

April 7, 2026

Faculty Senate (via the Graduate School and Harpur College)
Binghamton University

To the Faculty Senate:

I write in my capacity as Director of Clinical Training (Program Director) of the Clinical Psychology PhD Program to express support for the establishment of two new master's-level programs associated with improving mental health, one in Mental Health Counseling (MHC) and one in Applied Behavior Analysis (ABA), to be housed within a new department in Harpur College. After discussion among the clinical faculty, I can state unequivocally that we support the creation of these programs and believe they will enhance the University's ability to meet pressing workforce and community needs while complementing (rather than competing with) our doctoral training mission.

The Proposed Masters Programs are Quite Different from the Clinical Psychology PhD Program

First, I want to emphasize that our faculty view the proposed MHC and ABA programs as mission-aligned additions that broaden Binghamton University's training portfolio across the continuum of behavioral health professions. Our Clinical Psychology PhD program is explicitly a clinical science program (accredited by the American Psychological Association and the Psychological Clinical Science Accreditation System), with a model that emphasizes research-intensive doctoral training, scientific approaches to psychopathology and intervention, and highly selective admissions. The proposed master's programs, by contrast, are designed to prepare practice-focused professionals at the master's level, addressing a distinct set of licensure pathways, competencies, and career outcomes. This differentiation in training model and professional endpoint makes these programs complementary by design.

No Competition for Students

Relatedly, we do not foresee competing with these programs for students. Our research-focused doctoral program typically accepts approximately 1 out of 100 applicants, reflecting our small cohort size and our focus on intensive research and clinical training. Very few of our admitted students have completed their undergraduate education at Binghamton University. In contrast, the proposed

MHC and ABA programs will appropriately and strategically recruit practice-oriented master's applicants, and I understand that they will recruit heavily from Binghamton's own undergraduate population as well as from state-wide applicants seeking master's-level professional preparation. Given these differences in admissions selectivity, applicant pool characteristics, and training goals, the programs will not draw from the same primary student market. Instead, they will expand opportunities for Binghamton undergraduates and others who seek professional practice pathways that are distinct from doctoral-level clinical science training.

Regarding Competition for Experiential Learning Opportunities

I also want to address concerns that sometimes arise regarding training clinics and service delivery. We do not anticipate that the training clinic associated with the new MHC and ABA programs will compete for patients with the Psychological Clinic associated with our doctoral program. The need for accessible, high-quality, low-cost mental health and behavioral services is massive, and our community continues to experience substantial unmet need. Rather than competing, multiple clinics can help address a service gap that no single provider (or single university-affiliated training clinic) can fill. In addition, as telehealth options expand, the potential patient pool will, if anything, increase, creating opportunities to reach individuals across New York State while maintaining appropriate standards of care, supervision, and compliance.

Importantly, our Psychological Clinic has a well-established tradition of providing high-quality, evidence-based intervention and highly sought after assessment services, supported by rigorous doctoral-level training and supervision. This reputation will continue to be a defining strength and a "selling point" for patients seeking specialized assessments and empirically supported clinical care. The proposed master's-level clinic, in turn, will bring additional service capacity and may naturally differentiate itself through its own emphases (e.g., counseling services aligned with MHC competencies and behavior-analytic services aligned with ABA competencies). In other words, the two clinics can each maintain their distinct identities and scopes, while both contributing meaningfully to community service and student training.

Although we do not envision operating as a combined clinic, I see constructive opportunities for coordination that could elevate training experiences across programs. For example, the clinics could coordinate around vertical supervision opportunities in which advanced PhD trainees support the development of junior MHC trainees under appropriate oversight. I could also envision opportunities around consultation on challenging assessment and intervention cases when cross-program expertise would be beneficial. These forms of collaboration can be structured in ways that preserve clear boundaries in scope of practice, supervision responsibility, and patient flow, while promoting a collegial culture of shared learning. Such coordination, if implemented thoughtfully, would

strengthen training without requiring a merger of operations, identity, or governance.

Finally, with respect to community training sites (e.g., practica and externship placements), our experience is that competition for high-quality placements is driven primarily by doctoral psychology programs at other universities rather than by master's-level programs within the same institution. In our region, the principal competitive pressure for doctoral practicum slots comes from external doctoral programs (for example, programs at other universities that place students in the same community agencies). Master's-level counseling and ABA placements typically align with different training requirements, timelines, and site expectations than doctoral practica, and they often occur in different service settings and supervisory structures. For these reasons, we do not anticipate that the proposed programs will meaningfully constrain our doctoral students' access to the community training experiences required for high-level clinical science training.

Conclusion

To summarize, our clinical faculty supports the establishment of the proposed master's programs in Mental Health Counseling and Applied Behavior Analysis within Harpur College. We believe these programs will expand Binghamton University's contribution to the behavioral health workforce, increase professional training opportunities for our undergraduates and the region, and strengthen the University's capacity to meet substantial community needs. From the standpoint of our Clinical Psychology PhD program, we see these programs as complementary, with clear differentiation in student populations, training goals, and clinical service models.

Thank you for considering our perspective as the Faculty Senate evaluates these proposals. I would be happy to discuss any of these points further or to provide additional information that may assist in the Senate's deliberations.

Sincerely,

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