

Capacity, collaboration, credentials: Challenges to psychology in the Caribbean

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Abstract

Psychology in the Caribbean faces significant challenges. High quality psychological services are needed, along with educating new psychologists and expanding the profession to address mental health difficulties within Caribbean Communities. Beyond mental health concerns, a variety of psychological subspecialties are needed to promote change within the society still bearing the impact of slavery and colonialization. Challenges include “Brain drain” with talented youth migrating for educational and professional opportunities and with a few exceptions, a lack of local universities offering advanced degrees in the field of psychology. Further challenges arise from a lack of self-definition of psychology in the Caribbean. These factors, academic, professional and institutional will be reviewed and recommendations for action offered based on Caribbean Regional Conference of Psychology, CRCP 2011 surveys.

Keywords: Caribbean Psychologists; Psychology Capacity Expansion, Collaboration; Treatment, History, Cultural Competence

Capacidad, colaboración, credenciales: desafíos a la Psicología en el Caribe

Resumen

Psicología en el Caribe se enfrenta a desafíos importantes. Se necesitan servicios psicológicos de alta calidad, junto con educar nuevos psicólogos y expansión de la profesión a las dificultades de salud mental de la dirección dentro de las comunidades del Caribe. Problemas de salud mental más allá, una variedad de subespecialidades psicológicas son necesarios para promover el cambio dentro de la sociedad sigue teniendo el impacto de la esclavitud y la colonización. Desafíos incluyen “Fuga de cerebros” con migrar para oportunidades educativas y profesionales jóvenes con talento y con unas pocas excepciones, la falta de universidades locales que ofrecen títulos avanzados en el campo de la psicología. Más desafíos surgen de la falta de definición de la psicología en el Caribe. Estos factores, académicos, profesionales e institucionales se analizarán y recomendaciones para la acción ofrecido basan en Conferencia Regional Caribe de Psicología, encuestas de PCRC 2011.

Palabras clave: Caribeños psicólogos; Ampliación de capacidad de Psicología, colaboración; Competencia Cultural de tratamiento, historia

The issue of capacity expansion is omnipresent for those of us who work in the region or who are dedicated to improving the lives of Caribbean peoples through the use of psychological theories and practices. From the larger island nations such as Haiti (9.894 million), Puerto Rico (3.674 million) or Jamaica (population, 2.910 million) to the smallest territories such as the British Virgin Islands (32,000) or Montserrat (5,000), mental health needs go unmet due to lack of trained personnel, lack of infrastructure resources and an undefined psychology that is culturally consonant, (Branche, Minor, & Ramkissoon, 2004; United States Census

Bureau, People and Households, International Data Base, (2013); Ward & Hickling, 2004). Moreover, the emphasis on mental illness while extremely important, limits the scope of the impact that a broader definition of psychology can have on the Caribbean.

During the 2011 Caribbean Regional Conference of Psychology (CRCP 2011) several plenaries were presented to address the multiplicity of needs for Caribbean Psychology. With close to 400 participants, including 100 students, who represented 37 countries, including 20 Caribbean nations and territories, the conference has been described as a landmark event for the Caribbean (Bullock, 2011). A major issue to be addressed was the need for capacity expansion within all fields of psychology. Participants, dedicated to the field of psychology, reiterated their commitment

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to ensuring the ongoing development of psychology throughout the island nations, states and territories (Bullock, 2011).

This article looks at current capacity or the state of psychology in the Caribbean. It builds on the plenary of the same name, presented at CRCP 2011. A brief overview is considered of the themes resulting from the sampling of Heads of Psychology Departments and Presidents of Psychological Associations in the region; research led by Dr. Ava Thompson (conference chair) and others (International Union of Psychological Sciences & Caribbean Regional Conference of Psychology 2011 Conference Organizing Committee (IUPsyS & CRCP 2011 COC, 2011). Survey responses raise critical issues regarding collaboration with other disciplines and mental health professionals, challenges in providing adequate training opportunities and the need to develop a culturally consonant, self-defined, Caribbean psychology. A summary of recommendations from conference attendees is presented.

