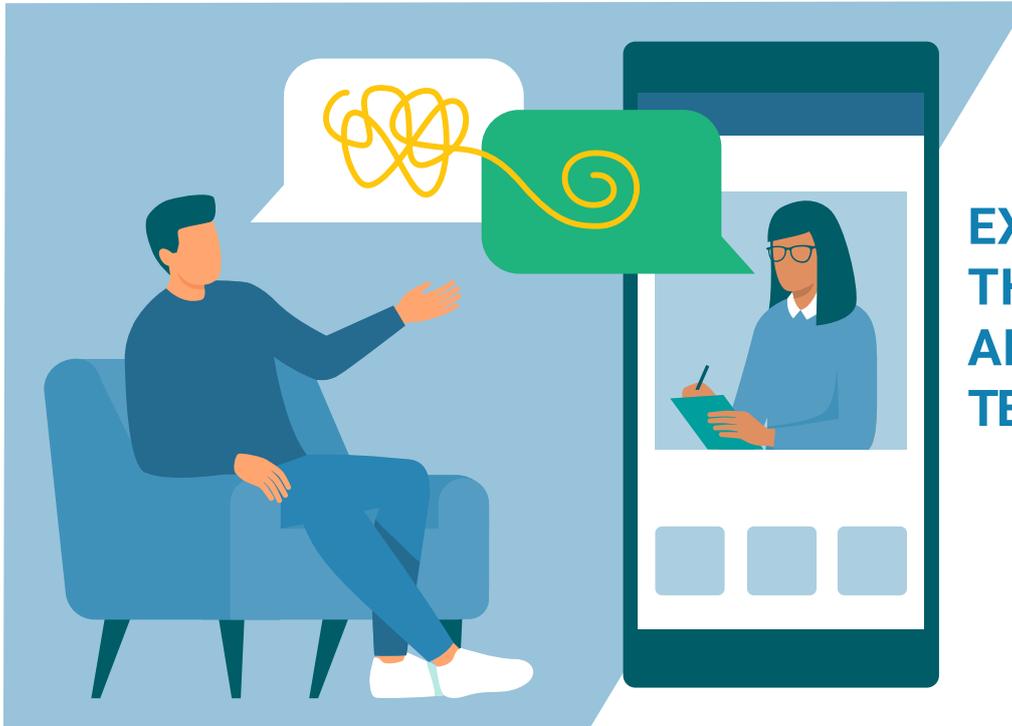


THE BULLETIN BOARD

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EXPLORING THE BENEFITS AND RISKS OF TELEPSYCHOLOGY

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HOW TO REACH US

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By Alexis Brightman, MA, and Whitney Van Sant, MA

The health care landscape has undergone a profound transformation in recent years, largely catalyzed by advancements in technology. One of the most notable developments in this realm is the widespread adoption of telehealth, specifically telepsychology, a mode of therapy that allows mental health professionals to provide services remotely through videoconferencing, phone calls, or text-based platforms.

The COVID-19 pandemic accelerated a significant need for telepsychology. As social distancing measures and lockdowns became imperative for public health, traditional avenues for seeking mental health support were disrupted. Telepsychology emerged as a lifeline, bridging the gap between individuals and mental health professionals. This remote modality not only ensured the continuity of therapeutic services but also extended its reach to those previously limited by geographical barriers or mobility issues. By embracing technology, the field of psychology demonstrated adaptability and, even in the face of adversity, the pursuit of psychological well-being was undeterred.

According to several analyses, while the use of telehealth during the pandemic grew overall, most of the growth was in mental health and substance use services (Lo et al., 2022; Samson et al., 2021). This increase led to extensive debates about the risks and benefits of telepsychology, as well as concerns that psychologists should be mindful of when providing remote services. As the field of mental health care continues to evolve,

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Telepsychology offers a more discreet environment, allowing clients to engage in therapy without fear of judgment. This can encourage more people to seek help for their mental health concerns.

It is crucial to understand the nuances surrounding telepsychology, referencing the American Psychological Association (APA) guidelines (American Psychological Association, 2023) and current research to assess its efficacy and ethical implications.

BENEFITS

One of the primary advantages of telepsychology is the expanded access it provides to individuals who may otherwise face barriers to receiving mental health services. Geographical distance and limited mobility in seeking therapy can often deter individuals from seeking help. Telepsychology addresses these challenges by offering a means for individuals to engage in therapy from their own space. Being in a familiar environment can help clients feel more at ease and open during therapy sessions. Increased comfort levels can lead to more productive discussions and a stronger therapeutic relationship. Telepsychology eliminates the need for clients to travel to a therapist's office, reducing the time and costs associated with commuting. This expanded access can be particularly valuable for those living in rural or underserved areas where mental health resources are scarce.

Additionally, telepsychology enhances the convenience factor for both clients and therapists. Clients can schedule sessions at times that align with their busy lives, eliminating commuting time. Therapists can create more flexible schedules, accommodating clients with demanding work commitments or caregiving responsibilities. This flexibility can lead to increased therapy adherence and improved treatment outcomes.

Telepsychology also carries potential cost savings for both clients and therapists. Clients can save money on transportation and other associated costs related to in-person appointments. On the other hand, therapists may experience reduced overhead expenses associated with maintaining a physical office space. This cost-effectiveness can make mental health services more

accessible to a wider range of individuals, addressing financial barriers that might otherwise impede treatment.

Telepsychology can help mitigate the stigma often linked with mental health treatment. Some individuals may feel uncomfortable visiting a therapist's office due to concerns about being seen by others or revealing their struggles in a public setting. Telepsychology offers a more discreet environment, allowing clients to engage in therapy without fear of judgment. This can encourage more people to seek help for their mental health concerns.

