

Shades of Optimism: The Future of Professional Psychology as Seen By Clinical Trainers

by

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Graduate School of Clinical Psychology

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By

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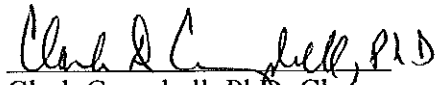
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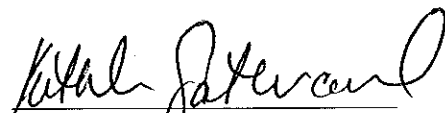
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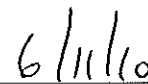
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**Abstract**

As the landscape of professional psychology (PP) continues to change, questions of its future abound within both academic and clinical settings. Changes in health care, advancements in technology, and other twenty-first century demands are influencing the training and application of modern psychological care. Preliminary studies suggest that PP is moving away from traditional settings and toward specialties such as health psychology/managed care, neuropsychological assessment, prescriptive privileges, and geriatric care to name a few.

A survey of clinical training directors at the Council of University Directors of Clinical Psychology (CUDPP), the National Council of Schools of Professional Psychology (NCSPP), and the Council of Counseling Psychology Training Programs (CCPTP) endorsed institutions ( $N = 72$ ) and Association of Psychology Postdoctoral and Internship Centers (APPIC) training directors ( $N = 27$ ) nationwide which resulted in overwhelming agreement regarding the future of PP. The following was forecasted to occur: (a) practices within the field of PP will broaden and specialize, (b) work with geriatric and veteran populations will increase, (c) roles as consultants, managers, and supervisors will increase, (d) with technological advancements will come

enhanced care, (e) interdisciplinary collaboration will increase, thus placing psychologists in non-traditional settings, (f) career opportunities will increase, and (g) medical settings (e.g., primary care) will see an rise in psychological practitioners. While between group comparisons (e.g., Directors of Clinical Training (DCT) vs. Training Directors (TD); PsyD vs. PhD) yielded a few significant differences, ultimately disagreement regarding future trends reflected varying shades of optimism. Not surprisingly, the controversial topic of prescriptive privileges resulted in the most considerable disagreement, with the PhD DCT group disagreeing with their PsyD counterparts who felt this legislation was an important step for PP to take.

In addition to these largely positive speculations, barriers to the field's growth were also surmised. A qualitative analysis revealed considerable consistency among participants who suggested that poor professional advocacy, ongoing competition, an oversupply of practitioners flooding the field, and funding concerns are a few of the major obstacles facing our field within the next decade.

Though clinical trainers both within academia and beyond its walls concur that positive change is imminent, agreement regarding the likely barriers should not be ignored.

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## Chapter 1

### Introduction

#### History of Professional Psychology

Since the inception of professional psychology at the turn of the 19<sup>th</sup> century, its future has been a topic that many have revisited beginning when Hollingsworth first addressed the issue in 1918. In a report entitled *Further Communications Regarding A Plan for the Technical Training of Consulting Psychologists*, Hollingsworth (1918) called for the creation of a new professional degree—Doctor of Psychology—foreseeing the efficacy of applied psychology and setting the stage for its subsequent growth as a field (Hollingsworth, 1918). Though it wasn't until 1949 when curricula for the doctoral degree in clinical psychology was officially recognized by the American Psychological Association (APA), many before and since have contributed to the discussion of its growth (Routh, 2000).

The beginnings of professional psychology (PP) can be traced back to Witmer's psychological clinic established at the University of Pennsylvania in 1896 (Routh, 1994; Routh, 2000; Witmer, 1897). Witmer, who graduated with a PhD under the tutelage of Wilhelm Wundt, developed a clinic where, for the first time, psychological research took a back seat to psychological treatment (Donn, Ruth, & Lunt, 2000). When Witmer wove practical clinical training into the psychological curriculum, the shift from human study to human care sparked the emergence of a new field that in 1907 he called *clinical psychology*—a discipline he is now credited as founding.

As PP began to develop in Witmer's wake, Hollingsworth and others began to speculate as to where the future of the field was going. One of these early fortune-tellers was Woodworth, who in a 1937 article entitled "The Future of Clinical Psychology" forecasted that the field would someday broaden, thus making possible the utility of psychological treatments in multiple settings. Woodworth (1937) conjectured that although psychologists would eventually specialize in various domains, the field as a whole would survive as "a large, highly varied but unified profession" (p. 16).

A contemporary of Woodworth and fellow psychologist by the name of Frederick C. Thorne, foresaw a similar evolution of the field. In a 1945 article, Thorne surmised that the future of PP "will witness an inevitable nationwide expansion of mental hygiene facilities until psychological services become available to everyone, irrespective of ability to pay" (Thorne, 1945).

A quick glimpse of the PP landscape today makes Woodworth and Thorne's comments appear more prophetic than predictive, with psychological care now extending to school, medical, industrial, geriatric, and forensic settings to name a few (Belar, 2006). This progression, however, did not occur overnight.

Following World War II, organizations such as the Veterans Administration and the National Institute of Mental Health approached the APA with the intentions of acquiring a catalog of universities competent in PP training (Donn et al., 2000). Despite the fact that PP had been on the professional scene for more than 50 years, the increased demand for competent practitioners prompted the APA to respond. Not long thereafter, at a 1949 conference held in

Boulder, Colorado, the scientist-practitioner PhD was approved by the APA and adopted by academia (Benjamin, 2005; Donn et al., 2000).

As the profession continued to grow, however, so too did the demand for clinical psychologists because the number of researchers still exceeded those who were providing care (Tryon, 1963). Behind the efforts of Meehl and Peterson, a new doctoral degree in psychology—the PsyD—was proposed and eventually adopted by the APA in 1973. This degree, outlined originally by Meehl in 1964, was intended to shift its emphasis from scientific-practitioner to more of a practitioner-scholar model (Cassin, Singer, Dobson, & Altmaier, 2007). Known currently as the Vail model, recent research suggests that graduates from the PsyD curricula account for more than 30% of all psychology doctorates, increasing 169% from 1988 to 2001 (Cassin et al., 2007).

Over the past 60 years, the Boulder and Vail schools have rapidly emerged, solidifying themselves as the two pillars of PP training. These two models are, however, not without their differences. Though they support the same structure, in many ways they stand alone. In general terms, the primary distinction between the Boulder and Vail models is one of emphasis. The Boulder model adopted the lofty intentions of creating a training model that could merge psychology's scientific foundation with its clinical applications and in thus doing so create a professional hybrid we have since called *scientist-practitioner*. Despite these aspirations held by proponents of the Boulder model, Striker & Triersweiler (1995) point out that questions of its implementation remain:

This grand aspiration rarely has been achieved in individual psychologists, some of whom seek academic or research careers, but few of whom, despite lip service, genuinely

contribute in both research and practice venues. [...]. Unfortunately, there was little experimentation or diversity, and the training during the decade immediately following the Boulder conference was frozen in a model that emphasized existing models of scientific training at the expense of practice (D.R. Peterson, 1991; Stricker & Cummings, 1992).

