Introduction
Among Oklahoma’s non-prescribing behavioral health clinicians, psychologists have the greatest gap between supply and demand, meeting only 37% of the state’s estimated need.

Psychologists have specialized, degreed training and skills that make them a crucial part of Oklahoma’s behavioral health workforce. In addition to providing therapy and utilizing psychological interventions to help medical patients, they can diagnose mental health conditions and perform tests that other providers cannot.

However, the state’s critical shortage of psychologists creates barriers for Oklahomans who need treatment and assessments for complex behavioral health issues. Without investments in the pipeline of future psychologists, Oklahoma will continue to struggle meeting its residents’ mental health needs into the next decade.

In this paper, we build on Healthy Minds’ previous recommendations for strengthening Oklahoma’s behavioral health workforce — which include increasing reimbursement rates, raising salaries, and offering loan repayment programs — and further examine the issues facing psychologists. We explore strategies for higher education programs, health systems, and policymakers to build and retain the psychologist workforce and expand Oklahomans’ access to the important care and testing these professionals provide.

Key takeaways
- To meet growing demand for mental health services and increase the psychologist workforce, Oklahoma education institutions should expand training opportunities for future psychologists by adding internship and postdoctoral fellowship programs.
- To allow psychologists to focus on more complex cases, health systems can employ other professionals to work under psychologists, expanding access to care.
- Oklahoma has the infrastructure to offer financial incentives to attract and retain psychologists, but these programs have gone unfunded.
- Policymakers can make Oklahoma a more enticing place to practice through changes to alleviate administrative burdens that hinder psychologists’ work, such as:
  - Removing an annual Medicaid cap for psychological testing
  - Advocating to allow interns and fellows to bill Medicare and commercial payers
  - Activating reimbursement codes that compensate psychologists
Workforce supply and demand

Oklahoma currently lacks enough psychologists to meet the demand for mental health services in the state, and this mismatch is projected to continue into the next decade.

Oklahoma has 46% of the psychologists the state needs, the worst supply-demand balance in the nation for 2023, according to the APA Center for Workforce Studies. For context, a state with a 100% supply-demand balance would have the same number of psychologists available in the workforce as the projected number needed.

Other data sources affirm this imbalance in the supply and demand for Oklahoma's psychologist workforce. The National Center for Health Workforce Analysis (NCHWA), housed within the federal Health Resources and Services Administration, indicates a similar need for psychologists in Oklahoma's workforce. NCHWA makes workforce projections using a model that considers population size, demographics, location, new entrants in the workforce, number of providers exiting the workforce, and historical and projected levels of access to care as measured by factors such as consumer affordability, insurance coverage, and telemedicine. Additionally, Oklahoma’s gap in supply versus projected need of various behavioral health providers is steepest for psychologists, compared to licensed professional counselors, licensed marriage and family therapists, and licensed clinical social workers.

In 2018, NCHWA projected that Oklahoma would have 560 psychologists by 2023, which matches current data from the Oklahoma State Board of Examiners of Psychologists. However, the center’s projections also showed that Oklahoma would need 1,120 psychologists to keep pace with demand, double the current supply. Based on the
model that considers population data and practitioners joining and leaving the workforce, NCHWA projects that Oklahoma will have 660 psychologists by 2035. But that projection still would not match the state’s needs, despite demand staying relatively stable over time.\(^5\)

These estimates also likely understate Oklahoma’s demand for mental health services, because the data used in these projections only run through 2020. For two key reasons, Oklahomans’ mental health needs are likely much higher than projected — and will remain so for the foreseeable future.

First, mental health needs increased throughout the COVID-19 pandemic. In 2019, 21% of adults in the South U.S. Census Region, which includes Oklahoma,\(^1\) reported feeling symptoms of anxiety or depression, according to the National Health Interview Survey.\(^2\) In 2020, an average of 39% of Oklahoma adults reported symptoms of anxiety or depression in a Household Pulse Survey, representing a 92% increase in adults experiencing psychological distress from 2019 to 2020. In 2021, the share of Oklahoma adults reporting anxiety or depression symptoms decreased slightly to 37.9% in 2021 and 38.1% in 2022.\(^3,4\)

\(^1\) Includes Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, and Texas.

\(^2\) The National Health Interview Survey uses the standard “in the last 2 weeks” period, whereas the Household Pulse Survey used “in the last 7 days” until 2021. The former also includes questions from the full PHQ-9, a depression screening tool, and the GAD-7, an anxiety screening tool, while the Household Pulse Survey only asked the first two questions from each screening tool and summed the responses. For a better comparison, only the first two questions were analyzed from the National Health Interview Survey data.
Second, demand for mental health services is likely higher than estimated because of Oklahoma’s expansion of Medicaid, which allowed more low-income adults to enroll in the program beginning July 2021. Since then, more than 330,000 people have gained coverage through SoonerCare, Oklahoma’s Medicaid program. This means more people now can pay for behavioral health services, a key measure in the Health Workforce Simulation Model’s calculations for measuring need. People who gained health coverage through Medicaid expansion included many people who previously lacked health insurance, making them more likely to forgo or delay care because of cost. Now that they have the means to pay for health services, they will likely access physical and mental health services they otherwise could not. Even more providers will be needed to meet this increase in demand.

Because of these shortages, many psychologists are operating at their maximum caseload, which can make it difficult for patients to find a provider or get an appointment quickly.

Healthy Minds conducted a survey of behavioral health providers in Oklahoma, including 66 psychologists, in 2022. Of those, 27% said it takes between one month and more than six months to see a new client to start treatment. About 40% said they could have new patient begin treatment within a week of an initial visit.

A national survey in 2022 found that 60% of psychologists in the U.S. reported having no openings for new patients, and 38% maintained a waitlist. Of the psychologists with waitlists, 32% reported waitlists with between 10 and 49 people, and 10% said 50 or more people were on the waitlist — including 5% with 100 or more patients on the list.

