

**LeBel, Erin M (DPL)**

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**From:** LeBel, Erin M (DPL)  
**Sent:** Thursday, July 16, 2015 12:16 PM  
**To:** Schwartz, Karen (DPL); Kelley, Peter M (DPL)  
**Cc:** O'Connor, James (DPL)  
**Subject:** FW: comment re: Executive Order 562

-----Original Message-----

**From:** On Behalf Of Gillian M. Woldorf  
**Sent:** Thursday, July 16, 2015 11:37 AM  
**To:** LeBel, Erin M (DPL)  
**Subject:** comment re: Executive Order 562

To the members of the Board Registration of Psychologists:

Massachusetts has been a leader in a variety of issues that concern public health. Our health care reform served as a model for the Affordable Care Act; our legalization of same-sex marriage set off the nationwide quest for marriage equality; and our expansion of children's behavioral health services has been a brave experiment with proven results. It is in this spirit of innovation and leadership that I propose that the Board consider the effect of the ongoing problems in professional psychology training (i.e., the "internship crisis") on the growing need for behavioral health services across the lifespan.

As I have stated in my previous communications with the Board over the last ten years, I was essentially forced to withdraw from my training program after not matching twice, despite academic and clinical success, because university policy barred me from taking a leave of absence long enough to apply a third time. Since my graduation with a doctorate in general psychology in 2006, I have attempted to follow the Board's requirement of completion of an APA-accredited respecialization program so that I can be fully licensed in Massachusetts. However, I soon discovered that at least three of the 15 or so respecialization programs listed on APA's website have been discontinued or permanently put on hold. Then, after submitting applications for several programs and speaking with the directors of the remaining programs, the answer has been consistent: because of the extent of my academic and practical experience, I am not an appropriate candidate for respecialization.

Now, I am about to "age out" of being an early-career psychologist. At this point, I've been out of school, and working successfully in the field for twice as long as I was in school. I am working on the cutting edge of behavioral health integration, at an agency that is taking the lead in western Massachusetts in developing this model. Yet I cannot train the next generation of psychologists, nor even legally call myself as a psychologist, even though on a daily basis I am doing the work of the psychologist I was trained to be.

Recently I spoke with Garth Fowler of APA's Education Directorate about my predicament. He pointed out that because I have been working in the field and advocating for change for the past 10 years, I have been making a contribution to professional psychology. I had a similar conversations with APA past president Nadine Kaslow (during her term with APA). But as long as the only remedy for me to become licensed as a psychologist is to complete a program which will not admit me as a student, I cannot be a full participating member of the profession. And, ironically enough, I do not even have the right clinical preparation or academic qualifications to be an LMHC.

When I first applied for internship in 2004-5, only 79% of applicants matched. The following year, 77% matched. In fact, according to APPIC statistics, the match rate remained below 80% for nine consecutive match cycles. Although the match now has two phases which have increased its success overall, there are untold numbers of individuals across the country who were initially referred to as having "fallen through the cracks" but who now have been left permanently in the lurch. I do not have a statistic for how many of us are in this position, but both Dr. Fowler and attorney Eric Harris, to whom I was referred by the Massachusetts Psychological Association, confirm that the number is not insignificant.

My experience has shown that Massachusetts' current requirement of respecialization is out of step with the field. I strongly recommend that Massachusetts provide an alternative pipeline to licensure for those who were severely affected by the internship crisis. For example, applicants who were unmatched at least twice during the height of the crisis (say, 2003-2013) might be permitted to do one or more of the following to be eligible for licensure:

- a) substitute postdoctoral hours for internship hours;
- b) substitute supervised work hours for internship hours;
- c) complete specialized work experience in areas in Massachusetts identified by HRSA as having a behavioral health shortage; and/or
- c) be "grandfathered" into licensure if they have been working in the field for a certain number of years after graduation, with case-by-case review of their curriculum vitae.

The face of behavioral health is changing rapidly, yet the pathway to becoming an independent provider is not keeping pace. As the Baby Boom generation becomes eligible for Medicare, psychologists will be in higher and higher demand for age- and health-related concerns. As behavioral health becomes more a part of primary care, psychologists will figure more prominently in medical settings. Massachusetts, a destination for so many seeking quality healthcare, cannot afford to continue to have competent clinicians limited in their ability to serve populations in need.

I regret that I am unable to attend the public outreach meeting on July 17, as it is not feasible for me to take the time from work in Springfield to get to Boston. I appreciate that I am able to submit written comments. Please do not hesitate to contact me with any questions or comments. I thank you very much for your consideration.

Respectfully,  
Gillian M. Woldorf, Ph.D.