Support for the Proliferation of Master’s Level Health Services Psychology Practice in Tennessee: A Report to the Tennessee Psychological Association Board of Directors

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Exploratory Committee on Master's Level Psychology Practice in Tennessee

Tennessee Psychological Association

Author’s Note

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Abstract

In 2018, the American Psychological Association (APA) Counsel of Representatives overwhelmingly voted to support the training and proliferation of master’s level providers in health services psychology (HSP). Given the complicated history of master’s level HSP practice in TN, the 2022 TPA Board of Directors ordered the creation of an ad hoc committee to clarify the opinions of psychological professionals in Tennessee pertaining to master’s level HSP practice in the state. This committee drafted a poll to explore such, and after its approval by the Board of Directors, it was administered from November 2022 through March 2023. A total of 296 respondents accessed the poll, with 239 respondents completing it. The majority of respondents were licensed psychologists, but sizeable portions of the sample also included licensed psychological examiners, licensed school services personnel, and non-licensed professionals in the field. The results from the poll demonstrated a high level of agreement for the APA’s policy shift as well as a moderate to high level of support for the proliferation of master’s level HSP practice in TN. If TPA chooses to advocate for the proliferation of master’s level HSP practice in Tennessee, it will likely do so from a position of support from the broader professional community it represents.

Keywords: Master’s level practice, health services psychology, Tennessee Psychological Association
Support for the Proliferation of Master’s Level Health Services Psychology Practice in Tennessee: A Report to the Tennessee Psychological Association Board of Directors

In 2018, the American Psychological Association (APA) Counsel of Representatives overwhelmingly voted to support the training and proliferation of master’s level providers in health services psychology (HSP). Since that time, the Commission on Accreditation (CoA) has worked to develop and publish training standards for master’s programs as well as develop implementing regulations for the accreditation process (CoA, n.d.). Moreover, task forces have been established by the Boards of Educational and Professional Affairs to: Define/describe competencies for graduates of master’s health services psychology programs; update doctoral competencies to clearly differentiate doctoral providers from their master’s level colleagues; and decide on an appropriate title and scope of practice for master’s level providers (APA, 2023; APA, 2021; APA, n.d.). While a complete recounting of the history behind APA’s work is beyond the scope of the current report, a shrinking market share for HSP and a growing demand for the work that master’s level HSP providers can offer prompted this major policy shift [please see Callahan (2019) and Grus (2019) for more background]. With this shift, the APA aims to help the profession adapt to these contemporary challenges via promoting the training of a large and competent mental health services workforce. State psychological organizations, like the Tennessee Psychological Association (TPA), will be in strong positions to advise policymakers and regulatory bodies (i.e., licensing boards) on how best to use this expanded workforce (if at all) in their respective states.

**Tennessee’s History with Master’s Level HSP Practice**

Tennessee has a long and complicated history with respect to master’s level practice in HSP, particularly as it relates to clinical and counseling psychology. From 1953 until 2004, individuals with a master’s degree in clinical or counseling psychology were qualified to seek licensure as Licensed Psychological Examiners (LPE) in Tennessee (Laurence, 2001). Originally conceived as a means of supporting the training of doctoral students and post-doctoral interns via providing them with a limited
practice credential, this license quickly became popular among those with training at the terminal master’s level. This advanced practice license allowed licensees to provide psychotherapy and formal assessment services while under the supervision of a licensed psychologist.

As this license became more popular, experienced LPEs lobbied for greater autonomy. They argued that the experience gained while in practice and through continuing education ultimately made the supervision requirements superfluous. The push for greater autonomy by the LPEs was viewed by many psychologists as inconsistent with the profession’s standard of practice at that time, which held that independent practice should only occur at the doctoral level. This perceived conflict of interests between the psychologists and LPEs created an intra-professional conflict that continued in Tennessee from the late 1980s until 2001, when a compromise was struck between the leadership of the TPA and that of the now defunct Tennessee Association of Psychological Examiners (TAPE). It was agreed that TPA would support that existing LPEs should have the ability to upgrade their licenses to a Senior Licensed Psychological Examiner (SLPE) credential, thereby granting independence of practice; however, no further LPE credentials would be granted by the State as of December 31st, 2004 (Laurence, 2001). This intra-professional compromise was presented to policy makers, and after going through the legislative process, it was signed into law in 2001. As was intended by this compromise, Tennessee became a single level licensure state wherein the only independent HSP providers to be licensed after 2004 would be doctoral level psychologists.

