DOCUMENT RESUME

ED 396 632 HE 029 262

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TITLE Changing the Clinical Psychology Training Curriculum for the 21st Century.
PUB DATE [96]
NOTE 19p.
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Change Strategies; *Clinical Psychology; *Curriculum Design; Degrees (Academic); Doctoral Degrees; *Doctoral Programs; Educational Change; Higher Education; Internship Programs; Models; *Professional Education; Psychotherapy; Required Courses
IDENTIFIERS *American Psychological Association

ABSTRACT

This paper proposes that the American Psychological Association establish a standard model of training for doctoral programs in clinical psychology requiring a specific number of credits, along with specific course recommendations appropriate for practice in the 21st century. This model should reflect the impact of psychology on the biological bases of behavior, require students to gain psychotherapy skills prior to test administration skills, and have internship experience occur after awarding of the Ph.D. The author recommends that the Ph.D. in clinical psychology consist of 4 years of study, encompassing 96 credit hours consisting of nine credits each in the biological bases of behavior, the cognitive-affective bases of behavior, and the social bases of behavior; and six credits in individual behavior. In the area of clinical psychology 63 credits are recommended with 12 credits for completion of a dissertation. Specific course recommendations include three credits each in research design, multivariate analysis, interviewing skills, psychotherapy systems theory, psychotherapy in a community placement, individual assessment (six credits), personality assessment (six credits), adult assessment, child assessment, psychopathology (six credits), ethics, supervision and administration of psychology services; and two supervised practica in clinical psychopharmacology. (Contains six references.) (CK)

Running head: CLINICAL CURRICULUM CHANGE

CHANGING THE CLINICAL PSYCHOLOGY TRAINING CURRICULUM FOR THE 21st CENTURY

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CHANGING THE CLINICAL PSYCHOLOGY CURRICULUM FOR THE 21st CENTURY

Approximately 25 years ago, the profession and practice of psychology entered a dramatic new era with the advent of the "professional school in psychology" and the awarding of the "*Psy.D.*" degree. Less than 15 years ago, the profession of psychology took a serious look at the possibilities of psychologists gaining admitting privileges in hospitals, which they did in some instances. Less than 10 years ago, the profession of psychology was investigating the feasibility of psychologists in prescribing psychotropic medications, and is close to making that a new practice reality. Psychology is now on the cutting edge of requiring post-doctoral "residency" programs and a revamping of the accreditation process (Custer, 1994).

We are now standing at the threshold of the "medicalization" of the profession and practice of psychology, especially in the *de facto* specialty area of clinical psychology. From all appearances, psychology is headed in the direction toward making a greater impact in the biological bases of behavior, and emphasizing such doctoral training through the auspices of APA accreditation requirements. It is now time for APA accreditation of academic programs to reflect these important changes in psychology as the 21st century approaches. The next century will call for clinical psychology to tighten and standardize its training programs, as has been done by its contemporaries in the medical profession.

To that end, the American Psychological Association will have to become a greater force in setting more uniform standards of training with respect to credit and content requirements; experiential component

requirements; and sequence of course work. There are 289 APA-approved doctoral training programs (Custer, 1994). A random survey of information provided by 15 colleges and universities offering the Ph.D. in clinical psychology (U. Vermont; U. Maine; U. Miami (Fla.); U. North Carolina; Ohio State U.; U. Illinois; U. Wisconsin— Milwaukee; U. Nebraska—Lincoln; Louisiana State U.; Texas A. & M. U.; U. Montana; U. Arizona; U.C.L.A.; Rosemead School of Psychology at Biola University; and U. Washington) indicated that the number of credits necessary to complete a doctoral degree ranged from a *low* of 54 (Univ. of Wisconsin—Milwaukee) to a *high* of 133 (Rosemead School of Psychology).

In addition, while the vast majority of doctoral programs are based upon the Boulder model of the "*scientist-practitioner*", several of the surveyed institutions were only interested in training researchers and discouraged those desiring to become practitioners from even applying for graduate admission. All the surveyed training programs require its students to take clinical core courses in addition to courses in an APA area core (history & systems; biological bases of behavior; cognitive/affective bases of behavior; social bases of behavior; and individual differences).

The purpose of this paper is to propose putting in place a standard model of training for clinical psychology requiring a specific number of credits, along with specific course recommendations appropriate for practice in the next century. In addition, the sequence of course/experiential work will require a change, as students should be gaining psychotherapy skills ***prior*** to perfecting their test administration skills (McCrea, 1992). Also, given

the changes in practice due to some HMO's not paying for services provided by psychology interns (deGroot, 1994), it may now be necessary for doctoral students to finish their dissertations and graduate with the Ph.D. ***prior*** to leaving campus for the former pre-doctoral internship (Morgan, 1993), thus eliminating many "ABD's". This model would make all internship training occur after awarding of the Ph.D., making the full-time experiential training sequence more analogous to that of our medical counterparts.

Academic Changes in Clinical Psychology Training

The field of clinical psychology has evolved over the previous quarter-century. The profession is heading toward prescription privileges and is conducting more relevant research now than in any other period of its existence. However, changes in curriculum have often not kept pace with the tasks clinical psychologists have either elected to undertake, or have had thrust upon them. Changes in curriculum are vital for clinical psychology as we approach the next century.