Telepsychology may facilitate cross-cultural therapeutic relationships. Clients may find therapists who share their cultural background or understanding of their cultural context, leading to better rapport and more effective treatment.

RISKS

While the benefits of telepsychology are evident, psychologists should also be aware of the risks that can arise when providing remote services.

Technology barriers and interruptions—Telepsychology relies on technology; a stable internet connection is important for effective telepsychology. Technical issues, such as dropped calls or poor video quality, can disrupt the flow of a session, and diminish its therapeutic value. These interruptions can be frustrating for both therapists and clients. Psychologists might consider investing in high-speed internet or equipment that boosts the speed of their connection such as a mesh Wi-Fi extender. Before setting up services, clinicians might offer brief consultation calls to determine the quality of their client's connection. Psychologists also might consider establishing two HIPAA-compliant platforms so one can serve as a backup option if technical difficulties occur. It may be helpful to discuss these possibilities with clients so that a plan is in place in the event of an interruption.

Reliance on technology may lead to accessibility gaps that could potentially exclude marginalized populations or individuals in low-income areas. While research suggests that face-to-face video call provides a higher level of client satisfaction and engagement, research also suggests that telepsychology by phone call meets the standard of care and should be offered, if appropriate (Schifeling et al., 2020).

Lack of nonverbal cues—A challenge in telepsychology is the potential loss of some nonverbal cues that play

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a crucial role in face-to-face interactions. Therapists might miss subtle expressions, body language, and other cues that provide insights into a client's emotional state. Because there are limitations on what can be observed via telepsychology, it becomes increasingly important to maintain access to what is available. Some helpful tips to consider are to make sure your client is somewhere well-lit (so you can see expressions as clearly as possible) and quiet (so you can clarify sounds that might be otherwise difficult to perceive, such as sighs or sniffles).



Clients should be informed about the steps taken to protect their privacy and the limitations of technology in ensuring absolute security.

Data security and privacy concerns—Confidentiality and data security are paramount in therapy. Telepsychology introduces potential risks related to data breaches and compromised privacy, raising concerns about the protection of sensitive client information. If the client has privacy concerns, the clinician and client might brainstorm a possible alternative location they can use, if appropriate. If the client cannot establish privacy, the clinician might consider offering in-person availability or a referral to a provider with in-person availability.

Boundary blurring—Telepsychology blurs the boundaries between personal and professional spaces for both therapists and clients. Operating from an electronic interface can mirror the casual interactions used to connect with loved ones and friends. As a result, establishing clear boundaries and maintaining a professional atmosphere becomes paramount. In preparation for telepsychology sessions, it can be helpful to explore what is appropriate to

expect to keep the interactions professional (attire, location, etc.). An option to consider might be requesting that clients prepare for their session as if they were coming into the office, recreating much of that in the space in which the telepsychology session would take place.

It is also important to note that telepsychology also creates opportunities to increase boundaries and safety. For example, some clinicians feel more comfortable working with populations such as sex offenders via telepsychology.

APA GUIDELINES

The APA Guidelines for the Practice of Telepsychology, (American Psychological Association, 2023) has recognized the growing significance of telepsychology and has outlined guidelines to ensure its ethical and effective implementation. These guidelines emphasize the importance of informed consent, confidentiality, competence, and technology security.

Informed consent is a cornerstone of ethical telepsychology practice. Psychologists must ensure clients are fully aware of the nature of telepsychology, the potential risks and benefits, and the limitations of remote communication. Informed consent should also address issues related to confidentiality and data security.

Confidentiality, a fundamental principle of therapy, takes on heightened importance in the digital realm. Psychologists are required to use secure and encrypted platforms to safeguard client information. Per the HIPAA Omnibus rule, they are also required to secure signed HIPAA business associate agreements (BAAs) with any software vendor whose products are used in their practice to house identifying client information and other protected health information (PHI). This ensures the business associate (software vendor) assumes the security and risks of safeguarding PHI and provides protection for clinicians.

Clients should be informed about the steps taken to protect their privacy and the limitations of technology in ensuring absolute security. For example, according to the HIPAA Omnibus rule, clients may choose to obtain their PHI through non-HIPAA compliant means such as email; however, clinicians must explain the risks involved and email cannot be the default method, clients must be offered HIPAA-compliant means and they must choose to “opt-in” to an alternative through informed consent. (For more recommendations on HIPAA compliance and telepsychology practice, read the APA’s [guidelines](#) or Person Centered Tech’s [guidelines](#).)

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Competence is another critical factor in telepsychology. Psychologists should possess the skills and training to conduct effective therapy remotely. This involves not only technical proficiency but also an understanding of the unique dynamics and challenges of telepsychology. The APA offers [continuing education sessions on telepsychology](#).

CURRENT RESEARCH SUPPORTING TELEPSYCHOLOGY

A growing body of research supports the continued use of telepsychology as a legitimate mode of mental health treatment. A recent study (De Pablo et al., 2023) found that telepsychology was as effective as in-person therapy for reducing symptoms of depression and anxiety, as well as obsessive-compulsive disorder (OCD) symptoms. The meta-analysis found no differences in efficacy between remotely delivered cognitive behavioral therapy (CBT) and face-to-face CBT, implying that for the average patient with symptoms of OCD, the benefits of CBT are likely to be comparable regardless of whether the treatment is delivered in person or remotely via telepsychology.

Another study (Muir et al., 2020) explored the experiences of clients receiving telepsychology during the COVID-19 pandemic. The findings highlighted the convenience and accessibility of remote therapy, as well as the positive impact on treatment engagement. Participants reported satisfaction with telepsychology, citing factors such as reduced travel time and increased comfort during sessions.