Ensuing efforts by those interested in training psychologists for clinical settings gave way to the Vail model, where the research emphasis of the Boulder model gave way to the applied focus clinical care. Creating what is often called a “local clinical scientist” who can use scientific research and methodology to inform and guide practice within the clinical setting remains a primary educational goal of the National Council of Schools of Professional Psychology (NCSPP; Peterson, R., Peterson, D., Abrams, J., & Stricker, G., 1997).

Despite the differences between the PhD and PsyD degrees in professional psychology, Peterson (2000) aptly recognized the commonalities between the Vail and Boulder models when he wrote,

Research could be valued as vitally important by Meehl, as the most important function by Shakow, or as the only important function by Hunt, but it was never conceived as unimportant in any of the programs that followed. Despite perversions on both sides of the scientist-practitioner debate, consensus on the definition of clinical psychology as a science-based profession remains a solid legacy of the Boulder conference (p. 253).

Recent debate among professionals in both camps regarding the varying emphases between research and practice, although important to explore for future implications to PP, have yet to impede the continued production of clinical psychologists into the field. As discussion

continues, both the Boulder and Vail schools of PP continue to produce more than 4000 doctoral graduates each year (McFall, 2006). This recent influx has propelled some in the field to address the growing concern that the supply of clinical psychologists could potentially outweigh the societal demands for their services (McFall, 2006).

Despite this potential problem, training has continued and graduates continue to enter the workforce, compelling those currently in the field to assess, yet again, what the future holds for clinical psychology's next generation of practitioners. By surveying those tasked with training both PsyD and PhD doctoral candidates, insight into the current training emphases and workforce demands can perhaps be attained.

### **Relatively Recent Developments in the Field**

A wave of new research suggests that the settings for clinical psychologists to work in are changing away from a limited *mental* health focus to more of a *general* health focus (Arnett, 2005). Health care providers are increasingly recognizing the value that psychologists play in the medical setting in prompting and maintaining behavior change (Kenkel, DeLeon, Mantell, & Steep, 2005).

Rozensky (2006) makes a compelling case for the utility of PP applied to the primary care setting in that practitioners help to provide assessment for domestic violence and mental health disorders in addition to teaching physicians about psychological issues to better inform their practice. Moreover, Rozensky and others have discussed the recent legislation (and ongoing debate) that has granted psychologists prescriptive privileges (Heiby, DeLeon, & Anderson, 2004; Rozensky, 2006; Sammons, Paige, & Levant, 2003). Although currently only psychologists with extended training working in the US Military, Guam, New Mexico, and

Louisiana can prescribe psychotropic medications legally, the issue is certainly one that graduate schools of PP are forced to address.

A recent survey of APA-accredited clinical directors revealed that behavioral medicine/health psychology was the most researched area of psychology, a likely indication that this domain is not simply of significant interest to current faculty, but perhaps a foreshadowing of the field's immediate future (Mayne & Sayette, 1990). In a 2008 article published by the *Monitor on Psychology*, subfields in psychology including program evaluation, gerontology, veterans and their families, homeland security, and others were forecasted by the author to be areas of growth as well (DeAngelis, 2008).

In 2008, both the *American Psychologist* and *Monitor on Psychology* published articles where each attempted to forecast potential developments in PP, thus suggesting that the field is faced with resolving what appears to be a vocational identity crisis. To articulate this point, in her 2007 APA presidential address Sharon Brehm speculated that the field would grow through scientific collaboration, the continued development and implementation of evidence-based practices, pharmacological practices, and a continued commitment to international growth (Brehm, 2008).

These recent developments in the field evoke questions that are well worth asking. As PP settles into the 21<sup>st</sup> century, the clinical psychologist is faced with a landscape of unknowns. Stopping to survey the very men and women who are responsible for training the future generation of clinical psychologists—the Directors of Clinical Training (DCT)—could provide useful information to a changing field. Exploring current graduate training emphases and perceptions of future workforce developments (e.g. roles, settings, practices, & technological

advances) held by clinical training directors, relevant insight could be acquired about the future of psychological practices.

Based on the aforementioned research that suggests that PP is now being applied within the general medical health setting, my hypothesis followed this trend in assuming that the training emphases at the graduate level is accommodating this change. The other facets to this study were more exploratory by nature as I did not surmise to know DCT perceptions of future workforce changes or DCT subjective analysis of their program's efficacy.

## Chapter 2

### Method

#### Participants

Survey participants included Directors of Clinical Training (DCT) at Council of University Directors of Clinical Psychology (CUDPP), National Council of Schools of Professional Psychology (NCSPP), and Council of Counseling Psychology Training Programs (CCPTP) affiliated schools of clinical psychology and Training Directors (TD) representing Association of Psychology Postdoctoral and Internship Centers (APPIC) accredited internship sites. There were 99 completed surveys in all, with DCT ( $N = 72$ ) accounting for 72.7% and TD ( $N = 27$ ) accounting for 27.3% of those responding. Contact information for DCT was accessible on-line through the websites associated with each of the aforementioned professional organizations. APPIC TD email addresses were retrieved from on-line sources as well. A total of 443 persons were surveyed. Of the 443 persons who were sent an invitation to complete the survey, 46 were eliminated from the sample pool due to delivery failure. After three follow-up email invitations, 99 of the 396 surveyed (25%) completed the questionnaire. Participants were 42.4% female ( $N = 42$ ), 44% male ( $N = 44$ ), and 13% unknown ( $N = 13$ ). Participants represented White ( $N = 81$ ; 81%), African-American ( $N = 3$ , 3%), Hispanic ( $N = 3$ ; 3%), Asian ( $N = 2$ ; 2%), and undisclosed ( $N = 10$ ; 10%) racial backgrounds. Of the 76 participants who reported their age, the median and mean were calculated to be 51 and the 50 respectively.



Participants reported a wide variety of supervisory/training experience ranging from 1 to 38 ( $M = 14.7$ ;  $SD = 9.96$ ).

### **Instruments**

I developed a brief questionnaire with my research committee that was sent via email to the ten most recent presidents of the American Psychological Association (APA). The purpose of sending this initial survey to former APA presidents was to gain the perspectives regarding PP's future from those who have been intimately engaged with its growth. Their responses, in conjunction with the literature review, led to the construction of a more detailed survey that was subsequently sent to DCT and TD recipients.

The survey used for data collection was developed to assess perceived future directions of clinical psychology (e.g. psychological settings, roles, practices). The survey was 24 items long and contained both Likert-scale and narrative response formats. Questions varied from one to two sentences in length. (Refer to Appendix A to view the questionnaire).

### **Procedure**

The questionnaire was adapted for on-line administration. Beginning in March of 2009, CUDPP, NCSPP, and CCPTP directors of clinical training and APPIC training directors received an initial email that included a brief description of the study and a hyperlink to Survey Monkey®, a website that includes the informed consent agreement and questionnaire (refer to Appendix A). Three reminder emails were sent to those who failed to respond 10, 15, and 20 days following the initial email, which again provided a description of the study and a hyperlink to the informed consent agreement and questionnaire.

