

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Sunset Commission Recommendations RE: TSBEP
Date: Tuesday, December 06, 2016 8:09:51 AM

From: Carol Grothues, PhD
Sent: Monday, December 05, 2016 8:32 PM
To: Sunset Advisory Commission
Subject: Sunset Commission Recommendations RE: TSBEP

Dear Sunset Commission Members:

I am a licensed psychologist in private practice in Dripping Springs, Texas and have been in practice for 20 years and am President-Elect of the Texas Psychological Association. I would like to provide comments on some aspects of the Sunset Advisory Commission's staff report: ***The Oral Examination Protects the Public, and No Evidence Exists to Prove that This Contributes to Mental Health Care Provider Shortages in Texas (#1): OPPOSED***

This competency exam is the final barrier to the independent practice of psychology and has served very well in ensuring the high standards of training have been acquired prior to being allowed to provide services unsupervised to Texas residents. We expect the pass rate to be high given the years of training required to obtain a doctorate; those who fail to pass this final criteria are clearly not ready to be allowed to practice without supervision. Despite the difficulty in implementing this exam, there is clear support among psychologists that it is critical. Additionally, the rationale that this exam is an unnecessary barrier is not true.. While it is a barrier to independent practice, recent legislation allows those working on passing this exam to provide supervised services and bill for these during the licensing process. It only serves to protect the public and maintain high standards of practice for the profession. This should not be diminished or viewed as unnecessary. If this requirement is abolished, those individuals who have repeatedly failed this requirement will be immediately licensed. This is not a good thing for the profession or the state. PLEASE CONTINUE THIS IMPORTANT LICENSING REQUIREMENT.

A Year of Post-Doctoral Supervision Protects the Public, and No Evidence Exists to Prove that This Contributes to Mental Health Care Provider Shortages in Texas (#2): OPPOSED

The Commission's arguments against the requirement for a full year of supervised post-doctoral practice do not properly recognize the more advanced nature of this training as compared to clinical training obtained earlier in training (e.g., practicum and internship). It is critical, similar to residency for medicine. Additionally, the recent legislation allowing delegation of services to post-doctoral fellows address the workforce shortage issues, while maintaining continued oversight and competency in training prior to being allowed to practice independently. I urge you to maintain this requirement for the protection of the public and to maintain high standards for psychologists.

The Texas Board of Examiners of Psychologists Should Remain Independent (#4): OPPOSED

On November 15, 2016, the Commission released a separate staff report on the Health Licensing Consolidation Project. It is of great concern that the Legislature would even consider changing the status of a doctoral level profession; remove the authority to regulate the profession and demote it into an advisory board. The criterion for identifying those boards which would be slated for consolidation under TDLR appears to be based solely on the staff size for an individual board, rather than the complexity of the discipline regulated by the board

or whether a board actually suffers from a number of the problems identified in the report. So, for example, medicine, which oversees a number of specialties, is not targeted for consolidation since its board has more than 20 employees. Even though psychology includes a number of specialties within its discipline like medicine, it appears to be a candidate for consolidation because it employs only 14 staff persons.

Unlike some of the other licensing boards identified, the report does indicate that TSBEP has been efficient in efforts to process licensure applications and resolving complaints. There is no allegation that TSBEP is not effectively fulfilling its mission of protecting the public. Since neither of the two justifications seems well supported, we do not believe that they outweigh our concerns about having a board with the full expertise necessary to regulate the various levels in the practice of psychology.

Ultimately, I am opposed to consolidation of licensing boards. 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. Psychology is a doctoral-level (e.g., Ph.D., Psy.D., Ed.D.) profession mandating extensive education and training in biological, cognitive, emotional and social bases for human behavior and in diagnostic evaluation (including psychological and neuropsychological testing), research and ethics. In addition, an applicant for psychology licensure must undergo five to six years of rigorous and extensive didactic and supervised clinical experience.

Other states have recently moved in the opposite direction from what the Commission recommends, recognizing the importance of licensing boards with expertise in the profession that it is regulating. For example, New Hampshire has recently moved from having psychologists regulated under an omnibus board for mental health professions to regulating them under a separate board for psychologists. In Colorado, psychology was a part of an omnibus mental health licensing board along with social work, marriage and family therapy, professional counseling, psychotherapy, and addiction counseling from 1988 until about 1998 when legislation was passed re-establishing separate, independent boards for psychology, professional counseling, social work, marriage and family therapy, psychotherapy, and addiction counseling. The prospect of an omnibus mental health licensing board has been considered in over a half-dozen jurisdictions in the past 15 or so years, but none of them adopted the omnibus board proposal.

Therefore, I urge the Sunset Advisory Commission to reconsider the recommendation outlined in the Health Licensing Consolidation Project to consolidate TSBEP under TDLR, and let TSBEP continue to function as an independent board in order to best protect and benefit the public with its expertise.

New Definition of the Practice of Psychology in Texas Includes Diagnosis (#5): SUPPORT
I agree with the recommendation that TSBEP develop a carefully crafted 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. The definition also should include mention of the ability of licensed psychologists to provide supervision of those activities enumerated in the definition.

In summary, I am opposed to items 1 and 2 of the Sunset Advisory Commission staff report. I am also opposed to the separate staff report (released 11/15/16) recommending the consolidation of TSBEP under TDLR. I am in favor of a new definition of “psychologist” in Texas that acknowledges diagnosis as an essential component of the practice of psychology.

Thank you for the opportunity to provide comments on the Sunset review process for the Texas psychology practice act. If you have any questions or need further information, please

contact me at
Respectfully submitted,

or the phone/address listed below.

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