Butzner & Cuffee (2021) highlighted the positive impact of telepsychology on improving access to mental health care for underserved rural populations. The study reported increased engagement in therapy and reduced travel-related barriers, thereby enhancing the overall well-being of participants.

The largest increase in telepsychology use in 2020, as reported by Samson et al. (2020), was for visits to behavioral health specialists. Telepsychology comprised one-third of all visits to behavioral health specialists for the year, and, by the end of 2020, telepsychology visits to these providers were equally common as in-person visits. Thus, the shift to telepsychology was both larger and more durable for behavioral health specialists than for primary care or other specialists. About 70% of telepsychology visits to behavioral health specialists were eligible for reimbursement via audio-only telepsychology, far higher than for other types of medical care. The Centers for Disease Control and Prevention (CDC) reported a surge in mental health-related diagnoses, substance use, and suicidal ideation during the pandemic. The need for behavioral health could be related to several factors such as stress, loneliness, unemployment, and economic uncertainty during the pandemic. Behavioral health services could also be well suited to telepsychology as physical exams or in-person diagnostic tests may be less frequently required.

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TELEHEALTH AND MULTICULTURAL TRAINING CE

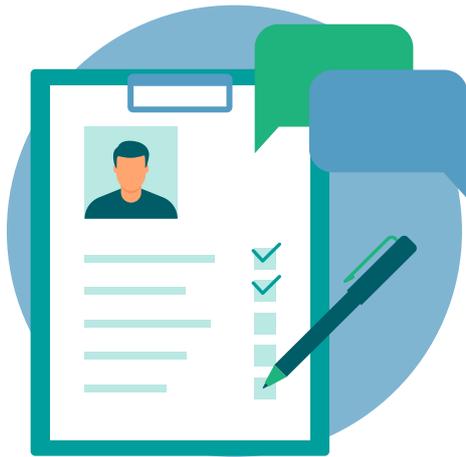
Given the proliferation of telehealth in recent years and the potential risks when providing remote services, the NCPB recommends licensees complete continuing education (CE) courses in the provision of telepsychology and multicultural training

(to help understand multicultural factors so they can better provide appropriate psychological services to ethnically and culturally diverse populations).

If you practice in these rapidly evolving areas, the Board recommends completing CE courses in these topics each renewal cycle. And, if you plan to practice in these areas in the future, remember that the American Psychological Association (APA) Ethical Standard 2.01(c) requires that psychologists planning to provide services involving technologies, techniques, or populations new to them undertake relevant education to develop the necessary competencies for such practice.

The APA offers CE courses on [telehealth](#) and [multicultural training](#) resources. ■





STARTING A NEW CLIENT USING TELEPSYCHOLOGY

Starting a telepsychology session with a new client requires careful preparation to ensure a smooth and effective session. Here are some suggestions on what the therapist should address:

Technology check—Begin by ensuring that both you and the client have a stable internet connection, working microphone, and camera. Verify the client is located in the state where you are licensed. Confirm that the chosen video conferencing platform is functioning properly. If any technical issues arise, have a backup plan in place, such as a secondary HIPAA-compliant platform or both cell and landline access. It is encouraged that psychologists familiarize themselves with the Psychology Interjurisdictional Compact (PSYPACT), which is an agreement among certain U.S. states and territories that allows licensed psychologists to practice telepsychology and provide psychological services across state lines more easily. Presently, this is only available to psychologists who are licensed at the doctoral level and practicing independently. PSYPACT aims to streamline the process for licensed psychologists to offer services to clients in participating states without having to obtain additional licenses in each state where they want to practice. PSYPACT is especially relevant for psychologists offering telepsychology services because it simplifies the process of providing remote psychological care to clients located in different states.

Confidentiality and privacy—Remind the client about the importance of selecting a private and quiet location for the session, where they will not be interrupted or overheard. Reiterate your commitment to maintaining confidentiality and the steps you have taken to secure the session. Clinicians might consider a consultation test call. If needed, offer a referral to a provider with in-person availability.

Informed consent—Obtain written consent, as you would with in-person outpatient therapy. However, it may be helpful to revise your current consent documentation to address concerns specifically related to the practice of telepsychology or create a separate informed consent for telepsychology sessions. Review the informed consent process for telepsychology. Discuss the benefits and limitations of online therapy, potential risks, and any specific procedures for handling emergencies or crises. Examples of information to include in your written informed consent for telepsychology are:

- Crisis management and therapeutic intervention. During consultation or intake assessment, you will assess if telepsychology is appropriate as a therapeutic intervention. Given the limitations associated with telepsychology, individuals who are currently in a crisis, subsequently requiring high levels of support and intervention, may be referred to in-person therapy or emergency resources.
- Risks to confidentiality: With telepsychology, the clinician is dependent upon the client to recreate the safety provided in the therapeutic environment of an office space. You will inform the client that you will take reasonable steps to ensure the client's privacy, and it will be helpful for the client to make sure that they find a private, quiet place for the session. Additionally, you clarify the client should participate in telepsychology only while in a space where other people are not present and cannot potentially overhear the conversation that takes place.

Boundaries and ground rules—Set clear expectations regarding session duration, punctuality, and any guidelines for communication during the session. Discuss the importance of maintaining focus and minimizing distractions.

Emergency plan—In remote practice, risk management and emergencies require additional veracity. Clinicians should gain the client's consent to establish contact with their emergency contact and notify them that they will be contacted in case of an emergency. If your client lives in a part of the state that you are unfamiliar with, you should look up the emergency resources in their county and contact them to review current procedures. Provide the client with local crisis resources, hotlines, or contacts, and review what they can expect when they contact them.

Client expectations—Discuss what the client can expect

Continued on page 6

from the session and the overall therapy process. Address any questions or concerns they might have about how telepsychology works.

