

November 3, 2019

To the Members of the North Carolina Psychology Board:

I am glad to have the opportunity to support the rule addressing supervision 21 NCAC 54.2008. I have been honored to have been trained and able to practice in North Carolina as a master's level psychologist for over 15 years now and have always been grateful that this state has been progressive and inclusive, allowing masters level psychologists to obtain licensure. With so many underserved and rural areas, it makes sense to remove barriers to access to high quality care.

While I am proud of my degree and licensure, I will say that being an LPA has not been without its challenges. I believe we are the most marginalized of all master's level clinicians, while ironically receiving far superior clinical training and better preparation for the field than either social workers or professional counselors. I can say this with confidence because I am dually licensed as an LPA and an LPC, and have worked with, engaged in supervision with, and/or employed other master's trained therapists my entire career; therefore I am acutely aware of the strengths and weaknesses of the various disciplines' training programs and licenses. Granting independent licensure for LPAs who meet the requirements would be very beneficial for the field of mental health and for the state of North Carolina.

I own and work in an outpatient private practice, and as I became credentialed with insurance companies I quickly realized I would need to pursue my LPC in addition to my LPA so that I could provide services to patients whose carriers allow only those with an independent license on their panels. During that process, I was shocked by the difference in the requirements to obtain an LPA versus an LPC and the difference in the licensure testing. The EPPP was a far more comprehensive and rigorous exam, as is the coursework and knowledge base required to be able to even pass that exam. My experience with obtaining an LPC only fueled my disdain that with an LPA I cannot practice independently, while those who obtain an LPC can.

I greatly value supervision and have been fortunate to have outstanding experiences with it. I by no means think that this requirement should be eradicated for early career LPAs. However, I find myself with expertise in two highly specialized areas (eating disorder treatment and bariatrics), and will always be faced with the challenge of finding an easily accessible supervisor who shares this same knowledge base. Both my supervisor and I have been struck by the fact that at some point in my career I will have 30 plus years experience in this field and will still be required to seek supervision in order to maintain my license. There comes a time when required supervision for a highly experienced clinician becomes more of a formality than a benefit. For many reasons, it would be prudent to take the current system one step further and eliminate the need for supervision after a certain number of years, for those who meet certain criteria/elect to do so.

I urge you to preserve master's level psychology and enhance our ability to practice independently, giving us the credit and respect we rightfully deserve.

Sincerely,

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