

## LLR Task Force on Testing and Assessment

By Mark A. McClain, Ph.D.

Representatives from the Board of Examiners in Psychology, Board of Examiners for Licensure of Professional Counselors, Marriage and Family Therapists, and Psycho-educational Specialists, and the Board of Social Work Examiners have formed a task force to address the basic educational, training and supervision requirements needed to perform testing and assessment procedures in South Carolina. Currently, the task force is developing a general model for testing practices that will be used by all three boards to determine minimum qualifications to use, administer, interpret and report findings from specific assessment procedures, symptom checklists and psychometric tests.

LPC representatives and Social Work Boards were not receptive to the APA Guidelines for Test User Qualifications because the rigorous

education, training and supervision requirements would preclude the majority of their licensees from conducting testing. The task force was unable to obtain consensus regarding minimum requirements as well as supervisor qualifications. Instead, the focus shifted to the development of a generic model of general testing practices. Many of the proposed requirements in the model currently under consideration have been adapted from the "Model Testing Practices" of the National Fair Access Coalition on Testing (FACT). The majority of the FACT recommendations are general testing practice statements and do not identify specific education, training, supervision or experience requirements. Moreover, the model places the responsibility for determining competence and appropriate education, training and experience on the individual test user. As one of the board's representatives

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## Message from Administrator Patti Glenn

(1) **New Board Members** - The Psychology Board welcomed two new members appointed by Governor Mark Sanford in 2003. The new appointees are: Robert H. Howell, Ph. D., an experimental/clinical psychologist from Columbia who replaces Dr. David E. Barrett as the experimental, social, industrial/organizational or community member, and Michael A. Kollar, Ed. D., a counseling psychologist from

Charleston who replaces Dr. Oliver Bowman as a counseling member. Our sincere thanks go to Dr. Barrett and Dr. Bowman for their dedication and service to the Psychology Board.

(2) **Biennial Renewal** - Last December 1, 2003, all licensed psychologists renewed their licenses for a two-year period and will not renew again until the November 30, 2005, deadline. In order to renew,

licensees are required to obtain a total of 24 continuing education credits, a minimum of 12 out of the 24 must be Category A credits. It is the licensee's responsibility to notify the Board in writing of any address or name change.

(3) **LLR Computer System** - Our area will soon be upgraded to the new agency computer system which will expand capabilities and provide more advantages for licensees.

# CRC Comments

By Paul L. Doerring, CRC Consulting Psychologist  
and member of the Complaint Review Committee

For some months, the nature and variety of complaints coming before the Complaint Review Committee of your Psychology Board have remained quite stable. Complaints surrounding child custody and child therapy, where parents are separated, as always lead the list. By word of mouth, we have the impression that licensees are withdrawing from opportunities to provide custody evaluations, even stating explicitly that they do not perform that service. At our SCPA state convention, I heard spirited interchanges about psychologists providing such invaluable services, no matter what; while others countered that the risks are simply becoming too high. The net result appears to be that only a few psychologists will be busy with such work, and that other mental health professionals will increasingly involve themselves.

An area with sufficient gray tones involves dual relationships: some, where the therapeutic relationship is current, and others occurring after a lapse of time since termination.

A perplexing consideration is that an expected goal of psychotherapy is to promote a high level of emotional health

where the patient becomes an emotionally healthy peer of the therapist. I recall a situation where I was involved in a public school activity where a former patient served on the same committee. The committee was very productive and more than met its goal. My reflection on that experience was that it was positive, but that transference can be sufficiently but perhaps not totally resolved. If I add to that my experience on the Complaint Review Committee I conclude for myself that relations whether they be business, friendship or personal are best not entered into—regardless of the lapse of time since termination of therapy.

A final comment concerns the relationship of psychology's increasing involvement in matters pertaining to physical health. What is obvious is that the relation of human emotions and behaviors to health outcomes are increasingly being drawn and interventions are being suggested. What are psychologists to be called as they present what they consider a specialty to the public? Behavioral Medicine? Don't have answers, but do see related issues coming before our Complaint Review Committee.

