Testimony submitted to House Public Health Care & Human Services Committee, February 19, 2
by Cindy Jimenez, MSW, LCSW, ADS
Director of Integration and Behavioral Health at Pueblo Community Health Center

(Calysha start here: Thank you Mr. Chair, Madame Vice Chair and Members of the Committee. Because she couldn't be here, I'm reading testimony on behalf of Cindy Jimenez, Director of Integration and Behavioral Health at Pueblo Community Health Center)

I would like to thank the Chair and the Committee for allowing testimony on these issues that I believe directly impact the current and future quality of mental health services in Colorado. My name is Cindy Jimenez, I am a Licensed Clinical Social Worker of 20 years.

For the past 14 years I have served as the Director of Integration and Behavioral Health at Pueblo Community Health Center (PCHC). PCHC is a Federally Qualified Health Center that provides primary care utilizing an integrated model of care that has been established by applying the SAMSHA model of integrated care. Our integrated model offers primary, behavioral health, dental, pharmacy and OB care regardless of a person's ability to pay.

I strongly support the Mental Health Practice Act's continuation and strongly support an amendment to remove Registered Psychotherapists. Registered Psychotherapists have no baseline education, training or supervision requirements and are only required to pass the open book DORA jurisprudence exam. I am aware some will advocate for continuing the registered Psychotherapist designation as a way to address the shortage of MH providers, particularly rural and frontier areas of the state, however this view infers that rural and frontier areas don't need MH providers with standardized education, supervision, training, or a nationally accredited code of ethics. As a native of rural and frontier Southeastern Colorado I find this unacceptable. I have been in a supervisory position for most of my career and am very familiar with the various challenges of accessing appropriate supervision and recruiting qualified staff, however continuing the registered psychotherapist designation is not the answer. Technology now makes it feasible to obtain education from accredited universities via online and virtual avenues. Additionally, use of technology to access supervision toward licensure makes it feasible to obtain appropriate, qualified supervision from virtually anywhere in the state. Increasing the quantity of MH providers by allowing the registered psychotherapist designation to continue does not increase the quality of the services available to Coloradans struggling with suicidality, substance use disorders, depression, anxiety and trauma issues.

Colorado has made strides toward a more integrated health care delivery system that addresses the whole person, both physical and behavioral health. I respectfully ask that you pass the ~~forthcoming~~ amendment to cease all new registrants into the registered psychotherapy database and request that existing professionals who wish to practice psychotherapy in Colorado obtain credentials to do so as a licensed professional. I strongly believe that for Colorado to move forward with a progressive, integrated health care system that delivers healthy outcomes, we must build an appropriate, well-trained workforce to skillfully and seamlessly deliver integrated care to Coloradans. We must require standardized, accredited education, training and supervision for our MH providers across the state, just as we do for our physical health providers.

Thank you again for this opportunity to present my testimony.
Cindy Jimenez, MSW, LCSW, ADS

February 21, 2020 Testimony to House Public Health & Health Care Services Committee– Amanda Marsh REPRESENTING Jo Daugherty Bailey

Thank you Mr. Chair, Madame Vice Chair and Members of the Committee. My name is Dr. Amanda Marsh Baranski, and I am a professor at the Department of Social Work at Metropolitan State University. I will be reading testimony on behalf of my MSUD SW Dept. faculty colleague Jo Daugherty Bailey who wasn't able to be here today.

Here is her testimony:
I am here in support of HB1206, with the addition of Amendment 1.

Our Social Work Code of Ethics requires a commitment to social justice and inclusion for all. At MSU-Denver, our student body demonstrates these values. For instance, nearly half of our Master's of Social Work students are the First Generation in their family to seek higher education, and one-third of our MSWs are Students of Color.

To help expand a qualified behavioral health workforce, Colorado needs to continue to grow options for flexible and affordable training. Schools of social work offer such paths in all regions of Colorado, including part-time and fully online programs. Colorado social work programs have more than doubled their enrollment in recent years, and a large new program has begun at the University of Colorado, Colorado Springs. Through scholarships, grants, stipends and loan forgiveness, MSW students qualify for thousands of dollars to help offset tuition and fees, which max out at about $20,000-30,000 at MSU.

Registered Psychotherapists are not part of the 25,000 licensed professionals in the behavioral health workforce who can bill Medicaid, Medicare and other insurance, nor can they work in settings such as schools, the V.A. and other government agencies. Moreover, Coloradans covered by Medicaid are qualified for psychotherapy only through licensed mental health professionals. Those covered by Medicaid cannot be charged for psychotherapy, and a provider cannot offer that as an "out of pocket" option.

It is the responsibility of the state to ensure a baseline of nationally accepted standards for psychotherapists' education and training when Colorado residents seek their support.

Together we can grow a well-trained workforce in behavioral health and psychotherapy through access to affordable education, stipends and loan forgiveness. The state has responsibility to create access to behavioral health via expanded technology such as teletherapy, and by promoting efficiency in licensure by endorsement across state lines, as well as ensuring adequate reimbursement for behavioral health services. These are appropriate ways to address our behavioral health crisis.

Thank you.

Thank you Mr. Chair, Madame Vice Chair, and Members of the Committee. My name is Dr. Julie Clockston. I represent thousands of Social Workers in our state as the Executive Director for the Colorado Chapter of the National Association of Social Workers.

