for what the Committee is doing. Dr. O'Donohue went on to state that if he knew a supervisor did not meet those criteria, he would probably not feel good about that person supervising the therapy of a loved one, as opposed to the ceramic course fallacy – it could be good for someone to have that but not so essential. He said the light touch efficiency that Dr. Owens talked about aptly is more consistent with the criteria.

Dr. Owens stated that she liked that analogy because the community does not understand training, does not understand supervision, and does not understand seeing a well-trained supervisee versus one that is not so well trained. She explained that supervisees can get thrown into, at least in the public sector, those not wanting to see a student because of the perception that they are not well supervised. She also suggested that the more the process of supervision for psychologists can be ensured, there can be confidence that they are being appropriately mentored and supervised at their level of training.

Dr. Paul put in a plug for the ASPPB supervisory guidelines. She stated that California's and Oregon's supervision regulations align with the ASPPB guidelines, and that the ASPPB wrote those guidelines after surveying all the states and jurisdictions, as well as the provinces in Canada. She said she just wanted to make sure the Committee is staying in alignment with the work that was done at the national level, as there are a lot of parallels.

Dr. Owens agreed with Dr. Paul, stating that what impressed her about California and Oregon is that they are in alignment with the ASPPB, and are so thorough and clear. She said the work that Dr. Benuto will do will be really helpful in identifying pieces that the Board's regulations are missing and, if not, then the issue will revert back to the Board about how to disseminate the regulation's information in a way that is usable for supervisors and so the Board can hold them accountable while also providing information they need to be successful.

Dr. Paul stated that what no one wants to see is a supervisor assuming that he or she can supervise simply because he or she was supervised. She said supervisors have to appreciate that supervision is a competence to be developed. Dr. Paul thought the Board could offer some tools on its website, such as a sample training plan and/or a sample supervision contract, and perhaps it could sponsor some continuing education

programs on supervision that could get to the basics and provide a foundational baseline for supervision.

In concluding Agenda Item No. 4, Dr. Owens stated that the Committee did not need to take a vote on it, but that Dr. Benuto would come back with recommendations, and moved on to Agenda Item. No. 5.

5. (For Possible Action) Discussion, Deliberation, and Possible Action to revise NAC Chapter 641 provisions related to the practice of supervision by a psychologist.

- A. NAC 641.1507
- B. NAC 641.1519
- C. NAC 641.152
- D. NAC 641.156
- E. NAC 641.157
- F. NAC 641.158
- G. NAC 641.159

Dr. Owens stated that the larger cast before the Committee, and where the bulk of the work is, is looking at the regulations and identifying whether the number of assistants make sense, and whether the requirements that the Committee is considering in terms of registering supervisors makes sense. She asked if any of the Committee members had anything they wanted to discuss in reference to NAC 641.157, which is the definition of a supervisor. Dr. Paul confirmed with Dr. Owens that NAC 641.157 has been revised.

Dr. O'Donohue stated that, as he understands it, supervisors cannot be paid for supervision, and thought that was the elephant in the room. He suggested that those who get paid to do something put more energy and effort into it than if they are expected to do it for free. Dr. O'Donohue explained that he recently supervised a post-doc for a year for free, and in so doing, assumed all of the legal responsibilities for her cases. He said in that dimension, it is pretty unattractive because what is being asked in a professional setting is to do something in a charitable manner, and asked if the Committee could address that issue.

Dr. Paul stated that other mental and behavioral health colleagues do have their supervisees pay them, and that they built a cottage industry around it, but that it does not necessarily mean they do a better job. She explained that, in some ways, it ends up being exploitative of people who are in a vulnerable position in that supervisees are essentially paying a car payment to have supervision. Dr. Paul added that supervisees

have supervisors who have no connection to their clients, there being no contractual obligation to be responsible for the clients of that supervisee. She said that what results is a supervisee, getting post degree hours for licensure in a master's level, is supposed to find an outside supervisor with no connection to the clients and pay that supervisor for his or her supervision. That supervisor is not tracking their outcomes, is not monitoring a treatment plan, and does not have a working knowledge of the supervisee's cases. Dr. Paul stated that the assumption that one does a better job when being paid has not played itself out in the master's level arena where they do pay, and it exploits supervisees. Instead, supervisors in the master's arena suggest being a supervisor because it is easy money.

Dr. Owens stated that, in a best case scenario, there would be supervisors like Dr. Paul who says they are going to provide great supervision either way, and the compensation that they receive really reduces that feeling of free labor and feeling frustrated about that. She said that it ends up being a potentially symbiotic relationship. Dr. Owens went on to say that in a worst case scenario, to Dr. Paul's point, those in the master's level and even in the non-APA accredited arena who are desperate to get a placement and would be willing to pay whatever it costs to get a placement so they can get licensed, there is a lot of exploitation for supervision oversight, and potential danger to the public. Dr. Paul characterized the latter as a puppy mill model.

