Voices of the Five Doctoral Training Councils in Psychology: Seeking Common Ground on Combined-Integrated Doctoral Training in Psychology

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Doctoral training programs in psychology are accredited by the American Psychological Association in four areas: Clinical, Counseling, School, and Combined-Integrated (C-I) psychology. Each area of doctoral preparation in psychology has its own council, which represents its interests within the
field and to external constituents. Despite the fact that Combined-Integrated training programs have existed since the mid-1970s, the Consortium representing this area’s interests only formed in the past two years. The purpose of this article was to obtain input from representatives of all five training councils regarding the role of the newly formed council in relation to the other councils and the role of Combined-Integrated training. We begin with a brief description of each of the five councils. We then summarize the representatives’ responses to narrative questions regarding advantages and disadvantages associated with meeting to discuss the combined model. Finally, common and divergent themes across the councils in training psychologists are presented, and the future role for Combined-Integrated programs is discussed. © 2004 Wiley Periodicals, Inc. J Clin Psychol 60: 957–967, 2004.

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Doctoral training programs in psychology were originally accredited by the American Psychological Association (APA) in three areas: clinical psychology; counseling psychology; and school psychology.1 There were perceived distinctions among the foci, types of assessment, intervention and research, and settings for practice across these three areas. In the 1970s, each of the substantive specialty areas of practice formed a council of training directors to provide coordination of member programs and linkages to the APA. Also in the 1970s, two new areas of training developed: schools of professional psychology and “combined” doctoral training programs (Beutler & Fisher, 1994). The schools of professional psychology immediately formed their council in 1976, but the 11 “combined,” now called Combined-Integrated (C-I) training programs, did not form a Consortium until 2002 (Bailey, 2003; Beutler, Givner, Mowder, Fisher, & Reeve, 2004; Givner & Furlong, 2003; Shealy, Cobb, Crowley, Nelson, & Peterson, 2004). The C-I training programs have always sent members to one or more of the single substantive area councils.

Currently, there are 10 C-I doctoral training programs in the United States and Canada that are APA accredited. Although these programs differ in emphasis and degree of integration, school psychology is an essential common denominator across them (i.e., clinical/school; counseling/school; or clinical/counseling/school; Givner & Furlong, 2003; Peterson, Proctor, Prevatt, & Rollin, 2002; Shealy et al., 2004). Among other reasons, a major impetus behind the C-I training model is its integrative, pragmatic, and proactive focus—themes that will be evident throughout this special series (Shealy et al., 2004).

The purpose of this article is to report and discuss the narrative responses of each training council’s designee related to the C-I training model and the emergence of a new training council to represent this model. In May 2003, representatives from four of the five training councils and representatives from the C-I programs met to discuss the emergence of the new council and the role of C-I programs in the future of professional psychology. The chair of the Consortium of Combined-Integrated Doctoral Programs in Psychology (CCIDPIP; 2003) contacted each of the other councils’ chairs, asking them

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1The perspectives in this article do not necessarily represent “official” policy for any of the organizations or groups to which these authors may be affiliated.
or their designee to participate in a narrative survey for this article. The narrative questions were generated by the authors from Northeastern University, two of whom have been involved in the C-I training consortium from its inception and two of whom have trained doctoral students in a C-I program for over 10 years. The questions were as follows:

1. What do you see as the advantages and disadvantages of coming together as a group of training councils to discuss the C-I training model?
2. What do you see as common themes in training psychologists to practice?
3. What do you see as divergent themes in training psychologists to practice?
4. Do you see a role for C-I programs in the future of professional psychology training?
5. From your perspective, are there influences in the political, economic, and social climate in which we practice that will affect the C-I training model?
6. A suggested title for our article is, “Voices of the Five Doctoral Training Councils in Psychology: Seeking Common Ground on Combined-Integrated Doctoral Training in Psychology.” Do you see combined and integrated training models as different? And if so, what are the differences?
7. In your opinion, will psychology be strengthened or weakened by an increase of combined-integrated training programs?
8. What haven’t we asked that you think we should have?

This article begins with a brief history of the earlier formed training councils, which may help provide background for discussion of the new Consortium and the C-I training model. A thematic summary of the narrative responses provided by the coauthors, who served as respondents, follows.

