THE
# BULLETIN BOARD

Summer 2023 | A publication of the North Carolina Psychology Board

NORTH CAROLINA PSYCHOLOGY BOARD

"... it's every psychologist's responsibility to help protect the public and work together to advocate for our profession."

## INSIDE



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## ADVOCATING FOR PSYCHOLOGY

**By Stacie MacDonald Jones, M.A.**

Reflecting on my nine years as a member of the North Carolina Psychology Board, the words "duty to protect the public" echo in my mind. I believe I've done my due diligence on the task during my time on the Board. And, as the end of my last term on the Board nears, I want to remind everyone that NCPB members have a sworn duty to protect the public and, as part of this responsibility, the practice of psychology must also be protected.

Recently, one of my work colleagues left the facility in which I work seeking employment in another mental health facility. Being curious, I did a bit of investigating and learned the other facility does not hire psychologists. Licensed clinical social workers—yes, but not psychologists, preferring to use outside consults for the occasional psychological assessment. With growing concern, I went online to look at job vacancies at other mental health providers, and, as expected, I saw a multitude of openings at all levels of care. Certainly, the pressing need for providers of clinical services was concerning. A concern of a more personal nature was the omission of the word "psychologist" from the vast majority of the job posts.

In my review of four large community mental health service providers, I found 135 open positions requiring a clinical license. The majority of these

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Of the 134 positions, 67 could be open to someone with a license from the NCPB under the qualifying statement "or other relevant associate level license." **So, if you type in the keyword "psychologist" or "psychology," you're unlikely to have these positions pop up as potential employment opportunities.**

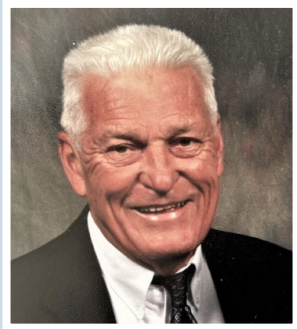
positions—134—specifically mentioned licensed clinical social worker (LCSW) as a qualifying license, and, in several cases, licensed marriage and family therapist (LMFT) or licensed clinical mental health counselor (LCMHC) were also identified as a qualifying license. The remaining open position required a licensed psychologist to complete assessments. Of the 134 positions, 67 could be open to someone with a license from the NCPB under the qualifying statement "or other relevant associate level license." So, if you type in the keyword "psychologist" or "psychology," you're unlikely to have these positions pop up as potential employment opportunities. Psychology wasn't listed, nor even suggested, as a qualifying degree or license for 33 of the positions, several of which included the responsibility of providing traditional clinical services, suggesting psychology was not even considered as a discipline to provide these services. Finally, when a psychologist might qualify for a licensed clinical position, they're competing with some variations on this list: LCSWs, LMFTs, LCMHCs, licensed clinical addiction specialists, and registered nurses.

Albeit a snapshot look, these findings suggest there's a decline in the presence of psychologists in community mental health services, thus creating significant limitations in the unique perspectives and services psychology offers in the diagnosis and treatment of persons with mental health challenges. I would posit that a decline in available psychologists and psychological services in community mental health does NOT adequately protect the public.

Given the ongoing mental health crisis in North Carolina, including the insufficient number of psychologists to meet demand, it's every psychologist's responsibility to help protect the public and work together to advocate for our profession.

One step might include reaching out to community providers' HR departments and hiring managers to promote the inclusion of language that specifically identifies psychologists. North Carolina universities offering degree programs in psychology might reach out to community-based programs to discuss the use of psychology interns/externs/practicum students (make sure the training site meets the requirements noted in the NC Psychology Practice Act and the NCPB's rules, including, among other requirements, having a designated and appropriately licensed or certified psychologist or psychological associate responsible for the integrity and quality of the training experience). It also may be helpful for psychologists to have a public presence. Consider reaching out with presentations to community groups or offering to talk to students. Educators and organizers are not only willing but often grateful, to put you on the agenda! The public may not understand how a psychologist differs from an LCSW, LMFT, or LCMHC. Help promote psychology as the specialized, highly beneficial, and greatly needed therapeutic practice it is and connect with anyone you know in the community mental health system or contact legislative representatives on mental health committees. ■

## SAYING GOODBYE



**Dr. David Henry Reilly, III**

David Henry Reilly III, Ed.D., ABPP, age 86, of Bermuda Run, N.C. passed away Friday morning, June 23, 2023 at Wake Forest Baptist Hospital in Winston-Salem, N.C. after a brief illness.

Dr. Reilly was a former president of the North Carolina Psychological Association and the North Carolina School Psychology Association and chairman of the North Carolina Psychology Board.

You can find Dr. Reilly's obituary here.

