

## *Capacity development of psychology in the Caribbean: Lessons from near and far*

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### **Abstract**

This article builds on a presentation of a “Vision for Caribbean Psychological Association/Organization” which was presented in a workshop at the Caribbean Regional Conference of Psychology. It primarily addresses the development and establishment of harmonized systems of legally institutionalizing the profession of psychology across the broader Caribbean. Recognizing the linguistic, cultural, legal and political diversity across the region, proposals are nonetheless made to launch co-existing and complementary arrangements through the emerging regional association of Caribbean psychologists. Nurturing relationships with countries and territories that already have existing statutory arrangements by which psychologists are registered or licensed is presented as a way to build and refine appropriate mechanisms in those countries - mainly CARICOM countries - in which the field of psychology is relatively new and developing. The example of CARICOM nurses is used to illustrate a way forward for psychologists in the Anglophone Caribbean.

*Keywords:* psychology, Caribbean, professional associations

### **Desarrollo de la capacidad de la psicología en el Caribe: Lecciones de cerca y lejos**

#### **Resumen**

Este artículo se basa en la presentación “Una Visión para la Asociación Psicológica del Caribe”, que fue presentado en un taller en la Conferencia Regional de Psicología del Caribe. Se dirige principalmente al desarrollo y establecimiento de sistemas armonizados para institucionalizar legalmente la profesión de la psicología en el Caribe más ampliamente. Reconociendo la diversidad lingüística, cultural, jurídica y política en toda la región, se hicieron propuestas para poner en marcha acuerdos coexistentes y complementarios a través de la asociación regional emergente de los psicólogos del Caribe. Cultivando las relaciones con los países y territorios que ya tienen acuerdos legales existentes y en los que los psicólogos están registradas o autorizados se presenta como una forma de construir y perfeccionar los mecanismos adecuados en esos países - principalmente países de la CARICOM - en la que el campo de la psicología es relativamente nuevo y en desarrollo. El ejemplo de las enfermeras de la CARICOM se utiliza para ilustrar un camino a seguir para los psicólogos en el Caribe anglófono

*Palabras claves:* psicología, Caribe, asociaciones profesionales

In November 2011, the first Caribbean Regional Conference of Psychology (CRCP) was held in Nassau, Bahamas and, as a precursor to this historic meeting, a pre-conference workshop on National/Regional Capacity Building was sponsored by the International Union of Psychological Science (IUPsyS) for Caribbean national psychology association presidents and directors of psychology training programmes. This article is developed from the presentation “Vision for a Caribbean Psychological Association/Organization”, one of the presentations on the theme of Regional Collaboration for Developing Psychology Capacity (Amuleru-Marshall, 2011). The position taken in

the presentation was that the Conference offered an opportunity to initiate the formation of a Caribbean Regional Psychological Council, or some functionally analogous body. It was proposed that national association presidents and/or other psychologists who were in attendance from countries and territories in the region should meet during the Conference and construct a plan to establish a Regional Psychological Council pro tem, on which would serve one representative of each of their national associations. Its purpose would be to establish coordinated and/or harmonized inter-country arrangements for the statutory installation of professional boundaries and standards of practice in psychology.

This article now transforms this presentation and elaborates its proposals after briefly discussing

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definitions of “the Caribbean” and acknowledging the preference among psychologists attending the Conference for wider Caribbean boundaries and experiences. Certain differences within the region which impact the presence and stage of development of professional psychology are also presented before particular attention is paid to the primarily English-speaking sub-region – CARICOM<sup>2</sup>, where the nursing profession sets an example of inter-country harmonization and portability. Adjusted to accommodate developments since the conference, the proposals now refined in the article place the responsibility for seeding the Regional Psychological Council within the Caribbean Alliance of National Psychological Associations - CANPA - that was recently launched. There was clearly a preference at the Conference for the establishment of a Caribbean psychological association as the first step to advancing the profession in the region. The establishment of the more statutory foundations of psychological practice, be they regionally variable or harmonized, was perceived to be more appropriately an outgrowth of such a regional psychological association.

Now that such an association is taking shape, the acute need and original recommendations presented in the workshop are elaborated or refined in this article. The proposals borrow from CARICOM nurses and exemplary precedents among psychologists in other areas of the world. The combined effort of the workshop presentation and this article is dedicated to the development of psychology licensing or regulatory arrangements that would have the force of national law while preserving a regional synchrony that permits professional movement and development.

