



FROM THE CHAIR

John T. Esse, Ph.D.

Elsewhere in this newsletter is a section titled, "Legal Proceedings," wherein the Board shares certain details regarding actions taken via consent orders and post-hearing final decisions. Specific statutory, administrative rule, and/or ethical code violations are cited, along with the actions taken by the Board. Descriptions of what the individual did or didn't do that resulted in the action taken are not supplied at this time due to space limitations, though they may be in the future on the Board's website. It occurs to me that it could be helpful to licensees to know a bit more about conduct that has created problems for others. The examples below were derived from actual cases or questions to the Board.

Failing to respect professional boundaries, e.g. engaging in romantic/sexual activities with a client, former client, or parent of a client, or assuming that, because no fee is charged, one can become involved intimately.

Failing to abide by privacy mandates and/or confidentiality requirements, e.g., performing assessments in a public place, such as a library.

Failing to perform competent child custody and/or parental fitness evaluations or any other evaluation that is likely to be reviewed in a forensic setting, e.g., making evaluative statements about one parent without having interviewed him/her, or improperly communicating findings/recommendations.

Failing to use the latest version of assessment instruments, e.g., using the WAIS-R rather than the WAIS-III, the WISC-III rather than the WISC-IV, etc.

Failing to be honest with third party payers and/or not meeting all contractual obligations with such payers, e.g., fraudulent billing for services not rendered, or listing one's name as the provider on insurance forms when a supervisor provided the service even though the insurance company specifies that the provider must personally provide covered services.

Failing to understand what is or is not the practice of psychology, e.g., a Provisional LP or an LPA not obtaining supervision for certain elements of "community support" services that may fall within the Practice Act.

Failing to fulfill all elements of a supervision contract as a supervisor, e.g., not meeting with a supervisee at the frequency specified in a contract or in other respects providing insufficient supervision, not keeping supervision records, or submitting inaccurate and/or incomplete documentation to the Board in response to a request.

Failing to be honest with the Board and/or not responding to Board questions/directives, e.g., not submitting a required affidavit that one's practice has been suspended after having been directed by the Board to do so, not suspending the aforementioned practice after having been directed to do so, or not submitting required supervision reports in a timely way, even after multiple notices to do so by the Board.

Some time ago, I heard an official at a U.S.-Canadian conference of State and Provincial Psychology Boards say that regulatory Boards serve as "the psychology police." While there is an element of truth in that description, the Board would prefer that licensees not have problems in the first place; I think it is important to recognize that most do not. To avoid

problems, my "take home message" is: be familiar with and abide by the letter and implications of the most recent APA Ethics Code, the North Carolina Psychology Practice Act, and associated administrative code rules. They serve as the bases for all Board findings. If you find yourself involved in an ethical dilemma, consult a supervisor or peer, and feel free to use Board staff or your professional association for consultation.

At this writing, I have informed the Board that I do not wish to be considered for a third year as Chair. After 30 years, I am retiring from service in the North Carolina public mental health system and feel that this would be a good time to make a shift in my Board role as well. I am pleased at the accomplishments the Board has made in the last two years, including important statutory and rule changes as well as the re-starting of the newsletter. The "ordinary" business of the Board is also critical, in that it affects lives in a very direct and sometimes profound way. Knowing that, I have tried to handle leadership in a fair manner. My best wishes go to the next Chair, along with a commitment to provide support for a smooth transition as I fulfill the remainder of my second three-year term through June 2009, or until my successor is appointed.

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SEASONED REFLECTIONS

J. Anthony Powell, M.A.

A few reflections from one of the Board's most seasoned members.

As I rotate off the Board, I realize that my 16 years of service on the Board have afforded me the opportunity to make many direct observations of the profession. When I first came on the Board, I was amazed and chagrined at the frequency and array of ethical violations. Although the types of ethical violations have changed over the years, the major underlying dynamics appear to have remained the same. Allow me to interject that, of significant positive note are the hundreds of psychologists in North Carolina whose names are never under the scrutiny of the

Board except for the routine renewal of their licenses every two years. These individuals make psychology a strong force providing competent services to the citizens of this State.