One area needing immediate attention is the number of graduate credits necessary in order to be awarded a Ph.D. in clinical psychology. In a random survey of 15 colleges and universities mentioned earlier, and offering the Ph.D. in clinical psychology, the number of graduate credits required to graduate ranged from a low of 54 to a high of 133. Clearly, the number of credits must be standardized so that training at one institution can be quickly equated/identified with training from another. It is recommended that the Ph.D. in clinical psychology should consist of *four* years of study, rather than the current five years, encompassing a total of 96

credit hours, in which 12 credit hours is allocated to the completion of a doctoral dissertation. There would be an additional two years of experiential work in a post-doctoral setting, consisting of a clinical internship and a clinical residency, neither of which is done at the institution granting one's doctorate.

The most recent American Psychological Association *Criteria for Accreditation of Doctoral Training Programs and Internships in Professional Psychology* dating back to 1979 (APA, 1986) lists no specific number of credits. However, APA criteria indicate that students demonstrate competence in four content areas: biological bases of behavior; cognitive-affective bases of behavior; social bases of behavior; and individual behavior. In addition, most training programs cover five core areas of clinical psychology: assessment; interviewing; psychotherapy; ethics; and community psychology.

With those requirements in mind, and despite upcoming changes in APA's accreditation process (Custer, 1994), the following curriculum is recommended after reviewing and synthesizing the information obtained from the 15 clinical psychology programs surveyed. This will lead to a new training model for the scientist-practitioners of the next century. In the biological bases of behavior, 9 credits are recommended, consisting of physiological psychology; neuro-psychology; and clinical psycho-pharmacology. In the cognitive-affective bases of behavior, 9 credits are recommended, consisting of learning theories; cognition; and motivation. In the social bases of behavior, 9 credits are recommended, consisting of cultural/ethnic and gender theory; organizational systems; and family

systems theory. In the individual behavior area, 6 credits are recommended, consisting of personality theory and human development. Completion of these 33 credits would lead to a minor in "Psychobiology".

With respect to clinical psychology areas, 63 credits are recommended, with 12 credits for completion of a dissertation. Specific course recommendations are all 3 credit offerings: research design; multivariate analysis; interviewing skills; psychotherapy systems theory; psychotherapy in a community placement; individual assessment I and II; personality assessment I and II; adult assessment; child assessment; psychopathology I and II; ethics; supervision and administration of psychology services; and two supervised practica in clinical psychopharmacology.

Four years of study is recommended so all course work requirements are completed, including the dissertation, prior to entering the internship setting. It is recommended that upon completion of the dissertation, the Ph.D. be awarded. All experiential work of an internship nature should occur in the post-doctoral phase of training, similar to that in the field of medicine. APA and the training institutions would have to back such a radical change in the experiential component of training. However, if clinical internships are to be available to those seeking them, service by interns will have to become reimbursable to the internship sites. If this change is backed, there would be a post-doctoral clinical internship of one year, followed by a post-doctoral clinical residency of one year. During this time, new Ph.D.'s would be better able to develop an area of specialized competency.

This model might also address and eliminate Morgan's (1993) concerns

about the "ABD" (All-But-Dissertation) practitioners, as there would no longer be any reason for a candidate not to finish a dissertation project. Although this training model does not allow for electives, the biological/ pharmacological direction that clinical psychology is heading in the next century is such that greater homogeneity in training is needed in order to silence our critics in the medical profession.

Changes for the Clinical Internship Program

It appears managed health care will influence the provision of services by mental health providers in this country. Current and future psychologists need to be prepared for this and address the impact managed health care will have on clinical psychology training curricula and internships. It has already become difficult for psychologists to justify the necessity of psychological testing to payors of managed care organizations (Sleek, 1994). Sleek (1994) reported that managed care organizations often believe that psychologists misuse psychological tests and cannot show their efficacy in terms of diagnosis. As a result, managed care will force psychologists to produce evidence that the use of psychological tests is beneficial for treatment. Yet, a great deal of time is spent in doctoral training programs learning about psychodiagnostic testing and putting that learning to use in community placement settings for credit.

In addition, managed care organizations are becoming more restrictive in the types of service and providers they will reimburse. For example, many managed care organizations have made it a policy only to reimburse for services provided by a licensed psychologist. As more managed care organizations institute this type of policy, it will create a large problem for

clinical psychology internship sites that depend upon third-party payers. This policy will likely have a major effect upon the pre-doctoral internship site. These sites may not be able to provide clients for their clinical psychology interns, or justify the cost of internship funding (deGroot, 1994). Thus, an already limited number of clinical psychology internship sites is likely to decrease in the future unless the experiential component of clinical psychology training is changed.

One potential solution involves changing the process of graduate training to allowing students to receive the Ph.D. *before* they go on internship. This would make the sequence of the experiential component similar to that taken by new medical school graduates, as the new graduates are "professionally *titled*", making their exclusion from reimbursement more difficult for a managed care organization to justify. It would also decrease the amount of time students need in order to graduate from their respective programs, while saving the experiential component as an entirely post-doctoral experience.

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