Need For Capacity Expansion

In order to expand capacity an accurate assessment of psychology within the Caribbean is essential. No single needs assessment has been completed to address the full range of psychological issues in the region. The capacity of psychology in the Caribbean for purposes of this discussion is defined by mental health, academic research and consultation needs. A brief review is presented based on reports of some of those currently working in the Caribbean (Dudley-Grant, 2001; Ward & Hickling, 2004; WHO-aims report on mental health systems in the Caribbean region, 2011). Some of the most pressing needs to be reviewed fall into the categories of service provision, research and training, and community collaboration and consultation (Lequay, 2010; Ward & Hickling, 2004).

Service Provision

Service provision is a key factor in addressing the needs of the region. While the author seeks to promote psychology in general, a particular focus will be on capacity expansion to the service of mental health needs.

Mental Health

The Caribbean is faced with crushing mental health difficulties in its communities. Drugs, violence, poverty and transient families are just a few of the many ills that have increased the emotional distress of people within the Caribbean population as confirmed by a report of The Pan American Health Organization (PAHO)/World Health Organization (WHO) and Caribbean Community Secretariat (CARICOM) (PAHO/

WHO & CARICOM, 2006). The report states that in 1990, psychiatric and neurological disorders were estimated to account for 8.8% of the disability-adjusted life years in Latin America and the Caribbean; by 2004 that burden had grown to 21%. However, the treatment gap (sick people who remain untreated) exceeds 60%. Added to that is a prevailing gap in funding and resources for the treatment of mental health problems (PAHO/WHO & CARICOM, 2006). PAHO epidemiological studies further indicate that affective disorders and alcoholism have the greatest prevalence rates in Caribbean and Latin American populations (Kohn, et al., 2005; PAHO, 2002).

Health authorities recognize that mental disorders and substance abuse are important public health problems. Nevertheless, research carried out in recent years on those problems prevalence, impact, and associated costs demonstrate that their magnitude has been underestimated, (PAHO, 2002). The number of people with mental disorders in the Region of the Americas was forecasted to increase from 114 million in 1990 to 176 million in 2010, according to the director of the PAHO, Dr. Mirta Roses Periago, (2005). Nearly 20% of children and adolescents suffer from disorders that require the support of or intervention by, mental health and healthcare services. Furthermore, those disorders lead to both social stigma and discrimination. Yet a large percentage of these go untreated. Preliminary findings from mental health surveys conducted in several countries in Latin America and the Caribbean show that nearly 80% of the people with mental health problems do not have access to health or mental health services (PAHO/WHO & CARICOM, 2006). Psychologists can play a role in closing the gap in access to care.

Substance Abuse

Of equal concern is the impact of substance abuse in the region. The Caribbean is a transshipment lane for illegal drug trafficking which increases the availability of illegal substances in the region (US Senate Caucus on International Narcotics Control, 2012). This traffic, along with the overexposure to media violence and the access to weapons and the migration of our families continues to undermine the fabric of the family structure and by extension the health and mental health of the community (Dudley-Grant, 2001; Dudley-Grant, Williams & Hunt, 2000; Jones, Sharpe, & Sogren, 2004). Drugs contribute even more significantly to mental illness and delinquency in the juvenile population (Blum & Ireland, 2004; D'Amico, Edelen, Miles, & Morral, 2008). The need to address the alarming rise in substance abuse and violence among youth, in a culturally consonant and evidence-based approach makes capacity expansion critical to

the development of the region (Dudley-Grant, 2001, Nicolas & Schwartz, 2012).

