

5311 Collingswood Drive
Raleigh, North Carolina 27609
September 10, 2019

Re: Proposed rule change under 21 NCAC 54.2008

Daniel Collins
Executive Director
NC Psychology Board
895 State Farm Road, Suite 101
Boone, North Carolina 28607

SEP 14 2019

Dear Mr. Collins,

Enclosed and embedded are comments in favor of proposed rule change under 21 NCAC 54.2008. I hope this letter finds you doing well.

The enclosure is a position paper I wrote 25 years ago on behalf of the Professional Affairs Committee of the LPA Advocates, a fledgling professional organization that later became the North Carolina Association of Professional Psychologists. We prepared this paper after countless hours in face-to-face meetings and discussions over the phone. I did not have email in 1994, and I prepared this document on a Canon word processor. Alas, my scanner has not worked properly since I upgraded my computer's operating system.

Although our technology is more advanced, and I am more advanced in years, all the arguments of the position paper remain valid. Since I and my committee spent hours preparing the arguments, I shall not attempt to rewrite them. I shall focus on the issue of facilitating access to mental services. This issue is far more compelling today than it was in 1994. Corporally, our lives depend on our developing new paradigms for prevention, identification, and treatment of mental health problems, especially the problem of community violence.

It could have been me! Exactly two weeks prior to the mass shooting at the University of Texas clock tower on August 1, 1966, I was below the clock tower with my father and younger brother. (We were traveling across the country. My father, a college professor, wanted to visit all the colleges along the way.) 17 people were killed, and 31 people were injured. It was eerie that I was there exactly two weeks earlier. The shooter was a disgruntled former Marine sharpshooter.

It could have been me, again! Exactly two weeks prior to the latest mass shooting, on I-20 between Odessa and Midland, Texas, I was traveling on I-20 returning from a trip across the country. I stopped for gas in Odessa. Eight people were killed, and 25 people were injured. It

was eerie that I was there exactly two weeks earlier. The shooter was a disgruntled male who had been fired from his job earlier in the day.

We have an epidemic of violence in this country. The statistics vary, depending on what is included and what is excluded, but the CDC reported that 39,773 people in the United States died from gunshot wounds in 2017. While people are shooting each other, the incidence of mental illness is increasing dramatically.

In the meantime, psychologists continue to fight with each other over qualifications for independent practice. Psychologists, who ostensibly understand human nature, cannot figure out a way to get along with each other.

In the meantime, other mental health disciplines are gaining ground. I earned a Masters' in Social Work (MSW) at UNC-Chapel Hill in 1973. At the time, it was the only MSW program in North Carolina. There are now 12 MSW programs in North Carolina. More and more mental health clinicians are being licensed, but fewer and fewer of them are psychologists.

In the meantime, the cost of obtaining a Ph.D. in psychology has gone through the stratosphere. I worked with a Ph.D. intern at Women's Prison who had \$400,000 in student loans. Reputable Ph.D. programs can only afford to support so many students.

We need new paradigms for the practice of psychology. NCPA and NCAPP could join together to develop model programs in North Carolina designed to stem the epidemic of violence noted above. There is clearly a place for all of us in the field of psychology. Those with Ph.D.'s are needed to teach, to conduct research, to advise government officials on policy, to manage psychological programs, and to supervise young professionals. There is no dearth of clientele.

It's a moral imperative. If we don't develop new paradigms to expand access to psychological services, if we continue our infighting for the next 25 years, it will be tantamount to fiddling while Rome burns. I hope and pray that we are better than that.

Sincerely yours,

A handwritten signature in cursive script that reads "Joan Lester".

Joan Lester,
MSW, M.A., LCSW, LPA, HSP-PA

POSITION PAPER

The mission of the LPA Advocates is to promote the highest level of quality in the education, training, and practice of all psychologists, and to promote recognition, acceptance, and validation of the training, experience, and competence of Licensed Psychological Associates, in order to ensure that consumers of diverse cultural, geographic, ethnic, and socioeconomic backgrounds have freedom of choice in access to psychological services and that the profession remains viable by continuing to serve the community in the most competent and efficient means possible. Although our immediate goals focus on concerns vital to Licensed Psychological Associates, these goals relate to basic issues underlying the practice of psychology in general. In other states, consideration of these issues has provoked intense fighting and resulted in serious splits within the profession. The LPA Advocates sincerely hope that this will not be the case in North Carolina. Rather, we hope that North Carolina will be the state to find a way for dealing with these issues that could be a model for others to follow.

