

A New Alliance of Doctoral Training Programs Forms

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The Academy of Psychological Clinical Science (APCS) held its inaugural meeting in New York City, July 1-2, 1995, in conjunction with the APS Annual Convention, drawing together some 21 representatives of North American doctoral training programs to draft its founding mission statement and bylaws (see July/August 1995 *Observer*).

The breadth and content of three Academy symposia (hosted by APS) highlighted recent research advances in clinical science and ranged topically from biological and developmental to interpersonal and emotional perspectives. The well-attended and well-received symposia captured the essence of the founding principles of this new academy: science must be an integral component of high quality clinical psychology education and practice. Robert Levenson, who represented the Academy on the APS program committee, organized and chaired these symposia.

Admission Criteria

Programs are admitted to Academy membership only after submitting formal applications (with a \$200 application fee) and undergoing anonymous peer reviews based on a “study-section review” model. Application materials consist of a 10-to 15-page narrative summary of the program’s: (a) principles and philosophy, (b) faculty, (c) students, (d) curriculum, (e) resources, and (f) future directions. This narrative is supplemented by several required documents: the program brochure, faculty curriculum vitae, lists of student publications and presentations, lists of program graduates and job placements, and syllabi for core courses. Based on these application materials, reviewers make global evaluations of the applicant program’s overall quality, integrity, and record of achievement in scientific training.

Origins of the Academy

The Academy grew out of a conference on “Clinical Science in the 21st Century,” hosted by Indiana University-Bloomington, and held in April 1994. Prominent scientists representing 35 graduate training programs in clinical or health psychology were invited to the conference; 25 were able to attend. In addition, one key administrator each from the National Institute of Mental Health (Jane Steinberg) and APS (Alan Kraut) participated, along with doctoral students from Indiana’s clinical science program.

The aim of the conference was to analyze the changing landscape in scientific clinical/health psychology and to chart a course for advancing the interests of clinical science. The conference concluded by forming a steering committee and empowering it to create the framework for an alliance of clinical science programs.

Academy’s Impetus

Thus, the Academy was seen as a positive response to the serious challenges currently confronting

clinical/health psychology. Foremost among these challenges are changes in health care, research funding, the structure of higher education, the priorities of professional organizations, accreditation requirements and procedures, licensing laws, governmental priorities and policies, career opportunities and preferences of students, public demands for accountability and “truth in advertising,” and the scope and knowledge base of scientific psychology.

These changes were perceived not only as challenges, but also as opportunities for the advancement of clinical/health psychology as a science. There has been an increasing realization among clinical psychology programs that these issues are not being adequately addressed at the national level. But the new challenges are forcing clinical scientists to reexamine, refine, and reaffirm their values, mission, responsibilities, and goals. Furthermore, the challenges are prompting clinical science training programs to build new alliances- such as the Academy- based on shared values, and to work together to shape the future of the discipline. Such alliances, in turn, can foster self-improvement within member programs- both in the quality of training and in the scientific contributions of the faculty and students.

The Academy’s Mission

The Academy’s broad mission is to advance clinical science. “Clinical science” is defined as a psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition or health; and at the application of knowledge in ways consistent with scientific evidence. The Academy’s emphasis on the term “science” underscores its commitment to empirical approaches to evaluating the validity and utility of testable hypotheses and to advancing knowledge by this method.

The Academy seeks as members only those programs that are strongly committed to research training and to the integration of such training with clinical training. The Academy sees the development and application of clinical science as ongoing and dynamic processes, and is committed to facilitating the evolution of clinical science.

The Academy has primary goals in five key areas:

- **Training:** To foster the training of students for careers in clinical science research, who skillfully will produce and apply scientific knowledge.
- **Research & Theory:** To advance the full range of clinical science research and theory and their integration with other relevant sciences.
- **Resources & Opportunities:** To foster the development of, and access to, resources and opportunities for training, research, funding, and careers in clinical science.
- **Application:** To foster the broad application of clinical science to human problems in responsible and innovative ways.
- **Dissemination:** To foster the timely dissemination of clinical science to policy-making groups, psychologists and other scientists, practitioners, and consumers.

Academy Progress to Date

Representatives from 21 of 26 member programs attended the Academy's two-day inaugural meeting, which was devoted to discussions and actions on a variety of organizational and substantive issues. Specific actions taken on key organizational issues were as follows:

- The Academy will be administered by a 6-person Executive Committee. Officers will be elected to three-year terms. (Initially, the terms will be staggered.) Persons who have served a full term in office are not eligible to succeed themselves in the same office. All officers are elected from among the programs' representatives but serve the Academy; therefore, should an officer's program select a different representative, that previous officer will complete his/her term in office.
- Executive Committee officers were elected: President—Richard McFall (3 years); Secretary- Robert Levenson (1 year); Treasurer- Don Fowles (2 year); and Members-at-Large—Richard Bootzin (2 years), Beth Meyerowitz (3 years), and Neil Schneiderman (1 year).
- In addition to the Executive Committee, four standing committees were established: Education; Membership; Charter & Bylaws; and Issues & Policies. All representatives from member programs are expected to serve on an Academy committee.

