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What Life Care Planners Need to Know About the Professional Discipline of Psychologist

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Abstract

Psychology covers a wide range of human activities across diverse settings and situations and it is important to understand both the capacities and limitations of the field. Psychological assessment can be a key component in the development of a life care plan, and subsequent psychological services, if integrated into the plan can help an individual adapt to and optimize their post-index event lives. Psychology constitutes much more than "talk therapy" and there are a variety of clinical, procedural and licensure issues that life care planners need to consider within the course of their work.

Keywords: Psychology, assessment, treatment, training, qualifications

History and development of this profession

Attributions regarding human behavior are likely as old as our species. Psychology, like many disciplines of scientific inquiry evolved from philosophy, religion and inquiry of body, mind and soul (Leahey, 2018). Many early recorded civilizations including Egyptians, Mesopotamians, Greeks, Romans, Chinese and Indians widely postulated about the nature of mind and behavior. Though many early explanations were based in supernatural and spiritual attributions, physiological bases of the mind were also a point of inquiry. Hence, there were formulations regarding mind-body interactions (i.e., dualism), considerations regarding nature vs. nurture, attempts to explain a variety of basic neurological impairments (seizures, stroke, neuropsychiatric dysfunction, etc.), and postulations regarding other then-considered aberrant behaviors. History is replete with multiple approaches to the treatment of physiological and behavioral manifestations. Thus, while trepanation, sequestration, bloodletting, asylums, exorcism, torture, death and abandonment occurred, meaningful productive activity engagement, early forms of psychotherapy, supportive communities, and association of behavioral manifestations to specific physiological / medical conditions were also present; oftentimes during similar epochs (Slater and Cantab, 2005).

Treatment and attributions regarding mental / behavioral dysfunction varied throughout the Middle Ages and into the early Renaissance, ranging from punitive to humanistic approaches. Tolerance, as well as the parameters regarding definitions of behavioral maladies often fluctuated with dynamic changes in social, religious, financial, cultural and monarchial orders.[1] For example, prior to the establishment of asylums, treatment, when available, was usually the providence of clergy, early permutations of "physicians," medical astrologers, traditional healers or, in some cases concerned community groups, though resources were generally sparse (Foerschner, 2010; MacDonald, 1981; Slater & Cantab, 2005).

Scientific inquiry gained increasing acceptance and technically evolved as the Renaissance progressed. Francis Bacon, physician and philosopher, who published *Novum Organum* in 1878, is considered an early proponent of the scientific method. John Locke and his contemporaries further promoted concepts of empiricism as valued means of investigation that allowed for more objective analyses (Schultz & Schultz, 2011). Still, diverse perspectives regarding the assessment and treatment of behavioral manifestations remained.

Many early scientific investigations focused on psychophysics, in part from expanding physiological investigations of the nervous system (Baker & Sperry, 2018). Sensation, perception, neural conduction, early brain localization and language were among topics studied by the likes of Bell, Magendie, Muller, Broca, Wernicke, Hitzig, Ferrier and Helmholtz (Wikipedia, 2018). In 1874, the German physician, Wilhelm Wundt published *Principles of Physiological Psychology*. He is frequently credited for inspiring modern psychology because of his strong advocacy for scientific investigation (Blumenthal, 1985). Scientific psychology laboratories began developing in the late 19th century in Europe, the United States and other countries, as did psychological associations. The American Psychological Association (APA) was established in 1892, along with other organizations at that time who represented more specific aspects of the field. By the beginning of the 21st century, there were well over 1,000 psychological associations, societies and organizations internationally (Pickren &

1 Notably, this still continues, though in a more structured manner, as per the periodical reformulation of the DSM – Diagnostic and Statistical Manual of the American Psychiatric Association (American Psychiatric Association, 2013). Concepts about acceptable and unacceptable behavior and social mores are dynamic and in continuing flux.

Fowler, 2003).

