

Frequently Asked Questions
WVPA Licensure Proposal
September 12, 2011

1. Q: What is the basis for the licensure proposal being offered by the WVPA Board?

A: For the most part, the proposal is identical to the proposal offered by the WV Board of Examiners of Psychologists (BOE). As you may remember, Dr. Yost's cover letter for the BOE proposal indicated that the **BOE's intent was to base their proposal for revision of the licensing law on the national model law** offered by the Association of State and Provincial Psychology Boards (ASPBB). The WVPA Board considered that idea to be an excellent one, in that we would be working to bring our law in line with the national standards adopted throughout the rest of the country. Thus, our proposal is based largely on the ASPBB model law, as is the proposal by the BOE. Where they differ is primarily in the sections associated with the training requirements for the title of "Psychologist." **The ASPBB model law very clearly requires doctoral training**, including a full year, full time internship at an appropriate training site, to qualify for the title of psychologist. The ASPBB model law also recognizes that some states have needs for non-doctoral level psychology providers, and makes provisions for different titles and scopes of practice for those titles.

2. Q. Why does the WVPA Board proposal create a distinction between masters and doctoral level providers?

A: The basic starting point is that **the WVPA Board proposal does not create a distinction; it recognizes that the distinction exists** in terms of the education and professional preparation of people graduating from two different types of programs. This distinction has long been recognized throughout the country by all of the other states, by national credentialing bodies such as APA, ABPP, the National Register of Health Service Providers, and by the Federal government in terms of eligibility to function as a "Psychologist" within the VA, the military, the Federal judiciary, etc. There is **national consensus on the meaning of the title "Psychologist"** as representing doctoral level education and training. These distinctions are not unique to psychology: within medicine, there are distinctions between physicians, physician assistants, nurse practitioners, etc; nursing itself distinguishes between several levels of nurses by having different titles based on educational credentials. The distinctions are real and are based on objective standards for education and training.

3. Q: Why now?

A: The timing for this proposal was **not chosen or initiated by the WVPA Board**. The WV legislature indicated last year that they intended to review our licensing law this coming year, as part of their regular review process. Then, in late spring of this year, the WVBOE issued and

distributed its proposed revision to the law. Given how difficult it is to “open” a licensing law for review within the legislature, the WVPA Board recognized that since the licensing law was now “in play” it would be very unlikely to continue in that state after the current round of review is completed and therefore this is likely to be the only opportunity in the foreseeable future to address longstanding licensure concerns and questions. **The timing was dictated to us, and the time frame available was very brief.**

Another answer to the “why now” question is perhaps more substantive: **the issue of qualifications for the title of “Psychologist” has been an active one in this state for many years**, with no resolution. **The lack of resolution obstructs the mission of WVPA, which is to promote the profession of psychology.** In the meantime, the world of professional practice has become infinitely more complex since the original law was passed. We have specializations and roles for psychologists now that weren’t even on the horizon at that time, and these require advanced training - in many cases, postdoctoral education is needed to qualify for specialized practice. Again, this **growth in complexity and associated educational requirements is not unique to psychology.** Areas such as law, physical therapy, social work, and counseling have all increased their educational requirements for professional credentialing over the years. Within psychology, the standard education required for school psychologists used to be a master’s degree; now, the standard credential in the country (and the degree awarded by Marshall, which offers the only school psychology program in the state) is a “specialists” degree, which requires significantly more education and training than a masters degree.

4. Q: What are the key differences between the 2 proposals?

A: As noted, the primary differences are associated with the training required for the **title of “Psychologist”**, and the creation (in the WVPA Board’s proposal) of **two new professional titles for masters-prepared psychology professionals.** The new titles would be **Certified Psychological Associates** and **Licensed Psychological Practitioners.**

New graduates of masters degree programs would be **immediately eligible** for the title of **Certified Psychological Associate.** These people would be supervised, and have 2 years to pass the **EPPP exam; the passing score would not be the same** as for doctoral psychologists. Instead, it would be the lower score that is typically used by states where masters-level professionals are eligible for licensure or certification. The intent here is to provide a career path for providers who may be fine clinicians, but have difficulty reaching the higher passing score on the EPPP.

Frequently, there are concerns raised about the lack of sufficient mental/behavioral health providers in our region. One contributor to this problem is the very high failure rate on the EPPP of MA level applicants; nationwide, the mean score for MA level test takers is typically below the “psychologist” passing score of 500. Under current law, these individuals lose their ability to work at all if they do not achieve the doctoral level score on the EPPP within 2 years, and thus their careers, and the services they might be able to offer to the public, are severely affected.

The “Psychological Associate” title would provide these clinicians an additional opportunity to continue working under supervision and thereby provide additional clinicians to the needed workforce.

“Licensed Psychological Practitioner” is a title and role that is modeled after the licensing process in our neighbor state of Kentucky, where it has been working very effectively for quite a few years. This title would be available to Psychological Associates who meet additional requirements, including a minimum of **2 years of supervised professional experience, passing the EPPP at the higher score level, and graduate education (usually including additional credits beyond the masters degree) to support development of professional competencies beyond those generally developed in masters degree programs.** Licensed **Psychological Practitioners would be licensed for independent practice** within their individualized scope of practice.

