

UNIVERSIDAD SAN FRANCISCO DE QUITO

Colegio de Ciencias Sociales y Humanidades

**La práctica clínica psicológica en Ecuador: índices, nivel de competencia profesional y
modelos de código de ética**

Isabel A. Chávez Espinosa

Sonja Embree, Ph.D., Directora de Trabajo de Titulación

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HOJA DE APROBACIÓN DE TRABAJO DE TITULACIÓN

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Isabel A. Chávez Espinosa

Sonja Embree, Ph.D.,
Directora del Trabajo de Titulación

Teresa Borja, Ph.D.,
Directora del Programa

Carmen Fernández-Salvador, Ph.D.,
Decana del Colegio de Ciencias
Sociales y Humanidades

Quito, 15 de julio de 2015

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Nombre: Isabel A. Chávez Espinosa

C.I.: 1719567800

Lugar: Quito – Ecuador Fecha: 15 de julio de 2015

DEDICATORIA

Este proyecto está dedicado a toda la comunidad psicológica del Ecuador. El objetivo en mente siempre ha sido el beneficio de todos los profesionales y mejorar constantemente la psicología en el Ecuador. Igualmente, quiero dedicar a toda mi familia por apoyarme durante estos cinco años de carrera y por siempre alentarme en cumplir todos mis sueños.

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RESUMEN

En Ecuador no existen leyes ni regulaciones que se apliquen a la psicología, con respecto al nivel de competencia necesario para ejercer la práctica privada. Otros países latinoamericanos han concluido la importancia de aplicar un modelo de competencias a la profesión, debido a la necesidad de un mejor sistema de salud mental. Este proyecto tiene como objetivo conocer el estado actual del nivel de competencia promedio entre los psicólogos ecuatorianos y conocer cuál porcentaje cumpliría los requisitos necesarios para obtener una licencia para ejercer en Estados Unidos o Canadá. La importancia del estudio es empezar a crear bases para la creación de una institución que establezca regulaciones y competencias alrededor de la psicología y mejorar a futuro la calidad del servicio.

Palabras Clave: psicología, parapsicología, competencia, regulaciones, calidad, práctica privada.

ABSTRACT

In Ecuador there are no laws or regulations that apply to psychology, regarding the level of competence needed to practice private practice. Other Latin-American countries have concluded the importance of applying a model of competences of the profession, given the necessity of improving the mental health system. This project objective is to acknowledge the current condition of the average level of competence between Ecuadorian psychologists and to know which percentage would meet the requirements needed to obtain a license to practice in the United States or Canada. The purpose of the study is to create foundations for the implementation of an institution that establishes regulations and competences regarding psychology and to improve the quality of mental health service.

Key Words: psychology, parapsychology, competence, regulations, quality, private practice.

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INTRODUCTION

Antecedents

Level of Competence of clinical psychologists in United States

Statistics of the American Psychological Association (APA) show that an estimated of approximately 1.5 million undergraduate students complete an introductory or general psychology course each year. APA's Center for Workforce Studies estimates that 25 percent of psychology baccalaureate recipients continue on to graduate study in psychology (approximately four percent to six percent doctoral; 20 percent to 22 percent master's).

According to the Bureau of Labor Statistics in the United States:

Some psychologists work independently, conducting research or working with patients.

Others work as part of a healthcare team, collaborating with physicians and social workers or in school settings, working with students, teachers, parents, and other educators [...] Although psychologists typically need a doctoral degree or specialist degree in psychology, a master's degree is sufficient for some positions. Practicing psychologists also need a license or certification (Occupational Outlook Handbook, 2015)

According to the APA psychologists that want to practice independently in the clinical field, need to have a doctoral degree that is accepted and recognized by the same association. Different states have more requirements for a psychologist to have a license to practice privately. For example, some state licensing boards can ask for a certain number of supervised post-doctoral hours; descriptions of the types of problems treated; approve the Association of State and Provincial Psychology Boards exam; hours of practice during

internships; and/or to bank the credentials through organizations like the National Psychologist Trainee Register or The Association of State and Provincial Psychology Boards (ASPPB) Credentials Bank.

Problem

In Ecuador there is no institution like APA, that is responsible of licensing psychologists or that regulates the competences needed for practicing clinical psychology. In the area of medicine and odontology there are a set of government rules that control their practicing and the validation of titles. Even though mental health is considered an important part of overall health, there are no rules to protect consumers from receiving proper, responsible and competent psychological service. The *Reglamento de Régimen Académico* (Rules of Academic Regimen), explains that the article 193 of the Organic Law of Health says that: health professions are those whose have university training of third or fourth level is directed specifically and primarily to provide professional knowledge, techniques and practices related to individual and collective health and control of their conditions. The article 194 of the same law states that: to practice as a health professional, it is required to have obtained a third or university degree conferred by one of the universities established and legally recognized in the country, or by the outside, validated and endorsed. In either case must be registered with the CONESUP and the national health authority.

Because there are no laws or organizations in this country controlling the level necessary to practice as there are in the area of medicine or dentistry, psychologists can do and decide as they wish. It is not even necessary to have a college degree to provide psychological services and it is able to start private practicing without even having hours of internship or

supervision. Therefore, the level of competence of an Ecuadorian psychologist can be very doubtful.

