

February 10, 2026

Chairman Solomon, Vice-Chair O'Brien, 2<sup>nd</sup> Vice Chair Caldwell, & Esteemed Members of the House Corporations Committee:

I am Dr. Catherine Vieira-Baker, a psychologist who is licensed in three states, the current president of the Rhode Island Psychological Association, and a member of the Board of Professional Affairs at the American Psychological Association where I liaison to a task force that is revising APA's Model License Act. That document is to be reviewed for adoption as APA policy and relates to the licensure of doctoral and master's level professionals in psychology. I am here today to ask that you vote AGAINST this bill.

The stated purpose of the bill is to address the "shortage of school psychologists in Rhode Island." The licensing of school psychologists for independent practice is likely to have the opposite effect. For four years I had been the field supervisor for school psychology doctoral students at the University of Rhode Island. My experience with my students is that very few worked in schools. They set out their private practices after having clinically intense experiences at Bradley and Hasbro Children's Hospitals. Based on my experience, I would expect that this bill would actually make the shortage more profound.

The skill set of school psychologists trained at the master's level who are certified by the Department of Education is limited compared to the training of a doctoral psychologist trained in clinical and/or school psychology. My postdoctoral training was as a day treatment therapist in a public day school in Virginia. It was a position within the equivalent of a community mental health clinic but within a special education setting. For the past 21 years, I have been employed by a public day school in Massachusetts. In my role, I work with some highly qualified and competent certified school psychologists. Even those school districts who have school psychologists seek my services because some cases are too complex and/or clinically sensitive for school providers to address. Comprehensive psychological and neuropsychological evaluations are needed in these very complex cases, cases that my tremendous school psychologist colleagues acknowledge need a more clinical lens to provide a differential diagnosis. There are times when I am the first person to bring to the parents the clinical needs of their child. The training of the school psychologists make them wonderful resources for curriculum development and program evaluation, but the two-year school psychology program does not allow for them to hone differential diagnostic skills for determining whether it is autism spectrum or severe anxiety, is it a mood disorder or trauma or both. They

also value the way in which my clinical training allows me to bring in information from multiple sources and to develop a case conceptualization that helps the educational team understand better the needs of the child for whom they are programming. The scope of practice proposed in this bill is far too broad for the education and training certified school psychologists receive.

I would greatly support incentivizing the development of more school psychology professionals so that all Rhode Island Schools are staffed at the level recommended by the National Association of School Psychologists: 1 school psychologist for every 500 students. I would support a grant program consistent with the intentions of this bill (**16-11-11. School psychologist graduate preparation grant program**). Programs that reduce the financial burdens of education (such as loan forgiveness), and create education and training opportunities will help to incentivize more people to become school psychologists and work in our schools. Such a practical approach would also allow those from underrepresented groups to enter the profession and to provide services to members of their community in a culturally competent manner.

I would hope that such a grant program would encourage this body to work with the University of Rhode Island to re-establish their doctoral training of school psychologists, possibly through a combined child clinical/school psychology dual program. As I mentioned, I had trained school psychology students for four years at URI. Many sought and secured training sites that were traditionally considered “clinical,” being that they were in clinics and hospitals. URI already has a clinical training program. Working with them to have a combined program would serve both the outpatient clinical needs as well as the educational needs of the children in this area. Linking that support to a commitment to serve the local community would encourage those trained to remain in the local area.

Finally, the Rhode Island Psychological Association is monitoring APA’s process to complete the revision of their model license act. When it is completed, the Association will engage with the psychology community to consider revisions to our licensing law and regulations. The changes proposed in this bill would complicate that process.

Again, I appreciate the sponsors’ intention and willingness to address the shortage of providers, but I ask the committee to vote against this bill

Thank you,  
Catherine Vieira-Baker, Ph.D.