

AMERICAN PSYCHOLOGICAL ASSOCIATION

Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP)

Principles for the Recognition of Specialties in Professional Psychology¹

Approved by APA Council of Representatives in August 2020

Knowledge and practice skills in psychology have expanded and become increasingly differentiated over the past 50 years. Historically, the American Psychological Association (APA) acknowledged four professional specialties in psychology: clinical, counseling, school, and industrial/organizational psychology. It is important to note that these specialties first gained de facto recognition through a process of historical evolution. The APA accreditation guidelines also reference clinical, counseling, and school psychology as specialties.

A shared core of scientific and professional knowledge, skills, and attitudes is common to professional specialties. This shared core has been recognized in several conference reports on the future of professional psychology including the reports of groups and conferences of the National Council of Schools and Programs of Professional Psychology, the Joint Council on Professional Education in Psychology, and the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology. Nothing in this document precludes a provider of psychological services from using the methods or dealing with the populations of any specialty, except insofar as they do so “within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience” (APA Ethical Principles of Psychologists and Code of Conduct; APA, 2002, amended 2010 and 2017).

The public will continue to need the services of general practice specialists, such as those offered by clinical, counseling, school and industrial/organizational psychologists. However, the emergence of new specialties to provide needed psychological services must also be recognized and validated. There must be a mechanism within the field to provide for the recognition of specialties.

Recent decades have produced what amounts to an explosion in professional knowledge and areas of application. As a result, new areas of application of psychology's scientific and applied knowledge have been organized around particular emphases in professional practice. The training to acquire this knowledge and skill may occur at the doctoral, doctoral internship, postdoctoral and/or postlicensure levels. Such a proliferation of knowledge and an expansion of practice domains resulted in the need to establish a process for recognizing specialties in professional practice that are differentiated from core scientific and applied professional foundations in psychology. At various times in past years, groups within and outside APA have worked to articulate such an identification and recognition process. Acknowledgement is given to the work of APA's Task Force on Specialty Criteria, the Board of Professional Affairs Subcommittee on Specialization, and the Board of Educational Affairs Task Force on Scope and

¹These principles are aimed at those areas of practice in psychology which have a history of primarily providing services to the public. Other areas, traditionally identified with the academic and scientific aspects of psychology, are not addressed.

Criteria of Accreditation, as well as the American Board of Professional Psychology for important contributions to this process. Their efforts have been a part of the continuing evolution of a process to identify specialties in psychology. Since the establishment of the specialty recognition process in 2011, APA has been a leader in the design and implementation of a de jure process for the recognition of specialties in psychology.

For purposes of this endeavor, the following definition of a specialty is adopted:

A specialty is a defined area of professional psychology practice characterized by a distinctive configuration of competent services for specified problems and populations. Practice in a specialty requires advanced knowledge and skills acquired through an organized sequence of formal education, training, and experience in addition to the broad and general education and core scientific and professional foundations acquired through an APA or CPA accredited doctoral program.**

Specialty training may be acquired at the doctoral, doctoral internship, postdoctoral, or post-licensure level as defined by the specialty.

* Except where APA or CPA program accreditation does not exist for that area of professional psychology.

**For those training in health service psychology areas, this is in addition to the broad and general education and core scientific and professional foundations acquired through an APA or CPA accredited doctoral program or programs accredited by an accrediting body that is recognized by the U.S. Secretary of Education for the accreditation of professional psychology education and training in preparation for entry to practice.

The American Psychological Association and its Commission for the Recognition of Specialties and Subs specialties in Professional Psychology (CRSSPP) will consider petitions for formal recognition of specialties. Petitions that are received by CRSSPP will be reviewed and acted upon by the APA Council of Representatives. CRSSPP will review the status of each specialty at least every seven years and recommend whether the specialty should continue to be recognized.

RECOGNITION PRINCIPLES

Formal recognition of specialties in psychology begins with the submission of a petition to the American Psychological Association seeking recognition of a proposed specialty.

Although the specific dimensions of specialty programs may vary in their emphases and in available resources, every defined specialty in professional psychology will contain: (a) core scientific foundations in psychology; (b) a basic professional foundation; (c) advanced scientific and theoretical knowledge germane to the specialty; and (d) advanced professional application of this knowledge through procedures and techniques that are validated for use with the problems, populations and settings specific to the specialty.

CRSSPP also recognizes subspecialties, which are concentrated areas of knowledge, skills, and attitudes that: (a) exist within at least one recognized {parent} specialty; (b) require additional education, training, and/or professional experiences; and, (c) involve specific (1) problems, (2) populations, and/or (3) circumscribed approaches.