Otherwise, the first dynamic I believe to be important to mention involves ethical violations based on attitude. In such cases, the psychologist "knows" better, but takes inappropriate clinical shortcuts, uses outdated instruments, is insensitive in responding timely to others' requests, exploits patients, or far exceeds the data in providing opinions to third parties. This apparent sense of entitlement is difficult for a regulatory board to remediate. The second major area of ethical or regulatory violation stems from an absence of knowledge. We all readily recognize that diffi-

cult clients or situations can challenge the most careful, experienced psychologist. However, psychologists need to anticipate potential problems and develop strategies to ensure clear communications and boundaries with others. Continuing education, readings, and consultation with other mental health professionals may assist in avoiding most of the pitfalls.

I believe that two major challenges (read "opportunities") are facing the Board at the present time. The first is the national interest in competency and the methods for competency to be evaluated. The logical extension of this movement is to assess the skills and knowledge base of the new graduate against performance criteria. Measuring competency would

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"C" IS FOR COMPASSION

April G. Everett

compassionate (adj.) having a sympathetic consciousness of others' distress with a desire to alleviate it.

I think no other word best describes Dr. Belinda Novik. At my first Board meeting, I was half excited, half nervous about meeting the Board members and making a good first impression. Whether it was my nerves, or the food I had eaten the night before, or maybe even a combination of both, I certainly made a lasting impression, though not the one I had envisioned. Not fifteen minutes into the meeting, I became extremely ill (I will spare you the details). Fortunately, everyone was so tolerant of the interruption, and several Board and staff members were extremely kind to me. Dr. Novik, in particular, was very concerned, and continued to check on me throughout the morning, even bringing ice chips to my room for me to stay hydrated. The same compassion I witnessed at my first Board meeting has continuously shown through her Board service.

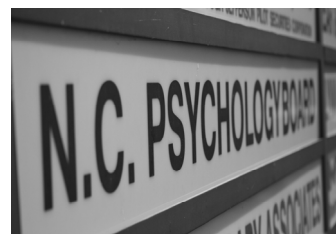
No Board decision is made in haste, and Dr. Novik has always been careful to consider situations and concerns from all an-

gles and has consistently demonstrated her compassion in Board meetings. Her broad experience as an academic and as a private practitioner have served the Board well in its deliberations.

Although the Board will certainly miss Dr. Novik, it is not hard to understand why Board service may not be on the agenda for the immediate future. In addition to maintaining her private practice, she is finishing up medical school (with a graduation date of July 15, 2008), will be hosting her third foreign exchange student in August, and will soon be helping her

son, a junior in high school, find a college/university to attend. These exciting, upcoming events also share calendar space with Dr. Novik's ongoing involvement with organizations such as the American Psychological Association (Independent Practice and Psychopharmacology divisions), the North Carolina Psychological Association, and the Society for Reproductive Medicine. I think it is safe to say that Dr. Novik will not suffer from idle hands once her tenure with the Board is complete. The Board appreciates her service, enthusiasm, and compassion.

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LIFE COMES AT YOU FAST: DO YOU HAVE A PLAN?

Sondra C. Panico



Accounts of car crashes, muggings, house fires, and health-related deaths plague the news every night. Few things in life are certain; unfortunately, death is one of them. So that you can “rest in peace,” the Board has adopted an advisory statement to provide guidance to psychologists with regard to records maintenance upon death.

This advisory statement is written to provide a general framework for psychologists to consider when making decisions regarding record keeping upon their death. The Board advises that psychologists give serious consideration to the issue of what provision to make for psychological records upon their death and to have a written plan which documents what will happen with their records upon their death. Further, the Board advises that the best practice is to have the records transferred to another trained individual who will ensure that they are maintained in a confidential manner. This policy is consistent with the N.C. Psychology Practice Act, which requires that records be maintained confidentially for a period of at least seven years from the date of the last provision of psychological services or three years from the date of the attainment of majority age (whichever is longer). [N.C. Gen. Stat. § 90-270.15(a)(18)].

The Board advises that psychologists consider making provisions for their records upon their death in estate planning documents. Psychologists may wish to consult with an estate planning attorney to add this provision to their estate planning documents. The individual to whom you would transfer your records would ideally be another psychologist or licensed mental health professional whom you trust to handle your records with due consideration given to the statutory and ethical requirements regarding records maintenance and confidentiality of psychological records. You may also consider designating a back up person in the event that the first person is unavailable. In addition, it may be helpful to review your plans periodically to ensure that they remain consistent with your wishes for your records.