**History and Functions of the Earlier Formed Training Councils**

*Council of University Directors of Clinical Psychology*

The Council of University Directors of Clinical Psychology (CUDCP), which represents the interests of doctoral programs in clinical psychology, was the first of the five training councils to be formed. Its 163 members (as of this writing) include clinical psychology doctoral programs from regionally accredited universities who identify with the scientist–practitioner (or related) training model (Council of University Directors of Clinical Psychology, 2002). The group strives to advance graduate education within the field by expecting its member programs to “train future clinical psychologists who promote human welfare, the growth of psychological science, and the professional practice of psychology” (Council of University Directors of Clinical Psychology, 2002, p. 1). CUDCP has developed a detailed manual (McNeil, 2000) to provide guidance to directors of clinical training, an attempt to promote quality control and standardization among programs. CUDCP also is charged with the development of position statements and policies relevant to doctoral training in clinical psychology, and with the collection of data from member programs to compare programs and to advocate for resources (Council of University Directors of Clinical Psychology, n.d.). Two representatives from CUDCP hold seats at APA’s Committee on Accreditation.
Council of Counseling Psychology Training Programs

The Council of Counseling Psychology Training Programs (CCPTP) was founded in the mid-1970s in response to the perceived influence of CUDCP within APA's Governance and Structure (Fretz, n.d.). Counseling psychology programs evolved from a tradition that emphasized prevention, personal growth, and adaptation over the life span. This emphasis, which Super (1955) termed “hygiology,” contrasted with the medical model focus on psychopathology. Although counseling psychologists now provide a broad range of services including interventions with clients having severe pathology (American Psychological Association, 1999) these historical values continue to inform the conceptualization of their interventions. With the support of Division 17, CCPTP held initial meetings, which were open to individuals involved in developing counseling psychology training programs and were not limited to those programs that were APA accredited. Since that time, the two most important functions of the council, which has 73 program members (as of this writing) are to “... represent the interests of counseling psychology in virtually any format that might affect training [and to]... support its members by disseminating training-related information and by providing a vehicle to communicate with each other” (Council of Counseling Psychology Training Programs, 1994). Early contributions of the council included the development of a survey, still in use today, to track internship placements and program curricula, and the formation of liaison relationships with external constituents. Two representatives from CCPTP hold seats at APA's Committee on Accreditation (Council of Counseling Psychology Training Programs, n.d.).

National Council of Schools and Programs of Professional Psychology

The National Council of Schools of Professional Psychology (NCSPP) was organized in 1976 to “advance the development of the highest quality of graduate training in professional psychology” (National Council of Schools and Programs of Professional Psychology, n.d.) among the newly developing schools of professional psychology. As the organization grew to include practitioner programs regardless of their organizational structure, the name was revised to the National Council of Schools and Programs of Professional Psychology; however, the acronym stayed the same. The NCSPP consists of practitioner-oriented programs that integrate the best available theory and research to understand and treat human problems and are responsive to the evolving social needs. Membership is open to any program designed to produce doctoral-level practicing psychologists and is accredited by the APA.

The NCSPP has taken leadership in several important initiatives for professional psychology education including: (a) the development of a competency-based education model (Peterson et al., 1992; Peterson, Peterson, Abrams, & Stricker, 1997); (b) attention to social responsibility and advocacy including attention to diversity among faculty, students, throughout the curriculum, and in its own organizational leadership (Stricker et al., 1990); and (c) the commitment to systematic evaluation (Callan, Peterson, & Stricker, 1986; Dobbins, 1996). Although most of the NCSPP’s 69 (as of this writing) member and associate programs grant the PsyD degree, several offer the PhD degree. Member programs also cut across the substantive training areas (clinical, counseling, school, C-I) and include university-affiliated schools and doctoral programs as well as free-standing schools. Two representatives from the NCSPP sit on APA's Committee on Accreditation, and the NCSPP is a member of the Psychology Executives Roundtable.
Council of Directors of School Psychology Programs

Formed in 1977, the Council of Directors of School Psychology Programs (CDSPP) represents the interests of school psychology doctoral-training programs. The role and functions of school psychologists have evolved from an initial focus on assessment to determine special education eligibility to a current focus that includes consultation and collaboration with school staff and families, counseling and prevention, wellness promotion, and crisis intervention (Ysseldyke et al., 1997). School psychologists are expected to have knowledge and skills to identify, assess, and intervene at all levels of educational, social-emotional, and behavior problems in the entire school population, and to be able to make appropriate referrals within the community. As of this writing, there are 91 member programs that belong to the council. Any doctoral-training program in school psychology based within a regionally accredited institution of higher education is eligible for membership. The mission of the CDSPP is to provide a forum to advance doctoral training in school psychology by enabling programs to communicate with each other, to facilitate the dissemination of information, to collect data, and to represent school psychology programs within APA (Council of Directors of School Psychology Programs, n.d.). Two representatives from the CDSPP hold seats on the APA's Committee on Accreditation.