Some of the early psychology pioneers in the United States included Wundt's student Edward Titchner, who sought to describe the structure of the mind (structuralism) while at Cornell, William James, an early proponent of functional psychology at Harvard; G. Stanley Hall who focused on educational psychology at Johns Hopkins; James McKeen Cattel, mental measurements at the University of Pennsylvania; Edward Lee Thorndike, learning theory and education at Columbia University; John B. Watson, behaviorism, also at Columbia, among others (Baker & Sperry, 2018). Their efforts merged with psychologists internationally, helping to expand and diversify the field into conceptual areas such as structuralism, functionalism, behaviorism, gestalt, cognitive, comparative, developmental, neurobiological, psychodynamic, social, industrial, educational, statistical, neuropsychology, etc. (Buxton, 1985; Schultz & Schultz, 2011). Currently, the APA recognizes 54 different divisions of psychology, each addressing specific psychological approaches, treatment / evaluation focuses, or distinct populations (APA, 2018). Appendix A provides a list of these divisions.

Names by which this profession may be known

Definitions of psychology are as diverse as the field. According to the APA, "Psychology is the study of the mind and behavior. The discipline embraces all aspects of the human experience — from the functions of the brain to the actions of nations, from child development to care for the aged. In every conceivable setting from scientific research centers to mental healthcare services, 'the understanding of behavior' is the enterprise of psychologists." (American Psychological Association, 2011). Different schools of psychology also offer their own definitions. Perhaps more succinctly stated is a common internet definition that: "The purpose of psychology is to accurately describe, explain, predict and change human behavior and mental processes" (Reference.com, 2018).

According to the APA: "Psychologists have a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school." The APA generally refers to people with "masters-level positions as counselors, specialists, clinicians and so forth [rather than 'psychologists']" (American Psychological Association, 2011). However, state psychology licensure boards sometimes establish different parameters.

Education to enter the profession

In the United States, most states require a doctoral degree (PhD or PsyD) for psychology licensure. The exceptions, when they occur, are typically for school psychology, some forms of applied psychology and in sub-specialty roles such as an assistant, examiner or technician who is usually under the supervision of a fully licensed psychologist. Training and licensure procedures are similar in Canada, though licensure in one country does not confer licensure in the other (American Psychological Association, 2011). Additionally, the Canadian Psychological Association and the American Psychological Association (2017) signed an accord mutually recognizing the quality assurance of each other's psychology doctoral and internship programs.

Aspiring psychologists can enter graduate programs with a wide range of baccalaureate degrees. Unless the student is only seeking a terminal master's degree, most students will seek programs that allow their matriculation to a doctoral degree. Some programs require completion of a master's degree as part of this process, while others do not. Historically, psychologists earned PhD (Doctor of Philosophy) degrees that focus on both research and treatment. The PsyD (Doctor of Psychology) degree was introduced in the 1970's as an alternative for those more interested in providing psychological services (i.e., applying scientific knowledge of psychology) than in directly conducting research (Fowler and Michalski, 2016). However, there can be overlap between the two degrees, which are each accepted as "doctoral level."

Licensing or mandated certification requirements and authorizing entity that permits someone to practice in this profession

Psychology graduate school curricula vary and not all graduate degrees create psychologists who are eligible for licensure; an unfortunate awakening that some newly matriculated psychologists discover each year. Additionally, most states have different requirements and associated privileges of practice for licensure as a clinical vs. a school vs. an applied psychologist. Some states also have special designations for specialties such as neuropsychology and prescribing psychology. The type of licensure acquired substantially affects a psychologist's practice and scope of work. Though there may be minor variances across states for licensure qualification, the Commonwealth of Virginia offers a good example of general state psychology board expectations across different types of licenses (Virginia Board of Psychology, 2018) and is used in the following discussion.[2]

A person applying for licensure as a clinical psychologist must hold a doctorate from a regionally accredited university.[3] At least three academic years of full-time graduate study (or equivalent) are required in substantive

2. In part due to the principle author's domicile. Specific licensure requirements for other states can be obtained by querying "[name of state] psychology board" on an internet search engine.