As another facet of the 2004 compromise, the State created an additional, lower level, credential that would allow for master’s degree holders in clinical or counseling psychology to provide psychometry services under the supervision of a licensed psychologist (e.g., the Certified Psychological Assistant [CPA] credential). This credential was meant to provide a niche for master’s level HSP professionals in Tennessee (Laurence, 2001); however, it seems as though the high training requirements and very limited scope of practice have not attracted many to pursue this certification. As of December 2022, there were only 66
CPAs in Tennessee, contrasted with 1505 Licensed Psychologists and 265 LPEs/SLPEs (TN Board of Examiners in Psychology, 2022). Indeed, there are likely to be even fewer of these professionals moving forward, with the creation of the Certified Psychological Testing Technician credential, a psychometry credential requiring only a bachelor’s degree, during the 2023 spring legislative session (TPA, TPA Legislative Report [Email], April 26, 2023).

The Present Poll

Considering this complicated history, contemporary TPA leadership has understandably approached the issue of master’s level HSP practice with some caution. In 2022, the TPA Board of Directors ordered the creation of an ad hoc committee to clarify the opinions of psychological professionals in Tennessee pertaining to master’s level HSP practice in the state. To that end, the committee drafted a poll, which was approved by the current TPA leadership in November 2022.

Method

Respondents

The respondents sought for this poll were psychological professionals within the State of Tennessee, including licensed psychologists, non-practicing psychologists, psychologists in academia, senior licensed psychological examiners, licensed psychological examiners, certified psychological assistants, licensed school services personnel (school psychologists), pre-doctoral interns, and postdoctoral fellows. Participation in the poll was solicited via email invitation, distributed using the TPA listerv, Tennessee Association of School Psychologists (TASP) listerv, the state-wide provider email directory provided to TPA by the Tennessee Board of Examiners in Psychology, and email addresses of university psychology department chairs available online. Data collection took place between November 2022 and March 2023.

A total of 296 respondents accessed the poll, with 239 respondents completing it. Of those who completed it, 58% (n =139) identified themselves as licensed psychologists, 15% (n = 35) as senior
licensed psychological examiners/licensed psychological examiners, 13% (n = 30) as unlicensed psychological professionals, and 12% (n = 20) as licensed school services personnel (school psychologists). Additionally, 2% (n = 5) of respondents endorsed dual credentials as licensed psychologists and licensed school services personnel (school psychologists), 1% (n = 2) endorsed dual credentials as licensed psychological examiners and licensed school services personnel (school psychologists), and 1% (n = 2) endorsed dual credentials as certified psychological assistants and licensed school services personnel (school psychologists). Two percent (n = 4) elected to not provide their credentials. Regarding location, 44% (n = 104) of respondents reported that they are primarily located in Middle Tennessee, 34% (n = 81) in East Tennessee, 19% (n = 46) in West Tennessee, and 3% (n = 8) elected to not provide their primary location. Regarding career progression, 57% (n = 135) identified as being in late career, 23% (n = 56) in mid-career, 17% (n = 40) in early career, 1% (n = 3) as predoctoral interns and postdoctoral fellows, and 2% (n = 5) who did not provide data on their career progression. Finally, with respect to professional organizational membership, 58% (n = 139) indicated that they are TPA members, while 47% (n = 113) indicated that they are American Psychological Association (APA) members.

Materials

The survey used for this poll was housed on the Middle Tennessee State University, Department of Psychology’s secure Qualtrics server. It featured a welcome letter, important background information on the APA’s efforts to promote master’s level practice in HSP as well the history of such in TN, and survey items. Among the survey items, fifteen were developed to gauge respondents’ opinions on issues related to master’s level HSP practice in TN, and twelve were developed to gather respondents’ professional and demographic data. Relevant for this report, the seven questions related to the following areas were of interest.
Knowledge of APA’s Policy Shift to Support Master’s Level HSP Practice

One multiple choice question was posed to determine how familiar respondents were with APA’s policy shift to support master’s level HSP practice prior to completing the poll. Respondents could respond to this question by selecting one of five options that ranged from, “Not familiar at all,” to, “Extremely familiar”:

- Prior to completing today’s survey, to what degree were you familiar with the American Psychological Association’s shift to support master’s level practice in health services psychology?

