



PLAYBOOK

FOR ENHANCING INDIANA'S MENTAL
& BEHAVIORAL HEALTH WORKFORCE

The Landscape Assessment: Licensed Psychologist Perceptions of the Postsecondary Pipeline to Practice

Technical Report

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Key Findings

- Out of Indiana's 2,543 psychology professionals, 130 responded to the survey, of which 93.1% held a Health Service Provider in Psychology (HSPP) endorsement.
 - Less than half of the respondents had completed their education (37.5%) in Indiana, while even fewer (33.6%) had completed the required clinical internship in state.
 - Respondents received their doctoral education or training from 33 different states and the District of Columbia.
 - Almost 30% of the respondents (28.1%) reported not providing clinical psychology services in Indiana in the last 30 days, with the most common reasons being retirement (41.4%), temporary breaks (7.3%), or working out of state (21.9%).
1. Over half of the respondents (53.2%) did not supervise behavioral health professionals (LSW, LMFTA, LMHCA, etc.) or psychologists. The reasons for this varied widely, ranging from a lack of interest in supervising (15.2%) to a lack of opportunity, either because they had no contact with behavioral health professionals in need of clinical supervision hours (25.7%) or because they were not engaged in clinical practice for enough hours to benefit a trainee (13.6%).
 - Most respondents (90.5%) reported feeling either mostly (45.2%) or fully (45.3%) prepared to provide patient care upon licensure.
 - Most respondents reported that their training in evidence-based care (70.5%) and ethical and legal issues (69.9%) was excellent. Conversely, they rated their training in self-care strategies (38.4%) and leveraging telehealth technology (34.8%) as inadequate.
 2. Most respondents found a training program that would qualify them for licensure without difficulty (73.1%) but reported challenges in finding a clinical experience near home (20.8%) and in a preferred setting (19.2%).
 - In fact, trouble locating high-quality internship and fellowship opportunities was a recurring theme during the open-ended questions, with 29.2% of respondents citing this as a challenge during their education/training process.
 - An increase in reimbursement rates and a policy change that would allow reimbursement for services provided by supervised trainees were common themes when asked for suggestions to improve the education/licensure process (18.5%), postsecondary pipeline (18.5%), and recruitment or retention (46.0%).

Background

Access to critical mental and behavioral health treatments depends on the workforce available and accessible to serve those in need of care. [The Playbook for Enhancing Indiana's Mental and Behavioral Health Workforce](#) focuses on understanding Indiana's postsecondary pipeline to practice for mental and behavioral health professionals ([selected professionals](#)) and identifying opportunities to strengthen the workforce by stopping "leaks" in the pipeline. As part of the Playbook Project, we gathered insights from Indiana's licensed psychologist workforce on their postsecondary education and postgraduate licensure experiences, as well as perceived opportunities to strengthen this pipeline for future professionals.

Methodology

Survey Development and Administration

The Current Psychology Professionals Pulse Check (survey) was developed using the 2022 Indiana Psychologists License Renewal Information. Additional questions were added to evaluate the supervision of other professionals and factors influencing the postsecondary pipeline. Edits were made after the initial development and the survey was shared with external stakeholders, including the Indiana University clinical training director, to ensure accuracy. The final questions (Appendix) were then uploaded to Qualtrics for data collection. The finalized survey distribution language, including an anonymous survey link, was distributed by the Indiana Professional Licensing Agency (IPLA) on December 15, 2023, to all licensed psychologists (N=2,543). Access to the survey closed on January 16, 2024. The IPLA is the governing body for all licensed psychologists and maintains email information as a requirement for licensure.

Reviewing, Coding, and Theming the Data

The data were exported from Qualtrics into Microsoft Excel for analysis. The survey included both quantitative and qualitative data. The quantitative data were cleaned in Excel, looking for missing data, duplicates, and/or any data coding issues. Quantitative data were analyzed using descriptive statistics.

Qualitative data were prepared for coding and analysis. Qualitative data coding was conducted in three phases by a team of three individuals. In the initial phase, responses were labeled based on their inherent meaning, allowing for the identification of content and trends through assumptions. In the second phase, members of the Bowen Center convened to review the results of individual coding, identify discordance incidents between individual results, and discuss their recoding strategies. Discordant responses were recoded once a consensus was reached within the research team. The coding system was comprehensive, with codes carefully defined and designed to be mutually exclusive.

