2024 SfHP Clinical Health Psychology Education & Training Summit:

Pathways to the Specialty

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Summary Report

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2024 SfHP Clinical Health Psychology Education & Training Summit:

Pathways to the Specialty

Design Group

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Participants

Area of Focus	Associated Organization	Person	Sm Group
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Taxonomy Champion/Children		Sharon Berry, Ph.D.	C
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CHP-Primary Care, Doctoral		Nancy Ruddy, Ph.D.	B
Student	SfHP Student Advisory Council	Rafael Leite	A
Internship and Postdoc	APPIC	Amy Silberbogen, Ph.D. ABPP	A
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Competencies & Interprofessionalism	APA	Cathi Grus, Ph.D.	A
Internship and Postdoc		Jeff Baker, Ph.D.	B
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Academy of Health Psychology	SfHP EC	Julie Radico, Psy.D., ABPP	D
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Pain Psychology	SfHP EC	Ravi Prasad, Ph.D.	B

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Introduction

Background

By the end of 2024, the Clinical Health Psychology Specialty Council (CHPSC)will be submitting its Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP)renewal petition for the continued recognition of the specialty in professional psychology. This CRSSPP document will outline various elements of the specialty. One major component of the petition is the education and training required for the specialty. At the same time, we have seen changes in the types of training opportunities available to students (e.g., emergence of integrated primary care and other areas of practice) and the chosen training trajectory of students (i.e., increased specialty training at the doctoral and internship level and decreased students pursuing formal postdoctoral training).

Clinical Health Psychology held its first summit at the Arden House Conference Center in 1983, which produced the definition of the specialty. The 2007 Tempe Summit on Education and Training in Clinical Health Psychology brought together leading educators in health and clinical health psychology training programs to elucidate the essential competencies associated with the specialty practice of clinical health psychology. This also was the rebirth of the Council of Clinical Health Psychology Training Programs (CCHPTP). The Riverfront Conference on Education & Training for Health Psychologists held February 2010 in Jacksonville, FL provided further elucidation of specialty competencies and laid the groundwork for the CRSPPP reapplication in that year. The 2024 SfHP Clinical Health Psychology Education & Training Summit was held to build upon these previous meetings and work towards clarifying pathways toward the specialty as it continues to evolve.

Goal of Summit

Examine the key challenges facing education and training of Clinical Health Psychologists and promote visionary thinking about educational opportunities and pathways toward the specialty.

Process & Format

The SfHP Executive Committee and nine additional guests (total of 20) representing diverse groups and interests participated (see list below). The format included introductory remarks followed by short plenary talks to share where we are today and the issues to address. Several rounds of small group discussions were held to generate ideas, followed by large group discussions to present their ideas/possible projects etc.

Changes in Education and Training and Questions Considered

Change in Doctoral Training Experiences: There has been an increased focus on Health Psychology training at the doctoral level and internship level. The traditional model of doctoral training as “broad and general” with specialized training at the postdoctoral level is less commonly occurring. How to these changes affect the pathway toward specialization in Clinical Health Psychology?

Postdoctoral Training is No Longer the Common Pathway: Fewer students are choosing to complete a formal postdoctoral fellowship in a chosen specialty. This is true for Clinical Health Psychology. This can be traced to a number of changes in the field, including financial pressures to seek full time employment at the time of

graduation as well as changes in national licensing laws changes to allow practice upon graduation from the doctoral program. How should the field adjust to this change in the pathway toward specialization?

Vision for the Future: What future skills are needed in Clinical Health Psychology 5 -10 years from now and how should programs be preparing this new generation of Health Psychologists? Considerations include the use of technology, interstate practice, translation of science into practice, team management and the business of CHP practice and research. What is the value of the doctoral degree in this process?

Emerging Programs Areas: Recent years have seen the emergence of new areas of focus in Health Psychology (e.g., primary care, pain) and health psychologists working in different settings (e.g., industry, application development, working at the macro level on population health interventions) where the traditional model of training might be less applicable. What paths are being followed by students and how are they structured?

The Clinical Health Psychology Education and Training Taxonomy – How has and will the newly-revised descriptions of the Clinical Health Psychology Major Area of Study (MAS) in the CHP Education and Training Taxonomy at doctoral and internship levels helped to inform programs and trainees on a Clinical Health Psychology training trajectory? What challenges does this present? What lies ahead?