Similarly, school psychologists are in short supply. Oklahoma currently has 1 school psychologist for every 5,251 students, more than ten times higher than the recommended ratio of 1 to 500 and the sixth worst ratio in the U.S.

For adults and children, an inadequate workforce of psychologists means Oklahomans will struggle to access timely psychological care.

**Psychologists’ education and training**

Psychologists’ advanced training uniquely equips them to conduct research, train others in evidence-based practices, develop programs, or work in administration. A licensed psychologist must hold a doctorate degree in psychology.
Specialties include clinical psychology, counseling psychology, or school psychology. Research psychologists, who often work in higher education, government, or business, further the field’s knowledge base by conducting scientific studies. Health service psychologists use their education and training to inform their delivery of direct services to people with various behavioral health concerns. Health service psychologists may also work outside of direct services, such as in academia or research. This paper focuses on health service psychologists who provide direct services, often including psychotherapy, psychological and neurological testing, and health behavioral assessment and intervention services. Psychology candidates can pursue a Doctor of Philosophy (PhD) or a Doctor of Psychology (PsyD) degree. Those who want to pursue a career in research, academia, or clinical practice will often choose a PhD, whereas a PsyD program generally focuses on preparing students for clinical practice. Psychologist candidates will generally choose from clinical psychology, counseling psychology, or school psychology programs for their coursework (Appendix A).

**Education**

Clinical psychology and counseling psychology are distinct programs but share many similarities — the greatest differences between the two are in academic training programs, not in practice. Clinical psychology programs focus on psychopathology — the study of the causes, symptoms, diagnosis, and treatment of...
mental disorders. Clinical psychologists are more likely to work in inpatient and medical settings, and often the criminal justice system. They are also more likely to specialize in working with children.

Counseling psychology programs are more holistic and focus on day-to-day stressors that affect the functioning of individuals who may have a diagnosable mental illness. Counseling psychologists are more likely to work at university counseling centers or outpatient settings. Both clinical and counseling psychologists can be found in private practice settings providing services to individuals with mild to severe behavioral health issues.

School psychologists focus on how a child’s mental health and behavior affect their ability to learn. They apply the psychology of child development and use targeted interventions and supports to encourage students’ educational success. These professionals are especially adept at bridging the gap between generalized services and special education processes. They are trained to help students in a variety of ways, including through academic interventions and instructional supports, as well as behavioral health services.

Oklahoma public schools have a separate credentialing process for school psychologists, who must meet all the requirements of a certified classroom teacher and have a master’s degree with a Certificate of Advanced Graduate Studies, an education specialist degree, or a doctoral degree, plus 1,200 hours of supervised internship experience. Graduates from doctorate-level school psychology programs can also become licensed psychologists with the Oklahoma State Board of Examiners of Psychologists, which allows them to practice outside of schools, but many only pursue the state’s credential. School psychologists without a doctoral degree may not represent themselves as licensed psychologists. School psychology is different from educational psychology, which focuses more on the learning environment and effective instruction.

**Internships**

After completing practicums and university coursework, students begin a yearlong internship that can be at a different...
university or in a different state, often influencing where an intern ultimately decides to practice once they become licensed. Psychology internships are structured training programs for future psychologists in specific types of assessments and treatments. In Oklahoma, at least three licensed psychologists must supervise an intern in counseling or clinical psychology.

Graduate programs that are accredited by the American Psychological Association attract the top students (Appendix B). Students in turn help their institutions maintain accreditation through measures like program licensure rates, student attrition, and how long it takes students to complete their degrees. Similarly, students prefer APA-accredited internships because they provide training in accordance with best-practice standards, which helps students compete for postdoctoral and permanent positions. Some states even require an APA-accredited internship to obtain licensure.

Oklahoma has seven doctoral internship programs with a total of 34 internship slots (Appendix C). Three of these programs are APA-accredited with 17 total slots; one is accredited on contingency with two slots; one is under review to be accredited on contingency with five slots; and two programs are under consideration for full accreditation with a combined ten slots.

In Oklahoma, APA-accredited internship programs include the Eastern Oklahoma VA Health Care System, the Oklahoma Health Consortium, and the Northeastern Oklahoma Psychology Internship Program. At the Northeastern Oklahoma Psychology Internship Program, two of five placement sites for interns serve tribal communities and emphasize cultural competency for working with Native populations. Interns are also placed at the Oklahoma Forensic Center, the state's largest inpatient mental health facility. The center is also the state's only inpatient forensic facility, which serves pre-trial defendants deemed mentally incompetent, as well as people found “not guilty by reason of insanity” through the courts. Interns at the Oklahoma Forensic Center have the unique opportunity to provide competency evaluations and treatment for competency restoration.

Figure 6: Psychology internship slots by state

<table>
<thead>
<tr>
<th>State</th>
<th>Percent workforce adequacy</th>
<th>APA-accredited internship slots in 2023</th>
<th>State population</th>
<th>Internship slots per 1 million residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oklahoma</td>
<td>46%</td>
<td>19</td>
<td>4,019,800</td>
<td>5</td>
</tr>
<tr>
<td>Louisiana</td>
<td>47%</td>
<td>19</td>
<td>4,590,241</td>
<td>4</td>
</tr>
<tr>
<td>Arkansas</td>
<td>65%</td>
<td>20</td>
<td>3,045,637</td>
<td>7</td>
</tr>
<tr>
<td>Texas</td>
<td>70%</td>
<td>191</td>
<td>30,029,572</td>
<td>6</td>
</tr>
<tr>
<td>Kansas</td>
<td>88%</td>
<td>31</td>
<td>2,937,150</td>
<td>11</td>
</tr>
<tr>
<td>Missouri</td>
<td>98%</td>
<td>88</td>
<td>6,177,957</td>
<td>14</td>
</tr>
<tr>
<td>New Mexico</td>
<td>131%</td>
<td>22</td>
<td>2,113,344</td>
<td>10</td>
</tr>
<tr>
<td>Colorado</td>
<td>155%</td>
<td>94</td>
<td>5,839,926</td>
<td>16</td>
</tr>
</tbody>
</table>

APA-accredited with 17 total slots; one is accredited on contingency with two slots; one is under review to be accredited on contingency with five slots; and two programs are under consideration for full accreditation with a combined ten slots.
For Oklahoma and seven other nearby states, there is a positive correlation between the number of APA-accredited internships a state has and its percentage of workforce adequacy for psychologists, which measures the relationship between provider supply and demand.

