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Re: Texas Sunset Advisory Commission Staff Report – Texas State Board of Examiners of Psychologists

Dear Honorable Sunset Advisory Commission Member:

I am a licensed psychologist in Austin, Texas, a Clinical Associate Professor at the University of Texas at Austin in the Clinical Psychology Program, and for years I have trained graduate students and supervised postdoctoral fellows who are working towards licensure. I believe that I have a unique perspective about some of the recommendations that the staff report outlines and hope that I can share this information with you in a way to help you make a well-informed decision regarding our Texas State Board of Examiners of Psychologists (TSBEP). I am particularly concerned about the following aspects of the Sunset Advisory Commission's staff report:

1. The Board's Oral Examination is an Unnecessary Requirement for Licensure
2. Requiring a Year of Post-Doctoral Supervision is an Unnecessary Hurdle to Licensure, Potentially Contributing to the Mental Health Care Provider Shortage in Texas
3. Key Elements of the Board's Licensing and Regulatory Functions Do Not Conform to Common Licensing Standards
4. Texas Should Continue Regulating Psychologists, but Decisions on the Structure of the Texas State board of Examiners of Psychologists Await Further Review
5. A Recent Court Decision Opens the Door to unlicensed Practice of Psychology

Regarding Issue #1, I believe that the Oral Examination protects the public by adding a final assessment of professional competency prior to independent practice.

The Commission staff's report refers to the high pass rates on the oral exam as the primary reason that it should be discontinued. However, the small percentage of individuals who do not pass this competency assessment are likely in need of remediation with regard to their clinical skills, an essential component of the practice of psychology. In fact, I have personally heard from several psychologists that they advised trainees under their supervision to wait to take the oral exam because they were not yet clinically prepared and needed further supervision and possibly instruction before embarking on this final assessment. Further, we have heard from some of the examiners for the oral exam that one of the most common reasons that individuals are not passing the exam is due to failing critical items about assessing possible suicidal or homicidal thinking/behaviors. It is my belief that there is no sufficient way to assess this core function of our profession (protection of the public) simply through written examinations. The current written examinations for psychology licensure assess *factual* knowledge, not *clinical expertise*. Within the context of an in-person oral examination, a potential licensee must think, in real-time, through the implications for a person's mental health and well-being, legal concerns, and protection of the public. This is as close as we can get to replicating a true clinical situation in which a psychologist may have the opportunity to intervene to attempt to save the life of their client or another individual. If the oral examination appropriately screens out even one psychologist per year who cannot adequately perform this key role of our profession, then I would argue the exam serves a valuable purpose and should be continued.

Therefore, I urge the Sunset Advisory Commission to allow TSBEP to continue administering the oral exam for the protection of the public.

Regarding Issue #2, I believe that the year of supervised Post-Doctoral experience also protects the public. Further, this additional year of training does not contribute to the current mental health care provider shortage in Texas.

I would first like to address the claim that the requirement of the postdoctoral year presents a barrier to entering the workforce and therefore contributes to the mental health workforce shortage. I am pleased to tell you that this particular issue was resolved with the passage of H.B. 808 in 2013. Rep. Zerwas worked with TPA on this bill to help remedy the problems related to postdoctoral fellows (as well as early career psychologists and those waiting to be credentialed on insurance panels) not being allowed to bill for services provided while under the supervision of a licensed psychologist. That bill was passed and Medicaid has subsequently adopted this in their policies. Therefore, postdoctoral fellows are already allowed to enter the workforce and serve our most vulnerable Texans, those insured by Medicaid, as well as others around the state.