NASW supports the continuation of the Mental Health Practice Act, with the addition of Amendment 1.

Social workers are bound to practice by our National Code of Ethics, and I'd like to read an excerpt from our Code:
...Social workers pursue social change with and on behalf of vulnerable and oppressed individuals and groups. Our primary focus is on issues of poverty, unemployment, discrimination, and other forms of social injustice. We promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. We strive to ensure equality of opportunity...

Social workers want people of all backgrounds to work in the full spectrum of mental health and support services. We work jointly on legislation with other mental health professionals, and we support others in the field such as Peer Specialists. While we encourage Registered Psychotherapists who wish to continue practicing psychotherapy to find flexible programs with scholarships, stipends and the like, we recognize that for a variety of reasons, this may not be of interest or a viable option. For those who wish, they need not ever become licensed and they can continue offering services as they do currently. Amendment 1 simply asks such service providers to cease calling their services psychotherapy, within five years.

Our goal is to ensure that those providing care have titles that are reflective of their qualifications and the type of care they deliver. There is a period of five years for those who aren't seeking licensure to re-label their same services as wellness education, coaching or the like OR to find another "home" in statute, such as Title 6, which allows for practice of a wide-range of "alternative medicine" or perhaps as a Family Systems Navigator *(CO Revised Statute 27-69-101)* .

You've heard many reasons about why, in the best interest of the public, psychotherapy should only be practiced by and overseen by Boards of professionals with nationally accredited standards for education, exams,

supervision and Codes of Ethics. Additionally, last year, the Colorado Department of Human Services' Office of Children, Youth, and Families published new guidelines for providing empirically-based mental health care for Coloradans. These Guidelines state explicitly that "All effective therapy modalities should operate consistent with the highest ethical standards set by major organizations representing licensed mental health practitioners."

We agree. We have made great strides in recent years towards recognizing the importance of parity between physical and behavioral health care, and just as we don't allow individuals with no training or education to call themselves doctors or provide physical health care, we should not be allowing this standard of care for those with behavioral health concerns.

Thank you for your time. I welcome your questions.

Hello, my name is Natalie Portman-Marsh.
I would like to thank the Chair, co-chair and Committee members for this opportunity to be here representing the National Association of Social Workers - CO state chapter.
I am a past president of the Board of NASW CO and I am currently on the board of the CO School Medicaid Consortium.
I am both a professor and an active non-clinical social worker involved with groups like the United Way and local and national philanthropy. My husband is a social worker and our son goes to Fort Lewis College in Durango.
I am here in support for HB 1206, the Mental Health Practice Act

- I also support the amendment to remove Registered Psychotherapist and I'd like to tell you why..

As an adjunct professor at the University of Denver, GSSW, I have had the opportunity to teach many different classes over the last 15 years for both first and second year students of a 2 year MSW program.

- Some students are just out of college. Some are returning to school after years raising a family, others are changing careers or adding to existing ones..

There are many accessible options for Master in Social Work programs in Colorado

- I can speak to my experience at DU which offers part-time, weekend and online programs. These alternative education MSW program are available to a diverse student body in age, culture, socioeconomic status, sexual orientation and faith.
    - For example, the University of Denver has a rural Four Corners program . This Program has been located in Durango for close to 20 years.
    - I have had the pleasure of teaching in that program while my son has been in college at Fort Lewis in Durango. In fact there is a 5 years MSW program created between Fort Lewis and DU.
    - Fort Lewis has a large number of Native American students and the satellite MSW program educates social workers in the Four Corners region, including the tribal population.
    - In my class alone, I had a Tribal judge who was passionate about child welfare and interrupting the culture of generational poverty.
    - The students are a diverse population from rural Colorado, New Mexico, Arizona and Utah, some of whom work. Classes are offered on the weekends.
- Western CO also has a satellite MSW Program located is in Glenwood Springs. This DU program offers classes occur on Friday and Saturday to accommodate already busy schedules during the week.
- In addition to these statewide programs, DU is not alone in offering an MSW program on-line. This is available to Coloradans and others students across the country.

Before my time is up with you all, I'd like to share one finding from a recently published report called **"CO Guidelines for Selecting Mental Health Therapies"** from the CO Dept of Human Services Office of Children Youth and Families. A wide range of stakeholders and reviewers published new guidelines in January of 2019, for providing empirically based MH care.

Some of the representatives involved in developing these new guidelines include the:
CO Veterans Community Living Centers,
The Equity Project,
The Medical Director of CO Dept of HCPF,
Private providers and others.

These guideline state explicitly that "all effective modalities should operate consistently with the highest ethical standards set by major organizations representing *Licensed* mental health practitioners."

I believe in accommodating and finding ways to make professional licensed academic and ethical standards accessible no matter where you live or your socioeconomic status.
I also feel we also need to maintain parity across behavioral health care and in using the term 'psychotherapy.'
Thank you for this opportunity of voicing my support for the amendment to HB 1206

My name is Leanne Rupp. I am a licensed clinical social worker & have worked in integrated primary care settings in the Denver-metro area for over 13 years. I'd like to point out that I work at an FQHC & I am not in private practice, nor have I ever been, so this issue for me is not about "turf" or competition for business... it's about ensuring that the people who are providing care for vulnerable populations are appropriately educated & trained, & that they are practicing under the oversight of a licensure Board here in Colorado.