3. This can involve accreditation by the APA in clinical or counseling psychology, or documentation that their program was within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education (USDOE) or the Association of Universities and Colleges of Canada (AUCC) as a member in good standing.

core content areas of: biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, psychological measurement, research methodology, techniques of data analysis and professional standards and ethics, individual differences in behavior, human development, dysfunctional behavior, theories and methods of intellectual assessment and diagnosis, theories and methods of personality assessment and diagnosis, and effective interventions and evaluating the efficacy of interventions. Comprehensive practicum experiences in assessment and diagnosis, psychotherapy, consultation and supervision are also required, along with 1,500 hours of supervised professional experience.

Individuals seeking applied psychology licensure have similar requirements for doctoral program completion. There are fewer core content areas (biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, psychological measurement, research methodology, techniques of data analysis, and professional standards and ethics) in addition to concentrated study in an affiliated area of psychology in place of practicum and supervision experiences.

School psychologist licensure requires a master's degree of at least 60 semester credit hours with slightly different program accreditations[4] and at least two full-time years of graduate study in core content areas of: psychological foundations, educational foundations, interventions / problem-solving, statistics and research methodologies, and professional school psychology. Required practicum experiences include: orientation to the educational process, assessment for intervention, direct intervention – including counseling and behavior management, and indirect intervention – including consultation.

States with additional licensure categories in neuropsychology, prescribing psychology, or other areas may have additional educational, training and experience requirements.

Approved applicants for licensure must then pass background checks, a state jurisprudence examination, the Examination for Professional Practice in Psychology (EPPP) and meet other requirements. All licensed psychologists are subsequently required to complete continuing education requirements on an annual or biannual basis and adhere to legal and ethical guidelines to sustain licensure. Most states only allow individuals who have completed these steps and remain in good standing to represent themselves as "psychologists" and provide their compensated services to the public. There are some exceptions for properly trained professionals working in selected situations, oftentimes at schools, in university teaching positions, in specific public hospitals, or programs, but these exceptions are becoming more limited over time. Furthermore, state psychology laws recognize that other licensed professionals may also be allowed to use selected psychological procedures, per the qualifications of their own professional state licensing boards.

Perhaps the biggest challenge for life care planners is understanding that psychology licensure occurs on a state by state basis. A psychologist typically has to be qualified, via licensure or other state approval, to provide services in the state where anticipated psychological services are requested. It is not unusual for the evaluee / client to travel to the psychologist's home state for an evaluation when the psychologist is not licensed in the evaluee's / client's home state. However, there may be situations where on-site psychological evaluation is required or where the psychologist is required to testify in court within the client's state.

Some, but not all states offer reciprocity and each inter-state compact may be different. A psychologist who is not licensed in a specific state might be permitted to provide services through a reciprocity agreement, or a state may allow licensed psychologists who are in good standing in their home state to practice on a time limited basis for a specific purpose, such as for evaluation or court testimony. Some states require specific application for such privileges, while other states do not if the services occur for a limited period. In other states, services by an out-of-state psychologist may require supervision by a psychologist so licensed there, or an in-state psychologist may be required to provide all case psychological opinions. The type of court and sometimes even individual judges might also determine testimony privileges for out-of-state psychologists. Though it is each psychologist's (and perhaps the retaining attorney's) responsibility to understand these requirements prior to case involvement, on more than one occasion, an unwary psychologist has been disqualified and may also face professional, criminal and civil penalties (Simon and Shuman, 1999).

Common specialty areas, roles, and credentials that can expand expertise and scope of contribution to life care plans

Psychology is not just "talk therapy," but covers broad areas of assessment, intervention, research, data analysis, program development and evaluation, education, artificial intelligence, assistive technology, statistics, environmental design, projective modeling, etc. Although there are always exceptions, life care planners are more likely to come into contact with some of the types of psychologists outlined

4 Accreditation by the APA, the National Council for Accreditation of Teacher Education, or the National Association of School Psychologists; or an institution of higher education accredited by an accrediting agency recognized by the USDOE, or the AUCC as a member in good standing.

below (Jacobs, 2018). These categories are not mutually exclusive. There can be overlap across categories and individual psychologists may also practice across several different areas.