Our immediate goals relate to two issues: (1) independent practice, and (2) vendorship. Over 40% of North Carolina's psychologists are legally restrained from offering accessible and economical psychological services in both private and public mental health settings. Despite being trained at the Masters' level or above, experienced and competent in the full scope of psychological practice, and even formally licensed, this large group of psychologists remain permanently subject to excessive and costly supervision and unable to receive direct insurance reimbursement for their services. Competent Masters' level psychologists are finding themselves gradually disenfranchised from the profession. As a result, mental health consumers, particularly in rural areas, are being denied access to psychological services, and other mental health providers, e.g., social workers, psychiatric nurses, and counselors, are becoming recognized as professions of choice for those seeking to practice mental health services.

The following are a few of the facts we have gathered to support our position:

- * The bulk of all direct mental health services are provided by Masters' level practitioners. The availability of providers and the exigencies of economics will continue to legitimize Masters' level practice as a way of facilitating access to mental health services and cost containment in service delivery.
- * Agencies are increasingly unwilling to hire LPA's because of the extensive supervision requirements and problems in receiving reimbursement from third party payers for services rendered by professionals who are not independently licensed.
- * Since the graduate training of Licensed Psychological Associates is at least commensurate with, if not more rigorous than, that of other mental health professionals, the privileges afforded those other professional groups should be extended to Licensed Psychological Associates.
- * Our profession is proud of its empirical base. However, the body of research which compares the clinical efficacy or competency of doctoral and nondoctoral psychologists is insufficient in quantity, quality and scope to draw conclusions about the superiority of one level of training over the other. It is ironic that, in a profession that ostensibly values empiricism, decisions as basic as the level of training requisite for competent practice have historically been made upon the basis of political exigencies, rather than upon the basis of substantiated empirical evidence.

* In contrast to medical degrees, the Ph.D. is an academic research degree. Studies which have examined the graduate training of psychologists often find that the difference between the graduate course work of doctoral and nondoctoral psychologists can be accounted for primarily by the research portion of the doctoral curriculum. Recognition of the Masters' degree as the "journeyman" level of practice would allow for the appropriate recognition of the advanced research skills and expertise which the Ph.D. affords.

* The level of supervision and the restrictions on supervision are excessive, expensive and unnecessary to ensure competence. The professional development of the supervised LPA is limited by the education, background, and interests of the supervising LP. The necessity of signed contracts with supervisors makes it impossible for LPA's to buy hours of supervision from different psychologists, psychiatrists, etc., in order to benefit from particular areas of expertise and have that count towards the required supervision. The mandated supervision requirements erode the ability of LPA's to meet their own desires for further clinical training.

* Recognition of the LPA's as independent providers of services would enhance the sensitivity of the profession to the increasingly diverse social and cultural needs of communities by facilitating career access for persons of all cultural and ethnic backgrounds.

* The main argument that has been promulgated against independent practice and vendorship for Masters' level psychologists is that the Masters' in psychology is not the terminal degree, in contrast to the Masters' in other professions such as social work. This argument is both specious and irrelevant. APA is currently promoting a model of training (based upon the medical model) in which doctoral level psychologists would complete their internships and specialty training after completion of the Ph.D. The Ph.D. would no longer be the terminal degree either! Regardless, the issue of terminal degree is irrelevant to the more basic issue of the level of practice essential to the provision of ethical, competent mental health services.

Underlying all of the above issues is a more basic issue--an issue that APA has failed to address in terms of the complex psychological and social realities of the late twentieth century. This issue is the relevance of an outdated, anachronistic model of training, i.e., the Boulder model, to the practice of psychology, given what we now know about the impact of social and economic systems factors upon psychological processes in individuals. For example, the proliferation of previously unheard of acts of violence in American society over the past five to ten years cannot be attributed solely to endopsychic factors. Broad social, cultural, and economic changes have occurred which necessitate the formulation of a new model of training for the practice of psychology, which incorporates the study of endopsychic phenomena with the larger social systems within which individual client populations live and function. In addressing the concerns of the LPA Advocates, NCPA has a unique opportunity to tackle the more basic question of the model of training appropriate to replace the Boulder model, more commonly perceived as the "medical model."

APA has endorsed a model of training based upon the Boulder (medical) model. In competition with physicians, APA endorses a model of training which strives to emulate physicians. We submit that the field of psychology offers unique contributions to the field of mental health and is in the unique position of having the background in theory and research to develop a new model of training applicable to the complex social and psychological problems incurred in today's world. Such a model (the Raleigh model?) would expand upon the medical model and take account of social, cultural and economic systems factors which were poorly understood in 1949 (when the Boulder model

was developed) and which are increasingly relevant to practice in the 1990's and beyond. A Masters' level of training which ensures psychology's competitiveness with other mental health professionals could be an important part of ensuring the new model's viability. NCPA and the LPA Advocate thus have at hand a unique opportunity to create a model of training and practice which be, as the Boulder model, cited in psychology textbooks for years to come.

LPA Professional Affairs Committee
November 5, 1994