of the emotionally ill, to consult with a medical person trained and experienced in the diagnosis and treatment of mental illness whenever there are indications that the distress may signify serious mental or emotional illness. Thus legislation should:

(1) Protect the public from unethical, inadequately trained practitioners.
(2) Define the scope of services which can be rendered by psychologists, consistent with the training and ethics defined.
(3) Recognize that psychotherapy may be used appropriately by other professions (i.e.—physicians) than psychology.
(4) Assure that the ethics and confidential relationship imperative in providing psychotherapy are adhered to and guarded whenever any qualified person provides psychotherapy.
(5) Require that a non-medical psychotherapist avail himself of medical consultation and direction whenever the assessment of the person in distress suggests serious mental or emotional illness.

There are two psychiatrists, members of the Central California Psychiatric Society, from your constituency and well informed on these issues. We hope you will feel free to call upon them for information. They are James Peal, M.D., and Mark Ziefert, M.D. You may already have heard from or about one or both.

Thank you for your interest in this increasingly complex and important area.

Sincerely yours,

EDWARD RUDIN, M.D.,
President-elect, C.C.P.S.

MENTAL HEALTH MINISTRY,
Washington, D.C., May 17, 1968.

To: Chairman John L. McMillan, Committee on the District of Columbia, U.S. House of Representatives, Washington, D.C.; News Media; Whom it May Concern.

Re bill passed by the Senate and pending in the House of Representatives having to do with "regulating the practice of Psychology in the District of Columbia."

I and many other people object strenuously to the stringent, unreasonable restrictions on the practice of psychology in the District of Columbia proposed by the Senate Bill and the one pending in the House of Representatives.

Some of our objections are:

1. There are not enough psychiatrists and psychologists now to fill the need for treatment of the mentally ill and this pending Bill proposes to limit the number of psychologists even more by requiring the Ph. D. degree after the first year from the date of passage of the Bill.

2. Master's degree holders will not be eligible for licensing after the first year from the date of passage of the Bill.

3. Master's degree or equivalent in training and practice people can and do practice psychology most effectively in many States and some foreign countries.

4. The Ph. D. is not necessary for the effective practice of psychology. Master's degree people do a great bulk of the work that is needed and to eliminate them will be disastrous.

5. Many jobs that require psychologists are not demanding enough for the Ph. D. and Ph. D. holders would not take them. If Master's holders are not permitted to practice psychology these jobs will go begging and the gap in psychologically trained people and the need for them will widen.

6. The legislation should allow licensing of Master's degree or equivalent in training and practice people who are engaged in the practice of psychology because of the great need for people and the fact that this training is sufficient for the work they are doing. The Ph. D. holder will be free to accept more demanding work and higher pay as is the case at present. The Master's degree or equivalent people are the great bulk of workers; the Ph. D. holders are the heads and administrators of departments, etc.

7. A Grandfather Clause should be included in the Bill to cover those with Master's degrees or equivalent now in practice in the District of Columbia.

Rev. GROVER BOYDSTON, *Psychologist.*