This advisory statement is based upon several pertinent standards in the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002). Specifically, Standard 4.01 requires that psychologists take reasonable precautions to protect confidential information. In addition, Standard 6.02 (c) states that psychologists should make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. Further, Standard 3.12 requires that psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by illness, death or other limitations. Finally, Standard 10.09 discusses providing for an orderly and appropriate resolution of responsibility for client/patient care.

In addition, in order to be compliant with HIPAA requirements, psychologists may wish to provide consent forms to their current and new patients in which psychologists inform patients of their plans upon death. In doing so, patients are made aware of whom psychologists are transferring their records to, and they are able to provide psychologists with the proper written consent to allow such a transfer.

Finally, psychologists may consider a method for informing patients or former patients that the records have been transferred to another clinician and how they may gain access to their records. A psychologist could make provisions to have such a notice published in the local newspaper and/or sent to all patients and former patients, if possible.

This advisory statement is intended to provide psychologists with guidance as they attempt to establish their own record keeping policies and practices for transfer/maintenance of their records upon their death. Psychologists may also wish to review Record Keeping Guidelines, published in the December 2007 edition of the *American Psychologist*, available on the APA website at www.apa.org. ■

NOTE: This article was prepared for the North Carolina Psychology Board by Sondra Panico, Assistant Attorney General and Counsel to the Board. It has not been reviewed and approved in accordance with procedures for issuing an Attorney General's opinion.

psychUPDATE

Effective July 1st,
Drs. Jane Perrin and
John Esse will serve
as Board Chair
and Vice Chair,
respectively.

Deforestation has many negative effects on the environment, the most dramatic being loss of habitat for millions of species. Approximately 70% of Earth's land animals and plants live in forests, and many cannot survive the deforestation that destroys their homes.* If you are interested in reducing paper consumption (and deforestation), please e-mail April Everett at april@ncpsychologyboard.org and request to receive e-mailed notifications, in lieu of paper copies, when the newsletter is available on the Board's website. Together, we can make a difference, one newsletter at a time.



*Source: <http://science.nationalgeographic.com/science/environment/environmental-threats/deforestation-overview.com>

MULTIPLE RELATIONSHIPS

Susan C. Loy, M.A.

An in-depth look at a complex topic that begs for serious study, discussion among fellow professionals, and self-reflection.

In my 10 years with the Board, I have been amazed by the demanding situations in which licensees sometimes find themselves. When I first entered this profession, I held the belief that, if a psychologist adheres strictly to well-defined boundaries with clients, he/she should not have to worry too much about being faced with tough ethical dilemmas involving multiple relationships. However, my viewpoint on this complex issue was challenged not too long after entering practice, and much more dramatically after I started working for the Board.

It is worth engaging in proactive thinking regarding possible and probable scenarios one might find himself/herself facing in real life practice as a licensee of the Board. There is a strong likelihood you will be confronted with an ethical dilemma involving boundaries and multiple relationships, and sometimes these dilemmas occur on a more frequent basis than may be anticipated. Some practitioners, depending on their area of practice and the population to whom they provide services, are frequently confronted with these matters, and have contacted Board staff to discuss these issues as part of their ethical decision-making process.

Pursuant to N.C. Gen. Stat. § 90-270.15(a) of the North Carolina Psychology Practice Act, licensees are to behave in conformity with the professional standards set forth in the Code of Conduct, which incorporates reference to the current American Psychological Association (APA) code of ethics, under N.C. Gen. Stat. § 90-270.15(a)(10). Standards 7.07, 10.05, 10.06, and 10.07 of the APA ethics code address the prohibition against psychologists engaging in sexual intimacies with students or supervisees, with current clients, or with relatives or significant others of current clients, and not providing treatment to former sexual partners. While these standards are clear and not open to interpretation, they are still violated, sometimes without the psychologist ever fully recognizing the violation or the negative impact that the relationship has on the client. I have found in my experience as an investigator that psychologists who have engaged in some type of sexual impropriety have, on occasion, convinced themselves that their behavior was within acceptable bounds, and that it was beneficial to their client. Often, these prohibited relationships have first been entered into with what appears to have been a subtle crossing of the boundaries by the psychologist, driven primarily by the professional seeking to meet his/her own personal needs. Behavior that starts out as a “minor” violation or not “best practice” can easily and rapidly progress into a clearly prohibited multiple relationship. Based upon my experience, I have learned that those psychologists who are professionally connected with other psychologists, regularly seek consultation on their cases, use some type of ethical-decision-making model, and willingly address their own personal issues as

they arise, seem to be least at risk of finding themselves in a prohibited multiple relationship. Conversely, those psychologists who are in a practice in which they are fairly isolated from the professional psychology community, are overworked, and are unwilling to address their own personal issues honestly are typically at a much greater risk to place themselves in a vulnerable position for making choices that may result in harm to a client and discipline of their psychology license.