Violence

Another major concern is the high levels of violence among youth throughout the Caribbean region (Jeffers, 2010; Le Franc & Rock, 2002). Le Franc, Samms-Vaughan, Hambleton, Fox and Brown (2008) conducted a three Caribbean country study of interpersonal violence among 15 to 30 year olds of both sexes. Significant between-country differences in overall levels of reported physical violence and psychological aggression were evident when stratifying by perpetrator type, which was broken down into three categories, intimate partners, persons known to each other, and strangers. However, each of the three countries and the aggregate were found to be significantly higher in violence than the United States or most of the developed world. Moreover, it appears that the gender gap in interpersonal violence is narrowing in these countries. The high level of violence is known to impact not only the emotional well being of individuals but has an adverse effect on the socioeconomic functioning of the society (Buvinic & Morrison, 1999). PAHO has identified violence as a major public health problem, (PAHO, 2002; Winett, 1998). Further research is needed into the types of violence and the cultural belief systems that seem to normalize violent behavior both within relationships and among strangers.

Research and Training

Psychological research and models are needed to create culturally competent and effective methods to strengthen families and community. Strong families and communities can then serve as a resource and protective factor in the lives of vulnerable youth (Ochieng, 2011). Current research and recommendations for the creation of methods for cultural adaptation of evidence-based interventions are just becoming available (Bernal & Domenech, 2012). However, the Caribbean is lacking in psychologists who can follow these guidelines and use these tools to serve from the front line, to the administrative level, to the research and implementation levels to improve our overall mental health functioning.

A recent study of 16 countries of the Caribbean, primarily but not exclusively part of the British Commonwealth, was conducted using the assessment instrument developed by WHO (WHO-aims report on mental health systems in the Caribbean region, 2011). The six domains covered included areas of direct care, training and monitoring and research capability. According to the report: "The number of psychologists, nurses and social workers with at least one year of specialization in mental health is zero in all countries and territories

with the exception of Belize and Jamaica where there has been a rate of 6, 3.3 and 0.4 [per 100,000] nurses trained respectively. In addition, a 0.3 rate for 100,000 people were psychologists trained during the same period." (WHO-aims report on mental health systems in the Caribbean region, 2011, p. 30). Most mental health services were provided by the medical practitioners, the few psychiatrists available, the more numerous groups of nurses, and primary care physicians. In addition, very traditional and centralized approaches to care, with the use of mental hospitals and medications, characterized the primary approach to mental health treatment. An essential aspect of a psychologist's role would be to assist in the implementation of less traditional medical or hospital based service provision in outpatient and community based settings, with multidisciplinary collaboration.

Community Collaboration and Consultation

Psychologists' roles and the need for capacity expansion extend beyond the public perception of psychologists as providers of mental health services. There has been much advocacy for education of psychologists in the region in a variety of subspecialties. The challenges of building these subspecialties in the context of the need for empirical foundations have been noted. In the midst of the need for assessment frameworks for psychology in the Caribbean, it has been noted that, "...many areas of psychology still need to be taught in a focused way. For comparative purposes, using the divisions of the American Psychological Association as one guide, sub-fields such as consumer psychology, rehabilitation psychology, military psychology, population and environmental psychology, media psychology, peace psychology, and psychology of religion are still to be developed in the region" (Ramkissoon, 2010, p. 2).

Such calls have been issued repeatedly throughout the region, with both mental health professionals and other types of psychologists advocating for the expansion of the scope of psychological work within the region (see for example, Lequay, 2010; Ward & Hickling, 2004). Examples of non-mental health psychology service were provided at CRCP 2011 where Semaj (2011) reported on his work as a psychological consultant to corporations seeking to enhance their reach within the West Indian community. Peter Weller (2011) also reported at CRCP 2011 on his work on HIV in the region, where he indicated that the incidence of HIV infection particularly among adolescents and women are some of the highest in the world, (Weller & Kahn, 2012). Finally, Oluwakemi Linda Banks (2011) reported on her work in building children's self-esteem in a multicultural school through the use of multi-modal activities based on increasing self-awareness and posi-

tive responses, while reducing the impact of potential trauma in young lives. These speakers addressed just a few of the myriad approaches to behavior change and wellness that psychology is achieving in the Caribbean.

Dr. Keith Lequay, St. Lucian psychologist, also discussed the role that psychologists can play in the development of Caribbean society. He called for society to move beyond “self-denial”, minimizing the social ills such as delinquency and insurrection. As an alternative, he proposed that psychologists can promote local research, mental health education, engage with policy makers and disseminate information on the factors that shape what he referred to as “our unique sensemaking” (Lequay, 2010, p. 11).

