

Certification: Validating the Work of Sociological Practitioners

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Abstract

The application of sociological knowledge, including theory, methods, and skills, has been identified as sociological practice. Within the field of sociological practice there are two distinct types of practice - clinical and applied. The Association for Applied and Clinical Sociology (AACS) certifies these sociological practitioners at the master's or doctoral level. The process involves an evaluation by previously certified peers and includes the submission of a portfolio and the completion of a demonstration in which applicants showcase their action-oriented work. The AACS credentialing of clinical, applied and engaged public sociologists from countries around the world can serve as an international model.

Keywords: certification, clinical sociology, sociological practice, professionalism

1. Introduction

In the United States (U.S.) clinical and applied sociologists find themselves in competition with social workers, psychologists, market/public opinion researchers, mediators, and community organizers among others. Some sociologists need certification in their areas of practice or think it is useful to have the credential. No state licenses sociologists in the U.S.

The Association for Applied and Clinical Sociology described below, certifies sociological practitioners from the U. S. as well as countries around the world. This professional association provides the sociological practitioner with the autonomy and legitimacy needed to compete with other credentialed professionals as suggested by Freidson's (2001) analysis of occupational organizing.

Freidson (2001) identified three different ways of organizing work in contemporary societies: the market, the workplace, and the profession. He maintained that organizing work through the profession was most advantageous for practitioners and ultimately their clients. The market is consumer controlled, whereas the workplace is subject to bureaucratic control. In both instances worker alienation is increased and personal investment in one's work is reduced (Freidson, 1992, 2001). Professional control guided by professionalism is a counter to worker alienation because "it is based on commitments to occupation and work as central life concerns" (Brint, 2006:102).

Certification is a crucial element of professionalism because the credentialing process creates a community of workers with similar interests and commitments (Brint, 2006). Sociological practitioners may offer their services to clients directly through the marketplace as self-employed consultants, through public or private organizations in which they are employed or as volunteers. Regardless of place of employment, sociological practitioners often seek certification as a way of legitimatizing their occupational status compared with their colleagues or competitors in similar professions like psychology or social work.

2. History

The certification of sociological practitioners began with the Clinical Sociology Association (CSA) in 1983. It was based on the principle that traditional academic study should be linked to sociological practice (Fritz, 1989). The CSA grew from an interest group of 50 to an association composed of 200 members both domestic and international (Clark, 1990). The Board of the CSA recognized that a credentialing process would meet many of the association's goals: 1) legitimating the work of clinical sociologists; 2) protecting the public from unqualified practitioners; and 3) encouraging an upgrade of skills through continuing education (Clark, 1990). Most importantly, credentialing would move sociological practitioners from self-labeling to a professional identity. This professional identity would be based upon "competency in the practice of clinical sociology through the mastery of sociological theory and methods, and through appropriate

skills” (Clark, 1990:106). Those sociologists who demonstrated this competency would be awarded the designation of Certified Clinical Sociologist (CCS).

Initially, applicants for certification were required to have a doctoral degree in sociology, but this was quickly changed to include those with a master’s degree in sociology. Both doctoral and master’s level applicants must document hours engaged in sociological practice within five years prior to application. For doctoral level applicants the requirement is 1500 hours or one-year full-time employment. For master’s level applicants the requirement is 3000 hours or two years full-time employment. These differing requirements serve two purposes: 1) academic achievement is recognized; and 2) sociological practice work is current. Applicants with interdisciplinary graduate degrees with a strong sociological component may also apply for certification. This change in the initial degree requirement reflects the trend in academia to move away from discipline-based programs towards interdisciplinary programs that are practice oriented.

In 1986, the founding members and the board of the CSA voted to change its name to the Sociological Practice Association: A Professional Organization of Clinical and Applied Sociologists (SPA). The rationale driving this change was a desire to reflect the changing makeup of the membership (Clark, 1990). The base of the membership remained clinical sociologists who were humanistic, drew from a multidisciplinary knowledge base, and engaged in improving the quality of people’s lives (Fritz, 2012). The new members – applied sociologists – were involved in applied research with government agencies, for-profit organizations as well as non-profits. Some were doing research that was policy oriented and action directed.

