

EXTENDED SUMMARY:**TRAINING CAREER IN CLINICAL AND HEALTH
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Abstract

This paper displays the current legal situation of the Clinical and Health psychological practice in Spain and explores if the training career in this domain is consistent or not with the Spanish legal regulation. Six possible training options with their respective lengths are proposed and the advantages and disadvantages of each are analyzed. Finally, current challenges are mentioned, according to authors' opinions, in the development of this professional discipline. These challenges include (1) the inclusion of new psychological health specialties into the PIR program and therefore the access to the title of Specialist Psychologist in Clinical Psychology, (2) the incorporation of the General Health Psychologists in the public health system and, closely related, the relationship between the PEPC and the PGS, (3) finally, the need for legal regulation of those training options that are currently in a lack of legal status situation, such as neuropsychology or psychotherapy.

Keywords: Training, Clinical and Health Psychology, Regulation, Profession, Specialties.



The situation of Clinical Psychology practice in Spain

The legal practice of clinical and health psychology in Spain (PCS onwards), is built around two titles with official value at the state level: the Specialist Psychologist in Clinical Psychology and the General Health Psychologist. In practice and by application of judgment 372/2016 of section 6 of the Administrative Litigation Chamber, of the National Court dated 10/07/2016 (1) both have equal powers and perform the same functions but in different places, as the specialist psychologist in clinical psychology works in the public assistance and/or in concert with the administration, being thus the title of general health psychologist circumscribed to what is called private psychology practice.

In this context, the term “specialist” may acquire different meaning. In the previous paragraph, being a “specialist” implies having an official title acquired through a specialist training program of the Spanish public health network. In a broader sense of the term, it implies acquiring skills and abilities in a specific field: the professional practice of psychology. Within this broader sense of the word specialist, it must be emphasized that the PCS is possibly the most prevalent area of them, not only because of its place within psychology history, but also for its social relevance and the amount of psychologists who feel identified. However, the PCS constitutes a specialty so extended within the world of psychology that, in fact, it is configured as an area, which contains in itself other specialties that behave in a very autonomous way from each other, even accepting their belonging to the same shared core; the PCS. This phenomenon occurs because unlike in medicine, where there is a common area, health; in psychology there are psychologists specialized in health, education, forensics, emergencies, social organizations, social intervention, sports... In a broader sense then, all these areas are related to health, but in a real, administrative and organizational sense, there are not. For this reason, is probably easier for us to think of PCS as a great area of psychology rather than as a specialty, but this large area logically has specialties which are determined, in our opinion, by two vectors; the targeted population and the framework of action. According to the targeted population, **mental health**, which is too often used as a synonym of “clinical psychology”, entails **child and adolescent mental health, neuropsychology, psychotherapy, psycho-oncology and palliative care** and, also the specific domain of **health psychology**. According to the framework of action, the specialty in the broad, unofficial sense is established in *cognitive-behavioral, systemic, humanistic and integrative* interventions, as well as in *dynamics and psychoanalysis* training options with its own nature. We are not in favor of converting this second vector, the action framework, into specialties recognized by an official title, but rather to accept that they constitute specialized training options and pathways.

In the rest of the text, we will therefore refer to the training and the courses in PCS in the broad sense endorsed in the previous paragraphs and not in their legal sense, unless we explicitly mention it.

Training levels

The levels of training in PCS in Spain are very clear and easy to identify. The first is the undergraduate level, which marks the official degree in Psychology and is essential to move to next levels. Although in the past it was thought that it could be provided with some specific simple professional competencies in PCS, (White Book of Psychology, ANECA 2005) (2), this separation of competences does not fit the reality of our clinical practice, so, in our opinion, this level of training must not be considered enough. Simply the bachelor's degree in Psychology does not empower, either legally, nor competently for the practice of any kind or level of the PCS.