Hypothesis

The lack of government regulation on the psychological service allows professionals to make their own decisions about whether they are fit to offer treatment to different problems and different customers. There is no organization that has the obligation to put limits and define criteria necessary for offering the best service and avoid doing harm. It may be necessary to create a board of psychology for generating a level of competence necessary to exercise clinical practice. If this works, the results could be the improvement of psychological service that Ecuadorians receive and reduce the number of people working in the field that do a lot of damage and violate ethical standards.

Research Question

How many practitioners of psychology in Ecuador have a third level degree and, of these, how many have a doctoral or post-doctoral training?

Purpose of the study

Become acquainted of the current context of the education level of psychologists in Ecuador, to discuss the possibility of creating a board of psychology that regulates the licensing, accreditation of clinical psychology programs and titles, boundaries of practice, and to incorporate a code of ethics.

Significance of the study

In Ecuador there is not much research in psychology and neither are no statistics on the level of education or who mostly offer psychological care. This research is a first step to know the current situation of psychology in this country to have a general idea of the areas of improvement. With this information, it is able to commence to determine which factors and criteria are most important to regulate the level of competence to develop a better mental health system.

Definition of terms

The term Competence can vary according to the investigation or the author's point of view. In the present study, competence is defined as the APA defines it in the Ethical Principles of Psychologists and Code of Conduct (2010):

Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience
(American Psychological Association, 2010)

The term Parapsychologist has been used in past studies to describe people that offer psychological service but are not clinical practitioners. Christensen & Jacobson (1994) use the term psychologist to refer to experienced psychologist, psychiatrists, and social workers; and adults without studies, clinical training or practice in mental health who are providing psychological services are parapsychologist. In this study, parapsychologist is used to describe

every adult practicing private practice without a third degree and training in psychology, but it doesn't describe psychiatrists or social workers.

Assumptions of the author

In this research some assumptions need to be made. First, it is assumed that there are a lot of psychologists practicing private clinic in Ecuador, and that many of them will respond to the survey. The second assumption is that the participants will tell the truth about their level of education and the amount of training they have had. Third, and maybe the most important, is that the level of competence required in the United States and its regulations are applicable to Ecuador and can improve mental health services in the country.

LITERATURE REVIEW

Competence in Psychology

Before 1953, psychologist had the liberty to make their own decisions regarding ethic behaviors and investigations. World War II (WWII) was one of the main reason why psychologist decided that there was an emergent need to develop a code that limited the conducts of psychology and protects the general population. The inhumane investigations and treatments that war prisoners received during WWII pointed out the amount of power psychologist had in taking their own decisions about important ethics behaviors. Nuremberg trials got notoriety and public attention and psychologist were faced with many ethical dilemmas that they hadn't thought about before (Joyce & Rankin, 2010). The historical context created a growing recognition that the profession needed to set standards and limitations so there would be a way to deal with these dilemmas in a systematically way that all professionals could share and teach.

In 1947, Edward Tolman created the first APA Committee on Ethical Standards for Psychologists. APA had existed since 1892 but this was the first time psychologist came together to formulate the first standard code (Joyce & Rankin, 2010). In 1953 the association published the first ethics code and it has been modify over the years until the existing "The American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct". This code is composed of five general principles: a) Beneficence and Nonmaleficence, b) Fidelity and Responsibility, c) Integrity, d) Justice, and e) Respect for People's Rights and Dignity; and ten standards that embrace all ethical conducts: 1) Resolving Ethical Issues, 2) Competence, 3) Human Relations, 4) Privacy and Confidentiality, 5) Advertising and Other Public Statements, 6) Record Keeping and Fees, 7) Education and

Training, 8) Research and Publication, 9)Assessment, and 10) Therapy (American Psychological Association, 2010). For this research, Standard 2 is the most significant because it describes the importance of providing services that the psychologist is trained in and is expert.

In EEUU and Canada, there are requirements for getting an APA license to be able to practice psychology. First, psychologists need a doctoral degree accepted and recognized by the APA. Second, they need to complete 2000 hours of practice during internship and 2000 hours during post-doctoral studies. Third, they need to accomplish the Association of State and Provincial Psychology Boards Exam. Finally, they are required to document the number of clients, types of problems they treated and supervised experiences they had during their postdoc and internship (American Psychological Association, 2015). States boards of psychology can implement and make little modifications to the rules described before. In these countries, anyone who practice clinical psychology and who does not have a license to practice as a clinical psychologist is committing a crime. Legal consequences and penalties are classified as misdemeanor or felony offenses. Felonies are more serious than misdemeanors, although both can lead to jail, monetary punishments, probation, and other penalties depending on the state (Theoharis, 2015).

