

Professional Closure: An Example from American Clinical Psychology

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KEY WORDS

closure; clinical psychology; professional psychology; practitioner-scholar; Doctor of Psychology; PsyD

ABBREVIATIONS

PhD -	Doctor of Philosophy
PsyD -	Doctor of Psychology
MD -	Doctor of Medicine
EdD -	Doctor of Education
APA -	American Psychological Association
CoR -	Council of Representatives
BoD -	Board of Directors
BEA -	Board of Educational Affairs
BPA -	Board of Professional Affairs
EC -	Ethics Committee
COPPS -	Committee on Professional Practices and Standards
PPB -	Policy and Planning Board
CoA -	Commission on Accreditation
APAPO -	APA Practice Organization
CAPP -	Committee for the Advancement of Professional Practice

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What this paper adds:

The paper provides a novel example of professional closure and demonstrates how it manifests through implicit power discourses within an occupation. While the paper focuses on American clinical psychology, its findings are generalizable to other occupations that have multiple professional degrees (e.g. nursing, education and medicine).

Abstract

Background: This paper explores the American clinical psychology landscape to discern scientist-practitioner and practitioner-scholar involvement in professional activities, specifically the organisational and scholarly domains.

Methods: Data were gathered from multiple sources regarding: professional association membership, leadership and award recipients; faculty positions within psychology doctoral programmes; journal editor positions; and contributions to the scholarly literature.

Results: Scientist-practitioners dominate membership (75.3%) and leadership (93.2%) of American clinical psychology's principal professional association and receive nearly all of its awards (98.2%). Faculties for both practitioner-scholar programmes (76.2%) and scientist-practitioner programmes (99.1%) are also dominated by scientist-practitioners. The editor of each journal surveyed is a scientist-practitioner and most literature contributions (77.3%) are from scientist-practitioners.

Conclusions: Scientist-practitioners in America dominate access to organisational and scholarly roles and/or activities compared to practitioner-scholars. This paper argues that scientist-practitioners use implicit, normalised practices known as 'closure methods' to preserve and enhance their access to professional opportunities, resources and rewards. Practitioner-scholars, subject to 'professional closure', compose a subordinated and excluded group.

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Introduction: There are two predominant training models for clinical psychology in America. The 'scientist-practitioner' model prepares students to conduct experimental research, contribute to the empirical knowledge base, and apply knowledge to clinical populations (Raimy, 1950). Graduates from training programmes that subscribe to this model earn the Doctor of Philosophy (PhD) degree. The 'practitioner-scholar' model prepares students to provide direct clinical services, evaluate evidence to inform their practice, and conduct naturalistic research (Korman, 1976). Graduates from programmes that use the practitioner-scholar model earn the Doctor of Psychology (PsyD) degree.

The two training models are intended to be complementary, as the degrees are supposed to be commensurate, and graduates should have unencumbered access to either component of their respective professional identity. Hence, whether trained as a scientist-practitioner or practitioner-scholar, a clinical psychologist should be able to participate in appropriate professional activities based on their preferences. These activities include: joining and participating in a professional association; teaching; and contributing to the scholarly literature.

The present paper studied how frequently scientist-practitioners and practitioner-scholars were involved in professional activities, with emphasis on organisational and scholarly endeavours. The results show that scientist-practitioners dominate these domains. In contrast, practitioner-scholars constitute minorities within their professional association's membership and leadership, as well as within their own doctoral programme faculties. They also contribute much less frequently to the scholarly literature, and do not occupy journal editor positions. Furthermore, practitioner-scholars rarely earned their professional association's highest awards, even those for which they were eligible.

The data were analysed using closure theory, and it is this paper's contention that practitioner-scholars are subject to 'professional closure'. Such closure occurs when a dominant group monopolises resources, which invariably excludes other groups from accessing them. This paper argues that scientist-practitioners compose the dominant group in American clinical psychology, and practitioner-scholars compose an excluded group. Specific closure methods that impact practitioner-scholars are identified in this study.

Methods: The American clinical psychology landscape was surveyed to discern scientist-practitioner and practitioner-scholar involvement in professional activities, specifically the organisational and scholarly domains. A

practitioner-scholar is defined as a psychologist possessing the PsyD degree and a scientist-practitioner as a psychologist possessing the PhD degree. These definitions are consistent with the training models and each model's most frequently associated degree. Data regarding degrees were gathered from multiple sources, including: professional association membership; leadership and award recipients; faculty positions within clinical psychology doctoral programmes; journal editor positions and contributions to the literature.

American Psychological Association: The American Psychological Association (APA) is the principal professional organisation for clinical psychologists in America. It accredits doctoral programmes and internships, provides ethical oversight, recommends guidelines for clinical service providers, publishes numerous peer-reviewed journals, advocates for members' interests, and bestows the discipline's highest professional awards and honours. The APA's website was reviewed to identify its membership (2016b) and leadership composition (2016c, 2016e) by degree, as well as award eligibility for practitioner-scholars and how frequently they were conferred these awards (2016d). In any instance when a professional was listed by name only, a supplemental Google search was conducted to clarify their degree. Regarding award eligibility, the following search parameters were used: Topic = Clinical; Sponsor = APA, APA Divisions, APA Practice Organization; Type = Achievement Award, Commendation, Dissertation Award; Recipient = Practitioner.

