

A Conceptual Framework for Specialization
in the Health Service Domain of Professional Psychology

Council of Credentialing Organizations in Professional Psychology

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Preamble

Over the past six decades psychology has experienced an exponential growth of scientific knowledge and professional practice applications. The differentiation of the profession has resulted in an expanded scope of practice and increased the desire and need for specialized education and training. How to reflect that specialization in a way that increases the likelihood of a clear understanding by the public presents a challenge. Today, practitioners use words like emphasis, concentration, or specialization in labeling their patterns of practice. Such labels are typically based on the practitioner's education, training and experience. Labeling of psychologists and their practice patterns relates directly to the history of specialization in professional psychology and organized structures associated with that effort. Following is a brief introduction to the complex and rich history of specialization in psychology.

Recognition of Specialties: De Facto and De Jure

In the 1940's the first named specialties originated from the need of the US Public Health Service and Veterans Administration Hospitals to identify graduates of qualified training programs in clinical and counseling psychology. At about the same time, the American Psychological Association (APA) recognized the need for an independent practitioner certification function to be apart from itself, as a membership organization. Thus, prompted by APA action, the American Board of Examiners in Professional Psychology, renamed later as the American Board of Professional Psychology (ABPP), was established in 1947 to certify psychologists for independent practice in the near absence of state licensure laws. The broad areas of practice chosen for these practitioners are now known as Clinical, Counseling, and Industrial-Organizational Psychology. In 1968, School Psychology was added. With both training standards and specialty certification of individuals in place, the areas of practice in Clinical, Counseling, Industrial-Organizational, and School Psychology became consensually recognized (*de facto*) or at least labeled as specialties in professional psychology. However, organized psychology became concerned about the absence of a formal (*de jure*) process for recognizing specialties.

By the late 1970's pressures were mounting in professional psychology for establishment of a formal process for specialty recognition, stimulating recommendations from the APA Task Force on Specialty Criteria (1979), the APA Board of Professional Affairs Subcommittee on Specialization (SoS)(1980-86), and the Canadian Psychological Association (CPA)/Council of Provincial Associations of Psychologists (CPAP)(1988). Building upon the criteria and procedures recommended by SoS, ABPP instituted its own specialty identification policies and recognized clinical neuropsychology and forensic psychology in 1984 and 1985, respectively, and subsequently recognized additional specialties.

In 1995, APA designed and implemented a *de jure* process for the recognition of specialties in professional psychology when it established the Commission for the Recognition of

Specialties and Proficiencies in Professional Psychology (CRSPPP). Since that date APA has recognized ten specialties through this process. Although the recognition processes of ABPP and APA have been independent of one another, there is a high degree of overlap between the specialties recognized today by the two organizations. For the list of specialties recognized by each organization, see Appendix A.

Accreditation Process for Education and Training in Specialties

Building upon the Ann Arbor Conference on Postdoctoral Residency Training Programs in Professional Psychology, the Inter-organizational Council for Accreditation of Postdoctoral Programs in Psychology (IOC) was organized in 1992 and included the major professional psychology organizations concerned with education, training and credentialing in the US and Canada. Its work in collaboration with the APA Committee on Accreditation (CoA) led to a conceptual framework within which the CoA initiated the accreditation of postdoctoral training programs in 1999. The IOC also fostered the recognition of specialties at the postdoctoral level by endorsing in 1997, at the time it completed its mission and disbanded, the formation of the Council of Specialties in Professional Psychology (CoS), which continues to contribute to the development of education and training standards for each specialty.

Formation of and Charge to CCOPP

At the time CRSPPP was established, APA and other affected groups created an inter-organizational roundtable, now named the Council of Credentialing Organizations in Professional Psychology (CCOPP), to be a forum to promote open lines of communication and reduce policy conflict on issues of specialty and proficiency recognition, accreditation, and credentialing. CCOPP was to do this through sharing expertise and information, initiating policy discussions, and referring relevant analyses to parent bodies for their review and consideration. CCOPP is not itself a policy and decision-making body, independent from its member organizations. Rather, its role is to discuss and analyze from different perspectives issues that may have policy implications. Proposals may then be formulated and forwarded to its member organizations for their independent deliberation and action, as appropriate. The current membership of CCOPP includes the following organizations:

- American Board of Professional Psychology (ABPP);
- APA Committee on Accreditation (CoA);
- College of Professional Psychology of the APA Practice Organization (CPP);
- APA Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP);
- Association of Psychology Postdoctoral and Internship Centers (APPIC);
- Association of State and Provincial Psychology Boards (ASPPB);
- Canadian Psychological Association (CPA);
- Canadian Register of Health Service Providers in Psychology (CRHSPP);
- (Canadian) Council of Provincial Associations of Psychologists (CPAP);
- Council of Specialties in Professional Psychology (CoSPP), and
- National Register of Health Service Providers in Psychology (NRHSPP).

