Commentary: Competencies in Pediatric Psychology: Polishing Pandora's Box

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I applaud the Task Force on Competencies and Best Training Practice in Pediatric Psychology for painstakingly organizing and detailing core competencies to consider at different stages of training in pediatric psychology. Specifying training in pediatric psychology is a long-standing interest in the field (e.g., Drotar, 1975; Spirito et al., 2003; Tuma, 1980), and the current set of competencies is by far the most comprehensive to date. Detailing agreed-upon pediatric psychology training competencies has value to trainees, trainers, educators, regulators, policy makers, patients, and other stakeholders. Although I am enthusiastic about the classification of training objectives, there are a number of important considerations and challenges when embarking on this endeavor.

Measurement

As highlighted by the Task Force, the competencies might be acquired at unspecified times and settings in the training trajectory. What is not delineated is how these competencies might be assessed. The design and evaluation of measures of behavioral constructs is arguably one of the qualities that defines and separates psychology from other health-care professions. That said, quantifying training competencies might be challenging if not impossible (Bashook, 2005; Donovan & Ponce 2009; Leigh et al., 2007; Schulte & Daly, 2009). In some cases, the issue is with the scope of the competency. For example, how might one assess if a pediatric psychology trainee ''understands pediatric acute and chronic illness, injury condition, and medical management from the medical literature, including the effects of disease process and medical regimen on child emotional, cognitive, social, and behavioral development''? In other instances, the problem is in attempting to quantify attitudes and values (e.g., ''Values and understands the scientific foundation underlying the practice of pediatric psychology''; ''Appreciates the function of health information technology in children's health care''). The task is compounded when one considers using the recommended evaluation of competencies via a multi-trait, multi-method, and multi-informant approach (Kaslow, 2004). Further, any number of contextual factors (e.g., clinic versus classroom; bias of supervisors) might detract from the objectivity or accuracy of the assessment process. It is clear that measuring competencies is going to take considerable ingenuity and effort; however, recognizing completion of milestones is an integral and essential aspect of training in pediatric psychology.

Weighting of the Competencies

In comparing the competencies for professional psychology detailed by the American Psychological Association (APA; Hatcher et al., 2013) and the Association of State and Provisional Psychology Boards (ASPPB; Rodolfa et al., 2013), it is notable that different competencies are valued when viewed through the lens of an educator or a regulator (Schaffer, Rodolfa, Hatcher, & Fouad, 2013). For example, trainers can be flexible to reorganize and modify competencies consistent with unique goals and specialty areas (Hatcher et al., 2013); whereas regulators argue that some core competencies should be met across all psychology training programs (Rodolfa et al., 2013). Although it is acknowledged that ''there are a number of paths to becoming a pediatric psychologist,'' it is not clear whether some or all competencies are critical. Related, the authors are silent as to whether some competencies should be considered essential over others. For example, it might be argued that it is more important that an academic pediatric psychologist ''. . . understands the scientific foundation underlying the practice of pediatric psychology'' than ''. . . can apply continuous performance improvement (CPI)

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methods.'' A pediatric psychologist working in a secondary school will need to understand how systems affect pediatric health and illness but might not be pressed to provide supervision to trainees. Given the range of work and practice settings of pediatric psychologists, it might be useful to more explicitly highlight those competencies that are core and foundational for all pediatric psychologists and those that might be more unique and functional in specific professional contexts.

Unification Versus Fragmentation of Psychology

Identifying specific competencies for pediatric psychology contributes to a movement of further specialization or fragmentation of psychology, which highlights a long-standing debate in the field. Namely, some argue that psychology should seek to define and unify itself as a single field of study (e.g., Staats, 1991; Sternberg & Grigorenko, 2001), whereas others suggest that identifying and recognizing areas of specialization is a sign of a mature field (e.g., Bower, 1993; Koch, 1993). Separate from this largely philosophical argument, there is the pragmatic question of whether specialization benefits the public. It is a gross understatement that our resources, funding, and number of psychologists are not adequate to meet the exceedingly high mental health needs in the United States, especially in terms of children and adolescents (Child and Adolescent Health Measurement Initiative, 2007; Comer & Barlow, 2014; McCarthy, How, Schoen, Cantor, & Belloff, 2009; National Alliance on Mental Illness, 2011; United Health Foundation, 2012). Although specialized training should result in optimal services for specified populations, there might be fewer generalists available to work with a broader range of patients.

In summary, there is a burgeoning of activity in delineating competencies in psychology (e.g., Health Service Psychology Education Collaborative, 2013) and its subspecialty areas, such as pediatric psychology. This is an important step in recognizing and communicating the abilities and expertise of pediatric psychologists. Although describing the training of pediatric psychology is not a new phenomenon (e.g., Spirito, 2003), competencies have become sufficiently detailed and operationalized that there is at least the illusion if not the reality of measuring them. This quality opens the issue of whether the competencies might eventually be only recommended or in fact might be required by trainers, regulators, policy makers, insurance providers, and the public. Although there might be challenges and gaps in our training when closely inspected, The Task Force on Competencies and Best Training Practice in Pediatric Psychology has provided some of the necessary transparency that should be expected of all training entities, especially ones focused on training health services providers.

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