

Psychology: Clinicians Seek Professional Autonomy

The role of the psychologist in the provision of health services has long been a source of debate within psychology and of confusion without. Since psychologists are into everything from brain physiology to market research to nude encounter groups, it is difficult to ascertain at just what point a psychologist becomes an agent of mental health.

Now that national health insurance seems to be coming down the pike,* the issue has become particularly urgent for clinical psychologists—that is, people who hold Ph.D.'s in clinical or counseling psychology and are engaged in diagnosis, evaluation, and treatment of mental disorders, either privately or in institutional settings. They are anxious to establish their legitimacy as an autonomous profession so that when the jumbled pieces of the current health scene finally form a coherent pattern, they won't find themselves out in the cold—which is to say, subordinate to the medical profession.

Clinical psychologists have made considerable progress in gaining formal recognition for their services since training programs began for them in 1947. Almost all states now have licensing or certification laws for professional psychologists. They are increasingly becoming accepted as staff members of hospitals. In the past 5 years, many insurance carriers have expanded their policies to cover outpatient psychotherapy. Therapy is making its way into Medicare and Medicaid. One of the most significant developments for clinical psychologists is the fact that 13 states have now passed "freedom of choice" laws. Freedom of choice means that, if a health insurance plan covers outpatient mental health services, it is not allowed to require that a psychologist be referred and supervised by a physician.

Clinical psychologists regard freedom of choice as absolutely crucial to the future of their profession. For, they say, they will never achieve their right-

ful status, parity with physicians, as long as insurance plans treat them as auxiliary medical personnel.

Much energy is now being focused on a lawsuit brought by psychologists against the U.S. Civil Service Commission and Blue Cross-Blue Shield in the District of Columbia. The "Blues," as they are called, have a contract with the federal government to provide health services to 60 percent of all federal employees. The contract covers outpatient care by licensed psychologists, but it requires referral by a physician (not necessarily a psychiatrist) and periodic supervision of the treatment by the physician.

The suit against the Blues was officially brought last month by the Council for the Advancement of the Psychological Professions and Sciences (CAPPS), an independent political action group set up in 1971 by members of the American Psychological Association (APA) who felt that the APA was being very sluggish in looking after their interests. CAPPS claims that the Blues policy constitutes restraint of trade under federal antitrust laws. They say the referral requirement is utterly meaningless because physicians do not necessarily know anything about psychology, and it is disparaging to the profession to be placed in a subordinate position to another profession. They also say unnecessary physician visits needlessly raise costs and interfere with the patient's freedom of access to the "health provider" of his choosing.

Blues are Balky

The attitude of the Blues, which were set up by physicians and have always been dominated by them, is that they are a medical outfit, and any service they provide must be supervised by medical people. "We do not expect to pay for . . . professional services, however competent or helpful, that do not either constitute or assist in the practice of medicine," say the Blues. They also say costs would go out of control if patients were allowed direct access to psychologists. They point out that Aetna Life and Casualty, the government's second-largest insurance carrier,

experienced a 71 percent increase in payments to psychologists when it voluntarily (with urging from the APA) dropped its referral requirement in 1971. CAPPS counters by pointing out that about 16,000 employees defected from the Blues to Aetna when their new policy went into effect and that Aetna has lowered its premiums since then.

At any rate, clinical psychologists regard the Blues suit as an historic move that will set precedents for state freedom of choice laws, insurance companies, and ultimately influence the framers of National Health Insurance.

The formation of CAPPS and the pending suit have highlighted the dissatisfaction many clinical psychologists have felt with the APA. The 35,000-member APA was originally formed by the scientific and academic (or non-applied) end of the psychology spectrum. Over the past 25 years, the APA has become something of a "tripolar" organization, as its executive director Kenneth B. Little puts it, composed of the hard scientists and educators, the social activists (made up of social psychologists and others interested in public policy), and the professionals. Broadly defined, this last group includes service providers such as educational testers, statisticians, industrial psychologists, and school psychologists, as well as the clinical and counseling psychologists. But the researcher-academician types have continued to dominate APA's executive board.

CAPPS has been trying for some time to get the APA to join as co-plaintiff in the Blues suit, but last spring the APA board voted to stay out. The decision was surrounded by considerable friction and thinly veiled acrimony between the leadership of the two organizations. The APA's stated reasons for staying out were that, although they believed the cause was just, they weren't convinced that the case would stand up in court and, further, that their lawyers had told them they might be stuck with part of the tab. They feared that, if the suit were lost, it would set a damaging precedent for future freedom of choice laws. Mainly, there was reluctance to throw the whole weight of the APA behind a cause that might antagonize large portions of the membership. Rogers Wright, a California clinician who almost single-handedly founded CAPPS, has characterized these rationales as typical of the chicken-hearted approach of the APA to anything controversial.