Clinical Psychology Doctoral Programme Faculties: There are currently 64 APA-accredited clinical psychology programmes in America that award the PsyD degree (APA, 2016a). Merced, Stutman and Mann (2015) studied the faculties within these programmes and their data were used. It was beyond the present paper's scope to comprehensively survey the 173 APA-accredited clinical psychology programmes that award the PhD degree (APA, 2016a) so faculty composition was examined at ten randomly selected programmes, namely: Case Western Reserve University, Clark University, Duke University, Georgia State University, Jackson State University, Palo Alto University, Purdue University, Rutgers University, University of Rochester and the University of Utah. The faculty page for each programme's website was reviewed, and faculty members were sorted by degree. If a professional was listed by name only, a supplemental Google search was conducted to clarify their degree.

Journal Editor Positions: Editorial boards for 12 journals were examined using each journal's website. Most

journals within the discipline publish results from experimental research and thus it would be unlikely to find a practitioner-scholar on such a journal's editorial board.

The selected journals were orientated toward either clinical practice or professional psychology, making each more likely to have an editor trained as a practitioner-scholar. Data related to rank (editor-in-chief, associate/managing editor, consulting editor), degree (PhD, PsyD, other), and primary professional affiliation (academic, organisational practice, independent practice) were captured. For some journals, editorial board pages sometimes listed names and professional affiliations but not degrees; when this occurred, a supplemental Google search was conducted.

Literature Contributions: Several APA-published journals were examined to discern practitioner-scholar contributions. All volumes were from 2016 and each journal was selected based on its clinical focus and apparent accessibility to publication by a practitioner-scholar (e.g. a case study, book review, literature review). Author information published within each article was used in conjunction again, with supplemental Google searches to clarify degrees and primary professional affiliations. All articles were examined, although introductions, editorials, replies, corrections, and obituaries were not included. Graduate student authors were coded, based on the degree programme in which they were enrolled.

Results:

American Psychological Association (Table 1):

Membership: According to the most recently available data, 65,671 members compose the APA. When sorted by degree, 12,114 members possess the PsyD degree; representing 18.4% of the total membership, whilst 49,430 (75.3%) members possess the PhD degree, 2,222 (3.4%) members possess the Doctor of Education (EdD) degree, and 53 (0.1%) possess the Doctor of Medicine (MD) degree.

Leadership: Various APA governing entities were examined to discern member composition by degree. The Council of Representatives (CoR), the APA's legislative body, is vested with authority and oversight over all organisational affairs. It controls the Association's finances and may review, upon its own initiative, the actions of any component board, committee, division, or affiliated entity.

The APA Board of Directors, individuals selected by APA divisions and representatives from state, provincial and territorial psychological associations comprise the CoR. The CoR currently has 173 members and of these, 160 (92.5%) possess the PhD degree, eight (4.6%) the PsyD

degree, one (0.58%) both PhD/PsyD degrees and four (2.3%) another degree.

The Board of Directors (BoD), the APA's executive body, is responsible for administrative affairs and presenting an annual budget for CoR approval. Six members and six titled officers (president-elect, president, past-president, treasurer, recording secretary and chief executive officer) comprise the BoD. A representative from the APA graduate student society serves as an additional member. The BoD has 13 members none of whom possess the PsyD degree.

The Membership Board oversees membership recruitment and retention activities; it is also responsible for nominating members for election to "fellow" status. There are currently nine members; none possess the PsyD degree. The Board of Educational Affairs (BEA) maintains a consultative and advisory role over planning and operations for the Education Directorate. The BEA recommends educational policies, programmes, and operational priorities to the BoD and CoR. The BEA has 12 members; none possess the PsyD degree.

The Board of Professional Affairs (BPA) recommends and implements policies, standards and guidelines for the profession. The BPA also maintains relationships with other professional associations, recognises professional contributions through awards, and proposes ways to enhance the profession and apply psychological knowledge to promote public welfare. None of the BPA's nine members possess the PsyD degree.

The Ethics Committee (EC) maintains the principles and guidelines governing members' ethical conduct: that is, it interprets and applies the APA Code of Conduct to resolve ethical dilemmas and investigates allegations of unethical conduct. The EC has ten members and only one possesses the PsyD degree.

The Committee on Professional Practices and Standards (COPPS) develops and recommends standards and guidelines for clinical service providers. COPPS collaborates with the BPA to provide contemporary, relevant practice guidelines to ensure that the use of psychology is in the public's interest. COPPS has nine members and yet none possess the PsyD degree.

The Policy and Planning Board (PPB) crafts long-range policies reviewing the APA's structure and functions every five years. The PPB has nine members yet none possess the PsyD degree.

The Commission on Accreditation (CoA) evaluates doctoral, internship, and postdoctoral programmes in professional psychology, in accordance with published criteria and procedures. Of the 35 CoA members 31 (88.6%) possess the PhD degree, none possess the PsyD degree, one (2.9%) has the EdD degree, two (5.7%) members representing the public interest do not possess psychology degrees and there is one (2.9%) graduate student member.

