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**ISSUES WITH THE USE OF TESTS AND NORMS**

**REMINDER: USE CURRENT TESTS AND NORMS**

Due to a recent increase in the number of complaint investigations involving licensees using outdated versions of assessment instruments and testing norms, the NCPB wants to remind licensees about the importance of using current versions of assessment instruments and testing norms. Not only can using outdated tests and norms be harmful to patients/clients, but it can also result in disciplinary action by the NCPB.

Below is the NCPB’s advisory statement regarding the requirements for the use of the latest version of assessment instruments and the use of the latest norms available for a test.

This advisory statement is intended to provide psychologists with guidance to ensure they use the current version of the test instrument and current norms.

*Standard 9.08 of The Ethical Principles of Psychologists and Code of Conduct (APA 2017), states the following:*

- (a) *Psychologists do not base their assessments or intervention decisions or recommendations on data or test results that are outdated for the current purpose.*
- (b) *Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.*

The NCPB advises psychologists to pay particular attention to the section of this standard that prohibits psychologists from using data, test results, or

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measures that are either obsolete or not useful for their current purpose. When reviewing the standard, you need to determine whether the norms you're using are current for the test you're using. If you use an old version of a test or "outdated" norms, you run the risk of assessing persons by using outdated measures. You should never administer one edition of a test and then score and interpret the test using the norms of another edition. The NCPB further advises psychologists to seek the best information available to make sound clinical decisions regarding the use of norms, so they're certain they're practicing in compliance with the above standard regarding this issue.

Another issue that's come before the NCPB concerns how long a psychologist has before they can begin using a revised test or new norms following publication. Revised tests or new norms are considered current if they are within one or two years of the release of the revised test. If you decide not to use the most recent version of a test, your decision must be based on valid research data and sound clinical judgment. A decision to use an old test or old norms must be clearly clinically supported in compliance with Standard 9.08 and defensible if called into question. Remember, you should never administer one edition of a test and then score and interpret the test using the norms of another edition.

## **DIVERSITY CONSIDERATIONS IN THE USE OF TESTS AND THEIR NORMS**

Psychologists should also be aware of and consider that tests and other assessment measures are appropriate for the population being tested. These issues are emphasized by the American Psychological Association (APA) in the Ethical Principles of Psychologists and Code of Conduct (APA, 2017) and its Guidelines for Psychological Assessment and Evaluation (APA, 2020).

These considerations become increasingly important as our population and patients are more diverse, speak different languages from the psychologist, have different cultural norms, and belong to various ethnicities. These distinctions are only representative of the growing diversity of our patients, but diversity is not limited to these considerations. The following statements are quoted from the APA Ethical Principles of Psychologists and Code of Conduct Standards 9.02 (b) and (c):

### *9.02 Use of Assessments*

- (b) *Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established,*

*psychologists describe the strengths and limitations of test results and interpretation.*

- (c) *Psychologists use assessment methods that are appropriate to an individual's language preference and competence unless the use of an alternative language is relevant to the assessment issues.*

With our increasingly diverse population, the selection of tests should be current and have appropriate and, possibly separate norms for people of diverse ethnicity, race, language, and sexual identity, among other diversity considerations. Unless it has been demonstrated that the test and referenced norms are suitable for the person being tested, using tests without appropriate norms may be questioned and the test results may be considered invalid. Psychologists need to cite the limitations of their data in reports if diversity is an issue in the assessment.

For example, you could administer the Spanish version of the Minnesota Multiphasic Personality Inventory (MMPI) or the Personality Assessment Inventory (PAI) to a 24-year-old Hispanic immigrant with a sixth-grade education or a college exchange student from Spain. However, would you expect equally valid and reliable results or similar patterns on the test even if their diagnoses were similar?