Importance of Competence

Competence in the area of psychology is a core component of the ethical conduct required by the ethical standard of the 2010 APA Ethics Code (American Psychological Association, 2010). Successfully operationalizing and evaluating competence offers psychologists the opportunity to improve education, training, clinical practice, and creates a

framework of responsibility to the public. The recent competency discussion has been around the proposed Cube Model, which consists in three different axis that describe:

Foundational competencies (practice building blocks, such as scientific knowledge, ethical standards), functional competencies (attributes of providing services, such as assessment, intervention), and developmental progression (acquiring increasing competence over the course of one's education and career) (Hanson & Kerkhoff, 2011, p. 220)

However, competency model has been criticized because it faces multiple challenges, which include creating an agreement regarding its components, addressing consistent and valid assessment over time, and acceptance in the overall culture of psychology around the cultures. Hanson and Kerkoff (2011) proposed a different way of approaching the issue of competence. They wrote the Ethical Principles as an alternative framework for theorizing ethics as an introduction for competency. The authors applied this new framework to the training at internship, postdoctoral, and specialty levels to illustrate the model. They concluded that the model engages psychologist at the predoctoral and postdoctoral level.

An investigation developed in 2014 had the objective to explore a selection of key competencies required by psychologists, along with a method for assessing them (Kuittinen, Meriläinen, & Räty, 2014). There were 353 participants who constituted a representative sample of young graduated psychologists with clinical experience of between 1 and 6 years. The participants were requested to rate 52 statements of competence. Investigators used explorative factor analyses in four different predetermined competence domains: client management, personal/professional identity and autonomy, consciousness of professional

limits and professional development. Results showed a total of 11 competence dimensions.

Authors found that the amount of work experience was related to the ratings of these competence domains. For example, newly qualified psychologists have a tendency to rate their own competence higher than those psychologists who have a few more years of professional experience. The authors concluded that the perception of competence changes overtime and when psychologists have more experience; they realize that they need more training and supervision.

In 2012 an investigation was done in Puerto Rico and Colombia regarding the clinical training in each country (Figueroa & Uribe, 2012). The article is a thoughtful analysis of the training of clinical psychologists in Puerto Rico and Colombia. For this, the authors reviewed the literature related to the process of academic-professional training of clinical psychologists in these countries. Socio- historical, political and cultural factors as well as issues around training and clinical and research skills were addressed. Finally, based on the literature review, the process of reflection and identification of the areas of improvement for a comprehensive education guideline were proposed. These guidelines were aimed to the strengthening enriching practices of each country, emphasizing the importance of providing a complete learning space, adjusted to the historical, social, political, economic and cultural reality of each country.

Colombia is one of the few countries in South America that has an interest in research and in the creation of a model for regulating competences and clinical training in the area of psychology. This is because there has been growing interest in identifying and skills assessment as an element of training and subsequent professional development. One qualitative investigation in Colombia (Charria, Sarsosa, Uribe, Lopez, & Ortiz, 2011)

addressed the concept of competence from multiple definitions and theoretical concepts, to realize the public about the plurality regarding the studied concept. The authors also showed different academic classifications attributed to the construct of competences and finally described some studies and positions about the subject. The research has been developed on the strengths of professional psychologist, with emphasis on the Colombian case.

German Torres wrote an article in 2011 describing a model to define and assess the level of competence of psychologists in clinical practice in Colombia and how it could be applied to other South American countries. The research was related to the teaching of psychology in Colombia, and aimed to characterize the competences that psychologists in other major national and international models define for analysis and finally proposed a model of competence training for Colombian psychologists. The method used was the review and analysis of documents of each model from: the definition of the concept of competence, the type of defined competencies, training strategies and evaluation skills, and curriculum areas associated with the competitions (Torres, 2011). In conclusion, it was established that most models define the skills from a professional perspective focusing on psychological services to the user, but this is not related directly with the life experience of psychologists, so a training model was proposed to respond this need.

Professionalism and Efficacy

There has been little investigation regarding professionalism as a clinical measurement of competence in all health areas. In the medical field, Papadakis, Teherani, Banach, Knettler, Rattner, Stern, Veloski, & Hodgson (2006) developed an investigation to analyze the association of disciplinary action against practicing physicians with prior unprofessional

behavior in medical school. The participants were 235 graduated medical students of three medical schools who were disciplined by one of 40 state medical boards between 1990 and 2003, and 469 physicians that were matched according to medical school and graduation year in the control group. Predictor variables for unprofessional behavior included the presence or absence of narratives describing unprofessional behavior, grades, standardized-test scores, and demographic characteristics. Results of the investigation showed that students with prior unprofessional behavior in medical school have significant tendency to more disciplinary actions by a medical board when they have their practice. Students with the strongest correlation were those who were perceived as irresponsible or as having a poor ability to change their unethical behaviors. Authors concluded that professionalism (or ethical behaviors) should have a crucial role in medical training and should be a central theme throughout the entire medical career. The same conclusions can be applied to psychological career, but additional investigation in this area is needed.

The importance of training and competence in psychology has created the uncertainty of the efficacy of professionals that work in psychological service without being licensed clinical psychologist. In a meta-analysis conducted by Hattie, Sharpley, and Rogers (1984) the authors concluded that patients treated by paraprofessional therapists improve more than those treated by professionals. Other analysis has shown that paraprofessional therapist and professionals have equal effectiveness (Berman & Norton, 1985). In these studies, professionals were considered experienced psychologist, psychiatrists, and social workers and paraprofessional were considered therapist without post-degree clinical training in professional mental health programs. There are no statistics regarding the percentage of paraprofessionals and professional practicing in the United States or where do they exercise.

There is also no investigation in Ecuador regarding the statistics of psychologist or what percentage of psychologist complete a post-degree training or even complete a college degree.