## Board Members

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<b>Michael A. Kollar, Ed. D.</b> Counseling 1173 Southgate Dr. Charleston, SC 29407 (843) 769-5310	5/21/2008	Board Officers Serving 2003-2004: Andrew H. Ryan, Ph. D., Chairman Mark A. McClain, Ph. D., Vice-Chairman	
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# Disciplinary Actions of the Board

During the 2003-2004 fiscal year (beginning July 1, 2003), the Board investigated 20 new complaints from members of the public concerning licensed psychologists. The Board also investigated and corresponded with 5 person (not licensed as psychologists) who were misrepresenting themselves to the public as providers of psychological services.

The results of those investigations of licensees from fiscal year 2003-2004 are as follows:

- Four complaints were transferred to another agency outside of jurisdiction of the Board.
- After full investigation, 6 complaints were dismissed for insufficient evidence or were found to be groundless complaints.
- Six investigations are on-going.

Four complaints were dismissed with “Letters of Concern.”

On May 28, 2004, the Board dismissed a complaint with a “Letter of Concern” to express its concern that the licensee used poor judgment in sharing information received from the spouse of a patient, did not release appropriate accounts of the client’s records in a timely manner.

On May 28, 200, the Board dismissed a complaint with a “Letter of Concern” to express its concern that a licensee gave a recommendation to another professional without benefit of contact with the client. The APA Guidelines require that psychological evaluations be conducted only with a face-to-face meeting with the client.

On May 28, 2004 the Board dismissed a complaint with a “Letter of Concern” to express its concern regarding a licensee’s lack of professional responsibility for not utilizing the most up-to-date tests/assessment protocol.

On May 28, 2004 the Board dismissed a complaint with a “Letter of Concern” regarding a licensee’s use of direct and/or leading questions with vulnerable and apparently suggestive clients.

- Four “Cease & Desist” letters were sent to unlicensed persons misrepresenting themselves as a psychologist or practicing as one.

Joseph Sutton was sent a “Cease and Desist” Order regarding his unlicensed practice of psychology which resulted in an Administrative Injunction issued before the Administrative Law Judge. This action was brought against Sutton by the attorneys for SCDLLR, the Psychology Board and the Licensed Professional Counselors Board.

Two complaints from 2001 resulted in the following actions:

Andrew B. McGarity, Ph. D. appeared before the Board for a hearing on September 19, 2003. The Board found that McGarity failed to follow American Psychological Association (APA) guidelines when he conducted a custody evaluation incident to a divorce

proceeding. The Board found that APA guidelines must be employed when conducting custody evaluations, that the data gathered by McGarity in conducting the custody evaluation was severely lacking in information necessary to conduct a competent evaluation, that the custody evaluation performed by McGarity failed to meet the generally accepted standard of care normally expected of clinical psychologists practicing in the State.

The “Order” of the Board imposed a “Public Reprimand” and placed McGarity’s license in a probationary status for a period of six (6) months, and during which his practice shall be supervised bi-monthly by a Board approved supervisor and after completion, McGarity and supervisor shall appear before the Board.

On November 21, 2003, the Board voted to accept a “Consent Order (Private).” Licensee, without admitting the alleged violations of S.C. Code of Laws Ann. §40-55-150, voluntarily submitted to this action.

The “Order” of the Board imposed a “Private Reprimand” with sanctions which included paying a fine of \$2,500, having his private practice monitored for a period of six months, not providing psychological services which involve the disassociative identity disorder for two years, not supervising trainees in his private practice for one year, completing a Board approved continuing education course in recording keeping.

Administrative Actions of the Board:

Michael A. Rolison, Ph. D. submitted a renewal application to the Board on Feb. 1, 2004. The renewal application could not be handled at staff level in that Rolison reported on the renewal application form that he had been convicted of or plead nolo contendere to a crime and that he had been addicted to or used in excess a drug or chemical substance including alcohol during the year 2003. Rolison appeared before the Board on March 26, 2004 for an administrative hearing. The Board found that Rolison’s use of alcohol adversely affected his ability to practice in violation of 44-55-150 (4), left questions concerning his current health and compliance with the code of ethics 44-55-150(7)&(8).

