

# **Why I Joined the National Alliance of Professional Psychology Providers:**

## **A Message for Prospective Members of NAPPP**

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**When considering joining the newly formed National Alliance, I asked what could a former President of APA, such as myself, no longer in practice and deeply committed to APA gain from joining NAPPP and serving on its Board of Directors? After spending 23 years on APA Council, being elected to its Board of Directors for 6 years and serving as the centennial President of APA, there appear to be no self-evident reasons for me to join and help form the Board of NAPPP. Let me assure you that joining National Alliance of Professional Psychology Providers is not my failure to overcome a masochistic need for leadership that I sometimes see among my retired friends that were executives of multi-million dollar corporations. Certainly, its not a philanthropic need to give money away, for I have my golf game and my Country Club to support. I share my personal reasons for joining NAPPP with you simply to assist in you in making your decision to join NAPPP.**

**During the 6 years I spent on APA Council after my Presidency, I sorted out why I continued to be active in APA and other psychological organizations. I still love psychology and have many unfulfilled dreams for the practice of psychology as a health service for the public. Without personal ambitions and the distractions of internal politics of APA to blind me to the limitations of APA, I began to understand more clearly the frustrations and sense of helplessness that my practitioner colleague's experience. Repeatedly, I am asked by practicing psychologists why can't APA or the state psychological association (SPA) do something about this or that. It became obvious to me, as it has for others, that a organization dedicated to achieve the goals of practicing psychologists is necessary. NAPPP has been formed for this purpose.**

**My two terms on the Finance Committee enabled me to see APA's financial limits in providing advocacy on behalf of practitioners. It is no startling revelation that APA's commitment is too small to be a big player in the advocacy for psychological practitioners. The growth of APA advocacy is dependent upon its ability to attract members and that has finite limits. APA's financial commitment may never be large enough to support the amount of advocacy needed for practice. Similarly, state associations are frustrated by their limited resources to advocate for what their practitioner members need and want. SPAs turn to APA, especially the Practice Directorate, for additional help to fulfill their missions, thereby, compounding**

APA's problem. Forming real and productive alliances with other organizations is the obvious solution to increasing the advocacy needed by practicing psychologists. Alliances and coalitions that work to the benefit of some at the expense of others is not an "alliance" or a "coalition".

I joined NAPPP because it is about creating productive alliances--- not cutting ties. Creating productive alliances increases the resources available for advocacy! As helpful as the alliances APA has with state, provincial and territorial affiliate psychological organizations has been, these alliances have not increased the money available for advocacy other than by further taxing the practitioners with more dues or special assessments. As SPAs have grown, they too have increased their dues to provide funding for needed for their operations and advocacy. Again, this funding comes from the pockets of practitioners. Even the Association for the Advancement of Psychology (AAP), our advocacy organization, has these same funding limitations. Psychologists must increase essential advocacy for practice by creating productive alliances with politically powerful organizations by combining resources. This is the mission of NAPPP to be creative in expanding alliances for advocacy for practicing psychologists.

I joined NAPPP because of its dedication to the unifying theme of serving practicing psychologists and their patients through advocacy. This does not negate the need for an organization like APA to serve as a common meeting ground for psychologists. However, there is a major gap in advocacy by APA that is ponderously slow due to the resolution issues of competing interests within APA and this is potentially disastrous for practitioners needing prompt response to the rapidly changing market issues. NAPPP proposes to fill that time-lag gap with expeditious advocacy solely for psychological practice. Also, NAPPP dues go directly for specified goals as an organization with clearly defined objectives. An umbrella organization, such as APA, is a composite of constituencies with divided interests deciding on how dues money is to be spent. For example, APA allocates its resources to four Directorates and to Central Office Operations. Each of the Directorates receives about the same dollar amount of their budgets for member services and about 18% of their budgets go for office overhead. Membership dues of \$261 account for about one-third of APA's total budget with two-thirds coming from publications and grant monies.

