

T H E BULLETIN BOARD

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As mental health providers, we are integral components in providing psychological services that meet the needs of our diverse community.

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EQUITY, DIVERSITY, AND INCLUSION: ISSUES IN THE PRACTICE OF PSYCHOLOGY

By Alexis Brightman, MA, and Lisa Duck, MPH

North Carolina's population is rapidly growing and changing. From 2010 to 2021, it grew by 10.2%, per USA Facts (USA Facts, March 2023). Along with this growth, the state's population is becoming more diverse, which increases the need for psychologists to address equity and inclusion issues in their practices. As mental health providers, we are integral components in providing psychological services that meet the needs of our diverse community.

WHAT DO THE TERMS EQUITY, DIVERSITY, AND INCLUSION MEAN?

Equity, diversity, and inclusion (EDI) are terms used more widely to address the increasing opportunities to combat societal limitations and concerns. With most vernacular that becomes commonplace with use, there can be misconception or dilution of the true meaning. The following definitions will provide a better understanding and context to their applicability to the mental health providers of North Carolina.

Equity is the concept of promoting justice and fairness through the distribution of resources by various institutions or systems (Center for Disease Control and Prevention, 2022). Equity acknowledges that each individual has a different set of circumstances, as a result of life experience,

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background, upbringing, etc., necessitating the allocation of resources and opportunities for there to be equal outcomes for all.

For example, a low-income neighborhood does not have reliable access to the internet or suitable electronic devices to use it. Children in that neighborhood may have trouble completing educational assignments, thus putting them at a disadvantage in comparison to their

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peers. This inequity was demonstrated during the pandemic when virtual/at-home schooling required students to have access to technology or other resources that were not always consistently available. Some communities responded by providing students with the needed

technology, obtaining affordable access to the internet, and finding ways to get students other digital tools that they need to succeed in school. Tackling equity issues with intention requires an understanding of the root causes of outcome disparities within our society.

It's important to note how **equity** differs from **equality**. Equality means each individual or group of people is given the same resources and opportunities, regardless of their circumstances. Continuing the previous example, if every student is provided a laptop (the same resource), but there are children in a neighborhood without affordable or accessible wi-fi, they will not be able to engage with the assigned tasks, creating a different overall outcome despite everyone having the same resources. In social and racial justice movements, equality can actually increase inequities in communities as not every group of people needs the same resources or opportunities allocated to them to thrive.

Diversity is the presence of differences that may include race, gender, ethnicity, religion, sexual orientation, nationality, socioeconomic status, language, ability/disability, age, religious association, or political perspective (Center for Disease Control and Prevention, 2022). With diversity we're identifying any factors that can be used to differentiate one person or group from another. Differences are signifiers of what can make

someone unique or special. However, what makes people different may create separation and divisiveness, resulting in populations being underrepresented and marginalized in the broader society. Discrimination is a salient example of where differences can create divisiveness, as well as larger societal concerns.

Inclusion is widely defined as an outcome to ensure those who are diverse feel and actually are welcomed (Center for Disease Control and Prevention, 2022). Inclusion is not synonymous with tolerance, which is typically associated with allowing the existence of those who are diverse. A state of belonging when people of different backgrounds, experiences, and identities are not just valued, but integrated and welcomed equitably into a space where their contribution is valued is truly the cornerstone of inclusion.

ETHICAL CONSIDERATIONS

As psychologists, we have an ethical responsibility to adhere to the American Psychological Association's Ethical Principles and Code of Conduct (APA, 2017), in addition to the requirements set forth by the North Carolina Psychology Practice Act and the Psychology Board's rules.

The General Principles of the APA's Ethical Principles and Code of Conduct provide aspirational guidelines to encourage psychologists to implement the highest ethical ideals of the profession (APA, 2017). There are two General Principles that inspire awareness of issues navigating equity, diversity, and inclusion. They are General Principle D of Justice and General Principle E of Respect for People's Rights and Dignity.

Beyond these two Ethical Principles, the APA's Ethical Standards serve as rules for conduct in our practice of psychology. Two standards that align with prioritizing a focus on addressing issues of diversity, equity, and inclusion are 2.01 Boundaries of Competence and 3.01 Unfair Discrimination.

The NCPB is dedicated to fulfilling its mandate to protect the public from unprofessional conduct by persons licensed to practice psychology, including matters of equity and equality in practice.