METHODOLOGY

Recruitment of participants

Participants will be selected from the yellow pages of the Ecuadorian phone book that is published online. Three cities will be taken in account because they are the biggest cities in Ecuador: Quito, Guayaquil and Cuenca. The online site of *paginasamarillas.info.ec* will be used, and only professionals that use their own name in their advertisements will be taken in account. Approximately 40 psychologists per city will be selected and the information and link for the survey will be sent via mail.

Participants

Participants will consist of clinical psychologists that answer the survey online and that agree to participate in the investigation. The age range is from 23 to 60 years old. Psychological services that are advertised as “centers” or “institutions” will be excluded because of the possible inherent rules of each establishment regarding level of education and training. A minimum of 120 participants are expected. The gender, socioeconomic status and race are criteria that will not be controlled and only gender is a criterion that the survey will include. It is expected that the gender rate will be close to 1:1 and that the sample be representative of the working psychologist in Ecuador.

Study Design

This research will use a survey aimed at practicing therapist in Ecuador due to the large number of participants and because the quantitative-type of information required. The research objective is to know about the level of study, training, supervision, workplace, and overall

preparation of clinical psychologists. This type of research will allow results to be statistics of Ecuador, which are extremely important for future research or implementation of a board of psychology.

According to Kevin B. Wright in his paper of 2006, online surveys have the advantage of accessing unique populations that could not be interview in other ways. Using online survey on this study will allow psychologists from other cities to participate and make the sample more representative of Ecuador and not limited to Quito. Evans & Mathur in another paper in 2005 pointed out that the major strength of online survey in the speed and timeliness. The present research will benefit from online survey because it will diminish the time that it would take to interview all the participants and to analyze all the data. Online software can be useful to develop the statistic faster. In an investigation develop by Lonsdale, Hodge, & Rose (2006) in which the efficacy of online survey versus traditional paper and pencil format was compared. They concluded that there was a significant trend toward better response rate in the online group. Based on the investigation, online surveys were answered faster and contained fewer missing responses. According to the authors, an online survey appears to be the best option for the current study.

Analysis of the data

The survey will be created using SurveyMonkey and the same software will develop and analyze the results. All participants will enter their answers using this software online. The open – ended questions will be analyzed by the author and will be classified in different categories.

Ethics

The identity of the participants that answer the survey online will remain anonymous at all time. No information that could identify them will be requested in the survey (work place, specialization, clients). Only the author of the investigation will see the names of the participants in their advertisements and will be the only one responsible to send the mail requesting the psychologist participation. A new email account will be created for the investigation with the only purpose of recruiting the participants and will be used to send the mails with the informed consent and the direct link to the online survey. When the study is finished, the mail account will be destroyed with all the information of the participants. The informed consent will have the personal email of the author, in case a participant wants to contact the investigator for further information and to ensure their well-being.

If any psychologist does not want to participate in the study, they simple do not enter the link and can delete the mail. If a psychologist access the link and in the middle of the survey wants to quit it, it is possible to exit the survey only by closing the internet page. No information will be saved if the participant does not finish the survey. Results from the study will be saved in the online software of SurveyMonkey and will be available during a year from the publication of the study if any participant wants to have the information. After one year of saving the results, all the data will be deleted from the software.

ANTICIPATED RESULTS

The results presented below are speculations of the author, they are not real results. The investigation was not carried out, so the results are simply expectations of what it might be found if this study was performed.

It is expected that at least 120 psychologists respond to the survey, of who 60 would be men and 60 women, approximately. Of these 120 participates, it would be expected that approximately, 30 would be expected to be from Quito, 30 and from Cuenca, and 30 from Guayaquil. Other factors such as socioeconomic status, race/ethnicity, specialization, or nationality are not taken in account for the study. The age average of all the participants is expected to be around 45 years old.

It is expected that the results show an average of a low education level of psychologists in Ecuador. Chances are that most clinical psychologists have an average education of a college degree and that very few have more education or expertise. Also, it is anticipated that very few of the participants will meet the requirements to obtain a license to practice in the US; and, surely, those who meet the requirements is because they obtained their doctoral degree in the US.

Furthermore, it is expected that the vast majority of university degrees of the participants are national and related to studies in psychology, but it is anticipated that an important percentage of the participants would have a college degree with no relation to psychology. A significant percentage of participants would only have complementary studies related to psychology but no master's or doctorate degree within the subject.

Another expected outcome is a positive correlation between education level and opinion about a possible board of psychology in Ecuador. The higher level of education in

psychology a participant has, better the opinion regarding the implementation of a board of psychology in Ecuador he/she will have. It is likely that participants with higher education will grant more value to the competence factor in training in clinical psychology because they understand the complexity of treating with different populations, but also because they have a higher level of competence than the average and would not be affected if a national regulation will be implemented. Finally, due to the expected result that the majority of respondents would not meet US requirements to be licensed in clinical psychologist, it is also expected to find a negative-general opinion of the participants towards implementing regulations for the licensing of practitioners in Ecuador.

DISCUSSION

Due to the lack of regulation of the level of education required to practice as a clinical psychologist in Ecuador, the average competence level of a psychologist who offers private consult is low according to American and Canadian standards. This low competence level causes that Ecuadorians do not receive the best quality level in psychologist consult. Ecuador, being a developing country has many social issues which need psychology assistance. For example gender violence, child labor and poverty are high impact social issues in the country that need the best psychology assistance that can be offered.