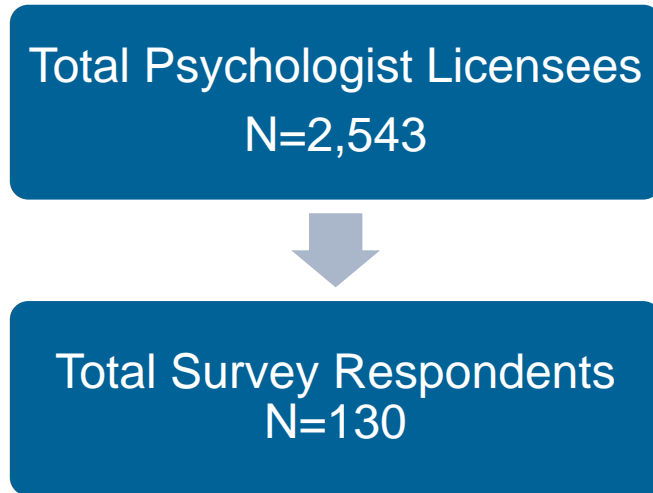
Qualitative data were categorized into overarching themes by grouping related codes and summarized in a table format using thematic analysis, the process of identifying, analyzing, and reporting patterns/themes within the data. Thematic analysis provides a comprehensive understanding of the underlying patterns and insights and their frequency of occurrence.

Limitations

The current report is not without limitations. First, the information presented in this report is largely based on self-reported data which introduces the potential for some level of response bias. This survey was sent to all psychology

licensees regardless of when they were initially licensed and 5.1% of licensees responded. The response rate (5.1%) could limit generalizability of these findings. There have been significant changes to regulation and licensure administration processes, as well as broader environmental context (Covid-19 pandemic) that likely impact licensee experience. Over the last 18 months, modernization initiatives at PLA have resulted in significant improvements to licensure processes, including reduced wait times and processing times as well as enhanced customer service. Individuals who obtained licenses prior to modernization would not have experienced these improvements. Additionally, the COVID-19 pandemic would have impacted both student educational experience and licensure processes. It is important to note that this report does not aim to generalize findings across the entire workforce population, but to only represent feedback received from survey respondents.

Results



Participants

The following is a summary of the survey respondents (N =130). The majority of the sample (93%) indicated that they held the HSPP endorsement, which is Indiana’s independent psychology clinical practice requirement. Approximately one-fifth of the sample held licenses for 10–15 years, followed closely by 5–10 years and more than 25 years. Figure 1 and Table 1 provide additional information.

