REPORT TO THE SENATE COMMITTEE ON HEALTH AND WELFARE
SENATE CONCURRENT RESOLUTION NO. 100

As directed by Senate Concurrent Resolution 100 (SCR 100), the Behavioral Health Professional Working Group (BHPWG) was formed and convened on July 28, 2010, for the first official meeting. According to the stipulations of the resolution, the BHPWG consisted of two members of the Louisiana State Board of Examiners of Psychologists (Joseph E. Comaty, Ph.D., M.P.-Chair; Tony R. Young, Ph.D.-Vice Chair); two members of the Louisiana Licensed Professional Counselors Board of Examiners (Gloria Bockrath, Ph.D., LPC, LMFT-Chair; June M. Williams, Ph.D., LPC-Member); two members of the Louisiana Counselors Association (Michael H. Gootee, LPC, LMFT; Cindy Nardini, LPC, LMFT); and two members of the Louisiana Psychological Association (Jessica L. Brown, Ph.D.; Darla M.R. Burnett, Ph.D., M.P.). In addition, two advisory members were also present from the Louisiana State Board of Social Work Examiners (Jacqueline Shellington, LCSW) and the Louisiana State Board of Medical Examiners (Robert L. Marier, M.D.-Executive Director). A productive dialogue between the participating mental health professionals continued through a series of nine official meetings, and the dialogue was further advanced through less formal communications in the interim between meetings. SCR 100 directed the BHPWG to address three goals. The responses to these goals are provided in order below.

1) *Develop language for legislation to clarify the licensed professional counselor scope of practice regarding diagnosis and treatment of mental, emotional, and addictive disorders which allows professional counselors to practice in a manner which is consistent with educational requirements, applicable training, and related competencies.*

The BHPWG permitted each group to share with each other their current requirements for education, clinical training, supervision requirements, and licensure requirements including the methods currently used to establish competency in areas of diagnosis and treatment. The two groups are in agreement that counselors provide a valuable service to the public, but the groups disagree on the limits imposed by the counselors' current practice act. Both groups agree that

the language needs to be clarified, so that the respective roles and competencies across the counseling and psychology professions are better delineated.

The counselors believe that the current statute authorizes counselors to diagnose and treat mental and emotional disorders. Individual counselors are required by ethics only to practice within their areas of competence. They indicate that new legislation would not be for the purpose of expanding the counselor's scope of practice, but would be for clarification in order to resolve current conflicts in understanding the meaning of the statute. Counselors have made proposals which they believe would strengthen education, supervision, documentation and demonstration of competencies. They also plan to develop standards of education and competency for counselors working with the more severe mental disorders. As support for the position that the current counseling practice act adequately authorizes comprehensive diagnostic and treatment scope, the counselors cite that they receive reimbursement for these activities from most health insurance companies and programs, including: Blue Cross/ Blue Shield, the Office of Group Benefits, United Health Care, Aetna, Cigna, and Magellan. The position of the counseling profession is that diagnosis is an essential and basic skill of the profession and should not be considered an expansion in practice.

The psychologists disagree and hold that the current practice act for counselors granted a limited diagnostic scope of practice to counselors that is commensurate with their current master's degree level of training. Representatives from the psychology profession hold that that the current counseling practice act allows counselors to diagnose minor mental health concerns, relational/adjustment problems, or conditions requiring mental health counseling, but it does not allow counselors to directly diagnose and initiate treatment for the major mental disorders, which include such disorders as Schizophrenia, Bipolar Disorder, neurologically-based disorders like Dementia, and complex childhood disorders like Autism. Psychologists raised concerns that counselors do not have the necessary training, experience, and demonstrated competency to diagnose what are referred to as major mental disorders and disorders stemming from neurological and developmental deficits. The psychologists recognize that only the state legislature can grant the authority to practice in this state, including the authority to diagnose. Insurance companies do not have authority to grant that privilege, and insurers' provision of

payment is not equivalent to legislative authorization. Regardless of these points of disagreement, psychology representatives indicated support for counselors attaining an advanced scope of diagnostic practice through the creation of an advanced certification process or tiers of licensure that would define enhancements to training, education, and competency requirements. Similar models have been used in other states, and this model lends itself to ultimately addressing the regulatory overlap that would exist at this level between the two professions.

The BHPWG researched and examined national and local trends in counselor education, training, and experience. In light of the different views of diagnostic scope across mental health professions, a review of the differences in education, training, and experience between master's level counselors and doctoral level psychologists was needed, specifically as this relates to the diagnosis of mental disorders.

Within the BHPWG, the following considerations were determined to be essentials for practice evolution and effective regulation of professional activities: (i) enhanced educational requirements, (ii) enhanced training requirements, (iii) specialized supervision, (iv) requirement of a standardized national examination focusing specifically on clinical diagnostic skills, and (v) a formal mechanism for the designated regulatory board to examine the competency of providers prior to licensure. Looking toward the future, the need to periodically re-assess providers' competencies at post-licensure intervals was also discussed as a rising national trend and one that would significantly advance public protection and provide a mechanism to assure that providers were keeping pace with best practice standards.