Agreement with APA’s Policy Shift

One multiple choice question was posed to determine respondents’ level of agreement with APA’s policy shift to support master’s level HSP practice. Respondents could respond to this question by selecting one of six options which included, “Strongly disagree,” “Somewhat disagree,” “Neither agree nor disagree,” “Somewhat agree,” “Strongly agree,” and “Unsure”:

- Having considered the information presented earlier in this survey, to what extent do you agree with the American Psychological Association’s shift to support master’s level practice in health services psychology?

Responses from this item were used to classify respondents according to their level of agreement. Those who selected “Strongly disagree” or “Somewhat disagree” were classified as having low agreement. Those who selected “Somewhat agree” or “Strongly agree” were classified as having high agreement. Finally, those who selected “Neither agree nor disagree” or “Unsure” were classified as having mixed or unsure agreement.

Support for Master’s Level Practice in Tennessee

One multiple choice question was posed to determine respondents’ level of support for the proliferation of master’s level HSP practice in Tennessee. Respondents could respond to this question by
selecting one of six options which included, “Not at all,” “A little,” “A moderate amount,” “A lot,” “A great deal,” and “Unsure”:

- Having considered the information presented earlier in this survey, to what extent would you support the proliferation of master’s level practice within health services psychology within the State of Tennessee?

Responses from this item were used to classify respondents according to their level of support. Those who selected “Not at all” or “A little” were classified as having minimal support. Those who selected “A moderate amount,” “A lot,” or “A great deal,” were classified as having moderate to high support. Finally, those who selected “Unsure” were classified as having unsure support.

**Exploration of Licensing Options for Master’s Level HSP Providers in Tennessee**

Three multiple choice questions were posed to determine respondents’ level of support for different licensing options for master’s level HSP providers in Tennessee. Respondents could respond to these questions by selecting one of six options which included, “Not at all,” “A little,” “A moderate amount,” “A lot,” “A great deal,” and “Unsure”:

- Having considered the information presented earlier in this survey, to what extent would you support the return of the Psychological Examiner’s/Senior Psychological Examiner’s license in the State of Tennessee?
- Having considered the information presented earlier in this survey, to what extent would you support the expansion of the scope of practice of Certified Psychological Assistants to include psychotherapy in the State of Tennessee?
- Having considered the information presented earlier in this survey, to what extent would you support the creation of a new master’s level health services psychology license in the State of Tennessee?
Responses from these items were used to classify respondents according to their level of support for each. Those who selected “Not at all” or “A little” were classified as having minimal support. Those who selected “A moderate amount,” “A lot,” or “A great deal,” were classified as having moderate to high support. Finally, those who selected “Unsure” were classified as having unsure support.

**Exploration of Supervision Options for Master’s Level HSP Professionals**

One multiple choice question was posed to determine respondents’ preference of supervision models for master’s level HSP professionals. Respondents could respond to this question by selecting one of six options which included, “Perpetual supervision by a licensed psychologist,” “Perpetual supervision by a licensed psychologist, but with titrated levels of supervision based on provider experience,” “A time-bound period of supervision by a licensed psychologist following training, with the ability to practice independently after that period has passed,” “No required supervision by a licensed psychologist,” and "Other" (those who selected the, “Other,” option were asked to provide elaboration via an adjacent open response box):

- If master's level practice in health services psychology were to be established in Tennessee, what would be your preferred model of supervision for these providers?

**Procedure**

Potential respondents were contacted via an email with an anonymous link. Interested respondents then clicked on the link which took them to survey. They were then presented with the survey's welcome letter, followed by a brief overview of APA’s work to support master's level HSP practice as well as the history of master’s level HSP practice in Tennessee. Following this, the survey items were administered. At the conclusion of the survey, respondents were thanked for their participation and were provided with links to resources where they could learn more about the APA’s work in this area. The survey allowed for only one submission per respondent; however, respondents were allowed to complete
it across multiple time periods. Additionally, survey items were skippable, so not all respondents answered all items.

Results

Data Preparation & Planned Analyses

Raw survey data were downloaded and inspected for quality. All data from the 239 respondents who completed the survey in its entirety were retained for analysis. The data were analyzed using the Jamovi statistical software suite (Version 2.3.2), with planned analyses including descriptive procedures for all questions. In addition, exploratory Chi-squared tests of association were employed for certain questions to determine if respondents’ answer choices varied as a function of APA and TPA membership, respectively. Finally, binomial tests of proportion were performed for certain questions to determine if the levels of agreement or support endorsed by respondents fall beyond what would be expected by chance. Specifically, these were performed to test the hypothesis that the observed levels of agreement or support for the ideas expressed in amongst these questions are beyond what would be expected if they were seen as controversial amongst the broader population of Tennessean psychological professionals.