In 2005, the Sociological Practice Association merged with the Society for Applied Sociology (SAS) to establish the Association for Applied and Clinical Sociology (AACS). This merger recognized the benefits of combining resources and efforts (Perlstadt, 2006). The AACS remains committed to the certification of individual practitioners – applied, clinical, and more recently engaged public sociologists (Burawoy 2005). These certified practitioners include counselors, elected officials, mediation specialists, mitigation experts, program

evaluators (profit and non-profit), policy analysts, organizational development specialists, and community organizers. Some members are practitioners full-time while others do it on a part-time basis (e. g., a professor who teaches at a university but sometimes does organizational assessments).

3. Process

The certification process begins with the applicant choosing a certification designation that best fits the applicant's sociological practice experience – applied or clinical. To make this determination the applicant is provided with working definitions of applied and clinical sociological practice. Clinical sociology is a creative, humanistic, rights-based, and interdisciplinary specialization that seeks to improve life situations for individuals and groups in a wide variety of settings (Fritz, 2022). Clinical analysis is the critical assessment of beliefs, policies, or practices, with an interest in improving the situation through intervention strategies (Fritz, 2022). Intervention strategies may entail the creation of new systems (e. g. preventing sexual harassment) as well as the change of existing systems (e. g. promoting healthy communities). Clinical sociologists may be for instance a sociotherapist, group facilitator, teacher/trainer, organizational consultant, community consultant, or mediator. The key to clinical sociology in some countries is the concept of intervention, that is, the act of facilitating social change (Lehnerer 2003). Many clinical sociologists do research but focus on intervention and refer to themselves as clinical sociologists.

Applied sociology is distinguished from clinical sociology because of its sole or main focus on social research. Applied sociologists use sociological knowledge and research skills to gain empirically based knowledge to inform decision makers, clients, and the public about social problems, issues, processes, and conditions so that they might make informed choices and improve the quality of life (Rossi and Whyte, 1983). Applied sociologists engage in evaluation research, needs assessment, market research, and demographic analysis. In short, “the heart of applied sociology is social research” (Perlstadt 2006).

Once a designation is identified the certification process involves the submission of a portfolio, letters of assessment, university transcripts, and documents that verify applied, clinical, or engaged public practice (Fritz, 2012). Within the portfolio the applicant identifies an area of specialization and level of focus. An applicant's specialization may be family mediation (micro), community development (meso), or advising on international social policy (macro/global). Crucial components of the portfolio are the statements of competency regarding practice work, theory, method, and ethics. The following sample competency statement serves as an illustration.

Symbolic interaction, which demands that the sociological practitioner attempt to gain an understanding of the other's experience through *verstehen*, became a "natural" theoretical ally to my Marxist sociological background. The combination of the insights of these two bodies of sociological theory have led me to assume: 1) an ontological stance which views social reality as emergent not given; 2) an epistemological stance which seeks, not causes, but the meanings of social action; 3) a belief in human nature as active and creative not passive and conforming; and, 4) an ideographic methodology in my daily work which involves, rather than distances, me from the people with whom I work [ex-offenders at a halfway house]. In practice these assumptions have led to a working paradigm which is guided by a belief in the potential for change (individual or social system) through an interactive collaboration with others (Lehnerer, 1993).

The certification chair reviews the applicant's submitted materials and determines if a certification review committee should be formed. Committee members review the material independently and submit clarification questions to the certification chair who forwards these requests to the applicant. The applicant responds to the chair who then shares the response with the committee member. The rationale for this protocol is to ensure that initially each reviewer has looked at the materials independently. After independent review has occurred, committee members review the applicant's responses and share their evaluations with each other. The positive consequence of this protocol is twofold. First, committee members get a sense of what each is

expecting from the applicant. Second, the applicant can reflect on their work in a collegial atmosphere.

At the end of this review process the Committee determines if competencies are met and materials submitted adequately convey the work of the practitioner. If so, the certification chair schedules a certification demonstration. Most often these demonstrations occur at the AACCS annual meetings. It should be noted that international applicants follow the same demonstration process, but if unable to attend the AACCS annual meeting, may present using video conferencing technology. The applicant is instructed to prepare a 50-minute formal demonstration for an audience of their peers including certification review committee members. As stated above, the key is to illustrate competency in the use of theory and methods to bring about positive social change in an area of specialization. In addition, the applicant must make clear how their work is guided by the AACCS Code of Ethics.

The formal demonstration is followed by a 30-minute question and answer (QandA) period. This is a vital part of the demonstration because it allows the applicant to move outside the formal demonstration, by interacting with peers and bringing in the passion which is so often a part of sociological practice. After the Q&A with peers, the certification review committee members meet privately with the applicant to discuss the portfolio and demonstration as well as to address any outstanding matters. At the end of a successful demonstration process the applicant is awarded certification.