Practitioners pay an additional special assessment of about \$100, 18% of which goes for overhead, and the balance goes to the new APA Practice Organization (APAPO). APAPO has a 501 c-6 tax status, like most SPAs, that allows a tax credit for contributions as a business expense. APAPO's 501 c-6 tax status frees advocacy of practitioners from some of the advocacy restraints of a scientific organization under APA's 501 c-3 tax status but there are caveats. It must be noted that practitioners had to fight for 30 years internally with academic interests in APA for this change. Even now constituents of APAPO do not have a vote on practitioner interests. Further, the APAPO Board that directs advocacy is composed of the same composite group, not just practitioners, that serves in a similar capacity as the Board of Directors of APA. Practitioners point out that about 70% of the members

of APA earn some portion of their incomes, either directly or indirectly from health care. Practitioners feel that practice should receive a larger share of the total APA budget for advocacy. It is left up to Divisions devoted to practice to compete with other interests in APA for the practice share of the APA budget.

Another reason why I chose to join NAPPP is the competition among Divisions that stemmed from the competing interests in APA. The double edge sword effect of Divisions on the APA budget requires a bit of history to explain. Back in the 1960s, the growing number of practicing psychologists wanted a larger voice in APA and its Council on what and how their dues were being spent. Academic psychologists had appointed themselves as owners of science and keepers of APA's treasury to preserve scientific interests. Practitioners eventually pressured APA into creating the controversial Albee Commission that developed a plan for proportional voting. This balloting scheme gives each member 10 votes each year to allocate to a group or divided among various groups that would best represent their interests on APA Council. Representation on APA Council would then be proportional to the number of votes each constituent group received. In theory this may seem a fair and democratic solution. Politically, this annual "Apportionment of Ballots" has had some untoward effects on practitioners. First, 40% of the APA members, mostly practitioners, are not sufficiently interested in APA politics to even select a group or join a Division to represent them. Only about 20% of the practitioners belonging to multiple Divisions actually cast ballots in the Apportionment balloting, whereas academicians tend to belong to few Divisions and vote as block. The net result is that practitioners are underrepresented on APA Council.

Furthermore, it is the APA Board of Directors that actually controls the Council and its members also serve on the Board of APAPO. The APA Board is elected from Council members using the Hare system of voting. The Hare system is used to assure that no one group can dominate the organization by assuring a vote on minority interests in the annual election of two new members of the Board each year. Candidates for the Board are ranked in order of preference of the voter. When the first choice of a voter achieves enough votes to be elected, the voter is not allowed to have a vote on the second candidate to be elected. Practitioners typically achieve one of the two seats available for election and academic interests gain the second. Thus, the members of the Board of Directors are equally divided with the deciding swing vote on the Board being provided by person that is elected President. While practitioners may have a plurality on the APA Board they never have full control due to the compromises necessary to obtain Board action. However, even representatives from practitioner Divisions often have academic ties that are imbued with the scientist-practitioner model of training. Thus, the APA Board is always weighted toward the scientist-practitioner model. I will say more about the scientist –practitioner model of training on practitioners later but first some words about Divisional dues.

Practitioners eager for advocacy their special practices and more representation formed special function Divisions that charge significant dues. Divisions composed of members with academic interests have focused on simply electing members to APA Council. These Divisions have limited agendas, have kept their dues low and are partially subsidized by universities. Psychologists who join a Division are likely to join several Divisions with annual dues totaling \$100 or more. Some psychologists pay well over \$600 in APA dues, special assessments, Division memberships, state association fees and other dues. Unfortunately, joining more Divisions and paying more dues to Divisions does not increase advocacy for practice. Divisions can only influence how their interests are dealt within the APA budget. Divisions as members of APA as a 501 c-3 tax exempt scientific organization are restricted from advocacy because such activity counts against the relatively small amount APA can spend on advocacy. Each Division tends to create its own mini-bureaucracy and engages in the politics of electing officers and committee appointments and competing for members that may distract the membership from the stated mission of the Division. Thus, Divisions have had a splintering effect rather than developing the central theme of advocacy for practice and serving the public interest. Viewed in this context it is clear why I joined NAPPP as an organization focused on advocacy for psychological practice.