Standard 3.05 Multiple Relationships, accommodates some multiple relationships by stating, “Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.” This standard frames a broader context with regard to having more than one type of relationship with another individual. In addition to previously addressed risk factors for entering into a clearly prohibited multiple relationship, there are numerous ethical decision-making models available to review and consider when determining which multiple relationships should be avoided, which may be acceptable, and which may be inevitable. Below are examples of thought-provoking, slightly altered situations that have come before the Board that you may wish to ponder and discuss with colleagues. With the primary consideration given to not disrupting the therapeutic or supervisory relationship, I suggest that you contemplate how you would respond in these situations.

- A supervising psychologist considers purchasing office property with his/her supervisee with whom he has had a very positive and trusting relationship for many years.
- Considering meeting your client in a setting outside of your office, and if so, under what circumstances.
- Commenting on the physical appearance of a client who has low self-esteem and distorted thinking about his/her appearance. What exactly is or is not acceptable to say to a client in this regard?
- Hiring your client to do your insurance billing, when you see this client on an infrequent basis. He/she is high functioning, professional, and dependable.
- Engaging in any one or more of a variety of social activities with your supervisee (e.g., fishing trips, golfing, neighborhood cookout), and if so, under what circumstances.

It is extremely important to be familiar with the ethical standards that address multiple relationships. If you are inclined to enter what you believe to be a permissible multiple relationship, consider the various ramifications of the relationship before making such a decision. If you are faced with an ethical dilemma and wish to discuss the matter with one of the Board’s staff psychologists, you may contact the Board office. Board staff may be unable to instruct you specifically with regard to what action(s) you might take, but will be glad to discuss considerations to be made when faced with a particular situation.

LEGAL PROCEEDINGS

During the period of time from February 1, 2008, through May 15, 2008, the Board held three administrative hearings. It reviewed and closed 17 complaint cases involving psychologists in which it either found no evidence of probable cause of a violation or insufficient evidence to issue a statement of charges, and three cases involving non-psychologists. Further, it issued remedial action in three cases, and took the following action:

- G. Robert Braswell, M.A. - FINAL DECISION was approved on March 31, 2008. The Board found that Mr. Braswell's conduct violated N.C. Gen. Stat. §§ 90-270.15(a)(10) and (a)(19) of the N.C. Psychology Practice Act, and Standard 3.09 of the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002). The FINAL DECISION constitutes a limitation on Mr. Braswell's license, and his supervision at Level 3 is rescinded. For each working setting, Mr. Braswell shall receive supervision by a Board approved supervisor who holds a permanent license to practice psychology in North Carolina, at a rate of one hour per week during any week in which he engages in any activity which constitutes the practice of psychology, for a period of at least one year or 1500 hours in the practice of psychology, whichever time period is longer. During this time period, Mr. Braswell's supervisor must submit quarterly supervision reports, and Mr. Braswell must receive four consecutive supervision reports with average or above average ratings in all areas to be released from the specified supervision requirements. Further, he must remit \$900.00 in costs.
- Steven T. DeBerry, Ph.D. - CONSENT ORDER was approved on May 8, 2008. Dr. DeBerry admits that the described conduct constitutes violations of N.C. Gen. Stat. §§ 90-270.15(a)(10), (a)(14) and (a)(15), of the N.C. Psychology Practice Act, and Standards 9.01(a) and (b) and 9.02(a) of the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002). Dr. DeBerry's license is REPRIMANDED, and he must remit \$300.00 in costs. Dr. DeBerry must discontinue administering and/or interpreting any assessment instruments in any psychological evaluations, except that he may conduct psychological evaluations which assess only cognitive functioning and/or behavior. Further, he may not perform any evaluations regarding child custody, visitation, or parental fitness, and he may not supervise any other individuals for psychological evaluations. These provisions constitute permanent restrictions on Dr. DeBerry's license to practice psychology.
- Louis C. Gadol, Ph.D. - CONSENT ORDER was approved on April 17, 2008. Dr. Gadol admits that the described conduct constitutes unprofessional conduct in violation of N.C. Gen. Stat. § 90-270.15(a)(10), as well as violations of N.C. Gen. Stat. §§ 90-270.15(a)(14) and (a)(15) of the N.C. Psychology Practice Act; Standards 7.02(a) and (b) of the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 1992); and Standards 9.01(a) and (b) of the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002). The action taken by the Board constitutes a limitation on Dr. Gadol's license, which shall be lifted upon written notification by the Board of Dr. Gadol's successful completion of the terms of the Consent Order. Dr. Gadol shall not perform any evaluations regarding child custody, visitation, or parental fitness until he has completed 24 hours of continuing education in these areas. His performance of any psychological evaluations must be supervised by a Board approved supervisor for a minimum of one year, and he may not supervise any other individuals for evaluations during the required time period of supervision. Further, he must remit \$300.00 in costs.
- Alexander G. Kirby, III, Psy.D. - CONSENT ORDER was approved on March 31, 2008. Dr. Kirby admits that the described conduct violates N.C. Gen. Stat. §§ 90-270.5(a), 90-270.15(a) and (a)(10), and 90-270.16(b), of the North Carolina Psychology Practice Act. Dr. Kirby's applications for licensure and Health Services Provider certification are approved at the Licensed Psychologist (Provisional) level. Once Dr. Kirby passes the examinations and receives a provisional license, his license is subject to conditions involving supervision, including that he must be supervised by a permanently licensed North Carolina psychologist for one hour per week during any week in which he is engaged in the practice of psychology for at least two years consisting of at least 3000 hours in the practice of psychology and in health service activities. He must remit \$300.00 in costs.
- Gary K. Massey, M.A. - FINAL DECISION was approved on February 20, 2008. Mr. Massey's conduct violated the terms of the CORRECTED FINAL DECISION, dated June 23, 1998. Further, his conduct violated N.C. Gen. Stat. §§ 90-270.15(a)(4), 90-270.15(a)(7), 90-270.15(a)(10), and 90-270.15(a)(22) of the N.C. Psychology Practice Act. Mr. Massey's Psychological Associate license is REVOKED, and he must remit \$300.00 in costs.

NOTE: License verification is available on the Board's website and includes whether or not Board action has been taken on an individual license.

REMINDER...REMINDER...REMINDER
E Updated Board forms require new/additional informa- **E**
M tion; therefore, the Board requires that you submit **M**
I the most current versions of forms. The most up-to- **I**
N date forms are available on the Board's website, or by **N**
D hard copy (upon request). Old versions of forms that **D**
E are submitted will be returned to the licensee. **E**
REMINDER...REMINDER...REMINDER

THE FACTS ABOUT LICENSE RENEWAL

- In North Carolina, licensees must renew only during even-numbered years (e.g. 2008, 2010, 2012, etc.).
- The fee to renew a license is \$200.00.
- All items on the renewal application must be completed; an incomplete, or incorrectly completed application will be returned for completion/correction, along with the fee.
- 18 hours of continuing education (CE) credit are required for renewal. For this upcoming cycle, licensees must be able to show they obtained 18 hours of credit between 10/01/06 and 10/01/08. Certificates and other documentation of credits are to be submitted *only if* the licensee is audited, in which case he or she will be notified by the Board.
- Licensees may count up to 9 hours of the required 18 hours of CE credit in Category B activities such as reading appropriate books and articles, which may cost little or no money out-of-pocket.
- If a licensee's initial NC license was issued after October 1, 2006, the licensee does not have to obtain continuing education credits for the current renewal cycle, but must obtain credits for each subsequent renewal cycle.
- A Supervision Report must accompany all licensed psychological associate renewal applications. This is a requirement regardless of the activities in which the LPA may or may not be engaged (e.g., practicing psychology, working in another field, not working at all). The report should cover the period of time from the date of the last filed report, or from the effective date of the Supervision Contract, whichever date is more recent. A separate report must be filed for each contract on file.
- If the renewal application is submitted after October 1, 2008, a \$25.00 late fee must be added to the renewal fee. If the renewal application is submitted after November 30, 2008, the cost in time and dollars goes up even more as the licensee has to apply for reinstatement of licensure (since failure to renew a license within 60 days results in automatic suspension of the license under the law), and the licensee must take the state examination to reinstate his/her license.

