

APR 25 2018

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April 25, 2018

Dear Sunset Commission,

I am writing this letter because the chair has limited the testimony tomorrow, and I think it is important you hear what I have to say as these decisions involve the power to protect Texans or place them at risk. Reading your report I found some of the suggestions are great, but others are alarmingly incorrect, and I am concerned if you are basing your decision on the reasoning and language in the report, then you are basing your decision on dangerously wrong information. I am not sure where some of the information came from, but I speak for myself and so many of my colleagues who are in agreement with me that **the proposed changes will not address the mental health shortage, actually increase the shortages, delay entry, and are potentially life threatening to the public.**

I will start with the issues and suggestions I agree with in your proposal. I wholeheartedly support the authorizations for boards that allow greater research into nationwide checks for criminal and disciplinary problems in other states, use remedial plans for minor complaints, and require evaluation for impaired or noncompliant practitioners. This will really protect the public. Telehealth is also great and needs to be allowed. The mental health shortage is heavily related to Texas being such a large state, and has little or nothing to do with tests or licensing regulations. Psychologists are used to having to do training hours and exams, and expect these as requirements for practice in any state. I am well connected across the nation and never have I heard a psychologist choosing to move to or avoid a state based on their postdoc requirements or oral exam (and anyone who is good or claims to be good would not be bothered by this). Texas is not only huge, but has a lot of rural areas with low populations that are far away from the amenities of city life. Practitioners often prefer to live in larger cities and near airports. They are also fearful of being unable to pay for their life or repay student loans if they practice in the shortage areas. Telehealth can resolve these issues.

Now come my concerns, which I hope you can read carefully and take very seriously. I work with Veterans at the Austin VA Outpatient clinic and also in my private practice. (This is not me presenting the official VA views, as I am not a VA official, the following statements are just my personal experiences as a practitioner with this population). I work with servicemen, who served our country, at great peril to their lives, and their battles do not end when they come back from combat. My job is saving their lives once they get back. They are overwhelmed with trauma, are often suicidal, homicidal, and in profound pain that often manifests as anger, violence, and addiction. I am on the front lines every day, working with some of the most severe issues you can imagine.

It is important to keep in mind that a veteran's pain does not stop at their pain. Everyone around them suffers. The ramifications of untreated or inadequately treated PTSD are huge - from violence in the home towards spouses and children, to worried parents and grandparents. Their issues can lead to a cycle of violence, addiction and suicide. Without proper treatment, their abused children can develop addiction, depression or resort to bombs or serial shootings to absolve their pain and anger. These all result in costs to the community and taxpayers when not adequately treated. I personally know of someone who went to a therapist, who felt they could not help him, and went home and killed himself. I personally have had multiple patients who told me had I not been able to help them they were going to kill themselves and I was their last resort. This all applies to non-Veterans as well. Psychologists need to absolutely be fully trained to address all of these and more from the moment they are independently licensed. Why would we reduce their training?

Untreated and inadequately treated disorders like this lead to lost work productivity and costly use of taxpayer money for disability payments, hospital and ER visits for overdoses and resuscitations for suicide attempts or homicide attempts, legal system fees, and costs associated with policing and incarceration. The amount of money we save the state in mental health treatment is well researched, saving millions compared to the much smaller amounts of money paid in prevention through treatment. Why would we decrease our ability to do all of the above?

Mental health problems in our country are getting worse. We need every ounce of training to be able to help them.

Just because other states have watered down their training of psychologists, and reduced their screening processes, it does not mean we should follow suit. A licensed psychologist has historically been the highest trained mental health professional. (Psychiatrists are not referred to in this as their training is in medicine, and while they used to have high rates of training in psychotherapy too, this is no longer the case (much to the chagrin of my psychiatry colleagues) and their therapy trainings are no longer a major focus of their training requirements like it used to be). Why not keep up with the states that have higher standards rather than lower our standards of practice?

Do we really not want to keep psychologists highly trained? My colleagues and I save lives on a daily basis. Using skills and training that are different than surgery, shots or pills. I do the work to create change that medication cannot do. It takes a lot of time and practice to get really good at this. Medication and the field of medicine are wonderful, but there are no pills to stop child abuse, serial killings, and suicide-homicide or heal from rape or sexual abuse. We partner well with the medical community in life saving efforts, coming at the problems from different angles.

The medical profession is critical to the welfare and lives of Texans. We sort out their levels of practice by clear delineation of their licenses and training. We don't confuse an MD with a PA an NP or an RN. It is critical we know the level of training of people and that the public knows. Does it make sense to degrade psychological services and no longer uphold the standards we have always held?