# AGING:

## *CUT BACK, CUT OUT, OR CARRY ON?*

**By Helen T. Brantley, Ph.D. and Gail Neffinger, Ph.D.**

The average age of U.S. citizens is increasing annually; and, by 2030, 21% of the population is projected to be 65 or older. As each of us ages, we have decisions to make regarding whether we should professionally cut back, cut out, or carry on as we are. Older adults nearing 65 have more chronic health conditions than people did previously. People born between 1960 and 1962 report higher rates of poor cognition in their 50s than did older people when they were in their 50s (https: //www.prb.org/resources are-baby boomers-healthy-enough-to-keep-working Retrieved May 11, 2023).

The American Psychological Association (APA) has noted that the average age of psychologists in the U.S. is trending younger in recent years. While the median and mean ages may be younger, there's an increase in older psychologists still active in their professions. In 2007, 6% of the psychology workforce was 66 or above; by 2016, 15% of the psychology workforce was 66 or above. In 2022, APA reported that 21% of active psychologists were over the age of 65 (APA, 2022).

How does this compare with North Carolina psychologists? NCPB statistics indicate that, in 1990, the majority of psychologists licensed in North Carolina—more than 26%—were in the 35-44 age group. By 2022, the majority—almost 28%—were in the 55-64 age group. Psychologists licensed in North Carolina are aging and are continuing to practice at an older age (NC Psychology Board, 2023).

Why is the NCPB concerned about these statistics? How does one know when to cut back, cut out, or carry on? Psychologists need to be aware of how aging affects their competency and performance and to monitor the effects of aging carefully.

### CONSIDER THESE ASPECTS OF AGING THAT CAN AFFECT YOUR PERFORMANCE:

**Physical changes.** We all experience numerous physical changes as we age that may affect our competency. Areas of decline include sensation and perception, which are particularly important in the practice of psychology. An especially critical one is hearing decline. While often correctable, people tend to avoid having their hearing tested. The primary change for many people is the loss of high-frequency hearing, which may affect what you hear clearly and accurately. When there's a history of hearing loss in your family, you're more likely to have hearing loss. It's important psychologists understand what their patients are saying, not just hear what they say. An audiologist observed that teachers and therapists are professionals who most frequently need hearing aids. It makes sense that both these professional groups need to hear and perceive accurately high-frequency pitches, such as in women's and children's voices. What happens if patients are misunderstood?

**Visual acuity often lessens with age**. There is an increased incidence of cataracts and a need for better illumination. Again, while many eye conditions are correctible, it's important to have your vision tested and to follow recommended treatments. While it may not be as important as hearing, any significant difficulty in seeing may alter your perceptions, particularly in performing assessments. Poor vision can decrease your reading speed and make it difficult

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to read small print. Loss of visual cues in assessment or therapy may cause harm by missing pertinent cues and, thereby, compromise your understanding of the client.

Other physical factors that are more prevalent with aging include susceptibility to infection, poor vitamin D absorption, change in muscle mass, susceptibility to dehydration, and development of chronic diseases including diabetes, osteoporosis, osteoarthritis, fracture risk, and prescribed drug regulation difficulties. All these conditions may affect your ability to be available to patients and to focus attention reliably on them.

Some of the above conditions may also cause pain. Pain decreases the ability to focus your attention consistently, contributes to poor sleep quality and quantity, and can necessitate medication. It has been demonstrated that cognitive decline is often associated with chronic pain (Zhang et al., 2021)

Diseases experienced by those over 65 years of age that are associated with subjective cognitive decline are arthritis, cancer, coronary heart disease, and stroke. Anti-pain medications include tricyclic antidepressants, opioids, and corticosteroids, all of which may cause memory loss (updated April 14, 2023, https://www.aarp.org/health/drugs-supplements/info-2017/caution-these-10-drugs-can-cause-memory-loss.html). Polypharmacy (multiple drugs of different types) is also linked to memory function.

**Cognitive changes.** Even if one remains relatively healthy physically, mental faculties do not necessarily remain as sharp. Cognitive changes most often occur because of changes in the brain, such as brain shrinkage, ineffective communication between neurons, reduced blood flow, and inflammation within the brain (https://www.nia.nih.gov/health/how-aging-brain-affects-thinking). Because of these brain changes, one may experience more difficulty in finding words, recalling names, multitasking, and maintaining attention span. On the other hand, older people usually have more extensive vocabularies and rely on their "wisdom" (accumulated operational knowledge). However, this increased wisdom may be offset by symptoms of real cognitive decline. For example, how often do you double book patients and how often do you lose track of a patient's "story"? In assessments, do you count on your memory for offhand but meaningful comments from patients and then forget them? Are you forgetting to order new test supplies or are you using an obsolete test you know too well? Are you keeping accurate records?