The means by which to translate the identified mental health practice standards toward legislative language relative to diagnostic scope for the licensed professional counselors remains an area for further work within the BHPWG, as there persists a difference of opinion regarding the current standard and the level of required expertise to provide comprehensive mental health diagnoses.

As noted above, representatives from the counseling profession state that their existing practice law currently authorizes a full scope of diagnostic practice for all licensed professional counselors and that advanced certification in the area of diagnosis of the major mental disorders and neurological and developmental disorders is unnecessary. Counselors believe that the

counseling board can further define standards of competency for counselors working with these disorders. In an effort to strengthen their profession, the counselors have proposed the following enhancements: a) increase the required number of degree hours from 48 to 60 commensurate with national standards, b) require specific continuing educational units in diagnosis/psychopathology/treatment for every renewal period, c) require specific continuing educational units in ethics for every renewal period, d) place more emphasis on diagnosis in classes already being taught/offered, e) utilization of the Clinical Mental Health Counselor Examination for new licensees, f) changes in the application process that require counselors to declare intended work settings and populations served, g) demonstration of competency for working with particular work settings and populations (training, supervision, experience and any other competency measure as determined by the Board) will be required, and h) changes in the supervision process [require supervision of supervision, documentation of diagnosis competency in supervised work setting, require training of supervisors to have emphasis on clinical components, specifically diagnosis, changes in renewal process addressing changes in work setting or population served, demonstration of competency to the licensing board in order to diagnose and treat any new population being served].

Representatives from psychology agree that such additions could strengthen the counseling profession. The psychologists maintain, however, that some aspects of these strengthening measures could be further refined and translated into a tiered licensure system with an advanced practice certification in counseling and that this would provide significant clarity and indicate providers capable of diagnosing and treating major mental disorders. Similar models of tiered counseling practice are available in other states. Some of these models also describe a transitional process for currently licensed counselors to demonstrate or document their competencies in the new and advanced standards of practice. The psychologists maintain that the creation of advanced certification and standards that define areas of expertise within a profession serve to better inform and protect the public and provide standards for better regulation of providers. Psychologists would also advocate that the regulatory overlap of this proposed advanced level of practice in counseling be addressed and resolved to avoid further conflicts as the advanced practice of counseling continues to expand and evolve.

2) Identify the common and distinct practice activities of the two professions and develop new collaborative practice methods which seek to fully utilize the abilities of both professions and allow for maximization of behavioral health services which can be provided in the state.

Counseling and psychology are linked in light of the origins of the professions. The profession of counseling historically arose after the profession of psychology had been established as a doctorate level practice. Counseling evolved and established an independent practice for master's level mental health practitioners that mirrored and complemented that of psychologists. The distinctions between the two professions has generally been defined by: (i) differences in approach to persons with mental health problems, (ii) differences in the sophistication of tools and interventions inclusive of psychological testing, and (iii) differences in education and training between the two professions. Psychology requires a doctoral degree for independent practice; counseling requires a master's degree for independent practice.

Functionally, psychologists have tended to specialize in specific areas of advanced practice (child psychologists, forensic psychologists, neuropsychologists, clinical psychologists). Psychologists also point to the legislative authorizations in practice acts and other mental health laws that establish additional distinctions between masters level counselors and doctoral level psychologists. Examples include but are not limited to: (i) practicing psychoanalysis, (ii) behavior analysis and treatment, (iii) diagnosis of the psychological aspects of physical illness, accident, injury, or disability, (iv) serving on sanity commissions, (v) initiating psychologist's emergency certificates as a means to permit evaluation of an individual for involuntary commitment to the hospital, (vi) being members of facility medical staff, (vii) signing orders for restraint and seclusion, (viii) having admitting privileges to hospitals, among others.

Functionally, counselors have tended to specialize in areas of practice inclusive of depression and anxiety. As recommended by best practice standards, counselors working with clients with more severe disorders such as Schizophrenia, Bipolar disorders, persons with neurologically based disorders like Dementia, or complex childhood disorders like Autism do so in the context of a treatment team. Counselors also treat persons struggling with significant life stressors and relationship issues. Counseling representatives offer that the practice of counseling

and psychology share many activities, such as counseling, psychotherapy and the application of the respective principles of each discipline to improve interpersonal relationships, work and life adjustment, personal effectiveness, and behavioral and mental health. Counselors also state that they are permitted to diagnose and treat mental and emotional disorders, although this issue lies at the heart of the current debate and the rationale for convening the BHPWG.

The group discussed that as psychology, counseling, and other mental health professions continue to evolve and further specialize in practice areas, the need to distinguish and manage scope of practice issues will continue to intensify. To negotiate such conflicts and practice areas at the level of the state legislature is costly in time and resources, promotes an adversarial relationship among the professions, and overly politicizes what should be normal professional development and concern for public safety. Providing a more effective means and process of managing these affairs is critical to the further development of all behavioral health professions.

