Professional Psychologists Seek to Change Roles and Rules in the Field

New Schools of Professional Psychology Are Training Practitioners

Schools of professional psychology, a phenomenon of the 1970's, are becoming a major new source of professional manpower in the mental health care field. The new schools are both a product of differences within organized psychology and a further cause of tension.

A national organization of the new schools* now has eight full members, denoting recognition by regional accrediting agencies. The number could reach 25 or more in a few years if circumstances are favorable, which means primarily if the federal government lends support.

The purpose of the new professional schools is to train psychologists at the doctoral level as practitioners. Traditionally, psychologists training to practice have done graduate work in university departments of psychology, usually in clinical psychology programs. Some of the new schools are freestanding and others are attached to universities; the latter operate, by and large, independent of academic departments of psychology. Although some of the schools continue to award the Ph.D., the new schools increasingly are awarding a doctor of psychology (Psy.D.) degree, which implies professional training and is intended to be analogous to the M.D. and D.D.S.

Growth of the schools has exacerbated the division between professional psychologists and research-oriented psychologists in university departments. The conflict has inevitably been reflected in the American Psychological Association, the 46,000-member national organization of psychologists in all specialties. Only in the last few years have practitioners come to outnumber academics in the APA and begun to exert the influence on policy which academic psychologists wielded for many years. Differences over issues of education and licensing

*The National Council of Professional Schools is 2 years old. Schools that are full members are at the following institutions: Adelphi University, Garden City, N.Y.; California School of Professional Psychology campuses at Berkeley, Fresno, Los Angeles, and San Diego; Fuller Theological Seminary, Pasadena, Calif.; Rosemead Graduate School of Professional Psychology, La Miranda, Calif.; and Rutgers, the State University, New Brunswick, N.J. The council currently has 16 other schools as associate or affiliate members. are so strong that some observers predict schism in the organization.

As is the case with so many American social phenomena, California was the place where the professional school movement reached the takeoff point. Although the professional school movement was national in scope, it seems to have gained flying speed with the founding of the California School of Professional Psychology (CSPP) at the end of the 1960's. CSPP, which styles itself as the nation's first autonomous graduate school of professional psychology, opened campuses in San Francisco and Los Angeles in 1970 and others in San Diego in 1972 and Fresno in 1973. CSPP owed its establishment to the initiative of the state psychological association, and the start-up of each campus was made financially feasible by local practitioners doing voluntary service as faculty.

California is also the home of a num-

This tension has a long history, but it has increased as the activities of professionals have steadily broadened. Until World War II, clinical psychologists were, for the most part, limited to psychological testing and to educational and employment counseling. During the war, in addition to doing psychodiagnostics, psychologists were employed by the military in treating combat neurosis and other psychological problems. As a result, the Veterans Administration after the war supported the training of clinical psychologists and employed graduates in VA hospitals as therapists. When the National Institute of Mental Health in its own way followed suit, offering stipends for training in addition to support for research, university departments of psychology hastened to set up clinical psychology programs.

A long debate over how clinical psychologists should be trained ensued. The

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ber of new institutions granting degrees in psychology which more restrained observers refer to as "fringe schools" and others characterize as oddball. State laws make it relatively easy to establish institutions with degree-granting authority, and permission for a school to grant degrees carries with it the right for graduates to take licensing examinations. Therefore, California and a few other states with "soft" regulations-notably Illinois and Florida-are host to a proliferating number of heterodox schools that are causing concern both in the profession and among public officials responsible for credentials and licensing. These freestyle Ph.D. programs are adding to the tension between professionals and academics.

dominant opinion was that clinical psychologists should be scholars first and practitioners second. This attitude was grounded in the not untenable view that psychology at the time had very little to apply as a clinical discipline and that emphasis should be on research training and the expansion of knowledge in the field.