Figure 1: Psychologists reported Indiana license and endorsement

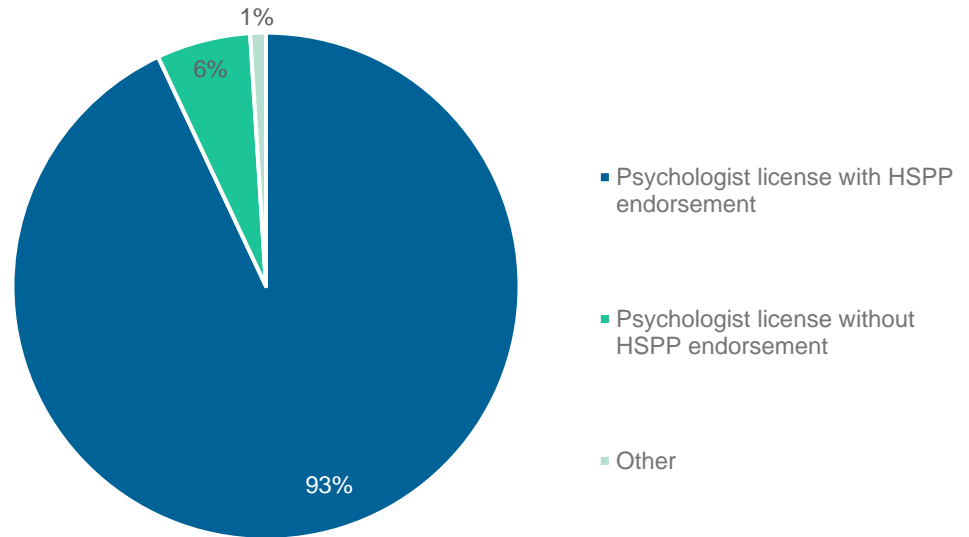


Table 1: Reported length of time licensed

	Count	% of Sample
Less than 1 year	3	2.3%
1–5 years	20	15.6%
5–10 years	26	20.3%
10–15 years	27	21.1%
15–20 years	10	7.8%
20–25 years	16	12.5%
More than 25 years	26	20.3%

Education and Training

Doctoral Degree

Table 2 shows the locations of the qualifying psychology doctoral degree programs. While many survey respondents received their doctoral degrees in Indiana (37.5%), the majority studied elsewhere, with respondents indicating completing doctoral training in 20 different states.

Table 2: Location of qualifying doctoral degree program

State	Count	% of Sample
Indiana	48	37.5%
Illinois	21	16.4%

Kentucky	8	6.3%
Ohio	8	6.3%
California	7	5.5%
Missouri	6	4.7%
Florida	4	3.1%
Georgia	4	3.1%
Texas	4	3.1%
Michigan	3	2.3%
Pennsylvania	3	2.3%
Utah	2	1.6%
Virginia	2	1.6%
Kansas	1	0.8%
Louisiana	1	0.8%
Minnesota	1	0.8%
Mississippi	1	0.8%
New York	1	0.8%
South Carolina	1	0.8%
Washington	1	0.8%
Wisconsin	1	0.8%

Doctoral Clinical Internship

Table 3 includes the respondents' reported locations where they completed the required doctoral clinical internship before graduation. While 33.6% of the respondents completed their required clinical internship in Indiana, the majority trained elsewhere, with respondents completing this requirement in 26 different states.

Table 3: Location of doctoral internship required pre-graduation

State	Count	% of Sample
Indiana	43	33.6%
Ohio	12	9.4%
Illinois	9	7.0%
Kentucky	8	6.3%
Michigan	6	4.7%
Virginia	5	3.9%
California	4	3.1%
Pennsylvania	4	3.1%
Florida	3	2.3%
Missouri	3	2.3%
North Carolina	3	2.3%
Oregon	3	2.3%
Wisconsin	3	2.3%
Connecticut	2	1.6%
Iowa	2	1.6%
Maryland	2	1.6%
Mississippi	2	1.6%
South Carolina	2	1.6%
Tennessee	2	1.6%
Texas	2	1.6%
Washington	2	1.6%
Georgia	1	0.8%
New Mexico	1	0.8%
New York	1	0.8%
Utah	1	0.8%
Washington DC	1	0.8%
West Virginia	1	0.8%

Post-doctoral Fellowship

Out of those respondents who completed post-doctoral training, approximately half (50.8%) did so in Indiana, while the remaining respondents completed their post-doctoral training in one of the 23 reported states. Further details are presented in Table 4.

Table 4: Location of post-doctoral fellowship

State	Count	% of Sample
Indiana	65	50.8%
Kentucky	7	5.5%
Illinois	5	3.9%
Missouri	4	3.1%
Florida	3	2.3%
Maryland	3	2.3%
Ohio	3	2.3%
West Virginia	2	1.6%
Colorado	1	0.8%
Georgia	1	0.8%
Iowa	1	0.8%
Kansas	1	0.8%
Michigan	1	0.8%
Mississippi	1	0.8%
Nevada	1	0.8%
New Hampshire	1	0.8%
New York	1	0.8%
North Carolina	1	0.8%
Oregon	1	0.8%
Pennsylvania	1	0.8%
South Dakota	1	0.8%
Tennessee	1	0.8%
Virginia	1	0.8%
Washington	1	0.8%
I did not complete one	20	15.6%

Providing Clinical Psychology Services in Indiana

The respondents were asked if they had provided clinical services or direct patient care to Indiana residents in the past month (Figure 2). Approximately three-fourths of the respondents indicated that they had recently provided services to Indiana residents. Approximately 30% who responded no were asked to give a reason for not providing clinical psychology services. This is summarized in Table 5.