The second training level is the master degree. It is necessary to differentiate between two master degrees; the Master's Degree in General Health Psychology (MUPGS from now on, by its acronym in Spanish) and the non-official titles of each university/institution. The first one, as we have said, embodies one of the two official titles in Spain, which legally authorizes the practice of PCS. Less is known about the exact competencies this Master degree should provide, since in its real academic development, despite the existence of general guidelines with a fixed number of credits, each university has structured it according to its idiosyncrasy or the one of the university departments of Psychology that organizes it. That is, in our opinion, it is impossible to gain real competences beyond a vague mention of the diagnosis, evaluation, intervention and treatment in diseases, disorders and clinical mental and health problems related to psychology. We do not know if the student has had some training in psychotherapy or not and with what guidance; in rehabilitation, in neuropsychology or systemic therapy, in eating and / or sexuality disorders, or the target population the student should have acquired experience with, unless we thoroughly know the training program and the university where it has been taught. Therefore, with a great practical sense, we continue to endorse that this question might be answered taking into account the "competences in the practice of the PCS in the private context".

The non-official titles constitute the authentic expertise to gain competences in neuropsychology, systemic therapy, cognitive rehabilitation, integrative psychotherapy, etc. etc. As these are non-official titles, they are not necessary from the legal perspective to exercise PCS. On the contrary, they constitute the guarantee of training and proficiency in that area of specialization. For that main reason, we should not have contradictions between PGS training and specialization through non official degrees. In fact, there is a certain hierarchical structure that places first the training in PGS and the specialization through its non-official title to whoever wants it.

Finally, there is another training option through the program of Psychologist Specialist in Clinical Psychology (PEPC from now on, by its acronym in Spanish). Its structure and prestige are well known and its problems too, related to its limited amount of places. Although it is progressively increasing, it has not reached the

amount of 200 per year (168 in 2019) for a population of 47 million inhabitants! A second issue is that it remains in practice limited to mental health with incursions into other areas, but without sufficient depth to be considered a specialist training. This without delving into the problem of psychological care in primary care and other issues that cannot be addressed here. We do not know if the number of annual specialists is sufficient to meet the needs of the public network, although we can imagine that it is not. In fact the last report published by the Ombudsman shows that there are 6 clinical psychologists per 100,000 inhabitants in Spain, these are 3 times less than the European average that stands at 18 (3), and of course without taking into account the so common demand for private attention in Spain. The success of PGS solution remains unclear. It might have been successful when it was regulated, back in 2013, but it could probably need a review nowadays. In any event, the current situation is this one.

Training career in Clinical and Health Psychology in Spain

To our knowledge there are the following training possibilities, listed in order of preference.

Possibility 1.	DEGREE	SPECIALTY IN CLINICAL PSYCHOLOGY (PIR Program)	
Possibility 2.	DEGREE	MUPGS (Master's Degree in General Health Psychology)	
Possibility 3.	DEGREE	SPECIFIC TRAINING (psychotherapy, neuropsychology, family therapy, etc.)	
Possibility 4.	DEGREE	MUPGS -PIR	SPECIFIC TRAINING (psychotherapy, neuropsychology, family therapy, etc.)
Possibility 5.	DEGREE	SPECIFIC TRAINING (psychotherapy, neuropsychology, family therapy, etc.)	PGS - PIR
Possibility 6.	DEGREE	MUPGS	SPECIALTY IN CLINICAL PSYCHOLOGY (PIR)

In summary. Future perspectives

Most of the topics under discussion on the regulation of the practice of the PCS and its training careers have been raised in the previous lines. In our opinion, the most important issue is the incorporation into the PIR program and therefore access to the degree of Specialty Psychologist in Clinical Psychology, of new psychological health specialties such as neuropsychology (see page 6). In fact, this initiative has already been started with the project of constituting the specialty of psychologist in child-youth clinical psychology, although this is a specialty based on the specificity of the population, not the discipline which makes it much easier. We will not start a discussion about how to manage the incorporation of new specialties, but we recall attention into the problem.

A second important issue is to study the possibility of incorporating PGS into the public network. In our opinion, this is administratively possible and, in fact ,we

have some experiences in the Catalan public health network. When we raise this issue, we also tackle the question of the introduction of Psychologists in the public Primary Care network. Finally, linked to the above mentioned issue is the question of the relationship between the PEPC and the PGS, since it seems obvious to us that sooner or later they will live together in the public attention network. In this case we will have to establish the professional and hierarchical relationship rules between the two figures.

A third and final conclusion is the need for legal regulation of those training careers that are in an allegorical situation, such as the training itinerary described in possibility 3 (Grade - Specific Training) in which neuropsychology or psychotherapy could be found.