Also, the report and proposed changes erroneously state that the postdoc year is unnecessary. I completely disagree. I train psychology students and interns. The additional postdoc year is absolutely necessary to get them trained at the level they need to learn the complexity of the skills needed to work independently. While they could practice without it, they will be inadequately prepared, and the unsuspecting public will not know that psychologists are no longer held to the standards they once were. I also see extreme skill level differences from interns and postdocs, and see

how critical that year is, as it is the year that is the most intense in terms of caseload, expectations, and most mimics real life practice. The postdoc year allows that final year of practice to be highly supervised in order to improve their skills but also provide oversight and reduce mistakes, guide them in ethical dilemmas and really prepare them for the rigor of full time independent practice.

Importantly, **eliminating the postdoc year will actually increase NOT decrease the shortage problem.** The postdoc training requirement allows clinics to offer a 1 or 2 year postdoc training at a reduced salary, particularly in shortage areas where licensed psychologists often will not work. This gives pre-licensed psychologists what they need for licensure, and the clinic pays a lower rate than they would to a fully licensed psychologist, whom they could not otherwise afford. Thus it is incentive to get services to areas that would not otherwise be able to have that level of clinician in their area.

You report said that other states have stopped the oral exam; your report is 100% incorrect in its statement that the oral exam does not evaluate the ability to practice psychology. It is actually the **ONLY** test for licensure that measures the complex applied skill set of psychology practice and requires it to be demonstrated. The idea of keeping only a multiple choice test that solely measures academic information and does not assess for clinical skills, critical thinking, or an ability to identify ethical and risk issues is again dangerous. The orals are also an unbiased final evaluation by multiple psychologists to ensure in person, they can demonstrate the basic skills needed to practice. Wouldn't we want to keep this? Do we really just want two computer tests as our screening measures before we allow someone to practice? I think that is dangerous and irresponsible. It may cost money and take resources, but public safety is worth some time and money. And honestly, it is not that much money.

In my professional opinion, if someone cannot pass the oral exam, they have no business practicing independently as a psychologist. I actually know many people who took that one and passed it after their second year of grad school. So, it does not adequately measure the level of skill and complexity of an entry-level practitioner. The oral exam measures their ability to demonstrate skills, is evaluated by two psychologists within their area of specialty, and is also video recorded if there are any concerns or discrepancies for review by others if needed. This takes time and work, likely something the TX State Board of Examiners of Psychologists (TSBEP) would like to permanently eliminate from their workload. I would caution you to consider the source and motives when people are citing you data and research. There not complete agreement in the field, and often other state decisions to cut costs in licensing regulation selectively listen to and look for research their point of view and avoid research that does not. Also, many of the decisions in other states are made either by boards or staff who are looking at managing their budgets and workloads, are not practitioners, and are not based heavily on information from practitioners who are out in the field doing that daily applied clinical work.

The TSBEP said they have eliminated it because they think it is a hurdle to licensure, a barrier to psychologists coming to TX to practice, and because they were experiencing a shortage of psychologists to help administer the orals. I can tell you, it is not a factor in why people choose or do not choose to move to Texas, AND whatever they are telling you about their attempts to resolve this are incorrect and likely biased in a desire to make things easier, cheaper and faster for them, at the expense of Texan's lives. **I have lived and practiced in Austin 5 years, and not once has the TSBEP notified me of this concern, inquired if I could help with the orals, or let me know of this so called dilemma and that they would eliminate if it they couldn't get enough help with it. They always have my current address and phone numbers. I would have been happy to do so had I known there was a need.**

I am happy to be on a board or task force to help resolve this oral exam staffing issue and the mental health shortage issue. I have a ton of creative ways that would solve these, issues and not compromise quality or slow down licensing processes based on the ways currently suggested by the commission.


Finally, please do not consolidate our boards. The report says this will save money and increase access. While it may save money, it will not speed up licensing or renewal processes. I work for the largest government agency in the USA. Combining that many widely varied licensing requirements will likely only clog and delay the pipeline to getting practitioners out to work and keeping them at work with delays in renewal processing, as demonstrated by the recent addition of LPC's with other boards, and my colleagues halted from their work waiting for their board to process their paperwork. The proposal says we will get to function independently, which is nice in theory, but can you guarantee that? Can you actually look at how that would work? Many theories are not actually able to be applied in reality, and from what I know of large governmental agencies, this is highly unlikely.

If your child, or parent, or a veteran or loved one you care about needed to see a psychologist, wouldn't you care that this person could pass a basic oral exam? Wouldn't you want to know they were trained at the highest level? Would you care if they had significantly less training and supervision and screening than they used to?

Eliminating the postdoc and oral exam places everyone at grave risk of being harmed. **MORE PEOPLE WILL DIE IF YOU DO THESE THINGS.** People will blame it on other factors, but I am telling you, the real reason more people will die from if you reduce our training and exams through increased suicides, homicides, addiction, and eating disorders, will because the state of Texas refused to listen to the advice of those neck deep in the profession who know the training and preparation needs of entry level psychologists.

If you decide to vote or promote any of these against my recommendations, I would appreciate knowing exactly why you have decided this and how you can confidently move forward with this without concern that Texans will not suffer or die unnecessarily. The best way to reach me is by phone (512)900-0479.

Thank you,


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