APPLYING THESE GUIDELINES AND RULES OF CONDUCT

More recently, we have seen a variety of mental health issues involving implications regarding diversity and inclusion, a few of which are listed below (Evans et al, 2022):

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- Acts of racism and violence, as well as the health disparities as a result of COVID-19, are taking a significant toll on mental health.
- Research findings suggest that anxiety and depression symptoms more than tripled in Black and Latino communities in 2020, increasing significantly after the murder of George Floyd (DeSimone, 2022).
- The health disparities of COVID-19 are also responsible, as Black and Latino Americans are three times as likely to become infected as white Americans, and nearly twice as likely to die from the virus. Problems of racism and access to medical care, among others, contribute to these discrepancies (Centers for Disease Control and Prevention 2022).

With these issues facing marginalized community members, efforts must be made to enhance our competency in being able to effectively support, sincerely empathize, and assist in strengthening through coping mechanisms and skill building.

As a result, it becomes not only helpful but necessary for clinicians to seek out opportunities to understand the issues and challenges impacting the mental health of minority populations.

Training and education—As we are required to continue to grow and develop in our continued education, this process may encourage psychologists to explore training opportunities that address biases and foster justice on both a micro and macro/systemic level.

A great starting point for accessing training that addresses challenges related to equity, diversity, and inclusion would be using the resources provided by the American Psychological Association in its efforts to champion the development of inclusive and culturally competent clinicians.

Practice—In clinical practice, psychologists should strive to provide services safe from racial or ethnocultural bias. In our clinical work, we should be mindful of issues of race, ethnicity, and culture in treatment and assessment. Furthermore, psychologists are encouraged to reflect on how their own biases and assumptions affect the types of services they provide.

Continued research—Psychologists play a critical role in collecting, analyzing, and disseminating research that informs policy, practice, and procedure at different levels. This position of influence must continue to explore issues disproportionately impacting those of ethnic and racial minorities so we can continue to develop empirically informed strategies to understand and support minorities.

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DIVERSITY AMONG NORTH CAROLINA PSYCHOLOGISTS

While gender diversity has improved significantly in the field of psychology, racial diversity has not. Between 2000 and 2022, the number of practicing females grew from 54 to 72% and the number of practicing males decreased from 46 to 28%. Though racial diversity has increased, it's at a considerably slower rate—only 4% in the same 22-year span for both male and female Black psychologists. The breakdown for other races only includes Asians, Latinx, and others—all of which show insignificant increases. The percentage of white female psychologists decreased by 7% and white male psychologists decreased by 5%.

Summary of Statistics on Race and Sex for Licensed Psychologists from 2000–2022

YEAR	2000				2010				2022			
	Female	%	Male	%	Female	%	Male	%	Female	%	Male	%
Asian	15	<1%	8	<1%	20	<1%	7	<1%	56	2%	10	<1%
Black	100	5%	38	2%	188	8%	55	4%	272	9%	67	6%
Latinx	1	<1%	0	0%	4	<1%	1	<1%	16	<1%	5	<1%
Other	17	<1%	10	<1%	63	3%	14	1%	79	3%	18	2%
White	1694	92%	1509	96%	2037	88%	1377	94%	2472	85%	1034	91%
TOTAL	1812	54%	1572	46%	2316	61%	1457	39%	2917	72%	1138	28%

NOTE: These data were compiled and interpreted by the North Carolina Psychology Board using information obtained from licensees. Some column percentages may not add up to 100% due to small numbers.

Work in this area is being analyzed and audited across all sectors. The American Psychological Association released its Racial Equity Action Plan, a set of priorities for psychology's role in dismantling system racism. "These are the pillars of a new way of operating—not only for the association but ideally for the field of psychology." (Evans et al., 2022).

- **Knowledge Production**—Integrate the use of equitable and inclusive approaches to advance racially conscious knowledge production and scholarship.
- **Health**—Use the full breadth of the field of psychology to promote, contribute, and advance health equity in communities of color.
- **APA/Workforce**—Promote an equitable, diverse, and inclusive work environment within APA staff, the association at-large, and the broader psychology workforce.
- **Training Psychologists**—Promote racially conscious and equitable training to open pathways for students of color to successfully pursue careers in psychology.
- **Education**—Address racial inequities within education environments, including early childhood development, K-12 schools, and undergraduate and graduate programs.

To learn more, please visit <https://www.apa.org/about/apa/addressing-racism/racial-equity-action-plan.pdf>.

While the NCPB cannot directly address these priorities as a state regulatory body operating within a regulatory framework, it strongly encourages psychologists to be aware of these issues in their practices.