Figure 2: Provision of clinical psychology services in the last month

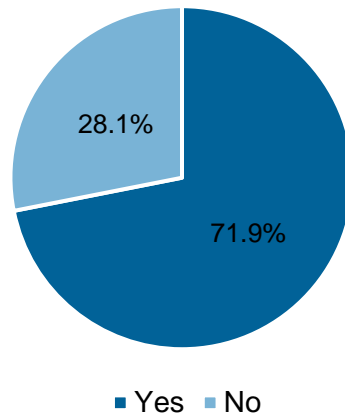


Table 5: Reasons for not providing clinical psychology services to Hoosiers

	Count	% of Sample
I am working in a research or teaching position	7	17.1%
I am currently retired	5	12.2%
I am working under supervision to gain clinical experience and hours for HSPP endorsement	2	4.9%
I am not interested in providing clinical psychology	1	2.4%
I am providing counseling psychology	1	2.4%
I am providing school psychology	1	2.4%
I am unable to meet the regulatory or legal requirements	1	2.4%
I became burnt out and quit providing psychology services	1	2.4%
I don't have the resources or infrastructure to offer clinical psychology	1	2.4%
Other (responses summarized below)		
I work out of state	9	21.9%
I am in an administrative or supervisory role	6	14.6%
I am taking a break from practicing but plan to return	3	7.3%
Awaiting HSPP license approval	1	2.4%
Miscellaneous	2	4.9%

Supervision

Licensed and endorsed psychologists in Indiana may provide supervision to a variety of groups, including doctoral psychology students, licensed psychologists seeking HSPP endorsements, and behavioral health professionals completing post-graduation requirements. Table 6 provides a breakdown of the provisions of supervision reported by the survey respondents. Approximately 53% of respondents indicated that they did not provide supervision. These individuals were then asked to elaborate on the barriers to providing supervision. Table 7 summarizes these findings. Disinterest in

providing supervision was the most reported factor (15.2%), followed by organizational barriers (13.6%) and not knowing anyone needing supervision (12.1%).

Table 6: Psychologists reported provision of supervision and to whom

Currently Providing Supervision	Count	% of Sample*
No	67	53.2 %
Yes, for psychology students in a pre-doctoral internship	37	29.4%
Yes, for behavioral health professionals	32	25.4%
Yes, for psychologists seeking HSPP endorsement	15	11.9%
Yes, for psychology students in post-doctoral fellowships	13	10.3%

*NOTE: A total of 126 respondents provided answers and could select multiple options. Percentages were calculated based on the number of total respondents and not on the total number of responses.

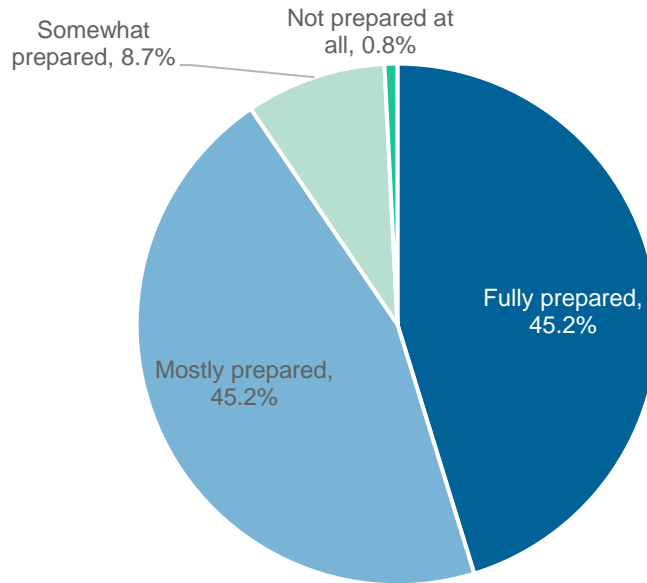
Table 7: Psychologists barriers to providing supervision