Dr. Adams stated that his situation could be a test case for what is being discussed. He explained that he is the chief psychologist and mental health authority at Southern Nevada detention center in Pahrump, which has 700-800 federal detainees, U.S. Marshalls and I.C.E., and has an enormous, overwhelming mental health need with which he can never keep up. Dr. Adams said sometimes he feels like he is just trying to stop suicide attempts, and with the world in such a mental health crisis and him being in a correctional facility, there is so much mental health opportunity such that he could use 10-15 interns. He stated that he wanted to be part of the committee so that he can help get interns there. While they do not have any psychology internships, he said many of the higher-ups have talked to him about wanting to do that eventually, and this is a company that brings in money that could pay them well and not take advantage of them. Dr. Adams said he is happy to be a part of the Committee and make whatever contributions he can.

In pulling back to the agenda, Dr. Owens asked the Committee to look at 641.1519, which concerns supervisor qualifications. She said something that brought a lot of attention to the Board's supervision regulations was this provision and the arbitrary requirement that someone be licensed for 3 years in order to supervise. In a 2022 proposed revision to that provision, the Board considered a shift from the 3 year requirement to a more competency based requirement -- supervisors would either be required to complete coursework, continuing education, or supervised supervision, which could include models and theories of supervision. Dr. Owens thought she pulled that language from the ASPPB or the APA. She said based on ASPPB guidelines and the book that Dr. Paul previously encouraged the Committee to read, the competency

based requirement makes a lot more logical sense, and opened the floor for discussion around whether the Committee agreed or whether there are other pieces that should be added or other considerations that should be made.

Dr. Paul stated that she was all for getting rid of the 3 year requirement, as she has post-docs who can provide better supervision than some of her senior colleagues. She said that those post-docs have come up through the current training models, which require training during internship and post-grad in supervision. Dr. Paul added that the ASPPB offers 3 options -- a course, 2 years of supervised supervision, or a minimum of 9 CE credits – and that the Committee may want to codify it a bit with some observable parameters. She said the way the regulation is written now, a supervisor has to be licensed by the Board and demonstrate completion of course work, continuing education, or supervised supervision, but does not state how much. She queried about how much continuing education would be enough, the extent to which people would try to push the edges, and where the judgment call takes place as to what is enough (i.e., the executive director's desk or the Board's desk). She thought the Committee should consider ASPPB's suggestions or think about being more defined around what supervisor qualifications minimally look like.

Dr. Owens asked what the ASPPB's suggestion was in terms of continuing education and supervision. Dr. O'Donohue stated whether the Committee says 9 hours or 6 hours or 3 hours, it is just conjecture on that criteria. He said that the quality of Continuing Education varies tremendously, and it also brings up the question of what psychologists are minimally competent in by virtue of being licensed. For example, Dr. O'Donohue stated that he teaches courses at the undergraduate and graduate level, but he would not be allowed to teach a course at the high school level because they require a certificate. He wondered why psychologists who want to go teach are not required to get some instruction on teaching, or whether psychologists who consult should get extra training in consultation. Dr. O'Donohue suggested a more radical way to look at this is to say if one is licensed as a psychologist, there is an assumption that there is a diverse skill set around teaching and research and assessment and therapy and supervision, and that is what licensing someone as a psychologist does. It is a statement of minimal competence for a number of different skills.

In providing an historical perspective regarding the ability of a prospective supervisor that has not quite met the 3 year mark for licensure to petition the Board to be able to supervise, Dr. Owens stated that part of the intention is to shift to a competency based model. She agreed with Dr. O'Donohue that the number of required continuing education credits can be arbitrary. She gave an example of the Marriage and Family Therapy Board requiring a specific course in supervision for all of their supervisors to take that is quality and meets their standards. Dr. Owens stated that one of the challenges the Board has had is how to determine if someone that is shy of the 3 year licensure requirement but has had a course in supervision, had supervision of supervision, is continuing to take continuing education. She said she would argue that someone right out of post doc is more qualified to supervise than someone who has

been supervising for 10 years, which is why she gets sticky around adding in the 2 year requirement. She thought they have the ability to work with the Nevada Psychological Association to provide really good Continuing education courses for those who have maybe never had a course in supervision, and by the time they get this implemented, everyone would have the opportunity to take a course if they want to continue to supervise. Dr. Owens said she does not worry too much about not being able to grandfather supervisors in as much as she wants to ensure that people have had some contact with some literature with what is good supervision. Monkey-see monkey-do is not always the best if the first monkey was not providing good supervision.