Consent for recording—If you plan to record the session for review or documentation purposes, obtain explicit consent from the client before proceeding.

Documentation and recordkeeping—At the beginning of each session, confirm that your client is physically present in the state where you are licensed and document that you did so in your progress note. Discuss with your client how session notes and records will be maintained, in compliance with ethical and legal standards. Address any questions the client may have about their records.

By addressing these aspects before beginning the telepsychology session, you create a supportive and organized environment that fosters trust and effective communication with your new client.

The advent of telepsychology has ushered in a new era of mental health care, offering a range of benefits that extend beyond traditional face-to-face therapy. From increased access and convenience to potential

cost savings and reduced stigma, telepsychology has the potential to revolutionize the way mental health services are delivered. However, psychologists must remain vigilant about the concerns associated with remote therapy, including data security and potential communication barriers.

By adhering to the guidelines set forth by the APA and staying informed about the latest research, psychologists can harness the power of telepsychology to provide practical, ethical, and compassionate mental health care. As technology continues to evolve and society changes, the integration of telepsychology into the mental health landscape will likely play an increasingly prominent role in fostering psychological well-being.

Telepsychology became crucial during the pandemic and health care systems were forced to evolve rapidly. The benefits and convenience of telepsychology suggest it to be a valuable tool that can advance the practice of psychology and expand access to the public. To embrace this momentum and still deliver quality care, psychologists should equip themselves to offer it by staying current on best practices and following these guidelines. ■

REFERENCES

- American Psychological Association. (2023, August 3). Guidelines for the practice of telepsychology. <https://www.apa.org/practice/guidelines/telepsychology>
- Butzner, M., & Cuffee, Y. (2021). Telehealth interventions and outcomes across rural communities in the United States: Narrative review. *Journal of Medical Internet Research*, 23(8), e29575. <https://doi.org/10.2196/29575>
- DePablo, G. S., Pascual-Sanchez, A., Panchal, U., Clark, B., & Krebs, G. (2023). Efficacy of remotely-delivered cognitive behavioural therapy for obsessive-compulsive disorder: An updated meta-analysis of randomised controlled trials. *Journal of Affective Disorders*, 322, 289–299. <https://doi.org/10.1016/j.jad.2022.11.007>
- Lo, J., Rae, M., Amin, K., Cox, C., Panchal, N., & Miller, B. F. (2022, March). Telehealth Has Played an Outsized Role Meeting Mental Health Needs During the COVID-19 Pandemic. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/telehealth-has-played-an-outsized-role-meeting-mental-health-needs-during-the-covid-19-pandemic/>
- Luxton, D. D. et al. (2016). mHealth for Mental Health: Integrating smartphone technology in behavioral healthcare. *Professional Psychology: Research and Practice*, 47(6), 505-512. DOI: 10.1037/pro0000103
- Muir, S., De Boer, K., Thomas, N., Seabrook, E., Nedeljkovic, M., & Meyer, D. (2020). Videoconferencing psychotherapy in the public sector: Synthesis and model for implementation. *JMIR Mental Health*, 7(1), e14996. <https://doi.org/10.2196/14996>
- Samson, L. W., Tarazi, W., Turrini, G., & Sheingold, S. (2021). Medicare beneficiaries' use of telehealth in 2020: Trends by beneficiary characteristics and location. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation.
- Schifeling C, Shanbhag P, Johnson A, Atwater R, Koljack C, Parnes B, Vejar M, Farro S, Phimphasone-Brady P, Lum H. Disparities in video and telephone visits among older adults during the COVID-19 pandemic: cross-sectional analysis *JMIR Aging* 2020;3(2):e23176 URL: <https://aging.jmir.org/2020/2/e23176> DOI: 10.2196/23176
- Seuling PD, Fendel JC, Spille L, Göritz AS, Schmidt S. Therapeutic alliance in videoconferencing psychotherapy compared to psychotherapy in person: A systematic review and meta-analysis. *J Telemed Telecare*. 2023 Mar 28:1357633X231161774. doi: 10.1177/1357633X231161774. Epub ahead of print. PMID: 36974478.

TELEPSYCHOLOGY GUIDELINES AT A GLANCE

Providing telepsychology, or online therapy, comes with unique considerations and challenges compared to in-person therapy. Here are some dos and don'ts to help you provide effective and ethical telepsychology:



Do prioritize privacy. Conduct sessions in a private and quiet space and encourage clients to do the same. Use secure and HIPAA-compliant video conferencing platforms.

Do verify the client's identity. Confirm the client's identity to ensure you are speaking with the correct person at the beginning of each session.

Do establish clear boundaries. Set clear boundaries regarding session times, communication outside of sessions, and emergency procedures. Discuss these boundaries with clients during the informed consent process.

Do maintain confidentiality. Emphasize the importance of confidentiality and discuss how you will handle client data and records securely.

Do test technology. Before sessions, test your internet connection, and video and audio quality, and ensure you have backup plans in case of technical issues.

Do have an emergency plan. Develop and communicate a plan for handling emergencies, including contacting local authorities or crisis hotlines, if necessary.

Do maintain ethical standards. Adhere to the same ethical standards as in-person therapy, including informed consent, competence, and duty to warn in cases of harm to self or others.

Do monitor non-verbal cues. Pay attention to non-verbal cues, even though they may be limited in an online setting. Be attuned to your client's tone of voice, body language, and facial expressions. ■

Don't practice in public spaces. Avoid conducting sessions in public places or other areas where privacy cannot be ensured.

Don't use unsecure communication tools. Don't use non-secure communication tools (e.g., personal email or text messages) for therapy-related discussions.

Don't neglect informed consent. Don't skip the informed consent process. Discuss confidentiality, technology limitations, and the potential risks and benefits of telepsychology.