Challenges to Capacity Expansion

While the need for more Caribbean psychologists has been established, the ability to meet that need through capacity expansion faces significant challenges. An important aspect of the CRCP 2011 conference was the participation, either in person or by online response to surveys of the 30 presidents of psychological Associations and 16 Heads of academic programs from the region that were identified by the conference organizing committee. Every effort was made to reach out to psychologists across the region to gain insight into their roles, activities and input regarding needs and future direction. In order to present the results of the capacity expansion part of that survey, further data collection and following up with pertinent heads for more qualitative findings is required. However some clear themes did emerge which inform the issue of capacity expansion. These themes included activities for existing members, community engagement and collaborating on practice concerns. Respondents also identified the need to provide opportunities for continuing education and for networking outside of their often small communities as well as retention of psychologists. This retention issue relates to the concept of “brain drain” which is addressed below. It is hoped that more data can be collected and an expansion to the survey be conducted to follow up on this first step towards capturing the current activities towards capacity expansion within the Caribbean psychology academic and professional communities.

Challenges: Brain Drain

Brain drain is a term in the literature used to describe the imbalance in resources that occurs when workers from any discipline, in this instance the mental health profession, migrate from resource-poor countries to developed countries. “This ‘brain drain’ results in health workforce shortages, health system weakening, and

economic loss and waste, threatening the well-being of vulnerable populations and effectiveness of global health interventions” (Mackey & Liang, 2012, abstract). The phenomenon of Brain Drain results from some of the following concerns.

Lack of access to higher level education on the local level

In the Caribbean, we have a dearth of psychologists and other mental health professionals to meet our needs. We have a limited number of masters and doctoral prepared psychologists, particularly in the smaller island nations. While there has been considerable development of psychology courses and programs within the last few years in the region, there are still few universities outside of the University of the West Indies system in the English speaking Caribbean that provide the opportunities for advanced degrees in psychology. For example, while there are 13 colleges and universities in Puerto Rico that offer training in psychology, the language barrier can prevent access to students from the English speaking Caribbean to avail themselves of this more geographically accessible resource. This lack of available local colleges, universities and psychology training programs, creates a “brain drain” where psychologists must travel out of the region to obtain advanced training. Many that cannot afford to do so, either financially or because of the likely disruption to their family life, attempt to use distance-learning universities and programs. However, these distance learning training experiences are still not sanctioned nor accredited by the American Psychological Association, which continues to set the standard for psychological training and development in much of the world.

Moreover, access to APA approved internships is virtually non-existent in much of the English speaking Caribbean. While Puerto Rico has an APA approved internship through the VA Caribbean Healthcare System which has been accepting interns since 2000, this training opportunity does have a Spanish language requirement which limits access for non-Spanish speakers (VA Caribbean Healthcare System, 2011). Moreover, once trained, practice outside of a university setting can be an isolating experience. In addition, opportunities for collaboration with and mentoring of other psychologists are limited by geography and size of the pool of potential collaborators.

Lack of access to training to enhance culturally competent service or research

Another consideration is the ability to access culturally competent training for psychologists not only within clinical settings, but for those pre and post

doctoral students and young academicians who wish to engage in research within their communities. Funding for such research is limited, and frequently is made possible by funding from host countries such as the United States, Great Britain or France. Often a senior researcher or dissertation chair from that country is required. That individual most often has limited knowledge of Caribbean culture or even the challenges involved in conducting research in Caribbean settings. Special training is needed to assist researchers to carry out studies that adequately and accurately reflect Caribbean cultural contexts and life experiences of persons within the Caribbean as these are integral to how data are both collected and interpreted (Govia, 2011; Govia, Kohn-Wood, & Geisinger, 2011).

