

FINAL DRAFT

Licensing Survey Task Force Report

November 20, 2020

NCPA President Nancy Laney convened the Licensing Survey Task Force to analyze and prepare a report of the results of the survey entitled *Understanding North Carolina Psychological Association (NCPA) Members' Views About Licensure for Licensed Psychological Associates (LPAs)*. Highlights of the results are reported below.

1) How was participation solicited and who responded to the survey?

- a) A total of 773 survey links were distributed via the NCPA membership database.
- b) 147 surveys were completed by 130 LPs and 17 LPAs for an overall response rate of 19%.
- c) 15 surveys were completed by individuals who indicated they are not currently NCPA members.
- d) Of the 89 respondents (60.5%) who had supervised LPAs, just under half (48.3%) had supervised for 5 or fewer years.

2) What are the current prevailing attitudes about supporting a pathway towards independent practice for LPAs?

- a) There is strong support (66.67%) from survey respondents in support of a pathway to independent practice for LPAs.
- b) There is very strong support (87.76%) for following APA guidelines for master's degree programs in psychology as they are developed and approved.
- c) There is strong support (75.51%) for accommodating currently practicing LPAs who do not meet future APA standards for masters level training in psychology.

3) What opinions were expressed about scope of practice for LPAs who practice independently?

- a) A minority (25.90%) of respondents who support independent practice for LPAs indicated that they would support an unlimited scope of practice.
- b) If an LPA is licensed with an unlimited scope of practice, just over half (51.02%) of respondents indicated that 0 to 5 years of supervised experience would be sufficient whereas a minority of respondents (29.93%) endorsed 6 to 10 years.
- c) Varying opinions were expressed regarding the length of supervised experience needed for unlimited scope of practice for LPAs as follows:
30.61% endorsed 0 to 5 years; 31.29% endorsed 6 to 10 years; 20.41% endorsed 16 years or longer.

4) What title would respondents prefer for independently practicing LPAs?

- a) A substantial majority (87.76%) said North Carolina should consider following APA guidelines regarding the title of psychologist for LPAs as they are developed.
- b) A majority of respondents (70.07%) said that changes should be made to the permissible use of the title "psychologist" for LPAs who practice independently.
- c) Although the question was not specifically asked in the survey, 22 respondents raised concern about ensuring that the title for independently practicing LPAs not preclude insurance reimbursement.

- 5) What role should NCPA play in supporting independent practice for LPAs?**
- a) There were numerous suggestions as to which issues should be considered in formulating an official stance from NCPA regarding independent licensure for LPAs.
 - b) Many respondents listed perceived benefits of granting independent licensure to LPAs, while many also offered perceived disadvantages.
- 6) Response to questions about remaining a member of NCPA or being contacted about the survey.**
- a) Respondents who were former NCPA members listed either cost and/or lack of support of LPAs as reasons for no longer being members.
 - b) There were various suggestions for reaching out to those who are no longer members that will be shared with the NCPA membership committee.
 - c) While 70.21% indicated that they were willing to be contacted about the survey, only 7.91% specifically requested to be contacted. Unfortunately, the surveys were not identifiable in a way that allowed contact.

Summaries of Responses to Specific Items

Responses to open ended questions were intentionally solicited to provide qualitative input from members. These responses were quite varied. However, regardless of the specific content of the questions, those supporting a path to independence often emphasized that point, while many of those opposed commented on that fact in response to multiple items. Furthermore, use of the title “psychologist” for those who do not have doctoral degrees in psychology was an oft-repeated theme, with strong opinions expressed in both directions. It became obvious that the attitudes being polled are complex and can stir emotions; many replies reflected strong feelings. Responses to specific subjective items are summarized in the following paragraphs. The bolded questions reflect the actual questions asked in the survey.

Question 9: Should there be limits on the scope of LPAs? Based on participant responses, there were a few themes or patterns of responses. Approximately one third of participants who responded to this question (N=92) indicated that they believed LPAs should be able to practice within the scope of their competence, and that individuals should practice on a case by case basis within the area of their expertise. Another third of participants suggested there should be limitations on LPA's conducting psychological testing (particularly neuropsychological testing and forensic contexts). There were some (N=16) who did not support any independent practice of LPAs. Of those who expressed there should be limitations, there was a wide variety of responses that were recommended by a few individuals. These included not being allowed to supervise other LPA's, not using the term psychologist, and continued supervision by a doctorate level psychologist.

Question 10: What concerns do you have about LPAs current scope of practice? (If none, please type none.) Of the 122 respondents who answered this question, over half (53%) indicated that they did not have concerns about current LPA scope of practice (“none” or a close equivalent). Of those who indicated they did not have concerns, 3% specified they did not have concerns because of the current supervision requirement. Those who expressed concerns about the current scope of practice cited the following areas: training requirements (13%), practicing outside their scope of practice/poorly defined scope of practice (10%), competency for testing (6%), concerns about the public (7%), and that the title “psychologist” should not be used since it might confuse the public (6%).