1. Clinical psychologists address a broad spectrum of complicated human problems involving mental, emotional and behavioral disorders. They are often a first point of contact for the general public when seeking help to determine what types of problems exist and possible venues for treatment. Because of the diversity of human challenges, most clinical psychologists specialize in distinct areas. Some may provide primary screening and assessment of referring issues and then help direct the individual to more specific psychological services. Clinical psychologists may also specialize within areas of treatment according to symptomatic presentation, age groupings, methods of assessment, therapeutic approaches and techniques utilized, modes of delivery, venues for service provision, etc.

2. Clinical neuropsychologists have special training and expertise in understanding the relationships between brain and behavior, particularly as these relationships can be applied to the diagnosis of brain disorders, or in the assessment of cognitive and behavioral functioning. Neuropsychological evaluations are often used in cases of neurological trauma, such as brain injury; learning and developmental challenges; and to provide differential diagnoses, such as helping to determine if noted cognitive or behavioral changes might be attributable to psychiatric, neurological, or other impairments.

3. Behavioral psychologists analyze environmental factors and their functional relationships to behavior. Through empirical analysis, results can be used to help an individual optimize their capabilities and moderate dysfunctional, or problematic behaviors. Over the past decade many states have begun licensing behavior analysts, separately from psychology. Behavior analysts may have different training and focus than licensed psychologists with similar training and may focus more specifically on functional analyses of behavior, training, contingency management and environmental design.

4. Rehabilitation psychologists provide services on behalf of individuals with disabilities and to society through activities such as research, assessment, treatment, program development, teaching, public education, development of social policy, and advocacy. Some rehabilitation psychologists also provide clinical, behavioral or neuropsychological evaluations according to their training and credentialing while other rehabilitation psychologists may be more focused on treatment development, direct intervention and coordination of services.

5. Prescribing psychologists have specialized training in medicine and pharmacology and can prescribe selected medications for specific psychological / clinical issues. This relatively new specialty is currently only licensed in New Mexico, Louisiana, Illinois and Ohio. Additionally, trained psychologists may now be credentialed to prescribe in the U.S. Defense Department, the U.S. Public Health Service and the Indian Health Service. Each state or entity has different training and qualification requirements for prescribing psychologists and the scope of professional activities allowed also varies significantly across jurisdictions.

6. Developmental psychologists examine cognitive, social, and psychomotor development of individuals relative to their age-related peers. Developmental psychologists often evaluate children, and their findings may be useful following catastrophic events before adulthood to determine if the child is keeping up with peers or premorbid trajectories. However, developmental psychologists are also sometimes sought in adult cases to understand the client's psychological presentation relative to earlier developmental issues or to characterize a client's current psychological presentation relative to developmental templates.

7. Gerontological psychologists work primarily with older clients and are able to integrate behavioral, emotional, cognitive, social, familial, financial / resource, medical concerns, spiritual and cultural factors into assessment and treatment, as well as understand the pragmatics of available service delivery in the individual's community.

8. Psychodynamic / psychoanalytic psychologists incorporate the theories of Sigmund Freud, Alfred Adler, Harry Stack Sullivan, Karen Horney, Erik Erikson, and others. They typically focus on dynamic aspects of relationships presumed to originate in infancy and childhood. They may be retained in a case to provide an integrative description of a person's personality or to explain factors that may direct their conscious behavior.

9. Treatment by Other Disciplines: Some psychological techniques are also used by other professions, and, in fair play, psychologists use some procedures originated by other disciplines. This sometimes causes confusion, but it may sometimes open up additional treatment options. One of the broadest areas of professional overlap involves "counseling." There are many different approaches to counseling, including cognitive-behavior therapy, psychoanalysis, desensitization, immersion, motivational interviewing, goal-setting, dialectical behavior therapy, grief / trauma, psychodrama, etc. There are also other disciplines that offer effective counseling in specific areas according to the training, credentialing and experience of each individual therapist. This may include professional counselors, social workers, marriage and family therapists, motivational coaches, licensed mental health counselors, school counselors, substance abuse treatment practitioners, rehabilitation counselors, psychologists, etc. Similar overlap can occur in other areas, such as assessment. For example, a speech language pathologist may use some of the same assessment instruments as a neuropsychologist, though they may evaluate the findings in a different context.

