

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Psychologists' Licensing Board Issues
Date: Monday, December 12, 2016 12:21:32 PM

From: Alaire Lowry
Sent: Monday, December 12, 2016 12:09 PM
To: Sunset Advisory Commission
Subject: Psychologists' Licensing Board Issues

Dear Members of the Sunset Advisory Commission

Psychologists in Texas are held to rigorous standards in training, licensing, and professional ethics for one purpose only: to protect the people of Texas. I ask your consideration of the following three points:

1. Our Board as it is functions well. For years we have contributed considerably more than our own expenses to the general fund to run our operation. Our complaint and adjudication procedures function relatively expeditiously. I am sure you are aware that other mental health boards do not function so well. Our entire professional "culture" differs from theirs, perhaps somewhat as nurses' differs from physicians'. Are you considering consolidating those boards? I assume not. You can imagine the difficulties we would experience with having to answer to professionals who have much less training, different ethical standards and less stringent supervision requirements than we do. The fundamental differences between Psychologists' preparation and that of Psychological Associates are below.

Psychologists (Doctoral) preparation requires the following:

- 1) 60 additional credit hours of graduate instruction
- 2) 300 to 1500 hrs. of clinical practice and experience
- 3) completion of a doctoral dissertation
- 4) completion of a 1750 to 2000 hour doctoral internship
- 5) passing the EPPP at the 70% level required for licensed psychologist
- 6) passing the oral exam (key for determining whether someone can demonstrate his/her ability to work independently)
- 7) an additional 2000 hours of postdoctoral clinical training for practice through the supervision of a licensed psychologist

2. Accurate diagnosis has always been a part of my responsibility to my patients. How could it not be? All our treatment planning is dependent on being able to diagnose accurately. We are highly trained in this professional skill. Over the years, most psychiatrists with whom I "share" patients assume that my diagnosis is the same of similar to theirs, and it usually is. Non-psychiatrist physicians want to know my diagnosis. Insurance companies demand that we make a diagnosis and report it to them before we are paid by them for our services. This is a reality of life that should not be compromised by the demands of TMA.

3. The Oral Exam has a high pass rate because candidates study very hard for it. The Oral Exam is an *in vivo* opportunity for seasoned professionals to observe how the prospective

psychologist interacts with others in a high stress situation, how the examinee determines a diagnosis and treatment plan, and how well the examinee manages ethical dilemmas. The low incidence of malfeasance among psychologists is likely a result of this final screen against those who might constitute a threat to the citizens of Texas.

In sum, I urge you NOT to consolidate our board with masters' level health boards, to RETAIN our Oral Exam, and to RECOGNIZE our diagnostic practice. Thank you for your attention and for undertaking the challenges of the Sunset Commission on behalf of all of us.

Sincerely yours,

Alaire Lowry

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