Knowledge of APA’s Policy Change

A summary of the descriptive statistics for the question pertaining to respondents’ knowledge of APA’s policy change to endorse master’s level HSP practice as well as a graph of the distribution of frequencies can be found in Figure 1(b) and Figure 1(a), respectively. Most respondents reported having little to no knowledge of APA’s policy change prior to completing the present poll.
**Figure 1**

**Knowledge of APA’s Policy Change**

(a)

(b)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Counts</th>
<th>% of Total</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>82</td>
<td>34 %</td>
<td>34 %</td>
</tr>
<tr>
<td>Low</td>
<td>60</td>
<td>25 %</td>
<td>59 %</td>
</tr>
<tr>
<td>Moderate</td>
<td>44</td>
<td>18 %</td>
<td>77 %</td>
</tr>
<tr>
<td>High</td>
<td>36</td>
<td>15 %</td>
<td>92 %</td>
</tr>
<tr>
<td>Very High</td>
<td>16</td>
<td>7 %</td>
<td>99 %</td>
</tr>
<tr>
<td>Missing Response(s)</td>
<td>1</td>
<td>1 %</td>
<td>100 %</td>
</tr>
</tbody>
</table>

**Note.** These data demonstrate the degree of knowledge respondents had about APA’s policy shift prior to completing the present poll. (a) shows endorsed levels of knowledge across all respondents, with associated counts and percentages being found in (b).

**Agreement with APA’s Policy Shift**

A summary of the descriptive statistics for the question pertaining to respondents’ agreement with APA’s policy shift to endorse master’s level HSP practice as well as a graph of the distribution of frequencies can be found in Figure 2(b) and Figure 2(a), respectively. Additionally, Figure 2(c) and Figure 2(d) show the respective distributions of frequencies by APA membership and TPA membership. The majority of respondents endorsed a high level of agreement with the policy change, and this pattern of endorsement did not vary as a function of APA membership, \( \chi^2 (2, n = 235) = 2.86, p = .24, \) or TPA membership \( \chi^2 (2, n = 236) = 1.00, p = .61. \) A binomial test of proportion revealed that the level of high agreement expressed among respondents (70%, 95% CI [64%, 76%]) is significantly greater than would be expected by chance indicating that agreement with APA’s policy shift toward supporting master’s level HSP practice is high in the present sample (\( p < .001 \)).
Support for Master’s Level Practice in Tennessee

A summary of the descriptive statistics for the question pertaining to respondents’ level of support for the proliferation of master’s level HSP practice in Tennessee as well as a graph of the distribution of frequencies can be found in Figure 3(b) and Figure 3(a), respectively. Additionally, Figure 3(c) and Figure 3(d) show the respective distributions of frequencies by APA membership and TPA membership.
membership. The majority of respondents endorsed a moderate to high level of support for the proliferation of master’s level HSP practice in Tennessee, and this pattern of endorsement did not vary as a function of APA membership, \( \chi^2(2, n = 235) = 4.58, p_{\text{Fisher’s}} = .09 \), or TPA membership, \( \chi^2(2, n = 236) = .26, p_{\text{Fisher’s}} = .90 \). A binomial test of proportion revealed that the level of moderate to high support expressed among respondents (69%, 95% CI [63%, 75%]) is significantly greater than would be expected by chance indicating that support for the proliferation master’s level HSP practice in Tennessee is strong among the present sample (\( p < .001 \)).

**Figure 3**

*Support for Master’s HSP Practice in TN*

<table>
<thead>
<tr>
<th>Support</th>
<th>Counts</th>
<th>% of Total</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>67</td>
<td>28 %</td>
<td>28 %</td>
</tr>
<tr>
<td>Moderate to High</td>
<td>165</td>
<td>69 %</td>
<td>97 %</td>
</tr>
<tr>
<td>Unsure</td>
<td>7</td>
<td>3 %</td>
<td>100 %</td>
</tr>
</tbody>
</table>
Figure 3 (Continued)

(c) and (d) show differences in support on the basis of APA and TPA membership, respectively.

