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House Finance Subcommittee on State Government and Agency Review
HB 49 Testimony
Presented by Kathryn Shroder, Ph.D.
March 8, 2017

Chairman Faber, Ranking Member Patterson and members of the subcommittee, thank you for this opportunity to express my concerns regarding the HB 49 proposal to consolidate certain professional regulatory boards. Specifically, I want to focus my testimony on the proposal that would eliminate the State Board of Psychology and combine it with the Counselor, Social Worker and Marriage and Family Therapy Board, and the Chemical Dependency Counselor Board. I am Dr. Kathryn Shroder, a practicing school psychologist and licensed psychologist. I served 2 terms on the Board of Psychology, having been initially appointed by Governor Taft and later, by Governor Strickland. I am also expressing the views of the Ohio School Psychologists Association as I serve on their Executive Board as Chair of the Private Practice Committee.

The mission of the State Board of Psychology is to protect the public, particularly the vulnerable population of individuals suffering from mental health related illnesses. The Board accomplishes this by approving essential rules and recommending changes in state law to regulate the professional practices. The 9-member Board consists of 6 psychologists and school psychologists and 3 consumer advocate members. In recent years, the Board was given the additional responsibility of regulating the Applied Behavioral Analysts. This came about after one of the consumer members talked of families being charged hundreds of dollars per hour for services by untrained individuals who held themselves out to the public as providing behavior analysis services. The consumer advocate requested a review, and the problem was found to be fairly widespread. At this point, the Psychology Board is responsible for regulating licensed Psychologists, Licensed School Psychologists, and Certified Applied Behavioral Analysts.

Board members protect the public by conducting oral jurisprudence exams for candidates for licensure. Board members are responsible for assuring that the content of the exam is current with Ohio laws and rules regarding the practice of psychology. In the last year, the Board received 360 psychologist applications and conducted 300 oral exams. Additionally, 100 Certified Ohio Behavior Analysts were trained and examined in Ohio laws and rules. In 2016, 3,220 psychologists, 208 school psychologists and 225 Certified Ohio Behavioral Analysts licenses were renewed.



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Another essential function of the board is enforcement. Board members supervise cases of alleged misconduct, reviewing the complaint, patient records, and helping the investigators formulate an action plan. In 2016, 51 new formal complaints were filed, and 71 pending investigations were closed. Board members are assigned cases according to their expertise. Often, one must have specialized knowledge (such as forensic psychology and neuropsychology to name just a few) to understand the nature of the complaint and know what the accepted standard of care is in that area. Many psychologists deal with issues of competency, child custody and child protection. I have great respect for my colleagues in other behavior healthcare professions. It must be emphasized that our training, standards for independent practice (psychologists must have a Ph.D. from an accredited program), accrediting bodies, ethics codes, and most importantly, our treatment modalities and scopes of practice are not the same.

Ohio has a history of leadership in The Association of State and Provincial Psychology Boards. When changes in the practice and regulation of Psychology are contemplated, individuals look to Ohio for guidance and shared problem solving. Consolidation of the behavioral healthcare boards would make us one of two states that do not have an independent Psychology board. I believe that this sends a message that the profession is not valued in Ohio, which already has a shortage of mental health professionals. As you are painfully aware, Ohio is currently facing an unprecedented opioid crisis, which is taking lives daily. Ohio has a high concentration of military veterans. As a state, we need to be attracting more psychologists rather than discouraging them from attending our graduate universities and remaining in Ohio to practice.

The idea of putting the Psychology Board under a behavioral health umbrella board is hard for me to understand given the fundamental differences in our practices. One behavioral healthcare profession should not have regulatory authority over another. I'm also struggling with the idea that consolidation will in some way save money. The boards are self-sufficient. License fees fully fund the cost of board operations. The boards operate efficiently through group purchasing and shared services. To my knowledge, no taxpayer dollars are saved by consolidating boards. I do know that consolidation would mean that significant additional resources would need to be allocated in order to replace the board members who now review laws and rules, conduct oral exams, and spend hours with investigators reviewing cases of alleged unprofessional conduct.



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Fewer psychology board members would lead to longer wait times for professionals waiting to be licensed as well as a backlog of complaint investigations. Both of these issues pose serious threats to public protection.

Thank you Mr. Chairman and members of the committee for your consideration, I will be happy to answer any questions you may have.

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