Consortium of Combined-Integrated Doctoral Programs in Psychology

Although the “combined” model of doctoral education and training in professional psychology has existed since the mid-1970s, it was not until the 2002 annual meeting of the American Psychological Association that the training directors of these programs met and agreed to come together in the context of the Consortium of Combined-Integrated Doctoral Programs in Psychology (CCIDPIP, pronounced “kid pip;” see Bailey, 2003). Essentially, in what are now called Combined-Integrated or C-I doctoral programs (as opposed to “combined” programs), students are exposed to the basic competencies and traditions of the three practice areas of clinical, counseling, and school psychology (see Beutler & Fisher, 1994). Because readers may not be familiar with the purpose of the Consortium, its five main objectives are listed next (CCIDPIP, 2003):

1. To promote the mission of combined-integrated (C-I) doctoral programs in psychology, which is to produce general practice, primary care, and health service psychologists who are competent to function in a variety of professional and academic settings and roles; these programs achieve this goal by intentionally combining and/or integrating education and training across two or more of the recognized practice areas.
2. To provide a forum for doctoral programs in psychology that train from a combined-integrated perspective to consider and address common issues and concerns.
3. To serve as a peer group and provide leadership for accreditation, development, and research.
4. To represent the interests and needs of such programs to external constituencies and groups.
5. To promote student, faculty, and programmatic quality and excellence.

CCIDPIP members also endorse a series of principles which speak to philosophical and pragmatic issues of education and training from a C-I perspective (see Shealy et al., 2004). Also note that CCIDPIP was deliberately structured as a “consortium” to be maximally inclusive of programs that may have an interests in “combined-integrated”
issues, but are not formally accredited as C-I programs. For example, programs may join CCIDPIP as Members or Affiliate Members, depending upon their accreditation status and interests (CCIDPIP, 2003). Currently, CCIDPIP does not have representatives on the APA’s Committee on Accreditation (although a formal request for such representation has been submitted).

The Survey

In May 2003, the Consensus Conference on Combined and Integrated Doctoral Training in Psychology was held at James Madison University in Harrisonburg, VA. The Consensus Conference was sponsored by the American Psychological Association of Graduate Students (APAGS), the Association of Postdoctoral Programs and Internship Centers (APPIC), the CCIDPIP, Division 29 (Psychotherapy) of the APA, the Education Directorate of the APA, and James Madison University, and included a range of representatives and leaders from across the profession of psychology (e.g., C-I program training directors, three of the four other doctoral training councils, and other interested groups) (see Bailey, 2003; Shealy et al., 2004; CCIDPIP, 2003). Relevant to this particular article, the rationale for inviting representatives from the other councils was (a) to engage in dialogue that would help clarify the philosophy of and approach to C-I training, (b) to develop mutual respect and understanding as well as support and guidance to the formation of a new training council, and (c) to help in the development of guiding “principles” for C-I programs. In particular, and notable to Consensus Conference participants, it should be emphasized both that (a) this event was “about affirmation” of common traditions and competencies, “not negation of extant practice areas” (Shealy, 2003), and that (b) “participants were quite clear that this model of program is not intended as yet another substantive area for doctoral education and training in psychology” (Nelson, as cited in Bailey, 2003, p. 37).

Perspectives on the C-I Model

Given that one purpose of the May 2003 Consensus Conference was for leadership from the four previously established training councils to help guide the C-I programs in continuing to develop a fifth training council, we asked the five respondents to comment on what they see as the advantages and disadvantages to discussing the C-I model. Four of five respondents saw explicit benefits of coming together to discuss this training model. Comments indicated this exchange provided a much-needed venue for representatives of single specialty programs to understand the components of and issues facing C-I programs. In addition, respondents saw this as an opportunity to foster open communication across training councils. Such discussion provides an opportunity for in-depth exploration. One respondent suggested that the Council of Chairs of Training Councils (CCTC) would be a good mechanism to maintain, continue, and extend dialogue so that differences between and among specialties and programs so that variant training models can be highlighted and discussed. (The CCIDPIP is now a member of the CCTC.) Another respondent added that these discussions are important to inform the profession and the public about the diversity in psychologists’ training. The necessity of articulating commonalities and differences among training programs also was cited to address the question of how well (or not well) all training models prepare psychologists to serve the public in today’s rapidly changing world. With respect to potential disadvantages, the issue of time and energy was cited (i.e., that meetings require such a commitment). A
second potential disadvantage of this newly formed council of 10 programs is its potential to get “lost” in the other larger groups and not having a sufficiently clear identity or power base to articulate its existence or perspectives to the other training councils.