Another key point for me to join NAPPP was the Board of Educational Affairs' (BEA) attempt to limit training in prescriptive authority (RxP) for psychologists with postdoctoral Master Degree training. This had nothing to do with the high quality of certificate training in RxP and was strictly power politics to preserve academic control over money for RxP training for the economic benefit of academicians. About one thousand psychologists have completed their RxP training by the approved APA RxP model that has been in place for a decade. Shifting to a postdoctoral MA degree requirement for licensure as a prescribing psychologist would disenfranchise these psychologists with the commitment and the courage to take the necessary training before any state had passed RxP legislation. RxP training leading to a postdoctoral Master degree is about double the cost of the same training taught through distance learning and does not result in higher scores on the Psychopharmacology Examination for Psychologist (PEP). Even postdoctoral RxP Master degree programs use some forms of distance learning BEA's action is simply another attempt by academic psychologists to control practitioners.

The scientist-practitioner training model has been then source of conflicts between practitioners and academic trainers of psychologists almost from its inception nearly 60 years ago. As self-appointed owners of science, academic trainers have attempted to regulate and control the practice of psychology in variety of ways. For example, university-based psychologists opposed the licensing laws giving psychological practitioners authority to diagnose, treat mental disorders and rehabilitate people with mental conditions. In this same laws, Academic psychologists got themselves exempted from licensing while reserving places for university-based psychologists on state licensing boards. University-based psychologists supported licensing laws that required additional postdoctoral

experience (that was not provided by universities) before psychologists with doctoral degrees could even sit for licensing examinations.

In contrast to restrictive actions taken on state licensing laws for psychologists academics allowed themselves great freedoms when defining core curricula for training in clinical psychology. Each institution can define its training in clinical psychology using the rationale of “academic freedom for scientific inquiry.” There is little effort toward creating a core curriculum for clinical practice where training outcomes can be measured, tested and used to improve training. APA Accreditation Guidelines for training are couched in generic language to prevent stepping on each other’s training toes. Clinical training guidelines avoid of using the term “psychotherapy” as a training program requirement. Instead the expression of “treatment interventions” is used.

Failure to include the term “psychotherapy” has resulted in problems in obtaining reimbursement from insurance plans for their patients of psychologists. It has also contributed to claims for insurance reimbursement for counseling by Master-level counselors trained in these same academic settings but unregulated by the APA Committee on Accreditation. The APA Committee on Accreditation is composed primarily of psychologists employed by academic institutions creating a case of the “fox guarding the hen house.” It is only in recent years that practitioners have been added to the membership of this Committee.

Serving on the Accreditation Committee seems to appeal to those that like to regulate the behavior of others but not necessarily themselves. Some of this characteristic is also seen those academicians calling for “evidenced-based practice” guidelines. It is my contention that psychology must start with “evidence-based curricula” that demonstrate the value of course requirements in clinical training rather than training manuals by which practicing psychologists must abide or else be labeled “unscientific.” The present accreditation system allows universities to require courses for clinical training that have limited value to diagnosing and treating psychologists but are available for general graduate education. This academic scheme funds teaching positions for university professors and adds to university coffers. However, this use of curricula for self-interest unnecessarily inflates the cost of clinical training of graduate students and is used to avoid offering psychopharmacology training in graduate clinical programs.

Psychological practice is about serving public needs. Practitioners have no hidden agendas that they need to cloak under the mantle of science. NAPPP is focused on creating alliances. It has been my experience the pontificating about science turns legislators off and makes it more difficult to form effective alliances with business people and government agencies. Psychologists must create productive alliances that make treatment accessible, practical and more transparent through public education and direct demonstration. Psychologists’ claims to science should be self-evident from their training for practice. In my experience use of the term science is

often a “turn-off” when trying to develop alliances and partnerships because it is seen as a sales pitch by a scientist asking for special privilege.

**I joined NAPPP because it is time for practicing psychologists to take charge of their own destinies. This goal includes taking control of their practice and training for practice. The Continuing Education programs that NAPPP will provide organized sequences of courses, free of charge to our members. These courses will help members establish practice proficiencies and specialties geared to public demands. And, more courses will be added to meet the needs of our membership. The NAPPP referral service network will provide the public access to psychologists with training to meet their special needs. NAPPP will lobby for training funds so that the cost of this specialty training will borne by government training funds available through Medicare. NAPPP will provide access to group benefit plans for its members that may not be available to them on an individual basis. NAPPP’s goal is to multiply each dues dollar exponentially by forming productive alliances with organizations with like-minded objectives. I hope these stated goals and my personal reasons for joining NAPPP will be of assistance to you in joining with me.**