In the years that followed, the emphasis on science increased and on practice decreased in most departments of psychology. There were practical problems, such as the difficulties experienced by departments lodged in arts and science faculties in providing students with access to patients. But most important, the incentives and rewards for faculty in those years lay in doing research and training students in their own image as academics. And there were plenty of faculty and research jobs available in the expanding universities.

A chronic cause of friction within the departments was that students engaged in training as clinical psychologists were, in general, not really interested in research. Academic psychologists tended to be unsympathetic with students who wished to become practitioners and students often saw their mentors as wrapped up in narrow, academic interests that were sterile as far as the students were concerned. The result was that clinical psychologists trained in this period made neither good researchers nor very competent practitioners.

A series of efforts was made during the 1950's and 1960's to reconcile the demands of science and service. Perhaps the most influential was a conference in Boulder, Colo., in 1949 which produced the so-called "Boulder model" for training clinical psychologists. The idea was to produce a scientist-professional who would be trained to be a scholar first and professional second. The Boulder model was widely accepted, but it inevitably became psychology's Missouri Compromise.

By the mid-1960's the pressure to emphasize professional training was having its effect. A conference in Chicago in 1965 considered a proposal for a twotrack program to continue scholarly training but to gear that training more specifically to the needs of practitioners. The conferees, among whom academics still dominated, rejected the proposal. Their rationale for rejection was pegged on the concern that under such a program the profession stood to lose its science base.

The conference did, however, sanction an experimental professional program at the University of Illinois. The program, attached to the department of psychology, offered a Psy.D. degree. It took its first student in 1969. The next year, CSPP launched its freestanding school. This was followed shortly by establishment of professional programs at Hahnemann Medical School in Philadelphia and Baylor University. Adlephi University on Long Island, which had operated a clinical psychology program in its Institute of Advanced Psychological Studies, in 1971 made the institute officially a professional school.

As the momentum for professional schools increased, so did debate about the proper "model" for the schools. There is concern that the freestanding schools lack adequate libraries and other support services and are too isolated from other relevant disciplines. Exclusive dependence on student fees by such schools is also thought to be an undesirable method of financing. Reliance on part-time faculty was also questioned, but advocates of the freestanding schools argue that the use of practitioners as faculty is precisely what should distinguish the professional schools.

In some states, education officials have set requirements which, in effect, rule out the establishment of freestanding schools. For example, in New Jersey, where professional psychologists were well along in planning a school, the commissioner of higher education imof behavioral psychology. Psychologists can now do a number of things effectively in treating neurotic disorders, particularly in respect to phobias and compulsive behavior. And even before Masters and Johnson, behavior therapists were having substantial success in dealing with sexual dysfunction.

Psychologists working with children have made progress in the management of autistic children and the mentally retarded. Treatment of bed-wetting, hyperactivity, and disruptive classroom behavior in children has also shown good results. And with adults, stress-reduc-



posed terms requiring that it be affiliated with either the state medical school or university. The upshot was the establishment of the School of Applied & Professional Psychology at Rutgers. The school has comparatively comfortable relations with both the medical school and the university department of psychology. It offers a Ph.D. degree in clinical psychology, a Psy.D. in school psychology, and a Psy.D. in clinical psychology. The Psy.D. course in clinical psychology is the first such program to win provisional accreditation from the APA. The Rutgers school is seen by many psychologists as the dominant model for future professional schools, since the university connection is regarded as necessary if substantial support from the federal government is to be forthcoming.

In 1973, a conference at Vail, Colorado, decided that psychology had progressed to a point where explicitly professional programs could be viable. What the Vail conference produced was less a manifesto for change than a ratification of what had already occurred.

Today, the content of clinical psychology has been significantly amplified by an explosion in the application tion methods have proved helpful in relieving anger, tension, and anxiety.

Psychologists, in other words, have been applying knowledge in their field to an increasing number of problems. While they still have much to be modest about, there is a body of knowledge and technique much broader than that available to practitioners even a decade ago. As a result, the number of psychologists in professional settings has grown rapidly.