The APA Practice Organisation (APAPO) is a 'legally separate companion organisation to APA, which advances and protects the professional and economic interests of practicing psychologists in a variety of practice settings' (APA, 2016e). Although the APAPO is a legally distinct entity from the APA, oversight is provided by the APA's BoD. The only governing body within APAPO is the Committee for the Advancement of Professional Practice (CAPP). There are 13 CAPP members and only two possess the PsyD degree, although one also has a PhD and the other is a graduate student representative (APA, 2016e).

Awards: The APA bestows seven awards annually for which practitioner-scholars are potentially eligible. This represents less than 1.2% of over 600 awards that are available. For six of these awards, there have been no PsyD recipients. These awards are: *Distinguished Scientific Contributions to Clinical Psychology* (bestowed since 1958), *Distinguished Professional Contributions to Clinical Psychology* (bestowed since 2000), *Early Career Award for Distinguished Contributions to Diversity in Clinical Psychology* (bestowed since 2006), *Distinguished Scientific Award for the Applications of Psychology* (bestowed since 1973), *Distinguished Graduate Student in Professional Psychology* (bestowed jointly with the APA's graduate student association since 2002) and *Distinguished Professional Contributions to Institutional Practice* (bestowed since 1979). Finally, the award for *Distinguished Contributions to Independent Practice* has been bestowed since 1972 and there have been two (4.0%) PsyD recipients.

Clinical Psychology Doctoral Programme Faculties:

The core faculties of APA-accredited clinical psychology PsyD programmes were dominated by scientist-practitioners (76.2%) with practitioner-scholars making up only 21% (Merced, Stutman and Mann, 2015). The APA-accredited PhD programme core faculties surveyed (n = 233) were also dominated by scientist-practitioners (n = 231: 99.1%), with practitioner-scholars making up only 0.9% (n = 2) of the faculties.

Journal Editor Positions (Table 2):

The editor-in-chief of each journal surveyed possessed the PhD degree and one editor also possessed the MD degree. For associate (or managing) editors, 81.8% possessed

Table 1: Practitioner-Scholars and the American Psychological Association (APA)

APA	% PhD (n)	% PsyD (n)	% Other (n)
Membership	75.3 (49,430)	18.4 (12,114)	6.3 (4,127)
Leadership			
Board of Directors	100.0 (13)	0.0 (0)	0.0 (0)
Board of Education Affairs	100.0 (12)	0.0 (0)	0.0 (0)
Board of Professional Affairs	100.0 (9)	0.0 (0)	0.0 (0)
Commission on Accreditation	88.6 (31)	0.0 (0)	11.4 (4)
Committee for the Advancement of Prof. Practice	84.6 (11)	15.4 (2)	0.0 (0)
Committee on Prof. Practices and Standards	100.0 (9)	0.0 (0)	0.0 (0)
Council of Representatives	92.5 (160)	4.6 (8)	2.9 (5)
Ethics Committee	90.0 (9)	10.0 (1)	0.0 (0)
Membership Board	100.0 (9)	0.0 (0)	0.0 (0)
Policy Planning Board	100.0 (9)	0.0 (0)	0.0 (0)
Total	93.4 (272)	3.8 (11)	2.8 (9)
Awards			
Distinguished Contributions to Independent Practice	94.0 (47)	4.0 (2)	2.0 (1)
Distinguished Graduate Student in Prof. Psych.	100.0 (16)	0.0 (0)	0.0 (0)
Distinguished Professional Contribution to Clinical Psych.	100.0 (29)	0.0 (0)	0.0 (0)
Distinguished Professional Contribution to Institutional Practice	95.0 (38)	0.0 (0)	5.0 (2)
Distinguished Scientific Contribution for Applied Psych.	100.0 (49)	0.0 (0)	0.0 (0)
Distinguished Scientific Contribution to Clinical Psych.	100.0 (87)	0.0 (0)	0.0 (0)
Early Career Award for Contribution to Diversity	100.0 (10)	0.0 (0)	0.0 (0)
Total	98.2 (276)	0.7 (2)	1.1 (3)

the PhD degree, none possessed the PsyD degree and 18.2% possessed another degree (most frequently the MD degree). For consulting editors, 88.8% possessed the PhD degree, 2.7% possessed the PsyD degree (with nearly half