The rationale for this detailed process is not to create barriers to certification but to ensure that applicants are successful. To quote a recently certified applicant:

Some professionals and organizations primarily see their role as gatekeepers, and I wondered if it would be the same with AACCS. I did not experience that at all, which was great. I felt that the committee and you [certification chair] were invested in my success, but at the same time, the process was rigorous and allowed me to demonstrate competency (Cphoon, 2023).

4. Benefits of Certification

As the market for professionals becomes increasingly international, attention is focused on the credentialing of individuals (Allsop et al., 2009). The Association for Applied and Clinical Sociology certification process can address this trend. The certification process put in place by this association is rigorous and well established. It ensures that the most competent applicants become Certified Sociological Practitioners – applied, clinical, or engaged public. Their work has been made public, evaluated by peers, and judged effective.

Certification is a marketing tool that enhances the credibility of the practitioners in business/industry and the social services (Ellis, 2000). Certification supports the legitimacy of the professional in claiming an occupational jurisdiction and area of practice expertise (Abbott, 1988). Most importantly certification creates a sense of confidence on the part of clients. Specifically, clients know that the practitioner is knowledgeable, skilled, and will adhere to ethical standards of practice. Certification can also enhance the practitioner's stature when working with interdisciplinary teams composed of licensed professionals such as medical doctors, lawyers, or social workers. Certification also ensures that the sociological practitioner maintains professionalism by submitting annual continuing education reports.

5. Profiles of Certified Clinical Sociologists

Certified clinical sociologists work in a variety of social settings at the micro, meso, and macro level of intervention. Some certified sociological practitioners are housed in an academic setting while others are in private practice. Academic sociological practitioners – college or university – are often supported by an institutional research center. Their duties include work with the center as well as those of a full-time faculty member. In contrast, certified sociological practitioners in non-academic settings may have their own practice or may work with others in a for-profit organization, non-profit agency, government office or an international organization. The short profiles that follow will give the reader an idea of what certified sociological practitioners are doing. All information provided can be found in the AACCS Directory of Certified Practitioners (AACCS 2023).

6. Micro Level – Individual/Small Group Consultant

The following *certified clinical sociologists* work primarily with individuals and small groups in the role of consultant. Their area of expertise ranges from “bereavement education” to forensic counseling to learning style self-improvement.

1. Dr. Sarah Brabant uses sociological concepts and theories in her work as a bereavement educator. Her intervention strategy is to help those who have experienced death so that they can effect change in their own lives. Currently, Dr. Brabant is focusing on at-risk populations experiencing loss due to traumatic death, multiple deaths, COVID deaths and gay persons whose partner died.
2. James Frazier works for the Virginia Department of Corrections as a sex offender services and mental health clinician. He is a Licensed Professional Counselor who specializes in the assessment and treatment of sexual offenders, as well as training staff to work with the population. Mr. Frazier also works as an adjunct sociology instructor for colleges in Virginia. In his professional work, he finds much benefit with using clinical sociology and theory to inform his interactions with clients and students, enhancing the quality of services through more holistic and open-minded approaches.
3. Dr. Mariam Seedat Khan’s specialization is in neurodiverse education, utilizing multidisciplinary teaching and learning intervention, methodologies and practices to assist clients to optimize information input and output. The SMART program, developed by Dr. Seedat Khan, capitalizes on individual capabilities and establishes muscle neuro connections with individuals learning style. The program improves memory, conceptual grasp, and knowledge processing. The intervention augments client’s ability to manage academic related tasks, increase proficiencies and acquire new knowledge.

7. Meso Level - Organization Consultant

The following *certified clinical sociologists* work primarily with organizations in the role of consultant. The organizations vary and

may be, for example, non-profit groups, service agencies, state prison systems, or educational institutions.