The following general principles are used to evaluate any petition for recognition of a specialty in professional psychology.

Criterion I. Administrative Organizations. The proposed specialty is represented by a specialty council of one or more organizations that provide systems and structures sufficient to support the organized development of the specialty.

Commentary: The evolution of a specialty generally proceeds from networks of psychologists interested in the area to the eventual establishment of organized administrative bodies which carry out specific responsibilities for the specialty and its practitioners. These responsibilities include governance structures which meet regularly to review and further describe the specialty and appropriate policies for education and training in the specialty.

Criterion II. Public Need for Specialty Practice. The services of the specialty are responsive to identifiable public needs.

Commentary: Specialties may evolve from the professions' recognition that there is a particular public need for applications of psychology. Specialties may also develop from advances in scientific psychology from which applications to serve the public may be derived.

Criterion III. Diversity. The specialty demonstrates recognition of the importance of cultural and individual differences and diversity in the education and training of specialists.

Commentary: The specialty provides trainees with relevant knowledge and experiences about the role of cultural and individual differences and diversity in psychological phenomena as it relates to the science and practice of the specialty in each of the following areas: i) development of specialty-specific scientific and theoretical knowledge; ii) preparation for practice; iii) education and training; iv) continuing education and professional development; and v) evaluation of effectiveness.

Criterion IV. Distinctiveness. A specialty differs from other recognized specialties in its body

of specialized scientific knowledge and professional application.

Commentary: *While it is recognized that there will be overlap in the knowledge and skill among various specialties in psychology, the petitioning organizations must describe the specialty in detail to demonstrate that it is distinct from other recognized specialties in the knowledge and skills required, the need or population served, problems addressed, and procedures and techniques used.*

Criterion V. Advanced Scientific and Theoretical Preparation. In addition to a shared core of knowledge, skills and professional attitudes required of all practitioners, a specialty requires advanced, specialty-specific scientific knowledge.

Commentary: *Petitions demonstrate how advanced scientific and theoretical knowledge is acquired and how the basic preparation is extended.*

Criterion VI. Advanced Preparation in the Parameters of Practice. A specialty requires the advanced didactic and experiential preparation that provide the basis for services with respect to the essential parameters of practice. The parameters to be considered include a) populations, b) psychological, biological, and/or social problems, and c) procedures and techniques. These parameters should be described in the context of the range of settings or organizational arrangements in which practice occurs and at each level that specialty training occurs.

Commentary:

A) Populations. *This parameter focuses on the populations served by the specialty, encompassing both individuals and groups. Examples of persons representing diversity include but are not limited to the following: children, youth and families; older adults; workforce participants and those who seek employment; men; women; persons of color, members of racial and ethnic communities, and persons speaking English as a second or subsequent language; gay, lesbian, bisexual and transgender individuals; persons of various socioeconomic status groups; religious communities; and those with physical and/or mental disabilities.*

B) Psychological, Biological, and/or Social Problems. *This parameter focuses on symptoms, problem behaviors, rehabilitation, prevention, health promotion and enhancement of psychological well-being addressed by the specialty. It also includes attention to physical and mental health, organizational, educational, vocational, and developmental problems.*

C) Procedures and Techniques. *This parameter consists of the procedures and techniques utilized in the specialty. This includes assessment techniques, intervention strategies, consultative methods, diagnostic procedures, ecological strategies, and applications from the psychological laboratory to serve a public need for psychological assistance.*

Criterion VII. Structures and Models of Education and Training in the Specialty. The specialty has structures and models to implement the education and training sequence of the specialty that reference and employ the American Psychological Association's *Education and Training Guidelines: A Taxonomy for Education and Training in Professional Psychology Health Service Specialties and Subspecialties* (APA, 2020). The structures are stable, sufficient in number, and geographically distributed and may be found at the doctoral, doctoral internship, postdoctoral, and/or post-licensure level.

Commentary:

A) Sequence of Training. *A petition describes a typical sequence of*

training, including curriculum, research, and supervision.