Table 2: Journal Editors by Degree and Primary Professional Affiliation

Journal Name	%PhD (n)	%PsyD (n)	%Other (n)	%Acad (n)	%Org (n)	% Ind (n)	% Other (n)
American Journal of Psychotherapy							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	25.0 (1)	0.0 (0)	75.0 (3)	100.0 (4)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	30.0 (12)	5.0 (2)	65.0 (26)	75.0 (30)	7.5 (3)	12.5 (5)	5.0 (2)
Clinical Case Studies							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	97.4 (37)	0.0 (0)	2.6 (1)	89.4 (34)	5.3 (2)	5.3 (2)	0.0 (0)
Clinical Supervisor							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	81.8 (18)	4.5 (1)	13.6 (3)	95.5 (21)	0.0 (0)	0.0 (0)	4.5 (1)
Dreaming							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	80.0 (4)	0.0 (0)	20.0 (1)	100.0 (5)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	92.9 (26)	0.0 (0)	7.1 (2)	96.4 (27)	3.6 (1)	0.0 (0)	0.0 (0)
Journal of Contemporary Psychotherapy							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	100.0 (28)	0.0 (0)	0.0 (0)	75.0 (21)	7.1 (2)	7.1 (2)	10.7 (3)
Journal of Psychotherapy Integration							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	83.3 (5)	0.0 (0)	16.7 (1)	83.3 (5)	16.7 (1)	0.0 (0)	0.0 (0)
Consulting Editors	100.0 (24)	0.0 (0)	0.0 (0)	87.5 (21)	8.3 (2)	4.2 (1)	0.0 (0)
Practice Innovations							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	98.4 (62)	1.6 (1)	0.0 (0)	71.4 (45)	17.5 (11)	9.5 (6)	1.6 (1)
Professional Psychology							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	100.0 (4)	0.0 (0)	0.0 (0)	100.0 (4)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	90.9 (70)	7.8 (6)	1.3 (1)	79.2 (61)	11.7 (9)	6.5 (5)	2.6 (2)
Psychoanalytic Psychology							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	100.0 (4)	0.0 (0)	0.0 (0)	100.0 (4)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	92.3 (48)	1.9 (1)	5.8 (3)	78.8 (41)	3.8 (2)	3.8 (2)	13.5 (7)
Psychotherapy							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	100.0 (5)	0.0 (0)	0.0 (0)	100.0 (5)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	98.6 (69)	1.4 (1)	0.0 (0)	88.6 (62)	8.6 (6)	2.9 (2)	0.0 (0)
Spirituality in Clinical Practice							
Editors	100.0 (2)	0.0 (0)	0.0 (0)	100.0 (2)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	0.0 (0)	0.0 (0)	100.0 (1)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Consulting Editors	68.8 (22)	6.3 (2)	21.9 (7)	84.4 (27)	3.1 (1)	6.3 (2)	6.3 (2)
Training and Education in Professional Psychology							
Editor	100.0 (1)	0.0 (0)	0.0 (0)	100.0 (1)	0.0 (0)	0.0 (0)	0.0 (0)
Associate Editors	100.0 (4)	0.0 (0)	0.0 (0)	75.0 (3)	25.0 (1)	0.0 (0)	0.0 (0)
Consulting Editors	100.0 (45)	0.0 (0)	0.0 (0)	88.9 (40)	6.7 (3)	2.2 (1)	2.2 (1)
Total							
<i>Editors</i>	100.0 (13)	0.0 (0)	0.0 (0)	100.0 (13)	0.0 (0)	0.0 (0)	0.0 (0)
<i>Associate Editors</i>	81.8 (27)	0.0 (0)	18.2 (6)	93.9 (31)	6.1 (2)	0.0 (0)	0.0 (0)
<i>Consulting Editors</i>	88.8 (461)	2.7 (14)	7.7 (43)	82.9 (430)	8.1 (42)	5.4 (28)	3.7 (19)

coming from one journal) and 7.7% possessed another degree (most frequently the MD, with over half coming from one journal). Regarding professional affiliations, every editor-in-chief's primary affiliation was an academic setting. For associate/managing editors, 93.9% worked in an academic setting and 6.1% in an organisational setting (e.g. hospital, community mental health centre; college counselling centre). For consulting editors, 82.9% worked in an academic setting, 8.1% in an organisational setting, 5.4% in independent (private) practice and 3.7% in a non-academic/clinical setting.

Literature Contributions (Table 3): Across the journals that were surveyed, 77.3% of authors possessed the PhD degree, 8.6% possessed the PsyD degree and 8.2% possessed another degree (most frequently the MD). A degree could not be discerned (ND) for 6.4% of authors. Regarding professional affiliations, 81.1% of authors worked in an academic setting, 12.4% in an organisational setting, 3.9% in independent practice and 2.6% in a non-academic/clinical setting.

Discussion: Why are so few practitioner-scholars members of their own professional association? Given that PsyD programmes produce more graduates than PhD programmes, and have for well over a decade (Norcross, Kohout and Wicherski, 2005), why is this number not higher? Indeed, for those practitioner-scholars who are APA members, why are they not more involved in their organisation's governance? The CoA claims to seek 'appropriate balance' between academic institutions and

programmes, practitioners, and the public and the BPA supposedly represents a 'range of interests' that are characteristic of professional psychology, yet why have so few practitioner-scholars assumed responsibility for educating and training subsequent generations? In other practice-oriented healthcare disciplines (e.g. medicine, dentistry, optometry and podiatry), professional degree holders occupy most core faculty positions (Merced, Stutman, and Mann, 2015). Why are so few practitioner-scholars involved in scholarly endeavours? According to data gathered for the present paper, psychiatrists contribute to the clinical psychology literature nearly as much as PsyD graduates. At the very least, it seems reasonable to expect practitioner-scholars who are PsyD programme faculty members and whose professional identity is at least partly academic, to be more involved as both contributors to the literature and as journal editors. Finally, why are so few practitioner-scholars either eligible to earn APA awards or bestowed these awards?

Critical Theory: Conventional answers to the above questions include practitioner-scholars not having enough time to participate in organisational and scholarly activities, or that they lack interest in these endeavours (e.g. Haynes, Lemsky and Sexton-Radek, 1987). However, the present paper's author considers these answers too facile. Professional degree holders in other practice-oriented healthcare disciplines have the time and/or the interest, so why is clinical psychology different? The present paper challenges the existing beliefs by presenting an alternative explanation using a critical theory known as closure theory.