Note. These data demonstrate the degree of support for master’s level HSP practice in TN. (a) shows endorsed levels of support across all respondents, with associated counts and percentages being found in (b). (c) and (d) show differences in support on the basis of APA and TPA membership, respectively.

★ \( p < .05 \)

Exploration of Licensing Options for Master’s Level HSP Providers in Tennessee

Return of the Licensed Psychological Examiner (LPE) & Senior LPE (sLPE) Credential

A summary of the descriptive statistics for the question pertaining to respondents’ level of support for the return of the LPE/SLPE credential as well as a graph of the distribution of frequencies can be found in Figure 4(b) and Figure 4(a) respectively. Additionally, Figure 4(c) and Figure 4(d) show the respective distributions of frequencies by APA membership and TPA membership. The majority of respondents endorsed a moderate to high level of support for the return of the LPE/SLPE credential, with this pattern of endorsement not varying as a function of TPA membership; \( \chi^2 \left( 2, n = 233 \right) = 4.89, p_{\text{Fisher}} = .09 \). With respect to APA membership, however, non-members were more likely than members to endorse a moderate to high level of support for the return of the LPE/SLPE credential; \( \chi^2 \left( 2, n = 232 \right) = 13.1, p_{\text{Fisher}} < .001 \). A binomial test of proportion revealed that the level of moderate to high support expressed
among respondents (64%, 95% CI [58%, 71%]) is significantly greater than would be expected by chance indicating that support for the return of the LPE/SLPE credential is strong among the present sample ($p < .001$).

**Figure 4**

*Support for the LPE/SLPE Returning*

<table>
<thead>
<tr>
<th>Support for LPE/SLPE Return</th>
<th>Counts</th>
<th>% of Total</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>74</td>
<td>30 %</td>
<td>30 %</td>
</tr>
<tr>
<td>Moderate to High</td>
<td>152</td>
<td>64 %</td>
<td>94 %</td>
</tr>
<tr>
<td>Unsure</td>
<td>9</td>
<td>4 %</td>
<td>98 %</td>
</tr>
<tr>
<td>Missing Response(s)</td>
<td>4</td>
<td>2.0 %</td>
<td>100.0 %</td>
</tr>
</tbody>
</table>

*Note.* These data demonstrate the degree of support for reinstating the LPE/SLPE credential in TN. (a) shows endorsed levels of support across all respondents, with associated counts and percentages being found in (b). (c) and (d) show differences in support on the basis of APA and TPA membership, respectively.  
★ $p < .05$


**Expanding the Certified Psychological Assistant (CPA) Credential to include Psychotherapy**

A summary of the descriptive statistics for the question pertaining to respondents’ level of support for expanding the CPA credential to include psychotherapy as well as a graph of the distribution of frequencies can be found in Figure 5(b) and Figure 5(a) respectively. Additionally, Figure 5(c) and Figure 5(d) show the respective distributions of frequencies by APA membership and TPA membership. The majority of respondents endorsed a minimal level of support for expanding the CPA credential to include psychotherapy, with this pattern of endorsement not varying as a function of APA membership, \( \chi^2 (2, n = 233) = 6.17, p = .05 \), or TPA membership, \( \chi^2 (2, n = 234) = 4.38, p = .11 \). A binomial test of proportion revealed that the levels of moderate to high support expressed among respondents (40%, 95% CI [34%, 47%]) is significantly lower than would be expected by chance indicating that support for expanding the CPA credential to include psychotherapy is not strong among the present sample (\( p = .003 \)).

**Figure 5**

Support for CPA Expansion

<table>
<thead>
<tr>
<th>Support for CPA Expansion</th>
<th>Counts</th>
<th>% of Total</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal</td>
<td>122</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>Moderate to High</td>
<td>95</td>
<td>40%</td>
<td>91%</td>
</tr>
<tr>
<td>Unsure</td>
<td>20</td>
<td>8%</td>
<td>99%</td>
</tr>
<tr>
<td><strong>Missing Response(s)</strong></td>
<td><strong>21</strong></td>
<td><strong>1%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Note. These data demonstrate the degree of support for expanding the CPA credential to include the provision of psychotherapy. (a) shows endorsed levels of support across all respondents, with associated counts and percentages being found in (b). (c) and (d) show differences in support on the basis of APA and TPA membership, respectively. ★ p < .05