* There are a half-dozen major bills under consideration in the House and Senate; the House Ways and Means Committee will hold hearings in October, the Senate Finance Committee has not scheduled any yet.

In a letter to APA president Leona Tyler, the fiery-tongued Wright said "your letter [explaining the board's reasons for staying out] has got to be the biggest attempt at a cover-up since another White House in Washington found itself in difficulty." CAPPS has been particularly annoyed at APA's worries about financial liability, since CAPPS has said it would assume all financial obligations. CAPPS is apparently prepared to do so: in two mailings to 35,000 psychologists, the group received an impressive 7,000 contributions totaling \$90,000 (CAPPS's lawyer Joe Nellis has estimated the cost of the suit at \$100,000).

Many feared a divisive and bloody battle at the APA's annual meeting in Montreal last month, where the council of representatives (made up of representatives from state psychological associations and the APA's 31 divisions) was scheduled to vote on whether or not they wanted APA to join the suit. There was surprise and some relief when a CAPPS member, sensing carnage and ultimate defeat, moved to table the motion. So CAPPS has now taken the stance of thumbing its nose at the APA governance and is moving

into the courts, confident of victory.

The fact is that CAPPS, despite its devoted constituency, could not have won over the council. The scientist types, on the one hand, take the attitude expressed by one board member: "They [the professionals] have a good case and a reasonable chance to win. But they shouldn't drag in the whole organization." As for the social activist people (represented by the division called the Society for the Psychological Study of Social Issues, or SPSSI), the feeling seems to be that the grounds for the suit are too narrow and self-serving and that its success would not enhance access to treatment for really needy groups such as the poor and aged, the retarded, and alcoholics and drug addicts. One critic said the suit boils down to "Who's going to take care of the middle-class neurotics." There is also the fear that Ph.D. clinicians are moving toward adopting some of the less admirable characteristics of the American Medical Association: elitism, resistance to change, and an over-zealous regard for their own interests, possibly at the expense of those of the public.

The argument that competent, quali-

fied psychologists should be recognized as professionals free from the yoke of physicians is eminently reasonable. But to be recognized as such, psychologists have to make it clear who they are and who they aren't. This means that a good many competent health providers who don't hold Ph.D.'s will have to be thrown out of the boat—that is, they must be subordinated to the Ph.D.'s. The professionals are sorry about this, but they see no other way of gaining proper recognition for the health-providing sector of psychology.

The professionals in the APA are engaged in two other projects whose objectives are consistent with, but wholly separate from, the CAPPS suit. One, a project devised by the American Board of Professional Psychologists, is the development of a National Registry of Health Services Providers in Psychology, which would list all the licensed or certified psychologists in the country regarded as qualified clinical or counseling psychologists. (An estimated number is 16,000; about 4,000 of these are full-time clinicians, the rest are clinically trained but operate in that capacity only part of the time.)

The "health provider" definition is

Council of U.S. Academy of Sciences Expresses Concern

National Academy of Sciences (NAS) president Philip Handler has made public a cable to his opposite number in the Soviet Union expressing the "deep concern" of the NAS Council for the welfare of dissenting Soviet physicist Andrei Sakharov and warning that, if further measures were taken against Sakharov, "it would be extremely difficult to imagine successful fulfillment of American pledges of binational scientific cooperation. . . ." Handler's message is the strongest public expression to date of NAS concern over treatment of Soviet scientists and other intellectuals (Science, 6 April). The cable, addressed to M. V. Keldysh, president of the Soviet Academy of Sciences, is given in full below.

This will convey to the Academy of Sciences of the U.S.S.R. the deep concern of the Council of the National Academy of Sciences of the U.S.A. for the welfare of our foreign associate member Andrei Sakharov.

We have warmly supported the growing détente being established by our respective governments. We have done so in the belief that such a course would bring significant social and economic benefits to our peoples and generate opportunity for alleviation of that division of mankind which threatens its destruction by nuclear holocaust. We were heartened by the fact that the various agreements signed by our political leaders in Moscow

in 1972 and in Washington in 1973 gave so prominent a role to cooperation in scientific endeavors. We joyfully extended those intergovernmental agreements by the signature in 1972 and again in 1973 of protocols pledging the mutual cooperation of our respective academies in specific appropriate scientific areas.

Implicit in this prominence of scientific cooperation in our recent binational agreements was: (i) the recognition that science, itself, knows no national boundaries; (ii) the awareness that the world scientific community shares a common ethic, a common value system and, hence, is international; (iii) appreciation that mankind, the world over, derives deep satisfaction from our ever more profound understanding of the nature of man and the universe in which he finds himself. So true and important are these relationships that the national scientific communities of the world also share heroes; witness the rosters of foreign members of academies of science, including yours and ours.