I am the Chair of the Sunset Committee for NASW-Colorado, as well as its Past Board President. As you've heard, NASW-Colorado supports the continuation of the Mental Health Practice Act, with the addition of Amendment 1.

Amendment 1 is brought forward by the five licensed & certified professional mental health groups. We are unified in our vision & we remain steadfast in our position that it is not appropriate for individuals who have not met any minimum education, training, & supervision requirements to continue practicing psychotherapy in Colorado, & we cannot support simply allowing many who fit that descriptor to remain in practice as psychotherapists in order to accommodate the few RP's who may have educational backgrounds that are similar (& yet different) to those of the professionals who have met the

requirements to be licensed, certified, or listed as candidates for licensure.

We are not standing in the way of those Coloradans who seek to receive or provide services other than psychotherapy. Our goal is to ensure that those providing care have titles that are reflective of their qualifications & the type of care they deliver. Amendment 1 allows those who choose not to follow a pathway to licensure to continue providing services other than psychotherapy, such as coaching, spiritual ministry, wellness education, etc., under a different title/identifier that does not reside under the purview of the Mental Health Practice Act. For instance, Colorado's health freedom act (the "Colorado Natural Health Consumer Protection Act") allows lay-people a wide berth for practicing "alternative medicine," but currently excludes lay-people from practicing psychotherapy under its authority.

In the interest of protecting the public, our Mental Health Practice Act Statute states that it is the intent of the General Assembly that the definition of psychotherapy be interpreted in its narrowest sense *(CRS 12-245-202 14b)*. Registered Psychotherapists are unable to provide oversight or accountability through their Board of such assurances because they lack any national professional educational standards or professional association. This underscores the critical importance of my support for Amendment 1.

Thank you for your time, & I welcome your questions.

Thank you, members of the Public Health Care and Human Services Committee. My name is Jae McQueen. I am a faculty member at the University of Denver Graduate School of Social Work, a Licensed Clinical Social Worker and a proud member of NASW Colorado. I am testifying in support of HB20-1206 as amended.

In Master of Social Work programs, students complete specialized coursework and a minimum of 900 hours in field internships. This coursework meets national accreditation standards and requires students to demonstrate competence in nine discrete areas of social work practice including assessment, intervention and evaluation of services. When students graduate, they provide behavioral health services and engage in post-graduate clinical supervision.

The social work profession is committed to offering access to those who want to become social workers. MSW programs in Colorado offer flexible options to complete the degree: part-time, weekend and online. The University of Denver Four Corners Program in Durango is one example these efforts to ensure individuals can obtain the necessary training to serve their community. In this program, students engage in internships during the week and take classes on the weekends for two years. Some students travel 2-3 hours each way for class; their determination and thirst for knowledge is remarkable.

This program was created with the express goal of educating social workers in the Four Corners region, particularly those who are Native and indigenous. There is a partnership program with Ft. Lewis College which enables students to complete their undergraduate and Masters in Social Work degree in five years. Many are first generation college students for whom a graduate degree would be out of reach without this flexible option. I teach in this program and these individuals are some of the best and brightest. The vast majority of these graduates practice social work in their home communities.

These students face a challenge upon graduation with their MSW. Employers often require graduates to register as a psychotherapist upon hire. Registering as a psychotherapist does not acknowledge their professional education nor does it follow the Statute, Rules and Policies specific to Social Work. Registered psychotherapists are not required to complete education or supervision, and are not bound to a nationally accredited code of ethics.

Colorado is dealing with significant mental health crises: suicide rates are rapidly increasing and substance use is rampant across the state. Consumers deserve to have access to providers with specialized training and knowledge. We would never allow individuals with no training or education to call themselves doctors or provide physical health care, we should not be allowing this standard of care for those with behavioral health concerns. Eliminating the category of Registered Psychotherapists in the Mental Health Practice Act is a step forward in providing parity in the care delivered to those experiencing behavioral health issues.

Testimony for 2.19.20 Committee Hearing

Good afternoon Representatives and Chairman Singer and thank you for the opportunity to speak today. My name is Julie Jacobs and I am a psychologist and attorney who works in the area of ethics and risk management for mental health professionals. I am here today on behalf of the Colorado Psychological Association. I strongly support the continuation of the Mental Health Practice Act and the amendment regarding a pathway to licensure for unlicensed psychotherapists in Colorado.

I want to focus my testimony on the issue of competence and demonstrations of competence. I have no doubt that the people we have heard from today honestly believe that they are competent providers. However, it is important to be aware of the robust body of research related to self-assessments of professional competence and to consider whether such self-assessments are really adequate to ensure the protection of consumers in Colorado.

There are numerous studies on this topic, and I have provided you with a list of references and abstracts of some of the studies. These studies demonstrate that therapists consistently rate themselves as more competent than independent experts rate them and that less competent therapists over-rate their own competence to a greater degree than more competent therapists. One study found that compared to their peers, 25% of mental health professionals rated their own skills to be at the 90th percentile or above, and none viewed themselves as being below average – a mathematical impossibility. Studies also show that therapists who rate themselves more negatively are often rated more competent by independent experts. So – therapists who are rated as less competent by independent experts tended to over-rate their own competence to a greater degree than more competent therapists, and therapists who rate themselves more negatively were actually rated as more competent by independent experts – clear demonstrations of the inability of individuals to accurately rate their own level of competence.

