



Master's Level Psychology in Oklahoma: The Time is Now

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Key Points:

- Research shows that Oklahoma ranks last in the nation in terms of supply of psychologists, only meeting 46% of identified needs.
- There are around 600 practicing psychologists in Oklahoma, compared to over 13,000 other licensed mental health providers, such as LPCs, LMFTs, LCSWs, and more.
- Many of those providers got their undergraduate and master's degrees in a psychology program and would love to "come home" to us, if we make space for them.
- Lobbying by certain accreditations and organizations want psychologists shut out of training the most common types of master's level mental health clinicians.
- National-level guidance from the ASPPB and APA on graduate training, post-graduate supervision, and scope of practice hopes to address these challenges.
- By thoughtfully including a new master's level licensure in psychology, we can help to a) ensure that psychology maintains its status as the gold standard for mental health care in Oklahoma, b) grow psychology as a field, and c) provide evidence based mental health care to a greater number of Oklahomans.

In summer 2024, the Association of State and Provincial Psychology Boards (ASPPB) released the long-awaited results from its Potential Regulatory Implications of Master's Licensure (PRI-LM) Task Force. These documents "outlined requirements, titles, scopes of practice, and processes for licensing graduates from master's-level psychology programs" and were opened for public discussion. Briefly, they were meant to provide recommended guidance on implementing a consistent master's level licensure that would be under the purview of state psychology boards, rather than a) the hodgepodge of names and requirements present currently or b) a complete lack of a master's level licensure in psychology.

Such licensure is not meant to replace the licensure of a psychologist, or to label master's level practitioners as a psychologist. The recommended title from ASPPB, for example, is "Licensed Psychology Practitioner" and other states have titles such as Licensed Psychological Associate.

We, and many others, think that now is the perfect time to lobby for and embrace master's level psychology licensure in Oklahoma. To help understand who presents this information, let us introduce ourselves. We are both doctoral level, licensed health service psychologists (CWL is a clinical psychologist, SPS is a counseling psychologist). We are also both professors and directors in psychology graduate programs that prepare our students to become licensed master's level mental health professionals, including Licensed Professional Counselors (LPCs) and Licensed Marriage & Family Therapists (LMFTs). Over our combined 30 years as educators, we have seen hundreds and hundreds of

our students get undergraduate degrees in psychology, obtain master's degrees in psychology, and then spend the rest of their careers being licensed by the Oklahoma Board of Behavioral Health, which regulates LPCs, LMFTs, and Licensed Behavioral Practitioners (LBPs). In other words, they often spend 6-7 years (or more) in psychology programs and then never again get to be part of the psychology world. They are not alone in this regard, as best estimates are that around 20,000 students graduate with a master's degree in psychology in the U.S. each year, but only a small number of US states currently have a psychology licensure at the master's level.

Competition or Colleagues?

For decades, the American Psychological Association (APA) has been very against master's level licensure in psychology. Because of this, many doctoral level psychologists see such licensure as a direct competition for perceived scarce mental health patients and dollars. But when one examines the numbers, it is easy to see that the competition is already here and that their numbers dwarf practitioners of psychology. In Oklahoma, there are currently seven different types of mental health practitioners operating at the master's level: LPCs, LMFTs, LBPs, Licensed Alcohol & Drug Counselors (LADC), Licensed Clinical Social Workers (LCSWs), school psychologists, and board-certified behavior analysts (BCBAs). The LPCs are the most numerous, at over 7,000, followed by LADCs and LCSWs (over 2,000 each), LMFTs (over 1,300), BCBAs (400), LBPs (300), and school psychologists (around 150). That is over 13,000 practitioners at the master's level¹ operating in Oklahoma, compared to around 600 doctoral level health service psychologists. In other words, there is a 21:1 ratio of other types of mental health professionals to psychologists.

In a Healthy Minds Policy Initiative report published in 2023, it was found that Oklahoma had the worst supply-demand balance for psychologists in the U.S., at only 46% of the state's needs. Where do the many, many Oklahomans who need mental health services go? The same report showed that Oklahoma has roughly 3 times as many LPCs as the national supply, about the level of needed LMFTs, and 65% of the recommended LCSWs. In other words, there are not enough psychologists to meet demand, and so those needing services instead seek services elsewhere from those available providers.

Fellow psychologists, that is your competition. Currently, counselors, MFTs, clinical social workers, and others are who you are competing against in the marketplace of ideas and of dollars. Those are competitors who may or may not have been trained in evidence-based psychological practice, who may or may not operate from empirically supported, scientifically informed bases in their assessment and therapeutic practice. Competitors who have an enormous range of undergraduate educational backgrounds (including some outside of psychology or related fields of study), highly variable graduate training (didactically and practically), widely different post-graduate supervision, and who are not beholden to the Oklahoma State Board of Examiners of Psychologists (OSBEP). Do we as a field want competitors outside psychology, or colleagues within it?

