Clinical Psychology

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Daniel Collins
NC Psychology Board
895 State Farm Road, Suite 101
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Re: Proposed Rule Change Under 21 NCAC 54.2008

To the members of the NC Psychology Board:

I was first licensed as a Practicing Psychologist, Temporary, in 1978 and then received my full Practicing Psychologist license in 1980 after completed the requirement at that time of two years of postdoctoral supervision. Over the past 40 years, I have maintained a part time private practice in clinical psychology. From 1977 until my retirement in 2017, I taught in the Psychology Department at East Carolina University. From 1986 through 2006, I was also the Director of the MA graduate program in Clinical Psychology at ECU.

At East Carolina, I supervised more than 200 MA students in clinical practicums associated with courses in psychological assessment and psychotherapy. I also taught graduate courses in Ethics, Psychopathology, Psychotherapy, and Assessment and coordinated off-campus six-month internships for our students. In addition, I supervised more than 70 masters theses and served on more than 100 other thesis committees while at ECU. Given that experience, I believe I understand well the experiences of the 6 to 8 students we admitted to our program each year.

Beginning in 1980, I had the opportunity to supervise LPAs at various mental health centers in Eastern North Carolina. By the 1990s, I also provided supervision to a number of LPAs who had begun to enter private practice settings. Over the years, I was also asked to provide psychotherapy supervision for a number of MSW social workers and LPC practitioners who wanted to broaden their training. At the present time, I am providing clinical supervision to six LPAs who are at Level III and one LPA who is at Level II. For most of these seven, I have provided supervision for between 10 and 20 years.

I can say with confidence that I find the LPAs, particularly those at Level III, to have demonstrated a clear understanding of the ethical demands of our profession and a commitment to ethical practice. They have very good to excellent skills in psychological assessment and diagnosis, and they have developed expertise in psychotherapy. They are competent clinicians

that I feel comfortable in recommending their services. I have no concerns about the quality of care they provide to their clients. Their skills are equal to or exceed those of the masters level clinicians in other mental health areas that I have worked with or supervised over the years.

The lifetime supervision requirement, I feel, is an anachronism from the 1960s and 1970s that, unfortunately, has placed an unnecessary stigma on the LPA, particularly when considering the changes in licensing in other MA level mental health professions, all of which have paths to professional independence. We must remember that when the law was written there was no continuing education requirement (even for doctoral level psychologists). The requirements for practicum and internship hours had not been clearly specified nor made uniform across LPA training programs, and it was only in the late 1980s, I think, that the board firmly established that the training program must have at least 45 semester hours of course credit with courses encompassing specific content domains. All of these improvements and standardizations improved the MA training skills, and with the addition of continuing education requirements with mandatory ethics hours, have helped improve the credentials of the LPA. The lifetime supervision requirement held over from the 1960s, however, has created a stigma for these clinicians that has created unintended consequences for them when the mental health provider playing field expanded so greatly in the late 1980s and 1990s. The lack of a path to independence has undermined the perception of competence of these clinicians in the minds of insurance companies (and maybe even the public), falsely suggesting that LPAs are not really on par with social workers, counselors, pastoral counselors, and the like.

Having spent most of my professional life as a teacher, mentor, supervisor, and advocate for the LPA, I am troubled by the rigidity of our stance in recognizing what they have to offer to the citizens of North Carolina who need mental health care. We should do everything in our power to insure the competence of those licensed and practicing under the Board's province. I was thrilled when the Board finally mandated continuing education requirements for LPs and LPAs in the 1990s. Maybe we should look at strengthening those opportunities. I am a believer in the supervision requirements that we have for our beginning LPAs. I see the Level I and Level II requirements as a strength in the LPA credential. I just feel that there are diminishing returns when considering the lifetime status of the Level III requirements.

Finally, if we have done our jobs as supervisors during the supervisee's Level I and Level II years, then we should have instilled in them the need for and value of ethical practice. We should have developed in the LPA the ability to recognize boundaries of competence and the value of consultation. We don't need a mandatory supervision requirement for advanced LPAs—we need encouragement of and availability for consultation. Isn't that what we do as LPs when we encounter new or difficult cases? The time has come for the onus of a lifetime supervision requirement to be removed.

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