THINGS TO REMEMBER...

Renewal materials will be mailed in August. To ensure that you receive this, and other important mailings, please be sure to e-mail, fax, or mail any changes in your contact information to the Board (see page 2 for Board contact information).

For more information about the Board's CE requirements, please visit the Board's website and click on the "Continuing Education" link on the sidebar. If you have *any* questions about license renewal, do not hesitate to call the Board office for assistance.

April G. Everett

KEEPING ELECTRONIC RECORDS



Technological advancements have caused many psychologists to re-examine record keeping methods and media. But, could electronic storage bring more risks than benefits?

According to Record Keeping Guidelines approved by the American Psychological Association in February 2007, appropriate security procedures must be in place to protect against loss of, or unauthorized access to, client records, which could obviously have serious consequences for both the client and the psychologist.

The HIPAA Privacy Rule outlines to whom and under what circumstances a psychologist can disclose patient information. For psychologists who maintain records in an electronic format and are subject to HIPAA, a detailed analysis of the risk of loss of, or unauthorized access to, electronic records and detailed policies and procedures to address those risks are required by the Security Rule. The Security Rule outlines the steps a psychologist must take to protect confidential information from disclosure. While the Privacy Rule applies to all Protected Health Information (PHI), the Security Rule applies only when professionals transmit or store PHI electronically.

Just as paper records must be maintained in a way such that the security, integrity, and confidentiality of the records are protected, so must electronic records be maintained. The use of electronic methods and media may be more advanced and seemingly more convenient and efficient; however, the ease of creating, transmitting, and sharing electronic records may expose many psychologists to risks of unintended disclosure of confidential information.

Because disclosure carries such a potential for risk, psychologists must develop security procedures, such as password protection or encryption of records, to protect confidential materials. Whether maintaining paper or electronic records, psychologists are encouraged to develop a plan to ensure that records are kept safe and secure. Psychologists are further encouraged to consider the medium on which the records in electronic format are being stored (e.g., disks, cartridges, hard drives) and the way in which individuals may be able to gain access to the records (e.g. passwords, firewalls, data authentication). Protecting the physical location of the records, albeit on computer or other media, will ensure maximum client protection.

For the full text of Record Keeping Guidelines, please visit www.apa.org/practice/recordkeeping.html (Guidelines 6 and 9 specifically address security and electronic records).

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involve major revisions in the national test, the Examination for Professional Practice in Psychology, to measure skills rather than knowledge. Additionally, measuring competency may involve establishment of different criteria to judge the graduate educational programs, practica, and internships that students experience. With the emphasis on outcome rather than method, previously unrealized opportunities may arise for distance learning institutions to demonstrate their ability to graduate competent psychologists. The second major challenge is training and defining the role of the clinical supervisor in providing mandated Board supervision. Similar to the concept that learning to be a good parent is not instinctual, neither is being a good supervisor. Because of concerns in this area, the Board is currently developing strategies to assist supervisors in providing the assistance necessary for

their supervisees to enhance their professional skills and responsibilities.

During the years that I've been on the Board, the internal operation has changed drastically. Initially, Board members reviewed every applicant's file, discussed every ethical complaint, and examined every issue brought to their attention. Board members were the only investigators, and each complaint would be personally investigated by a member. It was common for Board members to be mailed multiple applicant files, which would take hours to review prior to the meeting. The actual meetings were long—ten or twelve hour days were not uncommon. Hearings were often planned at times other than at Board meetings, and sometimes spanned multiple days. Gradually, and thankfully, this structure changed. The Board was able to hire additional staff, who now conduct the investigations and complete

the initial comprehensive reviews of applicant files. In a process established by the Board, members divide themselves into committees with assigned staff support to further examine the difficult cases, and to determine when full Board involvement is needed, with a Board member always involved in such decisions. The Board has also increased the use of consent agreements in disciplinary cases, which has significantly reduced the number of disciplinary hearings the Board must conduct.

My service on the Board has provided a tremendous opportunity for personal intellectual stimulation. Serving with professionals who provide different perspectives on issues that confront the Board has been extremely rewarding. I am thankful for having had the opportunity to serve the field of psychology and the citizens of North Carolina. ■



STREAMLINED TRACK TO LICENSURE

Randy Yardley, M.A.