### **Data Analysis**

Means and standard deviations have been reported. T-tests were used to compare data between the following groups: DCT and TD; PsyD and PhD schools of clinical psychology; and clinical and counseling designated schools of psychology. Independent sample t-tests were also used to measure the effect age, clinical training experience, and gender had on survey responses.

## Chapter 3

### Results

#### General Findings

Consistent with the literature review, respondents in this study agreed that increases would occur to career opportunities ( $M = 2.83, SD = 1.19$ ), specialization ( $M = 1.88, SD = .93$ ) and availability to practice in innovative, non-traditional settings ( $M = 1.82, SD = .84$ ). Respondents only slightly agreed, however, that these new advancements and opportunities would result in the decay of traditional roles ( $M = 3.06, SD = 1.349$ ). Moreover, respondents strongly agreed that positions related to consultation, management, and supervision would likely increase as well ( $M = 2.07, SD = .85$ ). Participants moderately to strongly agreed that an increase in opportunities to work with veterans and their families ( $M = 1.60, SD = .69$ ) and geriatric populations ( $M = 1.42, SD = .64$ ) would occur.

#### DCT and TD Comparisons

A second research question compared survey responses between directors of clinical training (DCT) at schools of professional psychology and training directors (TD) at internship sites. Regarding the likelihood that career opportunities would increase, a t-test found a significant difference between DCT ( $M = 2.64, SD = 1.17$ ) and TD ( $M = 3.27, SD = 1.15; t(85) = -2.31, p = .02, d = .24$ ) groups. Similarly, a t-test found a significant difference between DCT ( $M = 1.95, SD = .81$ ) and TD ( $M = 2.35, SD = .89; t(84) = -2.02, p = .05, d = .22$ ) groups in their assessment of the likelihood consultation and management opportunities would increase. Both of

these findings suggest the DCT group is slightly more optimistic than the TD group regarding the likelihood that career opportunities will increase within the next decade.

A t-test indicated a significant difference between DCT ( $M = 2.02$ ,  $SD = 1.0$ ) and TD ( $M = 1.58$ ,  $SD = .64$ ;  $t(84) = 2.06$ ,  $p = .042$ ,  $d = .22$ ) groups on the variable pertaining to specialization. Although both groups agreed that ongoing specialization would likely occur, the TD group was slightly more optimistic.

As Table 1 illustrates, by in large DCT and TD groups were in agreement regarding the future of PP. It should be noted that even where significant differences did exist, there was general continuity despite nuanced group mean differences.

Both DCT ( $M = 4.0$ ,  $SD = 1.84$ ) and TD ( $M = 3.85$ ,  $SD = 1.85$ ) respondents slightly disagreed that gaining prescriptive privileges is an important step for PP to take.

#### *PsyD v PhD (means & SD)*

The third research question examined the responses of DCT representing PsyD ( $N = 23$ ) and PhD ( $N = 33$ ) institutions, with t-tests revealing significant differences between the two groups on two variables.

Results indicated that PhD DCT's ( $M = 3.03$ ,  $SD = 1.26$ ) were slightly less optimistic than were PsyD DCT's ( $M = 2.26$ ,  $SD = .96$ ) regarding the notion that career opportunities for professional psychologists will increase within the next decade ( $t(53) = 2.46$ ,  $p = .017$ ,  $d = .32$ ).

Moreover, A t-test found the PhD DCT ( $M = 4.61$ ,  $SD = 1.58$ ) group significantly less convinced than the PsyD DCT ( $M = 3.39$ ,  $SD = 1.99$ ) group that prescriptive authority is an important step for the field of PP to take ( $t(40.18) = 2.44$ ,  $p = .019$ ,  $d = .36$ ). This finding suggests that while the PsyD DCT group appears relatively neutral regarding prescriptive

Table 1

*T-test Results Comparing DCT and TD Responses*

Question	DCT Mean (SD)	TD Mean (SD)
Professional psychologists will function in new and different roles in the future.	1.67 (.57)	1.80 (.65)
Traditional roles held by psychologists will decrease, giving way to newer roles.	3.10 (1.43)	2.96 (1.15)
Career opportunities for psychologists will increase within the next ten years.	2.64 (1.17)	3.27 (1.15)
Collaboration with other professionals from different, yet related fields, will become a necessity if psychological practice and research is to thrive.	1.5 (.85)	1.65 (.80)
The field of PP will continue to specialize, thus encouraging practitioners to become proficient in a particular brand of psychological care.	2.02 (1.0)	1.58 (.64)
Prescriptive authority for PP (RxP) is an important step for professional psychology to take.	4.00 (1.84)	3.85 (1.85)
Within the next decade, psychologists will have increased opportunities to work in innovative, non-traditional settings (e.g. primary care, medical, church, or business settings).	1.74 (.71)	2.00 (1.10)
Opportunities for consultation, management, and supervisory positions for psychologists will increase significantly over the next ten years.	1.95 (.81)	2.35 (.90)
Psychologists will have more opportunities to work with veterans and their families in the next decade.	1.64 (.68)	1.52 (.71)
Within the next ten years, clinical training of psychologists will increasingly emphasize competencies related to primary care.	2.13 (.87)	2.27 (.96)
Technology and computerization will significantly change the practice of psychology within the next ten years.	2.02 (.79)	2.44 (1.23)
Ongoing technological advancements will enhance psychological care.	2.46 (.89)	2.31 (.68)
Within the next ten years, the field of PP will extend internationally, this creating more opportunities for psychologists to work globally.	2.28 (.92)	2.64 (1.15)
Within the next decade, clinical training emphases will shift to accommodate changes in the field.	2.20 (.77)	2.50 (1.14)

*Note.* 1 = Strongly Agree; 2 = Moderately Agree; 3 = Slightly Agree; 4 = Slightly Disagree; 5 = Moderately Disagree; 6 = Strongly Disagree.

authority, the PhD DCT group slightly to moderately disagree this is an important step for the field to take. According to Cohen, the strength of effect regarding both these analyses is small.

Also examined was the effect student enrollment had on DCT predictions regarding the future of PP. Because student enrollment at PsyD and PhD schools ranged from 19 to 440, a median cut point of 49 was determined in order to create two groups (Group I = > 49; Group II = < 49).

Using an independent samples *t*-test, a significant difference did exist between Group I and Group II on two items. Results indicate that while Group I ( $M = 3.26$ ;  $SD = 1.83$ ) slightly agreed prescriptive privileges are an important step for PP to take, Group II ( $M = 4.77$ ;  $SD = 1.55$ ) moderately to strongly disagreed with this notion. This finding suggests, that larger institutions tend to support the hotly debated movement PP is taking toward acquiring prescriptive privileges ( $t(59) = -3.48$ ;  $p = .00$ ;  $d = .41$ ). According to Cohen, the effect of this relationship is of moderate strength.