Barriers to Providing Supervision	Count	% of "No" Responses
I am not interested in providing supervision	10	15.2%
My organization does not hire associate-level behavioral health professionals (LMFTA, LMHCA, LSW, LACA, LCACA)/non-HSPP psychologists	9	13.6%
I do not know of any associate-level behavioral health professionals (LMFTA, LMHCA, LSW, LACA, LCACA)/non-HSPP psychologists in need of supervision	8	12.1%
There are no financial incentives for supervision provided by my employer	8	12.1%
I am not prepared to handle the additional responsibility	4	6.1%
I do not meet the necessary requirements	2	3.0%
I do not feel confident in my ability to supervise	1	1.5%
Other (responses summarized below)		
I am not currently practicing	6	9.1%
I am providing supervision for individuals who were not included on the list provided [practicum students, school psychologist]	4	6.1%
I do not have enough clientele to provide necessary hours for a trainee	3	4.5%
Supervision is not an option offered by my employer	2	3.0%
Providing supervision is too much risk/responsibility	2	3.0%

Doctoral Program Preparedness

Respondents were asked how prepared they felt to provide patient care after completing their degree program, and most licensees indicated that they indeed felt prepared (90.5%). Those who indicated that they were only somewhat or not at all prepared were given the option to elaborate, with a summary shown in Figure 3. Most respondents cited the difference between theory and practice as the driving factor for their discomfort with patient care.

Figure 3: Psychologist reported preparedness for provision of patient care



Summary of Write-In Responses: Reasons respondents gave for not feeling prepared

- Book knowledge and internship experience did not translate to real-world clinical practice. (4 responses)
- Received limited training with population-specific needs. (3 responses)
- I have not yet completed my post-doctoral fellowship (1 response)

Rating Doctoral Degree Program

Overall, respondents found their doctoral degree programs to be positive experiences, although a few factors were rated as inadequate, which are listed in Table 8. Over 90% of respondents found several factors to be excellent or adequate, including training in diagnosing and assessing clients (100%), ethical and legal matters (97.3%), and evidence-based care (94.6%). However, they found that a few areas of focus were inadequate, including self-care strategies to prevent burnout (38.4%) and technology to provide remote services (34.8%).

Table 8: Perceptions of doctoral degree program

	Excellent		Adequate		Inadequate		Not Applicable/ Unsure	
	Count	%	Count	%	Count	%	Count	%
Training on evidence-based care	79	70.5%	27	24.1%	4	3.6%	2	1.8%
Coursework in diagnosing and assessing clients	81	72.3%	31	27.7%	0	0.0%	0	0.0%
Training in crisis intervention and trauma-informed care	27	24.1%	67	59.8%	14	12.5%	4	3.6%
Training on managing complex cases and clients with severe mental health issues	40	35.7%	53	47.3%	19	17.0%	0	0.0%

Preparation for effectively leveraging technology, such as telehealth, to provide remote services	5	4.5%	19	17.0%	39	34.8%	49	43.8%
Exposure to/training on interdisciplinary collaboration with professionals from other disciplines	49	43.8%	47	42.0%	15	13.4%	1	0.9%
Exposure to dual diagnosis and co-occurring disorders	57	50.9%	43	38.4%	11	9.8%	1	0.9%
Training in self-care strategies to prevent burnout	10	8.9%	52	46.4%	43	38.4%	7	6.3%
Training on cultural competency and diversity	52	46.4%	50	44.6%	8	7.1%	2	1.8%
Practical experience with diverse client populations	57	50.9%	45	40.2%	9	8.0%	1	0.9%
Preparation for de-escalation and conflict resolution	24	21.4%	58	51.8%	28	25.0%	2	1.8%
Ethical and legal training	78	69.6%	31	27.7%	3	2.7%	0	0.0%
Training in addressing issues related to a specific population, such as children/adolescents/elderly	69	61.6%	34	30.4%	8	7.1%	1	0.9%

Difficulties With Indiana Licensure Process

Most respondents reported challenges with the Indiana licensure process (Table 9). Although 73.1% reported no difficulty finding a training program, less than half felt the same about finding clinical experience in their preferred setting (40.8%) or within a reasonable distance from home (36.2%). Understanding the licensure process was reported as a challenge both before (47.9%) and after (43.8%) graduation.