**Common Themes in Training Psychologists to Practice**

Several common themes also emerged vis-à-vis the process of educating and training professional psychologists. The first centered on rooting professional psychology in the science and practice of professional psychology. After all, each council represents training programs, and most of these training programs also align themselves with the APA. Within this alignment, much of the core knowledge of psychology and the tools for investigating problems (e.g., methodologies, statistics) are shared. By virtue of APA accreditation, the core competencies must be embedded into the training programs (e.g., knowledge of psychology, professionalism, ethics, assessment, intervention, supervision, research, and cultural diversity).

A second and related theme was the importance of field-based training within all training programs. The inclusion of field-based training represented a significant component of training regardless of which particular model of training was employed. Whether the program model was scientist/practitioner, practitioner/scientist, or practitioner in design, the provision of both conceptual and practical knowledge based on supervised work with clients was integral to the program. Of course, it should be noted that both of these themes were central to the *Competencies 2002 Conference* as well (see Association of Psychology Postdoctoral and Internship Centers, 2003; Crowley & Peterson, 2004; Schulte et al., in press).

**Divergent Themes in Training Psychologists to Practice**

Despite the common themes, several divergent themes among the training councils were identified. The first was a formal distinction in terms of the degree that is conferred. Programs within psychology offer the PhD, the EdD, and the PsyD degrees. These distinctions represent different levels of emphasis on research and practice as well as the nature of practice. A related difference involves training models employed (e.g., scientist/practitioner and practitioner). Still another difference concerned the theoretical and/or conceptual orientation of the program. Some programs appear to concentrate on a predominant theoretical point of view whereas others programs claim to incorporate multiple points of view. It also appears that there is variation among programs across areas with regard to emphasized client populations. For example, some programs are child focused whereas others may have more of a family emphasis, and still others have more of a life-span orientation. Programs also may differ with regard to how clients are conceptualized. Still another divergence concerned when and how specialization occurs and what constitutes a specialization. For instance, at the same time that there is a discussion of common competencies, there is variety among programs about whether specialization should occur (e.g., neuropsychology; health psychology) at the predoctoral level. All of these issues would need to be addressed in the context of a C-I or “generalist” model of doctoral training in professional psychology (see Beutler & Fisher, 1994; Beutler et al., 2004; Cobb et al., 2004; Shealy et al., 2004). At the same time, several respondents commented that the divergences across the currently recognized training areas are becoming artificial. The increased emphasis among psychologists on a systems/ecological perspective in assessment and intervention activities is closing the gap between
and among the different points of view represented by different programs. (Many articles in this Special Series address this issue.)

The Role for Combined-Integrated Programs in the Future

Respondents were varied in their opinions regarding the role and future of C-I programs in professional psychology. Importantly, one respondent pointed out that, at present, this question is difficult to answer because there are no data regarding what graduates of combined programs can do that is different from what graduates of noncombined programs can do. (In this series, Beutler et al., Braxton et al., and Cobb et al. do provide relevant data.) At the same time, other respondents commented that there is a potential role for this training model in the future, so long as the C-I programs can come together on a common training model. In any case, it seemed clear that the mere existence of a C-I model had already compelled needed discussion of cross-substantive similarities in psychology and how the profession should or should not train across them. Another respondent noted that although the C-I model may or may not be appropriate for all students of professional psychology, it appeared to provide a breadth and flexibility that is beneficial at the internship and job levels (see Beutler et al., 2004; Braxton et al., 2004). Pragmatically, another respondent noted that the greatest advantage of combined programs may simply be the economy of scale and a per-student and per-faculty reduction in administrative costs (see Brown et al., in press). Finally, one respondent commented that the C-I model could actually be the future of professional psychology if the field continues to endorse broad-based training at the predoctoral level and specialty training occurring at the postdoctoral level. Theoretically, this model covers all of the bases in generalist training. (Many articles in this Special Series address this issue.)