Creating a New License

A summary of the descriptive statistics for the question pertaining to respondents’ level of support for a new master’s level HSP license as well as a graph of the distribution of frequencies can be found in Figure 6(b) and Figure 6(a) respectively. Additionally, Figure 6(c) and Figure 6(d) show the respective distributions of frequencies by APA membership and TPA membership. The majority of respondents endorsed a moderate to high level of support for creating a new master’s level HSP license, with this pattern of endorsement not varying as a function of APA membership, $X^2 (2, n = 233) = 4.90, p = .09$, or TPA membership, $X^2 (2, n = 234) = 4.35, p_{Fisher’s} = .12$. A binomial test of proportion revealed that the levels of moderate to high support expressed among respondents (60%, 95% CI [54%, 67%]) is significantly greater than would be expected by chance indicating that support for creating a new master’s level HSP license is strong among the present sample ($p = .002$).
**Figure 6**

Support for a New License

**Note.** These data demonstrate the degree of support for creating a new master’s level HSP license in TN. (a) shows endorsed levels of support across all respondents, with associated counts and percentages being found in (b). (c) and (d) show differences in support on the basis of APA and TPA membership, respectively. 

\* $p < .05$
Preferred Supervision Options for Master’s Level HSP Professionals

A summary of the descriptive statistics for the question pertaining to respondents’ preference of supervision models for master’s level HSP professionals as well as a graph of the distribution of frequencies can be found in Figure 7(b) and Figure 7(a), respectively. No one model of supervision was preferred by the majority of respondents; however, the most popular choice was a time-bound period of supervision by a licensed psychologist following training, with the ability to practice independently after that period has passed.

Figure 7

Preferred Model of Master’s HSP Provider Supervision

<table>
<thead>
<tr>
<th>Preferred Model of Supervision</th>
<th>Counts</th>
<th>% of Total</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perpetual (P)</td>
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<td>13 %</td>
<td>13 %</td>
</tr>
<tr>
<td>Perpetual but Titrated (PT)</td>
<td>66</td>
<td>28 %</td>
<td>41 %</td>
</tr>
<tr>
<td>Time-bound (TB)</td>
<td>114</td>
<td>49 %</td>
<td>89 %</td>
</tr>
<tr>
<td>None</td>
<td>8</td>
<td>3 %</td>
<td>93 %</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>7 %</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Note. These data demonstrate the respondents’ preferred model of supervision for master’s level HSP providers. (a) shows endorsed preferences across all respondents, with associated counts and percentages being found in (b).

Summary & Conclusions

Considering the APA’s recent policy shift to support master’s level HSP practice and given the complicated history of master’s level HSP practice in Tennessee, a poll was conducted to ascertain what levels of support exist among Tennessean psychological professionals for master’s level HSP practice. The main findings of the poll are as follows:
• The majority of respondents (59%) were only slightly or not at all aware of APA’s 2018 policy shift to support master’s level HSP practice prior to completing the poll.

• Despite low \textit{a priori} knowledge, agreement with APA’s 2018 policy shift was high as was support for master’s level HSP practice in Tennessee.
  
  – Most respondents (70%, 95% CI [64%, 76%]) endorsed agreement with APA’s 2018 policy shift to support master’s level practice in HSP.
  
  – Most respondents (69%, 95% CI [63%, 75%]) endorsed moderate to strong support for the proliferation of master’s level practice in HSP within Tennessee.

• Respondents demonstrated support for some of the presented licensing schemes, but not others.
  
  – Most respondents (64%, 95% CI [58%, 71%]) endorsed moderate to strong support for the return of the LPE/SLPE license.
  
  – Most respondents (60%, 95% CI [54%, 67%]) endorsed moderate to strong support for the creation of a new master’s level HSP license in Tennessee.

  – Only a minority of respondents (40%, [34%, 47%]) endorsed moderate to strong support for expanding the CPA credential to include the practice of psychotherapy.

• Most respondents did not endorse a preference for one supervision model above all others; however, the most popular choice (49%) was a time-bound period of supervision by a licensed psychologist following training, with the ability to practice independently after that period has passed.

  These data demonstrate that despite the tumultuous history surrounding master’s level HSP practice in Tennessee, contemporary support for such among the psychological professionals of this State is strong. If TPA chooses to advocate for the proliferation of master’s level HSP practice in Tennessee, it will likely do so from a position of support from the broader professional community it represents.
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