Table 9: Difficulties with Indiana licensure process

	Not difficult at all		Somewhat difficult		Very difficult		Not Applicable /Unsure	
	Count	%	Count	%	Count	%	Count	%
Finding a training program that would qualify me for licensure	95	73.1%	13	10.0%	1	0.8%	2	2.3%
Understanding the process for licensure/endorsement before graduation	50	38.5%	49	37.7%	9	6.9%	4	3.1%
Understanding the process for licensure/endorsement after graduation	58	44.6%	47	36.2%	6	4.6%	1	0.8%
Finding clinical experience within my community or a reasonable distance from my home	47	36.2%	27	20.8%	27	20.8%	10	7.7%
Finding clinical experience in a preferred setting	53	40.8%	28	21.5%	25	19.2%	6	4.6%

Opportunities in the Postsecondary Pipeline to Practice

Respondents were given the opportunity to elaborate on any issues they had experienced from the beginning of their postsecondary education to earning HSPPE endorsements. Table 10 presents the themes from the write-in suggestions.

Difficulty in finding a qualifying internship and/or fellowship (29.2%), frustration with the licensure process (16.7%), and low pay for trainees (12.5%) were reported as the top concerns for respondents during the training and licensure process.

Table 10: Issues experienced in the postsecondary pipeline to practice

Theme	Definition	% of Comments
Limited high-quality internship and fellowship opportunities	Difficulty finding local training opportunities and willing supervisors, lack of supervisory training opportunities, difficulty with matching	29.2%
Challenging and lengthy licensure process	Complex licensure process, no central location that outlines all requirements, excessive delay in processing completed application	16.7%
Lack of reimbursement for trainees	Services provided by trainees are not billable, pay rate during training period is below living wage	12.5%
Communication challenges with board	Indiana licensing board is not responsive to calls and messages, up-to-date licensure requirements are not shared	9.7%
Lack of out-of-state reciprocity	Lack of expedited licensure process for those licensed in another state	8.3%
High program cost	High program costs lead to high student loans and present a barrier to individuals of lower economic status	8.3%
Lack of supportive resources	Few resources available to avoid burnout, including wellness and mental health services, lack of career placement support	5.6%
Perceived bias against psychologists	Perceived bias and lack of respect for psychology programs in Indiana, doctoral trainees being supervised by master's-level licensees	4.2%
Complex insurance billing	No training available on how to navigate insurance reimbursement process	2.8%
Excessive training requirement	Reduce the number of training hours required, align with APA	2.8%

After discussing the issues, the survey respondents were given the opportunity to identify solutions or opportunities to support the psychology education pipeline, as compiled in Table 11. Suggestions revolved around increasing funding across the board, streamlining the licensure process, and expanding available clinical training opportunities. In particular, respondents focused on increasing trainee pay and reimbursement rates (18.5%); reducing the complexity and excessive wait time for licensure approval (11.1%); and developing a centralized database containing all requirements, programs, and training opportunities (14.8%).

Table 11: Opportunities to strengthen the psychology pipeline

Themes	Definition	% of Comments
Increase pay and reimbursement rates for trainees	Increase/allow trainee insurance reimbursement, reduce caseloads	18.5%
Develop resource hub	Create a central location with up-to-date licensure requirements, develop and maintain a database of available programs, training, and continuing education opportunities and offer career placement services	14.8%

Incentivize psychologists to provide supervision for trainees	Develop benefits for trainers through increase in pay, allow supervision to count toward continuing education requirements	11.1%
Streamline licensure process and increase state responsiveness	Provide easy to navigate, up-to-date, accessible application process, improve the responsiveness of state staff	11.1%
Increase funding for degree and training programs	Increase available financial aid for degree programs, increase funding for mentorship programs as well as PSYD and clinical research programs	9.9%
Increase internship and fellowship opportunities	Expand available opportunities for trainees	8.6%
Modify training requirements by reducing hours and adding flexibility	Reduce or eliminate post-doc training requirement, create non-traditional paths to education and training	7.4%
Create incentives to practice in Indiana and underserved communities	Incentivize Indiana licensees to remain and practice in the state, incentivize practicing in underserved communities or populations	6.2%
Out-of-state licensure reciprocity	Lack of expedited licensure process for those licensed in another state	4.9%
Counsel youth on career path	Engage with students while still in high school or during undergraduate education	3.7%
Support more clinically focused programs and opportunities	Increase clinically focused degree programs and research	3.7%

Workforce Opportunities

Individuals were given a final opportunity to share their ideas to increase the number of HSPB-endorsed psychologists providing clinical psychological services to Hoosiers. The top suggestions focused on increasing funding including trainee pay, reimbursement rates, and incentives and scholarships for students and trainees (46.0%). Reducing barriers to licensure and practice through modifications to state regulations (14.4%) was another common recommendation, along with developing a centralized database for all requirements, programs, and training opportunities (12.2%).