Dr. Paul stated that Dr. O'Donohue brings up an issue the Board has grappled with for a long time – that is, can it be assumed that if someone is licensed, that person demonstrates competence and can be trusted to demonstrate competence such that added requirements are not necessary. Dr. Paul wished she could say that is enough, but it is not so. Not everyone passes the EPPP or the EPPP-2, which is expected and a requirement for licensure, and people can study enough to pass and not actually be able to continuously demonstrate competency. She noted that supervisors take Psychological Assistants and Interns who are the most vulnerable and not coming from the strongest programs. She also stated that the Board has an equivalency clause by which the Board can approve those who do not come from accredited programs. Walden and Capella students who are here trying to get supervision and registering as interns or post-docs are not necessarily going to the places that are offering the most competent supervision. She thinks there has to be some minimum expectations codified, and that it is right touch to add some more expectations. Those expectations do not have to be super prescriptive, but she does not think it is enough to say that just because someone is licensed, they are competent.

Dr. Owens stated that the way the Board's regulations are currently written with the 3 year licensure requirement, they are decreasing through the competency-based approach the barriers to supervision from the current requirement. The proposed competency based language would permit a doctoral graduate that completed his or her post doc supervision experience with no coursework and no supervised supervision experience but wants to supervise could do so if he or she takes 9 Continuing Education units, regardless of whether taking those continuing education units only takes very little time.

Dr. Paul stated that, at this point, most people graduating from an accredited program are getting at least one credit hour in supervision or an internship that is providing 2 hours a month supervision over 6 months, and that many interns are given the opportunity to supervise practicum students while in their accredited internship. She said that while the vast majority will qualify under these requirements, those who have not had any of that – and there are plenty out there – are still trying to supervise, and that it only takes one horror story at the Board level to know that you need this (and she has seen it).

Dr. O'Donohue noted that some states require 2 years of post-doctoral clinical training, while others only require one, and that more is not necessarily better. He used the EPPP as an example, stating that there are no validity studies that the EPPP is predictive of anything related to the quality of clinical or research practice, and that if he had to take the EPPP today, he would flunk it. Dr. O'Donohue said that it is a test for which its takers have to study and get up to speed on subject matter such as industrial organizational items that suddenly appear in reference to clinical psychology. He explained that those who are good students and good at test taking pass the test, and then start forgetting all of its content. Dr. O'Donohue stated that he wrote an article called The Mismeasure of Psychologists regarding the problems with the EPPP, and now two EPPP tests are required. He asked how long it would be until they require three EPPP tests, and reiterated that there is no validity criteria that those tests actually predict good clinical practice. He said he understands the urge to add criteria and try to require coursework and the like to create competency, but what the Committee should realize is that it is taking a wild shot in the dark with no validity information that it does what it is supposed to do.

Dr. Paul pushed back, stating that the criteria the Committee is discussing is not adding to the requirements, but rather setting the standard that is already in place with regard to what accredited programs are required to do. She said it is just saying out loud what has not before been explicitly stated, especially for people who have graduated and been practicing for a long time and still trying to supervise -- they need to know the standard. Stating that she is the president-elect of the ASPPB, Dr. Paul also pushed back on the validity question regarding the EPPP-1. She said she did not want to use the Committee meeting as a forum for that debate, but stated that it is not meant to be a predictive measure. Rather, it is meant to determine if, on the day it was taken, the test taker is safe to practice. Dr. Paul likened it to a driver's license test, which does not predict what kind of driver someone will be some day, only that the person taking the test demonstrates the knowledge required to drive (or required of the discipline) on the day the test is taken.

Dr. O'Donohue asked Dr. Paul why anyone who received a Ph.D. from UNLV would need to pass the EPPP. He said that when UNLV gives a Ph.D., it is essentially saying that today it does not know if that Ph.D. recipient is competent, so they need to take the EPPP, but if they fail, it states that they are not competent and perhaps it made a mistake in giving the Ph.D.