B) History and Geographic Distribution. *A specialty has at least four identifiable psychology programs providing education and training in the specialty in more than one region of the country and which have produced an identifiable body of graduates over a period of years.*

C) Psychology Faculty. *Specialty programs have an identifiable psychology faculty responsible for the education and training of students and their socialization into the specialty. The faculty has expertise relevant to the education and training offered. Faculty may include individuals from other disciplines as appropriate. Specialty programs also have a designated psychologist who is clearly responsible for the integrity and quality of the program and who has administrative authority commensurate with those responsibilities. This psychologist has an advanced credential from a recognized board certification organization attesting to their specialty knowledge and skills and a record of scholarly productivity as well as other clear evidence of professional competence and leadership like fellow status in the American Psychological Association or the Canadian Psychological Association, or other evidence of equivalent professional recognition.*

D) Procedures for Evaluation. *Specialty programs regularly monitor the progress of trainees to ensure the relevance and adequacy of the curriculum and integration of the various training components. Attention focuses on the continuing development of the trainee's knowledge, skills, attitudes, and values. Formal performance-based feedback is provided to trainees in the program.*

E) Admission to the Program. *Program descriptions specify the nature and content of the program and whether they are designed to satisfy current licensing and certification requirements for psychologists as well as whether or not graduates can satisfy the education and training requirements for advanced recognition in the specialty. Postdoctoral programs have procedures that take into account the trainees' prior academic and professional record. These programs design an education and training experience that builds upon the doctoral program and doctoral internship and the professional experiences of the postdoctoral residents as they prepare for meeting the guidelines of preparation for the specialty.*

F) Post-licensure Training. *A petition describes acceptable post-licensure specialty training that may go beyond any state or providence licensing requirements for psychologists. This may include re-acquaintance with recommended specialty topics after certain time periods (e.g., recommending X hours of CEs in Evidence Based Practices every X number of years), additional contact hours treating clients within that specialty, and additional supervision hours by appropriately identified specialty supervisors. Specialties may give broad guidelines for maintaining competency in the specialty through continuing education and/or give detailed guidelines for Specialty sponsored credentialing programs.*

Post-licensure certificate programs are designed to allow psychologists to expand their areas of expertise throughout their careers. When programs offer different levels of competency training (e.g., Exposure, Experience, Emphasis and/or Major Area of Study) each level has clearly stated criteria for CE hours, required contact hours with clients being treated within that specialty, and required supervision hours with a supervisor that the program has vetted for expertise in

that specialty area. Post-licensure programs may choose to give certificates at any or all levels of exposure.

Criterion VIII. Continuing Professional Development and Continuing Education. A specialty provides its practitioners a broad range of regularly scheduled opportunities for continuing professional development in the specialty practice and assesses the acquisition of knowledge and skills.

Commentary: With rapidly developing knowledge and professional applications in psychology, it is increasingly difficult for professionals to deliver high quality services unless they update themselves regularly throughout their professional lives through continuing education mechanisms. A variety of mechanisms may be used to achieve these goals.

Criterion IX. Effectiveness. A specialty demonstrates the effectiveness of the services provided by its specialist practitioners with research evidence that is consistent with the APA 2005 Policy on Evidence-based Practice.

Commentary: A body of evidence is to be presented that demonstrates the effectiveness of the specialty in serving specific populations, addressing certain types of psychological, biological and social behaviors, or in the types of settings where the specialty is practiced.

Criterion X. Quality Improvement. A specialty promotes ongoing investigations and procedures to develop further the quality and utility of its knowledge, skills, and services.

Commentary: The public interest requires that a specialty provides the best services possible to consumers. A specialty, therefore, continues to seek ways to improve the quality and usefulness of its practitioners' services beyond its original determination of effectiveness. Such investigations may take many forms. Specialties promote and participate in the process of accreditation in order to enhance the quality of specialty education and training. Petitions describe how research and practice literatures are regularly reviewed for developments which are relevant to the specialty's skills and services, and how this information is publicly disseminated.

Criterion XI. Guidelines for Specialty Service Delivery. The specialty has developed and disseminated guidelines for practice in the specialty that expand on the profession's general practice guidelines and ethical principles.²

Commentary: Such guidelines are readily available to specialty practitioners and to members of the public and describe the characteristic ways in which specialty practitioners make decisions about specialty services and about how such services are delivered to the public.

Criterion XII. Provider Identification and Evaluation. A specialty recognizes the public benefits of developing sound methods for permitting individual practitioners to secure an

²In this context, professional specialty guidelines refer to modes of conceptualization, identification and assessment of issues, and intervention planning and execution common to those trained and experienced in the practice of the specialty. Such professional guidelines may be found in documents or websites including, but not limited to, those bearing such a title or as described in a variety of published textbooks, chapters, and/or articles focused on such contents.

evaluation of their knowledge and skill to be identified as meeting the qualifications for competent practice in the specialty.

Commentary: *Identifying psychologists who are competent to practice the specialty provides a significant service to the public. Assessing the knowledge and skill levels of these professionals helps increase the ability to improve the quality of the services provided. Initially practitioners competent to practice in the specialty may simply be identified by their successful completion of an organized sequence of education and training. As the specialty matures it is expected that the specialty will develop more formal structures for the recognition of competency in practitioners.*

References

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