The most relevant Guidelines for Psychological Assessment and Evaluation (APA, 2020) topics are Guidelines 9 and Guideline 10, which are quoted as follows:

*GUIDELINE 9 Psychologists who conduct psychological testing, assessment, and evaluation strive to practice with cultural competence.*

*GUIDELINE 10 Psychologists who conduct psychological testing, assessment, and evaluation aspire to ensure awareness of individual differences, various forms of biases or potential biases, cultural attitudes, population-appropriate norms, and potential misuse of data.*

Not all populations have separate norms, although tests such as the MMPI are increasingly providing normative data for different populations and different languages. The PAI also has such translations and normative data.

It's important to research your testing instruments to ensure they're suitable for your populations. If the tests don't have either/or translations or norms for the population, it may be better not to use an assessment instrument rather than use one that will not reflect the needs of the individual or suitable test validity and reliability. Finally, it is important to remember to always cite limitations in data. ■



## ASPPB Meeting Notes

By Helen T. Brantley

### The Association of State and Provincial Psychology Boards (ASPPB) held its 2022 Annual Meeting in National Harbor, Maryland, October 26-30.

The ASPPB is the alliance of state, provincial, and territorial agencies responsible for the licensure and certification of psychologists in the United States and Canada. It was formed in 1961 to serve psychology boards in the two countries with much of the impetus for its founding related to mobility for practitioners, including creating and maintaining the Examination for Professional Practice in Psychology (EPPP). Today, in addition to creating and maintaining the EPPP, the ASPPB works to coordinate cooperative efforts of member boards and to facilitate communication between boards.

Two members of the North Carolina Psychology Board (NCPB), Helen Brantley and Gail Neffinger, and counsel to the NCPB, Sondra Panico, attended the Annual Meeting. Ms. Panico also participated as a member of the panel about “The Potential Regulatory Impact of Recent Legal Decisions”. The theme for the meeting was “A New Day: No More Business as Usual”. Nearly 170 people representing the regulatory boards from 38 out of 60 jurisdictions attended the meeting.

The meeting included sessions on the workforce data for psychology, issues of social justice and meeting the needs of underserved populations, changing needs in supervision, updates on the EPPP (parts 1 and 2), the APA Ethics Code, PSYPACT, Master’s level accreditation, and potential legal challenges for psychologists.

**WORKFORCE DATA.** During the keynote address, “Shifting Population Demographics: A backdrop for Psychology Workforce Data—Demands and Gaps,” Dr. Robert Otto Valdez, Director of Healthcare Research and Quality in the U. S. Department of Health and Human Services, addressed the need for an increasingly diverse workforce of psychologists. He discussed the need for

dismantling structural racism to deliver equitable care to populations not receiving care and he stressed the need for more diversity among psychologists. Dr. Valdez shared some troubling statistics. For example, by the age of 40, one in two Canadians have had mental illness and in 2019, more than half the U.S. citizens who needed mental health care did not receive it. Breaking it down by ethnicity, 80% of Asians, 63% of African Americans, and 65% of Hispanics do not receive mental health care. Dr. Valdez also noted the increase in Alzheimer’s Disease between 2014–2018 was 5.1%.

**SOCIAL JUSTICE.** Several presentations focused on the need for licensing boards to collect data and expand their roles in social justice issues.

The current population of psychologists is 91% white, and 67% female and the average age is somewhere in the 50s, depending on the source of the statistics. Different ways to reach underserved populations were suggested, including ehealth as web-based and appropriate for different disorders. The increased use of various forms of ehealth may necessitate providers to learn, adapt, and adopt different kinds of ehealth, including the use of virtual reality. The overall effectiveness and compliance with primarily self-directed interventions were found to be satisfactory. It was noted that while many people don’t have computers most people do have cell phones. A quote from Martin Luther King, Jr., was cited, “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Questions were raised as to whether and how licensing boards create walls to licensing diverse populations and

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what boards can do to create more equitable health care. Boards were encouraged to require training in cultural competency and implicit bias training.

**SUPERVISION.** Supervision was another topic discussed with different jurisdictions having different requirements for training. Requirements ranged from no training in supervision to requiring three continuing education credits every license renewal period. The discussion also included ways for supervision to be most beneficial for licensees.