### The On-Going Evolution of Caribbean Psychology

Caribbean psychologists have now created an association through which they can define and support the profession across the wider region, mounted on national organizations of psychologists. Indeed, by the time the historic Caribbean Regional Conference of Psychology concluded in November 2011, the preference for a wider definition of “the Caribbean”, beyond CARICOM, had emerged to be an overwhelming theme from the meeting. How the Caribbean is defined is fundamental to the discussion of any type of capacity development among Caribbean psychologists and there is an urgent need to work on at least two streams of capacity-building.

There is the need for regional psychologists to build both an infrastructural capacity in the region and a paradigmatic capacity about the region (Amuleru-Marshall, Gomez & Neckles, 2014; Salter, 2000). In either of these cases, however, whether the discussion is about the establishment of appropriate organizations, or about the construction of historically and culturally congruent psychological models, the difficulty of the project increases as the definition of “the Caribbean” expands.

There is, of course, no single, widely-consensual definition of the Caribbean (Amuleru-Marshall, 2012a). Instead, there are rather divergent constructions, informed by geography, demography, political economy and language (Premdas, 1996). Depending on one’s purpose or perspective, there are quite different ways of delimiting “the Caribbean”. Persons operating with an Anglophone Caribbean lens have tended to limit their Caribbean primarily to places that share a British colonial experience: the so-called Commonwealth Caribbean (Fournillier & Lewis, 2010; Lambert, 2007; Salter, 2000).

The formal Caribbean Community (CARICOM) comprises these former British territories with the additional non-British exceptions of Suriname and Haiti. Girvan (2001) proposed a broader construction of the Caribbean which reflects the geographic reality of the area. Terms such as the “broader Caribbean” or the “wider Caribbean” are intentionally used to include all of the islands in the Caribbean chain and several of the mainland countries that the Caribbean Sea touches. As the region’s psychologists seek to organize themselves, they have opted for a Caribbean that is wider than the Anglophone group and one that more resembles the definition offered by Girvan (2001, p.1.) “...the Caribbean is a socio-historical category, commonly referring to a cultural zone characterised by the legacy of slavery and the plantation system. It embraces the islands and parts of the adjoining mainland - and may be extended to include the Caribbean Diaspora overseas.” This Caribbean is recognized to be a region of rich diversity which, despite certain common features, comprises a wide range of human experiences, consciousnesses, opportunities and constraints (Premdas, 1996).

Girvan (2001) has categorized these countries using four groups that are defined by political status, size and location: Larger Island States, Smaller Island States, Mainland States, and Dependent Territories. These categories of states and territories occupy different places on the development continuum. However, poverty is a major feature of *both* the Larger Island States and the Smaller Island States, despite the latter’s relatively higher per capita incomes. Poverty, unemployment and other forms of structural socioeconomic deprivation,

<sup>2</sup> While Dutch-speaking Suriname and French-speaking Haiti are both full members of CARICOM, the other members and associate members of the 20 countries or territories that compose the Caribbean Community – CARICOM are English-speaking, former colonies of Britain.

in the context of a residual cultural anomie, impact the mental or psychological health of people in the region (La Foucade & Scott, 2006; Morgan & O'Caro, 2008; Salter, 2000). Clearly, there is an urgent need for the region's psychologists to engage in the paradigmatic construction of psychologies that could encompass and address the historicultural devolutions, cultural and ethnic dialectics, as well as the socioeconomic dependencies and resulting political impotence that conspire to threaten the psychocultural health of the region (Amuleru-Marshall, Gomez & Neckles, 2014).

### A Vision of Caribbean Psychological Capacity Building

As important as it is to build a Caribbean psychology or, more likely, Caribbean psychologies, this discussion brings into focus the complementary, and equally important, need to establish a Caribbean psychological infrastructure to support the on-going development of the profession in the region. The development of such a regional mechanism, spawning standards of training, certification or licensing and practice, would admittedly be more feasible if its recommended scope were limited to the fifteen member, and the five associate member, states that compose the Caribbean Community (CARICOM). As noted before, these are, with two exceptions, mainly English-speaking, former British colonies, with a Westminster parliamentary tradition and a British-modeled civil service. Suriname and Haiti, both CARICOM member states, are exceptions to the English-speaking character of the Caribbean Community of nations. This community, established in 1963, has evolved many cooperative efforts including the CARICOM Single Market and Economy (CSME)<sup>3</sup>, with implications for the free movement of qualified professionals (Salmon, Yan, Hewitt, & Guisinger, 2007).