Group I ( $M = 2.34$ ;  $SD = 1.04$ ) was slightly more willing than Group II ( $M = 2.97$ ;  $SD = 1.24$ ) to endorse the possibility of career opportunities increasing over time ( $t(59) = -2.13$ ;  $p = .04$ ;  $d = .26$ ). This finding suggests that optimism regarding career opportunities is slightly more common among DCT at schools of PP where enrollment is high (i.e. > 49). The strength of this effect, as calculated by using *Cohen's d*, is small.

### **Supervisory and Training Experience**

The impact supervisory and training experience had upon respondent bias was another interesting analysis that was examined. Using *t*-tests to analyze group differences based on clinical training experience, a median cut point of 15 years separated those surveyed into two

means (Group 1 = > 15 yrs of training experience; Group 2 = < 15 yrs of training experience). By in large, the extent of clinical training experience did not impact respondents' conjectures regarding the future of professional psychology.

However, a significant difference did exist when comparing Group I ( $M = 2.76$ ,  $SD = 1.25$ ) Group II ( $M = 3.38$ ,  $SD = 1.44$ ) on item 5: *Traditional roles held by psychologists (e.g., testing and individual counseling) will decrease, giving way to newer roles* ( $t(81) = -2.09$ ,  $p = .04$ ,  $d = .22$ ). Whereas Group I slightly to moderately agreed with this notion, Group II remained rather neutral. According to Cohen, the effect size of this relationship is small.

### **Clinical Versus Counseling Comparisons**

The effect program designation (i.e. clinical versus counseling) had upon survey results was analyzed using an independent samples t-tests. Academic training directors identifying with clinical programs accounted for 85% ( $N = 51$ ) of DCT's surveyed, whereas 15% ( $N = 9$ ) represented counseling institutions. Results indicate that program designation had little bearing on respondent output.

Regarding prescriptive authority (item 9), however, a t-test did expose a significant difference between clinical ( $M = 3.8$ ,  $SD = 1.90$ ) and counseling ( $M = 5.33$ ,  $SD = .87$ ) respondents ( $t(24) = 3.89$ ,  $p = .001$ ,  $d = .62$ ). According to Cohen, this size of this effect is considered to be moderate. Results indicated that directors representing clinical institutions slightly disagreed with the notion that prescriptive privileges was an important step for PP to take, whereas the counseling group moderately to strongly disagreed with the same notion.

### **Age Differences**

A median cut designation of 51 years old separated respondents into two equal groups (A1 = > 51 years old; A2 = < 51 years old) for the purpose of comparing the effect age had upon survey responses. Similar to previous analyses, age had little effect on mean differences.

A t-test did reveal a significant differences between Group A1 ( $M = 1.21, SD = .47$ ) and Group A2 ( $M = 1.62, SD = .76$ ) regarding beliefs about opportunities to work with geriatric populations within the next decade ( $t(71.653) = 2.86, p = .006, d = .32$ ). Although significant, the effect size is small and both groups are similar in that they both moderately to strongly agree geriatric opportunities for psychologists will increase.

A t-test revealed a significant difference between group A1 ( $M = 2.1, SD = .94$ ) and group A2 ( $M = 2.53, SD = .86; t(75) = -2.10, p = .043, d = .23$ ) when asked if clinical training emphases will shift to accommodate changes in the field. Though both groups agree that clinical training emphases will keep pace with ongoing changes within the field, group A1 appears slightly more optimistic.

### **Gender and Ethnic Differences**

Gender effects were also examined using t-tests to compare female ( $N = 42$ ) and male ( $N = 44$ ) participants. Essentially, gender had little to no effect on mean outputs. However, regarding the impact of technology and computerization on the field of PP, a small group difference did exist. A t-test found a significant difference between Female ( $M = 2.39, SD = .92$ ) and Male ( $M = 1.93, SD = .94$ ) group means ( $t(82) = 2.27, p = .026, d = .24$ ). This finding suggests the Male group more strongly believes that technology will significantly impact the field of PP within the next decade.



A one-way ANOVA was used to explore the impact race/ethnicity had upon respondent output, but no significant relationships were found.

### **Potential Barriers to Growth**

Participants were also asked to qualitatively respond to the following question: *In your professional opinion, what barriers may stifle growth in the field of professional psychology?* With 68 of the 99 participants responding to this question (69%), data was then categorized and labeled for analyses. Responses yielded the following six categories: (a) Poor Advocacy, (b) Funding Concerns, (c) Competition, (d) Role Diffusion/Underutilization, (e) Supply and Demand, and (f) The Evidence-based Emphasis.

The most cited perceived barrier to PP's growth implicated the field itself for a general lack of willingness to diversify. Terms like "organizational apathy," "inertia," "poor advertisement," "lack of federal advocacy," and "professional rigidity" reflect a widespread frustration held by TD and DCT alike.

Second only to *Poor Advocacy* in terms of citation count, responses categorized as *Funding Concerns* also received quite a bit of attention. Concerns over managed care, health care reform and parity, insurance reimbursements, and student loan debt were frequently cited by participants as a potential barrier for professional psychology's growth.

*Role Diffusion/Underutilization* captured a cluster of responses citing "the gap between research and practice" and the general notion that psychologists "will become so heterogeneous we will lose our identity." Both DCT and TD respondents appeared concerned that many non-clinical, or out-of-practice, faculty are unaware of the ever changing marketplace and PP

consumer. Moreover, responses reflected a concern that many psychologists are working in settings where their skill sets are either not utilized or understood (e.g., medical settings).

Competition with master's level clinicians and psychiatry was also reported to be a potential barrier to the field's growth. This barrier was reflected in responses pertaining to R x P and "territorial conflicts." This category was simply labeled *Competition*.

The category *Supply/Demand* reflects a grouping of TD and DCT responses concerned with "the increasing glut of professional psychology programs" and "the proliferation of non-accredited [professional psychology] programs." Respondents voiced their concern regarding the internship process and even offered a few solutions. For instance, one respondent proposed that either the internship adapt to accommodate the increasing number of interns or more restrictions be placed on PP programs to limit enrollment.

There were a handful of participants that expressed concern over the recent trend in strongly emphasizing evidence-based practices. This "lack of flexibility," expressed by some, was hypothesized to "narrow training" and ultimately limit the scope of what psychology can offer in terms of intervention.

## Chapter 4

### Discussion

#### Findings and Implications

Although forecasting the future of professional psychology (PP) may be to some an entirely intuitive pursuit, the use of empirical methodology has revealed interesting data and, hopefully, served to continue a conversation that formally began over a century ago by Leta Hollingsworth (Hollingsworth, 1918). Because a new era poses new questions, the impetus behind this study was to surmise from clinical trainers potential ways of adapting to the changing landscape of PP.

Not surprisingly, results from this study support current trends within the field that suggest roles, settings, and practices within the field of PP are projected to both broaden and specialize within the next decade (Arnett, 2005). Consistent with the literature and conjectures from former APA presidents, the findings of this study indicate that training directors in both academic and internship settings agree on how PP will continue to evolve. Specifically, opportunities to work with veteran and geriatric populations were forecasted to increase, as were roles in consultation, managerial, supervisory settings (DeAngelis, 2008).

