

Testimony In Support of Am. HB503
December 3, 2008
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Good afternoon Mr. Chairman and members of the Committee. My name is Jessica Grayson. I am currently a 4th year graduate student studying child and adolescent clinical psychology at Ohio University. I have earned a Master's degree in clinical psychology, and I am currently working on my dissertation, which is studying the relationship between parent-child attachment and adolescent risk behavior, such as substance abuse. During my time as a graduate student, I have worked in multiple clinical practicum placements in the Athens area, such as an Alternative High School for teens, an adolescent drug rehabilitation center, and facilitating group therapy for males who are court ordered to treatment for domestic violence offenses. In 2007-2008, I served as the Chair of the Ohio Psychological Association for Graduate Students, which is the student affiliate of OPA. I am pleased to be here today to testify in support of Amended HB503 on behalf of OPAGS' nearly 700 members around Ohio.

Let me start with some background about pre-doctoral training in clinical psychology to help you better understand how current education and training is different than it was 20 or more years ago. Currently, as required by Ohio's psychology licensure law (enacted in 1972), graduate students in psychology take an organized sequence of courses in psychology, receive clinical experience under the supervision of faculty in their training program or in settings approved by their programs, complete a pre-doctoral clinical internship, write a doctoral paper or dissertation, then complete a year of supervised post-doctoral experience. The current statute requires that an applicant for a license in psychology must have received a minimum of 3,600 hours of supervised experience, with at least 1,800 of those hours occurring after the doctoral degree has been awarded.

In the past, graduate students in psychology received little supervised clinical experience prior to the internship year, so the post-doctoral requirement was both sensible and necessary. By contrast, current graduate students now begin supervised clinical experience early in their graduate programs. In 2006 the estimated average number of hours of supervised experience prior to internship was 2,274 (as documented by the Association of Psychology Postdoctoral and Internship Centers). In November, I

submitted my internship applications, which documented that I have had 1,029 hours of direct client contact, including intervention and assessment experiences, thus far in my graduate training. Further, I've worked over 950 hours completing support activities, which includes writing reports, consulting with other professionals on cases, attending and presenting case conferences, and ensuring my clients' files are up-to-date. I've also experienced over 300 hours of individual and group supervision by licensed clinical psychologists who were directly overseeing my work. I will also continue to see clients during this school year, plus I plan to embark on my year-long pre-doctoral internship, beginning this upcoming summer. Thus, I will have completed well over 3000 hours of training *before* beginning my internship year. Like me, many graduate students thus will have completed all 3,600 hours of required supervised experience by the time they receive the doctorate without any post-doctoral experience at all. Current graduate students receive far more supervised experience today than when Ohio's licensure law was originally enacted.

For another perspective on professional education and training, let me describe how much training psychologists have before they can be licensed compared to other professions. Occupational therapists have an average of 48 months of training – 4 years – between high school and licensure. Social workers average 72 months (6 years). Attorneys average 84 months (7 years), and dentists average 96 months, or 8 years, the same as physicians. By comparison, psychologists average 132 months of education and training between high school and licensure, 11 years after high school before licensure, 3 years more than the nearest other profession.

Changing Ohio's psychology licensure requirements would recognize the real changes in clinical training that have occurred in the past 10-20 years, but would not reduce the amount of training needed for licensure. In addition, by potentially allowing new graduates in psychology to be eligible for licensure as soon as they finish their doctorates, they would be available sooner to fill jobs that require licensure. Instead of having to search for a postdoctoral position, new graduates could be eligible for licensure in Ohio immediately and could enter the job market earlier, providing psychological services which otherwise would not be available for at least another year. Enacting HB503 would create incentives for new graduates to either come to Ohio or stay in Ohio, and would ensure the availability of a larger group of psychologists to serve underserved populations.

One specific example of this kind of incentive is the Federal Loan Repayment Program. This is a program which provides a financial incentive for psychologists to serve rural or underserved populations. An important caveat -- this program is only available to people who are licensed. If a recent graduate is not yet licensed, she or he cannot participate in this program, despite having a doctorate, more than the required number of supervised hours, and being willing to work in an underserved area. It is ironic that I am currently working with underserved, rural, Appalachian clients, but that when I get my degree I may not be able to do this same work because I won't be able to get a license for at least another year.

Am. HB503 would remove this obstacle and encourage new graduates to seek licensure in Ohio. Please support this forward-looking change.

I would be happy to respond to any questions that you might have.