If the focus of this article were limited to CARICOM countries, aspirations and plans for harmony and sameness would appear to be less unrealistic than they inevitably do when the "Caribbean" is permitted to embrace the larger community of nations, cultures and histories that can be defended, in particular ways, as the larger Caribbean (Girvan, 2001) and that, in any case, conform to the organizational aspirations of the emerging professional community of Caribbean psychologists. This broader definition introduces significant differences in political histories and legal

systems as well as professional traditions, capacities and resources in psychology, posing greater challenges to the notion of a harmonized regional regulatory authority for psychologists.

This wider Caribbean presents a profile of Caribbean professional psychology that is a rather uneven story. Some countries in the region have had much longer experiences with these professional activities than other countries (Lefley, 1981; Salter, 2000). There are, in fact, still places in which professional psychologists are virtually invisible (Ward & Hickling, 2004; WHO-AIMS, 2004). This is the case even when a professional psychologist is defined broadly to include anyone with at least a master's degree from an accredited institution in a field that is primarily psychological in nature, irrespective of what the degree program was formally called. As noted before, in some places, such as the territories of Martinique, Guadeloupe, Puerto Rico and the U.S. Virgin Islands, and the countries of Haiti and Cuba, the profession has been established for many years. On the other hand, in other places, such as the smaller but sovereign states of the Eastern Caribbean, the professional field is making a much more recent entry and this is reflected in the small size of its community of practitioners. For example, Martinique and Bermuda have a comparatively high per capita presence of psychologists approximating one for every 1500 persons, and Puerto Rico approximates one psychologist for every 1,000 citizens, while Saint Lucia and Suriname are at the other extreme with ratios closer to one for every 18,000 persons. Haiti, despite the comparatively longer-standing presence of professional psychologists there, still has among the lowest per capita professional presence of one psychologist for every 66,600 persons (Amuleru-Marshall, 2012b). Indeed, Jamaica, despite the presence of the oldest campus of the University of the West Indies there, is reported to have a similarly modest proportion of persons with training in psychology (Hickling, et al., 2008; Salter, 2000).

Any serious effort to establish a regional regulatory authority for psychologists must accommodate this intra-regional unevenness by developing communication channels and collaborative arrangements among the different sub-regional authorities of professional regulation in psychology. It must be recognized that they reflect different shades of local or sub-regional needs and professional characteristics. There are different professional traditions and related standards already extant among psychologists in the Caribbean. The American Caribbean territories of Puerto Rico and the American Virgin Islands possibly have the most exacting standards of professional practice in the region as they are patterned after the doctorate-driven

<sup>3</sup> The CSME is conceived as a single economic space where goods and services, along with the factors of production such as labour and capital, will be able to move freely so as to approximate the single economic space (Caribbean Community (CARICOM) Secretariat, 2011).

licensure systems used in the United States and Canada (American Psychological Association, 2011; DiLillo, DeGue, Cohen, & Morgan, 2006). The larger states with relatively protracted periods of independence, such as Haiti, Cuba and the Dominican Republic, represent three additional, possibly complementary but different, models of licensure or registration of psychologists. The French territories of Martinique, Guadeloupe and Cayenne add another shade of difference as they emulate a more European arrangement which certifies master's level practitioners, reserving doctoral level psychologists for academic careers (Bartram & Roe, 2005). It is likely that the Dutch territories of Aruba, Bonaire and Curacao, albeit reflecting European standards as the French territories do, also introduce some additional variation.

The sub-regional infrastructure that is being recommended in this article - a common or harmonized system within CARICOM - can potentially contribute a seventh system of registration or licensure in the region. While it will have primary responsibilities for the regulation of professional psychology within CARICOM, it is also being proposed here that it has additional, complementary functions that extend beyond CARICOM. Drawing on examples of arrangements that permit the geographic mobility of psychologists and other health professionals within CARICOM and beyond in other regions of the world (Kim & VandeCreek, 2003; Mathews, Stokes, Littlefield & Collins, 2011; Reid, 2000), it is clear that different systems or authorities for institutionalizing the profession of psychology in law and practice can co-exist collaboratively and even cross-fertilize each other's development (DeMers, Van Horne & Rodolfa, 2008).

