Accelerating the Rate of Progress in Reducing Mental Health Burdens: Recommendations for Training the Next Generation of Clinical Psychologists

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This presentation is based on a paper published in 2021
based on several years of work by a large group of
co-authors listed on the next slide

Co-Authors

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Caveats

- Don’t blame any of the paper’s co-authors for anything I say today
- I know remarkably little about clinical *health* psychology

What Did We Actually Propose (Common Misunderstandings of our Proposal)

- Alleged that our proposal is intended to privilege science/research over practice and/or PhD over PsyD
- Actually:
  - “Our proposal is not intended to privilege or to expand traditional research or practice. To the extent that our proposal is enacted and leads to greater flexibility and creativity, we expect it to benefit training in research *and* practice”
  - “Our proposal is intended to be equally applicable to Ph.D. and Psy.D. training programs”

What Did We Actually Propose (Common Misunderstandings of our Proposal)

- Alleged that our proposal is prescriptive
- Actually:
  - “Our proposal is intended to encourage flexibility for both training programs and students”

What Did We Actually Propose (Common Misunderstandings of our Proposal)

- Alleged that our proposal will force all programs to change
- Actually:
  - The only change that would affect all programs is that internship would become postdoctoral
  - If enacted, our proposal would lead to few, if any, changes in the training of clinical psychologists whose careers would focus on direct client care

Many (most?) clinical psychologists want things to continue as they are, but …

- The field will change whether we like it or not
- Changes that have already occurred since we wrote the paper:
  - Telehealth has grown exponentially (since COVID)
  - AI
  - Growth of apps
  - Digital phenotyping combined with AI is on the horizon
- Do we want to lead or follow?

Training for What?

What is the Mission of our Field?

Possibilities

- Promote wellness
- Reduce the burden of mental health conditions
- Help those who come to us
- Population level

Burden of Mental Health Conditions

- Rates of mental disorders have not declined
- Deaths from suicide increased 30% from 2000 to 2016, especially among adolescent girls
- Mental health problems have only increased since COVID

Our Conclusions

- “The status quo has not—and cannot—be expected to significantly reduce mental health burdens”
- “The changes that are most likely to enable clinical psychology to make significant progress reducing mental health burdens will require a marked increase in the proportion of clinical psychologists who engage in professional activities other than direct client care and traditional research”

Examples of Alternatives to Direct Client Care

- Directing clinics, programs, and agencies
- Spervising (both other professionals and paraprofessionals)
- Consulting
- Developing and evaluating public policy
- Developing and evaluating new programs
- Implementing and disseminating programs/interventions
- Generating new knowledge by conducting research
- Disseminating knowledge to students/trainees, other professionals, and the general public
- Developing, implementing, and evaluating mobile and digital mental health interventions

Examples of Non-Traditional Research Questions

- Someone working in a public health department could conduct research to generate and refine an algorithm for determining allocation of different levels of care
- Someone in a leadership position in a healthcare system may collect and analyze data as part of a quality improvement project for a new system-wide initiative
- Someone working for a local school district or municipal park system could conduct research to determine the level of interest in alternative prevention programs

Our Conclusions

- “What we believe is particularly needed, not just by clinical psychologists but by the health care system more broadly, is a shift from a primarily disease management approach to one of health promotion”
- “To significantly reduce the burden of mental health conditions, it will be necessary to both move beyond the current dominant model of delivering psychosocial interventions one-to-one in traditional clinical settings and to increase attention to prevention”

What Do We Currently Train Clinical Psychologist To Do?

- Primarily direct client care
  - implementing psychological assessments and interventions with clients

Modifying Doctoral-Level Training: The Most Significant Constraint

- Currently, *all* doctoral and internship programs in clinical psychology in the United States are designed to prepare students for entry level clinical practice
  - "clinical practice" has come to refer to the direct delivery of services, most often in the form of psychotherapy and psychological evaluation

Our Proposal

- “We argue that not every clinical psychology training program needs to prepare all—or even any—students for careers that predominantly focus on direct client care. Instead, we propose that the field embrace a plurality of training models, including new and innovative models”
- “To accomplish this, programs will need the latitude to prepare students for myriad careers and to engage in a wide range of activities”

Our Proposal

- Divide doctoral training into two phases, each of which would take approximately 2-3 years to complete
  - Foundational Knowledge and Competency Phase
  - Focused Competency Phase
- All training not provided by doctoral programs would be postdoctoral (i.e., there will be no predoctoral internship)

Foundational Knowledge and Competency Phase

- Will enable programs to continue providing an integrated training period during which the curriculum covers both the foundational competency/knowledge components and hands-on training in direct service delivery

Foundational Knowledge and Competency Phase

- Basic coverage of domains such as psychopathology, assessment, intervention, and ethics
- Provide a foundational level of competency in delivering science-based methods for diagnosing mental disorders, identifying transdiagnostic markers of vulnerability and dysfunction, case conceptualization, treatment planning, transdiagnostic prevention and intervention strategies, and outcome monitoring for highly prevalent problem areas

Focused Competency Phase

- Students obtain more specific and individualized training consistent with the professional roles they wish to pursue as doctoral level clinical psychologists
- For some students, the focused training will be in some area(s) of direct client care (akin to the current norms)
- For other students, focused training need not include any direct client care

Post-Doctoral

- Making internships and other full-time, year-long training experiences postdoctoral would provide students the maximum flexibility in curating a training program that is aligned with their goals and interests.
- Providing doctoral programs with complete control over the training of their students prior to graduation would facilitate innovations in graduate training

Post-Doctoral

- Many, if not most, students (necessarily including, but not necessarily limited to, those whose careers will focus on direct doctoral-level client care) will pursue full-time postdoctoral training experiences such as those currently offered by members of the Association of Psychology Postdoctoral and Internship Centers (APPIC)

Post-Doctoral

- Other students will pursue postdoctoral training experiences that focus on different approaches for having a public health impact (e.g., influencing policy)

Why We’re Stuck

“Food and Nutrition” Training Program Analogy

What Makes A Clinical Psychologist?

- Anyone who has obtained foundational knowledge and competency in clinical psychology, along with advanced training in the application of psychological principles, should be considered a clinical psychologist, assuming their professional activities focus on the application of that knowledge to promote well-being and reduce mental health burdens