The growing strength of the professionals within APA, of course, reflects these increasing numbers. But the ascendancy of the professionals is also bolstered by the availability of jobs for psychologists with clinical training at a time when the academic marketplace is a disaster area. The result, not surprisingly, is that competition is intense for places in programs leading to professional qualifications in both academic departments and the new professional schools. University departments are finding that applicants for clinical programs offer much higher graduate record exam scores and general evidence of ability than candidates for graduate work in other specialties.

Within the APA, the shift in the balance of power has been symbolized by



on Rutgers Busch Campus houses Graduate School of Applied and Professional Psychology.

Psychology building

the election of professional psychologists in two of the last three presidential elections. The APA "tipped" to the professionals when Theodore Blau, a private practitioner from Florida, was elected to be president in 1977. Selected to take over the presidency after the organization's annual meeting this month is Nicholas Cummings, a Californian who was a founder of the CSPP and headed it during its early years. In between, the APA's president was Brewster Smith, a social psychologist from the University of California, Santa Cruz.

The current friction in the APA is attributed by some to dudgeon on the part of the old guard at being displaced. But allowing for some sour grapes, the organization is grappling with several genuinely difficult and divisive issues.

Psychology has become a major mental health care profession in which practitioners are not now required to go through a rigorously prescribed regime of training and credentialing. Since 1977, all the states have had laws for licensing psychologists, but these are much less demanding than those governing permission to practice for physicians and dentists, for example.

There is a strong move within psychology to create a national commission that would set criteria for graduate programs in psychology and approve such programs. This commission would operate in ways similar to the groups with authority over medical and dental education. The proposal for a commission is on the agenda of the APA's board, but the board appears unlikely to act on the matter until it deals with a major controversy on the licensing of individual psychologists.

The licensing issue is currently the cause of the sharpest disagreement between academics and professionals. The professionals argue that it is necessary to set national standards that will be effective in ensuring that the public will receive competent and ethical treatment from licensed psychologists. A hot issue is whether licensing should be restricted to those who provide mental health service directly to individuals. Academics argue that their function is teaching and research, and to require them to undergo licensing designed for practitioners if, for example, they consult off campus with industry clients, would be a violation of academic freedom. The APA leadership is seeking an acceptable compromise, but the issue appears to rouse passions that could cause large-scale defections.

The increasing emphasis on quality control for both programs and individuals is certainly inspired in part by the prospect of national health insurance and the desire of psychologists to make the strongest case possible for eligibility for payment under the program. But there are other motives for the psychologists' rather belated surge toward professionalization. It is fair to say that professional psychology was delayed in its development because its institutional base was in academic departments operating under a value system that emphasized research rather than service. Now, however, perhaps as many as 25,000 psychologists are acting as health care providers and are subject to the same pressures as professionals in other health care specialties for such things as increased accountability and the upgrading of skills, for which professional organization is regarded as necessary.

Emergence of the schools of professional psychology is a significant step in the professionalization process, but the schools are very much in the formative stage and face a number of thorny fundamental issues. There is concern, for example, that the new schools set a proper balance between research and practice, so that their graduates are well prepared as practitioners but are also receptive to new knowledge and thus able to avoid early professional obsolescence, the proverbial pitfall when "training" is stressed over "education." The debate continues over what a psychologist should do; in some schools, the issue of whether students should receive extensive training in psychotherapy divides faculty.

The question of whether professional schools should be freestanding or attached to universities or medical schools is likely to become a crucial one as national standards for professional schools are imposed. Even more volatile now is the question of the more exotic schools operating in the indulgent climate prevailing in some states. These schools probably offer the most serious immediate challenge to the credibility of the professional movement in psychology. But the fundamental difficulties the movement must contend with are those inherent in making the transition from an academic discipline to a profession.

—John Walsh

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