Table 3: Literature Contributions by Degree and Primary Professional Affiliation

Journal Name	%PhD (n)	%PsyD (n)	%Other (n)	%ND (n)	%Acad (n)	%Org (n)	% Ind (n)	% Other (n)
J of Psychotherapy Integration								
Volume 26, Issue 1	82.4 (14)	0.0 (0)	5.9 (1)	11.8 (2)	82.4 (14)	11.8 (2)	5.9 (1)	0.0 (0)
Volume 26, Issue 2	88.9 (24)	3.7 (1)	0.0 (0)	7.4 (2)	92.6 (25)	3.7 (1)	0.0 (0)	3.7 (1)
Volume 26, Issue 3	87.5 (21)	4.2 (1)	4.2 (1)	4.2 (1)	91.7 (22)	8.3 (2)	0.0 (0)	0.0 (0)
Volume 26, Issue 4	82.6 (19)	0.0 (0)	8.7 (2)	8.7 (2)	78.3 (18)	13.0 (3)	4.3 (1)	4.3 (1)
Practice Innovations								
Volume 1, Issue 1	66.7 (12)	11.1 (2)	16.7 (3)	5.6 (1)	83.3 (15)	11.1 (2)	5.6 (1)	0.0 (0)
Volume 1, Issue 2	75.0 (12)	6.3 (1)	12.5 (2)	6.3 (1)	50.0 (8)	31.3 (5)	18.8 (3)	0.0 (0)
Volume 1, Issue 3	66.7 (10)	33.3 (5)	0.0 (0)	0.0 (0)	66.7 (10)	33.3 (5)	0.0 (0)	0.0 (0)
Volume 1, Issue 4	90.9 (10)	0.0 (0)	0.0 (0)	9.1 (1)	72.7 (8)	9.1 (1)	18.2 (2)	0.0 (0)
Spirituality in Clinical Practice								
Volume 3, Issue 1	84.6 (11)	7.7 (1)	7.7 (1)	0.0 (0)	84.6 (11)	7.7 (1)	0.0 (0)	7.7 (1)
Volume 3, Issue 2	63.0 (17)	25.9 (7)	7.4 (2)	3.7 (1)	81.5 (22)	7.4 (2)	3.7 (1)	7.4 (2)
Volume 3, Issue 3	70.0 (14)	0.0 (0)	30.0 (6)	5.0 (1)	75.0 (15)	25.0 (5)	0.0 (0)	0.0 (0)
Volume 3, Issue 4	72.7 (16)	9.1 (2)	4.5 (1)	13.6 (3)	95.5 (21)	0.0 (0)	0.0 (0)	4.5 (1)
Total	77.3 (180)	8.6 (20)	8.2 (19)	6.4 (15)	81.1 (189)	12.4 (29)	3.9 (9)	2.6 (6)

Critical theory may be defined broadly as any theory that helps increase awareness of the ways in which our attempts to know and explain a phenomenon are influenced by underlying assumptions and *a priori* conditions (e.g. economic, historical and cultural). Examples of critical theories include: psychoanalysis, Marxism, structuralism, poststructuralism, postmodernism, feminism, queer theory and postcolonialism.

Epistemologically, from a critical perspective, attempts to know the world, and ourselves, are not as direct as we would like to believe. All attempts at understanding are rooted in systemic presuppositions and *a priori* conditions. Thus, a critical theory is necessary for identifying relevant underlying assumptions and conditions. Ontologically, a key insight derived from critical theory is that underlying assumptions and *a priori* conditions generate normative habits and practices, which in turn influence individuals' identities, preferences, expectations, opportunities and behaviours. This situation either goes unrecognised or is considered 'natural'. Thus, a critical theory is necessary for challenging 'common sense' beliefs, conventional explanations, and dominant paradigms.

Closure Theory: Closure theory emerged within sociology to explain why socioeconomic class stratifications endure (Weber, 1978). For example, according to closure theory, property owners create restrictive economic, social and legal barriers (i.e. *a priori* conditions) that favour their interests. These barriers permit property owners to monopolize resources for their benefit, while simultaneously excluding others from these resources. Closure theory gradually evolved to explain various forms of dominance (Murphy, 1988), and has been applied to numerous contexts, including occupational issues (Larkin, 1983).

Any occupation may be thought of as an interest group that seeks to define its boundaries, promote its welfare, and compete against other occupational groups for resources. 'Professional closure' (also known as 'occupational closure') refers to those activities taken by one group to maintain and/or enhance its own status and deny resources to other groups. Examples of generic closure methods include: regulating who is admitted to the group through membership criteria (e.g. licensure); determining what roles and/or functions may be performed by group members; regulating the labor supply; skewing resource distribution; monopolising certain knowledge and/or skills; limiting competition for resources; fomenting mimicry; and thwarting non-group members from participating in certain activities. Such methods subordinate and/or exclude non-group members, although some non-group members may

be included occasionally if they conform (i.e. assimilate) to the dominant group.

Closure typically operates through ideas and practices (e.g. policies, regulations and habits) that influence both group and non-group members' identities, attitudes, roles, and behaviours. Closure is rarely explicit; its methods exist outside awareness and appear natural, obvious, and/or inevitable. Closure is also durable, since once a closure method becomes normalized and institutionalized, it is rarely examined critically. Finally, members of the dominant group are motivated to maintain the status quo to protect their resources and perquisites. These factors lead both dominant group and non-dominant group members to accept closure as 'the way it is'.