**Complacency.** Looking at the substance of complaints against psychologists in North Carolina who are more than 60 years old, there seems to be a common thread that might be described as complacency. Other adjectives that might apply include smugness and exaggerated/unwarranted self-confidence. Although not necessarily an age-related behavior, informal analysis of the complaints against senior psychologists seems to reflect this behavior to some degree. Some of the issues mentioned above as possible symptoms of cognitive decline, may, in fact, be ascribed to just cutting corners, displacing professionalism. Looking back at the examples above of cognitive slippage, how many of those might be more like complacency when circumstances and disposition are fully considered? For example, have you failed to get a telehealth informed consent from virtual clients? Do you always get a release of information to back up verbal exchanges with other professionals?

Psychologists over 65 years old are most likely to relinquish their licenses in the face of disciplinary charges by the Board. Is this really the way you want to end your career?

## HOW DO YOU DECIDE WHETHER TO CUT BACK, STOP, OR CONTINUE TO PRACTICE? HERE'S A CHECK-LIST TO HELP YOU EVALUATE:

- Pay attention to the physical and mental changes that come with aging. Particularly notice changes if you've developed a chronic illness or experienced more frequent pain. Denial and rationalization are not good things.
- Ask a friend or colleague whom you trust to help you be aware of any changes they notice in your behavior or functioning. Periodically, ask them for a "check-in".
- Ask your physician whether any of your medications may affect your mood, memory, or attention. Might you take prescribed medication at night with your doctor's approval rather than in the morning to help your cognitive functioning?
- Are you using alcohol and/or (legal) drugs to relieve stress or pain? Has there been a change in that amount?
- Have you checked your assessment instruments to see that they are current? For example, the MMPI-2 is NOT current.
- Are your evaluations completed promptly? Three months may be the outside limit of the usefulness of an assessment.
- Do you have a "professional will" designed to protect your estate and your patients?
- Have you asked your physicians if they have thoughts about how long you can practice competently?

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- Do you seek consultation when dealing with complex cases?
- Do you have regular physical examinations, eye examinations, and hearing evaluations? You need all three regularly as recommended by your physicians.
- Do you read the APA Ethical Standards and Code of Conduct and the NC Practice Act and Rules once a year? Has anything new been added?

For more information on aging, visit the APA's site here. ■

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## A HELPING HAND WITH PROFESSIONAL ENTITIES: *Vanessa Poe*

If you're a licensee who's reached out to the North Carolina Psychology Board with questions about applying for a professional entity or making an amendment to an existing one, you've probably been helped by Vanessa Poe.

Poe has been a member of the NCPB staff since 2018. As an administrative officer, she's responsible for validating and processing applications for corporations.

"When a licensee wants to open their own business, for example, or conduct telehealth privately, or operate as a DBA (doing business as), there's an application and process, both with the NCPB and the NC Secretary of State's office," Poe said.

Poe helps licensees with professional entity applications (which have to be renewed by January 1 each year". These entities include professional limited liability companies (PLLCs) and professional corporations (PCs). Each has its own applications and processes. There are also applications for transferring your entity from another state, changing the name of your entity, adding or removing a member, creating a DBA, and converting from one entity to another.

"I can't advise or give legal direction on whether they should form a PLLC or a PC," Poe said. "But I can tell them what the process entails. It's a multi-step process and I can help them through the roadblocks."

Poe says completing the appropriate applications is only one part of the process. Next, the Board has to approve the application and provide a Certificate of Application. Once you receive the validated and sealed forms, you submit them to the NC Secretary of State. After the Secretary of State has approved your application, you must email a certified copy showing the Secretary of State's seal to Poe at vpoe@ncpsychologyboard.org. You'll then be issued your certificate and registration number.

This is where patience comes in, Poe says. "It can be a frustrating process. The NCPB staff members are here to help, but we can do only so much. We also have to wait."

As with all jobs, there are pros and cons. Poe loves her colleagues and says she's always enjoyed working with the public and "being able to help and guide licensees is definitely something I appreciate."

It's been challenging (especially during the pandemic)—both for staff and licensees—to migrate from being paper-based to being solely online, Poe says. The technology can be challenging for licensees, and she's happy to help them. "The psychologists who are kind and appreciative really make it worthwhile."

There's no doubt Poe's job is not easy—dealing with processing times, licensees, statutes, and technology—but she takes it all in stride as she helps licensees in what could be a monumental step in their careers. ■

# CLINICAL DOCUMENTATION: *The Importance of Meeting Ethical Requirements and of Assisting Other Professionals*

**By Marc Davis, M.A., Board Staff Psychologist/Investigator**

Documentation of clinical services by psychologists is an extremely important part of record keeping and the provision of psychological services. Without accurate documentation, other professionals who may see the client at a later date may not be able to determine what services were provided, the client's diagnosis, or the client's response to treatment. In fact, both the APA Ethical Principles and the NC Psychology Practice Act point to requirements to maintain a clear and accurate case record to facilitate services by other professionals.