Question 11: What Benefits do you see in increasing LPAs independence? Based on participant responses (N=125), the most common response that there will be greater access to mental health care in the community and potentially to underserved populations (N=64). The second most common response was that there was no benefit to increased LPA independence (N= 27). The remaining responses provided a range of viewpoints. There were some that suggested increased LPA independence would be more commensurate with other master's level licensed clinicians, would empower LPAs, would provide the opportunity for LPAs to be more widely paneled by insurance companies, would reduce LPA cost burden (e.g., less supervision cost), and possibly could improve the relationship between LPAs and LPs.

Question 12: What problems do you foresee increasing LPAs independence? Whether or not they expressed support for independence, most respondents seemed to be concerned that increasing independence could increase potential for harm to the public. Areas of concern noted lack of oversight, limited training, decreased standard of care, damage to the public trust of psychologists, as well as increased liability. Those respondents indicating that there were no problems with increased independence for LPAs indicated that training and the demonstration of competency would correct for any areas of concern. Additional issues noted included wanting NCPA to be "thoughtful" towards currently practicing LPAs, including asking them for documentation of training and/or supervision completed.

Question 15: Are you aware of research that shows either harm or benefit to the public if LPAs do not receive supervision? Two respondents offered numerous research references regarding potential harm or benefit. Members of the Task Force thought that researching this area was outside the scope of our task and agreed to defer to the NCPA Board regarding whether and/or how to approach this issue.

Question 17: Currently, the NC Psychology Practice Act allows supervised LPAs and LPs to both refer to themselves as a "psychologist." If LPAs become unsupervised, should changes be made to the permissible use of this title? If yes, what changes would you recommend? This question was answered by all respondents (N=147), with more than two thirds of the respondents (70%) indicating that changes should be made to the use of the title "psychologist" if LPAs can practice independently. Most of those responses stated that the title "psychologist" should be reserved for those who have a doctoral degree and there should be some difference in title that indicates level of training and degree earned. The remaining responses (30%) indicated that no changes should be made to the use of the title "psychologist" if LPAs become unsupervised.

Suggested alternate terminology for unsupervised LPAs include Licensed Mental Health Practitioner, Licensed Practitioner, Masters Level Psychologist, Therapist, Psychotherapist, Licensed Service Provider in Psychology, Psychological Counselor, Psychological Assistant, LP – Masters, and Psychology/Psychological Associate. Several responses also included an alternative for the LP title, such as licensed doctoral level psychologist or doctoral level psychologist.

Question 18: What issues should be considered in formulating an official stance from NCPA regarding independent licensure for LPAs? Most of the respondents indicated that they want NCPA to focus on "increasing training and demonstration of proficiency" to practice for LPAs. Others noted they thought it would be helpful for NCPA to help LPAs find a "path to independence." There was not as much consensus on this issue.

Question 19: How would you like to see NCPA reach out to LPAs who are no longer NCPA members? The item was answered in a variety of ways, with some noting the specific method for reaching out (phone, email, letter, listserv, social media, flyers, webinars), while others suggested individuals or groups that may be of help (supervisors, graduate school faculty, professional organizations, LPA leadership, NCAPP). While 8.7% indicated that nothing needed to be done to reach out, some responded as to the attitude we should take in reaching out (e.g., "genuinely welcoming," or "with respect and collegiality"). While some took the opportunity to reiterate all NCPA has done to support LPAs, others complained about the lack of support of LPAs. There were some who went into more detail as to specific steps to be taken (e.g., "Partner with organizations that provide services and training to masters level clinicians," "NCPA would need to make it very clear that we support their independence and that we want to work with them to ensure standards are created," "reach out with curiosity to understand why each member left NCPA and then make steps towards addressing these concerns.") Many respondents want to see some clear public statement explaining how NCPA plans to support LPAs moving forward.

Question 21: Were you ever a NCPA member? IF YES, WHY ARE YOU NO LONGER A NCPA MEMBER?

Only 5 respondents reported that they are no longer members, with lack of support or representation from NCPA in moving towards LPA independence (3 responses), cost (1 response) or retirement (1 response) being listed as reasons. One respondent noted that he/she had quit at one point due to "weak stance on masters level psychology and on prescribing for psychology" and "rejoined because I wanted cheap CEU credits."

Survey Summary

In summary, the responses are varied and often based on strong opinions. While most responding to the survey support a path to independent licensure for LPAs, not much agreement exists as to how to proceed. Most also agree that APA standards should be followed once they are developed, while most also do not want non-doctoral level practitioners to share the title psychologist. It also is noteworthy that those who oppose the independent licensure of LPAs may have negative attitudes toward any NCPA support of such a proposal.

Respectfully submitted,

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