

**TRIANGLE NEUROPSYCHOLOGY SERVICES, PLLC**

3310 Croasdaile Drive, Suite 400  
Durham, NC 27705

1540 Sunday Drive, Suite 200  
Raleigh, NC 27607

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Re: LPA Supervision Re-adoption public comments

To North Carolina Psychology Board:

I read with interest the proposed regulatory changes for LPA supervision. While I agree that experienced LPAs who have demonstrated competent and ethical practice can practice psychotherapy without supervision, I am deeply concerned about the ability of LPAs who have been released from supervision conducting neurocognitive evaluation. Frankly, I do not believe that a master's level clinician even with supervision can competently provide a neurocognitive evaluation. Conducting a neuropsychological evaluation requires far more than administering standardized instruments. In order to make appropriate use of the test data, one must have a deep understanding of brain structure and function.

The training standard in the US and Canada for neuropsychologists is a doctoral degree, internship, and two years of focused post-doctoral training in neuropsychology. Competent and properly trained neuropsychologists have extensive training in neuroanatomy and neuropathology, as well as coursework in medical conditions that affect brain function, and several years of daily exposure to medically ill patients and their cognitive conditions. Without that training, it is not possible to make clear diagnostic and treatment decisions based on test data. This is a clear risk to the public.

In my clinical practice, I routinely see reports by otherwise competent licensed psychologists who have provided substandard evaluations to their patients. This leads to incorrect treatment from physicians who are relying on this information and gives patients and their families incorrect diagnoses and prognoses. Treatment may be changed, or formal accommodations may be inappropriately withdrawn or provided as a result of poorly done evaluations. These substandard evaluations cast our profession in a negative light. If this happens with LPs, the problem is only worse with lesser-trained LPAs.

If the proposed changes cannot be amended (I assume they cannot), then I strongly favor going back to the drawing board and dealing directly with the provision of neuropsychological evaluations by LPAs before these changes are implemented.

Sincerely,

*Kristine M. Herfkens, PhD, ABPP/CN*

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