Challenges: Professional isolation and difficulties in collaboration

Geographical, language and political barriers frequently prevent psychologists from different Caribbean countries from greater collaboration. While the populations served and cultural mores and values may have more in common than initially realized, time, space and theoretical orientation as well as access to local resources can prove insurmountable in promoting collaboration in smaller countries and localities. The increasing use of social media is helping to promote greater access to such sharing of ideas and approaches. It is also hoped that with the creation and ongoing establishment of the Caribbean Alliance of National Psychological Associations, such opportunities for sharing of ideas and even collaborative research and practice will continue to evolve (Nicolas, 2012; Thompson, 2012).

Challenges: Self- Definition of Caribbean Psychology

Another concern is the use of externally defined standards, which become barriers for success for local psychologists. In working toward a new definition of Caribbean psychology, there is a need to wean the profession from defining Caribbean psychology against the “gold standard” of North American Psychology, European Psychology or any other psychology that does not reflect the values, family and community structures built around cohesiveness and mutuality, and collaborative synergy that is an inherent strength in our region (Dudley-Grant, 2011). In moving toward this self-identity, Caribbean psychologists must seek to determine the quantity and types of training that would meet these needs. Thus the profession must address issues inclusive of levels of training while seeking to identify appropriate training opportunities. In addition, from a holistic Caribbean perspective, there is a need to overcome the barriers of geography, language and

culture that inhibit collaboration (Nicolas, 2012).

The issue of credentialing psychologists for independent practice presents perhaps one of the most difficult concerns regarding self-definition for psychology. At present, no island nation, protectorate or other entity has created a recognized credentialing body that solely reflects the needs of the population and the culture. The larger issue of the “definition” of a practicing psychologist as one who has the doctorate may not meet the need nor address the concern that the very requirement to obtain that degree, particularly with the ongoing resistance to accreditation of distance learning programs creates even more barriers to capacity expansion than already exist due to geography and access.

Caribbean Psychological Capacity Expansion in History

A primary goal of the CRCP 2011 conference was to identify and start the process of building a cadre of psychologists and collaborators who could tackle some of the region’s pressing psychological concerns. However, even as there is movement forward, it is important to recognize the work of those who have been providing services for decades in the Caribbean and, in so doing build upon rather than recreate Caribbean psychology. For example, Enerio Rodriguez (2000) wrote about the participation of Santo Domingo in the first Interamerican Congress of Psychology in 1953. Another of its kind was held in San Juan Puerto Rico at the XXV Interamerican Congress of Psychology in 1995 (Alvarez, 2000b). The Caribbean Federation of Mental Health held its first conference in Aruba in 1957 (Caribbean Federation for Mental Health (1959-1967), 1985), and the University of the West Indies (UWI), at Mona, Jamaica has had a social sciences department first established in 1961 (Department of Sociology, Psychology and Social work, History, 2013) that has been teaching Bachelors in psychology degree programs since the mid 1990’s (Ward & Hickling, 2004). The UWI established a Master of Science in Clinical Psychology that began in January 2006. The UWI has also been a leader in hosting psychology conferences. The Jamaica campus held its 8th Psychology Conference from March 11-13, 2009 under the theme “Psychology of Caribbean People: At Home and Abroad” (Branche, 2009). The Jamaica campus also established The Caribbean Journal of Psychology, which provides a forum for academic discussion of psychological issues related to Caribbean people and addresses topics of interest in the Caribbean region.

Honoring our ancestors

Many of the widely recognized psychology lead-

ers from the English speaking Caribbean come from Jamaica and Trinidad. The work of luminaries such as Harriet Lefly (1977) who wrote one of the earliest books on psychotherapy in the Caribbean is well known and has already shaped the field in significant ways. Ana Alvarez from Puerto Rico has also written an excellent review on the development of psychology in the Caribbean (Alvarez, 2000b). Equally important is the work of Chavannes Douyon, the father of psychology in Haiti, who made major contributions to the creation of psychology within the university and the cultural competence of psychological assessment (Boursiquot, 2002). While these individuals chose to obtain their training outside of the Caribbean region, they either returned to the region or focused their work on their respective communities to ensure that their island nations and territories would benefit from their knowledge and training gained abroad. CRCP 2011 honored such a man in Dr. Timothy McCartney who is considered to be the father of Bahamian psychology. Dr. McCartney's contributions to psychology not only in the Bahamas and around the region are legendary. His work on the Bahamian psyche has been of significance not only in the Bahamas but throughout the Caribbean (McCartney, 1971). Finally, Mrs. Eldra Schulerbrandt is recognized as the "Mother of Psychology" in the Danish/American Caribbean. She earned one of the first masters in psychology in the Caribbean and established the Division of Mental Health in the Virgin Islands Department of Health in 1952. She collaborated with Dr. Michael Beaubrun, a psychiatrist from Trinidad.