Dr. Owens interrupted, saying she was happy for Dr. O'Donohue and Dr. Paul to continue that conversation offline, but the Committee has a specific task in front of it that it is addressing. Returning to the topic of the requirements for supervisors, Dr. Owens clarified that what the Committee is trying to do is reduce a barrier to supervision. She said that the current barrier is the 3 year licensure requirement in the current regulation, so the task before the committee is to say that this seems like an arbitrary barrier and determine whether it has literature to help the Committee understand what creates good supervision. Dr. Owens stated that she would not want

her loved one (going back to Dr. O'Donohue's example) to see someone who has graduated from a non-APA accredited program, who has no coursework in supervision, no supervised supervision, no continuing education units, and is a student of someone who has never had any supervision education. Because many people have difficulty seeing trainees anyway, having them see a trainee whose supervisor has no idea how to supervise other than the "model" model makes it worse. Dr. Owens said what the Committee's goal is to find that right touch. She did not know that they would find data to support whether 9 continuing education units is better than 6, but there is good data, or at least literature, around the course work and supervised experience. She explained that part of what they are tasked with on the Board is, if someone comes out of school without the coursework or supervised experience, how does it retrofit and still create pathways for people to engage in the practice of psychology and the practice of supervision, especially given the lack of presence of supervisors, and really good quality supervisors, in our state. Dr. Owens stated that the continuing education question is one that the Committee needs to think about in terms of what is right touch so that it can provide some assurance to the public that a person has had some education in supervision. She said the quality of those courses is something that is outside the purview of the Committee and Board, but they can work with some of the major continuing education providers in the state, including the NPA, on how to provide good continuing education courses in supervision so there is ease of access to them and people are not going to other continuing education providers that do not provide great continuing education.

Dr. O'Donohue liked what Dr. Owens said, and asked what if the prospective supervisor had supervision coursework in a Ph.D. program. Both Dr. Paul and Dr. Owens stated that would meet the requirement and they could supervise. Dr. O'Donohue said that was good, and as long as they state that, rather than saying they have to meet additional requirements. Dr. Paul explained that the ability to supervise is demonstrated by meeting at least one of the requirements, so if a graduate level course or internship covered it, the requirement is met. That person can graduate, get licensed, and be able to supervise right away.

Dr. Benuto asked if these requirements are for supervisors registering to supervise Psychological Trainees, Interns, and Post Docs. Dr. Owens stated that they are for anyone who provides supervision in the State, though the tricky part is if supervisors are not registering their interns and trainees with the Board, as no one would know that they are providing supervision.

Dr. Paul stated that it is a two-prong issue. They want to establish that, if a supervisor is performing poorly and a trainee is getting terrible supervision, there is a path for a supervisee of any kind, registered or not, to make a complaint about the supervisor to the Board.

Dr. Benuto confirmed that this was creating a pathway for people to be able to indicate they are having a terrible experience and things are not going as they should be, and

not necessarily increasing the burden on psychologists to register. Dr. Owens responded by asking Dr. Paul to look at how it is currently written in reference to her work in the training program at UNLV to make sure that the Committee is not inadvertently creating an additional burden. She said that, as she looks at it, if someone is looking to serve as a supervisor and they are taking out the 3 year licensure requirement that applies to assistants, interns, and trainees (whether they are registered or not), that person would have to demonstrate coursework. She wondered if, for the post docs and interns who may be providing supervision of a trainee, they need additional language that allows for that because they may not have completed coursework or supervised supervision experience. Dr. Paul stated they may be doing that as part of their training. Dr. Owens stated she wants to make sure they do not get strange things happening in the community where, for instance, supervisors are having their post docs supervise five trainees without any supervision experience and without supervised supervision just so they can have more trainees and make more money, so if Dr. Paul could look at the language with those thoughts in mind, that would be helpful.

Being mindful of the time, Dr. Owens stated that at the next meeting, the Committee would review what Dr. Benuto and Dr. Paul bring to the Committee. She asked that the Committee be prepared for a conversation on the number of trainees, interns, and psychological assistants that a supervisor can supervise at one time, and noted that a couple of the states that sent in comments have some potential guidelines at which they could. She said they could also consider removing that language altogether. Dr. Paul added that the ASPPB has a clause in their guidelines about having 3 full time equivalent or something to that effect.

6. Public Comment - Public comment is welcomed by the Board and may be limited to three minutes per person at the discretion of the Board President. Public comment will be allowed at the beginning and end of the meeting, as noted on the agenda. The Board President may allow additional time to be given a speaker as time allows and in his sole discretion. Comments will not be restricted based on viewpoint. No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken (NRS 241.020)

There was no public comment at this time.

Dr. Owens stated that, for the next agenda, there needs to be an agenda item for the next meeting date and time. She proposed that the Committee meet again in one month – at the same time on a Wednesday. After discussion about what day would work best for all, the Committee members agreed to meet on Wednesday, May 31, 2023, at 9:00 a.m.

7. (For Possible Action) Adjournment

There being no further business before the Commission, Chair Owens adjourned the meeting at 10:01 a.m.