These studies make it obvious that we cannot serve as the sole judges of our own levels and limits of competence. Instead, we need to depend on objective measures and the judgement of experts in the field to determine our competence.

This understanding of human nature is what has led to the regulation of many professions, including standards for education and training. These standards are not unique to mental health professions – physicians, attorneys, electricians, massage therapists, plumbers, and many other professions are regulated and require demonstrations of competence before engaging in the trade. These education and training standards help ensure that a professional has a **basic level of knowledge** about the profession. The professional is then expected to **demonstrate their knowledge** by passing a national examination. The professional then **demonstrates the ability to apply the knowledge** through supervised work experience, where an experienced expert in the field can observe the person's skills firsthand and can help the professional obtain the appropriate level of competence to engage in the profession. Then, throughout their careers, we expect these professional to engage in **continuing education** to ensure that they can maintain their baseline level of competence and hopefully become even better professionals during their careers.

Each of these steps – education and training, passing a national examination, engaging in supervised practice under the supervision and mentorship of an expert, and continuing education throughout a career – is vital to attaining and maintaining competence in a professional field. Mental health professionals in all other US and Canadian jurisdictions, with the exception of CO and VT, are required to

demonstrate competence before engaging in the practice of psychotherapy and to engage in continuing professional development throughout their careers. We are simply asking to bring Colorado up to the generally accepted standards of mental health professionals and to ensure that our most vulnerable citizens are getting quality care from qualified providers. To do anything less is to fail to adequately protect the consumers of mental health care in Colorado.

Brosan, L., Reynolds, S., & Moore, R. (2008). Self-Evaluation of cognitive therapy performance: Do therapists know how competent they are? *Behavioural and Cognitive Psychotherapy, 36*(5), 581-587. https://doi:10.1017/S1352465808004438

Davis, D.A., Mazmanian, P.E., Fordis, M., Harrison, R.V., Thorpe. K.E., & Perrier, L. (2006). Accuracy of physician self-assessment compared with observed measures of competence: A systematic review. *Journal of the American Medical Association, 296(9),* 1094-2009.

Dunning, D., Heath, C., & Suls, J.M. (2004). Flawed self-assessment: Implications for health, education, and the workplace. *Psychological Science in the Public Interest, 5,* 69-106.

Eva, K. W., Cunnington, J.P.W., Reiter, H.I., Keane, D.R. & Norman, G.R. (2004). How can I know what I don't know? Poor self assessment in a well-defined domain. *Advances in Health Sciences Education, 9,* 211-224.

McManus, F., Rakovshik, S., Kennerly, H., Fennell, M. & Westbrook, D. (2012). An investigation of the accuracy of therapists' self-assessment of cognitive-behaviour therapy skills. *British Journal of Clinical Psychology, 51(3),* 292-306. https://doi.org/10.1111/j.2044-8260.2011.02028.x

Parker, Z., & Waller, G. (2015). Factors related to psychotherapists' self-assessment when treating anxiety and other disorders. *Behaviour Research and Therapy, 66,* 1 – 7. https://doi.org/10.1016/j.brat.2014.12.010

Walfish, S., McAllister, B., O'Connell, P., & Lambert, M. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports, 110(2),* 639-644.

Research on Self-Assessment of Competence

References and Abstracts

Brosan, L., Reynolds, S., & Moore, R. (2008). Self-Evaluation of cognitive therapy performance: Do therapists know how competent they are? *Behavioural and Cognitive Psychotherapy, 36*(5), 581-587. https://doi:10.1017/S1352465808004438

- The quality control of therapy in routine clinical practice depends to a large degree on the ability of therapists to evaluate accurately their own performance in administering therapy. However, the literature in many fields casts doubt on the accuracy of people's self-evaluations. This study aimed to examine the accuracy of therapists' judgments about their own competence in cognitive therapy. Twenty-two therapists rated a tape of one of their cognitive therapy sessions from the middle of therapy using the Cognitive Therapy Scale (CTS) and provided information about their profession and their training in cognitive therapy An independent expert rater, blind to all information about the therapist, also rated these tapes on the CTS. Therapists were coded as Competent or Less Competent on the basis of the observer-rated CTS score. Whilst there was a significant correlation between self-ratings and expert ratings of competence, therapists significantly over-rated their competence relative to the expert rater. Less competent therapists over-rated their own competence to a greater degree than therapists who met criteria for competence. The finding that therapists, especially less competent therapists, over-rate their competence in cognitive therapy has serious implications for ensuring effective practice of cognitive therapy in routine clinical situations.

Davis, D.A., Mazmanian, P.E., Fordis, M., Harrison, R.V., Thorpe. K.E., & Perrier, L. (2006). Accuracy of physician self-assessment compared with observed measures of competence: A systematic review. *Journal of the American Medical Association, 296(9),* 1094-2009.

- Context. Core physician activities of lifelong learning, continuing medical education credit, relicensure, specialty recertification, and clinical competence are linked to the abilities of physicians to assess their own learning needs and choose educational activities that meet these needs.
  Objective. To determine how accurately physicians self-assess compared with external observations of their competence.
  Data Synthesis. The search yielded 725 articles, of which 17 met all inclusion criteria. The studies included a wide range of domains, comparisons, measures, and methodological rigor. Of the 20 comparisons between self- and external assessment, 13 demonstrated little, no, or an inverse relationship and 7 demonstrated positive associations. A number of studies found the worst accuracy in self-assessment among physicians who were the least skilled and those who were the most confident. These results are consistent with those found in other professions.
  Conclusions. While suboptimal in quality, the preponderance of evidence suggests that physicians have a limited ability to accurately self-assess. The processes currently used to undertake professional development and evaluate competence may need to focus more on external assessment.

