Do We Need a New Degree for Mental Health Care Providers?

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Shapiro and Wiggins (March 1994) called for a new degree to identify psychologists who provide doctoral-level health services. Their point was that the doctoral degree is a generic scholarly degree and cannot be used accurately by the public to infer competency in provision of mental health care. The solution, according to Shapiro and Wiggins, is to award the Doctor of Psychology (PsyD) degree retroactively to those clinicians with PhDs who pass a credential review. I sympathize with the goals of their proposal: to protect consumers from individuals who are not qualified to provide mental health services and to distinguish professional psychologists from other mental health professionals. However, using a new degree designation does not seem to me to be the most productive route for accomplishing these goals.

Wiggins and Shapiro (1994) characterized clinical psychology as a field with an identity problem (p. 208), and, at least among consumers, I think that is often the case. Working in a medical school and teaching at a nearby university, I have found that most clients and students (and even members of my own family) do not know the difference between a psychologist and a psychiatrist or generic "therapist." When I explain the differences with regard to training and general orientation to mental health problems, most people seem to understand and appreciate the distinction. Shapiro and Wiggins could use this common example to argue their point. However, I do not think that promoting the use of the PsyD degree to distinguish professional psychologists will help the public understand the nature of the training of the person treating them.

To address this point, Shapiro and Wiggins (1994) advocated that revenues from credential review for the PsyD degree could be used "in an educational campaign to explain to the public the high level of education and training of Doctors of Psychology and the areas in which they are especially well qualified to serve the public" (p. 210). The authors further noted, "People need this type of education" (p. 210). As my anecdotal experience indicates, I agree that professional psychologists have not done an adequate job educating the public about our unique qualifications as mental health care providers, but adding new initials behind our names could confuse matters further. If the public is currently unaware of how psychologists differ from psychiatrists (MD), social workers (MSW or LCSW), and marriage and family counselors (MA, MS, or other degree), despite the fact that these groups of mental health care providers carry different abreviations to reflect their education, the distinction between psychologists with PhDs and those with PsyDs makes little sense. Why not promote public education around the primary distinction of our field from others (or between licensed and unlicensed professionals) rather than try to explain to consumers the difference between a psychologist with a PhD and one with a PsyD?

In this time of increased competition for health care dollars and the need for recognition by the powers that be within managed health care, distinguishing the role of clinical psychologists is of great importance. This identity issue, however, would not be resolved with the PsyD degree designation. Adding initials after our names seems like an easy answer, but it alone would not address the primary concerns elaborated by Shapiro and Wiggins (1994): protection of the public and distinction of professional psychologists from other mental health care providers. I believe that the first concern is covered by our current licensure process, and the second concern is best addressed with public education about our profession and our role in the mental health care arena.

REFERENCE

Shapiro, A. E., & Wiggins, J. G. (1994). A PsyD degree for every practioner. *American Psychologist, 49,* 207–210.

A PsyD for Every Practitioner: Further Separation of Science and Practice in Professional Psychology

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Shapiro and Wiggins (March 1994) proposed that the standard for practice in psychology be the Doctor of Psychology (PsyD) degree (a position supported by Fox, March 1994). As a doctoral student in professional psychology, I am concerned about the possible ramifications of their proposal to psychology as a discipline and as a practice. In my estimation, Shapiro and Wiggins have failed to provide a basis in fact as to how adoption of their proposal would alleviate the concerns that they raise as a basis for their proposal at or above the level of existing standards (i.e., American Psychological Association [APA] curriculum standards, licensing, professional certifications). In fact, instead of solving existing problems in psychology, their proposal may exacerbate existing problems, such as the divisiveness between science and practice (Wynkoop & Dixon, 1994a).

The issue, in my estimation, is not as unidimensional as Shapiro and Wiggins (1994) implied. First, the boundaries between scholarship and practice are often diffuse. There are many scholars who adhere to the scientist–practitioner model (Raimy, 1950), engaging in research, instruction, and practice either concurrently or sequentially throughout their careers. In fact, the scientist–practitioner approach to training provides the professional flexibility that has been cited as a major factor in many individuals' decisions to become psychologists in the first place (Mayne & Sayette, 1990). Second, the analogy with medicine presented by Shapiro and Wiggins (that practice should be reserved for persons with professional degrees) disregards the fact that the medical doctorate does not qualify one to practice, nor does it require that the holder do so. Many physicians work in specialty areas other than practice in the traditional sense of treating live patients (e.g., laboratory researchers and pathologists) and are not necessarily competent to treat live humans. This fact suggests an error in the assumption by Shapiro and Wiggins that psychologists trained in a professional program (i.e., PsyD) would be competent to practice by default. Rather, it is the curriculum and experience, not the degree, that provides the foundation for competent practice. In addition, it is the combination of postdoctoral credentialing and state regulation, not the degree, that should provide the safeguards for competent practice. There are plenty of examples of posteducation credentialing that exist to safeguard competence in a variety of service-oriented professions, some of which were mentioned in the Shapiro and Wiggins article but were not stated by them as such (e.g., certified social worker, certified alcohol and drug abuse counselor, and registered occupational therapist). One well-known example of posteducation certification and regulation is the certified public accountant (CPA) designation, which is not earned as a degree but is awarded on successful completion of an examination. The CPA signifies to the public that the holder possesses the requisite qualifications for practice as an accountant.