Social problems have different effects like addictions, vandalism, high criminally rates, health problems and other harmful consequences which generate a raise in governmental expenses. The cost that the country has for not providing adequate psychology assistance is high. If the quality level of psychology services is improved and standardized, the population in general and government will be benefited.

If an institution like the Boards of Psychology, which establishes requirements and competences required for a clinical psychologist to be licensed to provide psychological treatment, is created; it is probable that the reputation of the attention towards mental health in Ecuador improve. If the reputation improves, it is possible that society becomes more open towards receiving psychological attention and therefore more people benefit from a good service. This is a long process because actually most therapist do not meet the requirements and will be against the creation of such institution.

This study is a first research, which is a probe of the actual situation of the psychology profession in this country. It is necessary to continue with the investigation to include the most psychologists possible into the board and have a national impact and not only

in the three cities studied. Also, it is important to find other needs of the profession to analyze different regulations in other areas and to establish a better system of psychologist professionals.

LIMITATIONS

The first and most important limitation of this research is that the survey that is used does not have internal validity nor it has been tested in a pilot test to determine whether the questions are properly designed and if they allow participants to respond clearly and openly. It is also quite possible that people lie about their level of education or what degrees they have. Given that there is no accurate record of the titles of education of every person in the country, it is difficult to check or confirm that participants have responded honestly. Although this study used online surveys to minimize the risk of false responses, it remains a possibility.

Another limitation could be the method to recruit participants. The sample proposed in this study may not be representative of the psychological services of the country because only psychologists with a) money to pay advertisement, and b) Internet access, could participate in this study. It is possible that future research could survey a greater number of psychologists, in more cities, and with fewer restrictions, but this would take much more time.

FUTURE RESEARCH

The current project is a basis for further research in psychology in Ecuador to discuss the possibility of implementing a board of psychology and improve the service in the country. With a first glance at the current situation that psychologists have, it can be better to understand what current requirements need to be taken care of by a government institution and what other objectives could be set for the future.

The results of this research can establish a base of the average level of education of a psychologist in Ecuador and begin to consider new standards to implement for the future. The ultimate goal would be to give greater professionalism to psychology in Ecuador and to give it a greater importance as a health science and not as a career that anyone can exercise. Mental health is too delicate for Ecuador to continue to allow the clinical practice without regulation of the services quality received by the consumer.

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APPENDIX A: ADVERTISEMENTS

Email

Asunto: Participación en Investigación de Psicología

Cuerpo del Mensaje:

Estimado Colega:

La Universidad San Francisco de Quito tiene el agrado de invitar a la comunidad psicológica ecuatoriana, de la cual usted es parte, a participar de una investigación realizada por Isabel A. Chávez. El nombre del estudio es: La práctica clínica psicológica en Ecuador: índices, nivel de competencia profesional y modelos de código de ética. El objetivo de la investigación es conocer el nivel de estudios promedio actuales de un psicólogo en Ecuador y su nivel de competencia profesional. Para esto, se requiere su participación en la investigación llenando una encuesta en línea en la siguiente dirección electrónica:

<https://www.surveymonkey.com/mp/universidadesanfranciscodequito/survey>

Toda la información prevista en la encuesta es totalmente anónima. Su dirección de correo electrónico ha sido obtenida de la publicidad de *paginasamarillas.com.ec* y únicamente la investigadora conoce este correo. Cuando la investigación haya terminado, la cuenta de mail desde la cual se le ha enviado esta invitación será eliminada.

Si desea obtener más información, por favor comuníquese con:

Isabel Chávez

isabel.chavez@estud.usfq.edu.ec

0995888003

APPENDIX B: ETHICS



Comité de Bioética, Universidad San Francisco de Quito

El Comité de Revisión Institucional de la USFQ

The Institutional Review Board of the USFQ

SOLICITUD PARA APROBACION DE UN ESTUDIO DE INVESTIGACION

INSTRUCCIONES:

1. Antes de remitir este formulario al CBE, se debe solicitar vía electrónica un código para incluirlo, a comitebioetica@usfq.edu.ec
2. Enviar solo archivos digitales. Esta solicitud será firmada en su versión final, sea de manera presencial o enviando un documento escaneado.
3. Este documento debe completarse con la información del protocolo del estudio que debe servir al investigador como respaldo.
4. Favor leer cada uno de los parámetros verificando que se ha completado toda la información que se solicita antes de enviarla.

