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(a) The assessment of overall personality functioning by a psychological associate requires supervision. The assessment of personality functioning involves any assessment or evaluative technique which leads to conclusions, inferences, and hypotheses regarding personality functioning. This includes:

(1) all statements regarding personality attributes, features, traits, structure, dynamics, and pathology or assets;

(2) the use of personality assessment techniques which include, but are not limited to, observation, interviewing, mental status examinations, word association tests, diagnostic play therapy, and autobiographical techniques; and

(3) the use of standardized personality techniques or tests. Examples of techniques or tests include, but are not limited to, the following: Rorschach, Thematic Apperception Test, sentence completion tests, the House Tree Person, Minnesota Multiphasic Personality Inventory, the California Personality Inventory, The Millon tests, the 16PF, and all other self-report inventories and questionnaires, as well as scales and check lists completed by others. The tests identified in this Rule as requiring supervision do not constitute an exhaustive list, only the most commonly utilized measures.

Not requiring supervision are screening techniques which lead to simple descriptors of persons which may be completed by a variety of professional and non-professional observers and are interpreted by other parties.

(b) The conduct of neuropsychological evaluations by psychological associates requires supervision. Not requiring supervision are neuropsychological screenings which lead to simple behavioral descriptions rather than clinical interpretations, or the administration of rating devices which may be completed by a variety of professional and non-professional observers and are subsequently interpreted by other parties.

(c) Psychotherapy, counseling, and any other interventions with a clinical population for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior provided by a psychological associate require supervision. Clinical populations include persons with discernible mental, behavioral, emotional, psychological, or psychiatric disorders as evidenced by an established Axis 1 or Axis II diagnosis or V Code condition in the then current DSM and all persons meeting the criteria for such diagnoses. Interventions other than psychotherapy and counseling that are encompassed by this definition include, but are not limited to, psychological assessment, psychoanalysis, behavior analysis/therapy, biofeedback, and hypnosis. Supervision is required when the psychological associate is providing an intervention to persons within a clinical population, directly with the person(s) or in consultation with a third party, for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior. Supervision is required for the design or clinical oversight of interventions for persons within a clinical population, such as biofeedback techniques and behavior intervention programs; however, supervision is not required for the actual implementation of such interventions that were designed for others to implement, which may or may not constitute ancillary services.

(d) The use, including authorization, of intrusive, punitive, or experimental procedures, techniques, or measures by a psychological associate requires supervision. These procedures, techniques, or measures include, but are not limited to, seclusion, physical restraint, the use of protective devices for behavioral control, isolation time-out, and any utilization of punishment techniques involving aversive stimulation. Also included in this definition are any other techniques which are physically intrusive, are restrictive of human rights or freedom of movement, place the client at risk for injury, or are experimental in nature (i.e., in which the efficacy and degree of risk have not previously been clinically established).

(e) Supervision is required for a psychological associate who provides clinical supervision to other service providers who are engaged in activities which would require supervision if directly provided by the psychological associate.

History Note: Authority G.S. 90-270.139(e); 90-270.143;
Eff. October 1, 1991;
Amended Eff. October 1, 2006.