The relationship between APA-accredited internships and the percentage of workforce adequacy for psychologists is 0.88, indicating a positive linear relationship. While this does not imply a causal relationship between the two, it does indicate that a state’s percentage of workforce adequacy for psychologists increases the more APA-accredited internships it has.

**Postdoctoral fellowships and licensure**

In Oklahoma, a prospective licensed psychologist must have one year of post-academic internship experience and one year of postdoctoral experience to qualify for licensure. The primary purpose of the postdoctoral period is to accrue more supervised training hours to apply for licensure or to gain additional expertise in a certain area. Once a candidate meets all requirements for licensure, they can apply to the Oklahoma State Board of Examiners of Psychologists and take the Examination for the Professional Practice in Psychology and the Jurisprudence Examination.

Oklahoma only has two APA-accredited postdoctoral programs. The largest is at the University of Oklahoma’s Health Sciences Center. This one-year residency has five slots spread across four specialties: pediatric psychology, clinical child psychology, psych- oncology, and substance use disorders. The other APA-accredited postdoctoral program is also through the University of Oklahoma’s

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**Figure 7: Workforce adequacy vs. psychology internship slots**

Sources: American Psychological Association, Association of Psychology Postdoctoral and Internship Centers, U.S. Census Bureau
Health Sciences Center in clinical neuropsychology. This two-year program only accepts two postdoctoral fellows at a time.26

**Scope of practice: Prescriptive authority**

Many people with mental health conditions benefit from a combination of psychotherapy and medication.27, 28 Currently in Oklahoma, only certain clinicians are allowed to prescribe medication — these are most often physicians.

In some states, psychologists want to expand their scope of practice to include prescribing medication in conjunction with providing psychotherapy. The Oklahoma Psychological Association formally created an internal committee in 2004 called the Division of Prescriptive Authority.29 OPA argues that prescriptive authority for psychologists would remedy the prescriber shortage in the behavioral health workforce.

Only six states allow psychologists to prescribe medication: New Mexico (2002), Louisiana (2004), Illinois (2014), Iowa (2016), Idaho (2017), and Colorado (2023).30, 31 In each of these states, psychologists must have additional specialized training and supervision on top of a typical psychology doctoral program.

In 2023, Sen. Dewayne Pemberton introduced Senate Bill 403, which would allow psychologists who have undergone additional training and passed national certification exams to prescribe psychotropic medication. The bill is still eligible to make its way through the legislative process in the 2024 regular session. If passed, the bill would allow a psychologist to apply for a conditional prescription certificate, which would require physician supervision, or a prescription certificate, which would allow a psychologist to prescribe independently.32

In states with limited numbers of prescribers including physicians and advanced practice nurses, granting prescriptive authority to psychologists with required psychopharmacology training can help patients get on the best course of treatment sooner. If psychologists in Oklahoma had the ability to prescribe medication, they could manage a patient’s testing, diagnosis, therapy, and medication, rather than that patient coordinating care with multiple providers.

**Recommendations**

Oklahoma policymakers, state agencies, higher education institutions, and health systems have many opportunities to support the state’s psychologists, a vital part of Oklahoma’s behavioral health workforce.

This support should begin with strategic investments in internships and postdoctoral fellowship programs. With more programs and variety in placement sites and populations served, Oklahoma can increase its number of psychologists and offer more diverse services across the state. Programs in Oklahoma should expand APA-accredited internships as they attract top-quality students. For new or non-accredited programs, funding for technical support could help them get APA-accredited.33 New programs can take stock of existing programs to identify and fill gaps in areas of practice or underserved communities.

In addition to building a pipeline of future psychologists, Oklahoma can also support practices that expand existing psychologists’ reach, such as embedding psychologists in primary care settings or having them manage licensed master’s-level clinicians. Drawing on psychologists’ expertise to better integrate physical and mental health care can result in more effective treatment,
reduced hospitalization and crisis care, and better adherence to treatment plans, creating a less burdened behavioral health system and greater access for those who need to use emergency services.

Further, state leaders have the tools to offer financial incentives to encourage psychologists to practice in Oklahoma. Signing bonuses, loan repayment programs, and general workforce development funding can incentivize psychologists who studied in Oklahoma to stay here and draw providers from out of state to practice in Oklahoma. Finally, policymakers can eliminate administrative burdens and ensure psychologists are properly compensated for their work. By taking these steps, Oklahoma can support psychologists in doing the work they are uniquely qualified to do — and ensure better access to behavioral health care for Oklahomans.

Create additional training opportunities for psychologists by adding internship and postdoctoral fellowship programs in Oklahoma

To meet growing demand for mental health services, Oklahoma needs to increase its psychologist workforce. Oklahoma education institutions should expand training opportunities for future psychologists by adding internship and postdoctoral fellowship programs.

Oklahoma can apply strategies other states have successfully used to grow their numbers of APA-accredited internship programs through state appropriations, private philanthropy, and collaboration across sectors.

Nebraska’s approach

In 2014, the Nebraska Legislature appropriated funds to add five one-year doctoral-level psychology internships within a year, and 10 within three years. The bill was estimated to cost state agencies $374,000 for fiscal year 2014-15 and $417,750 for fiscal year 2015-16. Relative to the state’s annual budget, this was a small investment that is already paying off: since adding more internship slots, its psychologist workforce has increased by about 8%.