Table 12: Opportunities for increasing the workforce providing direct patient care

Theme	Definition	% of Comments
Increase funding	Increase pay and reimbursement rates, provide free training materials, offer loan repayment, fund training in behavioral health and legal considerations	46.0%
Modify state regulations	Loosen barriers to telehealth practice, create an expedited reciprocity path to licensure, reduce training requirements, change political landscape	14.4%
Develop a resource hub	Create a central location with up-to-date licensure requirements, develop and maintain a database of continuing education programs, provide networking opportunities	12.2%
Simplify the insurance reimbursement process and provide more oversight	Streamline insurance reimbursement process, provide protections from insurance claw backs	7.9%

Create incentives to practice in Indiana and underserved communities	Incentivize Indiana licensees to remain and practice in the state, incentivize practicing in underserved communities or populations	6.5%
Develop non-traditional paths to licensure	Expedite master's-to-doctoral degree process, instill flexibility into training hour requirements	4.3%
Increase internship and fellowship opportunities	Expand available opportunities for trainees	4.3%
State agency communication	Improve responsiveness of licensing board, improve state collaboration with local agencies	2.9%
Increase the profile of psychologists	Develop a public awareness campaign, raise profile of psychology programs at local colleges	1.4%

Conclusion

Almost all the psychologist survey respondents were endorsed for clinical practice; however, only 70% reported providing patient care to Hoosiers in the last 30 days. When discussing opportunities to increase the number of clinically practicing psychologists, respondents indicated that increasing pay, reimbursement, and other funding mechanisms would be the most impactful. Many also felt that the state's licensure regulations were a barrier. Approximately one-third of the sample completed doctoral training, internships, and post-doctoral requirements in Indiana. Many individuals indicated that the lack of doctoral internships within the state was a significant challenge. Opportunities to increase the number of doctoral internships and post-doctoral fellowships in the state may impact retention and strengthen the workforce. Very few psychologists provide supervision, which may indicate an opportunity for increased incentivization to enhance participation.

Appendix

Survey Questions

1. Please identify what Indiana license/endorsement you hold.
 - a. Psychologist license without HSPP endorsement
 - b. Psychologist license with HSPP endorsement
 - c. Other [TEXT]

2. Branching if 1 = a: You selected you do not have an HSPP endorsement. Please share more about why you did not pursue HSPP endorsement. If you plan to pursue HSPP endorsement, please state that.

TEXT BOX

3. How long have you held your Indiana psychology license?
 - a. Less than 1 year
 - b. 1-5 years
 - c. 5-10 years
 - d. 10-15 years
 - e. 15-20 years
 - f. 20-25 years
 - g. More than 25 years

4. Where did you complete the doctoral degree that qualified you for your Indiana psychology license?
 - Indiana
 - Alabama
 - Alaska
 - Arizona
 - Arkansas
 - California
 - Colorado
 - Connecticut
 - Delaware
 - Florida
 - Georgia
 - Hawaii
 - Idaho
 - Illinois
 - Iowa
 - Kansas

- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Washington DC
- West Virginia
- Wisconsin
- Wyoming
- Another country

5. Where did you complete the doctoral clinical internship (required pre-graduation)?

- Indiana
- Alabama
- Alaska
- Arizona
- Arkansas

- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Washington DC
- West Virginia
- Wisconsin

- Wyoming
- Another country

6. Where did you complete your post-doctoral fellowship (post-graduation)?

- I did not complete a post-doctoral fellowship post-graduation
- Indiana
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania

- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Washington DC
- West Virginia
- Wisconsin
- Wyoming
- Another country

7. In the past month, have you provided clinical psychology services/direct patient care to residents in the state of Indiana?