**EPPP.** Adjustments were made in Part 2 of the exam, the skills-based portion of the examination, to eliminate possible sources of bias. Effective no later than January 1, 2026, the EPPP will be one examination with two parts, EPPP Part 1 (knowledge) and EPPP Part 2 (skills). At this time, eight jurisdictions have implemented both parts. For many jurisdictions, the change in the exam will require either new legislation or an update to rules. Many of the concerns about demographic differences in pass rates have been addressed. For example, ASPPB had a diverse Item Review Committee composed of nine members who reviewed 1,300 different items. Based on their review, only seven items were discarded, all related to gender and sexuality bias, not related to race or ethnicity.

It is recommended that Part 1 be taken after completing coursework and Part 2 be taken after earning the degree or at the time of application for licensure. It has been demonstrated that there are higher pass rates when Part 1 is taken closer to the completion of coursework. The cost will be \$600 for Part 1 and \$450 for Part 2. Part 2

cannot be taken without taking Part 1.

**MASTER'S LEVEL LICENSING.** ASPPB has a task force working on master's level licensing. Since the American Psychological Association is working on accrediting the master's program, ASPPB has formed its task force to discern what approach it will take. Both task forces are working in collaboration. The main points of contention are the title of the master's level practitioner and the scope of their practice. Discussion on these topics remains ongoing.

**IMPACT OF RECENT LEGAL DECISIONS.** The session on The Potential Regulatory Impact of Recent Legal Decisions posed the legal issues surrounding recent Supreme Court decisions and state laws, and how these may impact PSYPACT.

**NORTH CAROLINA'S PROGRESS.** Social justice concerns within the NCPB environment are being addressed. Currently, the NCPB has three African American women members who make significant contributions to the NCPB's activities. However, in terms of health equity, North Carolina appears to be less innovative in reaching out to minority populations. Our workforce is increasing, but we don't know our distribution regarding race or ethnicity.

We developed a three-hour supervision training, which currently must be taken only once. In addition, North Carolina has licensing for master's level psychologists, although the law prohibits fully independent practicing. ■

## Q & A WITH NCPB'S ADMINISTRATIVE OFFICER KAYLA GREENE

As the North Carolina Psychology Board's Administrative Officer, Greene handles examinations, licensure, and supervision. She's been with the NCPB since March 2015 and prior to joining the team, she worked at BB&T (now Truist).

Greene considers helping create more streamlined processing procedures one of her most significant achievements in her tenure. And she enjoys the work.

"The people I work with are the best," Greene said.

As with any position, there have been challenges in her seven years with the NCPB. Her biggest professional challenge has been...change.

"The change from paper to electronic has been a job," Greene said. "Making sure all the forms are correct and up-to-date and learning a whole new system after being in a DOS-based system for so long has been a challenge. We are trying to make everything go as smoothly as possible."

When it comes to suggestions for interacting with Board staff, Greene asks members for their patience. "We have many ins and outs and are always working as fast as we can to accommodate everyone," she said. ■

## NEW FACE ON THE BOARD

If you attended the last North Carolina Psychology Board meeting, you probably recognize this smiling face—Alexis Brightman.

Brightman has been in private practice in Charlotte since 2019 and attended her first NCPB meeting in November. Before joining the Board, her focus was on building her practice and strengthening her community involvement.

As a new Board member, Brightman is eager to help. “I have high hopes in helping support early career psychologists in getting their footing and seasoned psychologists preparing for retirement. I also look forward to more pointedly addressing issues surrounding diversity and advocating for new strategies in addressing community needs as they relate to accessibility to mental health resources.”

She appreciates the opportunity to be a part of the change. “I’ve long taken the approach of advocating for others from outside the room, but now recognize I have a seat at the table, which creates a new perspective in offering support and different accessibility in my ability to have an impact. Whether I have a hand in updating language, designing a new process, or helping a fellow clinician navigate an ethical issue, I feel that being on the Board puts me in a position to be of support to others (which I do feel is my life’s calling) in a capacity that I have not experienced before. I’m always eager to have new experiences in life and I’m particularly excited for this one,” she said.