Another important reason for keeping accurate documentation is to help psychologists remember what has occurred in past sessions and to ensure the value of ongoing therapeutic services, as memory is fallible. For psychological evaluations, documentation of the specific reason for the referral and evaluation, all tests administered (including raw data), interviews completed, interpretation, findings, and recommendations are all essential.

According to the NC Psychology Practice Act, (G.S. §90-270.148(a)(17)), it is required that a psychologist maintain a clear and accurate case record, documenting the following:

a. Presenting problems, diagnosis, or the purpose of evaluation, counseling, treatment, or other services provided

b. Fees, dates of services, and itemized charges

c. Summary content of each session of evaluation, counseling, treatment, or other services, except that summary content need not include specific information that may cause significant harm to any person if the information were released

d. Test results or other findings, including basic test data

e. Copies of all reports prepared

According to APA Ethical Standard 6.01 Documentation of Professional and Scientific Work and Maintenance of Records, it's required that psychologists create and maintain records to, among other things, facilitate the provision of services later by them or by other professionals. The APA also has Record Keeping Guidelines, which are a helpful guide for psychologists.

Of specific note is Guideline 2, which states that a psychologist strives to maintain accurate, current, and pertinent records of professional services, as appropriate to the circumstances and as may be required by the psychologist's jurisdiction. It further states that psychologists include information such as the nature, delivery, progress, results of psychological services, and related fees. Also of note is Guideline 5, which states that a psychologist strives to organize and maintain records to ensure their accuracy and to facilitate their use by the psychologist and others with legitimate access to them.

Marc Davis, MA, LPA

In investigations of complaints made to the NCPB, accurate and thorough documentation of services is essential for psychologists to present their side of the events. Documentation, particularly that of therapy sessions and communications (such as emails, phone calls, and texts), is a timestamped record of what the psychologist did and when they did it throughout the relationship with the client. The adage "if it wasn't documented, it didn't happen" applies here, as if a psychologist does not have any record of what occurred, then there is no evidence to support the psychologist's recollection of events. In a similar vein, if clinical documentation cannot be read, either because of how it was maintained or the fact that it was handwritten and indecipherable to anyone but the psychologist, then the requirements for maintenance of clinical documentation are not being met.

While the services provided by psychologists may be exceptional, if the clinical record doesn't reflect the work that was done, harm can still be caused to the client. If the clinical record is needed by another professional working with the client, by the courts, by the Board for investigations, or by the psychologist, and the clinical record is not maintained or does not meet the minimum standard, it may be harmful to the client and potentially the psychologist as well. Failure to comply with the documentation requirements outlined in the NC Psychology Practice Act and the APA Ethical Standards can lead to Board action being taken against the psychologist's license even if such failure was not alleged in a complaint but was discovered during an investigation.

If you have any questions regarding documentation, please contact the NCPB at info@ncpsychologyboard.org ■

# 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.*

**Giarmo, Christine, Psy.D.** - CONSENT ORDER was approved and signed on May 19, 2023. The Respondent was appointed by the Court to conduct a child custody evaluation, which she did not complete until two years and four months after the child custody evaluation was ordered by the Court. Respondent explained that several personal issues contributed to the delay in completing the child custody evaluation report, but Respondent did not contact the Court, the attorneys, or the clients in this case to inform them of the delays to allow the Court to make alternative plans regarding having the evaluation completed. The Respondent was aware of the increasing severity of the two minor sons' behavior throughout the two-year evaluation process. Respondent understands now the potential negative effects a delay in completing the evaluation could potentially have caused for the family, which could have put the minor children at increased risk. The Respondent's therapy services were never questioned or deemed problematic in any way. As a result of a conflict of interest, the Respondent's child custody evaluation report was disqualified by the Court and could not be used, which was harmful to the clients. The Board concludes that the conduct, if proven at a hearing, would constitute violations of N.C. Gen. Stat. §§ 90-270.148(a)(11), (a)(14), and (a)(15) of the North Carolina Psychology Practice Act, and constitutes violations of Standards 3.05, 3.06, and 3.09 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. Respondent shall permanently cease to conduct forensic psychological evaluations of any kind, including child custody evaluations, parental capacity or parental fitness evaluations, or any evaluation in a court-involved matter. If Respondent learns that a case she is already involved in requires a forensic evaluation, she shall immediately refer the matter to another psychologist to conduct the forensic evaluation. Respondent's website or other advertisements of her psychological services needs to remove any statements that she provides any of the above set forth services. The previous Consent Order that Respondent entered into with the Board, dated August 6, 2021, shall remain in effect in all respects except Respondent is no longer required to complete a graduate-level course in psychological assessment, as required by the previous Consent Order, because Respondent shall permanently cease to conduct all forensic evaluations. ■