#### An Infrastructural Vacuum among Psychologists in CARICOM

The remainder of this article will be a proposal for psychologists in the CARICOM member and associate member states to develop a mechanism by which the profession may be established in law and practice with self-determined standards. To reiterate, this CARICOM mechanism is being proposed to become one of several co-existing licensing/certifying arrangements in the greater Caribbean, recognized by the emerging regional association of psychologists - CANPA - and through which the collaboration and cross-fertilization among these different systems and authorities can be nurtured. The idea being proposed here is that, soon after the regional association is officially launched, each national psychological association in CARICOM would be encouraged to identify one of their senior members to represent them on a standing committee of CANPA to work on setting the terms

for the establishment of a Sub-Regional Psychological Council, or some analogous body, within CARICOM<sup>4</sup>. The nursing profession offers a sub-regional (CARICOM) professional example that can be useful to the psychologists in the sub-region. Psychologists would be well-advised to adapt available models from other health professions that enjoy a status in law that established their professional presence and practice in CARICOM (Kim & VandeCreek, 2003).

All the General Nursing Councils from CARICOM countries select one of their members to serve on the Regional General Nursing Councils (RGNCs) for 3-year terms to set a regional examination which is then administered within each country by its respective national General Nursing Council. This Regional Examination for Nurse Registration reflects common inter-country standards of training and serves as a common licensure examination. As a consequence, CARICOM nurses are provided with the convenience of portability and regional recognition (Reid, 2000), an example which regional pharmacists are seeking to emulate. In Grenada, the Nurses and Midwives Registration Act (2003) collapsed the General Nursing Council and the Midwives Board into a new statutory body, Nurses and Midwives Council of Grenada, authorized by law to certify and regulate the profession of nursing in the country. Of the 12 members of this Council specified by law, all are nurses except 2 physicians - the Chief Medical Officer and a registered medical practitioner. So, as allied as nursing indeed is to medicine and dentistry, nurses in Grenada enjoy a legal status of professional autonomy which is an example to psychology of professional independence. As noted before, the other example is, of course, the evolution of a regionally-coordinated, inter-country system of registration. Grenada is the chosen illustration because the author resides and works there and is also active in the leadership and development of the profession of psychology in this small Eastern Caribbean state.

The current status of psychologists in Grenada illustrates the need for legislative change. The law which recognizes psychologists in Grenada is known as the Health Practitioners Act (2010) and it is intended to cover two professional councils: the Medical and Dental Council and the Allied Health Professionals Council. Of the eight members of the former Council, authorized to regulate the practice of the professions of medicine and dentistry, four are medical doctors, including the Chief Medical Officer serving as an ex-officio member,

<sup>4</sup> While CARICOM is often referred to as a "Region", it is technically treated as a sub-region in this discussion because of the wider configuration of countries and territories that regional psychologists have elected to include in their "Caribbean".



and two are dentists. The other two are an attorney and a member of the public. In the case of the Allied Health Professionals Council, however, psychologists are placed among a smorgasbord of other professions and practitioners of varying levels of technical training and scientific sophistication. This statutory Allied Health Professionals Council is legally charged, under this Act, to regulate the professional practice of psychology as well as that of another 32 professionals and practitioners who compose a heterogeneous conglomerate. Moreover, among its eight members, mandated by law, are two medical doctors, including the Chief Medical Officer serving as an ex-officio member, an attorney, a member of the public, and four representatives of the 33 different professional and para-professional fields. Who they are or how they are to be selected is not specified in the law. This is hardly a recipe for the professional independence and self-determination of psychology.

To be balanced, it should be acknowledged that there are intolerable costs associated with setting up independent councils for each professional or practitioner area in healthcare. In addition, the number of practitioners representing many of these professional categories is too small to create a consistent need for the regular operation of an independent council in each case. Perhaps a structure can be created in which the Chief Medical Officer (the ex-officio member), another medical practitioner, an attorney and a member of the public, form a four-member core to which four representatives of the specific professional area to which a given applicant belongs are added on a rotating basis. This rotating system would permit a more affordable and manageable council without violating the independence of the affected professional or practitioner areas. This consolidated council cannot, however, be conceptualized or institutionalized as an "Allied Health Professionals Council"; a generic or integrative "Other Health Professionals and Practitioners Council" would be more enlightened.