Philanthropic model in Texas

In Texas, a program launched by the Hogg Foundation for Mental Health has led to the addition of 23 APA-accredited internship slots. In 2011, the Hogg Foundation launched the Texas Psychology Internships program, which provided $2.2 million in grants for new internship programs through the APA accreditation process; each of the four grantees has since received accreditation. The following year, the Hogg Foundation created the Texas Psychology Internships Accreditation project and contributed $771,000 over three years to support APA accreditation for four existing internship programs.

An analysis of the Hogg Foundation grant recipients found that 80% of interns in APA-accredited internships stayed in Texas for postdoctoral employment compared to only 61% of those from internships without accreditation. Further, by creating internship programs to fill gaps in its program landscape, Texas became a national hub for internship slots in juvenile justice, integrated primary care, and specialty health care settings. Nearly 80% of in-state doctoral students who stayed in Texas for their internships remained in Texas for postdoctoral employment, compared to only 51% of interns from out-of-state doctoral programs. In interviews, program training directors from APA-accredited programs often said that the support of consultation...
and technical assistance was vital in working toward and obtaining accreditation.38

Missouri’s training consortium
Another method of creating internships is establishing a consortium in which independent internship sites collaborate to offer one internship program that shares resources, students, and supervisors. Particularly beneficial in rural areas, this is an effective way to add APA-accredited internships when one organization cannot meet accreditation criteria independently.

Among Oklahoma’s neighboring states, Missouri has the largest independent internship program, with 42 slots.39 This program, the National Psychology Training Consortium – Central Region, provides support to both interns and the internship sites that supervise them. Program staff take on the administrative tasks required to host interns, which can often be burdensome for internship sites. Approximately 50 to 60% of interns with the program stay for more than one year.40

Oklahoma should also expand its number of APA-accredited postdoctoral fellowships. Currently, the state has only six slots. Adding additional fellowship slots will not only increase capacity for the current workforce, but programs can fill workforce gaps by offering postdoctoral positions in areas that need more licensed clinicians. Creating new posts in niche or highly specialized areas of psychology can draw qualified applicants from across the country interested in that specialty, and practitioners often stay where they receive their training.

Train more psychologists in specialized psychological testing domains that have few providers or long wait times, and identify additional providers who can be trained to perform autism assessments
Oklahoma has significant gaps in its capacity for psychological testing. This is especially true for autism assessments, which are among the most complex assessments Oklahoma psychologists provide. The state’s shortage of psychologists means Oklahomans seeking these tests may face a months-long wait. By the same token, adding additional psychologists to the state’s workforce will allow those interested in autism assessments to focus in that area.

Psychologists interviewed around the state reported their current waitlists for psychological assessments are often between 1 and 3 months, and nearly all named autism testing the most complex psychological assessment in Oklahoma. (See Appendix D for more assessments psychologists may perform.)

Although clinicians consider autism a developmental and neurological disorder and not a mental illness, people with autism commonly have co-occurring mental health conditions. Psychologists are well-equipped to test for and treat children with autism regardless of if there is a co-occurring mental health condition. One study examined survey data from more than 42,000 caregivers of children in four categories: children with autism spectrum disorder, children with an intellectual disability, children with special health care needs, and children without any of these needs. The results showed that 78% of children with autism had at least one mental health condition compared to only 14.1% of children without autism. Additionally, children with autism had higher rates of
mental illness when compared to children with intellectual disabilities or specific health care needs.\textsuperscript{41}

**Specialized training**

In addition to the complexity of autism assessments, few clinicians are trained to administer the industry-standard test to diagnose autism spectrum disorder. By training more psychologists to perform these specialized tests — and others that have few current providers or long wait times — Oklahoma can fill these gaps.

The relatively small number of clinicians trained to administer the Autism Diagnostic Observation Schedule (ADOS), a time-consuming assessment, has led to delayed care for many children. This is significant, because early intervention for autism is most effective when a child starts treatment around age 2.\textsuperscript{42}

To close this gap in Mississippi, the University of Southern Mississippi School of Psychology raised funds to offer a large ADOS training. The school received a $5,000 grant from Autism Speaks and crowdfunded $1,000 for a 2-day ADOS training for 70 individuals.\textsuperscript{43} Sixty training participants were university students or faculty in counseling, clinical, and school psychology graduate programs, and 10 were community providers from other parts of the state. Oklahoma institutions could take a similar approach to support and train the current workforce in specialized areas of psychological testing.

**Increasing numbers of other providers**

Oklahoma can also work to increase its numbers of pediatric neurologists, developmental-behavioral pediatricians, and child and adolescent psychiatrists, as these providers can also perform autism assessments. A diagnosis from one of these providers, a psychologist, or a physician with experience diagnosing and treating autism spectrum disorder is required for Medicaid to cover applied behavioral analysis, a common intervention for autism.\textsuperscript{44}

Creating more residency positions for medical students in child neurology, pediatrics, and child and adolescent psychiatry would likely lead to more of these specialists staying in Oklahoma.

Oklahoma has relatively few of these providers, and many of them are concentrated in Oklahoma’s most populous counties, making access harder in other parts of the state.

Increasing the numbers of these providers — in addition to bolstering the state’s workforce of psychologists — will mean

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**Figure 8: Providers who can perform autism assessments**

<table>
<thead>
<tr>
<th>Type of provider</th>
<th>Number of providers in Oklahoma</th>
<th>Provider rate per estimated number of children in Oklahoma with autism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board-certified child neurologists</td>
<td>13</td>
<td>1:2,055</td>
</tr>
<tr>
<td>Developmental-behavioral pediatricians</td>
<td>4</td>
<td>1:6,677</td>
</tr>
<tr>
<td>Board-certified child psychiatrists</td>
<td>51</td>
<td>1:524</td>
</tr>
</tbody>
</table>

Sources: American Board of Psychiatry and Neurology, American Board of Pediatrics, Centers for Disease Control and Prevention
better access for Oklahomans who need this kind of testing.

**Explore varied practice settings and collaborative care models to increase access to evidence-based behavioral health care for Oklahomans in need**

**Embedded psychologists**

One way to extend the reach of the psychologist workforce is to embed psychologists in primary-care settings, where they can detect behavioral health conditions early, expand the use of evidence-based interventions, and ensure that treatment for behavioral and physical health conditions is well-integrated and therefore achieves optimal outcomes.