The present paper focuses on how closure manifests *within* an occupation, as many professions also comprise interest groups. This form of closure occurs when an interest group within a profession attains a dominant position and then works to preserve and/or enhance its ranking over other groups. Since jobs, organisational leadership positions, and award nominations are scarce resources within a profession, dominant group members control their distribution and fill them primarily with their own members. Closure methods operate similarly when applied intra-professionally, and have similar effects (e.g. exclusion, subordination and assimilation) for non-dominant group members.

Professional Closure in American Clinical Psychology: Over forty years after the creation of the practitioner-scholar training model, the data presented in the previous section show that scientist-practitioners dominate APA membership, APA leadership positions, APA awards, PsyD programme faculties, journal editor positions and literature contributions. A parsimonious explanation for such skewed representation may be generated using closure theory: scientist-practitioners constitute the dominant group within American clinical psychology while practitioner-scholars constitute a group subject to professional closure. This closure limits practitioner-scholars' access to a broader range of organisational and scholarly roles, opportunities, resources, and rewards.

Any study of closure requires making its methods transparent. The present situation did not just emerge from nothing, it resulted from interactions between multiple conditions of possibility. The task is to find those conditions (i.e. methods) that serve to create and maintain closure. How can this be done? By exploring organisational and professional habits and practices and examining their effects. Five closure methods that impact practitioner-scholars are identified: lack of a signature pedagogy; lack

of mentoring; lack of degree diversity; narrow definitions of 'scholar' and 'scholarship' and the stifling of faculty roles. These methods are neither exhaustive nor exclusive; indeed, more exist and they work synergistically. The identified closure methods also operate through formative education and training practices, so practitioner-scholars develop a much narrower professional identity that confines them to circumscribed activities. As mentioned previously, underlying assumptions and *a priori* conditions shape identities, attitudes, roles, and behaviours and many practitioner-scholars did not even know they *could* be interested in either making scholarly contributions or pursuing leadership roles.

Lack of a Signature Pedagogy: A distinctive form of education and training is described as a 'signature pedagogy' (Shulman, 2005). Academic and professional disciplines usually require specific content to be covered, develop specific pedagogical methods to impart knowledge and skills, and convey expectations about appropriate attitudes, behaviors, and values. This is relevant because there are fundamental differences between academic and professional degrees. Practice-oriented doctorates are built upon a different epistemological foundation compared to research-oriented doctorates (Scott, Brown, Lunt and Thorne, 2004). Practice is not the 'mere application of scientific findings, but the locale for knowledge development through practical reasoning processes and for the pragmatic test of knowledge claims' (Hoshmand and Polkinghorne 1992, p. 58). At the 1973 Conference on Levels and Patterns of Professional Training in Psychology (Vail Conference), the APA recognised that the education and training for clinical practice differed from that for experimental research and this distinction warranted creating a different training model, a professional practice doctorate, and practice-oriented programmes (Korman, 1976). Yet, practitioner-scholar programmes never developed a signature pedagogy.

Since the inception of PsyD programmes, core faculties have been dominated by scientist-practitioners who have replicated that with which they were familiar. A cultural colonization occurred in which scientist-practitioners' values, methods and history displaced those of the nascent practitioner-scholar. PsyD programme curricula are often indistinguishable from PhD programme curricula, and some PsyD programmes now overtly describe their training model as 'practitioner-scientist' (e.g. Baylor University and James Madison University). In many PsyD programmes, students affiliate with a research lab, conduct their own experimental research and write dissertations using quantitative data analytical methods. These are activities that Vail Conference participants recommended avoiding when using the practitioner-scholar model (Korman, 1976)

and indeed, displace the coursework and training more appropriate for practitioner-scholars. For example, supervision is a pedagogical cornerstone for clinical practice, however, preparation for this core competency is marginalised, which negatively impacts standards of professional practice (Mann and Merced, 2018). In the PsyD programme history of psychology courses, content favours experimental psychology over clinical psychology, and there is almost no mention of the seminal Vail Conference or practitioner-scholar model (Merced, Stutman, and Mann, 2018).

Additionally, the CoA applies *uniform* accreditation criteria to both clinical psychology PhD and PsyD programmes (APA, 2013). Given that there are supposed to be two different training models, it seems incompatible to apply the same criteria to both. The situation is exacerbated given that there are no PsyD graduates on either the CoA or the BEA. Thus, there is no one to articulate a practitioner-scholar perspective. It seems inequitable for only scientist-practitioners to evaluate practitioner-scholar programmes. Without a signature pedagogy, practitioner-scholars are essentially subordinated into a 'quasi-' or 'junior' scientist-practitioner identity and assimilated into a scientist-practitioner culture in which they cannot fully participate.

Lack of mentoring: In clinical psychology, a mentor needs to be differentiated from an academic advisor or a clinical supervisor. While these can be influential roles, a mentor contributes directly to the trainee's overall professional growth by providing guidance on career planning and professional development (Forehand, 2008). Examples include: providing contacts; making introductions to assist with networking; promoting and/or collaborating on professional endeavors; encouraging membership and involvement in professional associations; and navigating professional hurdles.

