

DAVID Hill

12/09/2016

The Honorable Larry Gonzales, Chair
Sunset Advisory Commission
Robert E. Johnson Bldg., 6th Floor
1501 N. Congress Ave.
Austin, TX 78701

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

Dear Honorable Members of the Sunset Advisory Commission:

I am a licensed psychologist in the state of Texas. I would like to provide comments on some aspects of the Sunset Advisory Commission's staff report, namely:

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
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 and does not form an unreasonable barrier to independent practice.

The Oral Examination forms a last "eyes on" by Texas psychologists before a candidate can be fully licensed. The Oral Examination has a high pass rate as the majority of the candidates who have made it far enough to be considered for licensure have met the training goals necessary for independent practice. However, there is a small subset of candidates who are not suitable for the independent practice of psychology. To allow them to do so would be to put the public at risk. It seems reasonable for those who repeatedly fail the Oral Examination to require close professional supervision in order to protect the public. Retaining the Oral Examination is a useful method for the profession to allow only well qualified practitioners to practice independently by replicating clinical situations as closely as possible.

Regarding Issues #2: I strongly believe that the year of post-doctoral supervision is critical to the training of a well-rounded psychologist.

Psychologists gain clinical training during our doctoral programs through part-time practica. This serves to allow students to cut their teeth with very close clinical supervision. There is a year of full-time pre-doctoral internship in which students gain further clinical training under close supervision. That allows interns to begin integrating the material that was learned in their doctoral programs. However, the post-doctoral year is very important in allowing the fellow the additional supervised experience to refine their clinical skills before being allowed to practice independently.

My case may serve as an example. I moved from Austin to California for my doctoral training. For my practica, most of the opportunities for training were in community mental health. This gave me good clinical experience. However, I had very little chance to practice my psychological evaluation skills. I had an interest in forensic psychology, which requires very strong evaluation and report writing skills. I was able to return to Texas for my pre-doctoral internship, and I received excellent training at San Antonio

State Hospital. During this time, I was able to refine my diagnostic skills and learn detailed information about psychotropic medications and forensic competency restoration. I did have some opportunity to perform a handful of psychological evaluations. However, my skills in that area were still underdeveloped. *I was not ready at that time to practice independently in providing psychological evaluation.* The post-doctoral year allows fellows great flexibility in choosing their training. I received my post-doctoral training at Travis County Juvenile Probation. I was able to perform hundreds of forensic evaluations for the courts. I provided the courts with guidance on a daily basis on the best treatment approaches for some of their most difficult children. I was able to refine my psychological evaluation skills to a very high degree. Without that dedicated post-doctoral year, my training would have been incomplete.

I disagree with the assertion that the post-doctoral year contributes to the mental health care shortage in Texas. In 2013, HB 808 was passed allowing psychologists to bill insurance for the work of post-doctoral fellows. This allows post-doctoral fellows to serve the citizens of Texas while still working under appropriate supervision.

Regarding Issue #4: I strongly believe that the Texas Board of Examiners of Psychologists should remain independent and regulatory.

The Sunset Advisory Commission has recommended that psychologists be licensed under the Texas Department of Licensing and Regulation (TDLR). TDLR's response to the Sunset Commission indicated that it has 430 employees serving 714,000 licensees. They indicated that they are currently overwhelmed with taking on new programs and will require years in order to do so without significant adverse impact to licensees and the citizens of Texas. The Texas Board of Examiners of Psychologists (TSBEP) is a lean agency that serves its licensees and the citizens of Texas well without unreasonable delays in issuing licenses or investigating license complaints. TSBEP has an in-depth knowledge of the profession of psychology and its ethics and standards of practice. This expertise is required to function effectively.

I have heard that there is a possibility that other mental health professions may have their boards consolidated under the umbrella of TSBEP. If consolidation is something that the Sunset Commission recommends, I would not be adverse to this option as long as TSBEP retains its independence and regulatory ability to enforce license complaints. This is essential in protecting the public. Looking at the national level, I find it telling that every state with the exception of Kansas has an independent board of examiners of psychologists. I strongly urge the members of the Sunset Advisory Commission to let TSBEP continue to function as an independent board.

Regarding Issue #5: I strongly believe that the new definition of the practice of psychology in Texas should include diagnosis.

The recent Serfine case caused the 5th Circuit Court of Appeals to find the current definition of the practice of psychology to be overbroad, and we now find ourselves needing to create a new definition of our professional practice. I am strongly in favor of adding the word diagnosis to the definition. Psychologists have long been diagnosing patients. In fact, psychologists are involved in the development of the diagnoses used in the DSM. Psychological research is heavily relied upon to create these diagnoses, and psychologists diagnose patients in clinical practice on a daily basis. Other mental health practitioners including psychiatrists look to our in depth psychological evaluations for clarification of their own diagnoses. Our evaluations include detailed psychometric testing that can confirm and refine diagnoses whereas other mental health practitioner have less exacting methods of coming to a diagnosis such as "clinical intuition" which has been proven in research to be inadequate to the task. Additionally,

psychologists have the highest level of clinical training in the mental health field including psychiatrists. No other mental health professional is as qualified to diagnose patients as psychologists, and I have seen professionals as well as court officials relying upon the diagnosis of psychologists throughout my career. Finally, not including the word "diagnose" will open psychologists to having our ability to diagnose challenged legally. This could cause havoc with the legal system as courts across the state of Texas rely upon the diagnoses of forensic psychologists in rendering their decisions.

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
or

Respectfully submitted,

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Licensed Psychologist