Don't overstep licensing boundaries. Don't provide therapy to clients outside of the states or jurisdictions where you are licensed, unless you are part of a compact (like PSYPACT) that allows for interstate practice.

Don't ignore technical issues. Don't ignore technical issues during sessions. Address them promptly and have a backup plan, such as switching to a phone call, if technical problems persist.

Don't multitask. Avoid multitasking during sessions. Give your full attention to the client, just as you would in an in-person session.

Don't record sessions without consent. Don't record sessions without obtaining explicit consent from the client. If recording is necessary, discuss the purpose and use of the recordings.

Don't offer therapy while impaired. Don't provide therapy when you are physically or mentally impaired. Ensure you are in a suitable condition to conduct sessions effectively.

Don't neglect continuing education. Don't stop learning about telepsychology best practices. Stay informed about the latest developments in the field.

Don't assume clients are tech-savvy. Don't assume that all clients are comfortable with technology. Be patient and offer guidance, if needed. ■

NEW FACES JOIN THE NCPB

The North Carolina Psychology Board is pleased to welcome two new Board members, **Dr. Kate Brody Nooner**, and **Ms. Whitney Van Sant**. They were kind enough to chat with us so we could learn more about them.

Q&A WITH DR. KATE BRODY NOONER



Dr. Kate Brody Nooner, PhD, ABPP, is a tenured full professor of psychology and interim associate dean for faculty, policy, and research in the College of Science and Engineering at the University of North Carolina Wilmington.

www.katenooner.com

What made you want to become a member of the NCPB?

I am passionate about service to the profession and cannot think of a better way to serve my fellow psychologists in North Carolina than as a member of the psychology licensing board.

Before joining the NCPB, what has been your experience with the Board?

I applied for licensure when I first moved to North Carolina and found the board to be helpful during that transition. I also consulted the board when the University of North Carolina Wilmington (UNCW) started our PhD program in clinical psychology.

How has it helped your career/practice?

The NCPB was helpful to us as we were establishing our PhD program at UNCW to meet APA accreditation guidelines and also facilitate graduates being licensed in N.C.

What goals do you have during your tenure on the NCPB?

A: My goal is to serve capably in the best interests of the public good and the profession of psychology in N.C.

What's one thing people would be surprised to know about you?

I practice Ashtanga yoga nearly every day early in the morning and take a yoga mat with me whenever I travel. ■

GETTING TO KNOW MS. WHITNEY VAN SANT



Ms. Whitney Van Sant, MA, LPA, is a private practice owner, Here and Now Psychotherapy and Consultation, PLLC.

www.whitneyvansant.com

Ms. Van Sant lives and practices in the mountains of western North Carolina. Since becoming licensed to practice psychology as an LPA in 2016, she served for five years as program coordinator for a university-school clinical research project, providing assessment, psychotherapy, and crisis intervention to high school students in a rural setting. She transitioned to private practice in June 2021, and since has been providing evidence-based treatments to emerging adults with anxiety and mood disorders, including obsessive-compulsive disorder.

Before her career in psychology, she earned a B.S. in business administration and worked in a variety of settings including a global hedge fund and a public accounting firm. "I hope my experience across a variety of settings will provide me with the opportunity to contribute to the NCPB," Ms. Van Sant said.

"The way the NCPB has helped my career the most is also one of the reasons I was inspired to serve on the board," she said. "The NCPB has demonstrated support and recognition for the contributions that licensed psychological associates make in the field. The NCPB's work to reduce mandated supervision requirements for mid and late-career LPAs improved my employability, impacted the sustainability of my business plan, and made private practice a viable career path. This change improved the quality of services I provide by providing time and resources that I have invested in advanced training and specialization, attending consultation groups, and using supervision in functional, effective ways."

Ms. Van Sant has a passion for rural mental health, supporting marginalized communities, and expanding access to evidence-based treatments. She also loves scuba diving, mountain biking, music festivals, and pickleball.

"I plan to spend the beginning of my term listening to and conceptualizing the opportunities and challenges facing the NCPB before formulating specific goals," Ms. Van Sant said. "I am committed to the NCPB's goal of protecting the public and look forward to the opportunity to collaborate and contribute." ■

BOARD ACTION

The following is a summary of the action taken by the NCPB pursuant to G.S. §90-270.148 and G.S. §90-270.149 since the last edition of The Bulletin Board. A full copy of the action may be viewed by clicking on the action title.

Blackwell, Richard T., Ph.D. - CONSENT ORDER was approved and signed on August 10, 2023. In a complaint received by the Board, the complainant (Client X) states the following about the Respondent. Respondent provided him with psychological services from 2017 through 2022. Respondent also provided psychological services to Client X's wife. During the course of providing psychological services to Client X, Respondent, and Client X developed a personal relationship that Client X states violated the appropriate boundaries of the therapeutic relationship, including Respondent's acceptance of significant gifts of money from Client X. Respondent also has not maintained any records of his psychological services. The above-described conduct described, if proven, constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(10), (a)(11), (a)(17), (a)(18), & (a)(20) of the North Carolina Psychology Practice Act and constitutes violations of Standards 3.04, 3.05, & 3.08 of the Ethical Principles of Psychologists and Code of Conduct (*American Psychological Association, 2017*). Respondent neither admits nor denies the complainant's allegations, but for purposes of resolving this matter enters into this Consent Order.