A look at a new provision in rule .1701, which allows individuals holding a mobility credential to take a more direct route to become licensed.

Psychologists licensed at the doctoral level from other jurisdictions in the United States and Canada are now afforded a streamlined track to licensure in North Carolina beginning March 1, 2008, the date upon which Board rule 21 NCAC 54 .1701(b) went into effect. This new provision in rule allows for an individual who is already licensed and in good standing in another state or province to be able to apply for licensure and not to have to submit a number of documents heretofore required, as long as the individual submits written verification that he/she holds one of the following credentials: (a) Certificate of Professional Qualification from the Association of State and Provincial Psychology Boards (ASPPB, www.asppb.org), (b) registrant in the National Register of Health Service Providers in Psychology (www.nationalregister.org), or (c) diplomate of the American Board of Professional Psychology (www.abpp.org).

Psychologists who have been licensed for a number of years in other jurisdictions have often expressed concern that it is sometimes difficult to track down previous supervisors and, in some cases, to have them complete and return the Board's supervisor forms. Having to do this is no longer necessary for someone who holds one of the above mobility credentials if the individual applies under this provision. In addition, a separate score report for the Examination of Professional Practice in Psychology (EPPP) does not have to be submitted from the ASPPB Mobility

Program if a psychologist applies under this provision in rule. While application fees and other required forms have not changed, the Board believes that the overall effect for anyone applying under the above provisions results in a savings of time, effort, and cost both to the applicant and the Board, while continuing to ensure that only qualified individuals are licensed.

Prior to the implementation of this rule, the only route to licensure that could be characterized as a mobility option has been in the statute [G.S. § 90-270.13(e)] and rule [21 NCAC 54 .1707] that have allowed for making application under senior psychologist provisions. Under these provisions in rule, the applicant has been required to have been licensed for a minimum of 12 years in another jurisdiction by one or more state or provincial psychology boards which are ASPPB members and to have had no disciplinary action against the license or to have any current unresolved complaint. In addition, the applicant under senior provisions must have practiced psychology for at least 10 years on at least a half-time basis in one or more of the jurisdictions in which the individual holds a license. This option remains available to applicants, and with the implementation of rule .1701(b)(10), mobility options for anyone interested in moving to North Carolina have now been broadened by the Board.

New forms and instructions have been designed for individuals applying on the basis of a mobility credential and may be accessed on the Board's website by clicking on the link on the sidebar titled, "Application for Licensure Based on Mobility Credential." Individuals applying under senior psychologist provisions should click on the link, "Application for Licensure," on the sidebar, and follow the standard application instructions. Hard copies of the forms are also available upon request.

F R E Q U E N T L Y A S K E D Q U E S T I O N S

UPCOMING BOARD MEETINGS

July 16-18, 2008

October 1-3, 2008

December 3-5, 2008



I have been providing supervision to an LPA, and she has recently decided to close her private practice. I am completing a Supervision Report to terminate our Supervision Contract; however, during this reporting period, she did not engage in activities requiring supervision. Do I still have to fill out the Supervision Report, or can she just complete Section 2 of the Report instead?

Since you entered into the Supervision Contract with the LPA, then you must complete the Supervision Report to terminate the Supervision Contract. (Section 2 of a Supervision Report should be completed *only* if the LPA had a Supervision Contract with Section 2 completed on file.) Many of the questions in Section 1 will not be applicable if the LPA has not engaged in activities requiring supervision during the reporting period; therefore, you may write “0” (zero) for any items in the Supervision Report that do not apply. Do not provide ratings in Item I of the report if you did not provide supervision to the LPA during the reporting period. Simply note “N/A” in the margin, and be sure to sign and date the report.

I recently received a brochure for a Continuing Education (CE) program that claims it will award 3 hours of ethics credit to psychologists. Can the Board tell me for sure if this program will count?



The Board does not pre-approve any CE programs or activities. However, if you visit the Board’s website at www.ncpsychologyboard.org and click on the “Continuing Education” link on the sidebar, you will find a “Continuing Education 101” guide specifically designed to assist you in determining whether or not activities meet the requirements, the full text of the CE Rule, FAQs, and links to the APA and NC AHEC continuing education web pages.

Have an idea?
Share it with us!



If there is a topic you would like to see addressed in a future edition of psychNEWS, please send your suggestions to the Board office.

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