

**From:** [Sunset Advisory Commission](#)  
**To:** [Janet Wood](#)  
**Subject:** FW: Sunset Advisory Committee-TSBEP  
**Date:** Wednesday, November 30, 2016 12:59:09 PM

---

**From:** Michele Slaton **On Behalf Of** Robert Nichols  
**Sent:** Wednesday, November 30, 2016 12:55 PM  
**To:** Sunset Advisory Commission  
**Subject:** FW: Sunset Advisory Committee-TSBEP

*Respectfully referred.*

*Michele Slaton*  
**Office of Senator Robert L. Nichols**  
903.589.3003  
903.589.0203 FAX  
[Michele.Slaton@senate.texas.gov](mailto:Michele.Slaton@senate.texas.gov)

---

**From:** Victoria McCain  
**Sent:** Tuesday, November 29, 2016 8:44 PM  
**To:** Robert Nichols  
**Subject:** Sunset Advisory Committee-TSBEP

Dear Senator Nichols,

Thank you for serving on the Sunset Advisory Committee and for taking time to read and consider my thoughts regarding the SAC's recommendations being put forth to the Texas Legislature regarding TSBEP.

Regarding the oral examination, I have mixed thoughts about the matter. On the whole, I agree with keeping the oral exam a requirement for licensure. It is a final opportunity to demonstrate the knowledge base needed for practice in a formal setting. The examiners provide the final evaluation before full membership in the profession. What I do not like about the oral exam is that it is offered only twice a year. As a result, there is a substantial passing of time while waiting for the earliest opportunity to complete the licensing process. This waiting period leaves many in a financial limbo while waiting to move forward with employment. Allowing the oral exam to be offered more frequently would resolve this issue.

Regarding Post-doctoral supervised practice, I also have mixed thoughts on the matter. There is little disagreement that supervised practice prior to licensure is responsible training and good for the public. From time to time, a doctoral student passes through a training program with good grades and promise of future good work, but who lacks the skills for the clinical setting. It is rare, but it happens.

Generally speaking, pre-doctoral internships provide a sampling of work settings that are rotated through during the 12-month stint. The Intern gets a taste of several aspects of psychological practice to “try on” and develop expertise in while working with more than one psychologist supervisors. Post-doctoral internships tend to involve one or two focused work settings in which the intern has more of an immersive experience with the population being served. Post-doctoral supervision supports the intern in deepening expertise in the specialty area. The training is intense at the level of exposure to the specialty with supervision from a seasoned expert in the field. The pre-doctoral and Post-doctoral training experiences are different because of the range of settings each offers. The 3,500 hours of supervised internship is a good requirement. Shifting the hours to occur prior to doctorate would stress the already limited internship placement system. Nationwide, there has been a trend where there are more applicants for the number of pre-doctoral training slots available. The infrastructure nationwide is not equipped to tolerate a change to require a second year of training prior to awarding the doctoral degree. By retaining the Post-doctoral internship year requirement, the public is served by a professional with an added layer of oversight and mentorship.

Regarding TSBEP as an independent board: I am strongly in favor of keeping the TSBEP an independent board. The TSBEP has a solid set of practices and procedures for insuring public safety. Psychiatrists, primary care physicians, and other specialty physicians turn to psychologists for consultation and expertise to serve and treat their patients. Psychologists are valued for expertise in diagnostic clarification and treatment planning. As such a highly regarded and respected profession, rather than deconstruct the well-established TSBEP and house it along side other mental health and behavioral health providers, the TSBEP should maintain its regulatory position and become the umbrella organization for other behavioral health professions seeking licensure. Efforts to increase efficiencies and combine like professions in a common administrative structure make logical sense. Each profession should be clearly defined with a delineated and specified scope of practice. There is precedent with the Texas Medical Board and the Texas Board of Nursing to regulate at the top level of training while including closely similar professions within one regulatory body. A Texas Psychology Board (if a name change was in order) would continue to emphasize public safety and discipline for psychologists and could extend administrative support to other mental health providers to do likewise.

Regarding the definition of psychologist: I agree with the Sunset Commission’s recommendation for the Texas Legislature to adopt a new definition for the profession of psychology.

Thank you again, for your time Senator.

Sincerely,

Victoria McCain, Ph.D.  
Licensed Psychologist  
Fort Worth