Respondent shall voluntarily relinquish his license to practice psychology in North Carolina and the Board shall accept his relinquishment. Respondent shall submit an affidavit to the Board office no later than September 7, 2023, attesting that he has made reasonable efforts to attempt to locate his license to practice psychology in North Carolina but has not been able to locate it. Since Respondent's license is currently suspended due to failure to renew, Respondent shall include in the affidavit to the Board, that he is no longer engaged in the practice of psychology in any way, including providing supervision to any mental health professionals. Respondent shall not practice psychology, as defined in N.C. Gen. Stat. § 90-270.136(8), after he relinquishes his license and Respondent agrees not to apply for re-licensure by this Board at any time in the future. Respondent has indicated that he plans to engage in coaching in the future. When engaging in coaching, which is an unlicensed activity, Respondent shall not engage in the practice of psychology in any manner, as defined in N.C. Gen. Stat. § 90-270.136(8), and as prohibited by N.C. Gen. Stat. § 90-270.149(b). In addition, Respondent shall not represent or hold himself out as a psychologist or describe his services as "psychology", or any of its derivatives, as prohibited by N.C. Gen. Stat. § 90-270.149(a) & (c). If any

issues arise with Respondent's coaching clients that are of a psychological/clinical nature, he shall immediately refer the client(s) to a licensed mental health professional to provide treatment for these issues. Pursuant to N.C. Gen. Stat. § 90-270.148(h), the Board retains full jurisdiction to investigate any complaints or alleged violations of the North Carolina Psychology Practice Act and the Board may take disciplinary action, if warranted, as a result of any violations.

Bowles, Vernessa M., Ph.D. - CONSENT ORDER was approved and signed on August 10, 2023. For the 2022-2024 biennial renewal period, the Board sent licensees several reminder emails informing licensees that they were required to submit certificates of completion for the required continuing education to CE Broker prior to renewing their licenses. On October 3, 2022, Respondent submitted her online renewal form and attested to having submitted all of her continuing education documentation and certificates to CE Broker, as required to renew her license, even though she had not submitted the required continuing education documentation. On April 3, 2023, Daniel Collins, Board Executive Director, sent Respondent a certified letter, which Respondent did not claim, in which Respondent was provided a deadline of April 21, 2023, to submit all certificates and documentation of 24 hours of continuing education to CE Broker as required to renew her license. On May 2, 2023, Ariel Gould, Board Office Manager, sent Respondent an email and left Respondent a voice mail in order to obtain compliance with the continuing education requirements of the Board. As of this date, Respondent has not complied with the continuing education requirements set forth above and Respondent has only received three hours of continuing education credit, even though Respondent attested to having completed the required continuing education coursework on her 2022-2024 license renewal application. Respondent admits that the above-described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(5), & (a)(7) of the North Carolina Psychology Practice Act, and 21 NCAC 54 .2104 (a), (c), (e), & (j) of the North Carolina Psychology Board rules.

No later than October 10, 2023, Respondent shall submit all required documentation and certificates of missing continuing education to CE Broker and via email to the Board office. The required documentation and certificates are set forth in Rule 21 NCAC 54 .2014(e). Respondent shall participate in and successfully complete a minimum of two to four hours of tutorials with a psychologist designated by the Board regarding continuing education requirements of licensees and proper and timely response to the Board;

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how Respondent's conduct resulted in this action taken by the Board; Respondent's plan of action to prevent the recurrence of the behavior which resulted in Board action; and general ethical conduct. For the 2024-2026 licensure renewal, no later than September 27, 2024, Respondent shall submit an affidavit to the Board attesting that she has completed all the required continuing education, as set forth in Board Rule 21 NCAC 54 .2104, including having submitted all documentation and certificates to CE Broker, before Respondent will be allowed to renew her license. If Respondent does not submit the affidavit and all documentation of the required continuing education to CE Broker by September 27, 2024, her license shall be immediately suspended by the Board. This consent order constitutes Remedial action by the Board.

Hill, Stephen, Ph.D. - CONSENT ORDER was approved and signed on August 10, 2023. From 2003 through May 2021, Respondent provided psychological services for a Veteran's Administration (VA) therapy group for veterans with post-traumatic issues. The Respondent's relationship with one of the veterans, Client X, exceeded the boundaries of the therapeutic relationship and they became friends. Specifically, Respondent communicated with Client X by phone and text about personal issues, went to the home of Client X, and asked for and obtained medicinal marijuana from Client X on numerous occasions. In April 2021, the Respondent was required to complete a drug screen by the VA and tested positive for marijuana and methamphetamines. Respondent contends that the positive test was verified by the Medical Review Officer without providing Respondent an opportunity to submit medical documentation of legally prescribed medications. In addition, Respondent contends that he successfully completed the EAP treatment program, which was required after testing positive. Respondent's inappropriate relationship with Client X caused harm to Client X. The above-described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(10), (a)(11), (a)(15), & (a)(20) of the North Carolina Psychology Practice Act and constitutes violations of Standards 2.06(a), 3.04, 3.05, 3.06, & 3.08 of the Ethical Principles of Psychologists and Code of Conduct (*American Psychological Association, 2017*).

Respondent shall voluntarily relinquish his license to practice psychology in North Carolina and the Board shall accept his relinquishment. No later than August 31, 2023, Respondent shall turn in his license to practice psychology in North Carolina to the Board office and transfer all of his North Carolina patient/client records to a psychologist licensed in North Carolina to be retained by that psychologist in a secure and confidential manner,

as required by N.C. Gen. Stat. § 90-270.148(a)(18). If Respondent has no patient/client records to transfer or previously transferred such records as his license to practice psychology in North Carolina has been suspended due to nonrenewal, he shall so state in a signed affidavit to the Board no later than August 31, 2023. Since Respondent has not renewed his license to practice psychology in North Carolina, Respondent has ceased to engage in any activities that meet the definition of the practice of psychology in N.C. Gen. Stat. § 90-270.136(8), including the supervision of other mental health professionals. Respondent shall not practice psychology, as defined in N.C. Gen. Stat. § 90-270.136(8), after he relinquishes his license and Respondent agrees not to apply for re-licensure by this Board at any time in the future. Pursuant to N.C. Gen. Stat. § 90-270.148(h), the Board retains full jurisdiction to investigate any complaints or alleged violations of the North Carolina Psychology Practice Act and the Board may take disciplinary action, if warranted, as a result of any violations.