Dunning, D., Heath, C., & Suls, J.M. (2004). Flawed self-assessment: Implications for health, education, and the workplace. *Psychological Science in the Public Interest, 5,* 69-106.

- Research from numerous corners of psychological inquiry suggests that self-assessments of skill and character are often flawed in substantive and systematic ways. We review empirical findings on the imperfect nature of self-assessment and discuss implications for three real-world domains: health, education, and the workplace. In general, people's self-views hold only a tenuous to modest relationship with their actual behavior and performance. The correlation between self-ratings of skill and actual performance in many domains is moderate to meager-indeed, at times, other people's predictions of a person's outcomes prove more accurate than that person's self-predictions. In addition, people overrate themselves. On average, people say that they are "above average" in skill (a conclusion that defies statistical possibility), overestimate the likelihood that they will engage in desirable behaviors and achieve favorable outcomes, furnish overly optimistic estimates of when they will complete future projects, and reach judgments with too much confidence. Several psychological processes conspire to produce flawed self-assessments. Research focusing on health echoes these findings. People are unrealistically optimistic about their own health risks compared with those of other people. They also overestimate how distinctive their opinions and preferences (e.g., discomfort with alcohol) are among their peers-a misperception that can have a deleterious impact on their health. Unable to anticipate how they would respond to emotion-laden situations, they mispredict the preferences of patients when asked to step in and make treatment decisions for them. Guided by mistaken but seemingly plausible theories of health and disease, people misdiagnose themselves-a phenomenon that can have severe consequences for their health and longevity. Similarly, research in education finds that students' assessments of their performance tend to agree only moderately with those of their teachers and mentors. Students seem largely unable to assess how well or poorly they have comprehended material they have just read. They also tend to be overconfident in newly learned skills, at times because the common educational practice of massed training appears to promote rapid acquisition of skill-as well as self-confidence-but not necessarily the retention of skill. Several interventions, however, can be introduced to prompt students to evaluate their skill and learning more accurately. In the workplace, flawed self-assessments arise all the way up the corporate ladder. Employees tend to overestimate their skill, making it difficult to give meaningful feedback. CEOs also display overconfidence in their judgments, particularly when stepping into new markets or novel projects-for example, proposing acquisitions that hurt, rather then help, the price of their company's stock. We discuss several interventions aimed at circumventing the consequences of such flawed assessments; these include training people to routinely make cognitive repairs correcting for biased self-assessments and requiring people to justify their decisions in front of their peers. The act of self-assessment is an intrinsically difficult task, and we enumerate several obstacles that prevent people from reaching truthful self-impressions. We also propose that researchers and practitioners should recognize self-assessment as a coherent and unified area of study spanning many subdisciplines of psychology and beyond. Finally, we suggest that policymakers and other people who makes real-world assessments should be wary of self-assessments of skill, expertise, and knowledge, and should consider ways of repairing self-assessments that may be flawed.

Eva, K. W., Cunnington, J.P.W., Reiter, H.I., Keane, D.R. & Norman, G.R. (2004). How can I know what I don't know? Poor self assessment in a well-defined domain. *Advances in Health Sciences Education, 9,* 211-224.

- As the rapidity with which medical knowledge is generated and disseminated becomes amplified, an increasing emphasis has been placed on the need for physicians to develop the skills necessary for life-long learning. One such skill is the ability to evaluate one's own deficiencies. A ubiquitous finding in the study of self-assessment, however, is that self-ratings are poorly correlated with other performance measures. Still, many educators view the ability to recognize and communicate one's deficiencies as an important component of adult learning. As a result, two studies have been performed in an attempt to improve upon this status quo. First, we tried to re-define the limits within which self-assessments should be used, using Rosenblit and Keil's argument that calibration between perceived and actual performance will be better within taxonomies that are regularly tested (e.g., factual knowledge) compared to those that are not (e.g., conceptual knowledge). Second, we tried to norm reference individuals based on both the performance of their colleagues and their own historical performance on McMaster's Personal Progress Inventory (a multiple choice question test of medical knowledge). While it appears that students are able to (a) make macro-level self-assessments (i.e., to recognize that third year students typically outperform first year students), and (b) judge their performance relatively accurately after the fact, students were unable to predict the percentage of questions they would answer correctly with a testing procedure in which they have had a substantial amount of feedback. Previous test score was a much better predictor of current test performance than were individuals' expectations.