In order to carry out its task, representatives of the organizations participating in CCOPP determined early in their deliberations the need for a conceptual framework for specialization in professional psychology, something that at that time did not exist. Consequently, CCOPP undertook this challenge, recognizing that any conceptual framework developed for

specialization represents a dynamic, evolving, and developmental process subject to change over time. In doing so, CCOPP limited its scope of consideration to health service psychology specialties, as that subset of professional specialties represents the largest single portion of direct service providers in psychology. Moreover, the conceptual framework does not address proficiencies, practice emphases, or other subdivisions of practice in professional psychology.

The conceptual framework is organized around a set of core principles. The principles are not intended to constrain further evolution of specialization, but rather to provide guidance for deliberation about such a process. Set forth in the form of recommendations, the principles are intended to advance coherence and clarity for the education, accreditation, regulation, and credentialing systems in the health service domain of professional psychology. The principles are organized around four basic clusters:

- Education and Training
- Specialty Recognition
- Accreditation and Credentialing
- Coordination

The principles are based on the following definitions and assumptions.

Definitions

Discipline: The knowledge, skills, attitudes, and values of professional psychologists are contained within the broad discipline named “psychology.”

Realm: The discipline of psychology may be characterized by a number of realms (e.g., science, education, public interest, practice) which inform each other. The realm of professional psychology pertains to the provision of professional services to the public.

Domain: Within the realm of professional psychology there are different domains or broad areas of practice. The domain of health service psychology includes the promotion, maintenance, and improvement of health status in the context of the World Health Organization’s definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Within a domain may be one or more specialties of professional practice.

Specialty: An area of professional practice requiring didactic and experiential preparation that provides the basis for competent services with respect to the distinctive patterns of the following essential parameters of practice: (a) populations served; (b) psychological, biological, and social problems targeted; and (c) procedures and techniques used.

Recognized specialty: A recognized specialty is so designated by a formal process conducted by a national body constituted for that purpose. Currently there are two bodies that recognize specialties in professional psychology, the American Board of Professional Psychology and the American Psychological Association (through the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology).

Specialty organization: The organization, composed of representatives of the major constituent bodies within a specialty, that is constituted with the purpose of identifying the education,

training, credentialing, and practice parameters for purposes of recognition, accreditation, or credentialing in that specialty.

Specialist: A licensed psychologist who self-identifies specialty expertise and who practices in one or more specialty areas based on appropriate didactic and experiential preparation.

Certified specialist: A licensed psychologist who has voluntarily submitted to a verification of the education, training, and experience required by a recognized specialty including an examination demonstrating competence in the specialty.

Competence: The demonstrated capacity to apply appropriately and effectively domain knowledge, skills, attitudes, and values acquired in organized sequences of education, training, supervision, and study based on the foundational and functional competencies that define the realm of professional psychology.

Foundational Competencies: The knowledge, skills, attitudes, and values that are foundational to professional functions and are based upon the values and science of the discipline of psychology and the realm of professional practice. Examples of foundational competencies include but are not limited to: (a) self-assessment and reflective practice; (b) familiarity with requisite scientific knowledge and methods; (c) capacity for effective relationships; (d) adherence to ethical and legal standards; (e) respect for individual and cultural diversity; and (f) ability to function in interdisciplinary systems.

Functional Competencies: The professional roles and activities that require the integration and application of knowledge, skills, attitudes, and values foundational to the domain of professional practice in which one engages. This category of competencies includes but is not limited to: (a) assessment, diagnosis, and case conceptualization; (b) intervention; (c) consultation; (d) research and evaluation; (e) supervision and teaching; and (f) management and administration.

Specialty-distinctive Competencies: The competencies that distinctively characterize a specialty.

