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Summary of Testimony RE: HB49, The Behavioral Health and Social Work Board
Paula K. Shear, Ph.D., Testifying as Interested Party
March 19, 2017

Good afternoon Chairman Faber and members of the Committee.

To introduce myself briefly, I am a licensed psychologist in Ohio and director of the accredited Doctoral Training Program in Clinical Psychology at the University of Cincinnati. In my professional role, I provide administrative oversight of the doctoral program; conduct classroom and practicum instruction with doctoral students who are learning to work as professional psychologists; generate clinical research; and I am a practitioner in the University of Cincinnati Physicians group.

I strongly urge you to oppose the portion of HB49 that proposes to consolidate multiple boards for mental health providers.

My primary concern about the proposed legislation is that it will *greatly weaken protections for highly vulnerable populations*, namely the children, adults and elders of the State of Ohio who require mental health services. In other words, passage of this bill would undermine the single most important function of a regulatory board: protection of the public.

Because I am a psychologist, I have focused my comments on the implications of the proposed legislation within my particular field.

1. **National accreditor requires psychology programs to provide training in professional activities that are distinct from those of other behavioral healthcare providers, resulting in a unique scope of practice**

   Psychology is distinct from the other mental health professions listed in this bill because entry into the profession requires a doctoral degree, with some psychologists seeking further specialty training at the postdoctoral level. I am closely familiar with the accreditation requirements and national benchmarks for psychology training programs because I direct an accredited doctoral training program in clinical psychology at the University of Cincinnati. I also serve currently on the national commission that accredits doctoral, internship and postdoctoral training programs in psychology (American Psychological Association's Commission on Accreditation).

   National accreditation standards in psychology *require* accredited doctoral programs to

provide extensive training in specific professional competences. Assessment (e.g., intelligence testing) and clinical research are two of several possible examples of competencies that psychologists are *required* to develop in training that are also *not included in the training of other behavioral healthcare providers.*

As a function of our discipline-specific training, then, psychologists have a *scope of practice that includes professional activities and treatment modalities that are not performed by other behavioral healthcare providers and that are accompanied by their own ethical and legal requirements.*

2. **Psychology includes specialties in addition to general practice, further expanding the expertise required to protect the public appropriately**

   In addition to the differences in scope of practice between general psychology and the other behavioral healthcare professions, many licensed psychologists have pursued specialty training at the postdoctoral level. For example, I have completed postdoctoral training in the area of clinical neuropsychology, which refers to the effects of various brain conditions on behavior and requires training in areas such as functional neuroanatomy, brain development, and neurologic conditions. I have had the opportunity to serve on the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology, the organization that formally recognizes distinct psychology specialties, and that Commission requires each specialty to include training that goes beyond the broad and general preparation expected at the doctoral level.

   The Board of Psychology, therefore, must monitor not only broad and general practice, accreditation and policy trends, and ethical and legal developments, but also existing and emerging areas of specialization in psychology.

3. **It is unsafe for different behavioral healthcare professions to regulate each other**

   The fact that different behavioral healthcare professions have distinct accreditors, scopes of practice, training requirements, and treatment modalities means that it is neither appropriate nor safe for any behavioral healthcare profession to have regulatory authority over another. For this reason, *all states and territories save one currently have independent rather than consolidated boards*.

4. **Psychologists practice with vulnerable populations who require regulatory excellence**

   Psychologists provide critical assessment and intervention services to a wide variety of vulnerable populations in the State of Ohio, including for example children and the elderly, those with developmental disabilities, those with serious mental illness, and those with brain injuries. It is mandatory that licensure of psychologists be controlled by those who are closely familiar with their scope of practice and that complaints about psychological services to our citizens be dealt with by experts in psychology.

5. **Using the same label for licensure of professionals with differing scopes of practice is confusing to the public**

   It is already a challenge to educate the public about the differences between different types of mental health providers (e.g., psychologists vs. psychiatrists). Constraining

practitioners with widely different training to a license with a shared title is at best confusing to the public; at worst it may be associated with errors in selecting appropriate practitioners for a given case or in credential reviews.

6. **Staffing reductions association with board consolidation would delay licensure and potentially affect recruitment of new professionals**

   Staffing reductions would result in licensure delays for the new mental health professionals whom we urgently need to recruit and retain in Ohio to address widespread unmet treatment needs. Further, those who are not yet licensed are permitted to practice only under the direct supervision of a licensed psychologist, meaning that delays due to staffing reductions would increase the supervisory responsibilities of those with existing licenses.

7. **Use of the generic term "behavioral health care provider" rather than "licensed psychologist" will have a negative effect on students we hope to retain in Ohio.** I had the opportunity to discuss this issue with my doctoral students, who made the following points: They were confused about whether at the end of their extensive training they would be permitted to call themselves psychologists; felt that the label devalued their extensive training and experience, made them less desirable members of multidisciplinary teams in medical centers, and would make them strongly consider working outside of Ohio. Thus, the consolidated board has the potential to negatively affect our workforce.

I strongly urge you to reject the model of a consolidated behavioral healthcare board and to retain the current system of independent boards. The current system is not dependent on taxpayer dollars, and so modifying it will not generate meaningful savings. The independent boards work effectively, are able to be responsive to discipline-specific trends in the field, and are critical to ensuring high quality and safe mental health training and service provision in psychology.

Thank you for your consideration.

Sincerely,

Paula K Shear

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