Psychologists can play critical roles in implementing integrated behavioral health models, such as primary care behavioral health. In this model, a psychologist, social worker, or mental health counselor works in a primary care office where they can address patients’ mental health concerns, consider the interrelated nature of psychological and physical health, and refer patients who need more intensive behavioral health services to a higher level of care. Psychologists in this setting provide early detection and intervention, preventing the development of more serious mental illnesses or substance use disorders. Research has shown benefits of integrating psychologists into primary care, including lower costs, less frequent use of emergency services, and better overall care.

Psychologists’ expertise is also valuable in specialty medical care, including pain management, bariatric surgery care, oncology, cardiology, sleep medicine, neurological disorders, and rehabilitation medicine. In these settings, psychologists can work with patients who have physical ailments but may not have thought to seek mental health support. Promoting the use of currently available Health Behavior Assessment and Intervention codes among providers and advocating for Oklahoma to activate additional codes that foster the integration of mental and physical health can improve care coordination for Oklahomans.

**Alternative providers for test administration**

Health systems could also employ psychological technicians and psychometrists to work under psychologists for test administration, which would allow psychologists more time to interpret assessments or focus on more complex cases.

Psychological technicians, education specialists, and psychometrists are other roles that work closely with psychologists and are under their supervision or have a narrower expertise and scope (Appendix E). Expanding the number of these professionals would place people in the workforce more quickly than doctoral programs and can free up time for psychologists. These professionals administer tests and conduct structured interviews. Psychologists can then interpret the test results and create a treatment plan.

Investing resources in expanding existing programs and starting new ones could develop more pathways to these positions, especially in rural Oklahoma, where the concentration of psychologists is lower than in urban areas. Doctoral programs and continuing education providers could also develop content that teaches practicing psychologists how to best utilize technicians and psychometrists.
Leverage psychologists’ expertise to supervise and train master’s-level clinicians

Oklahoma psychologists can leverage their expertise as supervisors and trainers in evidence-based practices for master’s-level clinicians.

Doctoral psychology programs are best suited for people who want the most comprehensive, rigorous training or are interested in research or psychological evaluations. Those who want to provide therapy without the intensive process of becoming a psychologist can pursue a master’s degree. Psychologists, licensed professional counselors, licensed marriage and family therapists, licensed clinical social workers, and licensed alcohol and drug counselors can all provide therapy. However, other than psychiatrists, psychologists have the most specialized training and skills to assess and diagnose people with mental illness.

Doctoral-level psychology programs can be more strategic in integrating some of the core components of counseling education and supervision programs so that psychologists are prepared to support and coach master’s-level practitioners. In doing so, psychologists can promote the use of psychosocial evidence-based practices and extend the reach of their specialized knowledge. This can allow them more time to leverage the full extent of their license and perform work for which they are distinctly skilled and qualified, such as psychological assessments and evaluations.

Fund existing opportunities for financial incentives to bolster and retain the psychologist workforce

Providing financial incentives could encourage licensed psychologists to work here, but programs with this aim have gone unfunded in Oklahoma. Financial incentives can assist doctoral students who often spend $100,000 or more on their graduate education and living expenses. Financial incentives are also helpful to lessen the payment gaps between physical and mental health providers, especially when it comes to psychological testing. The overall reimbursement structure of medical services is geared toward physical health. For example, a medical doctor can see several patients within the span of an hour, but it might take a psychologist an entire hour to provide therapy or several hours to administer a psychological test for a singular patient. Financial incentives on top of increasing reimbursement rates to reflect how behavioral health services are administered would help the health system achieve more parity amongst providers regardless of if they provide physical or mental health services.

Furthermore, Oklahoma is behind regionally in average salary for a psychologist. Clinical and counseling psychologists make about $88,000 annually, according to the Bureau of Labor Statistics. While this is more than psychologists make in neighboring states of Missouri, Kansas, and Texas, Oklahoma’s annual average wage for psychologists falls behind Colorado, New Mexico, and Arkansas.

School psychologist bonuses

To start, lawmakers could appropriate funds to the Oklahoma State Department of Education for annual school psychologist bonuses.
The passage of Senate Bill 1207 in 2004 allows the department of education to provide $5,000 annual salary bonuses for employees designated as Nationally Certified School Psychologists when funding is available. If the state Legislature passed a bill to direct funds appropriated to the department for these salary bonuses, school districts would have help attracting and retaining quality school psychologists.

**Appropriations to revolving funds**
Legislators can also appropriate state dollars to the existing behavioral health workforce revolving funds designed to address workforce shortages.

In 2019, lawmakers passed Senate Bill 773 to create the Mental Health Loan Repayment Revolving Fund, which can be used to offset student loan debt for behavioral health workers. In 2023, legislators passed House Bill 2175, which renamed the fund to the Behavioral Health Workforce Development Fund and broadened the scope to allow for spending on developing training, recruitment, and supervision capacity. The Legislature can appropriate funds in a funding limits bill, which restricts certain appropriated funds for specific purposes. Although there was not a direct appropriation to this fund in 2023, the Legislature could appropriate money to the revolving fund in future legislative sessions. Alternatively, the Oklahoma Department of Mental Health and Substance Abuse Services could designate money from the agency’s yearly general appropriation without direction from the Legislature.