Research drawn from across disciplines demonstrates that mentoring contributes significantly to professional identity formation and career development (e.g. Kram, 1985; Fagenson, 1989; Russell and Adams, 1997). Successful mentoring generates numerous benefits, including: increased career opportunities; more rapid career advancement; enhanced professional identity development; more rapid skill development; better connections to networking communities; and higher levels of both personal and career satisfaction (Clark, Harden, and Johnson, 2000; Elman, Illfelder-Kaye, and Robiner, 2005; Vespia, 2006). Practitioner-scholars are mentored much less frequently in graduate school than scientist-practitioners (Clark, Harden, and Johnson, 2000; Mangione et al., 2018) and are far more likely to be mentored by a

scientist-practitioner than a practitioner-scholar. This is problematic because PsyD students experience issues unique to their education, training, and professional practice (Korman, 1976). The lack of mentoring contributes to practitioner-scholars' ongoing subordination and exclusion.

Lack of Degree Diversity: It is now considered axiomatic that diversity matters. One reason for the importance of diversity is that outgroup members can feel excluded when they have few role models to emulate. According to signalling theory, an organisation's composition, policies, and practices are interpreted as symbolic of broader characteristics (Spence, 1974). PsyD students and graduates see that there is rarely anyone like them on their faculties, in their professional association and in scholarly publications, and that they are rarely recognised for their professional accomplishments. Lack of degree diversity conveys implicit subordinating and exclusionary messages to PsyD students and graduates about possible professional roles and opportunities, as well as likely career progression. For example, women and minorities are underrepresented in leadership positions in many professions, and their representation decreases even further as a position's prominence increases (Acker 2006; Mader et al., 2016). This lack of representation leaves many women and minorities believing they are unsuitable for such positions (Steele, 1997; Dasgupta and Asgari, 2004). However, research demonstrates that when women and minorities are exposed to other women and minorities in managerial and executive positions, their attitudes about whether they are suitable for such position's changes (Dasgupta and Asgari, 2004). Additionally, when outgroup members are better represented and have equal access to opportunities and rewards, they report: a stronger professional identity; empowerment; better problem-solving skills; and greater affiliation with their profession (Schneider, Gunnarson and Niles-Jolly, 1994; Chrobot-Mason and Aramovich, 2013).

Narrowly Defining 'Scholar' and 'Scholarship': The 'scholar' component of practitioner-scholar is usually defined as a 'research consumer'. This is a narrow definition that inculcates passivity, subordination, and exclusion and contributes to a circumscribed professional identity. It is acknowledged that individuals pursuing a PsyD degree presumably prefer clinical practice over experimental research production; however, the point is not to turn them into academics or experimental researchers. Rather, it is to prevent their exclusion from certain possibilities. In addition to clinical practice, many practitioner-scholars might want to teach, contribute to the literature in a way commensurate to their training, or

assume leadership roles within their professional associations if these opportunities become more feasible.

Additionally, 'scholarship' is defined narrowly in most academic settings as controlled experimental research using quantitative methods. This is a type of scholarship known as 'discovery', but the discovery process may be defined more broadly to include other methodologies (Halpern et al. 1998). Furthermore, 'scholarship' itself may be defined more broadly to include 'integration' (analysing and interpreting information), 'application' (applying knowledge to address specific issues), and 'teaching' (conveying knowledge) (Boyer, 1990). Defining 'scholar' and 'scholarship' narrowly subordinates practitioner-scholars into particular identities and roles and excludes them from greater participation.

Stifling Faculty Roles: Merced, Stuntman and Mann (2015) studied advertisements recruiting faculty for PhD and PsyD programmes through the APA Psyc Careers website. Their findings indicated that hiring criteria for PhD programmes closely fit the scientist-practitioner model (e.g. conducting experimental research, publishing extensively, and generating external funding). PhD programmes also required applicants to possess a PhD degree, with none mentioning the PsyD degree. Hiring criteria for PsyD programmes were also explicitly and predominately oriented towards scientist-practitioner qualifications and responsibilities, in most job advertisements. Criteria more suitable to the practitioner-scholar model (e.g. ongoing clinical work, ability to supervise, ability to integrate and apply knowledge and familiarity with the training model) were rarely mentioned. Applicants for PsyD faculty positions could usually possess either degree, with several PsyD programmes requiring a PhD degree.

Practitioner-scholars are generally ineligible to apply for PhD programme faculty positions. While job advertisements for PsyD programmes may create the appearance of fair competition for employment, the hiring criteria leave practitioner-scholars at a competitive disadvantage. Practitioner-scholars are 'unlikely to meet typical hiring criteria for a PsyD core faculty position which means little opportunity to interview, let alone to be hired. The status quo stifles a core faculty role as a professional activity for a PsyD graduate' (Merced, Stutman, and Mann 2015, p. 253). Something similar occurs in advertisements for journal editor positions with these normative hiring processes effectively excluding PsyD applicants.

One might think the lack of a signature pedagogy would benefit a practitioner-scholar in this instance, since are they not prepared similarly to the scientist-practitioner? Yet, this does not improve a practitioner-scholar's fate. A

professional degree holder is often erroneously compared to a research degree holder and then viewed as a 'PhD-lite' (Shulman et al. 2006). Also, many practitioner-scholars are likely deterred from applying for positions in which experimental research figures prominently. Pass rates for the Examination for the Professional Practice of Psychology show that PhD and PsyD graduates are comparable across basic science and clinical domains, but noticeable differences exist in the research methods and/or statistical domain scores (Association of State and Provincial Psychology Boards, 2016).