Flack, Elizabeth, M.A. - CONSENT ORDER was approved and signed on August 10, 2023. In October 2019, Respondent began providing individual psychological services to Client X. In June 2022, due to concerns about Client X's reported personal feelings about Respondent and that the therapeutic relationship was no longer beneficial, Respondent decided to terminate services with Client X. The day before Respondent's next session with Client X, Respondent emailed Client X to inform her that the next session would be Respondent's last session with Client X. During this session, Respondent and Client X decided they would meet for another six sessions to process the termination and for Respondent to refer Client X to a new mental health provider. That night Respondent sent an email to Client X stating that Respondent would not be meeting with Client X for any additional sessions, due to Respondent feeling overwhelmed and needing to take care of herself. Respondent also sent Client X a list of other mental health providers. This abrupt manner of termination was harmful to Client X. In addition, the documentation of Respondent's psychological sessions with Client X did not include summary content of each therapy session and many therapy notes were duplicated from session to session. Respondent did not maintain documentation of the emails and texts Respondent exchanged with Client X in the client record and Respondent did not document the consultation she received from other professionals. The above-described conduct constitutes violations of N.C. Gen. Stat. §§ 90-

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270.148(a)(10), (a)(11), (a)(15), (a)(17), & (a)(18) of the North Carolina Psychology Practice Act, and constitutes violations of Standards 2.06(a), 3.04, 6.01, & 10.10(c) of the Ethical Principles of Psychologists and Code of Conduct (*American Psychological Association, 2017*).

This Consent Order shall constitute a condition on Respondent's license to practice psychology. Respondent shall successfully complete a minimum of eight to ten hours of tutorials with a psychologist designated by the Board regarding the following: proper termination with patients/clients; proper maintenance of patient/client records; how to handle personal matters so they do not interfere with the practice of psychology; how Respondent's conduct resulted in this action taken by the Board; Respondent's plan of action to prevent the recurrence of the behavior which resulted in Board action; and general ethical conduct.

For a period of one year consisting of at least 1500 hours of practice by Respondent, whichever takes longer, Respondent shall receive a minimum of one hour of individual face-to-face supervision, every two weeks, during any weeks in which Respondent engages in the practice of psychology .. Respondent's Board approved supervisor shall submit quarterly supervision reports on the Board's supervision report form, including a written narrative description of Respondent's practice and response to supervision. The focus of the supervision shall be on the areas to be addressed in the tutorials. Once the Respondent has complied with all of the conditions in the Consent Order, the Respondent may request Board approval to be released from this condition and once approved, she will return to level 3 supervision.

Lanaville, Dawn, Ph.D. - CONSENT ORDER was approved and signed on August 10, 2023. In one case, the Board found facts sufficient to support the following: in Respondent's psychological evaluations for the parents, Respondent reported that the psychological testing results were invalid and could not be interpreted, but this was not consistent with their score profiles. Respondent administered an assessment instrument to the mother, even though the measure was specifically normed on the offender population and the mother had no criminal history. Respondent allowed the older daughter to be present during an interview with the younger daughter, even though this could have significantly impacted the responses of the younger daughter and Respondent did not discuss any limitations related to this in the psychological evaluation report. Respondent diagnosed both parents as Perpetrators of Parental Child Sexual Abuse even though this was not substantiated by DSS,

and neither parent was convicted of abuse. Respondent recommended that both daughters be removed from the parents' custody even though the purpose of the evaluations was not to make custody recommendations. Respondent made conclusory statements regarding both parents and their guilt of abuse and recommended that both parents be criminally investigated and charged with physical and sexual abuse when this was outside of the scope of Respondent's psychological evaluations. Respondent made statements regarding another family member, whom Respondent did not meet, and Respondent recommended that this family member be criminally investigated and charged. The recommendations that Respondent provided for the family members were not based on the psychological testing results. Respondent reported that the purpose of the psychological evaluations was to prove whether abuse occurred and to provide a custody evaluation despite no indication that these were the referral questions or that Respondent was appointed by the Court to these roles. Respondent disputes these facts as alleged by the Board, including but not limited to findings related to test interpretation, interviews with the children, and diagnoses as applied to parents.

In a second case, the Board found facts sufficient to support the following: in the evaluation report, Respondent made conclusory statements about Client Y (whom Respondent had not met or evaluated at that time) and his abuse of Client X. Respondent made recommendations regarding the child's custodial priority being given to Client X when Respondent did not evaluate the child or perform a child custody evaluation. In 2020, Respondent provided court-ordered psychological evaluations for Client X and Client Y. Despite using the same administration of the WAIS-IV for Client X as the earlier evaluation, the scores for Client X differed in each report. In the 2020 psychological evaluations, the Respondent stated that the child was exhibiting signs of emotional abuse and made recommendations that the child be seen by a particular mental health provider to address issues of emotional abuse even though the Respondent did not evaluate the child. Respondent also recommended that Client X and Client Y engage in co-parenting treatment. Respondent then recommended to Client X that Respondent provide mental health treatment. Respondent provided mental health treatment to Client X even though Client X did not agree with the findings in Respondent's second psychological evaluation report and had negative feelings toward Respondent as a result. There was no specific informed consent to the therapy that Respondent provided to Client

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X and Client Y and no treatment plan was documented. Respondent disputes these facts as alleged by the Board.