DATOS DE IDENTIFICACIÓN

Título de la Investigación

La práctica clínica psicológica en Ecuador: índices, nivel de competencia profesional y modelos de código de ética

Investigador Principal *Nombre completo, afiliación institucional y dirección electrónica*

Isabel Alejandra Chávez Espinosa

Co-investigadores *Nombres completos, afiliación institucional y dirección electrónica. Especificar si no lo hubiera*

No hay

Persona de contacto *Nombre y datos de contacto incluyendo teléfonos fijo, celular y dirección electrónica*

Isabel Chávez 0995888003 2262624 isabel.chavez@estud.usfq.edu.ec

Nombre de director de tesis y correo electrónico *Solo si es que aplica*

Sonja Embree sembree@usfq.edu.ec

Fecha de inicio de la investigación 01-08-2015 *No puede ser anterior a la aprobación del estudio*

Fecha de término de la investigación 01-02-2016 *Fecha estimada*

Financiamiento Personal *Datos completos del auspiciante o indicar "personal"*

DESCRIPCIÓN DEL ESTUDIO

Objetivo General *Se debe responder tres preguntas: qué? cómo? y para qué?*

Conocer cuántos psicólogos practicantes en Ecuador tienen un título universitario, y de ellos, cuántos tienen un título de maestría o de doctorado; por medio de encuestas en línea; para saber el nivel promedio de competencia de un psicólogo clínico.

Objetivos Específicos
- Conocer el nivel promedio de educación de un psicólogo ecuatoriano
- Conocer el porcentaje de psicólogos que cumplirían con los requisitos para obtener una licencia en EEUU
- Analizar la posibilidad de crear una junta nacional de psicología que sea la encargada de dar licencias para practicar psicología en Ecuador
Diseño y Metodología del estudio <i>Explicar el tipo de estudio (por ejemplo cualitativo, cuantitativo, con enfoque experimental, cuasi-experimental, pre-experimental; estudio descriptivo, transversal, de caso, in-vitro...) Explicar además el universo, la muestra, cómo se la calculó y un breve resumen de cómo se realizará el análisis de los datos, incluyendo las variables primarias y secundarias.</i>
Estudio cuantitativo, descriptivo. Una muestra de 120 psicólogos clínicos ecuatorianos de Quito, Guayaquil y Cuenca. Los datos se recolectarán mediante una encuesta en línea y los datos serán analizados por el software de SurveyMonkey. Los participantes serán reclutados de la publicidad de paginasamarillas.com.ec y participarán todos los que deseen llenar la encuesta.
Procedimientos <i>Los pasos a seguir desde el primer contacto con los sujetos participantes, su reclutamiento o contacto con la muestra/datos.</i>
Escoger al azar 40 participantes por ciudad que aparezcan en la lista de psicólogos de paginasamarillas.com.ec . Enviar el mail de participación con el link directo hacia la encuesta en línea. El consentimiento informado será lo primero que aparezca previo a empezar la encuesta en línea. Solo las personas que completen la encuesta serán participantes de la investigación.
Recolección y almacenamiento de los datos <i>Para garantizar la confidencialidad y privacidad, de quién y donde se recolectarán datos; almacenamiento de datos—dónde y por cuánto tiempo; quienes tendrán acceso a los datos, qué se hará con los datos cuando termine la investigación</i>
Se creará un mail específico para enviar las invitaciones a participar en el estudio. Solo la investigadora tendrá acceso a ese mail y los correos electrónicos de los participantes. Una vez terminada la investigación, el mail será eliminado con toda la información de los participantes. La encuesta en línea será totalmente anónima.
Herramientas y equipos <i>Incluyendo cuestionarios y bases de datos, descripción de equipos</i>
Encuesta en SurveyMonkey.com y el software de la misma página.

JUSTIFICACIÓN CIENTÍFICA DEL ESTUDIO

Se debe demostrar con suficiente evidencia por qué es importante este estudio y qué tipo de aporte ofrecerá a la comunidad científica.

En Ecuador no hay mucha investigación en psicología y no hay estadísticas sobre el nivel de educación o quiénes son las personas que ofrecen atención psicológica. Esta investigación es un primer paso para conocer la situación actual de la psicología en este país para tener una idea general de las necesidades. Con esta información, es capaz de empezar a pensar en cuáles son los factores y criterios más importantes para comenzar a regular el nivel de competencia para el desarrollo de un sistema de mejor salud mental.

Referencias bibliográficas completas en formato APA

DESCRIPCIÓN DE LOS ASPECTOS ÉTICOS DEL ESTUDIO	
Criterios para la selección de los participantes <i>Tomando en cuenta los principios de beneficencia, equidad, justicia y respeto</i>	Psicólogos que ofrezcan servicios de consulta privada y publiciten su consulta en paginasamarillas.com.ec. Se excluirá a la publicidad de centros o institutos debido a las reglas intrínsecas sobre el nivel de educación necesario de cada organización. No se tomará en cuenta ni edad, ni género, estatus socioeconómico, etnia o nacionalidad como factores de inclusión o exclusión.
Riesgos <i>Describir los riesgos para los participantes en el estudio, incluyendo riesgos físico, emocionales y psicológicos aunque sean mínimos y cómo se los minimizará</i>	Existe el riesgo de sentir inseguridad sobre el nivel de educación y competencia que se tiene como psicólogo. Para disminuir esta inseguridad la encuesta será totalmente anónima y se entregará el contacto de la investigadora si los participantes desean más información sobre la investigación.
Beneficios para los participantes <i>Incluyendo resultados de exámenes y otros; solo de este estudio y cómo los recibirán</i>	Conocer el nivel de competencia que tienen sus colegas y conocer el estado actual del servicio de psicología nacional para que puedan participar del proceso de creación de una institución que regule la práctica de psicología.
Ventajas potenciales a la sociedad <i>Incluir solo ventajas que puedan medirse o a lo que se pueda tener acceso</i>	Mejorar la calidad de servicio que reciben todos los clientes en la consulta privada y establecer objetivos para luego regular la práctica de psicología en otras modalidades de servicio.
Derechos y opciones de los participantes del estudio <i>Incluyendo la opción de no participar o retirarse del estudio a pesar de haber aceptado participar en un inicio.</i>	Derecho a no completar la encuesta y salir de la investigación en cualquier momento y derecho a tener acceso a los resultados de la investigación.
Seguridad y Confidencialidad de los datos <i>Describir de manera detallada y explícita como va a proteger los derechos de participantes</i>	La única información personal de los participantes será su correo electrónico que será eliminado junto con la cuenta de mail creada para la investigación. No se solicitará ninguna otra información que pueda identificar a los participantes.
Consentimiento informado <i>Quién, cómo y dónde se explicará el formulario/estudio. Adjuntar el formulario o en su defecto el formulario de no aplicación o modificación del formulario</i>	El consentimiento informado será entregado en línea y el participante deberá estar de acuerdo con los términos y condiciones descritos en el mismo para poder acceder a la encuesta en línea.
Responsabilidades del investigador y co-investigadores dentro de este estudio.	Ser la única persona con acceso a la cuenta de mail creada para la investigación y ser responsable de eliminarla cuando la investigación concluya.