While LPP’s would be able to offer a wide range of clinical services, specializations that the profession has identified as requiring doctoral level education would not be allowed (e.g. neuropsychology, forensic psychology). Supervision of Psychological Associates would be limited to licensed psychologists. A key benefit of this approach is that masters-level professionals can achieve licensure for independent practice much more quickly than the 5 years currently required. This will **decrease costs to employers for supervision**, and potentially increase the available psychological workforce.

These are the key professional differences between the two proposals. There are two additional areas of difference between the proposals. First, the **makeup of the Board of Examiners** would be altered to reflect the new titles. Second, for **doctoral level applicants for licensure, it would be possible for the two years of supervised experience required for licensure to be completed prior to or at the time of completion of the doctoral degree.** This flexibility in timing has been adopted by many states, including our neighbors of Ohio and Maryland; it recognizes that many doctoral applicants can demonstrate the equivalent of 2 or more years of supervised experience (including their full year internship) by the time they graduate. This can serve as a way for states to attract promising young psychologists to work in their jurisdictions, and ought to be **attractive to prospective employers** as well.

5. Q: What will happen to those of us who are currently licensed at the masters level or are supervised psychologists based on our masters degrees?

A: The basic answer is that the revisions to the law as proposed by the WVPA Board would produce **no change whatsoever in the title, license, privileges, or responsibilities of any currently licensed or supervised psychologist.** The proposal clearly and explicitly “grandfathers” all current licensees and allows all current supervised psychologists to pursue licensing under the BOE rules in effect at the time that they began their supervision period. All currently licensed psychologists - those with masters degrees, those with Ph. D., Psy. D. or Ed.D. degrees, doctoral licensees with formal, accredited internships, and those who were licensed based on

equivalent alternative experiences, etc. - will remain licensed under the exact same title that we now share. All have the same legal standing, and all references to “psychologist(s)” in the code will still refer to all licensees. Just as is the case now, all Licensed Psychologists can and do use the same title, and no special explanatory documentation would be needed.

6. Q: How about third party payers? What will happen to masters level psychologists under this revision?

A: The licensing law has no power or control over who or how or at what rate third party payers reimburse any licensed provider. That is true under the current law and would remain true under any revision. Under current law, third party payers decide, based on their own criteria, who is eligible for reimbursement, who is eligible to serve on their panels, etc. Some make distinctions in terms of eligibility or rate of payment based on educational level, while other do not. The proposed revisions to the law would have no effect on this process, because our licensing law is not empowered to do so. What is clear, however, is that all current licensees and supervised psychologists who successfully complete licensing requirements will retain the same title of “licensed psychologist.”

7. Q: WV is an underserved state. Won't these changes in the law decrease the available workforce for providing needed services in WV?

A: Predicting workforce supply and demand is clearly complex and inexact. The proposed revisions to the law would be slow and gradual in taking effect, because of the grandparenting provisions for current licensees and supervised psychologists. Everyone currently working continues to work as they always have, and employers can continue to recruit and hire as they always have.

The new role of Licensed Psychological Practitioner allows for qualified providers to be able to work independently more quickly than under current law. Certified Psychological Associates will be able to continue working as providers if they achieve the new, lower EPPP passing score, whereas under current law they would have had to cease providing psychological services when they fail to pass at the higher “psychologist” passing score. Both of these provisions are likely to increase the number of psychological service providers for the state.

Changing the requirements for doctoral applicants to allow qualified individuals to achieve licensure after graduation is likely to be attractive to many new professionals and will help WV employers compete with neighboring states. The modified supervision period for the new Licensed Psychological Practitioner title is likely to be attractive to employers who will not have to pay for supervision for 5 years. This modification will also make the supervision period for masters level professionals more parallel to and competitive with the supervision period for licensed professional counselors.

There is simply no evidence that the educational requirements for the title of “psychologist” has a specific effect on the available mental/behavioral health workforce. Every other state in the country - including those that are similar to WV in terms of rurality and SES - distinguish between doctoral and masters level psychology providers. Further, licensure is not fundamentally a “workforce” issue. Among other things, licensure is intended to communicate to the public that professionals with a particular title have met specific criteria, including specific educational credentials. Since there is a national consensus that the title “psychologist” means doctoral level training, the citizens of WV are entitled to expect that psychologists in this state have met the same credentialing criteria as those everywhere else. Using a lower training/educational criterion for “psychologist” is no more of a solution to any workforce needs than would be allowing those with less education and training to be licensed as physicians, lawyers, physical therapists, engineers, etc. The need for more providers is real, but so is the distinction in training between masters level and doctoral education and the national consensus on the requirements for licensing as a “psychologist”. The WVPA Board’s proposal is a genuine effort to responsibly address both issues.

8. Q: Won’t the introduction of new titles simply confuse the public?

A: We have no reason at all to believe that the public will be confused by the introduction of new titles. **Many other states make distinctions between levels of psychological service providers**, and we are not aware of any public complaints or confusion. As noted earlier, other professions make distinctions between service providers who are trained at different levels; within medicine, for example, physicians are titled differently than physician’s assistants and nurse practitioners, even though there is some overlap between their scopes of practice, and even though providers within each title are capable of providing excellent services, in their own right. The titles are distinct because they have different levels of training, and thus the public is served by clarifying the distinctions with appropriately different titles. **Indeed, it is arguable that the public is “confused” in a different way by not having different titles for professionals with distinct differences in their level of training**, in that real training differences are obscured by the same title.