The “Order” of the Board imposed upon satisfactory documentation of c.e. for the year 2003, his license would be renewed, and immediately suspended for an indefinite period of time. Before Rolison can apply for reinstatement he must provide Board with evidence he has secured a complete “fitness to practice evaluation,” active participation in a Board approved impaired professional program, description of his planned scope of practice and evidence of competency in all areas. On May 28, 2004, the Board reviewed documentation of c.e. submitted by Rolison and determined that it did not meet the requirements for Category A as outlined in the Regulations 100-10 and was not satisfactory; therefore, his license to practice psychology in SC has lapsed.

# Rights of Custodial/ Non-Custodial Parents Regarding Their Children's Records

By Michael A. Kollar, Ed.D.

It seems a number of psychologists have been receiving requests for records or treatment information from non-custodial parents of children (unemancipated minors) for whom services (assessments or therapy) have been provided. There is concern from some psychologists as to what should be done. Essentially, the questions is:

1) When providing or having provided services for an unemancipated minor, I receive a request for information from one of that child's parents (custodial or non-custodial) what should I do?

The answer is quite clear as stated in HIPAA Policy No. 1: Personal Representative Policy, which is as follows:

## 1.1) Personal Representative Must be Treated as the Individual

With respect to the practice's HIPAA policies, procedures and forms, a patient's personal representative shall "stand in the shoes" of the patient.

## 1.2) Determination of Personal Representative Status for Unemancipated Minors

For unemancipated minors, the following are personal representatives:

- The child's custodial parent
- The child's non-custodial parent unless there is a court order limiting the non-custodial parents' access to medical records. (Note: the custodial parent may object to the release of mental health records to the non-custodial parent).
- The child's legal guardian
- A person with whom the care of the child has been entrusted by the child's parents and whom the parents have authorized in writing to consent to medical treatment on the child's behalf.
- Person standing "in loco parentis" (a person who has legal or physical custody of the minor and is providing support and care for the minor).
- For children whose parents' parental rights have been terminated, the probate court or agency having jurisdiction over the child.

It appears that the original question of to whom we are required to release information has been answered. There may, however, be an exception. If a psychologist believes that releasing information would result in possible harm to the minor child, then that psychologist should most likely make a report to an appropriate reporting agency, e.g., the Department of Social Services or to the jurisdictional legal authority (city police, county police, etc). As well, the psychologist may seek legal counsel and/or even petition the court to deny release of a minor's records to the requesting party.

From what I can glean from HIPAA and other federal regulations, licensed health care professions, including psychologists, do not have the right to withhold records from a minor's personal representative (as defined by HIPAA to include non-custodial parents) unless there is a current court order limiting that non-custodial parents access to medical records.

When a psychologist is working with a child whose parents are separated or divorced, it would probably be a good idea to inform the participating parent what your limitations of confidentiality are concerning the non-custodial parents' rights to treatment or assessment records. Providing this information prior to treatment or at least during the initial contact would seem to be in everyone's best interest.

As is the case with most health care professions, as psychologists we strive to provide our clients with the most accurate and current information that is available in order for them to make well informed decisions regarding their treatment or their children's treatment.

In summary, in absence of a court order limiting or denying a non-custodial parents' access to medical records, non-custodial parents have the right of access to their children's medical records, which would include assessments or therapy records kept by a psychologist. As well, issues such as this need to be discussed with parents in order for them to make informed decisions before consenting to treatment for their child.

## Application and Examination Report

Inquiries regarding licensure in South Carolina were received from 98 persons during the 2003-2004 fiscal year.

From July 1, 2003 to June 30, 2004, 24 applicants took the computerized version of the Examination for the Professional Practice of Psychology (EPPP). Of the 24, 20 passed and four failed.

Thirty-three new applicants submitted Preliminary Applications for Licensure (PAL). Of the 33 PALs, 30 were from APA-approved programs and accepted. Three were from a non-APA approved program and were reviewed by the Board to see if their graduate course work met the ASPPB's educational criteria as statutorily required. Two non-APA applicants were approved by the Board. One non-APA was not approved.

As of June 30, 2004 (end of fiscal year 2003-2004), 37 applicants have completed the application process and have taken oral examinations. Thirty-seven applicants received a passing score on the oral exam and were licensed as psychologists in South Carolina.

