

April 20, 2004

Joseph E. Kernan
Office of the Governor
Statehouse Room 206
200 W. Washington Street
Indianapolis, IN 46204

Dear Governor Kernan,

This letter has been written and is being sent under the auspices of the Board of Directors of the American Academy of Clinical Neuropsychology (AACN) and concerns issues pertaining to a bill awaiting your signature. By way of background, AACN is the membership organization of board-certified neuropsychologists who passed the examination process of the American Board of Clinical Neuropsychology (ABCN). The AACN is a national organization and represents the only peer-reviewed board certifying body for neuropsychologists that is widely recognized by government and state agencies.

Indiana neuropsychologists belonging to the AACN have brought to our attention a bill that restricts psychological test interpretation to licensed, doctoral level psychologists. We understand that Title 868 rules treat neuropsychological, psychological and intelligence measures as restricted instruments not to be interpreted by any mental health professional below the level of a Psychology Ph.D. We have reviewed a copy of the Final Rule (LSA Document #03-60(F)) and note sections 3-6 and 8-9 list many neuropsychological tests. Examples include the Halstead-Reitan neuropsychological test battery, the Delis-Kaplan Executive Functions System, the Dementia Rating Scale and many others.

We urge you to sign this bill. Your constituents deserve the highest quality treatment and should not be subjected to substandard diagnostic testing. To allow social workers and Master's level counselors to take over a doctoral psychologist's core competencies creates potential for misuse. There would be no point in going to graduate school at Indiana University and on to post-doctoral fellowships in neuropsychology. One need only attend a bachelor's social work program as a shortcut to access professional roles far above one's competence level. Only doctoral-level psychologists have the requisite coursework in psychological assessment, test development, psychometric theory, brain-behavior theory, neurological disease and developmental psychology. Further, neuropsychology requires extensive pre-doctoral practical and post-doctoral clinical work in organized healthcare settings such as medical schools and university-based hospitals. Not even physicians (neurosurgeons, neurologists, psychiatrists) lay claim to development and interpretation of neuropsychological tests. In fact, physicians refer patients to neuropsychologists to make determinations of cognitive and emotional changes.

We further understand your office has been inundated with letters from social workers and Master's level counselors (e.g., marriage and family) claiming to have expertise and training in psychological tests. We urge you to resist this pressure. Assertions that social workers have the training to interpret such tests are at best unfounded, at worst manufactured. Typical marital counseling and social work programs emphasize impressionistic, interview-based data collection

limited to a narrow range of social, emotional, “existential” and economic problems that have nothing to do with cognitive and in-depth personality assessment.

Critics may say we are being cynical, pointing out that psychologists are challenging MD/DO physicians’ hold on prescription powers and have won such rights for Rx in Louisiana and New Mexico. If you are faced with this counterargument, we wish to point out that prescription privileges for psychologists can only be obtained with rigorous *additional* training in pharmacy, neuropharmacology, and organic chemistry with additional personal supervision by a physician in certified programs modeled after a Department of Defense (DOD) training program. To apply the analogy to the present situation, perhaps social workers and counselors need at bare minimum an additional three years of training in psychological testing and neuropsychological diagnosis before earning the right to conduct a psychologist’s duties.

We thank you for your valuable time and consideration of these points and would welcome any questions that you or your staff may have in reviewing this letter.

For the Board of Directors of the American Academy of Clinical Neuropsychology,

Respectfully,

Manfred F. Greiffenstein, Ph.D.
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