Commentary: Specialty-distinctive competencies result from the combination of foundational and functional competencies in relation to specific patterns of practice defined by populations served, problems targeted, and procedures or methods used in the context of various settings of practice common to a specialty.

For an elaboration of foundational and functional competencies, see Appendix B.

Assumptions Underlying the Core Principles

- A. The principles set forth in this document are intended for the domain of health service psychology within the realm of professional psychology. They may or may not apply to other domains of professional practice.
- B. Psychologists may choose to focus their professional practice in a particular area. Nothing herein is intended to prevent licensed, certified, or registered psychologists from practicing in an area for which they are qualified by education, training, experience and study.
- C. Health service psychologists are defined by a professionally acceptable doctoral degree in psychology; at least two years of appropriately supervised experience and training in health service provision, one of which shall be a doctoral internship; and are required by law to be licensed, certified, or registered for independent practice and to practice within their areas of competence as defined by their education, training, experience, and study.
- D. While recognizing that credentialing as a health service psychologist, or as a specialist in the health service domain of psychology, has been and will continue to be voluntary, the public uses this information to identify qualified providers.
- E. Professional psychology has independent, recognized organizations that are responsible for the formal recognition of specialties, the accreditation of education and training programs related to recognized specialties, the licensing of professional practitioners, and the certification of practitioners as health service psychologists and specialists.
- F. Specialty education and training within the domain of health service psychology may occur at doctoral and postdoctoral levels.

The principles are intended to promote coherence and clarity of the education, accreditation, regulation, and credentialing systems in the health service domain of professional psychology, a representation of which is available at the website of the National Register of Health Service Providers in Psychology (<http://www.nationalregister.org/credopps.html>) and Appendix C of this report.

Core Principles for Specialization in the Health Service Domain of Professional Psychology

Education and Training Principles

Core Principle #1

The *functional competencies* essential to the *health service domain* and to its *specialties* are acquired in an organized and integrated program. They are built upon and integrated with the *foundational competencies* of the *realm of professional psychology* acquired through doctoral education and training.

Commentary: Recognized specialties incorporate all the functional competencies and are not limited to a single functional competency.

Core Principle #2

Each *specialty organization* within the *health service domain* defines the doctoral and postdoctoral education, training, and supervised experience sequence(s) required for completion of *realm* and *domain* education and training as well as the acquisition of *specialty-distinctive competencies*.

Commentary: Specialties in the health service domain require that in addition to specialty training, the education and training covering the professional foundation realm and health service domain competencies are completed. The sequence and timing of the acquisition of these competencies are determined by each specialty organization.

Core Principle #3

Each *specialty organization* within the *health service domain* is responsible for establishing and reviewing its specialty-specific guidelines for education and training programs, and for continuing professional development.

Commentary: The specialty organization identifies and modifies the education and supervised training experiences that are necessary for the preparation, practice, and continuing professional development of its specialists. The education and training guidelines will be validated consensually by specialists, educators, trainers, and credentialing bodies in the specialty. The development of these guidelines will be informed by relevant stakeholders, *e.g.*, students.

Core Principle #4

Education and training requirements in the *health service domain* and in the broader *professional realm* will be reviewed periodically to assess their continuing effectiveness and relevance.

Specialty Recognition Principles

Core Principle #5

Specialty preparation extends beyond foundational preparation and the *competency* level required of all psychologists in the *health service domain*. The professional literature that undergirds the specialty includes theoretical foundations and descriptions of specialty-relevant populations, practice methods, procedures and patterns of practice, and studies of the effectiveness of specialty services.

Commentary: The specialty knowledge base must be distinguishable from that which characterizes the scientific and professional foundations of the realm of professional psychology and from that which characterizes other health service domain specialties. While there may be areas of overlap between recognized specialties in some elements of practice, each specialty demonstrates a distinct pattern of practice.

Core Principle #6

The *specialty organization* demonstrates that the *specialty* meets a public need and has identified a sufficient number of practitioners from whom the public can receive such services. Continued recognition of a specialty is subject to periodic review.

Commentary: Public need may be demonstrated by incidence, prevalence, and burden of various conditions that psychologists engaged in the practice of the specialty address; by numbers of members of the public who have sought services for these conditions; by the number of specialists being trained, entering practice, and successfully pursuing their careers; and by such other objective indices of need as may be presented by petitioners seeking recognition.