Also in 2023, the Legislature passed House Bill 2036, which authorizes the use of a revolving fund for the Oklahoma State University Medical Authority to launch a pilot behavioral health workforce development program. The funds can be used to provide relocation assistance for licensed behavioral health professionals to move to Oklahoma or to help practitioners advance their career and skills in the behavioral health workforce. The Legislature directed a one-time

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**Figure 9: States and annual average pay for psychologists**

<table>
<thead>
<tr>
<th>State</th>
<th>Annual mean wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missouri</td>
<td>$75,810</td>
</tr>
<tr>
<td>Kansas</td>
<td>$77,220</td>
</tr>
<tr>
<td>Texas</td>
<td>$84,860</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>$88,070</td>
</tr>
<tr>
<td>Colorado</td>
<td>$91,820</td>
</tr>
<tr>
<td>New Mexico</td>
<td>$102,000</td>
</tr>
<tr>
<td>Arkansas</td>
<td>$128,130</td>
</tr>
</tbody>
</table>

Source: U.S. Bureau of Labor Statistics
appropriation of $1 million to the revolving fund. If the funding is successful in increasing Oklahoma’s behavioral health workforce, policymakers should consider expanding this pilot program in the future.

Eliminate administrative and billing barriers for psychologists through policy changes
On top of the expense of obtaining their degrees, psychologists are often discouraged and disincentivized from practicing in Oklahoma because of billing difficulties. Policy changes to ensure proper compensation and to eliminate administrative barriers can alleviate this pressure to the benefit of psychologists and other critically needed mental health professionals.

Remove Medicaid annual cap for testing
In Oklahoma, psychologists can only bill SoonerCare for up to 8 hours of psychological testing per patient each year.\(^{53}\) If a patient needs more than 8 hours of testing, the psychologist must prove the testing is medically necessary for the patient by explaining the need for further testing in the patient’s medical record.

This is especially burdensome for specific diagnoses like autism, the assessment for which is time-intensive and requires specialized training. Few providers have the training to do autism assessments, and this regulatory limitation discourages other psychologists from administering assessments.

At least 25 other states, including the neighboring states of Kansas, Missouri, and New Mexico, have no such limits.\(^{54}\) Removing the hours-based cap on psychological testing by Oklahoma’s Medicaid would alleviate this administrative burden.

Allow reimbursement for interns’ and fellows’ services under their supervising psychologist by Medicare and commercial payers
Currently, interns in psychology programs and postdoctoral fellows cannot bill Medicare or private insurance for their services, even though they are under the direct supervision of a licensed psychologist and have training in evidence-based practices. In contrast, Oklahoma does allow interns and postdoctoral students to bill Medicaid for their services, unlike other states.\(^{55}\)

The Centers for Medicare and Medicaid Services could address this issue through a policy change to allow advanced psychology trainees to bill for services they provide. The American Psychological Association advocates for federal legislation that would prompt the agency to do so.\(^{56}\)

We encourage mental health stakeholders, including people with lived experience, advocacy organizations, policy think tanks, the Oklahoma Psychological Association, and leaders within the Oklahoma Department of Mental Health and Substance Abuse Services, to prepare information and meet with Oklahoma’s federal congressional delegation to ask them to support this initiative.

Activate reimbursement codes that compensate psychologists
Policymakers can also support Oklahoma’s behavioral health workforce by allowing providers — including psychologists — to participate in and bill for innovative, integrated treatment models.

In 2023, Oklahoma lawmakers passed Senate Bill 444, which activated medical billing codes that compensate general health practitioners, such as primary care doctors, and behavioral health practitioners, such as
psychiatrists, who work together to treat patients.

This model, called Collaborative Care, allows primary care doctors to expand their service offerings to include behavioral health care in an office that is already familiar to their patients. A large study found that 50% of people who died by suicide had seen a primary care provider in the last month of their life, underscoring the important role primary care providers play in identifying the risk for suicide and intervening.57

Collaborative Care billing codes allow primary care physicians to consult with psychiatrists, physician assistants, or nurse practitioners, but psychologists are excluded in favor of practitioners with prescriptive authority. Psychologists have the training for interdisciplinary consulting and communication and can contribute to interdisciplinary teams by ensuring evidence-based psychosocial treatments for common behavioral health conditions are readily accessible to patients beyond just their own clientele. Still, they often cannot sufficiently bill for such services even when they need to address behavioral factors contributing to illness or harm. Interprofessional consultation codes would provide the opportunity for psychologists to get reimbursed for providing consultations. Effective since the beginning of 2023, CPT codes 99446 through 99449 and 99451 have been updated to clarify that the codes applied to “other qualified health care professionals” instead of solely applying to physicians.58 Educating psychologists about these codes can broaden opportunities for psychologists to get compensated for their work and foster more collaboration with other kinds of medical and behavioral health professionals.

Billing codes that compensate psychologists for behavioral health services related to preventing, treating, or managing physical health conditions exist are called the Health Behavior Assessment and Intervention (HBAI) codes.59, 60 (Appendix F)

Evidence suggests these kinds of services can improve patients’ adherence to treatment, identify risk factors for surgery, and enhance quality of life outcomes by addressing predominantly physical health conditions through behavioral health. Oklahoma’s Medicaid agency does reimburse psychologists for these types of Health and Behavior Assessment and Intervention services, but are very low compared to the gold standard Medicare rates that are set by the federal government.61 The Oklahoma Legislature can prompt the Oklahoma Health Care Authority (OHCA) to increase these billing codes, or OHCA can do so of its own accord.
Appendices

Appendix A: Coursework requirements in APA-accredited psychology programs
In APA-accredited programs, students must complete at least 3 full academic years at their degree-granting institutions.

According to the Oklahoma State Board of Psychologists, students are required to have courses in

- scientific and professional ethics and standards
- research design and methodology
- statistics and psychometrics
- biological bases of behavior (physiological psychology, comparative psychology, neuropsychology, sensation, psychopharmacology)
- cognitive-affective bases of behavior (learning, memory, perception, cognition, thinking, motivation, emotion)
- social bases of behavior (social psychology; cultural, ethnic, and group processes; sex roles; organization and systems theory)
- individual bases of behavior (personality theory, human development, individual differences, abnormal psychology)

Some students take longer than 3 years to graduate because of their doctoral dissertation, which is a report of original research conducted. Additionally, students must complete a one-year, full-time pre-doctoral internship.