Other information important for life care planners to know

In most situations, psychologists are oriented toward patient care and are generally familiar with the type of information that life care planners solicit, though they may need guidance in articulating these issues for a life care plan. Most psychologists also understand multidisciplinary treatment approaches, which can help them integrate their recommendations with other recommended supports and services (Jacobs, 2018). Additionally, those with a data-based or scientific focus may also be able to offer both qualitative and quantitative recommendations which can help to operationalize the dynamic basis of most life care plans.

Some variation in reporting may occur according to the psychologist's primary role; i.e., whether they have been providing direct treatment / evaluation of the evaluee for some period of time, or they have been retained as an expert in the case. The expert may be more likely to provide concise, empirical and needs based information – this is likely what they were retained to do, whereas some treating professionals with little knowledge about life care plans may benefit from some guidance regarding the goals of life care planning and clarification of their recommendations to expert standards. This is why it is important for the life care planner to have a good grasp of the evaluee prior to discussing the case with the psychologist, as well as explicit questions and areas of inquiry.

Understanding the psychologist's training, orientation, practice areas, specific areas of expertise and access to other professional and institutional resources are also important points of reference relative to their recommendations. Sometimes the match between psychologist and evaluee may be incongruent or incomplete and it may be necessary to suggest input from another psychologist.

It is also important that each psychologist establish their recommendations relative to their professional judgment of an evaluee's clinical lifetime needs rather than current medical insurance policy limits or other administrative guidelines; i.e., number of contractually or regulatory allowed visits, type of treatments allowed, duration of sessions, etc. On more than one occasion a treater has expressed that what the evaluee needs is different than what the evaluee's insurance is paying for. Because life care plans are needs based, it may be necessary to explain this to the treater.

The basis for the life care plan may also affect a professional's willingness to participate, especially if it involves forensic issues. Shahnasarian (2017) discusses issues of inhibition about participating in litigation-related consultations. Some treating professionals may be hesitant to get involved in a forensic case due to fear, discomfort or naiveté with legal processes; concern that the time involved will take away from other higher priority responsibilities, such as clinical treatment of other individuals; or due to prohibition of such participation by their employers. A candid discussion about the case and the importance of the professional's opinions may help in such situations.

While most psychological recommendations will come from psychologists or the associated professionals previously noted, other disciplines might also make psychology-based recommendations. Sometimes, physicians, nurse practitioners or other qualified experts / treaters may identify the need for psychological services in medical cases. Some may have specific recommendations. For example, there may be well researched psychological protocols for certain pain management treatment, pre-surgical assessments, addictions counseling, behavior management, etc. that are inherent in associated systematic service delivery. In other situations, such professionals may recognize the need for psychological intervention but not understand the nuances of what is specifically needed; e.g., "he needs counseling on an ongoing basis." Similarly, teachers or other educational specialists might make recommendations in pediatric or adolescent cases.

Ideally, these recommendations are correlated with more specific recommendations by a psychologist. However, sometimes these recommendations are independent of a psychologist's input, or no psychologist may be involved in the case. In such situations it is then especially for the life care planner to determine with these professionals if their psychological recommendations are within their professional scope of practice. If not, additional psychological input may be advised.

Life care planners should be aware of the characteristics of contacted psychologists or clinical groups when researching charges for psychological services. For example, when searching online or in referral databases, the life care planner might select an assortment of therapists without reference to professional certifications, areas of expertise, past treatment of similar issues and populations, etc. This information by itself may not only result in providers who cannot effectively address an evaluee's specific needs, but the research might also reflect inaccurate charges that are either too high or too low. All of these factors can hamper the evaluee's ability to actually access or benefit from treatment. As a result, it is important to query this information when surveying charges.

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