Across the Anglophone Caribbean, there likely are other states, like Grenada, with statutory arrangements that reflect a limited appreciation of the nature of psychological training, qualification, ethical and practice standards and professional traditions. This is perhaps largely because the profession is just emerging with isolated practitioners and/or new organizations within their borders. There may even be states in which there is no statutory recognition of professional psychology. And there are states, like Trinidad and Tobago, in which the independence of the profession is recognized in a particular Act of Parliament (Trinidad and Tobago Association of Psychologists Incorporation Act, 2000). While psychologists are comfortable in inter-professional or collaborative practice settings

(World Health Organization, 2008), psychology has been internationally recognized for many decades in developed and developing countries as an independent health profession, with its own self-determined and self-monitored standards of qualification and practice as well as ethical codes of conduct (American Psychological Association, 2011; Batram & Rowe, 2005; Comas-Diaz, 2006; Mathews, et al., 2011). It is not allied to any particular health field or profession, and it is subsidiary to none.

Because of the variable stages of development in which the profession finds itself in different countries across CARICOM, it is critical that the investigation of pre-existing and emerging systems of legal or statutory definitions of the field in the different countries is undertaken as early as possible. The longer parliamentary or statutory arrangements are allowed to evolve in national isolation, country by country or island by island, the more challenging will be the regional harmonization of the professional character of Caribbean psychology. The recognition of this urgency was the basis of the advocacy at the Conference for the formation of a Regional Psychological Council within CARICOM with the ultimate responsibility of developing a Regional Examination for Psychology Registration or Licensure. As detailed below, such a body would be established to define and protect the boundaries and integrity of the profession in a sub-regionally integrated and statutory arrangement. The need for professional definitions in law and practice is considered to be an urgent priority and, consequently, the institutionalization of a sub-regional regulatory mechanism for psychology must be among the earliest activities undertaken CANPA.

#### A Caribbean Sub-Regional Psychological Council

As noted before, there emerged at the Conference in the Bahamas a strong preference to first address the formation of a regional professional association and significant steps have since been taken to establish a regional organization of primarily national psychological associations as members. Wherever psychologists exist and work in the Caribbean, whether in large or small numbers, national associations should be formed and then affiliated with the regional Alliance. In those cases where the numbers are simply too small to jus-

<sup>5</sup> The use of the term "Sub-Regional Psychological Council pro tem", to refer to the work which must be undertaken by the Standing Committee on Professional Practice Standards, serving as a precursor agency within CARICOM, recognizes the CARICOM Region as merely a part of the larger Caribbean and captures the aspiration of organizing psychologists to embrace a wider Caribbean.

tify a national association, arrangements have been made for these psychologists to be affiliated with the regional organization. It is now incumbent on this regional organization to establish a Standing Committee on Professional Practice Standards to begin to act as the Sub-Regional Psychological Council *pro tem*<sup>5</sup>. This Standing Committee would immediately begin to pursue tasks similar to those outlined in this article, as well as others that emerge to be necessary, in order to stage the eventual establishment of a Sub-Regional Psychological Council, or some analogous body. This CARICOM Regional Psychological Council, once fully established, would be composed of representatives of National Psychological Councils or analogous statutory bodies established in national laws, the membership of which would ideally be identified with input from their respective national professional associations.

To set the groundwork for this to eventually occur, CANPA's Standing Committee on Professional Practice Standards would undertake certain immediate tasks. Among them would be the solicitation from national associations of assessments of their respective professional realities, experiences and standards, as well as legal and ethical codes of practice, where they exist. While, for example, in other regions of the world, such as the United States, the licensure of psychologists is limited to a few specializations and often excludes academic psychologists (DiLillo, et al, 2006), in other places, such as Australia, the inclusive range is much broader (Mathews, et al., 2011). It would be necessary to consider how regional jurisdictions establish the guild boundaries and protect the integrity of the profession before seeking to address how inclusive of specialties, fields and professional roles Caribbean psychology licensure or registration must become. A critical aspect of this sharing and learning would be the clarification of the legal status, or non-status, of the profession in particular nations and territories. As noted before, the profession is so new and/or so underrepresented in some places that there may actually be no recognition of psychologists in the laws of these countries or territories. Among the consequences of an absence of legal recognition is the very real possibility that inappropriately or inadequately trained practitioners are permitted to offer and provide substandard and unethical psychological services to an unsuspecting public (DeMers, Van Horne & Rodolfa, 2008); Hickling, et al., 2008; Mathews, et al., 2011; Salter, 2000).