Everyone, regardless of race, gender, ethnicity, etc., needs access to mental health care that includes equitable engagement, trust, and inclusivity. Equity, diversity, and inclusion is complex and does not mean the same thing for all people. One of the most essential building blocks toward reaching equity is meeting people where they are and developing trusting relationships between health care providers and patients. A healthy population is an empowered one.

Knowledge of, access to, and advocacy for comprehensive health care should be an integral part of creating communities of equity and inclusion.

By working together, the field is decreasing barriers to care and opening access to future opportunities. A helpful next step is for each psychologist to reflect on their own belief system. What explicit and implicit biases do you hold, as a result of your background, life experiences, and upbringing? How can you begin to dismantle those? How can you educate yourself more through the use of resources such as books, media, diversity, and inclusion seminars to understand equity further?

The pathway forward is to be accountable for our actions and intentional about our next steps. Being open and welcoming encourages more engagement and participation leading to informative outcomes. ■

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HELP IS JUST AN EMAIL AWAY

If you've contacted the North Carolina Psychology Board (NCPB) for general help or with questions about the renewal process in the last year, you probably talked with Ariel Gould. As the office manager for the Board since January 2022, she's responsible for answering all general questions from the public and licensees, managing Board financials, and maintaining licensure files.

Ms. Gould has years of experience in customer service and office management, and before joining the NCPB was the practice manager for a dental office. She believes part of the art of great customer service is making sure the client—i.e., the public and licensees—is satisfied and their expectations are met. Ms. Gould succeeds with flying colors and has put her BS in Sociology from Appalachian State University to good use.

"When pursuing my undergraduate degree, I considered the possibility of a psychology degree due to the materials being incredibly interesting and ever-changing. However, my heart pulled me to sociology," she said.

Sociology—what Merriam-Webster defines as the systematic study of the development, structure, interaction, and collective behavior of organized groups of human beings—is a useful tool for someone whose responsibilities include problem-solving. It came in handy for the 2022 renewal cycle, and Ms. Gould said, "Being a part of this process and working with the Board staff taught me a lot about the details of maintaining licensure. Though I handle the general info for the NCPB, I was able to learn a significant amount about continuing education and statutes regarding renewal."

As someone who enjoys problem-solving and helping people, Ms. Gould said it can be challenging to balance the responsibility she has to licensees with the responsibility she has to the public. "If a licensee comes to me with a question or a concern, I innately want to find a solution. I'll do whatever, within reason, I can to assist them. However, the NCPB exists to protect the public from the practice of psychology by unqualified individuals and unprofessional conducts of licensees and to uphold the NC Psychology Practice Act," she said.

“If a licensee comes to me with a question or a concern, I innately want to find a solution.”



Ariel Gould

"Therefore, there are situations when I'm unable to find an immediate solution for licensees. This is daunting to me, as I strive for an efficient resolution to any challenge. Regardless of if a solution can be found, I do believe treating everyone with respect and kindness is within the bounds of my responsibility."

One way licensees can help themselves, and Ms. Gould is to opt for email when communicating with Board staff. "Communicating over email allows me to answer questions quickly and allows me to collaborate with other Board staff to ensure I am answering any question or concern correctly," she said.

On a more personal note, it seems fitting for a sociology major and customer service professional to have an undying love for the works of J.R.R. Tolkien, the creator of Middle Earth and all its realms and conflicts. "People might be surprised to know that I'm a huge Tolkien fan," she said. "From the books, the movies, and even the TV series (yes, I did enjoy Ring of Power), I'm entranced with the world of Middle Earth. I collect vintage copies of the books and memorabilia, and a large majority of the art in my home is influenced by the Lord of the Rings."

What's probably not surprising, given her education, experience, and track record, is that Ms. Gould enjoys helping people. "What I enjoy most about working with NCPB is the ability to be part of a system that licenses individuals who help and further the practice of psychology in my home state." ■

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.