Documentos que se adjuntan a esta solicitud (*ponga una X junto a los documentos que se adjuntan*)

Nombre del documento



Idioma

	Ingles	Espanol
PARA TODO ESTUDIO		
1. Formulario de Consentimiento Informado (FCI) y/o Solicitud de no aplicación o modificación del FCI *	X	X
2. Formulario de Asentimiento (FAI) (<i>si aplica y se va a incluir menores de 17 años</i>)		
3. Herramientas a utilizar (<i>Título de:: entrevistas, cuestionarios, guías de preg., hojas de recolección de datos, etc</i>)	X	X
4. Hoja de vida (CV) del investigador principal (IP)		
SOLO PARA ESTUDIOS DE ENSAYO CLÍNICO		
5. Manual del investigador		
6. Brochures		
7. Seguros		
8. Información sobre el patrocinador		
9. Acuerdos de confidencialidad		
10. Otra información relevante al estudio (especificar)		

(*) La solicitud de no aplicación o modificación del FCI por escrito debe estar bien justificada.

PROVISIONES ESPECIALES

Esta sección debe llenar solo si aplica. En ella se incluyen manejo de población vulnerable y muestras biológicas, manejo de eventos adversos, seguros de incapacidad o muerte, entre otros.

CRONOGRAMA DE ACTIVIDADES**AÑO**

Descripción de la Actividad (pasos a seguir dentro del proceso de investigación, comenzando por el contacto inicial, reclutamiento de participantes, intervención y/o recolección de datos, análisis, publicación...)	Fechas								
		1	2	3	4	5	6	7	8
Contacto inicial por mail	01-08-2015	x							
Reclutamiento de participantes dependiendo de respuestas a encuesta en línea	01-09-2015	x							
Recolección de datos	01-09-2015	x							
Análisis de datos	01-10-2015	x							
Publicación de resultados	01-12-2015	x							

CERTIFICACIÓN:

1. Certifico no haber recolectado ningún dato ni haber realizado ninguna intervención con sujetos humanos, muestras o datos. Sí () No ()
2. Certifico que los documentos adjuntos a esta solicitud han sido revisados y aprobados por mi director de tesis. Sí () No () No Aplica ()

Firma del investigador: _____ (con tinta azul)

Fecha de envío al Comité de Bioética de la USFQ: 15 de Julio de 2015



Comité de Bioética, Universidad San Francisco de Quito

El Comité de Revisión Institucional de la USFQ
The Institutional Review Board of the USFQ

Formulario Consentimiento Informado

Titulo de la investigación: La práctica clínica psicológica en Ecuador: índices, nivel de competencia profesional y modelos de código de ética

Organización del investigador Universidad San Francisco de Quito

Nombre del investigador principal Isabel Chávez

Datos de localización del investigador principal: 2262624, 0995888003, isabel.chavez92@gmail.com

Co-investigadores No aplica

DESCRIPCIÓN DEL ESTUDIO

Introducción (*Se incluye un ejemplo de texto. Debe tomarse en cuenta que el lenguaje que se utilice en este documento no puede ser subjetivo; debe ser lo más claro, conciso y sencillo posible; deben evitarse términos técnicos y en lo posible se los debe reemplazar con una explicación*)

Este formulario incluye un resumen del propósito de este estudio. Usted puede hacer todas las preguntas que quiera para entender claramente su participación y despejar sus dudas. Para participar puede tomarse el tiempo que necesite para consultar con su familia y/o amigos si desea participar o no.

Usted ha sido invitado a participar en un investigación sobre el nivel de competencia de los psicólogos en Ecuador porque usted ofrece sus servicios de consulta psicológica por la publicidad en línea.

Propósito del estudio (incluir una breve descripción del estudio, incluyendo el número de participantes, evitando términos técnicos e incluyendo solo información que el participante necesita conocer para decidirse a participar o no en el estudio)

Este estudio será realizado a nivel nacional y participarán las personas que deseen responder la encuesta en línea. Aproximadamente 120 participantes de Quito, Guayaquil y Cuenca serán los participantes. El objetivo es conocer el nivel de educación promedio de un psicólogo.

