

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: please review my concerns about Sunset Advisory Commission Recommendations for Texas Psychologists
Date: Wednesday, November 30, 2016 12:58:34 PM

From: Michele Slaton **On Behalf Of** Robert Nichols
Sent: Wednesday, November 30, 2016 12:36 PM
To: Sunset Advisory Commission
Subject: FW: please review my concerns about Sunset Advisory Commission Recommendations for Texas Psychologists

Respectfully referred.

Michele Slaton
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From: Fingeret, Michelle Cororve [mailto:MCFinger@mdanderson.org]
Sent: Wednesday, November 30, 2016 11:11 AM
To: Robert Nichols
Subject: please review my concerns about Sunset Advisory Commission Recommendations for Texas Psychologists

Dear Mr. Nichols,

As a practicing psychologist **with 12 years of experience working at MD Anderson Cancer Center**, I must express my deepest concerns and outrage over recommendations being proposed which will affect the Texas State Board of Examiners of Psychologists and my profession. There are four specific recommendations which are a cause of GREAT CONCERN.

#1 The recommendation to eliminate the oral exam is a great problem for my profession which **RELIES on direct face to face patient interaction**. The only viable way to evaluate the competency of psychologists and determine whether they are fit to work with patients, have necessary interpersonal skills and judgment while directly working with patients is to have an oral exam component to the licensure progress. It baffles me how this could be eliminated and I fear could have grave repercussions for our field and for patients we treat. We need to be practicing at the highest level of competence and ensure the best for our patients.

My experience with the oral exam is that this is was a very necessary component to my licensure process. The written exam, covers much information that is not directly relevant not face to face interactions. In the oral exam, there was a dynamic interplay between myself and the examiners

where they got to test my ability to respond in an open-ended fashion to clinical vignettes. I believe this component is vital to the evaluation of psychologists just prior to being licensed as independent practitioners. Imagine a scenario where you have an individual who is ill-equipped to interact directly with patients or needs further guidance and supervision on this matter before being independently licensed – you cannot adequately ascertain this with a written exam alone. A major part of this exam is also determining how a psychologist would respond to crisis situations – again skills which cannot be ascertained through written exam alone.

#2 The recommendation to eliminate postdoctoral hours is also a SIGNIFICANT PROBLEM for our field. Psychologists are highly trained and skilled mental health professionals precisely due to the requirements that are in place for us, which includes the postdoctoral experience. **I would never be where I am in my field today without the valuable postdoctoral experience I gained at MD Anderson Cancer Center.** I am one of the leading psychologists in the country for treating body image difficulties of cancer patient and known internationally for the Body Image Research and Therapy Program I have built at MD Anderson. I had extensive broad training in health psychology during graduate school and my predoctoral internship. However it was VITAL for me to gain the discipline specific training in oncology after completion of my doctoral degree. Should you take this away from our field you will be significantly limiting the potential of psychologists and their ability to treat patients. The harms of taking away our postdoctoral experiences outweigh any benefits of eliminating these hours. Psychologists are respected for their specialized and advanced training which sets them apart from other mental health professionals. Please do not agree to limiting our field in this way which also harms the general public by taking away specialized care that they would be receiving with our added training requirements.

#3 **As doctoral-level professionals psychologists need and deserve their own independent board.** I understand other mental health agencies are moving to the Texas Department of Licensing and Regulation, but moving the TSEBP here would change the structure from a policy committee to an advisory committee which I believe does a disservice to my profession. Should TSEBP remain an independent agency, other behavioral professionals who are seeking licensure could be housed within TSBEP and receive administrative support from our staff. TSEBP is a member of the Health Professional Council and actually provides administrative support to other members' agencies within HPC. I am concerned that if you remove a vital member of the agency you will create more problems as there will be a trickedown effect and the public will be impacted by not having adequate staff for their administrative functions.

#4 I agree that a new definition of psychology is needed, please note that it is my strong position that this **new definition MUST accurately reflect the nature of a psychologists clinical practice which means that the definition must include the ability to diagnose.** This is a cornerstone of our work and required part of every clinical encounter.

I appreciate you reading this and taking to heart my concerns as a practicing psychologist in the state of Texas. Please allow those of us who devote our life's work into this field to be heard.

My best,
Michelle Cororve Fingeret, Ph.D.
Associate Professor, MD Anderson Cancer Center
Director, Body Image Therapy Service

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