CANPA's Standing Committee on Professional Practice Standards should immediately begin the effort of identifying national legislative or legal frameworks defining professional psychology across CARICOM member states. This investigation would be instructive about the distance that feasible harmonization efforts

would be required to cover before a proposal could be prepared for presentation to the Council of Human and Social Development (COHSOD) of CARICOM<sup>6</sup>. Simultaneously, the Standing Committee on Professional Practice Standards would begin to provide consultative and technical services to national legislatures, through national psychological associations, to encourage and facilitate the establishment of national Acts and Councils governing the practice of psychology. Even if harmonization within CARICOM emerged to be a distant ideal, there should still be a compulsion to find ways in which the different statutory arrangements might be made to complement and augment each other to permit the regional advancement of the fields and profession of psychology across the wider Caribbean, beyond CARICOM.

In the CARICOM sub-region, the Standing Committee on Professional Practice Standards could begin a consultative and deliberative process to establish criteria for "grandparenting" senior psychologists already active in CARICOM countries. Drawing on established standards and practices from abroad (Bartram & Roe, 2005; Kim & VandeCreek, 2003), they could also rationalize minimal standards for certification or registration of psychologists who could be licensed to practice independently at the masters and doctoral levels. This would permit a two-tiered system suited to the Caribbean's human resources capacity and needs: masters level practitioners co-existing with fewer doctoral level practitioners. These two levels resemble a distinction that has been made between a minimally competent psychologist and a practitioner with advanced expertise and specialized skills (DeMers, Van Horne & Rodolfa, 2008), or the Associate Psychologist and Psychologist distinction being drawn in Jamaica (Hickling, et al., 2008). At both levels, educational or academic qualification standards, preceding supervised practice requirements, prerequisite to establishing one's candidacy to take the regional examination, would be established. Ultimately, a fully established Sub-Regional (CARICOM) Psychological Council will supervise this regional examination, and related standards, by which practitioners are certified to practice at either level in CARICOM countries.

Following the example of CARICOM nurses and their Regional General Nursing Councils (RGNCs), each country's National Psychological Council would

<sup>6</sup> COHSOD comprises all the ministers of health, education, culture, human development, gender and other portfolios involving human development. They form the third level of decision-making within CARICOM, following the Conference of Heads of Government and the Community Council composed of the Community's Ministers of Foreign Affairs.

appoint a representative to serve on the Regional Psychological Council<sup>7</sup> for a specified term. The national psychological councils would ideally receive a subvention from their respective governments which they will augment with revenues earned from examination and licensure/registration fees. In this way, costs associated with the work of the Regional Psychological Council, when established, such as salaries, rent and utilities, equipment, consumable supplies, etc., would need to be prorated in order to be a somewhat fairly shared responsibility of all the affected countries. However, the preparatory steps to establish this body undertaken by the Standing Committee on Professional Practice Standards of the fledgling regional professional Alliance, and their on-going role in support of regional psychological regulatory bodies, once established and identified, will have to be supported by CANPA's resources and the voluntary service of regional psychologists actively working to advance Caribbean psychological capacity-building.

These steps would represent a systematic movement towards the standardization of professional requirements, the protection and preservation of the field's integrity, and the concomitant provision of consumer safeguards with expanding coverage across the broader Caribbean; consistent with similar efforts in other parts of the world (Beutler, 2000; Bartram & Roe, 2005; Mathews, et al., 2011). In the first instance, this can be done within CARICOM as a single orchestrated platform of inter-changeable standards, competencies and qualifications, facilitated by the Caribbean Single Market and Economy (CSME). Simultaneously, as noted before, systems from the Francophone Caribbean, from the American Caribbean and from the Dutch Caribbean, as well as Haiti, the Dominican Republic and Cuba can be investigated with a view towards eventually rationalizing them with each other and with the emerging CARICOM model. The growing interest in improving the national and international consistency of regulations regarding psychological education, registration and practice is a movement that an emergent Caribbean psychological infrastructure can both participate in and benefit from (Bartram & Roe, 2005; DeMers, Van Horne & Rodolfa, 2008; Lewis, Sandquist, Stark & Grenyer, 2009). This is certainly attainable here in the Caribbean as all intra-Caribbean, sub-regional psychological standards and practices are expected to be represented in the Caribbean Alliance of National Psychological Associations.