Mathis, William, MA—CONSENT ORDER was approved and signed on February 9, 2023. In January 2022, Respondent completed a psychological evaluation for Client X, a 3-year-old female, at a preschool due to social and emotional concerns and concerns regarding autistic tendencies. Respondent administered two outdated testing instruments. Respondent's psychological evaluation report for Client X did not include any statement that these instruments were out-of-date or of any potential limitations to the findings rendered from these instruments. When the complainant contacted Respondent by phone and attempted to informally resolve the observed issue of Respondent's use of the out-of-date instruments, among other concerns, Respondent did not cooperate with the complainant. When the Board, as part of the investigation into the complaint against Respondent, issued Respondent an Order for all records for Client X, Respondent did not produce these records, despite repeated requests to obtain them from Respondent. In addition, at the time of Client X's psychological evaluation, Respondent was not receiving supervision, despite this psychological evaluation being an activity that requires supervision, according to Board rules. Based on Board records, Respondent has not received supervision since at least December 1998, when Respondent's last supervision contract was filed with the Board indicating that Respondent would not be performing activities requiring supervision. Since that time, based upon Respondent's report, his primary practice activities have been completing psychological evaluations similar to Client X's evaluation in a preschool setting, which requires supervision. The conduct described above constitutes violations of N.C. Gen. Stat. §§ 90-270.148(a)(10), (a)(15), (a)(17), (a)(18), & (a)(19) of the North Carolina Psychology Practice Act and constitutes violations of Standards 3.09, 6.01, 9.01(a) & (b), 9.02(a), and 9.08(a) & (b) of the Ethical Principles of Psychologists and Code of Conduct (*American Psychological Association, 2017*). Respondent explains that none of the above-described conduct was done with the intent to violate the above-set-forth provisions of the NC Psychology Practice Act or Ethical Principles of Psychologists and Code of Conduct.

In the Consent Order, Respondent voluntarily relinquishes his license to practice psychology in North Carolina and the Board accepted his relinquishment. Respondent shall turn in his license to practice psychology in North



Carolina to the Board office no later than March 10, 2023. 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. This Consent Order constitutes action by the Board against Respondent's license, pursuant to N.C. Gen. Stat. § 90-270.148.

Watson, Nancy, Ph.D.—CONSENT ORDER was approved and signed on February 9, 2023. Respondent has requested to relinquish her license to practice psychology in North Carolina and the Board has agreed to accept her relinquishment. Respondent shall turn in her license to practice psychology in North Carolina and her Health Services Provider-Psychologist (HSP-P) certificate to the Board office no later than February 28, 2023. Respondent is no longer practicing psychology in North Carolina and has not practiced psychology in North Carolina since June 1, 2022. She has submitted documentation to the Board on a monthly basis reporting that she has not practiced psychology since that date. Respondent shall submit documentation establishing that all of her patient/client records are maintained by her previous hospital practice and that the hospital practice will continue to maintain the records in a secure and confidential manner. Respondent's prior disciplinary action and conditions set forth in the May 7, 2021, Consent Order shall remain in effect, but any conditions in that Consent Order are placed on hold during the relinquishment of Respondent's license unless Respondent is relicensed by the Board at a later date. Should Respondent apply for re-licensure, her license shall be placed under the conditions set forth in the Consent Order dated May 7, 2021.

Whitehead, Shanae, Ph.D.—CONSENT ORDER was approved and signed on February 9, 2023. In January 2017, Respondent began providing individual psychotherapy to Client A, a minor and provided family therapy to Client A, her siblings, and her parents. Approximately one month before Respondent terminated Client A's psychological services in January 2020, after

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Client A turned 18 years old, Respondent considered adopting Client A. After a trial placement in Respondent's home, Respondent decided not to adopt Client A.

In another matter in February 2019, Respondent provided a psychosexual assessment of Client B and C, both minors. Based on Respondent's psychological evaluation report, Respondent's purpose was to gather information in order to assess whether Client B and C had been exposed to sexual behaviors and to provide recommendations for their mental health treatment. During the course of the evaluation, Respondent administered psychological assessment tools to both parents. There was no documentation of informed consent by the parents regarding their own psychological testing and no indication that this testing was warranted to address the referral question. Respondent made clinical statements in her psychological evaluation report regarding the children's mother, despite not completing a thorough psychological evaluation of the mother. Respondent made statements to law enforcement regarding the mother, despite not having sufficient information to reach the conclusions that she provided.

In another matter in August 2020, Respondent began providing individual psychotherapy to Client D, a minor, which was related to a custody dispute between her parents. In a letter written by Respondent, dated April 3, 2021, which was sent to DSS and provided to the court, Respondent made statements to suggest that Client D's mother could meet the criteria for a diagnosis of Munchausen's syndrome by proxy, despite not having conducted a psychological evaluation of the mother. In the letter, Respondent also made specific recommendations regarding both Client D's and her brother's custody and visitation by their mother, despite not having completed a child custody evaluation, and despite not providing any psychological services to Client D's brother. This letter was used in court along with Respondent's testimony regarding the custody dispute between Client D's parents which negatively impacted the mother in the custody

case. The conduct described above constitutes 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 constitutes violations of Standards 3.04, 3.05, 3.06, 3.10(a), 9.01(a) &(b), 9.02(a), 9.03(a) & 9.06 of the Ethical Principles of Psychologists and Code of Conduct (*American Psychological Association, 2017*).