Health Service Psychology Confusion: There remains confusion about is the respective definitions of Health Service Psychology, Health Psychology and Clinical Health Psychology. What will help clarify the distinctions?

Retraining into Clinical Health Psychology: What are the recommended pathways for retraining from another specialty into Clinical Health Psychology?

Board Certification: While Clinical Health Psychology is an active ABPP specialty, the total number of Clinical Health Psychologists seeking board certification continues to be low. Other specialties have had greater success in making ABPP board certification a necessary standard of practice. With expanded training pathways, should board certification be seen as a common endpoint of clinical education and training in the specialty?

Small Groups

- A: State of the Health Psychology Education and Training
- B: Emerging Areas of Practice and Research
- C: Implementing the Taxonomy Document into Practice
- D: Board Certification

Summit Agenda outline

8:00 am		Breakfast
8:30	Vogel	Welcome and Introductions – goals for the day
8:45	Vogel	**Plenary**: History of Training summits & CRSSPP applications
9:00	Grus	**Plenary**: Future focus: Trends/changes in training/licensing trajectories – Workforce projections - Need is high/Supply is not sufficient.
9:45	Berg	**Plenary**: Competencies and Taxonomy
10:15		Break
10:30	Baker	Perspective from 10,000 feet
11:00		Small Group discussions/work tasks, each working on different topics –expectation of small group to report out to larger group. Groups of 4-5. Assign scribes in each group • **State of the Health Psychology Education and Training** o Increased specialization at Doctoral and Internship, Postdoctoral fellowship decreasing, vision for the future o Session 1 – What is the current state? • **Emerging Areas of Practice and Research** o How will these new areas of practice and research influence training pathways o Session 1 – What are emerging areas of practice? • **Implementing the Taxonomy Document into Practice** o Session 1: What will help the specialty adopt and promote the Taxonomy? • **Board Certification** o Session 1: How important is Board Certification as the endpoint of the clinical E&T pathway. Why or why not? What is the argument for this?
Noon		Lunch
1:00		Large Group discussion: Report of small groups and synthesis of material - Anything missing from small group discussions.
2:00		Small Group discussions/work task – next steps and making tangible changes - Next steeps for each group. Tangible outcomes - **State of the Health Psychology Education and Training** o Session 2 - How do the factors identified inform E&T going forward? What are important areas of focus in the next 10 years? - **Emerging Areas of Practice and Research** o Session 2 – How do these emerging areas of practice influence pathways toward the specialty and what steps is needed to incorporate these areas of practice? - **Implementing the Taxonomy Document into Practice** o Session 2: How can the Taxonomy be used to improved E&T pathways given the various ways people enter into the specialty? - **Board Certification** o Session 2: Recommendations for improving adoption of ABPP board certification. Should/can the specialty put a stake in the ground?
3:00		Large Group Summary and Future Directions
5:30		Adjourn
7:00 pm		Dinner

Plenary Sessions

Plenary: Future Focus: Trends/Changes in Training/Licensing Trajectories – Workforce Projections

Catherine Grus, Ph.D., APA Chief Education Officer

Dr. Grus summarized four main drivers of change:

1. **Current Psychology Workforce** – There is unmet need and a strained workforce due to an increasing gap between supply of psychologists and demand for services. The shortfall needed to treat older adults and adolescents is most pronounced. This leads to a high workload on providers and longer wait-lists for those needing services. This easily leads to greater provider burnout and self-care challenges.

2. **Future Psychology Workforce** – Psychology remains a popular career option, but efforts will be needed to ensure a future workforce. In higher education, psychology is among the least-regretted majors (65%). This leads to a steady increase of bachelor's degrees in psychology, but there has been little increase in masters and doctorate degrees in psychology. Dr. Grus described an enrollment/demographic cliff – birth rates have decreased significantly in the United States, resulting in fewer people going into higher education. Without proactive efforts, in a few years we could see dramatic drops in numbers of students studying psychology. Higher education is expensive and there is a shift toward alternative education models, including online learning and certificates from vocational schools.