Conclusions: The empirical evidence gathered for the present paper demonstrates a nontrivial disparity between scientist-practitioner and practitioner-scholar involvement in organisational and scholarly activities. Using closure theory, it is argued that scientist-practitioners can access organisational and scholarly activities, while practitioner-scholars do not have the same access. Scientist-practitioners, as members of the dominant group in American clinical psychology, preserve and enhance their access through implicit, normalising habits, practices, and policies known as closure methods. Such methods deny practitioner-scholars access by subordinating and excluding them. Professional closure is not a conspiracy; it is simply how dominant groups manage competition for resources.

Scientist-practitioners control every executive and/or advisory board, committee and commission in the APA. There are no practitioner-scholars in most of these groups. Physical exclusion results in the omission from planning, decision-making, implementation, and oversight regarding issues, policies and programmes that are directly relevant to practitioner-scholars' professional and educational interests. For example, practitioner-scholars have no input in APA standards and/or guidelines for clinical service providers or accreditation criteria for doctoral programmes. Additionally, lack of representation means practitioner-scholars cannot advocate for awards with more suitable eligibility criteria or contribute to the selection process for existing awards.

Closure impacts practitioner-scholars' ability to function as scholars. Practitioner-scholars are generally thought of as 'research consumers' rather than clinical scientists engaged in practice-based inquiry that generates local knowledge. Practitioner-scholars are neither prepared nor encouraged to turn this knowledge into publishable-quality articles. Furthermore, there are few outlets for this type of scholarship. Normative hiring processes also exclude practitioner-scholars from faculty roles in their own training programmes. Hiring criteria for core faculty positions in PsyD programmes are written in ways that favour scientist-

practitioners and deter practitioner-scholars, and some PsyD programmes require applicants to possess a PhD degree.

Ultimately, closure methods impact practitioner-scholars' conceptualisation of their professional roles and activities. They learn how to be a practitioner-scholar from scientist-practitioners during formative graduate education and training years. This is problematic because of the lack of a signature practitioner-scholar pedagogy and insufficient mentoring in professional matters relevant to practitioner-scholars. Thus, being a teacher or leader, or contributing to the literature, does not even emerge as a thought, let alone a feasible option to pursue.

Remediating Closure: Undoing closure is difficult because dominant group members are vested in maintaining the *status quo* and non-dominant group members accept closure as a fact of life. For an enduring transformation, changes must occur at both organisational and individual levels. The recommendations made in this section provide a general framework for undoing closure.

Addressing the skewed representation within the APA requires concerted effort to recruit more PsyD students and graduates. Presumably, individuals join a professional association because it advances their interests. Thus, the APA needs to address issues that are directly relevant to practitioners (e.g. internship availability, student loan debt, license mobility and insurance reimbursement rates). The APA should also pursue greater degree diversity by recruiting existing PsyD members to join its governing bodies.

Addressing the skewed representation in the scholarly domain begins with doctoral programmes that subscribe to the practitioner-scholar training model hiring PsyD graduates for faculty positions. Hiring criteria should align better with the programme's training model. Rather than conducting experimental research, publishing, and obtaining grants, the principal criteria would focus on demonstrating excellence in clinical practice, engaging in scholarship appropriate for a practitioner-scholar, and providing superior supervision. Preferred applicants would also have direct experience with the training model. Journals, particularly those focusing on clinical or professional issues, should pursue greater degree diversity by recruiting PsyD graduates to serve in editorial roles.

Practitioner-scholars need more mentoring, optimally by other practitioner-scholars. Modelling and encouraging professional roles and activities are an important aspect of doctoral training. Mentoring in PsyD programmes would include recommending teaching as a possible professional

activity, collaborating with students on scholarly endeavours, encouraging membership in professional associations and guidance on advocating for one's professional interests.

A signature 'practitioner-scholar' pedagogy needs to be developed. A key component would be instruction in practice-based inquiry. Despite the intended clinical focus of PsyD programmes, too many students are taught how to conduct experimental research (while simultaneously expected to become research consumers). A more appropriate methodology for practitioner-scholars is practice-based inquiry (Lindblom and Cohen, 1979; Hoshmand and Polkinghorne, 1992; Stricker and Trierweiler, 1995). This involves practitioners generating local knowledge to address the specific, complex, and often idiosyncratic clinical issues and/or problems that emerge in their daily work. PsyD students would be taught how to organise this knowledge as a single case study (Stiles, 2009; Fishman, 2013; Kazdin, 1982) and prepare it for publication. They would also be encouraged to pursue publication by faculty members and mentors.

Finally, any practitioner-scholar interested in organisational and scholarly roles and/or activities needs to act as an individual catalyst for change. This involves joining the APA, writing and submitting papers for publication, applying for faculty positions and becoming peer reviewers for journals in their clinical speciality. Through a practitioner-scholar's own participation, he or she can influence organisational priorities and policies, and demonstrate to other practitioner-scholars that such roles and/or activities are possible and feasible.

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