## LLR Task Force on Testing and Assessment - continued from page 1

on this task force, I have proposed several changes to the model in the attempt to clarify these issues.

Current South Carolina practice acts address the use of “assessment” by professional counselors (LPC), social workers and psycho-educational specialists (LPES). The social work statute (Chapter 63, section 40-63-5) permits use of assessment, but does not define the specific scope of this practice. The statute does not address use of standardized testing by social workers nor does it define education or training requirements needed to conduct testing. LISW applicants are required to have 45 academic contact hours of coursework in psychopathology and psychodiagnostics for licensure. Bachelors-level social workers are permitted to conduct assessment in organized settings, but not in independent practice.

Licensed professional counselors (Chapter 36, section 40-75-05) are permitted to conduct assessment, within the limits of their professional competence, to assist them with diagnosis and treatment. The licensee is required to have appropriate training and skills in educational and mental measurement, validation criteria, test research and guidelines for test development. Licensed Psycho-Educational Specialists (Chapter 36, section 40-75-52) are permitted to conduct psycho-educational assessments of individuals in the private sector for the purpose of addressing the educational, personal and social needs of children and adolescents. This includes use of standardized measures of intelligence, achievement, aptitude, personality traits, personal and social adjustment, skills, development and functional assessment. The licensee is required to have specific education and training in education, psychology and assessment. The LPES also requires for licensure a minimum of a master’s degree plus 30 hours of coursework, one year of supervision under an LPES or two years’ experience as a certified school psychologist, and certification by the South Carolina Department of Education as a school psychologist level II or III.

Other psychology boards around the country are grappling with this same issue and several states have already developed test user guidelines. For example, Wisconsin passed legislation that required the Psychology, LPC and Social Work Boards to jointly promulgate rules to specify the levels of psychometric testing that an LPC, LMFT or LMSW is qualified to perform. In Michigan, Masters level psychologists, or “Limited Licensed Psychologists” can perform testing, but they must be supervised by a licensed doctoral level psychologist who must co-sign the assessment report. In Wisconsin, psychometric testing can be performed by licensed

psychologists, LPC’s, LMFT’s, LCSW’s and persons acting under the direct supervision of a licensed psychologist. However, test users must provide information to their respective Boards demonstrating generic and specific qualifications to perform psychometric testing which must be approved by the Board. In Maryland, master’s-level “psychologists” cannot practice independently and can only perform testing as “Psychology Associates” under the supervision of a Licensed Psychologist. A movement is afoot in Maryland to allow LPC’s to perform neuropsychological, personality, and cognitive testing as well as custody evaluations if they have a master’s degree in any human services area, three courses in assessment, and six months of experience. Maryland Psychology Board Members have worked on this issue for the past five years and have not been able to reach an agreement with the other boards regarding test user qualifications.

In South Carolina, licensees from the Psychology, Social Work and LPC/LMFT/LPES boards currently provide a wide variety of assessment services, but there is little consensus regarding minimum education and training guidelines for standardized test use. There is a growing need in South Carolina to develop general qualification guidelines regarding the use of standardized tests and assessment measures. It is of paramount importance that these guidelines require that individuals providing testing services have appropriate training and experience, practice within the scope of their license, and are provided oversight by the appropriate LLR board in order to ensure that the public is provided with quality professional services. It will be equally important to consider an individual’s education, training and experience when developing these guidelines in order to ensure that individuals with appropriate qualifications are not unfairly prohibited from providing testing services.

Our task force is in the beginning stages of addressing the issue of test user qualifications in the state of South Carolina. This committee represents one of the first cooperative ventures among the three human services boards to address mutual concerns. We are in a learning process regarding our professional differences and identifying our mutual professional concerns. I am hopeful that we will be able to establish a cooperative effort among the boards and develop a fair and effective model for testing practices.

I welcome any suggestions, comments or concerns regarding this issue. Please contact me if you wish to discuss this issue or would like specific information regarding the model under consideration.



# ASSESSMENT and TREATMENT of SEX OFFENDERS

By Michael A. Kollar, Ed.D.