3. **Education & Training** – How and what we teach is evolving. There has traditionally been less focus on inter-collaborative training. The IPEC Core Competencies for Interprofessional Collaborative Practice has helped to move this forward There is a need for our training models to be more socially responsive. The Council of Chairs of Training Councils (CCTC) Social Responsiveness in Health Service Psychology Education and Training Toolkit, developed in 2020 is very helpful in this regard. It includes nine modules that provide specific strategies for training programs. In 2021, APA developed the Racial Equity Action Plan to dismantle systemic racism. It's organized around four different domains: Knowledge production, health equity, workforce and educational equity.

4. **Clinical Practice** – How care is provided is changing. The frequency with which psychologists are working with other disciplines is high. This self-reported data suggests they are working with Psychiatrists (38%), Licensed Clinical Social Workers (31%), Psychiatric Nurses/NP (22%), and other physicians (17%). Technology is always changing how we deliver care. APA is interested in digital therapeutics (evidence-based interventions to handle mental and behavioral health), digital mental health tools (apps and computer software), and Artificial Intelligence tools. Interjurisdictional practice has exploded in recent years, spurred by the development of telehealth platforms and PSYPACT participating states. There is increased emphasis now on employing population health approaches (i.e., improving the health, health equity, safety and wellbeing of entire populations, including individuals within those populations. She spoke about psychology as a multi-tiered profession. The doctoral degree/license adds significant value within our multi-tiered profession in areas that go beyond direct service provision. Science is what characterizes and distinguishes psychology and

undergirds all education and practice. Finally, equity, diversity, and inclusion (EDI) is foundational to psychology and effective health care. We need to continue to distinguish the value and distinctiveness of the doctoral degree in psychology. It is estimated that masters levels with psychology degrees will increase contribution to psychology more than other providers.

The 2021 "**APA Summit on the Future of Education and Practice – Vision for Moving Forward" document** focused on the themes of needing to be more inclusive (master's practitioners and interprofessional collaborative practice), think expansively (new types of services, roles), be more representative (increased diversity in the workforce), and be responsive to continuous quality improvement of the profession.

Change is inevitable. The choice facing our profession is whether to pursue incremental or transformative change? Questions for future practice include: How many psychologists are needed? At what education level? How do we ensure a vibrant future? What should we be teaching? What will we be doing?

Plenary: Competencies and Taxonomy

Lloyd Berg, Ph.D., ABPP
Chair, Clinical Health Psychology Specialty Council (CHPSC); Division Chief of Psychology, Department of Psychiatry and Behavioral Sciences, Dell Medical School at The University of Texas at Austin

Dr. Berg provided an overview of the recently-revised Education and Training Taxonomy in Clinical Health Psychology. The taxonomy was developed to provide a consistent set of terms and definitions related to education and training in health service psychology specialties recognized by the American Psychological Association. Each recognized specialty has created a taxonomy that is unique to its specialty that incorporates consistent terms and descriptions across specialties for **four stages of education and training**: doctoral, internship, postdoctoral, and post licensure. Within each stage, definitions of **Level of Opportunity** are provided using the terms: Exposure, Experiences, Emphasis, and Major Area of Study. Programs at each stage of training are encouraged to use these definitions to describe their offerings. This ensures potential applicants to the training program have a clear idea of what level of specialty education and training they would be expected to receive at that program. The Council of Specialties has worked with all the recognized specialties to ensure all specialty taxonomies use the consistent language and definitions to promote truth in advertising.

Level of Opportunity Descriptions:

- **Major area of study** – the highest level of education and training level, knowledge skills in the specialty
- **Emphasis** – allows for an in-depth opportunity, but at the doctoral level there is typically no research project or dissertation in the specialty
- **Experience** – may include some courses or supervision in the specialty
- **Exposure** – limited offerings and serves as an introduction to the specialty

The CHP taxonomy is aspirational and its use is not mandated by APA. It doesn't account for non-specialty specific areas (e.g., Pain Psychology) and the term "focus" should be used to describe these training opportunities.

Clinical Health Psychology Specialty Council (CHPSP) has identified two taxonomy champions – Drs. Sharon Berry and Bernadette Heckman to provide consultation to at least three doctoral, internship and/or postdoctoral training programs to help them adopt the newly-revised taxonomy language. ABPP is also developing an online taxonomy tool that will help programs walk through the process of documenting and determining their level of opportunity. Eventually, students will be able to access this tool to find programs that provide the level of specialty training they are seeking.

