'An Unconscionable Embarrassment’

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A century ago, American medicine was an unregulated and unscientific craft, with little research to support its practice. In 1910, *The Flexner Report*, published by early 20th century educator Abraham Flexner, under the auspices of the Carnegie Foundation for the Advancement of Teaching, exposed the sorry state of medical practice, leading to major reform of both the training and practice in medicine. Among other things, the report revealed that half of the nation’s medical schools were sub-par, and many were closed down as a result. The remaining schools adopted rigorous admissions and training standards for their students, focusing on the scientific approach to medical education and practice that is still evident today.

Clinical psychology is in a situation similar to where medicine was in the early 20th century. While there are many therapeutic practices that are grounded in science and proven to work, far too many lack any scientific rigor. This is in part because many of the training programs — especially some Doctorate of Psychology (PsyD) programs and for-profit training centers — make little effort to ground their training in the latest psychological science. It’s time for professional psychology to take the bold steps that medicine did a century ago.

A new report in the APS journal *Psychological Science in the Public Interest* (Vol. 9, No. 2)by Tim Baker, University of Wisconsin-Madison; Richard McFall, Indiana University; and Varda Shoham, University of Arizona, exposes the sorry state of clinical practice today and calls for a new accreditation system to force the field into correcting its course.

APS Past President Walter Mischel, who wrote the editorial for the *PSPI* report, calls the disconnect between science and practice “an unconscionable embarrassment” and “a case of professional cognitive dissonance with heavy costs.” The widening gap between clinical practice and scientific progress in psychology has serious consequences not only for the profession but for the mental health consumer as well. The prevalence of mental health disorders in this country has nearly doubled in the past 20 years. Both the demand and costs for health and mental health care have risen dramatically over the past 30

years, a trend that shows no sign of slowing. Yet these patients rarely receive treatments that have been rigorously tested and shown to be both therapeutic and cost-effective. For example, psychological interventions have been effectively coupled with medications in smoking cessation programs, but these treatments are often unavailable. Similarly, family-focused therapy is a powerful tool in schizophrenia treatment and exposure therapy in the treatment for obsessive compulsive disorder, yet many practicing therapists fail to use these beneficial techniques in their practices.

Psychology and psychological interventions should be a major topic in the current debate about health care reform, but it hasn't been. "Health care decision making increasingly is guided by evidence that a treatment is efficacious, effective-disseminable, cost-effective, and scientifically plausible," note the authors of this report. The problem is that, in the absence of standardized science-based training that would lead psychologists to uniformly apply them, empirically supported treatments go unused. For example, cognitive-behavioral therapy (CBT) has been shown to be the most effective treatment for Post-Traumatic Stress Disorder (PTSD), yet many psychologists do not use this method. Baker and colleagues cite one study in which only 30 percent of psychologists were trained to perform CBT for PTSD and only half of those trained elected to use it. In this study, six of every seven sufferers in treatment were not getting the best care available. Furthermore, CBT shows long-term benefits as a treatment for PTSD, whereas medications have shown 25 to 50 percent relapse rates.

So the question is: How can we ensure that a psychologist is using scientifically supported treatments? Baker and colleagues suggest a new accreditation system for reformed training in clinical psychology, one with established criteria for training in mental and behavioral treatment. Further, this accreditation system must monitor the pulse of clinical psychology, adapt to changing economic health care needs, and still maintain the standards and scientific progress associated with experimentally supported treatments.

These needs are being addressed by the new Psychological Clinical Science Accreditation System (PCSAS). The goals of PCSAS are to "allow the public and employers to identify scientifically trained psychologists, stigmatize a scientific training programs and practitioners, produce aspirational effects, thereby enhancing training quality generally, and help accredited programs improve their training in the application and generation of science." (For more about PCSAS, see the March 2009 *Observer* and their website, www.pcsas.org.) The founding of PCSAS, and this PSPI report, are two early steps toward bridging the gap between science and treatment.