

Michigan Psychological Association

Comments re House Bill 4325

House Ways and Means Committee

October 2, 2019

MPA has a long-standing mission to promote access to mental health services for all Michigan residents. This includes provision of care by a diverse group of mental health providers. At the same time, we are committed to all mental health professions' being governed by clear standards of education and training for clinical specializations so that our residents receive high quality care suited to condition.

HB 4325 would change the statutory language to allow anyone with a master's degree in any counseling specialty to diagnose and treat mental and emotional disorders. The draft bill states that the training would "include[s] coursework and training in...diagnosis and treatment..." However, the nature and extent of that coursework is not specified. As a result, HB 4325 as currently written would permit an individual with a degree specialization in, for example, career counseling or college counseling to be licensed to treat someone with a disorder as serious as bipolar disorder or schizophrenia. The language in the draft bill does not match the specificity that governs the preparation and training of other mental health professions in our state.

MPA advocates for clarifying the language in the draft bill such that LPCs who seek to treat individuals with mental and emotional disorders will have clear and rigorous standards for training and education, in keeping with the standards set by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), LPCs' national accreditation body, for the specialization as an Entry-Level Clinical Mental Health Counselor.

Specifically, we propose amending Section 18101 (f) (i) on page 7, line 10, to read

**... A PROGRAM THAT IS ACCREDITED BY THE COUNCIL FOR THE ACCREDITATION OF COUNSELING AND RELATED EDUCATIONAL PROGRAMS AND THAT INCLUDES COURSEWORK AND TRAINING IN THE DIAGNOSIS AND TREATMENT OF MENTAL AND EMOTIONAL DISORDERS equivalent to that required by CACREP for entry-level clinical mental health counselors.**

We propose the same change in Sec. 18101 (f) (ii) for non-accredited programs on page 7, line 15.

The National Academy of Neuropsychology (NAN) definition of a provider of neuropsychological services require 2 years of post-doctoral specialized training. Neuropsychological assessment, as well as projective testing and individually administered intelligence tests require education and training not specified in the CACREP standards for an entry level mental health counselor.

We also, therefore, would like the definition of testing and assessment to clarify the types of assessment tools that fall within a licensee's scope of practice by amending Sec. 18101 (a) (ii) on page 3-4 by adding the following:

**Assessment shall not include the use of projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a battery of three or more tests to determine the presence of psychosis, dementia, amnesia, cognitive impairment or criminal behavior.**

Lastly, we propose that conditions for grandfathering in current LPCs who do not have the equivalent of the CACREP coursework be specified so that access to care is not impacted by this new legislation.

The purpose of health professional boards and licensure laws is to protect the public, in part by ensuring minimum levels of training and education so that the public receives quality services. With the clarifications proposed, HB 4325 is an opportunity to improve current legislative language so that it matches CACREP standards of mental health training for LPCs while also protecting access to care.

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