1. Dr. Wesley Cohoon helps organizations and individuals consider how systematic and sociological factors impact people's worldview, ability to build consensus, and beliefs and behaviors. When working with clients he recognizes that the way problems are identified and framed will affect the outcomes and proposed solutions. Consequently, he reframes the issues and opportunities to address how each part interacts with the whole.
2. Dr. Gary David conducts ethnographic studies of work and experience design. Projects include examining the nature of collaborative activity in multicultural worksites, the impact of speech recognition technology and electronic medical records on healthcare, the implementation of enterprise systems on workplaces, and how co-workers build a collaborative relationship through engaging in workplace practices.
3. Dr. Sharon Everhardt's primary area of specialization as a clinical sociologist is in the field of social inequality regarding food access and consumption. In addition to teaching, researching, and writing about social and food inequality amongst marginalized groups, she leads organizational-level interventions with food insecure populations. The aim is to teach food insecure groups how to grow their own food and to recognize the nutritional benefits of doing so in self-sustaining ways. Dr. Everhardt's work is being considered for application in a variety of organizational settings.
4. Dr. Daniela Jauk-Ajamie initiated an educational horticultural program in a residential community corrections facility. Together with community partners she designed and carried out a 12-week pilot garden program in a local women's prison. She evaluated this clinical sociological intervention in several publications and found it to be effective. This program serves as a model for other state prison systems. Dr. Jauk-Ajamie currently works on projects examining reproductive justice for incarcerated girls and women.
5. Dr. Joshua Reichard specializes in designing, implementing, and evaluating interventions related to organizational change; strategic planning; leadership development; educational leadership and

public policy; urban school leadership; and religiosity in an educational context. He currently serves as President/CEO of Omega Graduate School, the American Centre for Religion/Society Studies (ACRSS).

8. Meso Level – Community Consultant

The following *certified clinical sociologists* work at the community level of intervention. These sociological practitioners are embedded in their communities enabling them to continually analyze and influence social change interventions.

1. Dr. Sara Cumming focuses on community engaged research practices to collaboratively analyze, design, and implement innovative responses to social issues at the community level. The bulk of her work focuses on marginalized populations and their (lack of) access to affordable housing, food security, access to social assistance, subsidized childcare, and employment. Her interventions are focused on building inclusion and social capital.
2. Dr. Sean Dunne works in local politics as a government official. His work includes collecting and organizing data, writing grants, conducting historical research, creating public art, writing legislation, creating new positions in city government, and coordinating student work in community projects. Many of his interventions have culminated in revitalizing the midwestern city of which he is currently mayor.
3. Dr. Christa Moore focuses on interagency collaboration among rural human services organizations that provide/integrate their services to vulnerable families and children. Her work emphasizes gender and power within child welfare systems. Dr. Moore uses community-based applied research to explore the strengths and gaps of collaborative exchange with a focus on social policy implications and improving care work practices and efficacy.

9. Macro Level- International Consultant

The following *certified clinical sociologists* work at the international level of intervention. These sociological practitioners are involved

in interventions intended to address international human rights violations.

1. Dr. Jan Marie Fritz is a mediator and organizational development specialist. Much of her practice is at the macro level. She works on the UN Security Council Resolution 1325 National Action Plans, the Cities for CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) efforts and environmental justice initiatives. She particularly is interested in eliminating the policies and practices in many countries that require the mandatory retirement of older adults.
2. Dr. Yvonne Vissing is a community, organizational, and pediatric sociologist with a specialty in human rights. She works with local, national, and international groups to advance justice, equality, and social change. Her sociological interventions include working in the state court system as a Guardian ad Litem and mediator. In addition, Dr. Vissing established and directs the Center for Childhood and Youth Studies at Salem State University. Individuals and groups served by this center are homeless youth, unaccompanied youth, and children in conflict situations.

10. Conclusion

Certified clinical sociologists work in a variety of social settings at the micro, meso, and macro level of intervention. Applied and engaged public sociologists test and challenge the assumptions embedded in government, community, and organizational policies, initiatives, and demonstration projects (Lehnerer and Perlstadt 2018). They use their “evidence based” insights to influence public policy and contribute to the common good (Perlstadt 2006). Clinical sociologists focus on human rights interventions to improve life situations for individuals and groups. Clinical sociologists build trusting relationships with clients (individuals, communities, global organizations) who believe that the practitioner has the knowledge and skill to address their problems both effectively and ethically.

Certification is a process established by the Association for Applied and Clinical Sociology to validate the work of these practitioners. The intent of this article is twofold: 1) introduce the reader to the history,

process, benefits of certification and the practice work of certified clinical sociologists; and 2) activate reflection on one's action-oriented sociological practice and consider certification. Information regarding certification can be found on the Association for Applied and Clinical Sociology website: <https://www.aacsn.net/> or contact the author, Dr. Melodye Lehnerer, AACCS Certification Chair at: melodye.lehnerer@csn.edu.

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