McManus, F., Rakovshik, S., Kennerly, H., Fennell, M. & Westbrook, D. (2012). An investigation of the accuracy of therapists' self-assessment of cognitive-behaviour therapy skills. *British Journal of Clinical Psychology, 51(3),* 292-306. https://doi.org/10.1111/j.2044-8260.2011.02028.x

- Background. The impact of cognitive behavioural therapy (CBT) interventions in routine clinical practice depends on those interventions being delivered competently. Since direct observation or independent assessment of therapists' skills are typically limited in routine clinical practice, the assessment of competence, and thus of the need for further training and/or supervision to improve competence, rests mainly on the individual therapist's self-assessment.
  Aims. To examine the accuracy of therapists' self-assessment of their CBT competence in relation to supervisors' assessments.
  Method. Self-ratings on the Cognitive Therapy Scale (CTS; Young & Beck, 1980; 1988) from two groups of trainees on established cognitive therapy training courses (n= 64) were compared to supervisors' ratings of the same therapy sessions.
  Results. There were moderate correlations between self- and supervisor assessments, and the previously reported over-estimation of CBT skills (Brosan, Reynolds, & Moore, 2008) was not replicated in the current sample. Instead, these groups showed under-estimation of their skills compared to supervisors' ratings, with the less-competent trainees' ratings not being significantly different from their supervisors' and the more competent trainees' ratings being significantly lower than those of their supervisors.
  Conclusions. Several possible explanations of the results are discussed and recommendations for ensuring the integrity of CBT delivered in routine clinical practice are made.

Parker, Z., & Waller, G. (2015). Factors related to psychotherapists' self-assessment when treating anxiety and other disorders. *Behaviour Research and Therapy, 66,* 1 – 7. https://doi.org/10.1016/j.brat.2014.12.010

- The aim of the study was to replicate and extend recent findings regarding therapists' self-assessment biases. This study examined clinicians' estimates of their abilities when working with general clinical groups and with anxious patients, and of the recovery/improvement rates of their clients. It also considered what clinician personality traits and clinical practice elements were associated with such estimates. A total of 195 out 801 clinicians completed a survey regarding self-ratings, team ratings, therapy outcomes for their clients, and their own personality traits. The great majority of clinicians rated themselves and their teams as being better clinicians than their peers, though not to as extreme a level as in the previous study. They also reported exceptionally positive therapy outcomes. Due to the large proportion of non-responders, it is possible that these findings do not reflect actual self-assessment bias, but a greater willingness to participate among clinicians who are more skilled and with particular personality styles. However, the data suggest that perceptions of skill and therapy outcome might be associated with clinician personality characteristics, though not with other clinical practice variables. These interpretations should be treated with caution due to the limited response rate. Different possible explanations for these patterns of self-assessment are outlined, including conscious and unconscious processes. Methods for enhancing accurate skill perception are discussed, including self-monitoring and supervision.

Walfish, S., McAllister, B., O'Connell, P., & Lambert, M. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports, 110(2),* 639-644.

- Previous research has consistently found self-assessment bias (an overly positive assessment of personal performance) to be present in a wide variety of work situations. The present investigation extended this area of research with a multi-disciplinary sample of mental health professionals. Respondents were asked to: (a) compare their own overall clinical skills and performance to others in their profession, and (b) indicate the percentage of their clients who improved, remained the same, or deteriorated as a result of treatment with them. Results indicated that 25% of mental health professionals viewed their skill to be at the 90th percentile when compared to their peers, and none viewed themselves as below average. Further, when compared to the published literature, clinicians tended to overestimate their rates of client improvement and underestimate their rates of client deterioration. The implications of this self-assessment bias for improvement of psychotherapy outcomes are discussed.

Subject: Testimony from Julie Jacobs

Date: Friday, February 21, 2020 at 8:20:22 AM Mountain Standard Time

From: jvanderburg@capstonegroupllc.com

My name is Julie Jacobs and I am a psychologist and attorney who practices in the area of mental health law. I am writing on behalf of myself and the Colorado Psychological Association as the Chair of the CPA Legislative Committee.

I attended the Public Health Care and Human Services Committee hearing yesterday in the hopes of providing testimony in support of HB 1206 and the proposed amendments; however, given the large turnout and the time limitations, I was not able to speak as planned. I am not able to attend the hearing on Friday due to my work schedule, but I think it is important to address some of the testimony from yesterday and to express my strong support of the proposed pathway to licensure for Registered Psychotherapists.

The main points I wish to address are as follows:

- The assertion that Amendment 001 is inconsistent with the Sunset Report released by the Department of Regulatory Agencies (DORA)
- The assertion that the five mental health professions are attempting to create a monopoly that excludes unlicensed people
- The Registered Psychotherapists (RPs) who have been providing testimony are not a representative sample of RPs practicing in Colorado
- Self-assessment of competence is extremely unreliable and in no way assures that a professional is, in fact, competent
- Information regarding last year's attempt to create a Continuing Competency program for RPs and the reasons the licensed mental health professions did not support this bill
- How other states deal with the issue of unlicensed psychotherapists
- Options for RPs who do not wish to follow the pathway to licensure that is being proposed

Details on each of these items is below.

Amendment 001 is inconsistent with the Sunset Report released by the Department of Regulatory Agencies (DORA)

The opponents of the amended bill indicated yesterday that the recommendation for a pathway to licensure for RPs is inconsistent with the DORA Sunset Report. While it is true that DORA did not specifically recommend cessation of psychotherapy practice by RPs, this recommendation is consistent with the content of the DORA report.