Appendix B: APA accreditation for psychology programs
The APA accredits clinical, counseling, and school psychology doctoral programs, internships, and postdoctoral residencies, and the Association of Psychology Postdoctoral and Internship Centers has a system that matches students to internships. For any type of program to be APA-accredited (graduate, internship, or postdoctoral), the program must develop curriculum and training that align with nine “profession-wide competencies: research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, intervention, supervision, and consultation and interprofessional/interdisciplinary skills.”

A program seeking accreditation must submit a self-study to the APA’s Commission on Accreditation. If the self-study appropriately addresses the requirements for accreditation, the next step is a site visit. Afterwards, the site visitor writes a report and shares it with the commission. The commission then reviews the relevant information and determines whether to accredit the program.

To ensure continuous quality, accredited programs send annual reports for the commission to review.

There are three possible designations for APA-accredited internships. Fully accredited means the internship satisfies all the requirements of accreditation and submits outcomes data on interns during and after the program. Programs “accredited, on contingency” meet all standards for accreditation except for the data component. These programs need to have two cohorts finish the
internship to provide the required data. Programs can also seek an “intent to apply” status that indicates the program will seek accreditation soon.64

Appendix C: Oklahoma psychology internship programs

Oklahoma APA-accredited internships65

Eastern Oklahoma VA Health Care System – four full-time doctoral interns per academic year66

The yearlong internship focuses on psychological assessment and evidence-based psychotherapy. Interns can choose two six-month rotations focused on veterans in an acute psychiatric inpatient unit, general mental health in an outpatient clinic, home-based primary care, primary care mental health integration, psychosocial rehabilitative and recovery center for people with serious mental illness, PTSD clinical team, substance use disorder team, or women’s mental health related to military sexual trauma

Northeastern Oklahoma Psychology Internship Program (NOPIP) – five placement sites for a total of eight full-time doctoral interns per academic year67

- Indian Health Care Resource Center – two full-time doctoral interns
- Oklahoma Forensic Center – two full-time doctoral interns
- Laureate Institute for Brain Research – one full-time doctoral intern
- Cherokee National Behavioral Health – two full-time doctoral interns
- The University of Tulsa Counseling and Psychological Services – one full-time doctoral intern

Oklahoma Health Consortium – five full-time doctoral interns per academic year68

The Oklahoma Health Consortium has two primary sites: the OU University Counseling Center and the OU Health Sciences Center Student Counseling Services. Each intern has a primary site but can also do a secondary rotation at the opposite site during their internship.

Oklahoma internships APA-accredited on contingencyiii

Oklahoma Sport Psychology Consortium – two full-time doctoral interns per academic year69

The Consortium places interns in the Psychological Resources for OU Student-Athletes, a mental health counseling center in the OU Athletics Department. Interns also experience a private practice setting at Commander Counseling & Wellness where they encounter patients from the general population and children in the custody of the Department of Human Services.

iii “Accredited, on contingency” is granted only if the program meets all standards except for the inclusion of all required outcomes data on interns/residents in the program and after program completion. To become fully accredited, the program must provide the required data by the time two cohorts have completed the program. https://accreditation.apa.org/other-statuses
Oklahoma internships without APA-accreditation

Oklahoma City VA Health Care System – Five full-time doctoral interns per academic year

Oklahoma Private Practice Internship Consortium – Six full-time doctoral interns per academic year

The three primary training sites are the Oklahoma Pediatric Therapy Center – Behavioral Health Services, Cornerstone Behavioral Health and Pediatric Therapies, and Oklahoma State University Center for Health Sciences – Behavioral Medicine Clinic

University of Oklahoma Health Sciences Center – Four full-time doctoral interns per academic year

- Two pre-doctoral interns in the neuropsychology emphasis track
- One pre-doctoral intern in pediatric and child clinical psychology
- One pre-doctoral intern in pediatric psychology (focuses on integrating behavioral health into primary care and specialty medical care settings)

Appendix D: Psychological screenings, assessments, testing, and evaluation

Many behavioral health professionals focus on counseling or psychotherapeutic interventions. Psychologists can provide counseling, but they also have the unique expertise to administer psychological tests and conduct psychological evaluations.

Psychological screenings are not psychological evaluations. Screenings identify people at risk for behavioral health conditions or those who currently meet diagnostic criteria but need further assessment to confirm. Screenings are typically brief and narrow in scope and have procedures to objectively score the responses. Screenings can be administered in a variety of settings, including in schools, in primary care, or self-administered at home.

Testing and assessment refer to an in-depth process conducted by specific licensed providers, such as psychologists or licensure candidates under the supervision of a licensed provider.

Assessment is an umbrella term that includes tests, clinical interviews, school or medical record review, and observational data collection. Providers use assessments to identify a diagnosis, aid in treatment planning, establish the need for specialty services, verify competency in the criminal justice system, or identify personality traits to optimize team functioning. Testing uses norm-referenced checklists or questionnaires, which are standardized and can be given and scored the same regardless of where the test is administered or who tabulates the results. Evaluation is when providers interpret testing or assessment results and take action by means of a treatment plan.

This is a (non-exhaustive) list of possible screenings and assessments that psychologists can provide:

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70 From the start of the academic year in 2022, OUHSC and the OKC VA will act as separate internship sites and will no longer be a consortium. This requires both programs to independently go through the APA accreditation process, which is why they are both listed as unaccredited even though they have been previously accredited when they were combined.
Medicaid-reimbursable behavioral health screenings

- The Child and Adolescent Trauma Screen (CATS) measures symptoms of post-traumatic stress disorder (PTSD) related to traumatic events.
- The Columbia-Suicide Severity Rating Scale (C-SSRS) assesses individuals at risk of attempting or completing suicide.
- The Global Appraisal of Individual Needs-Short Screener (GAIN-SS) identifies people who may have one or multiple behavioral health disorders.
- The Level of Service Case Management Inventory (LS-CMI) combines risk and needs of offenders for recidivism.
- The Ohio Risk Assessment System Community Supervision Tool (ORAS-CST) determines the risk of an offender reintegrating back into the community and helps guide supervision.
- The PTSD Checklist (PCL-5) screens for symptoms of PTSD.
- The Patient Health Questionnaire (PHQ-9) screens for depression.
- The Substance Abuse Subtle Screening Inventory (SASSI) identifies probability of substance use disorder.
- The South Oaks Gambling Screen (SOGS) identifies those who pathologically gamble.
- The Texas Christian University Drug Screen (TCUDS V) screens for severity of substance use disorder, which can help determine the level of care needed.