An additional proposed application of this model is that students might use this model to help guide their education and training and ensure they have achieved competency in the specialty. If they were able to document having successfully graduated from an accredited doctoral program and/or internship/postdoctoral fellowship with a Major Area of Study in the specialty this would support their having achieved competency in the specialty.

Plenary: Perspective from 10,000 Feet

Jeff Baker, Ph.D., Former Executive Director, Association of Psychology Postdoctoral and Internship Centers (APPIC)

Dr. Baker brought his perspective on internship and postdoctoral training after many years of being an educator and working with APPIC. He raised the importance of naming trainees in their internship "residents" and postdoctoral trainees as "fellows" to establish consistency with colleagues on the medical field. He indicated that 69% of medical residents pursue fellowship training, but psychology does not have a similar pattern. It is important to allow those who are interested in seeking additional training to have these opportunities. This is to support "pathways" for these individuals – not roadblocks.

Dr. Baker also spoke to the importance of promoting these career paths and advocate for psychological training more broadly. The public needs more information about how psychologists train so that individuals considering our profession will understand the career path. We should define the pathways and codify them so a student or program could use them to achieve the eventual goal. Advocacy needs include creating greater public awareness of psychology training, and supporting training programs in becoming eligible to Medicare reimbursement.

Group Discussions
Session 1

Group A: State of the Health Psychology Education and Training

CHP training has traditionally occurred at the internship and postdoctoral levels, but more recently less training is occurring at the postdoctoral level. Even though postdoctoral opportunities are expanding, students are electing to not complete a formal postdoctoral program for a variety of reasons. At the same time, CHP training is expanding at the doctoral level. This is creating more individuals trained in CHP at an earlier stage of their training trajectory.

The CHP Education and Training Taxonomy is slow to be adopted. Many trainees, and some training programs, are not fully aware of and/or clear about using the Taxonomy, limiting its intended applicability. Programs have not promoted the Taxonomy to potential applicants and trainees. As a result, trainees have not fully appreciated the value of seeking training opportunities with Major Areas of Study in the specialty. There are opportunities to improve this adoption.

Board certification remains the gold standard for identifying oneself as a CHP specialist; however, is not uncommon for clinicians who are not boarded and practice in a single disease area (e.g. diabetes) or area of practice (community health or primary care) to question the appropriateness of identifying themselves as a clinical health psychologist. With a wide variety of definitions for what constitutes Clinical Health Psychology and ambiguous pathways toward the specialty (i.e., when does one call themselves a Clinical Health Psychologist?), the training trajectory becomes complex and confusing.

The current state of CHP training is not equitable across institutions (e.g., HBCUs). Not all students have access to similar resources and mentors. The high cost of training (e.g., few funded programs, challenges of moving to seek specialized training opportunities) create a lack of diversity in the workforce pipeline. At the same time, there is the need to increase the visibility of health psychology as a field earlier on in training (even at elementary/middle school) so that diverse students are aware of this field early and work toward this goal.

While evidence continues to support the value of the integration of psychology into medical fields and increasing the number of providers to fill these roles, many of these providers may not be specialty-trained in CHP. This has the potential to dilute the value of the specialty. The current training model (CRSSPP) states that Clinical Health Psychology specialty designation requires completion of doctoral training. The specialty needs to better understand how it will incorporate mid-level providers (i.e., how will they be referenced, what roles will they take and what will support their working with the team).

Group B: Emerging Areas of Practice and Research

A number of emerging areas of clinical health psychology practice were identified, including Integrated Primary Care, Pain Psychology, Psychooncology, Sleep Psychology, Transplant Psychology, and Bariatric and Weight Management. There are also emerging practice patterns of large pharmacies and commercial retailers

(e.g., Amazon, Walmart) entering the health field with retail clinics. Other emerging technologies include health apps, telehealth, and tele-supervision.