Participants agreed that the impact of technology would continue to change the way psychologists practice. Ongoing innovations and collaboration across disciplines was also projected to increase, thus likely to place psychologists in non-traditional settings more frequently. Generally, respondents were optimistic that increases to career opportunities would

likely occur, presumably due to the widening scope of practices the 21<sup>st</sup> century psychologist can now assume.

Further evidence suggesting these trends are likely to occur can be deduced from the continuity between TD and DCT responses. Even where significant differences did occur, those differences ultimately captured different shades of agreement (e.g. strong versus moderate agreement). For example, both DCT and TD respondents moderately to strongly agreed with the following statements: professional psychologists will function in new and different roles in the future; collaboration from other professionals from different, yet related fields, will become a necessity of psychological practice and research is to thrive; opportunities to work in innovative, non-traditional settings will increase; and work with geriatric and veteran populations will increase.

Similarly, both DCT and TD respondents slightly to moderately agreed on the following items: clinical training will increasingly emphasize competencies related to primary care; technology and computerization will significantly change the practice of professional psychology; technological advancements will enhance psychological care; and clinical training emphases will shift to accommodate changes in the field.

There was agreement between PsyD and PhD DCT respondents as well. This suggests that despite philosophical differences between practitioner-scholar and scientist-practitioner training models, DCTs representing both schools shared a common view regarding where the field is likely headed. Regarding prescriptive authority, however, the results seem to indicate that while PhD training directors moderately disagree with this movement within psychology, PsyD training directors remain rather neutral. Although neither group even slightly agreed that

pursuing prescriptive privileges within PP is an important step to take, it is possible that these results, if generalizeable, represent a growing division among PsyD and PhD camps broadly regarding this controversial issue. Further analyses revealed that program size plays a factor in the opinion of DCT regarding prescriptive privileges. In programs where enrollment exceeds 49 students, DCT's slightly agreed that RxP was a necessary step for the field to take. This was quantitatively different from DCT's representing smaller programs, where the RxP movement was frowned upon. This finding potentially reinforces the notion that PsyD schools, which tend to be larger, are more open to the prospect of psychologists earning prescriptive privileges. As it did in the review of the literature, the issue of prescriptive privileges emerged as a significantly debated topic (Heiby et al., 2004; Rozensky, 2006; Sammons et al., 2003).

Another topic that has received attention in the literature pertains to clinical training emphases. This research may have important implications for those involved in the training of clinicians as results seem to suggest that training emphases should adapt to meet the changing demands of the market, thus preparing psychologists to be competent working in innovative, interdisciplinary settings. Additionally, if these forecasts are accurate, medical settings, such as primary care, will see a rise in psychological practitioners and collaboration with professionals from other disciplines will be an essential competency for future trainees to acquire. Moreover, collaboration, though beneficial, may threaten traditional roles held by psychologists that relied more on a specific skill set that distinguished psychology from other, related disciplines. Therefore, specialization will continue to occur, thus helping to preserve the field of PP by extending the scope of what a psychologist can do. Furthermore, because opportunities to integrate the use of technology are also projected to increase, ultimately serving to enhance the

level of psychological care provided, clinical trainers may be wise to address this trend from both a practical and pedagogical standpoint.

### **Limitations**

Perhaps the most striking finding was the apparent lack of disagreement among trainers within a profession that is both diverse and in flux. At first glance, these results may entice one to believe that the field of PP is well on its way toward resolving its identity crisis. A closer look, however, complicates this cursory conclusion as limitations to the survey may have prevented respondents from assessing value to their responses.

Although there was widespread agreement regarding future trends, qualitative data hinted at the possibility that not all respondents agreed with these trends. For example, one respondent stated, “Right now the supply [and] demand issue of internship sites is a stifle of professional growth. Either we need to re-examine this system or expand internship options.” Another subject commented, “There is an increasing glut of psychologists, particularly coming out of professional programs who will continue to further flood the job market [and] many will likely partake in non-psychologist type positions.” When value was embedded within the phrasing of the item, disagreement was more pronounced. For example, the item pertaining to prescription privileges read: “Prescriptive authority for PP (RxP) is an *important* step for professional psychology to take.” Interestingly, this was the only item respondents disagreed with despite the fact that trends within the field suggest otherwise.

Another limitation to this study was the 25% response rate. I was surprised by the low response rate, particularly due to the fact that so many former APA presidents showed such great interest in this study, many of which have asked to be updated following its completion.

Although a larger sample would have created a more representative sample and ultimately provided more generalizable results, it seems arguable that the data gleaned from this study can still provide insight into the future of professional psychology.

It is erroneous to assume that one universal, standardized treatment must always follow diagnostic agreement. In other words, just because respondents agreed on where the field of PP is headed does not mean one can assume that consensual optimism exists. Philosophical underpinnings, ongoing legislative changes, and socio-cultural factors are just a few of the many dynamic forces that permeate the domain of clinical training and influence the beliefs of where the field should go.

Additionally, this research project did not address the degree of continuity between graduate school training emphases and the demands of the post-doctoral workforce. One participant alluded to this possibility, citing that the “gap between academic/research psychology and practice needs and trends” needs to be addressed.

### **Directions for Future Research**

It is without a doubt that a new chapter to the ongoing narrative of PP is being written, one that parallels the predictions of our twentieth century predecessors. However, future research in this area is vital for the field of PP, particularly due to the fact that its practitioners foresee significant changes occurring on the horizon. Specifically, exploring the barriers acknowledged by respondents of this study (e.g., Poor Advocacy, Funding Concerns, Competition, Role Diffusion/Underutilization, Supply and Demand, and Evidence-based Emphases) would be an appropriate next step.

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## Appendix A

### Survey

*Web Location* – [http://www.surveymonkey.com/MySurvey\\_EditorFull.aspx?sm = Mbwy9DCFcNFB3gMBiaenOo%2f62SUo%2b%2bPssJUUIBNVmUk%3d](http://www.surveymonkey.com/MySurvey_EditorFull.aspx?sm=Mbwy9DCFcNFB3gMBiaenOo%2f62SUo%2b%2bPssJUUIBNVmUk%3d)

*Items – ( \* -- indicates that a ' comment box' follows the question)*

#### *Section I – About Your Program*

1. Does your institution offer a PhD or PsyD degree?
  - a. PhD
  - b. PsyD
  - c. Both
2. Is the focus of your program clinical or counseling? \*
  - a. Clinical
  - b. Counseling
3. How many students are currently enrolled in your program (including those on internship)?