There has been a major concern among mental health professionals and the legal system surrounding the assessment, diagnosis, prognosis and treatment of both alleged and admitted sex offenders. It has become increasingly evident that assessments and treatment have been conducted by some professionals who do not have the benefit of the appropriate standards of training or supervision.

Currently there is a group of multi-disciplinary professionals meeting at the Low Country Children's Center in Charleston to develop an acceptable set of minimum standards for conducting assessment and providing treatment for sex offenders. This group includes Licensed Professional Counselors, Licensed Independent Social Workers, Licensed Marriage & Family Therapist, Licensed Psychologist (i.e., Elizabeth Letourneau, Bart Saylor, Mike Kollar), a prosecutor, probation officers, social workers, victim advocates, (PAR), law enforcement, medical, and school personnel.

This group will be reviewing national standards to develop a set of standards that will be distributed to each mental health professional association, licensing boards, judicial offices, attorney associations and departments of social workers.

This task force will provide information concerning the minimum standards of care to any professionals conducting assessment or therapy of sex offenders. Our goal is to provide these professionals, (e.g., solicitors, judges, defense attorneys, probation officers) who are responsible for making life changing decisions, with the information that will inform professional assessments and recommendations that will meet acceptable standards. We hope everyone will find our recommendations helpful.

Anyone interested in contributing to this task forces contact the coordinator or Mike Kollar at (843) 769-5310.

## Report of Psychologists Licensed by the Board

July 1, 2003 - June 30, 2004

### Licensed September 19, 2003

Martin Binks, Ph. D.	Clinical
Elissa M. Blake, Psy. D.	Clinical
Karen J. Cusack, Ph. D.	Clinical
Larry E. Daniels, Psy. D.	Clinical
Marla L. Domino, Ph. D.	Clinical
Jennifer J. Gans, Psy. D.	Clinical
Susan B. Justice, Ph. D.	Clinical
Nicholas A. Lind, Psy. D.	Clinical
James G. McDonagh, Psy. D.	Clinical
Ben T. Rigby, Ph. D.	School
Stephen A. Russo, Ph. D.	Clinical
Natalia S. Semba, Ph. D.	School
Lloyd A. Taylor, Ph. D.	Clinical
Monica K. Wright, Psy. D.	Clinical

### Licensed November 21, 2003

Richard J. Aucoin, Ph. D.	Counseling
Devin A. Byrd, Ph. D.	Clinical
Jonathan W. Gould, Ph. D.	Counseling
Marc J. Harari, Ph. D.	Counseling
Benjamin A. Jones, Psy. D.	Clinical
Julie S. Jones, Psy. D.	Clinical
Kathryn J. Kleinfelter, Ph. D.	Clinical

Paulette Kouffman, Psy. D.	Clinical
Randolph Scott Petersen, Ph. D.	Clinical
Martha D. Petoskey, Ph. D.	School
Harold B. Stevens, Psy. D.	Counseling
Samantha Suffoletta-Maierle, Ph. D.	Clinical

### Licensed January 30, 2004

Kimberly E. Brown, Ph. D.	School
Maggie H. Gainey, Ph. D.	Clinical
Kenneth J. Ruggiero, Ph. D.	Clinical

### Licensed March 26, 2004

Mary Michele Burnette, Ph. D.	Clinical
Avonelle Kluessendorf, Ph. D.	Clinical
James B. Lindsey, Psy. D.	Clinical
Mary E. McKemy, Ph. D.	Counseling
Sharlene D. Wedin, Psy. D.	Clinical

### Licensed May 28, 2003

Paul T. Barrett, Ph. D.	Clinical
Mary C. Kral, Ph. D.	School
P. Michael Politano, Ph. D.	Clinical

# TRI-COUNTY SEX OFFENDERS TASK FORCE

## Endorsement of Professional Standards

*The purpose of this memorandum is to announce the endorsement of professional standards for the assessment and treatment of sex offenders.*

On November 16, 2001, the Tri-County Sex Offender Task Force (Task Force) members formally voted to endorse professional standards established by the Association for the Treatment of Sexual Abusers (ATSA).

ATSA is an organization committed to the protection of communities through responsible treatment and management of sex offenders. ATSA specifically supports the use of empirically validated tools for assessment and empirically validated practices for treatment of sex offenders.