In explaining the purpose of regulation of mental health professions, the report states: "During therapy, a unique relationship exists in which a vulnerable person may confide personal issues or feelings to a mental health professional. Mental health professionals are then in a unique position to have tremendous influence over their clients. **As such, there exists a clear potential for harm to consumers.**"

The report then describes the different levels of regulation. Licensure, according to DORA, "is the most restrictive form of regulation, yet it **provides the greatest level of public protection.**" DORA notes that licensure requires meeting educational standards and passing an examination to measure competency. They conclude that "[w]hile these requirements can be viewed as barriers to entry, **they also afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.**"

In contrast, DORA describes registration as "**generally best suited to those professions and occupations where the risk of public harm is relatively low, but nevertheless present.**"

I have highlighted in bold the passages that are most relevant here – specifically: that there is a clear potential for harm to consumers through the practice of mental health professions; that licensure affords the highest level of consumer protection; and that registration is only appropriate for professions where potential for harm to consumers is low. Given that DORA specifically notes that the potential for harm to consumers is "clear" in the practice of mental health, it is equally clear that registration is not the appropriate level of regulation for these professions.

The five mental health professions are attempting to create a monopoly that excludes unlicensed people

An assertion was also made that the licensed mental health professionals are somehow colluding to create a monopoly and allow only "one kind of schooling" for mental health professionals. This argument fails on its face. As many of you are aware, the five different types of licensed mental health professions maintain a healthy level of competition among the different fields. Each profession engages in a different type of education and training and approaches mental health treatment in a different manner. There is robust and ongoing competition among LCSWs, LCPs, LPs, LMFTs, and LACs, and having this variety of options for mental health care gives consumers a real choice in the type of service and provider they want to work with. Excluding unlicensed people from providing psychotherapy is no more of a monopoly than excluding unlicensed people from providing chiropractic care, surgery, or massage therapy is a monopoly – it is simply a way to protect consumers by ensuring they are receiving services from people who are appropriately trained and who have demonstrated their competence through examinations and supervised experience.

The Registered Psychotherapists who have been providing testimony are not a representative sample of RPs practicing in Colorado

The RPs who offered testimony in Wednesday's hearing all reported having graduate degrees and various credentials and certifications in mental health. As you also heard on Wednesday, and according to the DORA Sunset Report, the percentage of RPs who report having graduate degrees is 24.5%. Clearly, the RPs who attended the hearing are not representative of the 3,800 or so RPs who are practicing in Colorado, and the fact that they hold themselves out to be competent and adequately trained in no way indicates that all RPs are similarly educated and trained. In addition, as you will see below, the fact that these people self-assess themselves as competent to practice psychotherapy in no way means that this self-assessment of competence is accurate.

Self-assessment of competence is extremely unreliable and in no way assures that a professional is, in fact, competent

There are numerous studies that demonstrate that therapists consistently rate themselves as more competent than independent experts rate them and that the less competent a therapist is, the higher they rate their own competence. Studies also show that therapists who rate themselves more negatively are often rated *more* competent by independent experts. These studies make it obvious that we cannot serve as the sole judges of our own levels and limits of competence. Instead, we need to depend on objective measures and the judgement of experts in the field to determine our competence.

This understanding of human nature is what has led to the regulation of many professions and standards for education and training. These standards are not unique to mental health professions – physicians, attorneys, electricians, massage therapists, plumbers, and many other professions are regulated and require demonstrations of competence before engaging in the trade. These education and training standards help ensure that a professional has a basic level of knowledge about the profession. The professional is then expected to demonstrate their knowledge by passing a national examination. The professional then demonstrates the ability to apply the knowledge through supervised work experience, where an experienced expert in the field can observe the person's skills firsthand and can help the professional obtain the appropriate level of competence to engage in the profession. Then, throughout their careers, we expect these professional to engage in continuing education to ensure that they can maintain their baseline level of competence and hopefully become even better professionals during their careers. This is how we protect consumers and try to ensure safe practice in fields that involve health and safety issues.

More information regarding last year's attempt to create a Continuing Competency program for RPs and the reasons the licensed mental health professions did not support this bill

Testimony was provided on Wednesday that suggested that RPs tried to establish a baseline level of competence in a bill last year and that the mental health professionals opposed and blocked that effort. This is not exactly accurate. What the RPs attempted to do was to pass a bill for *continuing competence* requirements for RPs. However, as we know, there is no baseline level of competence for RPs, which led us to wonder – continuing competence in what? Unless there is a baseline for education and training that establishes competence, there is nothing to build upon with a continuing competence requirement. When we introduced this issue to the RPs, they offered to introduce a requirement for education in order to be an RP. Their offer was to require a *high school diploma* in order to be permitted to practice psychotherapy. The idea that the RPs as a group believed that a high school education was adequate to ensure competence as a psychotherapist was, and remains, completely unacceptable.

How other states deal with the issue of unlicensed psychotherapists

It is also vital to consider how other states deal with the unlicensed practice of psychotherapy. This question was addressed more than once to the RP panel; however, they notably failed to ever answer this question. The reason is likely because they know full well that the unlicensed practice of psychotherapy is prohibited in every state other than Colorado and Vermont, and Vermont is currently phasing out this status. The truth is that it is well-established and accepted that psychotherapy is a science and an art which requires education, supervised experience, and ongoing professional development throughout the US and most of the world. Permitting unlicensed people with no baseline of education or training to engage in psychotherapy makes Colorado an extreme outlier in this area and increases the potential for harm to vulnerable consumers of mental health care. It is unfair to expect people who are in need of psychotherapy to understand that a "Registered Psychotherapist" is not properly trained and educated in psychotherapy, and it is time to bring Colorado in line with national standards by prohibiting the unlicensed practice of psychotherapy.