The regional professional organization is potentially the medium through which these different systems of qualification, certification and practice can be both documented and compared. One of the benefits of affiliating all the available national associations across the Caribbean in CANPA the inevitable cross-fertilization and, perhaps harmonization, as standards of training, certification and practice are strengthened. A quite significant result of any rationalization or harmonization is the likely expansion of the portability of psychologists across the Caribbean, potentially including cases with bi-lingual versatility. Psychologists from other Caribbean countries would find establishing reciprocity or equivalency status in foreign places more convenient and welcoming. The standardization and/or rationalization of competency and practice standards have been recognized as a way of facilitating mobility among psychologists (DeMers, Van Horne & Rodolfa, 2008; Kim & VandeCreek, 2003).

As CANPA establishes interfaces with the different psychological regulatory authorities across the wider Caribbean, a number of issues will require on-going exploration, research, and multi-national and sub-regional synchronization. Among these are mechanisms for regulating and improving the professional, and continuing education of psychologists, especially in the face of innovations such as competency-based education and distance education programs (DeMers, Van Horne & Rodolfa, 2008; Wise, et al., 2010). While the regulation of academic programs are the responsibility of accreditation bodies and professional associations, the establishment of educational standards prerequisite to the candidacy for licensure or registration is the domain of statutory psychology regulatory boards such as the Regional Psychological Council. Despite the tension that can exist between the regulatory and legislative domain of a registration board (to protect the public) and the aims of a professional association (to serve the interests of its members), the occasional incongruity must be managed in the interest of the health and well-being of the region (Lewis, et al., 2009). In the Caribbean, a collaborative tension is preferred because considerable thought and dialogue is going to have to drive the research needed to navigate a course for Caribbean psychology capacity-building informed by, but autonomous of, the examples from far and near. Ultimately, the constructs, theories, competencies, ethical values and practice models that populate regional training programs and qualify practice standards will have to be grounded in the psychohistorical tapestry of the Caribbean.

As Caribbean psychologists increasingly seek to respond to measured indigenous needs and demands, their mission and professional focus will inevitably

<sup>7</sup> The choice to use the term "Regional Psychological Council", instead of "Sub-Regional Psychological Council", to refer to the proposed organization within CARICOM, may be confusing. It is intended to be consistent with the example of the Regional General Nursing Councils within CARICOM.



expand beyond mental health to include biopsychosocial health (Suls & Rothman, 2004), and beyond treatment to incorporate health promotion and sickness prevention (Sarafino, 2008). Psychologists must play a critical role as health systems across the region introduce Primary Health Care reforms in response to a chronic, non-communicable disease crisis; the so-called lifestyle diseases that are demanding cultural transformation (Amuleru-Marshall, Gomez & Neckles, 2014; Amuleru-Marshall, 2012c; La Foucade & Scott, 2006). A needs-based evolution will not only impact the deployment of Caribbean human resources in psychology; it would also anchor the development of a Caribbean framework of psychology that is responsive to, and transformative of, the historicultural complexities of our “Caribbeanness”.

### Conclusion

This article is an elaboration of certain ideas that were presented as part of a National/Regional Capacity Building Workshop under the theme: Regional Collaboration for Developing Psychology Capacity. The vision for a Caribbean Psychological Association/Organization placed priority on the establishment of a Regional Psychological Council, patterned after the Regional General Nursing Councils of CARICOM. In fact, in the presentation at the conference the emphasis was on an organization within CARICOM. Beginning even during the rich discussion that immediately followed the presentation, the primacy of organizing a professional association before tackling the statutory arrangements that the presentation advocated became clear. By the end of the conference, it was equally clear that this organization would embrace a Caribbean that must be much wider than CARICOM. While retaining some of the essential propositions of the earlier presentation at the workshop, this article incorporated both of these developments from the conference. Preparatory steps have already been consolidated and the regional professional association - CANPA - has been launched. The nature of our Caribbean community of psychologists is unambivalently multi-lingual, multi-cultural and constitutionally diverse. Despite this diversity, or perhaps, because of it, the article employed an optimistic tone as it proposes a future of dramatic developments in psychology, infrastructurally and paradigmatically across the wider Caribbean, mounted on the initial establishment of an appropriate structure within CARICOM.

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