#### *Section II – The Future of Professional Psychology*

1. Professional psychologists will function in new and different roles in the future.\*
  - a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
2. Traditional roles held by psychologists (e.g. testing and individual counseling) will decrease, giving way to newer roles.\*
  - a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
3. Career opportunities for psychologists will increase within the next ten years.\*
  - a. Strongly Agree
  - b. Moderately Agree

- c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
4. Collaboration with other professionals from different, yet related fields, will become a necessity if psychological practice and research is to thrive.\*
    - a. Strongly Agree
    - b. Moderately Agree
    - c. Slightly Agree
    - d. Slightly Disagree
    - e. Moderately Disagree
    - f. Strongly Disagree
  5. The field of psychology will continue to specialize (e.g. geriatrics, neuropsychological assessment), thus encouraging practitioners to become proficient in a particular brand of psychological care.\*
    - a. Strongly Agree
    - b. Moderately Agree
    - c. Slightly Agree
    - d. Slightly Disagree
    - e. Moderately Disagree
    - f. Strongly Disagree
  6. Prescriptive authority for professional psychologists (RxP) is an important step for professional psychology to take.\*
    - a. Strongly Agree
    - b. Moderately Agree
    - c. Slightly Agree
    - d. Slightly Disagree
    - e. Moderately Disagree
    - f. Strongly Disagree
  7. Within the next ten years, psychologists will have increased opportunity to work in innovative, more non-traditional settings (e.g. psychologists working within primary care, medical, church, or business settings).\*
    - a. Strongly Agree
    - b. Moderately Agree
    - c. Slightly Agree
    - d. Slightly Disagree
    - e. Moderately Disagree
    - f. Strongly Disagree
  8. Opportunities for consultation, management, and supervisory positions for psychologists will increase significantly over the next ten years.\*
    - a. Strongly Agree
    - b. Moderately Agree
    - c. Slightly Agree
    - d. Slightly Disagree

- e. Moderately Disagree
  - f. Strongly Disagree
9. Opportunities for psychologists to work with geriatric populations will increase over the next ten years.\*
- a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
10. Psychologists will have more opportunities to work with veterans and their families in the next decade.\*
- a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
11. Within the next ten years, clinical training of psychologists will increasingly emphasize competencies related to primary care.\*
- a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
12. Of the following DSM-IV TR categories of disorders, which are most likely to increasingly become the focus of treatment within the next decade? (Please choose 3 categories).\*
- a. Disorders Usually First Diagnosed in Infancy/Childhood/Adolescence
  - b. Delirium, Dementia, Amnestic – Cognitive Disorders
  - c. Substance Related Disorders
  - d. Schizophrenia and Other Psychotic Disorders
  - e. Mood Disorders
  - f. Anxiety Disorders
  - g. Somatoform Disorders
  - h. Factitious Disorders
  - i. Eating Disorders
  - j. Sleep Disorders
  - k. Impulse-Control Disorders
  - l. Adjustment Disorders
  - m. Personality Disorders
13. Technology and computerization will significantly change the practice of psychology within the next ten years.\*

- a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
14. Ongoing technological advancements will enhance psychological care.\*
- a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
15. Within the next ten years, the field of professional psychology will extend internationally, thus creating more opportunities for psychologists to work globally.\*
- a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
16. Within the next decade, clinical training emphases will shift to accommodate the changes in the field.\*
- a. Strongly Agree
  - b. Moderately Agree
  - c. Slightly Agree
  - d. Slightly Disagree
  - e. Moderately Disagree
  - f. Strongly Disagree
17. In your professional opinion, what barriers may stifle growth in the field of professional psychology?\*

*Section III – Demographic Questions*

1. How many years have you held a position related to clinical training and/or supervision?
2. Please specify your gender
  - a. Male
  - b. Female
3. Please specify your age.
4. Please specify your ethnicity
  - a. Alaska Native
  - b. Asian
  - c. African-American or Black
  - d. Latino or Hispanic
  - e. Native American, Native Hawaiian, or Other Pacific Islander

- f. White
- g. Other (please specify)

## Appendix B

### Curriculum Vitae

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#### RYAN D. KUEHLTHAU, M.A.

142 Main Street #3  
Montpelier, VT 05602  
(503) 341-6975  
ryankuehlthau@hotmail.com

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#### EDUCATION

- |                                |  |
|--------------------------------|--|
| August 2006 – Present          | <b>Doctoral Student of Clinical Psychology (PsyD)</b><br>Graduate School of Clinical Psychology: <b>APA Accredited</b><br>George Fox University<br>Newberg, Oregon<br>GPA: 3.86<br><i>Expected Graduation Date: April 29, 2011</i> |
| April 2003 – April 2004        | <b>Master of Arts, Teaching (MAT)</b><br>Graduate School of Education<br>George Fox University<br>Newberg, Oregon<br>GPA: 3.90   |
| September 1997 –<br>March 2002 | <b>Bachelor of Science, Social Science</b><br>Western Oregon University<br>Monmouth, Oregon<br>GPA: 3.28   |
- 

#### SUPERVISED CLINICAL EXPERIENCE

- |                              |   |
|------------------------------|---|
| August 2010 -<br>August 2011 | <b>APPIC Internship</b><br>Norwich University<br><i>Training Director: Melvin Miller, PhD</i><br><i>Additional Supervisors: Polly Young-Eisendrath, PhD, Gladys Agell, PhD, Heidi Roedenberger, PsyD, &amp; Pat Song, PhD</i> |
|------------------------------|---|

*Duties:*

- 24 hour on-call crisis consultation
- Individual, family, and couples psychotherapy

- Provide trainings for students and staff
- Comprehensive assessment (including neuropsychological, academic, objective and projective personality measures)
- Consultation & collaboration with medical and administrative staff
- Five hours of psychoanalytically-informed supervision weekly

June 2009 – July 2010

**Pre-Internship (Practicum III)**

Oregon Health & Sciences University – Primary Care Clinic

*Supervisors: Tami Hoogestraat, PsyD & Clark Campbell, PhD*

*Duties:*

- Consultation and collaboration with psychiatrists, primary care physicians, medical residents, nurses, and social workers in a fast-paced outpatient setting
- Serve a diverse and underserved population of low SES adults, adolescents, and seniors in an inner city, federally funded clinic
- Draft psycho-diagnostic evaluations and reports for physician referrals
- Provide recommendations to physicians regarding pharmacological, psychological, and other interventions
- Conduct cognitive, neuropsychological, and personality assessments
- Engage in brief and occasionally longer-term individual psychotherapy with adults, adolescents, and seniors
- Receive two hours of weekly supervision; 1-hour group, 1-hour individual
- On-call crisis consultation
- Program development

November 2008 –  
July 2010

**Supplemental Practicum**

Long-term Psychodynamic Psychotherapy

*Supervisor: Charity Benham, PsyD*

*Duties:*

- This practicum allows me to treat one long-term client using a psychodynamic treatment modality
- Weekly supervision is provided by a private practitioner with psychoanalytic training

August 2008 – May 2009

**Practicum II**

George Fox University Health & Counseling Center



*Supervisor: William Buhrow, PsyD*

*Duties:*

- Individual, family, and couples psychotherapy
- Cognitive and personality assessment
- Weekly individual and group supervision/consultation
- Dictation of psychological reports/intake interviews
- Videotaped sessions/supervision
- Consultation & collaboration with medical staff

May 2009 –  
July 2009

**Supplemental Practicum**

*Private Practice, Forest Grove, Oregon*

*Supervisor: Susan Patchin, Psy.D.*

*Duties:*

- Administered extensive cognitive, achievement, and neuropsychological battery to a college student suspected of having a learning disability
- Assessments also ruled out ADHD, depression, anxiety, and interpersonal relationship problems
- Scored assessments and determined if a learning disability was present; wrote a psychological report to that effect
- Received individual supervision as needed.