Through the BHPWG discussions, it was revealed and fully detailed the difficult history between the licensing boards of psychology and counseling. The core problem of the disagreement relates back to the difficulties in establishing and maintaining scope of practice distinctions and the corresponding regulatory challenges that have occurred as a result.

Several potential models to more effectively manage this issue were discussed during the course of the BHPWG, although there was no consensus on an accepted model in Louisiana. There was, however, agreement on the need to further explore and develop these ideas as well as to work toward consensus on this critical issue. The BHPWG explored mechanisms to internally manage practice-related and regulatory conflicts among mental health professions. It was agreed that the models should encompass issues of public safety, standards for best practice, facilitation of professional evolution, and requirements for professional competency determination. The potential models included: (i) a combined regulatory authority for all mental health practices, (ii) an interdisciplinary advisory panel to review rules and regulatory conflicts that arise across mental health professions, or (iii) advanced certification in mental health practice regulated by the psychology licensing board. Although these models were discussed within BHPWG, there was no consensus across group members on these models.

Counselors indicate that the issues of practice distinction should not override the need to increase access to care for individuals in underserved areas of the state. In response to the regulatory models discussed in the BHPWG, counseling representatives stated they never considered the psychology board regulating any portion of the mental health counseling profession. In fact, they believe it is essential that the counseling board maintain full regulatory autonomy. The counselors endorsed support of the establishment of an interdisciplinary advisory council made up of representatives of all mental health profession representatives. Concerns regarding other professions, any regulation or rule changes being proposed, efforts to work together on mental health issues could be brought to this panel for discussion and consultation. Counselors would advocate that each board remains autonomous in its decision making, but all professions would have the benefit of this consultation and collaboration process. Counselors recognize that the relationship between the psychology and counseling boards has been a difficult one, but maintain that the acknowledgement and acceptance of the autonomy of the mental health counseling profession and its regulation is seen as critical. Counselors cite that mental health counseling is a distinct profession, nationally recognized in all 50 states. Mental health counseling is not regulated by a psychology board in any state.

Psychology representatives believe that setting common advanced practice standards and a single regulatory authority for advanced tiers of mental health practice are needed to avoid current and future conflicts between psychologists and counselors. Psychologists state that broad expansions in the practice of counseling beyond its current limit would, per the current psychology practice act, be engaging in the advanced practice of psychology. Therefore, from psychologists' point of a view, one solution to the current dilemma is to create a tiered system for advanced mental health practice that would allow counselors broad diagnostic scope that would be regulated by the psychology board. Counselors, who do not practice at the advanced level, would continue to be regulated through current laws and by the counseling board, thus supporting the autonomy of the counseling profession. This would allow mental health counselors a mechanism for practice advancement and further evolution now and in the future, and it would also maintain a standard and consistent regulation for advanced practice, thus avoiding further conflicts between the regulatory authorities and potentially eliminating the future need for competitive challenges among the professions within the legislature. This model

would also serve to extend qualified providers to broad areas of the state which would improve access to care. Psychologists would advocate that the legislature consider this and similar models as a means of more easily managing the professional conflicts that occur with practice growth and expansion. Psychologists believe that the development of different practice standards and different regulation for the same types of advanced practice serves to confuse the public and furthers adversarial relationships among professional groups.

3) *Discuss and outline additional recommendations which may expand public access to presently absent behavioral health services while avoiding service duplication and redundancy.*

While the BHPWG did not reach consensus on all of the group's charges as outlined in SCR100, the dialogue promoted and encouraged a more collaborative approach across mental health professions. Through this dialogue, members of the BHPWG recognized the need to encourage the development and advancement of the state's mental health professions as a means of expanding much needed access for citizens with behavioral health concerns. Through collaborative and interdisciplinary panels like the BHPWG, it was realized that professions should be working to identify gaps in coverage, gaps in training within the state's educational institutions, and developing models to most effectively deliver behavioral health services in the state. This, of course, requires greater collaboration and agreement across professions and the need to unify behind a common purpose, i.e., advancing evidence-based standards of care by competent professionals to meet the needs of the population. As the national healthcare environment changes, the role of behavioral health providers, the models of care delivery, and the cost effectiveness of services will require rapid change in order to adapt. As Louisiana confronts these challenges, an interdisciplinary collaborative is needed to assist with workforce development, professional quality assurance, and service delivery models to ensure that our state's vulnerable populations have access to behavioral health services provided by a competent workforce of providers.

Much of the focus relative to SCR 100 has been related to scope of practice issues, which can be at times indirect barriers to accessing care. The greater concern relative to accessing care is the development of a sufficient number of competent providers, who can be appropriately

distributed across the state to target the behavioral health needs of the Louisiana citizens. Access is increased by having more providers of all types practice in the most underserved areas, and for employers to hire those providers, who can address the needs of the citizens in any given area of the state. The rapidly changing environment of healthcare in conjunction with the continuously evolving professions, and the need to protect the public through clear standards and effective regulation will likely be greater challenges in the future. The development of a mechanism that supports continued collaboration and advances professional growth in a cohesive manner across professions would assist in overcoming these challenges.