In the third case, the Board found facts sufficient to support the following: Respondent made absolute statements in the report regarding Client Z, Client Z's children (whom Respondent did not evaluate), and Client Z's ex-husband (whom Respondent did not evaluate) that were not supported by available evidence or data or could not be proven as absolute conclusions. Respondent provided recommendations regarding the custody of Client Z's children despite not evaluating them or providing a custody evaluation. Respondent made conclusory statements about Client Z's ex-husband and his parenting abilities and judgment. Respondent stated that she was attempting to prove that abuse by Client Z's ex-husband occurred in the evaluation, which was not within the scope of Respondent's psychological evaluation. In addition, later in 2021, Respondent made statements on social media stating that Respondent provides psychological evaluations in child custody cases to "determine the problematic parent" and "to prove child abuse through assessment," indicating bias on Respondent's part in forensic matters related to child custody. Respondent disputes these facts as alleged by the Board.

Respondent admits that the facts as presented by the Board could constitute violations of N.C. Gen. Stat. §§ 90-270.148(a)(10), (a)(11), (a)(14) & (a)(15) of the North Carolina Psychology Practice Act, and could constitute violations of Standards 2.01(a), 3.04, 3.05, 3.06, 9.01(a) & (b), 9.02(a) & (b), 9.06 & 10.01(a) of the Ethical Principles of Psychologists and Code of Conduct (*American Psychological Association, 2017*).

The license of the undersigned Respondent is hereby CENSURED. Respondent shall successfully complete a minimum of four to six hours of tutorials. For a period of one year consisting of the completion of twenty-five forensic psychological evaluations, whichever takes longer, Respondent shall receive a minimum of one hour of individual face-to-face supervision every two weeks during any week in which Respondent conducts any forensic psychological evaluations.

Leaver, Camille, M.A. - CONSENT ORDER was approved and signed on August 10, 2023. In 2017, Respondent began providing psychological services consisting of individual psychotherapy to Client X, and beginning in 2018, Respondent visited Client X's home regularly while continuing to provide her with psychological services. Respondent's relationship with Client X exceeded the boundaries of a psychologist-client relationship, with Respondent forming a friendship with Client X.

In August 2018, Client X terminated the psychologist-client relationship with Respondent. Respondent later entered into a sexually intimate relationship with Client X. Respondent's inappropriate relationship with Client X continued until September 2020. In 2019, during a previous investigation about this inappropriate relationship, Respondent did not respond completely to inquiries from the Board and the Board investigator regarding the nature of Respondent's relationship with Client X. The above-described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(10) & (a)(22) of the North Carolina Psychology Practice Act and constitutes violations of Standards 3.05, 10.05, & 10.08(a) of the Ethical Principles of Psychologists and Code of Conduct (*American Psychological Association, 2017*).

Respondent voluntarily relinquished her license to practice psychology in North Carolina in a Consent Order with the Board, dated January 8, 2020. Respondent shall not apply for re-licensure by this Board at any time in the future. Pursuant to N.C. Gen. Stat. § 90-270.148(h), the Board retains full jurisdiction to investigate any complaints or alleged violations of the North Carolina Psychology Practice Act (the "Act") and the Board may take disciplinary action, if warranted and authorized by the Act, as a result of any violations. This Consent Order constitutes action by the Board against Respondent's license, pursuant to N.C. Gen. Stat. § 90-270.148. ■

Existing LPA Supervision Requirements Remain in Effect

While legislation to change the existing supervision requirements for Licensed Psychological Associates (LPAs) was introduced into the North Carolina General Assembly earlier this year, the legislation has not been acted upon.

As a result, the Board's existing supervision requirements for LPAs remain in full effect. Those requirements, as set forth in Board Rule 21 NCAC 54 .2008, can be found on the Board's [website](#). The NCPB will notify licensees if the LPA supervision requirements are changed in the future. Absent such notification from the NCPB, licensees are advised to continue adhering to the Board's existing supervision requirements.

Questions regarding the supervision requirements may be directed to the Board Office at info@ncpsychologyboard.org. ■



ASPPB
Association of State and
Provincial Psychology Boards



ASPPB Meeting Notes

The Association of State and Provincial Psychology Boards (ASPPB) held its 63rd annual meeting in Cleveland, on September 27-October 1, 2023.

ASPPB is the alliance of state, provincial, and territorial agencies responsible for the licensure and certification of psychologists in the United States and Canada.

ASPPB serves psychology boards in both countries with much of its focus related to mobility for practitioners, including creating and maintaining the Examination for Professional Practice in Psychology (EPPP), as well as facilitating cooperative efforts and communications between boards.

This year's meeting theme was "The Nuts and Bolts of Regulation: Practical Skills and Strategies". Approximately 150 people attended the meeting including members of the regulatory boards from 38 jurisdictions across the United States and Canada. The NCPB's

executive director, Daniel Collins, attended the meeting and participated on a panel on important legislative updates from jurisdictions nationwide.

An update of progress was presented by ASPPB's working group regarding Potential Implications for Licensing Master's Trained Individuals (PRI-LM Task Force). The task force has been charged with making recommendations to the ASPPB Board of Directors regarding model language for licensing at the master's level, especially in states where such licensing has not been previously allowed. Goals include establishing an appropriate title and scope of practice, as well as education, training, and examination requirements, all while balancing goals of protecting the public with urgent needs to broaden access to health care services.

Additional topics for the meeting included sessions on disciplinary hearings; better use of inclusive language on license application forms and accommodation requests, especially regarding applicants with disabilities; and incorporating professional development components into continuing education requirements. ■

Have a suggested article topic for
The Bulletin Board?

Email info@ncpsychologyboard.org using
Suggested Newsletter Topic in the subject
line of the email.



UPCOMING NCPB MEETING

• November 9-10, 2023