Descripción de los procedimientos (breve descripción de los pasos a seguir en cada etapa y el tiempo que tomará cada intervención en que participará el sujeto)

Solo es necesario llenar la encuesta en línea que debe tomar un máximo de 15 minutos. Toda la información es anónima y confidencial.

Riesgos y beneficios (explicar los riesgos para los participantes en detalle, aunque sean mínimos, incluyendo riesgos físicos, emocionales y/o sicológicos a corto y/o largo plazo, detallando cómo el investigador minimizará estos riesgos; incluir además los beneficios tanto para los participantes como para la sociedad, siendo explícito en cuanto a cómo y cuándo recibirán estos beneficios)

Existe el riesgo de un posible malestar psicológico al responder preguntarles personales sobre tu educación y opinión sobre el nivel de competencia de la psicología en Ecuador. El beneficio es conocer el estado actual de la profesión dentro del país para establecer una base para ir mejorando en el futuro.

Confidencialidad de los datos (*se incluyen algunos ejemplos de texto*)

Para nosotros es muy importante mantener su privacidad, por lo cual aplicaremos las medidas necesarias para que nadie conozca su identidad ni tenga acceso a sus datos personales:

1) La información que nos proporcione se identificará con un código que reemplazará su nombre y se guardará en un lugar seguro donde solo el investigador tendrán acceso.

3) Su nombre no será mencionado en los reportes o publicaciones.

4) El Comité de Bioética de la USFQ podrá tener acceso a sus datos en caso de que surgieran problemas en cuando a la seguridad y confidencialidad de la información o de la ética en el estudio.

Derechos y opciones del participante (se incluye un ejemplo de texto)

Usted puede decidir no participar y si decide no participar solo debe cerrar la ventana de internet y no llenar la encuesta. Además aunque decida participar de la encuesta puede retirarse de la misma cuando lo deseé, sin que ello afecte los beneficios de los que goza en este momento.

Usted no recibirá ningún pago ni tendrá que pagar absolutamente nada por participar en este estudio.

Consentimiento informado (*Es responsabilidad del investigador verificar que los participantes tengan un nivel de comprensión lectora adecuado para entender este documento. En caso de que no lo tuvieran el documento debe ser leído y explicado frente a un testigo, que corroborará con su firma que lo que se dice de manera oral es lo mismo que dice el documento escrito*)

Información de contacto

Si usted tiene alguna pregunta sobre el estudio por favor llame al siguiente teléfono 2262624/0995888003 que pertenece a Isabel Chávez o envíe un correo electrónico a Isabel.chavez92@gmail.com

Si usted tiene preguntas sobre este formulario puede contactar al Dr. William F. Waters, Presidente del Comité de Bioética de la USFQ, al siguiente correo electrónico: comitebioetica@usfq.edu.ec

Comprendo mi participación en este estudio. Me han explicado los riesgos y beneficios de participar en un lenguaje claro y sencillo. Todas mis preguntas fueron contestadas. Me permitieron contar con tiempo suficiente para tomar la decisión de participar y me entregaron una copia de este formulario de consentimiento informado. Acepto voluntariamente participar en esta investigación.

Firma del participante	Fecha
Firma del testigo (<i>si aplica</i>)	Fecha
Nombre del investigador que obtiene el consentimiento informado	
Firma del investigador	Fecha

APPENDIX C: INSTRUMENTS

Survey

1.	Género	_____ años	
2.	Edad	Quito <input type="checkbox"/> Cuenca <input type="checkbox"/> Guayaquil <input type="checkbox"/>	
3.	Ciudad	Si <input type="checkbox"/> No <input type="checkbox"/>	
4.	¿Posee usted un título universitario?		
5.	¿Cuál?	_____	
6.	¿De qué universidad?	_____	
7.	¿Posee usted un título de maestría?	Si <input type="checkbox"/> No <input type="checkbox"/>	
8.	¿Cuál?		
9.	¿De qué universidad?	_____	
10.	¿Posee usted un título de	_____	
	doctorado?	Si <input type="checkbox"/> No <input type="checkbox"/>	
11.	¿Cuál?		
12.	¿De qué universidad?	_____	
13.	¿Posee usted un título de post-	_____	
	doctorado?	Si <input type="checkbox"/> No <input type="checkbox"/>	
14.	¿Cuál?		
15.	¿De qué universidad?	_____	
16.	¿Ha tenido horas de supervisión con	_____	
	un psicólogo entrenado en ofrecer	Si <input type="checkbox"/> No <input type="checkbox"/>	
	supervisión?		
	F <input type="checkbox"/> M <input type="checkbox"/>		

17. ¿Cuántas horas?

18. ¿Siente que su nivel de competencia

es apto para cualquier motivo de
consulta?

_____ horas

Si No

19. Según su experiencia, considera que

el nivel de competencia de sus
colegas es:

Alto Medio Alto

Moderado Medio Bajo

Bajo

20. ¿Qué opinaría de crear una

Institución Gubernamental o Junta
de Psicología que regule el nivel de
educación necesario para ejercer
como psicólogo clínico en
Ecuador?