Political, Economic, and Social Influences That Will Affect the Combined Training Model

The respondents to this discussion topic stated that all types of training and practice models in psychology have been impacted by economic, political, and sociocultural variables. With the exception of school psychology positions (Charvat & Feinberg, 2003), there are fewer opportunities for academic, clinical, and medical center positions than in past years (see also Givner & Furlong, 2003). Further, opportunities for private practice and funded research are reduced by funding cuts and supply-and-demand issues. The cuts in funding for training, the reimbursement practices by managed care that impact the availability of clinical internship sites, and state and federal cuts in health care to all sectors have created competition with less expensive providers, between generalists and specialists, and within professional groups.

Supply and demand may be a major impetus to rethinking training models and areas for which we train. Clarity about differences in training programs for the public seeking services is another. Although accreditation and licensure have developed core requirements in both coursework and clinical training across the five areas represented by our respondents, the values and priorities of programs within each of the five voices as well as among these voices differ. Each of the five voices has different historical roots and, therefore, points of view. Several respondents want to ensure that C-I programs value these differences while recognizing that within the psychology profession, graduates from programs in each of these five councils receive the same licensure and access to practice. Thus, the issue becomes one of retaining our different values and foci while adapting to the changing needs and marketplace (see Braxton et al., 2004).
All respondents noted supply and demand and changing service delivery opportunities as a critical element of consideration for the survival of existing training models. An example of this is the shifting focus within the field of school psychology to broaden its focus from assessment of exceptional children to providing mental health services to the entire school population (see Givner & Furlong, 2003). Another consideration of the generalist versus specialist concern is the higher cost and longer length of specialist training as well as lower salaries for psychologists compared with other professionals who have the same length and cost of training (i.e., physicians, lawyers) (see Braxton et al., 2004).

Respondents agreed that we need to train students to adapt to a changing marketplace and to have a breadth of training to secure clinical, research, or administrative positions (see Brown et al., in press; Johnson, Stewart, Brabeck, Huber, & Rubin, in press). This discussion topic elicited more similar responses than the others. Each “voice” is facing similar external conditions within and without the field of professional psychology.

Conclusions

Although we want to reiterate that the majority of the respondents were speaking his or her “own voice” and did not officially “represent” their respective councils, we were struck by the crucial tone of collaborative collegiality. No one said that there is no place for another training council, although there were questions regarding what a C-I model is and what it contributes to the field that is not already available. Overall, the respondents’ comments highlight the need for the newly formed consortium to develop and implement a data-collection mechanism to track the internships and subsequent career pathways of graduates from these programs (see Beutler et al., 2004; Braxton et al., 2004; Cobb et al., 2004). Data routinely collected via APA about C-I programs are based on students’ definition of their program type rather than the program’s official designation. Therefore, C-I programs should collect their own data to ensure the outcomes contain only students attending programs that are officially designated as “combined and integrated.” These data will augment preliminary data reported by Castle and Norcross (2002) and Peterson et al. (2002) to inform C-I training programs, the larger field of psychology, and the public in general regarding how graduates from these doctoral training programs are similar to and/or different from those graduates from single specialty training programs. They also will provide more information regarding the benefits and challenges of this training model. Formal data-collection systems have been developed and refined by the other training councils. It was recommended that the CCIDPIP investigate and learn from the systems that these other groups have developed (in this issue, see Beutler et al.; Braxton et al.; Cobb et al.; see also Consortium of Combined and Integrated Doctoral Programs in Psychology, 2003).

At the same time, there appears to be considerable recognition that despite the historical differences among these councils, the differences in philosophy, theoretical orientation, and clinical training among the training areas may ultimately prove to be moot due to the development of state licensure in the 1970s (see Cobb et al., 2004). Graduates of all doctoral training programs receive the same license, which enables them to practice across areas according to their professional competence. The core scientific, cultural diversity, assessment, intervention, ethics, professionalism courses, and supervised fieldwork and predoctoral internships are required for every licensure applicant (Crowley & Peterson, 2004). The political, sociocultural, and economic changes have drastically impacted training, practice, and service delivery of all helping professions. Moreover, the whole concept of applied or professional psychology is being questioned and reformulated. A common
concern of all doctoral training programs focuses on changing demands of the current job market, the instability of the economy, changing demographics, and the impact of managed care, which all require psychologists to work across settings with diverse populations and to be flexible in their methodological applications (Braxton et al., 2004; Brown et al., in press). Clearly, all five doctoral training groups share a common goal of preparing competent practitioners and scholars who can continue to develop and shape the field. Thus, in the context of this overarching Zeitgeist, and an ongoing commitment to constructive and engaged dialogue, the CCIDPIP offers an additional perspective on these fundamental matters of education, training, and the future of professional psychology that will ultimately affect us all.

References