Together they created the Caribbean Substance Abuse Institute at the then College of the Virgin Islands, which hosted an annual two week training program on substance abuse for many years (Todman, 2000).

A Model for Capacity Expansion

Other regions of the world have successfully begun to address the problems of capacity expansion. The work done in Southern Australia is one such example that can inform the Caribbean going forward. At the beginning of the millennium a relatively small number of projects funded by the Commonwealth Government's Rural Health Support, Education and Training (RHSET) scheme have begun to explore mechanisms to increase psychological services in the Bush. At the 6th annual conference a group of psychologists presented a comprehensive model which strove to create an intervention model that would expand capacity for psychological services to the aborigine and farming populations in the rural outback (Dollard, Farrin, & Heffernan, 2001). The chart below presents an adapted version of the Australian model.

Their work in some interesting ways mirrors the challenges faced in the Caribbean, most significantly in low numbers of providers, many of whom lacked adequate training, lack of access to academic settings, problems in communication, inadequate internship training sites and few persons able to provide supervision. Figure 1 builds on the Australian model and is

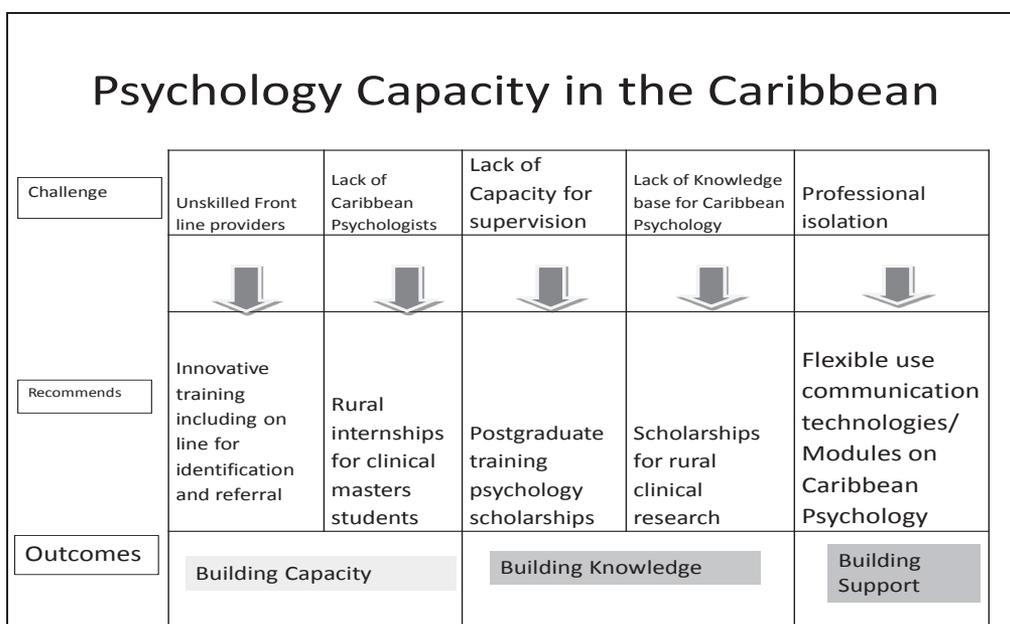


Figure 1. Pathways for Expanding Psychology Capacity in the Caribbean

used to graphically demonstrate the main needs in our current systems. It then highlights recommendations, which can lead to solutions, and the long term desired outcomes for expansion of psychology and improved mental health and wellness in the society. A set of challenges and solutions were proposed. One challenge was the inadequate mental health services exemplified by unskilled frontline workers. The proposed solution was to build community based resources, including expanding the numbers of trained psychologists who can not only provide high quality services but assist in the training of other professionals in the multidisciplinary team inclusive of use of online academic settings to enhance the theoretical knowledge base. A second challenge is the lack of Caribbean trained and culturally competent psychologists particularly to meet the needs of the most high risk populations. The proposed solution is to create internships in more low income and rural settings in the Caribbean that can foster training on these populations, identifying sources of funding to make such internships more attractive. The third challenge is the lack of capacity for supervision. The solution offered is to identify funding sources including use of existing psychologists to provide supervision for new trainees and establish efforts to accredit and support local internship experiences. A fourth challenge is a limited knowledge base in clinical research in the Caribbean. The solution is to identify funding in both the public and private sectors in conducting such research and engage senior researchers willing to mentor a new generation of Caribbean investigators; increase local university secondary education opportunities; accredit distance learning programs using local standards and requirements supplemented with coursework on Caribbean psychology. And last, the fifth challenge is professional isolation. The recommendation is to employ social media to make communication more rapid and increase opportunities for collaborative efforts.

Summary and Recommendations