These disruptive changes bring some concerns for education and training, including training providers with the appropriate experiences for these practice area, practice patterns and emerging technologies. There may be a tendency to focus on a provider's competency without a full appreciation of the expertise needed to negotiate these complex situations. It also brings into focus the need for providers to understand the business of health care (i.e., to be able to talk "business"), apply measurement-based care, understand and appreciate a population-based focus that includes prevention and health promotion, and quantify health psychology's value. With an increase in the number of masters-prepared providers, there may be a dilution of care provision. At the same time, there may be an increased need for health psychologists' role in system redesign. This may be a collaboration with Industrial/Organizational Psychologists and Occupational Psychologists working on systems-level interventions to broadly affect health care. This may lead to the evolution of Health Psychology to focus increasingly on systemic health assessment, population-based interventions (meeting the population where they live) and expanding skills outside traditional clinical roles.

These emerging areas of practice, in the context of a decreased perception of the value of higher education (doctoral degree), anti-education sentiments in society, and the cost of education identified above may lead to increased disparities between the providers who are trained and the communities they serve. This all suggests the need for expanding partnerships – among government, payors, foundations (research funding) and other - to address some of these systemic barriers to training. Connecting with undergraduate faculty (especially at smaller schools), and educators at elementary, middle and high schools will help students to learn about the roles of health psychologists at an earlier stage of training. These partnerships should also extend to medical organizations, to help build common platforms to build a more diverse provider base.

Group C: Implementing the Taxonomy Document into Practice

What will help the specialty adopt and promote the Taxonomy?

Establishing a baseline understanding of adoption levels was seen as a starting point in this discussion. There is a need to identify who (what types of programs) and how is it being used. As part of this data collection, it would be important to better understand why it may not be feasible for adoption in certain locations. For example, some universities have strict control over what language can be used to describe a program. There might be a need to develop a crosswalk between the university and the Taxonomy language. Also, a part of this discovery phase will be to identify the benefits of Taxonomy language adoption for programs. Does it improve match rate for students; are students more drawn to programs that include these descriptions; does it help students be viewed more highly for internship applications? Are students using the Taxonomy language in applications to demonstrate CHP competencies?

In addition to this data collection phase, improved messaging about the Taxonomy should be promoted. This includes helping students to identify a pathway toward competency and a reason to seek board certification. There should be strong alignment across all messaging platforms (e.g. APPIC listings, SfHP website, individual

program descriptions, consumer-focused media) to ensure this consistent message. The goal would be to educate graduate students, consumers, and the public in a consistent way. This information campaign could present the Taxonomy as a "decision tree" to help individuals navigate the way toward competency. This could present "best case scenarios" and might also include "checklist" to help mark guide individuals along the specialty pathways. This marketing could also show Taxonomy success stories. In addition, mentors could use the Taxonomy in their consultations with mentees.

This group also supported the idea of using the Taxonomy to support ABPP eligibility. There was also the suggestion of consideration of restoring the "Senior Option" for board certification candidacy.

Group D: The Value of Board Certification

This group examined benefits and drawbacks of board certification for the profession. Based on a 2021 APA survey, approximately 4% of all psychologists were board certified. The settings with the highest percentages of board-certified psychologists were Hospital Settings (18%), Other Educational Settings (16%), and VA Medical Centers/Military Hospitals (14%) (APA 2021). Clinical Health Psychology is among the more common specialties for those seeking board certification, but is far below Clinical Neuropsychology and Clinical Psychology in terms of total number of board certified psychologists.

Benefits/Pros – Board certification remains the definitive way an individual can demonstrate clinical expertise in the specialty. Board certification elevates the profession. The process of obtaining board certification helps an individual take stock of their skills, competencies and expertise and demonstrate them in a formal manner. Especially for those working in a medical setting, this is an expectation asked of other providers. In some instances, achieving board certification results in increased compensation. Board certification also creates a pathway toward the specialty for those who did not obtain formal health psychology training and experience in earlier stages of their training. Finally, although ABPP is not intended to be a marketing vehicle, having this credential may improves a provider's marketability.

Drawbacks/Cons – Board certification is a long process that can be expensive. As such, it may exclude individuals who cannot afford the time and money required. It can be seen as creating additional barriers to practice. Currently, not enough systems and employers reward individuals who seek board certification and many medical systems do not have CHP board certification as an entry requirement. Insurers do not consider board certification in their reimbursement. Many individuals later in their career may not see sufficient advantage for seeking board certification.