Accreditation and Credentialing Principles

Core Principle #7

Professional education and training programs that prepare psychologists for *recognized specialties* in the *health service domain* seek accreditation for the benefit of their students and quality assurance for the public.

Commentary. Relevant accrediting bodies and specialty organizations support the development of accreditation for programs for recognized specialties in the health service psychology domain.

Core Principle #8

Psychologists intending to practice in the *health service domain* obtain appropriate recognition that documents their *competence* to practice.

Commentary: Such psychologists are required to be licensed, certified, or registered as a psychologist for independent practice. It also serves the profession and the public interest for psychologists to seek voluntary credentials in ways that accurately reflect their areas of practice.

Core Principle #9

The recognition of *specialists* involves credentialing boards and credentialing procedures. These voluntary credentialing processes include an application with specified standards for education and training, verification of same, professional peer review, and a valid and reliable examination process.

Commentary: Any new area of specialization has an implementation plan for developing the above at the time of their application for recognition. The purpose of these processes is to improve the quality of service and aid in the protection of the public.

Core Principle #10

Specialty organizations, at the time of their application for recognition of the specialty they represent, develop transition policies for specialty credentialing of practitioners currently working in the specialty, but who entered practice before the development of the current prescribed education and training sequence in that specialty.

Coordination Principles

Core Principle #11

Each *specialty organization* develops a mechanism to facilitate the coordination of credentialing, educational policy development, and continued recognition for their specialties on a continuing basis.

Core Principle #12

Specialty credentialing boards in the health service domain are members of a multispecialty oversight and coordinating organization that facilitates common procedural standards and peer review.

Core Principle #13

An interspecialty forum coordinates policy, promotes collaboration, and resolves issues related to education, training, credentialing, and practice in *recognized specialties*.

Core Principle #14

A representative interorganizational body that includes organizations that recognize specialties, that accredit and designate programs, and that credential and regulate practitioners will facilitate the coordination of credentialing, regulation, and policy development for specialties in the *health service domain*.

Commentary: Professional credentialing and regulatory activities may impact other communities. Therefore, this body consults with education and training, practice, and other groups as needed to fulfill its mission.

Conclusions and Next Steps

The *Conceptual Framework for Specialization in the Health Service Domain of Professional Psychology* set forth in this document is the first of its kind. It is organized around a set of definitions, assumptions, and core principles. CCOPP developed this conceptual framework within the rich historical context of developments in the profession of psychology for the purpose of affording common ground on which to advance psychology as a health profession.

This consensus document was developed and approved by CCOPP for dissemination. CCOPP recommends that its constituent organizations and other stakeholders review and adopt the *Conceptual Framework* as the basis for the further development of specialization in the health service domain of professional psychology.

Appendix A: Recognized Specialties of Professional Psychology

(As of January 2004)

Specialty Name	Recognized by		Member of CoS ³
	ABPP ¹	APA ²	
Behavioral Psychology ⁴	Yes	Yes	Yes
Clinical Psychology	Yes	Yes	Yes
Clinical Child Psychology ⁵	Yes	Yes	Yes
Clinical Health Psychology	Yes	Yes	Yes
Clinical Neuropsychology	Yes	Yes	Yes
Counseling Psychology	Yes	Yes	Yes
Family Psychology	Yes	Yes	Yes
Forensic Psychology	Yes	Yes	Yes
Group Psychology	Yes	No	Yes
Industrial-Organizational Psychology	No	Yes	No
Organizational Business Consulting	Yes	No	No
Psychoanalysis in Psychology	Yes	Yes	Yes
Rehabilitation Psychology	Yes	No	Yes
School Psychology	Yes	Yes	Yes

¹ American Board of Professional Psychology (<http://www.abpp.org/>)

² American Psychological Association (<http://www.apa.org/crsppp/>)

³ Council of Specialties in Professional Psychology (<http://www.cospp.org/>)

⁴ Name change of specialty approved by ABPP in 2003 is Cognitive and Behavioral Psychology

⁵ Name of specialty as approved by ABPP in 2003 is Clinical Child and Adolescent Psychology

Appendix B: Foundational and Functional Competencies

Foundational Competencies

Self-Assessment and Reflective Practice: Practice conducted within the boundaries of competencies, commitment to life-long learning, engagement with scholarship, critical thinking and respect for scientifically derived knowledge, and a commitment to the development of the profession.