August 2007 –  
June 2008

**Practicum I**

*Veteran's Administration—Salem Veteran Rehabilitation & Trauma Center*

*Supervisor: David Collier, PsyD*

*Duties:*

- Provide individual, group, and marital counseling for combat veterans suffering from PTSD and/or co-morbid mental health and physical conditions
- In addition to treatment, my duties also include performing intake interviews and administering PTSD assessment batteries
- Weekly individual and group supervision

January 2007 –  
March 2007

**Pre-Practicum**

*GFU Graduate Department of Clinical Psychology*

*Supervisor: Clark Campbell, PhD*

*Duties:*

- Weekly individual psychotherapy with undergraduate students

- Conducting intake interviews, treatment planning, and case presentations
- Weekly group and individual supervision with videotape review of sessions

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## HONORS & AWARDS

- April 2011 **Most Outstanding Student Award**  
George Fox University Graduate School of Clinical Psychology  
(PsyD) Cohort of 2011
- February 2011 **Division 39 GSI Stipend Recipient**

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## RELEVANT WORK & MULTICULTURAL EXPERIENCES

- September 2008 –  
May 2009 **Adjunct University Faculty – Health & Human Performance  
Department**  
George Fox University – Newberg, OR

*Duties:*

- Hired to teach *Contemporary Health Issues and Psychosocial Referral & Intervention for Athletic Trainers*—upper division health courses taken by students pursuing degrees in Business, Health, and Athletic Training
- Duties include in class lecture/instruction, creating curriculum, assignments, & examinations

- September 2007 –  
December 2007 **Adjunct University Faculty – Graduate School of Education**  
George Fox University – Newberg, OR

*Duties:*

- Hired to teach *Advanced Human Development* to students pursuing a graduate degree in Educational Foundations and Leadership
- Duties include creating curriculum, assignments, examinations, and providing feedback with on-line instruction

- August 2004 –  
May 2006 **Certified High School Teacher**  
Lower Kuskokwim School District  
Tuntutuliak, AK

*Duties:*

- Planning and instructing lessons plans, establishing rapport among students and staff, giving standardized assessments, writing IEP's, consulting parents and community members, coaching basketball, and teaching multiple subjects in an Eskimo village with a population of 400

January 2003 – June 2003

**ESD Substitute – Special Education**

Beaverton, OR

*Duties:*

- Worked in various alternative-learning institutions as a substitute teacher teaching many subjects to students with various disabilities
- Diffused numerous highly unpredictable and unstable situations, earning a reputation with district faculty as a reliable and knowledgeable employee

June 1999 – Sept. 2001

**Youth Counselor – Young Life**

Salem-Keizer, OR

*Duties:*

- Organizing and facilitating numerous small group and individual bible studies
- Speaking publicly in front of large audiences
- Building community support, raising money, and advocating for under-privileged youth

March 2002 – Sept. 2002

**German Football League Coach/Player**

Wolfsburg, Germany

*Duties:*

- Coached and played for a championship German Football League (GFL) team
- Challenges included learning to communicate across cultural and language barriers, adjusting to a foreign lifestyle, and participating in community-building activities

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**UNIVERSITY INVOLVEMENT**

September 2009 –  
May 2010

**Clinical Training Graduate Assistant**

George Fox University – Newberg, OR

*Supervisor: Mary Peterson, PhD*

*Duties:*

- Supervise and teach 5 pre-practicum students client-centered, clinical foundation skills
- Provide weekly group and individual supervision that includes, role playing, video review, & group discussion
- Meet with students individually to provide feedback in context of comprehensive supervision model
- Weekly supervision with Dr. Peterson and three other pre-interns who share similar responsibilities
- Beginning in January (2010), each student will begin seeing undergraduate students in therapy

August 2009 –  
May 2010

**Clinical Oversight Mentor**

George Fox University – Newberg, OR

*Supervisor: Rodger Bufford, PhD*

*Duties:*

- Provide auxiliary supervision for two 2<sup>nd</sup> year PsyD students who are seeing clients at practicum settings for the first time
- Topics of discussion include interventions, treatment planning, theoretical orientation discussions, the transference field, and professional issues among others

June 2009 –  
May 2010

**Senior Community Chapel Director**

George Fox University – Newberg, OR

*Faculty Contact: Wayne Adams, PhD*

*Duties:*

- Tasked with facilitating a monthly community worship gathering for PsyD students and faculty
- Along with public speaking responsibilities, this job also required detailed planning and organization skills and the ability to navigate through intra-community systems

September 2008 –  
May 2010

**Psychodynamic Training Group**

*Faculty Contact: Kurt Free, PhD*

- Monthly meetings led by Dr. Free required selected students to bring before the group a case conceptualized from a psychodynamic perspective.

September 2008 –  
May 2009

**Consultation Project Team Member**

George Fox University – Newberg, OR

*Project Chair: Mark McMinn, PhD, ABPP*

*Duties:*

- Developed and executed a program consultation project investigating the efficacy of the undergraduate advising process at George Fox University.
- Drafted a survey and collected on-line data from undergraduate student advisees.
- Created a full consultation report and executive summary complete with research methodologies, data analysis, and recommendations.

May 2007 –  
May 2010

**Research Vertical Team (RVT) Member**

George Fox University – Newberg, OR

*Dissertation Chair: Clark Campbell, PhD*

*Duties:*

- Research team was lead by faculty advisor and comprised of approximately six students spanning four cohorts
- Research team provided support for each student throughout each phase of the dissertation process
- Various collaborative projects were completed resulting in both publication and poster presentations

January 2006 –  
August 2007

**Graduate Assistant**

George Fox University – Newberg, OR

*Supervisor: Mary Peterson, Ph.D*

*Duties:*

- Duties include creating, expanding, and updating practicum site information documents
- Position requires trust and responsibility by faculty to complete assigned tasks and preserve confidentiality

August 2006 – May 2008

**Student Council Representative**

Graduate Department of Clinical Psychology

George Fox University – Newberg, OR

*Duties:*

- Elected by peers to serve on the student council as an advocate on their behalf

- Position requires event planning, service on the curriculum committee, and attending to an array of departmental needs

March 2007 &  
February 2009

**Guest Speaker—Interview Day**  
Graduate Department of Clinical Psychology  
George Fox University – Newberg, OR

- Invited to speak to a group of doctoral candidates as PsyD cohort representative

August 2006 –  
May 2007

**Chapel Assistant Leader**  
Graduate Department of Clinical Psychology  
George Fox University – Newberg, OR

*Duties:*

- Volunteer duties include leading chapel worship, organizing events, and creating slide shows

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## RELEVANT COURSEWORK

Human Development  
Ethics for Psychologists  
Personality Assessment  
Statistics  
Cognitive Assessment  
Health Psychology  
Behavioral Interventions  
Cognitive Assessment  
Advanced Psychodynamic Psychotherapy  
Statistics & Research Design  
Integrative Approaches to Therapy  
Biological Basis of Behavior  
Projective Assessment  
World Religions