Group Discussions
Session 2

Group A: State of the Health Psychology Education and Training

How do the factors identified inform E&T going forward?
What are important areas of focus in the next 10 years?

The discussion outlined ideas for moving education and training in clinical health psychology forward over the next decade.

- Collection of data on pathways to the specialty and current work practices (survey)
    - What are the barriers experienced by students and partitioners?
    - Where are trainees gaining the introduction and the bulk of their training and education in health psychology?
    - What is the nature of current health psychology practice (how many and what types of work)?
- Enumeration of the benefits of using the taxonomy
    - What has been working for the programs that use the Taxonomy?
    - Does it benefit students to secure better internship and postdoctoral training positions?
    - Consistent messaging to training directors and others regarding using the Taxonomy
- Development of post-licensure programs to create a pathway for those not trained in clinical health psychology earlier in their training trajectory
- Increased efforts to ensure a diversified workforce in the future
    - Mentoring programs at different stages of training
    - Increasing the availability of programs to support trainees through the pathway (graduate school, internship, post-doc) including helping to pay for internship, travel for interviews, moving expenses, etc.
    - Establishing a program pairing lower-resourced institutions with institutions that are well-resourced
- Introducing health psychology into the curriculum earlier (e.g., Psych 101) to increase the number seeking health psychology as a specialty
    - Introduce concepts such as population-based care earlier in graduate school
- Improving communication strategies
    - Enhanced education on the ABPP process and success stories
- Better define and teach program development and education; applying this to CHP programs
- Better define health psychology and describe the pathways toward the specialty

Group B: Emerging Areas of Practice and Research

How do these emerging areas of practice influence pathways toward the specialty and what steps are needed to incorporate these areas of practice?

Considering the emerging areas of practice identified, it was suggested that there needs to be re-thinking of how we train individuals to become health psychologists. Currently, CHP training occurs in a primarily academic environment, yet few of those trained will work in academic settings. CHP needs to be focused on identifying opportunities for addressing the needs of the population and teaching those critical areas – including reimbursement/financial support for training in the areas that are most in need (e.g., rural health). This is a shift to being more proactive and anticipatory and less reactive. This can help trainees more easily find their pathway toward the specialty and achieve their goals.

It will be important to create clear justification for a doctoral degree and specialization. In order to justify the cost and time involved with advanced degrees, the specialty needs to attend to the value proposition of this advanced training. This information needs to be distributed to market the degree and "sell" the profession.

It is important to note that existing faculty may not have the competencies to train others in some of these emerging areas of practice. What do faculty need to educate, grow, and encourage their students to go into health psychology? What do they need to add health psychology to their curriculum? What is the value of health psychologists going into community colleges to talk about the specialty? "Plug and Play" modules might be developed for universities that do not have existing faculty to teach a health psychology topic. An example might be the Integrated Primary Care curriculum developed by SfHP. How can we cross-pollinate undergraduate psychologists with graduate school psychologists? How do we support first-generation college students? A needs assessment of graduate and undergraduate faculty might help to learn more about this situation.

This also calls for training in business and the advocacy of health. The strengthening of partnerships between Academic Health Centers and University departments may also help with addressing these emerging areas of practice. If topics like business practice management and business/advocacy are built into the health psychology curriculum this will create training that is more responsive to the needs of the health delivery community. It should be remembered that adding these elements may require other elements to be eliminated.

Group C: Implementing the Taxonomy Document into Practice

How can the Taxonomy be used to improved E&T pathways given the various ways people enter into the specialty?

It was suggested that an informational campaign should be developed for students on how to use the Taxonomy in selecting programs that meet their training needs. Listservs and other social/electronic media may also be used to further disseminate information on the Taxonomy to students and programs.

At the same time, a baseline should be established on current use of the Taxonomy among programs. This will start with the identification of exemplars, but should include an assessment of all known programs.

There was also the suggestion of an assessment of current clinical health psychologists to better understand their pathway to the specialty and what type of CHP work they are doing now.

Currently the APPIC directory uses the Taxonomy language in programs descriptions (internships and post-doctoral). The Taxonomy is not available as a search criterion, however. It is recommended to work with APPIC to create better alignment with the Taxonomy so potential applicants can search using this criterion. At the same time, SfHP might compile a list of doctoral programs in CHP.