Building on the recommendations of individuals as well as the CRCP 2011 Survey, the way forward requires ongoing research, consultation and collaboration. The presidents of psychology organizations and chairs of psychology department's survey included an opportunity for recommendations regarding cooperative use of resources. Recommendations were made in the areas of academic training, research, and collaboration. With regard to academic training, the suggestion was to focus on the development of a Caribbean identity for the community and for psychology. This builds on issues such as those identified at the 2009 UWI Conference themed Psychology of Caribbean People at home

and abroad (Branch, 2009) inviting psychologists to define Caribbean people and their psychology from a culturally consonant perspective, rather than the Euro-American models extant in the literature. Encourage visiting professorships, and provide incentives to return home after training. Another resource would be to accredit distance-learning programs using local standards and requirements, supplemented with coursework on Caribbean Psychology with accreditation and financial support for local internship experiences. In addition, the issue of credentialing psychologists at the Masters Level should be reconsidered from the current North American standard of credentialing for independent practice only at the doctoral level.

With regard to research, the recommendations were to identify funding sources for research on Caribbean Psychology and mental health issues, provide incentives for researchers to develop Caribbean models of mental health/wellness/service and to conduct a needs assessment for the types of needs personally and societally that could be provided by Caribbean psychologists. Lastly, with regard to collaboration, the recommendations were to initiate collaborations with government and industry that can lead to formal public and private partnerships; create opportunities for collaboration utilizing communication technologies; shared resources and network to build international and Caribbean wide partnerships; build alliances between local, regional and extra-regional graduate programs and foster a culture of volunteering.

The role of CRCP 2011 in Capacity Expansion going forward

Effective collaboration was exemplified in the Central Organizing Committee of CRCP 2011 by ensuring representation across geographical, national, cultural, language and subspecialty identities. The English, French and Spanish speaking Caribbean were represented, along with senior and early career, research, academic, and practice-oriented psychologists. The common bond was a commitment to work together to create a Caribbean psychology. Moving forward, the proposed association, in the spirit of Sankofa as recently stated by co-chairman of the Caribbean Organization of Psychology subcommittee, Dr. Omowale Amuleru Marshall, (personal communication, June 13, 2012) hopes to build on past and present efforts to bring the association to fruition. As Dr. Guerda Nicolas, Co-chair of the Conference and the Caribbean Organization Steering Committee stated, we are engaged in nothing short of a "Movement for Caribbean Psychology" (personal communication, November 12, 2010). Under the leadership of Dr. Ava Thompson and Dr. Guerda Nicolas, as the steering committee stays true

to the “Movement for Caribbean Psychology” the new organization will succeed in its mission. Even more important, the development of the next generation of psychologists must be fostered to ensure continued growth and relevance.

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