

Psychological Clinical Science and Accreditation: The Good, the Bad, and the Ugly

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A single, unified scientist-practitioner clinical psychology training model, forged 60 years ago at a conference Boulder, Colorado, tweaked and tattered over the decades, has now been torn asunder. In its wake, a new accreditation system has emerged that reaffirms a commitment to the prepotent role of science in clinical psychology training.

Should We Care?

We all will come into close contact with mental illness during our lives. Estimates are that one in four adults and one in five children in the U.S. have a diagnosable mental disorder that impairs normal functioning. Mental illness accounts for over 15 percent of the burden of disease worldwide, consuming over 7 percent of total domestic health spending. With all of the associated suffering and costs, the diagnosis, treatment, and prevention of mental illness must reflect the very best science possible. Good intentions are not enough. History is replete with well-intentioned practitioners offering treatments of no proven scientific value, that were enthusiastically embraced by patients and their families but ultimately did absolutely no good and kept people from seeking truly effective treatments. As individuals, we should care.

Shifting funding priorities in recent years have motivated psychological scientists to elevate the status of mental health implications from mere promissory notes in significance sections of grants to far greater prominence in our research. Despite a painful transitional period, the yield of high quality science relevant to mental health that is now coming from the basic behavioral, social, and biological sciences is remarkable. These scientific advances deserve to be disseminated and incorporated into the training of those who will be on the frontlines working with mental illness. As psychological scientists, we should care.

The Good

The new accreditation system is arguably the inevitable outcome of a process that started in 1995, when the National Institute of Mental Health (NIMH) and APS convened a meeting of representatives from top research universities and hospitals to consider the future of training in clinical psychology. The Academy of Psychological Clinical Science, which formed following that meeting, has led the effort since.

This new accreditation system will recognize clinical training programs that provide first-rate scientific training, hopefully inspire other programs to do the same, and provide a brand name that will be extremely useful in decision-making by policy makers, families of the mentally ill, perspective graduate students, and service providers.

The Bad

Also in the mid-1990s, university-based psychology departments, unhappy with the way that accreditation demands were influencing their graduate programs and budgets, brokered a Faustian deal

with APA's Commission on Accreditation. Rather than having a single training model (scientist-practitioner), each program would be free to specify its own training model and judged accordingly. Under this plan, a number of new training models emerged in which science was moved into a secondary position or essentially disappeared. University-based programs did gain some breathing room, but this was a Pyrrhic victory. Fast forward to the present, where the vast majority of clinical psychologists are now trained in programs in which science plays only a minor role. In the epistemology embraced by many of these programs, the primacy of scientific evidence is rejected, and students are trained to use methods of diagnosis, treatment, and prevention that have little or no scientific support.

The Ugly

In the best case, the new accreditation system will inspire the field to reaffirm its commitment to science-based clinical psychology. In the worst case, it could become the lightning rod for internecine warfare between psychology's science-oriented and practice-oriented wings, fomenting rivalries between accrediting bodies, battles over licensing by the states, and increased tensions between our major professional organizations. This would represent a huge loss for psychology and a palpable threat to the public health. Achieving the better outcome will take thoughtful leadership, constructive dialog, principled involvement by NIMH and by professional organizations, and creative thinking on all sides.