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## Michigan Department of Licensing and Regulatory Affairs Proposed Changes to Scope of Practice for Licensed Professional Counselors

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Testimony of: Richard Yep, CAE, FASAE, Chief Executive Officer  
American Counseling Association

Before The Michigan Department of Licensing and Regulatory Affairs Bureau of Professional Licensing – Boards and Committees Section


On behalf of the American Counseling Association (“ACA”), and the more than 10,000 Licensed Professional Counselors (LPCs) in Michigan, I would like to thank the Michigan Department of Licensing and Regulatory Affairs Bureau of Professional Licensing – Boards and Committees Section (“Board”) for the opportunity to provide written testimony *in opposition* of the proposed rule changes to R338.1751 and R338.1757.

The proposed changes will seriously impede the ability of at least 10,000 of Michigan’s LPCs to provide services to the state’s families, couples, adults, seniors, veterans, adolescents, and children at crucial times in their lives. Rather than improve critical and much needed mental health services, the proposed regulatory changes will provide obstacles to the delivery of quality mental health counseling by LPCs who are educated, trained, and practice to the highest professional standards. Michigan LPCs help at least 150,000 citizens each year who face life’s challenges. Michigan’s professional counselors have been licensed for more than 30 years and they practice throughout the state. LPCs are often available when other mental health professionals may not be immediately accessible, especially in Michigan’s rural areas<sup>1</sup> that often lack adequate numbers of mental health providers.

Since the promulgation and adoption of Act 368 of the Public Health Code, creating the LPC credential in 1988, “counseling techniques” – which includes the diagnosis and identification of the problem –has been one of the counseling profession’s core principles. The authorization to diagnose is essential to providing necessary and appropriate treatment for clients. Moreover, Section E.5.a. (“Proper Diagnosis”) of the American Counseling Association’s *Code of Ethics*, which governs and defines ethical behavior and best practices in the profession of counseling in

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<sup>1</sup> In Lapper, St. Clair, Mason, and the majority of the northern part of Michigan, LPCs account for more than 50 percent of the mental health workforce according to the National Provider Identification data file.



Michigan, requires the proper diagnosis of a client's mental disorder before treatment. The proposed regulation would essentially prohibit LPCs from diagnosing.


The Board asserts that the proposed rules clarify definitions and should only apply to the educational preparation of counselors rather than counseling practice. However, to require LPCs to complete graduate coursework on counseling techniques, yet prohibit them from applying their knowledge and skills is incongruent with the practice of mental health counseling. Counseling education programs include coursework and training in the diagnosis and treatment of mental and emotional disorders to ensure LPCs are competent in diagnosis and can therefore provide the requisite treatment.

Removing the ability of an LPC to provide a diagnosis takes the state down a dangerous path. With the Board's mandate to protect the public, it is imperative to have well-trained, experienced, and ethically practicing LPCs. The current regulations reinforce good public policy by assuring clients that a trained mental health professional is providing them with a diagnosis. If LPCs are prevented from diagnosing, they will be unable to provide necessary and proper treatment, which clearly poses a societal harm to the citizens of Michigan.

Another proposed rule change that is problematic is the proposal to remove specific training requirements for LPC supervisors. Permitting someone who supervises LPCs to manage the work-program and treatment of other LPCs without training in supervision is illogical, especially since most states are implementing higher supervisory standards and requirements. More importantly, we consider this to be unethical. Supervisors who practice without appropriate training are in violation of Section F.2.a. ("Supervisor Preparation") of the American Counseling Association's *Code of Ethics*. Poor quality supervision influences client care, as the services these clients receive are under the purview of the supervisor.

Eliminating the ability to diagnose will adversely affect LPCs' professional ethical duties, which are directly related to the practice of counseling; the proposed counseling supervision provisions will create insurmountable barriers that bar LPCs from providing needed services to both urban and rural populations in Michigan. We believe that the proposed changes will lead to the immediate involuntary and structural unemployment in the mental health field and ultimately, an increase in unemployment in the state of Michigan.

I would be remiss if I did not mention the nation's opioid crisis and the vital role LPCs play in providing treatment to those affected in Michigan. In August, Governor Whitmer issued executive order 2019-18, creating the "Michigan Opioids Task Force," to tackle the state's opioid epidemic. While this epidemic is not new, treatment efforts have just recently become galvanized to support affected individuals (such as those discharged from emergency rooms after an overdose or released from jails who are at extremely high risk) and communities.



Assisting Michigan's returning citizens with access to the treatment they need is one of the task force's critical priorities. As the task force works to build coordinated care between substance use disorder treatment provided across the system and warm handoffs to community-based services, LPCs are a vital component necessary to achieve this effort; restricting LPCs privileges in the treatment community will irrevocably hamper those treatment efforts.

At a time when Michigan, and in fact, all of the United States faces a mental health crisis due to the current unmet need for treatment among youth and adults, the Board has proposed rule changes which would restrict LPCs ability to provide proper mental health services and eliminate thousands of counseling positions. We believe that the regulations are ill advised. The residual effects of adopting these rules goes against America's public policy to ensure access to mental health care. ***For the foregoing reasons, the proposed rules changes to R338.1751 and R338.1757 should not be adopted.***

Thank you for the opportunity to submit comments and your consideration to allow LPCs in Michigan to continue providing high quality mental health services by maintaining their scope of practice. If you have any additional questions, please contact Brian Banks, Director of Public Policy and Intergovernmental Affairs at the American Counseling Association, via e-mail at: [BBanks@counseling.org](mailto:BBanks@counseling.org) or by phone at 1-800-347-6647, ext. 242.



Richard Yep, CAE, FASAE