But neither your country nor ours sustains its large scientific enterprise "for science's own sake." We also share a faith in the continuing truth of the historically demonstrated fact that the wise, humane application of scientific understanding constitutes the most powerful means available to our societies to improve the condition of man.

Unhappily, as Sakharov and others have noted, appli-

important: most states have laws governing the practice of applied psychology, which means interviewing, counseling, educational and vocational testing, public opinion testing, personnel work, market research, and therapy. Almost all the 47 states with licensing laws require practitioners to have Ph.D.'s. But they do not license or certify psychologists according to specialty. Thus, an industrial psychologist or an educational tester can hang out a shingle and moonlight as a psychotherapist. Members of APA maintain that such abuses are very rare because the association's code of ethics prohibits psychologists from practicing outside their specialties. But they realize that insurance companies and government agencies, as well as the public, need more solid reassurance. The suggested standards for the registry would require continuing education of psychologists listed, and the authors believe that the registry would be a good selling point on Capitol Hill (in the health insurance issue) and tremendously helpful for insurance companies.

The APA is also setting up state review panels, to be supported by state

psychological associations, which would be similar to the federally mandated Professional Standards Review Organizations (made up of doctors to arbitrate on services and fees covered by Medicare and Medicaid). The APA's Professional Standards Review Committees, to be made up of consumers as well as psychologists, would advise insurance companies and government agencies on appropriate services and fees and would arbitrate disputed claims. They would also advise on exotic matters such as whether Masters and Johnson-type therapies deserve reimbursement.

In addition to demonstrating how responsible they are, clinical psychologists are also trying to show how worthwhile they are—by collecting hard data which demonstrate that the inclusion of outpatient therapy in any health delivery system dramatically reduces the use of medical services, including drugs, hospitalization (psychiatric or otherwise), and surgery.

Unfortunately, hard-nosed cost-benefit studies on the benefits of including outpatient therapy in a health plan are rare. And since the studies are all made of circumscribed populations, there is

no sure indication of benefits on a national scale.

The most striking example of the benefits of short-term therapy comes from Kennecott Copper Company. The study showed a 55 percent decrease in medical, surgical, and health services for people who entered therapy as part of the company's highly touted "Insight" program. Furthermore, there was a significant reduction in absenteeism and in such intangibles as interpersonal friction on the job. The Kaiser-Permanente prepaid health plan in California and the San Joaquin Foundation for Medical Care have reported similar results. These studies would seem to confirm a statistic that is well known by both physicians and psychologists: well over half of all visits to physicians are for psychological problems.

While it is obvious that mental health services should be part of any health system, it is not as obvious that psychologists in private practice are essential, which brings us back to one of the collateral issues raised by the CAPPS suit. The services provided by psychologists and physicians should be integrated, even though psychology deserves recognition as a health pro-

to Soviet Counterparts over Sakharov Harrassment

cation of scientific understanding has also generated the means for deliberate annihilation of human beings on an unprecedented scale. The industrialization process made possible by science can, if unregulated, occasion unwitting damage to man and the flora and fauna with which we share the planet. Indeed, by reducing death rates more successfully than increasing agricultural productivity, application of science may even have created the possibility of malnutrition on a huge scale.

If the benefits of science are to be realized, if the dangers now recognized are to be averted, and if the full life which can be made possible by science is to be worth living, then, in the words of academician Sakharov, "Intellectual freedom is essential to human society—freedom to obtain and distribute information, freedom for open-minded and unfearing debate, and freedom from pressure by officialdom and prejudice." Scientists will recognize this description of a vital, functioning society as a restatement of the ethos of science itself. Violation of that ethos during the period of Lysenkoism deprived the Soviet Union and the world of the full potential of the scientific genius of the Russian people.

Accordingly, it is with great dismay that we have learned of the heightening campaign of condemnation of Sakharov for having expressed, in a spirit of free scholarly inquiry, social and political views which derive from

his scientific understanding. Moreover, it was with consternation and a sense of shame that we learned of the expression of censure of Sakharov's contributions to the cause of continuing human progress that was signed by 40 members of your academy including five of our foreign associate members. This attack revives memories of the failure of our own scientific community to protect the late J. R. Oppenheimer from political attack. The case of Andrei Sakharov, however, is far more painful for the fact that some of our Soviet colleagues and fellow scientists are among the principal attackers when one of the scientific community courageously defends the application of the scientific ethos to human affairs. Were Sakharov to be deprived of his opportunity to serve the Soviet people and humanity, it would be extremely difficult to imagine successful fulfillment of American pledges of binational scientific cooperation, the implementation of which is entirely dependent upon the voluntary effort and goodwill of our individual scientists and scientific institutions. It would be calamitous indeed if the spirit of détente were to be damaged by any further action taken against this gifted physicist who has contributed so much to the military security of the Soviet people and who now offers his wisdom and insights to that people and to the entire world in the interest of a better tomorrow for all mankind.

fession distinct from medicine. On the other hand, many observers say that, as long as health delivery is ruled by physicians, psychologists who call themselves health providers will be locked into the much-criticized "medical model," whose guiding tenet is the treatment of disease rather than the amelioration of circumstances that foster it.