- a. Yes
- b. No

7a. BRANCHING IF NO: Please identify your reason for not providing clinical psychology services/direct patient care by selecting all that apply.

- a. I am not interested in providing clinical psychology
- b. I am currently retired
- c. I don't have the resources or infrastructure to offer clinical psychology
- d. I am providing school psychology or counseling psychology
- e. I am unable to meet the regulatory or legal requirements
- f. I am working in a research or teaching position
- g. I am working under supervision to gain clinical experience and hours for HSPP endorsement
- h. I am currently searching for a position to fulfill the clinical experience requirements for HSPP endorsement
- i. I have ethical or personal reservations about providing clinical psychology
- j. I became burnt out and quit providing psychology services
- k. Other (Please specify): TEXT BOX

8. Are you currently providing supervision for associate-level behavioral health professionals or psychologists? Please note that associate-level behavioral health professionals refers to Marriage and Family Therapists, Mental Health Counselors, Addiction Counselors and Social Workers who are still in the process of obtaining clinical supervision hours. Please select all that apply.

- a. Yes for behavioral health professionals
- b. Yes for psychologists
- c. Yes for psychology students in a pre-doctoral internships
- d. Yes for psychology students in a post-doctoral fellowships

e. No

8a. BRANCHING IF NO: What barriers prevent you from serving as a supervisor?

MULTI-SELECT

- a. I do not meet the necessary requirements
- b. I am not interested in providing supervision
- c. I am not prepared to handle the additional responsibility
- d. I do not feel confident in my ability to supervise
- e. My organization does not hire associate-level professionals/non-HSPP psychologists
- f. There are no financial incentives for supervision provided by my employer
- g. I do not know of any associate-level behavioral health professionals (MFT, MHC, LCSW, LSW, LAC, LCAC)/non-HSPP psychologists in need of supervision
- h. Other (Please specify): TEXT BOX

9. How prepared did you feel for direct patient care after completing your degree program?

- a. Fully prepared
- b. Mostly prepared
- c. Somewhat prepared
- d. Not prepared at all
- e. Not applicable

9a. BRANCHING: You selected [Mostly, somewhat, not prepared] Please briefly explain. TEXT BOX

10. Please rate your doctoral degree program on the following factors.

	Inadequate	Adequate	Excellent	N/A or Unsure
Training on evidence-based care				
Coursework in diagnosing and assessing clients				
Training in crisis intervention and trauma-informed care				
Training on managing complex cases and clients with severe mental health issues				

Preparation for effectively leveraging technology, such as telehealth, to provide remote services				
Exposure to/training on interdisciplinary collaboration with professionals from other disciplines				
Exposure to dual diagnosis and co-occurring disorders				
Training in self-care strategies to prevent burnout				
Training on cultural competency and diversity				
Practical experience with diverse client populations				
Preparation for de-escalation and conflict resolution				
Ethical and legal training				
Training in addressing issues related to a specific population, such as children/adolescents/elderly				

11. Please indicate whether you had difficulty with any of the following:

	Not difficult at all	Somewhat difficult	Very difficult	Not applicable
Finding a doctoral degree program that would qualify me for licensure				

Understanding the process for licensure/endorsement before graduation				
Understanding the process for licensure/endorsement after graduation				
Finding an APA accredited doctoral internship within my community, or a reasonable distance from my home				
Finding an APA accredited doctoral internship in a preferred setting				

12. Please share any other issues that you've experienced from the beginning of your post-secondary education all the way through the earning licensure as a fully practicing practitioner. Please type N/A if this does not apply or you have no thoughts.

TEXT BOX

13. Do you have any ideas on what policies or resources could be implemented to support the post-secondary education pipeline? Please type N/A if this does not apply or you have no thoughts.

TEXT BOX

14. Do you have any ideas on what policies or resources could be implemented to recruit and retain more HSPP Psychologists providing direct patient care in Indiana. Please type N/A if this does not apply or you have no thoughts.

TEXT BOX

Acknowledgements

Please address any correspondence regarding this document to the Bowen Center via email at bowenctr@iu.edu or by phone at 317.278.4818.

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