A Case For Creating a Membership Category for Psychologists

Gabrielle A. Carlson, MD, and Charles H. Zeanah, Jr., MD

Many of us in AACAP have worked closely with psychologists both academically and clinically. Some of us are members of interdisciplinary organizations where both specialties are included and know that the relationship has benefited both child and adolescent psychiatry and psychology. The opportunity to network and collaborate requires proximity of similar interests. We feel that the mission of AACAP to serve the mental health of children would be enriched by providing an opportunity to network formally. The Annual Meeting might be an obvious place. However, the high cost and lack of meaningful involvement for psychologists have been impediments to this opportunity.

We feel that there are some potential advantages of creating a membership category for psychologists. Expanding our membership to include psychologists could:

- Enhance our organization academically and clinically with colleagues who share our focus on children’s mental health.
- Expand AACAP’s advocacy for children’s mental health. This could strengthen our efforts to support joint initiatives and to take a stand against those that could harm the public, such as non-medical professionals prescribing pharmaceuticals for children.
- Increase the number of experts, especially in specialty areas in which we are thin because of limited numbers, thereby enhancing AACAP’s ability to inform families and professionals.
- Expand services offered and increase access by affiliating with other allied organizations and mental health professional networks.
- Increase academic collaborations, especially in research and training but also in innovative clinical models.
- Grow journal readership, scholarship, and authorship as more academic psychologists would look to Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP) because they have more stake in it.
- Increase interdisciplinary collaboration for patient care within the integrated care movement.
- Facilitate opportunities for exploring models of integrated training.

At the Town Meeting at the AACAP Annual Meeting in October, some AACAP members expressed concerns about potential negative effects of extending membership to include psychologists. These fears included diluting the child and adolescent Psychiatry perspective, losing our “home,” creating a slippery slope in which psychologist prescribing would be supported, or that other associate memberships would also be extended.

Although the idea of allowing psychologists to become members has been discussed from time to time, it is particularly relevant now with the increased focus on integrated care and the need for child and adolescent psychiatrists to have an impact beyond our small (by comparison to psychology and pediatrics) organization. Gregory K. Fritz, MD, AACAP President, created and charged a task force with exploring the issue, in part as one aspect of his presidential focus on integrated care.

Although we appreciate the “there goes the neighborhood” concerns of our colleagues who feel strongly that this is a poor idea, we feel it is inconceivable that non-voting, non-office holding psychologist members could “take over” or in any way steer the direction of the organization in ways that voting members and office holders did not want to be steered. In other words, AACAP will define and control the parameters of how the membership would look.

We not only have little to fear in terms of a takeover, we have little to fear that many of our colleagues would want to even join AACAP. In these days of dwindling resources and less opportunity to go to meetings and be a part of organizations, the desire of large numbers of psychologists to join us is probably not great. Our dues are relatively expensive, psychologists do not get continuing education credits to attend the meeting (and we doubt that the membership of psychologists would swell enough to support the staff that would be needed to change that), and only a few have networking interests with child and adolescent psychiatry. These colleagues would likely enrich some of our committees, however. Those of us who support this collaboration are all too aware of the fact that as child and adolescent psychiatrists, our voice is quite small. Their numbers are considerably greater than ours, and it is probably safe to say that their voice is louder in many arenas.

There are several ways we could see operationalizing a new membership category for psychologists. For instance, psychologists could be invited on a case-by-case basis to fulfill a component of Journal function. Sponsorship for psychologists would still involve a need to apply formally and be sponsored by two child and adolescent psychiatrists. We could create exclusion criteria that would not allow admission to those whose values are not in line with AACAP’s or who otherwise are not a good fit. We can imagine many variations of this basic idea. A personal nomination with a suggested designated role may modestly increase interest and help us realize some of the advantages noted above.