In the Consent Order, Respondent's license was CENSURED. The supervision set forth in this Consent Order shall take place after completion of the supervision set forth in the Consent Order, dated November 4, 2021. For a period of two years consisting of at least 3,000 hours of practice by Respondent in psychology, whichever takes longer to occur, Respondent's Board-designated supervisor shall submit quarterly reports to the Board on the Board's Supervision Report form, together with written narrative descriptions of Respondent's practice and response to supervision. The focus of the supervision shall be on appropriate assessment procedures and testimony practices; making statements within one's own experiences, knowledge base, and scope of practice; defining and staying within one's role; dual relationships; when it is inappropriate to make diagnostic statements; and how Respondent's conduct resulted in this action taken by the Board. Once Respondent has completed the supervision, Respondent shall submit an essay to the Board regarding what she has learned from supervision in order to avoid these issues from occurring in her practice in the future. After the passage of one year consisting of 1500 hours in the practice of psychology, whichever takes longer to occur, Respondent may petition the Board to be released from the supervision requirements set forth above. In addition, Respondent may reapply for licensure at the LP level once she has successfully complied with all of the terms of this Consent Order and the Consent Order, dated November 4, 2021. Once her application for license at the LP level is approved, she may take the national exam (EPPP). ■

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 MEETINGS

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

BOARD ANNUAL REPORT SUMMARY

During the 2021-2022 fiscal year, which ran from July 1, 2021, to June 30, 2022, Alexis Brightman, M.A., was appointed to serve on the Board until June 30, 2025. Katrina Brent was reappointed to serve an additional term on the Board until June 30, 2025. Helen T. Brantley, Ph.D., was elected Chairperson and Stacie MacDonald Jones, M.A., was elected Vice-Chairperson.

DURING THE 2021-2022 FISCAL YEAR, THE BOARD:

- Reviewed applications and licensed qualified individuals
- Reviewed and resolved complaints regarding ethical and legal issues
- Implemented an online state exam for applicants
- Implemented an online ethics renewal exam for licensees
- Implemented new continuing education requirements
- Developed online continuing education submission process
- Conducted annual corporation renewal
- Continued development of supervisor training module
- Continued development of discipline monitoring system
- Published Board newsletter
- Conducted meetings with representatives from psychology training programs
- Conducted meetings with professional stakeholders

IN ADDITION TO CONTINUING TO PERFORM ITS STANDARD TASKS IN CONNECTION WITH FULFILLING THE BOARD'S MISSION OF PROTECTING THE PUBLIC, MAJOR OBJECTIVES FOR THE 2022-2023 FISCAL YEAR ARE:

- Review applications and license qualified individuals
- Review and resolve complaints regarding ethical and legal issues
- Conduct a biennial license renewal process
- Conduct annual corporation renewal process
- Implement a supervisor training module
- Implement a discipline-monitoring system

- Continue development of the online license application system
- Continue development of discipline-monitoring system
- Initiate development of supervisor training module
- Continue upgrade of IT systems and equipment
- Adopt, amend, and repeal the Board's rules as necessary

2021-2022 FISCAL YEAR BY THE NUMBERS:

- Number of psychologists licensed in North Carolina (as of 6/30/2022): 4,527
 - Licensed Psychologist: 3,310
 - Licensed Psychologist (provisional): 62
 - Psychological Associate: 1,155
- Number of persons who applied to the Board for licensure and admittance to examination: 271
- Number of persons who were refused examination: 8
- Number of persons who took the examination:
 - State Exam 270 (22 failed)
 - National Exam 129 (47 failed)
- Number of licenses issued: 280
 - Psychological Associate: 39
 - Licensed Psychologist: 203
 - Licensed Psychologist (provisional): 38
- Number of official complaints received involving licensed and unlicensed activities: 44
- Number of disciplinary/remedial actions taken against licensees, or other actions taken against non-licensees, including injunctive relief: 12 disciplinary
- Number of licenses suspended or revoked: 1
- Number of licenses terminated for any reason other than failure to pay the renewal fee: 8
 - Voluntarily relinquished with Board's consent: 6
 - Voluntarily relinquished under a Consent Order: 2
- Percentage of closed investigation cases which resulted in Board action: 34.3%
- Number of investigations, including complaints, pending (as of 6/30/2022): 48 ■