The ATSA Standards include guidelines regarding appropriate instruments and sources of information for use in sex offender assessment. Information must be gathered from multiple sources (e.g., the offender, victim reports, investigators) and via multiple methods (e.g., offender interviews, collateral interviews, review of archival records, self-report measures, and objective measurement).

Thus, a single interview with an offender (or alleged offender) would be inconsistent with the accepted guidelines for the purpose of preparing a sex offender assessment.

In addition to specifying multiple informants and multiple methods for obtaining data, the ATSA Standards also provide guidelines regarding the appropriate use of this information. For example, the Standards note that no information from a psychosexual assessment can be used to ascertain guilt or innocence. However, such information may be invaluable in determining whether a sex offender is appropriate for outpatient treatment or requires more stringent supervision.

The ATSA Standards also offer guidelines for empirically based treatment. An appropriate treatment program should include a number of separate components such as relapse prevention, cognitive restructuring, sexual arousal control and additional

components designed to address individual recidivism risk factors.

The ATSA Standards remain a work in progress. The 2001 Standards represent the third revision and a fourth revision is already planned for 2005. Thus, while we endorse these standards and believe they should be used when determining whether an assessment or treatment approach is appropriate for use with sex offenders, we recognize that these Standards will change over time, and we recognize that these Standards cannot cover all possible treatment and assessment situations.

It is our hope that professionals who work with or have any professional contact with sex offenders, including judges, attorneys, probation and parole officers, mental health professionals, victim advocates, social service providers, and others will join us in adopting the ATSA Standards as minimum criteria for use in South Carolina. To order a copy of these Standards, please call ATSA at (503) 643-1023.

For additional information, please contact one of the Task Force members listed below or visit the ATSA website at [www.atsa.com](http://www.atsa.com).

### **Task Force Members:**

Michael A. Kollar, Ed.D, Co-chair, Tri-County Sex Offender Task Force

Deborah Herring-Lash, Esq. Co-chair, Tri-County Sex Offender Task Force

William Burke, PhD

Jane H. Kernagan, M.A. LPC/LPCS

Donald Elsey, PhD

Robert E. Longo, MRC; LPC

Jerome Green, M.A.

Jodie Morgan, MAT, LISW, LMFT

Jeanne Krider, MPH

Rosalyn Monat-Haller, Med., PA

Thomas R. LaRoche, LISW

Andrew Perry, Ph.D.

Elizabeth Latourneau, Ph.D.

M. Elizabeth Ralston, Ph.D.

# Update of Licensed Psychologists

## June 30, 2004

Renewals Mailed: 551  
Did not Renew - 20  
Total Renewed: 531

New Licensees: +37

Total Licensed 568

### List of Psychologists Not Renewing

Robert L. Brown, Ph. D.	Retired
Jon Eric Christensen, Ph. D.	Out-of-State
Helen-Marie Clark, Ph. D.	Retired
Michael L. Cuccaro, Ph. D.	Out-of-State
Sherry Ann Falsetti, Ph. D.	
Anna L. Hollis, Ph. D.	Retired
Diane Elizabeth Johnson, Ph. D.	Out-of-State

Charles Laurens Latimer, Ed. D.	
William S. Maynard, Ph. D.	Out-of-State
Silke K. Parl, Psy. D.	Out-of-State
Kim Pawlick, Ph. D.	Out-of-State
Lester G. Phares, Ph. D.	Out-of-State
Rebecca Rogers, Ph. D.	Out-of-State
John P. Saxon, Ph. D.	Out-of-State
Paul Phillip Sidwell, Ph. D.	Retired, Out-of-State
Jill Strasser, Psy. D.	Out-of-State
Stephen A. Talmadge, Ph. D.	Out-of-State
Joneis Thomas, Ph. D.	Out-of-State
Jacque Lynne Washkwich, Ph. D.	Out-of-State
Rebecca H. Wood, Ph. D.	Out-of-State

### In Memory of...

The Board of Examiners in Psychology has learned, with regret, of the death of Martha B. Thomasko, Ph.D. of Litchfield Beach. The Board extends its condolences to her family, friends and professional colleagues.

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