

Causes for Lack of Coordination among Organizations on Specialty, Specialization, and Board Certification

Delineation of Agreed Upon Causes:

1. **Historical Precedents:** As professional psychology has evolved, various organizations developed ways of informally or formally creating concepts, processes, and definitions of specialties. For example, some state licensing Boards recognize ABPP as a mobility credential of sorts, while others do not. Accreditation has used various terms over the past two decades to describe specialty programs other than Clinical, Counseling and School psychology, but these three specialties have been the only recognized doctoral level specialties based on, in part, historical precedence. As various organizations developmentally progressed along their various ways of addressing specialty, they developed their own definitions, systems for training/education in specialty, and ways to recognize competencies in specialties. Collaborating across the organizations to integrate these various historical progressions may mean overcoming the ownership over precedents and adopting one, unified “from this point forward” approach to writing a new history yet-to-come.
2. **Organizational Inertia:** Like Historical Precedents, organizational inertia refers to the tendency for organizations to create policies, definitions, and processes in response to current needs, but to then maintain those things in the face of changing needs. As specialties, specialization, and credentialing changed over time, new organizations developed while existing organizations adapted only when necessary. For example, CRSPPP created a mechanism to recognize credentialing organizations for the purpose of listing credentials in the APA membership directory, but those actions ended up being somewhat inconsistent with the CoS position of one credentialing organization. The result has been confusion over the role of CRSPPP’s recognition vis a vis CoS’s position. However, the tendency to modify any one organization’s positions in these regards faces systemic resistance as does any modification to systemic structures, members and roles.
3. **Communication Barriers:** As organizations conducted their work regarding specialties and board certification, many of them operated with an unintentional lack of communication with other organizations doing similar things. Sometimes this was the result of not knowing about another organization, but other times it was an insufficient understanding of the need to communicate with them. This resulted in a sense of independence that breeds a purposeful sense that there is no need to communicate. Often, the arguments are heard as “We do this, they do that, so why do we need to communicate on this?” Unfortunately, as forces around professional psychology change, and those changes impact on psychology, specialization, specialties, and board certification have become more on the forefront, and the lack of communication (and its resulting lack of coordination) have

- yielded a potential for professional psychology to appear fractured to the outside world.
4. **Fears of Formalization:** For any organization, formalization of policies and definitions can lead to fears. For example, some concerns relate to legitimacy of credentials and practice areas where specialization is not articulated or required. Other concerns that have been heard include fears about the loss of general practice identity, licensure actions if specialized but not board certified, and prescriptiveness on specializing undermining practice independence. These fears can lead to a reduction in collaboration and resolution of differences, and can undermine defining the fears as opportunities to improve professional psychology.
Organizational Turf Concerns: While different organizations have different criteria and guidelines with regard to specialties and board certification, some organizations have expressed concerns that if they collaborate with other organizations, there may be a loss of identity and autonomy (e.g., control over their mission). For example, APA (and CRSPPP specifically) now has guidelines on the terms to use for specialty coverage at each of four (4) stages of education and training. However, adoption of these guidelines by COA, APPIC, or CCTC has been slow or non-existent, partly based on each of those organization's concerns about each one's identity and control.

Discussion:

Are these causes well defined and do they represent reality? And, too, will the articulation of these causes create more harm than good? Finally, can each organization endorse these causes as acceptable in defining the motivation to change the status quo?

Tasks:

1. Adoption of a statement of causes (or modified causes)
2. Creation of a common statement of purpose to drive the future work of accomplishing proposed goals.