In terms of decision tools for students, it was suggested to create a "decision tree" diagram with various routes toward the specialty to guide prospective students. It is important to make sure this information is available to interested individuals at the right point in time. Likewise, the Taxonomy could be used to develop a checklist for applicants to complete on their journey toward the specialty. This type of document could also use success stories based on using the Taxonomy.

Group D: The Value of Board Certification

Recommendations for improving adoption of ABPP board certification. Should/can the specialty put a stake in the ground?

It was recommended that board certification not be the sole criteria for determining competency in Clinical Health Psychology. This was recommended due to the numbers of clinicians already practicing in the specialty who are not board certified. To require all of them to be board certified would not be feasible. It is recommended that board certification in Clinical Health Psychology be the *preferred route* for clinicians to demonstrate their competence in the specialty.

It was emphasized that in evaluating specialty competencies in CHP – especially in emerging areas of practice - it not a measure of *hours of experience* but *obtainment of the competencies* (as enumerated in Larkin & Klonoff (2014): Specialty Competencies in Clinical Health Psychology).

Some recommendations of "next steps" made by the group include:

- Develop a needs assessment looking at the educational needs of high school/community college/undergraduate faculty and asking "what I wish I would have learned in graduate school"
- Continue to clarify what a Clinical Health Psychologist is and differentiate between masters- and doctorally-trained providers (competencies and scope of practice)
- Advocate for funding of advanced psychology training (similar to how GME is funded) so as to provide program support, stipends for trainees, and compensation of faculty to train
- Partner with APA to identify the needs of faculty at all levels of training (e.g., high school, community college, undergraduate university)

- Better understand how students and faculty (and faculty advisors) are interpreting the Taxonomy
- Develop instructions for students on how interpret the Taxonomy
- Make the Taxonomy description on the SfHP website more visible; add to Division 12 (Clinical Psychology) and Division 17/Health Psychology Section websites as well?
- Create worksheets for Clinical Health Psychology programs to be used to describe their program in a manner consistent with the Taxonomy
- Work with ABPP to determine flexibility on eligibility for board certification
- Work with the Academy of Clinical Health Psychogy on an educational campaign to doctoral and internship students to emphasize the value of board certification
- ABPP may need to revisit their requirements as many states don't require supervised post-doctoral experience

Summary Statement

Thanks to all the participants of the 2024 SfHP "Clinical Health Psychology Education & Training Summit: Pathways to the Specialty." This was an engaging and active discussion addressing many of the themes facing the education and training of future health psychologists. From this discussion many themes emerged:

- An appreciation of the demographic shifts occurring in the United States and their impact on higher education and, therefore, the future Clinical Health Psychology workforce
- A recognition that the practice of Clinical Health Psychology continues to evolve, creating different possibilities for future providers. These emerging areas of practice create challenges to the current system of education and training. This highlights the need for changes moving forward.
- Increased specialization at the doctoral level, combined with changes in state licensing laws (sometimes eliminating postdoctoral supervision), economic factors (financial cost of higher education), and changing personal priorities of learners have shifted training away from formal postdoctoral training. This shift requires the specialty to reconsider how CHP competencies are obtained.
- The *Education and Training Taxonomy in Clinical Health Psychology*, which describes the educational and training experiences in the specialty appears at various stages of training, is a valuable tool in documenting competency development, yet this Taxonomy has been slow to be adopted. Various suggestions regarding increasing the visibility of this tool and encouraging its adoption were discussed and recommended.
- A recognition of inequities in Clinical Health Psychology training across institutions, which leaves many students with diverse backgrounds not having access to knowledge of the specialty, access to resources to train in the specialty, and, ultimately, under-representation in the CHP workforce. Many suggestions were made to help address some of these inequities.
- Board certification in Clinical Health Psychology remains the preferred way to demonstrate competency and expertise in the specialty. Even so, there are many barriers to obtainment of this certification. Suggestions were made that would support psychologists wanting to peruse this certification and make the process more obtainable.

These discussions will be used to formulate actions plans within the SfHP and the Education and Training Council over the upcoming years.

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