A Home in Psychology

¹ It should be noted that many people with these licensures or certifications may in fact possess doctoral degrees of one type or another, but that there are not distinctions in licensure or practice for these at the master's versus doctoral level.

It is our experience that our program graduates are sad to not be connected to psychology in their professional lives, and often feel adrift and out of place among those from counseling programs. This includes the state and national level professional organizations, such as the Oklahoma Counseling Association and the American Counseling Association. From our conversations, most would jump at the opportunity to “come home” to psychology in a new licensure under the OSBEP. Doing so would immediately bolster the number of mental health professionals providing clinical services from a “psychology mindset” in the state, as well as membership in organizations such as the Oklahoma Psychology Association (OPA) and American Psychological Association (APA), creating greater lobbying power and raising awareness of psychology’s place in mental health.

When trained well, with proper didactics and supervision, master’s level clinicians can be incredibly effective at providing what we refer to as “boots on the ground” work. In other words, doing the daily provision of therapeutic and assessment services for the many, many Oklahomans who currently do not have access to such. Supporting master’s level psychology licensure will not make more competitors for doctoral level clinicians, because that already exists. What it can do is to help ensure that Oklahomans are getting high quality, evidence-based services, from practitioners of psychology, in line with our stringent training and ethical guidelines. Guidance in terms of regulatory language and licensing, as well as scope of practice, can be seen in the ASPBB guidelines released, although they will likely change over the next year due to public comment and may need to be adjusted slightly for the needs of Oklahoma. Nevertheless, they provide a vital starting point for the development of this needed licensure.

Psychology Needs to Lead the Way in Mental Health Care Training

It should also be noted that one of the primary accrediting bodies for master’s level counselors is CACREP (Council for Accreditation of Counseling and Related Educational Programs). CACREP has stipulated that psychologists are not capable and qualified to train counselors, stating that there is a distinct difference between a counselor identity and that of a psychologist. Core faculty for CACREP programs must have doctorate degrees in counselor education or have a related doctoral degree (e.g., counseling or clinical psychology) *and* have been employed as a full-time faculty member in a counselor education program for a minimum of one full academic year before July 1, 2013. This means that any new psychologists that were not previously core faculty members in a CACREP program prior to July 1, 2013, cannot be considered for faculty positions in CACREP programs. The argument being made by CACREP is that faculty training counselors who are not counselor educators may be promoting “harm to clients.” CACREP is attempting to make a clear distinction between counselor identity and psychologist identity, insinuating that counseling and psychology are two different identities. While there is some truth to this argument in that psychologist training is significantly more rigorous than counselor educator training, the premise that psychologists are not able to train counselors when that is the bulk of the training that all psychologists obtain in graduate school is erroneous. In addition, the concept of counseling is – in our opinion – a psychological endeavor and, if done well and empirically-based, should absolutely have its roots in psychological thought.

There is a consistent appetite by doctoral level students in counseling and clinical psychology to have opportunities to teach at both the master’s and doctoral level. Right now, many programs have to hire two completely different faculty if they have both a master’s level CACREP program and APA doctoral program. Having a master’s level licensure governed by rigorous APA standards allows future psychologists to teach in both masters and doctoral programs, making them highly sought after at the

academic level. It also helps to ensure that psychology maintains its proper place in mental health care, where it has stood for over 120 years.

Conclusions

Change is constant in any field of healthcare. The past few decades have seen an increase in non-physician providers, such as physician assistants and advanced nurse practitioners, to help fill in gaps of care in the medical realm, especially in rural communities. This has had no impact on the livelihood of or somehow decreased the need for physicians but has resulted in greater access to care for healthcare needs by particular segments of the population. As outlined above, whether or not OPA and the OSBEP decide to embrace a new master's level psychology licensure will have little impact on the availability of master's level mental health services in Oklahoma. What it would impact is who is providing those services at the master's level. Will it be those in psychology, or those outside of it? We enthusiastically implore you to open your arms and help bring master's level practitioners back home to psychology, for the benefit of the field and the improved health of our state.

Further Information and Resources:

Recommendations from the ASPBB taskforce: https://www.asppb.net/page/PRI-LM_taskforce

Healthy Minds Policy Initiative 2023 report "Challenges and opportunities for Oklahoma's psychologist workforce": https://assets-global.website-files.com/638f97e13417b746d0eb3763/65317b37c10cc14fb5467668_Psychologists%20workforce%20challenges%20and%20opportunities_edit.pdf