Other commonly known psychological screenings and assessments for mental disorders, intelligence assessments, and autism testing are listed below.

Mental disorder screenings and assessments

- The Beck Depression Inventory (BDI) is a depression screening tool.
- The Minnesota Multiphasic Personality Inventory (MMPI) assesses personality and psychopathology.
- The Personality Assessment Inventory (PAI) assesses personality and psychopathology.
- The Structured Clinical Interview for DSM Disorders (SCID) is an interview guide for diagnosing conditions based on DSM criteria.
- The Mini-International Neuropsychiatric Interview (M.I.N.I.) assesses for the seventeen most common disorders in mental health.
- The Conners Comprehensive Behavior Rating Scale (CBRS) assesses academic, behavioral, and social issues in kids from 6 to 18; the scale is frequently used for ADHD diagnoses.
- The Bender Visual-Motor Gestalt Test (Bender-Gestalt) assesses for developmental and neurological disorders for those 3 and up.
Intelligence assessments

- The Stanford-Binet Intelligence Scale assesses memory, vocabulary, and computational ability and is scored as an intelligence quotient (IQ).
- The Wechsler Adult Intelligence Scale assesses intelligence and cognitive ability.
- The Reynolds Intellectual Assessment Scales assesses verbal and non-verbal intelligence and memory.
- The Wide Range Achievement Test assesses reading skills, math skills, spelling, and comprehension.
- The Woodcock-Johnson IV Tests of Cognitive assesses measures intellectual ability and specific cognitive abilities.
- The General Aptitude Test Battery (GATB) compares cognitive ability as it relates to job performance.

Autism assessments

- The Autism Diagnostic Observation Schedule (ADOS) assesses communication, social skills, and patterned-behaviors in children.
- The Gilliam Autism Rating Scale identifies ASD and its severity.

Initiating testing for students in school settings

School psychologists deliver another type of psychological testing in the K-12 school setting that is more focused on learning disorder or disabilities. Parents or teachers may request testing for students with concerning patterns of behavior or academic performance. School health screenings can also identify students in need of testing. With additional investment for, and awareness of, school-based mental health services, more schools across the state are conducting health screenings that include behavioral health components. Although a student’s screening score is not a definitive diagnosis, it could trigger follow-up from a school psychologist.

Not all students with mental health conditions will need additional supports at school to be successful, but some students with mental illness do. Under the federal Individuals with Disabilities Education Act, students with emotional disturbance qualify for special education services. Once a school identifies a student who needs an assessment for a disability, school psychologists might review existing data to determine if the student needs additional assessment. Once the school has parental consent to conduct such evaluations, the school psychologist has 45 days to complete those evaluations and meet with the parents. If the school psychologist determines that the student has a disability, that student qualifies for special education services and receives an individualized education program.
Appendix E: Psychological technicians, education specialists, and school psychometrists

Psychological technicians
Licensed psychologists can apply to the Oklahoma State Board of Examiners of Psychologists to hire psychological technicians to work under their supervision (up to four per psychologist). A psychological technician can perform procedural tasks, meaning no discretion or decision-making is involved. For example, a psychological technician can administer and score an objective test, take a patient’s history, conduct structured interviews, help develop intervention plans, and collect data for behavioral interventions and programs. Work performed by psychological technicians is reimbursable. However, psychological technician hours do not count toward postdoctoral hours needed for licensure, and they cannot represent themselves as independent clinicians.

Education specialists in school psychology and school psychometrists
Those interested in school psychology who do not want to practice outside of the school setting or obtain a doctoral degree can become education specialists (Appendix G). An education specialist degree falls between a master’s and a doctorate regarding the number of hours of coursework required. Education specialists can only work in schools and are not eligible to apply for licensure as a psychologist. Instead, the Oklahoma State Department of Education certifies them using the same process for certifying doctoral-level school psychologists.

Another option for people interested in the assessment and evaluation process is to become a school psychometrist (Appendix H). To become a certified school psychometrist, a person must have a master’s degree, pass the Oklahoma General Education Test, Oklahoma Professional Teaching Exam, and Oklahoma Subject Area Test in School Psychology, and submit a teacher certification application.

Appendix F: Health and Behavior Assessment and Intervention billing codes and examples

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<th>CPT code</th>
<th>Associated service</th>
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<tr>
<td>96156</td>
<td>Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)</td>
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<tr>
<td>96158</td>
<td>Health behavior intervention, individual, face-to-face; initial 30 minutes</td>
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<td>96164</td>
<td>Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes</td>
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<td>96167</td>
<td>Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes</td>
</tr>
<tr>
<td>96170</td>
<td>Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes</td>
</tr>
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Source: American Psychological Association. 2022. *Health Behavior Assessment and Intervention CPT Codes for Psychologists*
## Appendix G: Oklahoma education specialist graduate programs

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<th>Institution</th>
<th>Program/Department</th>
<th>Substantive Area</th>
<th>Degree Type</th>
<th>Location</th>
<th>Approved by the National Association of School Psychologists</th>
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<td>Ed.S.</td>
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<td>Ed.S.</td>
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## Appendix H: Oklahoma school psychometry programs

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<th>Degree Type</th>
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<td>School Psychometry</td>
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<td>School Psychometry</td>
<td>M.Ed.</td>
<td>Edmond</td>
<td>Yes</td>
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</table>
References


54 KFF. (2023, March 16). Medicaid Behavioral Health Services: Psychological Testing. https://www.kff.org/medicaid/state-indicator/medicaid-behavioral-health-services-psychological-testing/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D


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