Familiarity with Scientific Knowledge and Methods: Research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, life-span human development.

Capacity for Effective Relationships: Capacity to relate effectively and meaningfully with individuals, groups and or communities.

Adherence to Ethical and Legal Standards: Application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups and organizations.

Respect for Individual and Cultural Diversity: Understanding and sensitivity in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics.

Ability to Function in Interdisciplinary Systems: Identification and involvement with one's colleagues and peers. Knowledge of key issues and concepts in related disciplines and the ability to interact with professionals in them.

Functional Competencies

Assessment, Diagnosis and Case Conceptualization: Assessment and diagnosis of problems and issues associated with individuals, groups and organizations.

Intervention: Interventions designed to alleviate suffering and to promote health and well being of individuals, groups and organizations.

Consultation: The ability to provide expert guidance or professional assistance in response to a client's needs or goals.

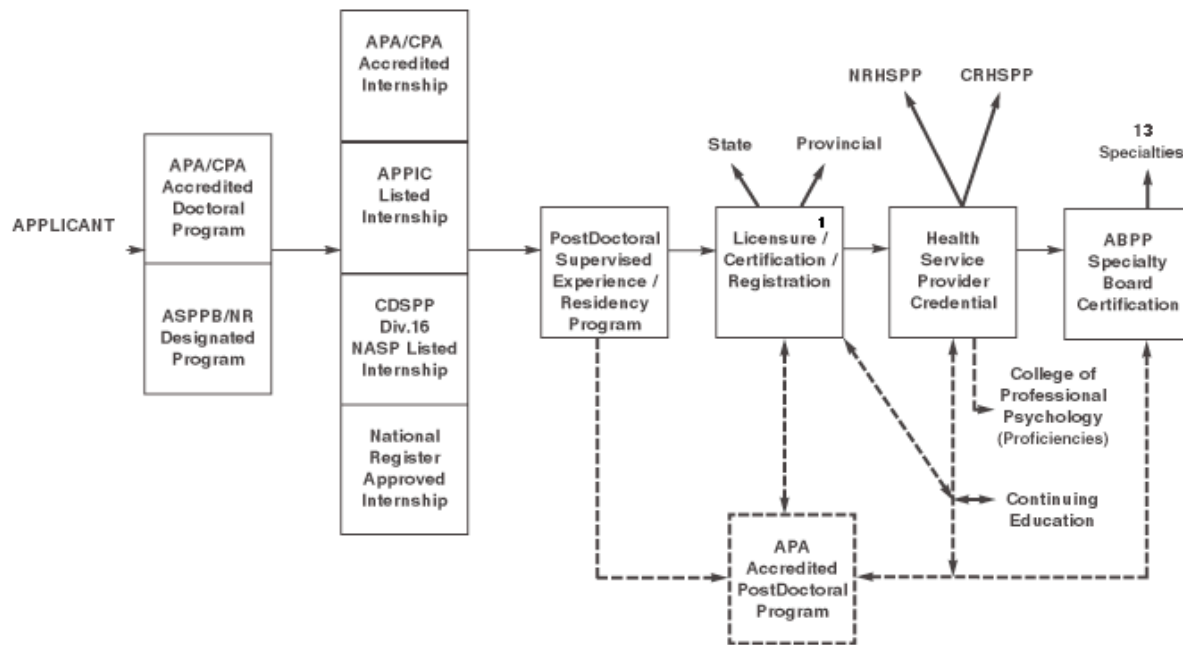
Research and Evaluation: The generation of research that contributes to the professional knowledge base and evaluates the effectiveness of various professional activities.

Supervision and Teaching: Supervising and training of the professional work of students, trainees, residents, and staff members.

Management and Administration: Managing the practice of health service psychology and related services, and the administration of health organizations, programs and agencies.

Appendix C: Education, Accreditation, Regulation, and Credentialing System In the Health Service Domain of Professional Psychology

Doctoral and Postdoctoral Sequence in the US and Canada from Entry into Graduate School to HSPP and Specialty Board Certification



1) Psychologists in some jurisdictions may obtain a certification or other designation through the licensing process that differentiates a psychologist licensed at a generic level from one identified as a provider in the health service domain. This designation is part of or added to licensure.

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