To the Members of The North Carolina Psychology Board

Several years ago I was asked by the clinic supervisor of the local LME to apply for a position in the semi-rural county where I resided. The triage work of this position provided intake assessments for clients first encountering the mental health system. The results would guide initial treatment options. I was the only psychologist among the applicants. I was the only applicant trained in assessments. I. was not hired.

The clinic supervisor later lamented to me the directive she received: employ an LPC. There were no funds in the budget to support supervision, and limited expectations for insurance reimbursement. That circumstance stays with me. Troubled, likely the most troubled, residents of my community making their way to the local agency for mental health help, were perhaps denied adequate assessment.

I know the hard, arduous, and complicated seats in which you sit. Appointed to the Psychology Board for a decade, seven years as chair or vice chair, I remember those uncomfortable seats. Nonetheless, cleaning up the rules to repair oversights and amending rules no longer applicable to standard psychological practice is a critically important function of the Psychology Board.

As a former Board member, as a Fellow of ASPPB, and after many years of long legislative committee meetings, work on several task forces, research, and endless conferences and presentations, I appear today in full support of the proposed changes to Rule 21. NCAC 54.2008.

The opposition to this change has never been about protection of the public; nor has it been competence. A joint task force in our state ended when it hit a wall of resistance - but not related to either. A line

in the sand was drawn about the title of psychologist; LPAs trained in the practice of psychology were unwilling to call themselves something else, and LPs were unwilling to allow that title to continue to be claimed by masters trained practitioners. The opposition was always a well defined and well funded guild insistence to define the practice of psychology as Ph.D. qualified only.

This situation I described is not unique to me - nor to that county. Consumers of mental health services in both the private and public systems of care are routinely deprived of the expertise of qualified psychologists due to an ongoing guild conflict.

In that regard, protections are not offered to the public and if the Board can change that, it should.

Respectfully,

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