Additionally, I believe that our year of postdoctoral training prior to independent licensure is a valuable time to ensure adequate training and competency to practice independently in Texas. It is true that many people receive considerable training during practicum experiences while still enrolled in graduate programs and during the required psychology internship year. However, I have been involved in training psychology graduate students for the last three decades, and believe that there is considerable variability in the skill level and competency of these trainees. Some enter the postdoctoral year at an advanced level that is close to what would be expected for someone to practice independently in Texas. However, the vast majority still need considerable supervision and gain many important clinical experiences during this final year of training. Further, when this year of experience is obtained while they are practicing under supervision in Texas, we are better able as supervisors to assess these individuals' readiness to practice independently in Texas. If we rely on practicum experiences that were likely completed in another state with different standards of supervision, we cannot guarantee that they are prepared to our licensing standards and expectations of clinical practice. The postdoctoral year of training is also when psychologists most often specialize and gain advanced training and knowledge in important areas of care such as forensics, pediatrics, trauma, neuropsychology, geriatrics, etc. The training of psychologists in these unique and focused areas of practice are important to our profession but also, more importantly, to our communities and the people we serve.

Therefore, I urge the Sunset Advisory Commission to allow TSBEP to continue licensing psychologists in this manner for the protection of the public.

Regarding Issues #1 & 2 jointly, I would also like to point out that psychologists are doctoral-level professionals and therefore we should be held to higher standards of demonstrating competency. This is similar to what is expected of physicians who are also at a doctoral level of degree and license. Physicians are required to demonstrate their competency to practice independently through a series of examinations and supervised experiences. These are the expectations to ensure protection of public and a high quality of care for consumers. I would argue that both the oral exam and postdoctoral year are similar assessments for psychologists and are necessary for protection of the public.

Regarding Issue #3, I agree with the Sunset staff recommendations for TSBEP to bring their operations within model standards.

Regarding Issue #4, I strongly believe that the Texas Board of Examiners of Psychologists Should Remain Independent:

On November 15, 2016, the Commission staff released a separate report on the Health Licensing Consolidation Project. In that report, it more explicitly articulates its recommendation that TSBEP, which is a currently independent, stand-alone licensing board, be consolidated along with a number of other professional health care licensing boards under a state agency (Texas Department of Licensing and Regulation [TDLR]). This would result in TSBEP becoming an advisory board, limited to rulemaking and when requested by TDLR, to advising the agency as to the investigation and prosecution of certain licensing complaints. All other functions, including evaluating candidates for licensure, would be handled by TDLR staff.

Unlike some of the other licensing boards identified, the report does not indicate that TSBEP has been slow to process licensure applications, or to prioritize or resolve licensing complaints. There is no allegation that TSBEP is not effectively fulfilling its mission of protecting the public. As TSBEP has been functioning effectively and efficiently, I believe there is no reason to consolidate our Board.

To protect the public health, safety and welfare, it is critical that the individuals knowledgeable about the particular profession make decisions about the critical regulatory and professional issues to ensure high quality care for the patients served by the profession. Whether consolidation results in combining several professions into a single omnibus board or limiting the licensing board to an advisory position, it would dilute the ability to appropriately protect the public. Although TDLR could consult with TSBEP when it needed TSBEP's expertise according to the staff's recommendations, the problem is that lacking TSBEP's expertise in the nuances of professional psychology issues, TDLR would not have the expertise to readily identify when TSBEP's involvement is needed. Without expertise at that point, key issues may be missed – to the detriment of the public.

Therefore, I urge the Sunset Advisory Commission to let TSBEP continue to function as an independent board in order to best protect and benefit the public with its expertise.

Regarding Issue #5, I agree that we need to work on a better definition for the practice of Psychology in Texas that includes the ability and right to diagnose.

My colleagues in the Texas Psychological Association (of which I am a longtime member) have worked to provide a possible definition for the practice of psychology that will meet the Sunset staff's recommendations. I agree that TSBEP should develop a statutory definition of what constitutes the practice of psychology as part of the proposed changes to the Psychology Practice Act. It is important that the definition acknowledge the ability of psychologists to diagnose and treat as part of the legal scope of practice. This particular issue is of concern given a recent legal case against one of the other licensed mental health groups. I believe that we have an important opportunity to work to revise our definition now to safeguard the continuity of care for our clients and communities by ensuring the right to diagnose.

Thank you for the opportunity to provide comments on the Sunset review process for TSBEP. If you have any questions or need further information, please contact me at sefinn@mail.utexas.edu or 512-329-5090.

Respectfully submitted,



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