Psychopathology  
Theories of Personality  
Psychometrics  
History & Systems  
Clinical Foundations  
Cognitive Behavioral Therapy  
Learning & Memory  
History & Systems of Psychology  
Multicultural Issues in Therapy  
Psychodynamic Therapy  
Substance Abuse  
Consultation  
Object Relations  
Supervision

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## ASSESSMENT EXPERIENCE / COMPETENCY

*Objective & Projective Personality:*

16PF  
Million Clinical Multi-Axial Inventory-III  
Minnesota Multiphasic Personality Inventory-II  
Personality Assessment Inventory

*Cognitive / Neuropsychological:*

Mini Mental Status Exam  
WMS  
Halstead-Reitan Neuropsychological Battery  
RBANS

Rorschach  
Thematic Apperception Test  
Rotter ICB  
H-T-P

*Specialty / Other:*

PCL-M (Traumatic Stress Assessment)  
SA-45  
Mississippi (PTSD Assessment)  
Diagnostic Assessment of Posttraumatic Stress  
SSI-AOD (Drug/Alcohol Screen)  
TOMM  
PHQ-9  
BDI (Beck's Depression Index)

Boston Naming Test  
Dementia Rating Scale  
Grooved Pegboard  
Rey Auditory Verbal Learning Test  
Stroop Task  
Tactual Performance Test  
Wisconsin Card Sort  
WAIS, WPPSI, WISC  
WRAML  
DKEFS  
Controlled Oral Word Association Test  
Halstead Category Test  
Finger Tapping Test  
Trail Making (A & B)

**PEER REVIEWED PUBLICATIONS**

Campbell, C. D., Campbell, D. L., Krier, D., **Kuehlthau, R. D.**, Hilmes, T. S., & Stromberger, M. J. (2009). Reduction in Burnout May Be a Benefit for Short-term Medical Mission Volunteers. *Mental Health, Religion & Culture*.

**NATIONAL PRESENTATIONS**

**Kuehlthau, R.D.** (2010). *Graduate Training Emphases in Professional Psychology: What Does the Future Hold?* Poster presented at the 2010 APA Convention, San Diego, CA.

Campbell, C. D., Muench, J., Hilmes, T. S., Stromberger, M. J. & **Kuehlthau, R. D.** *Stress and Quality of Life in Primary Care Out-Patients*. Poster presented at the 2009 OPA Convention, Eugene, OR.

*Supervisor:* Clark Campbell, Ph.D., ABPP

*Duties:*

- Developed a survey, which was administered to primary care clinic patients studying the likelihood of visits to a behavioral health care specialist in the same clinic as the primary care provider, in addition to surveys used to assess Axis IV and Axis V traits
- Responsible for preparation of surveys, data collection, and statistical analysis
- Assisted in writing and poster preparation for presentation at a professional conference.



Campbell, C. D., Krier, D., Campbell, D. L., **Kuehlthau, R. D.**, Hilmes, T. S. & Stromberger, M. J. *Motivation for International Volunteer Service*. Poster presented at the 2008 APA Convention, Boston, MA.

*Supervisor:* Clark Campbell, Ph.D., ABPP

*Duties:*

- Analyzed data obtained through questionnaires to medical care professionals to assess their motivation for international volunteer service
- Assisted in writing and poster preparation for presentation at a professional conference, and submission to professional journal

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## DISSERTATION

**Kuehlthau, R.D.** (2010). *Shades of Optimism: The Future of Professional Psychology as Seen By Clinical Trainers*

*Dissertation Chair:* Clark Campbell, PhD, ABPP

*Committee Members:* Kathleen Gathercoal, PhD & Mary Peterson, PhD

*Abbreviated Abstract:* As the landscape of professional psychology (PP) continues to change, questions of its future abound within both academic and clinical settings. Changes in health care, advancements in technology, and other twenty-first century demands are influencing the training and application of modern psychological care. Preliminary studies suggest that PP is moving away from traditional settings and toward specialties such as health psychology/managed care, neuropsychological assessment, prescriptive privileges, and geriatric care to name a few. By surveying clinical training directors at CUDPP, NCSPP, CCPTP endorsed institutions and APPIC training coordinators nationwide, the following issues with future relevance to the field of PP were examined: a) potential changes in work settings, therapeutic practices, and roles for psychologists, b) frequency in disorders treated, c) possible barriers to the growth of the field, d) future clinical training emphases, and e) the role of technology. This research can verify (or refute) what recent literature suggests is a move in PP towards specialties such as health psychology and managed care and away from traditional settings.

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## PROFESSIONAL TRAININGS AND WORKSHOPS

April 2011

**Ethics Seminar**

Irwin Hirsch, PhD

Vermont Association for Psychoanalytic Studies

March 2011

**Bruce Gibbard Lectureship in Psychiatry Attendee**

Speaker: Nancy McWilliams



Topic: *What Happened to Our Shared Understanding of Mental Health?*  
Vermont Association for Psychoanalytic Studies

- November 2010      **“On Being Alive as an Analyst and as a Person”**  
Michael Parsons, MD  
Vermont Association for Psychoanalytic Studies – Stowe, VT
- September 2009      **Pain: Medical, Psychological, and Psychoanalytic Perspectives**  
*Marilyn Jacobs, PhD, ABPP*  
*Lewis & Clark University – Portland, OR*
- May 2009      **Motivational Interviewing: Health Behavior Change, Diabetes**  
*Michael Fulop, PsyD*  
*Oregon Psychological Association Conference – Eugene, OR*
- May 2009      **Introduction to TEACCH (Treatment and Education of Autistic and Communications-Handicapped Children)**  
*Gary Mesibov, PhD*  
*George Fox University – Newberg, OR*
- November 2008      **Primary Care Psychology**  
*Julie Oyemaja, PsyD*  
*George Fox University – Newberg, OR*
- August 2008      **Writing and APA Workshop for Graduate Students**  
*Jill Kelly, PhD*  
*George Fox University – Newberg, OR*
- February 2007      **The Psychology of Forgiveness in Clinical Practice: The Benefits and Pitfalls of Helping Clients Forgive**  
*Nathaniel Wade, PhD*  
*George Fox University – Newberg, OR*
- November 2007      **Risk Assessment**  
*Elena Balduzzi, Psy.D., & Alex Millkey, Psy.D.*  
*George Fox University – Newberg, OR*
- November 2006      **Motivational Interviewing Conference**  
*William R. Miller, PhD*  
*George Fox University – Newberg, OR*

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## PROFESSIONAL AFFILIATIONS

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2010 – present	Vermont Association of Psychoanalytic Studies (Student Member)
2009 – present	Oregon Psychological Association (Student Affiliate)
2009 – present	APA Division 38 – Health Psychology (Student Affiliate)
2009 – present	APA Division 39 – Psychoanalysis (Student Affiliate)
2006 – present	American Psychological Association (Student Affiliate)

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