POLICY BRIEF

The Child and Adolescent Behavioral Health Workforce

SCHOOL OF PUBLIC HEALTH
BEHAVIORAL HEALTH WORKFORCE
RESEARCH CENTER
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Project Team

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Background

Psychologists provide mental health services in a variety of settings and specialty areas. Yet little is known about psychologist supply with specialty training in clinical child and adolescent psychology. It is unclear whether the psychologist workforce has the right training or is located in the right geographic areas to meet the needs of children and adolescents. The purpose of this analysis is to present geographic location, demographic characteristics, and employment information about clinical child and adolescent psychologists, such as gender, race/ethnicity, work settings, treatment areas, and cultural competency.

Methods

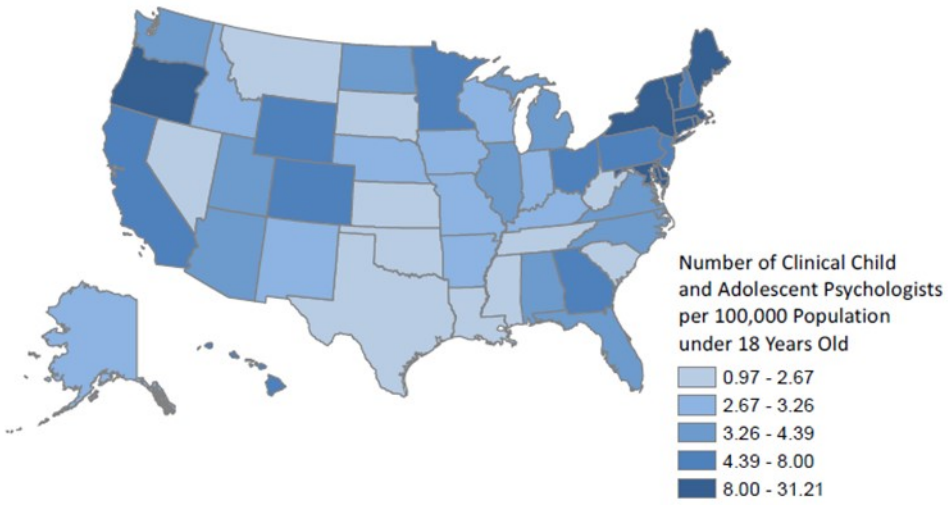
The report uses three main data sources to analyze the child and adolescent psychologist workforce. In 2015, the American Psychological Association conducted the Survey of Psychology Health Service Providers[1] to gather information on demographic and employment characteristics for licensed psychologists in the United States. Respondents with a reported primary or secondary specialty in clinical child and adolescent psychology were included in the analysis. The National Plan and Provider Enumeration System (NPPES)/National Provider Identifier (NPI) Registry[2] offers another data source for categorizing the psychologist workforce – about 4,000 (6%) of NPPES/NPI Registry records, self-reported a clinical child and adolescent psychologist specialty. Finally, the American Board of Professional Psychology (ABPP) provides certification for doctoral-level licensed psychologists in 15 specialty areas,[3] including clinical child and adolescent psychology. In February 2020, 268, or 6% of board-certified psychologists were certified in clinical child and adolescent psychology.

Key Findings

The NPPES/NPI Registry identified approximately 4,000 clinical child and adolescent psychologists. This number represents a small proportion (6%) of the approximately 102,000 licensed doctoral-level psychologists in the United States. Nationwide, there were 5.4 clinical child and adolescent psychologists per 100,000 population under 18 years old.

In terms of geographic distribution, the District of Columbia (31.2 per 100,000 population under 18), Rhode Island (23.5), and Massachusetts (21.1) had the highest concentrations of clinical child and adolescent psychologists, while Mississippi (1.0), Louisiana (1.1), and West Virginia (1.6) had the lowest. The majority of counties (80.1%) in the United States had no clinical child and adolescent psychologists. A total of 37 states and the District of Columbia had one or more board-certified clinical child and adolescent

Figure 1. Clinical Child and Adolescent Psychologists per 100,000 Population under 18 Years Old by State



Source: 2019 National Provider Identifier Registry, Centers for Medicare and Medicaid Services; 2018 state licensing board lists, American Psychological Association; 2018 American Community Survey Demographic and Housing Estimates, U.S. Census Bureau.

psychologists. There were no board-certified clinical child and adolescent psychologists in the remaining 13 states.

In terms of demographic characteristics, there was a higher representation of women and younger individuals among clinical child and adolescent psychologists compared to other psychologists. Nearly half (49%) of clinical child and adolescent psychologists worked in private practice. Other common work settings included hospitals (19%) and organized human service settings (9%). As expected, clinical child and adolescent psychologists provided services to children and adolescents more frequently than other psychologists.

The majority of clinical child and adolescent psychologists frequently or very frequently provided services for anxiety disorders (83%), depressive disorders (73%), and disruptive, impulse control, and conduct disorders (58%). Compared to other psychologists, those specializing in clinical child and adolescent psychology were more likely to provide services for disruptive, impulse control, and conduct disorders (58% versus 29%), and neurodevelopmental disorders (37% versus 16%).

Clinical child and adolescent psychologists reported higher overall cultural competency ratings. When asked "How well-prepared overall were you when working with diverse cultural populations," 58% of those specializing in clinical child and adolescent psychology rated themselves "extremely knowledgeable" or "fairly knowledgeable," compared to 53% for other psychologists.

Conclusions & Policy Considerations

One policy consideration is to increase specialty training opportunities, such as doctoral programs, internships, postdoctoral fellowships, ABPP certifications, and continuing education offerings. The relatively small number of board-certified clinical child and adolescent psychologists presents a challenge in describing the supply of specialty-trained psychologists. Yet about 23% of psychologists provide services to children frequently or very frequently and 34% provide services to adolescents frequently or very frequently, suggesting the number of clinical child and adolescent psychologists is considerably higher. Encouraging more psychologists to engage in specialty training will help the profession of psychology to prepare for the future.

A second policy consideration is to support training programs that increase psychologists' capacity to work with underserved populations. These may include grant opportunities such as Graduate Psychology Education (GPE) Program and Behavioral Health Workforce Education and Training (BHWET). Providing

toolkits on navigating the grant process may aid training programs in specialty areas to successfully apply for these funding opportunities.

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