Brightman is aware of the commitment associated with this role and she’s preemptively developing strategies to allow her to show up in her desired capacity for this responsibility while continuing to grow and thrive in other aspects of her life.

She encourages others to use members of the Board as the resources they are. “At baseline, we’re here to be in service to the community of psychologists in North Carolina, so it’s advantageous to use the help provided to you. Being so new, I’ve had several questions, and I can speak from personal experience in that everyone has been welcoming, supportive, and very, very informative,” Brightman said.

Brightman said people might be surprised to know that her curiosity and sense of adventure have allowed her to accumulate a host of unique skills and invaluable memories. “Within the realm of adventure, I’ve been skydiving. As an anxious individual, it was transformative being in a position of having zero control and being presented with the option to be terrified



Alexis Brightman, MA, LPA

“I’ve long taken the approach of advocating for others from outside the room, but now recognize I have a seat at the table, which creates a new perspective in offering support and different accessibility in my ability to have an impact.”

by this unnerving freefall or choose to enjoy the ride. Following that experience, I now choose to enjoy the ride! Regarding my curiosity, I’m very intrigued by how things work. People (of course). Cars. Hot water heaters. Toilets. My time during quarantine gave me an opportunity to satiate many curiosities and now I know a little bit more about a lot of different things! Particularly as it relates to home improvement!” she said. ■

## BOARD ACTIONS

*The following are summaries of actions recently taken by the Board pursuant to G.S. §90-270.148 and G.S. §90-270-149. A full copy of each action may be viewed by clicking on the action title.*

**Byassee, James, Ph.D.** - CONSENT ORDER was approved and signed on November 4, 2022. The Board evidence would show that in December 2020, Client X, a 13-year-old child, was referred to Respondent by Client X's mother for psychological services regarding mental health issues. After meeting with Client X for 11 sessions of individual psychotherapy and parent collateral therapy, in April 2021, Respondent began a psychological evaluation including the administration of psychological testing. Client X's mother has at no point in time received the psychological evaluation report for Client X. This resulted in harm to Client X because the appropriate recommendations were not received by the school until the next school year and Client X continued to experience difficulties in school during this period of delay. Respondent denies the Board evidence. The Board concludes that this conduct, if proven at a hearing, would constitute a violation of N.C. Gen. Stat. § 90-270.148(a)(15) of the North Carolina Psychology Practice Act.

This Consent Order shall constitute a CONDITION on the Respondent's license. The Respondent will not provide psychological testing administration and interpretation or conduct psychological evaluations of any kind. The Respondent may continue to engage in the following:

- Conducting assessments and determining diagnoses and treatment plans
- Using, administering, and interpreting checklists, screening tests, questionnaires, or rating scales
- Using, administering, and interpreting follow-up checklists, screening tests, questionnaires, and rating scales to measure and/or track patient progress

If the Respondent determines that a client needs psychological testing administration and interpretation, or a psychological evaluation, he shall refer the client to another psychologist to conduct the psychological evaluation.

**Sullivan, Brian Patrick, Ph.D.** - CONSENT ORDER was approved and signed on November 4, 2022. In September 2020, Respondent received a referral for Client X, a 6-year-old male, and conducted a psychological evaluation. Respondent administered the Weschler Intelligence Scale for Children-Third Edition (WISC-III) to assess intelligence, the Conners Parent Rating Scale-Third Edition (Conners-3) to assess behavioral functioning, and the Multidimensional