Options for RPs who do not wish to follow the pathway to licensure that is being proposed

One final point that is important to make is that there are options for RPs who want to continue to practice but who are unwilling or unable to follow a pathway to licensure as a mental health professional. The Colorado Natural Health Consumer Protection Act permits many types of non-traditional, holistic, and alternative practices by unlicensed people. These services can include:

"Services within the broad domain of health care and healing arts therapies and methods that are based on complementary and alternative theories of health and wellness, including those that are traditional, cultural, religious, or integrative...

Healing practices using food; food extracts; dietary supplements, ...nutrients; homeopathic remedies and preparations; and the physical forces of heat, cold, water, touch, sound, and light; stress reduction healing practices; and mind-body and energetic healing practices." CRS 6-1-724.

It is true that they would not be permitted to practice psychotherapy after the five year window ends, but it is far from accurate to say that they would be unable to practice alternative therapies and methods, they simply cannot use the label "psychotherapy" to describe their work unless they demonstrate competence through licensure.

I appreciate you taking the time to review this information, and I hope it can help inform your decision regarding HB 1206 and Amendment 001. Thank you for your service to Coloradans and for your consideration in this matter.

Warm regards-

Julie

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Julie A. Jacobs, Psy.D., J.D.
Owner, Julie A. Jacobs, PC
Risk Management Consultant, The Trust
Chair, Legislative Committee, Colorado Psychological Association

* had to leave, submitted testimony for the record

Hello, my name is Marian Camden, and I thank you all for welcoming us and giving us an opportunity to speak. I'm a licensed psychologist. I still feel proud when I say that, even though it's been quite a few years now. I worked *hard* to earn my graduate degrees, complete my field placements and one-year fulltime internship, then train more, receive more supervision, and study to pass the exams necessary to become licensed in Colorado. I did all that so that I could be a true mental health *professional*, someone who could help others with skill and knowledge, ethics and real competence, *as well as* compassion. I'm so glad I did it.

And now days, there are many more graduate programs available to would-be psychotherapists than back when I was in school. Many are offered in state schools and are not overly expensive. There are even distance learning and on-line programs for students pursuing graduate degrees in mental health. *Many* new mental health professionals get licensed every year. So I don't accept the argument that this state needs registered psychotherapists because proper mental health education is inaccessible or that there aren't *enough* mental health professionals. There are *plenty* of us now and more every year.

I also don't buy the argument that Coloradans in more remote areas are necessarily underserved. With the advent of telehealth, we can now see clients anywhere in the state. For instance, I see someone in Ridgeway right now.

Properly licensed mental health professionals are not elitist or greedy or in competition for clients with these unlicensed people as they tend to allege. We just believe that something as important as our community's mental health, especially with our Colorado youth suicide crisis, needs to be handled professionally and competently. We don't have unlicensed teachers in our public schools. We don't allow unlicensed physicians or lawyers to practice in our state. Even my hair stylist has to have a license. So it's unfathomable to me that psychotherapists don't need to be properly vetted and licensed as well.

Here are a few examples of what I have run into because we have this overly permissive classification in our state. One registered psychotherapist told me straight up that he dumped a client because that person became suicidal. He said he just told the client he doesn't deal with that and she'd need to find someone else.

One of my own clients had a child involved with Child Protective Services. She asked for her child to see a licensed mental health professional and I gave her several good referrals. But CPS decided her child would be seen by an unlicensed person instead, someone who freely admitted he had no child therapy training or experience.. And this was a complicated case, involving a developmental disability, drug abuse and domestic violence in the family. CPS used this registered psychotherapist, simply because legally they *could*. So this child was actually *denied* professional mental health care because these unlicensed people have been legitimized in our state.

There is no reason to continue this [redacted] practice of allowing non-professionals the legitimacy of a state-sanctioned practice and board. Remember, even my hair stylist has to prove herself enough to have a license. And mental health *matters*--- a whole lot more than *hair*. Thank you.

HB 1206
by Shoshana Aal

Speak up

Hello My name is Dr. Shoshana Aal and I am here as a representative of the Colorado Psychological Association. I would like to request an amendment to HB 1206 to remove the title of registered psychotherapists. I am a psychologist. My focus is as a trauma therapist and I often work with clients who are veterans or on Medicaid. It want to talk to you as a person who care for these clients, because it is these types of clients that I am concerned about and that have brought me to speak today. Right now it is clear we are in a mental health crisis. According to a study by the CDC U.S. suicide rates are at the highest level since World War II.

I know we are all concerned about this. And I think it's important for each of us to consider what we can do about it. For myself I have worked to educate myself and make myself as available as possible to those in need. For this committee I believe one of the most important things you can do is amend this bill to protect our vulnerable populations from uneducated people who would like to advertise themselves as therapists. I have known many registered psychotherapists and I like many of them as people, but I think it's highly dangerous to allow individuals who need no required education, training or supervision and have no code of ethics that they follow to carry the title of "Psychotherapist". This title should mean something. It means care, safety, and education to our vulnerable population, and it should mean that to our government too. Right now, a registered psychotherapist could be anyone and vulnerable clients are continuously mistaking them for educated therapists. How could they not!

We are in a mental health crisis, and Colorado is at the center of it with some of the highest suicide rates in the nation. Let's make sure the vulnerable community we care about is getting the support they deserves and not send them into the hands of the unknown, untrained registered therapist.

I know there is only so much anyone can do, but at the least, please stop new registrants into the registered psychotherapists database.