Assignments and chairpersons are made by the Executive Committee, based on the preferences of representatives. Because programs- rather than individuals- are Academy members, faculty members and students from member programs may be asked to contribute, where appropriate, to the advancement of Academy projects. Current committee appointments have been made and chairs selected: Howard Berenbaum and Susan Campbell will co-chair Education; Robert Simons will chair Membership; and Scott Monroe will chair Issues & Policies.)

- Academy members voted to seek affiliate status with APS. (Note: APS subsequently approved the Academy's request for affiliate status and the affiliation now has been formalized.) The Academy's second annual meeting will be held in conjunction with the 1996 APS Convention in San Francisco (June 29-July 2).
- The Membership Committee was instructed to establish a timetable and procedures for publicizing and processing new membership applications. Applications will be reviewed and programs will be notified of the results prior to the Academy's 1996 meeting. No distinctions will be made between programs on the basis of their year of acceptance into membership. Decisions about admission of other kinds of programs (e.g., counseling, industrial/organizational, experimental psychopathology, clinical neuroscience, behavioral medicine, etc.) will be continued, but the Membership Committee is to make decisions cautiously on a case-by-case basis as this discussion unfolds.
- Annual membership dues for 1996 were set at \$200. All programs will be assessed the same dues, whether or not they are scheduled for a review.
- Each member program will be re-reviewed at least every seven years, although data will be gathered more frequently from all member programs.

- Key issues concerning the incorporation of the Academy and the drafting of its charter, by-laws, procedures, and finances were discussed and settled by voice vote. The Charter & Bylaws Committee was authorized to hire a lawyer for purposes of incorporation, and legal expenditures for this purpose were approved.

- Organizational issues pertaining to selection of program representatives, scheduling and conduct of meetings, quorums, voting and decision-making, relationships to other organizations, official organization name, and indemnification were discussed and decided by voice votes. The results were forwarded as guideline recommendations to the Charter & Bylaws Committee.

Agenda and Future Activities of the Academy

A number of substantive issues and items for future action were discussed at the Academy meeting. Here are key examples:

- Academy members held an extended discussion of accreditation issues with Emanuel Donchin, a member of the American Psychological Association Committee on Accreditation. He described recent developments in accreditation procedures and guidelines, and possible implications for Academy programs. Based on this discussion, several recommendations concerning accreditation were made from the floor:

(a) “Clinical Science” should be an option for Academy programs when they describe their training model. Site visitors for programs choosing the “Clinical Science” model should be drawn from the faculties of other like-minded, Clinical Science programs. The Academy represents a reference group for such programs.

(b) “University” should be added as an option for the question about graduates’ first job on the form that site visitors use to gather information on program graduates.

(c) The definition of “practice” and “practicum” should be broadened (it currently seems to mean seeing clients in an office).

(d) Accreditation policy should be based on data whenever possible. For example, the purported superiority of having core faculty provide supervision is an assumption that needs to be evaluated empirically before this is used to evaluate programs. (Note: A letter from the Academy was sent to Deborah Beidel at APA following the meeting, making the above points. An encouraging response was received. The first step, however, is for faculty members from Academy programs to become trained and qualified as site visitors, so that they are eligible to serve as site visitors to other Academy/Clinical Science programs. An opportunity to receive such training will be provided at the February 1996 meeting of the Council of University Directors of Clinical Programs.)

- There was considerable interest in sharing information among Academy programs concerning issues such as curriculum, training ideas, and mentorship models. It was suggested that information from successful applications to the Academy be condensed to create a nonnative data set, for example. Perhaps grant funds could be obtained to support graduate assistants who might collect and analyze such data. The Education Committee was asked to take the lead by compiling a compendium of course

syllabi, a list of resources and expertise in clinical science, and summary data on our students' experiences at various internship sites.

- A site for clinical science and the Academy will be set up on the world-wide-web.
- The Academy will publicize its clinical science model and the list of member programs to undergraduates applying to graduate school. The publicity will highlight the common values and training goals of Academy programs, but will make clear that the Academy is still growing; no negative inferences should be made about programs that do not belong to the Academy at this point. The publicity should go through vehicles such as Psi Chi chapters, undergraduate advisers, and application handbooks.
- Internship programs will be informed about the Academy and its training model and values. We will work with interested internships to identify those that are sympathetic to' our model and interested in our students. The possibility of a conference attended by Academy programs and internship programs was raised; this was referred to the Education Committee.
- The Academy will formulate a strategy for dealing with the increasing encroachments of state licensing laws on our training model, faculty hiring, and academic freedoms.
- NIMH funding opportunities for the Academy were discussed. Among those mentioned were multisite training grants, continuing education workshops, summer courses in clinical science, conference grants. Specific sources of such funds were outlined.

As this summary illustrates, the Academy has a long list of short- and long-term projects to tackle. Since the July meeting, progress has been achieved on several of these items. The APS community of psychological scientists can expect periodic reports about future progress.