Anxiety Scale for Children-Second Edition (MASC-2) to assess personality functioning. Based on the results of the psychological evaluation, Respondent reported that Client X met the criteria for oppositional defiant disorder. The WISC-III was originally released in 1998 and is no longer supported by Pearson, which is the assessment publisher. The Weschler Intelligence Scale for Children-Fifth Edition (WISC-V), the current version of the WISC, was released in 2014. The Respondent's psychological evaluation report does not specify the limitations of using the WISC-III because it is an outdated instrument or of any concerns about the validity of the testing results. Respondent does not provide any explanation of his decision to use the WISC-III instead of the current WISC-V. Respondent does not provide any reason consistent with current research or data as to why the WISC-III should be used instead of up-to-date and supported measures. Respondent used the MASC-2 with his 6-year-old client when the client's age range for use of the MASC-2 is 8-19 years old. Respondent's psychological evaluation report does not specify the limitations of the results, since it was administered to the parent of a child who was outside of the age range for use of the measure.

In the Consent Order, the Board orders and Respondent agrees that Respondent shall voluntarily relinquish his license to practice psychology in North Carolina and the Board shall accept his relinquishment. Respondent shall turn in his license to practice psychology in North Carolina no later than December 1, 2022. No later than November 25, 2022, Respondent shall terminate psychological services to all his patients/clients and cease to engage in any other activities that meet the definition of the practice of psychology and shall make provisions for the appropriate transition of his patients/clients to another mental health professional, as appropriate. Respondent shall not practice psychology, as defined in N.C. Gen. Stat. § 90-270.136(8), after he relinquishes his license unless he is relicensed by this Board. Should Respondent apply for re-licensure in the future, he shall comply with certain conditions to be considered for re-licensure, which include the completion of tutorials, and if he is relicensed his practice of psychology will be under supervision for one year or the time it takes to complete 50 psychological evaluation reports, whichever takes longer to occur. The supervisor shall review all the Respondent's psychological evaluation reports to ensure that he is using current testing instruments. ■

# MANDATORY SUPERVISOR TRAINING DEADLINE DECEMBER 31, 2022

All licensees of the NCPB who engage in the NCPB-required supervision of an applicant for licensure, an LPA, a provisionally licensed psychologist, or a licensed psychologist who is under a consent order, **must** complete a one-time, three-hour online supervisor training course, which includes a very brief examination. The online training course must be completed by December 31, 2022. If the training course is not completed by December 31, 2022, a licensee can no longer provide NCPB-required supervision until the training is completed.

The online Supervisor Training course can be found on the CE Broker website ([cebroker.com](http://cebroker.com)). Follow these steps to access the online training course:

1. Sign into your CE Broker account at [cebroker.com](http://cebroker.com). It's the same account you established with CE Broker to submit your CE documentation for renewals.
2. Click on **My Learning** on the top menu.
3. Click on **Discover** on the sub-menu.
4. Scroll down to the **Supervision of Licensees and Applicants in North Carolina** course and click on **Take It Here**. If you don't see the course, click on the In Progress tab and click on **Find Courses** to search for the course.
5. Click on **Start Course**.

Questions about accessing the online training course or about technical issues with the training course should be directed to CE Broker and not the NCPB office. If you contact the NCPB office, you'll be directed to CE Broker. CE Broker's support center is open 8 a.m.-8 p.m. ET, Monday through Friday, and can be reached at 877-434-6323 or [support@cebroker.com](mailto:support@cebroker.com).

Licensees who currently are not providing NCPB-required supervision to applicants for licensure, LPAs, provisionally licensed psychologists, or licensed psychologists who are under a consent order, but may do so in the future, will need to complete the online training course before they will be approved by the NCPB to provide such supervision. Licensees who do not currently provide NCPB-required supervision and do not plan to do so in the future may still take the training course, as all licensees who complete the training course and pass the brief examination can count three hours of Category A continuing education for the renewal period in which the training is completed. ■



Have a suggested article topic for  
The Bulletin Board?

Email [info@ncpsychologyboard.org](mailto:info@ncpsychologyboard.org) using  
**Suggested Newsletter Topic** in the subject  
line of the email.



## UPCOMING NCPB MEETINGS

- February 9-10, 2023
- May 18-19, 2023
- August 10-11, 2023