Because of all these ambivalences, people involved in community mental health centers can't decide what to think about the CAPPS suit. Jonas Morris, executive director of the Council on Community Mental Health Centers, says he likes the idea because he would support any action that would make insurance dollars available for mental health services by providers other than physicians. He fears, however, that reimbursement for the services of private practitioners will encourage their proliferation and manpower will be drained out of the centers. This means the middle class would

all go into private therapy and leave the centers to the poor, a development that would inevitably result in a deterioration of services and reinforce the perennial segregation of the poor from everyone else. The proliferation of private practice would also raise overall health costs, since charges for treatment are higher in the private sector.

Therapy as Social Service

There are quite a few people who believe psychology doesn't even belong in the realm of health (or health insurance). These people believe in the "human services integration" model, where health, mental health, welfare, job and legal counseling, vocational rehabilitation, and so forth are all combined in a single agency. These people believe that the causes of mental disorder are external—poverty, discrimination, drugs—and that if a middle-class person wants to get rid of his neuroses and become "self-actualized," he can pay for it out of his own pocket.

These people have serious doubts about the value of "professional" therapy. Writes one psychiatrist from the National Institute of Mental Health: "Study after study has failed to demonstrate a significant outcome difference in psychotherapy as practiced by psychologists, social workers, psychiatrists, 'nonprofessional' counselors and even parents."

Most professionals emphatically reject this antiprofessional view. But the opinion is shared to a large extent by no less a figure than the prestigious George Albee of the University of Vermont, a past president of APA. And Carl Rogers, a towering figure in the development of psychotherapy over the past 30 years, has decided credentials don't really mean anything.

Nonetheless, a doughty band of clinical psychologists is pressing for recognition as a full-fledged and distinct profession, realizing that, if they don't decide who they are, someone else will.—CONSTANCE HOLDEN

The Health of U.S. Science: NSB Says the Prognosis Is Guarded

To researchers who have had to make do with the constricted federal budgets of the past 5 years, it will doubtless come as no surprise to learn that American science, if not quite gone to seed, has passed the peak of its bloom. But has the nation's capacity to do research—the best research—significantly diminished? And if so, by what quantitative measures? Has all that anguish in academe been founded on real, or on mostly anticipated, losses of support? And how seriously has inflation undermined the small but regular increases in federal R & D money?

The answers to such questions, for the most part, have been fragmentary and more qualitative than numerical. A new report* from the National Science Board, however, takes a noteworthy step toward rectifying these deficiencies. In a 145-page analysis of

the "state of the science enterprise," released by the White House on 5 September, the NSB provides a wealth of vital statistics from the period of 1965–72, as well as some graphic vindication of fears that the nation's R & D enterprise has been allowed, in the current phrase, to twist slowly in the wind. In any case, the report of the NSB—the policy-making directorate of the National Science Foundation—makes for an interesting contrast with the more charitable diagnoses of the health of science which the White House publishes annually in its budget documents.

The gist of the report is that American science and technology maintain a position of dominant but perceptibly deteriorating world leadership. The NSB cautiously suggests that signs of declining vitality may be reflected in what appears to be the slowly diminishing ability of U.S. manufacturers to compete with Western European and

Japanese industry, both in low- and high-technology markets.

Apart from these generalities, the NSB attaches rather few interpretations to the report's mass of statistics, in part because it regards the report as the first word, not the last, in a long-term effort to develop reliable measures of the health of science. In 1968 Congress assigned the NSB the duty of producing an annual "state of science" report, but the board's four previous annual reports dealt mainly with narrow segments, such as graduate education or the environmental sciences. Now the board (or more accurately, the NSF staff that assembled the report for the board) has set out to develop what the report's introduction terms "a system of indicators for describing the state of the entire scientific endeavor." Such a system, the report's introduction says, should ultimately provide an "early warning of events and trends that might reduce the capacity of science—and subsequently technology—to meet the needs of the nation."

Following are summaries of the report's major sections.

International standing. The United States still produces a larger share of the world's scientific and technical literature than any other nation; as one measure of the quality of this work, American researchers enjoy the highest

* National Science Board, *Science Indicators 1972* (Stock No. 3800-00146, Government Printing Office, Washington, D.C., 1973), \$3.35.