AAAPP Listserv Conversation Concerning NAMP and "The Master's Issue"

Frank R. Yeatman, Editor

The following listserv conversation has been edited for spelling and sentence and paragraph construction, not for content.

The discussion began with a specific question about NAMP, but quickly expanded to the larger "master's issue". At times, the discussion veered off topic; those comments are not included here.

On Sat, 18 Sep 1999, at 20:45, Bill Stilwell wrote:

I am trying to find out information about the North American Association of Masters in Psychology? This is new to me and I am sending them money. I would like to know if they are certified by any state credential or backed by anyone. I noticed that AAAPP is mentioned in their bylaws.

Please let me know if you have any information.

Date: Sat, 18 Sep 1999 23:52
From: Steve Hayes

They've been around for a while. Logan Wright has been working with them for several years ... ever since he left his central role in AAAPP, so that may explain the by-laws reference. AAAPP and NAMP did a few things in coordination years ago (when AAAPP took a stand that was a bit more master's friendly coming out of the second "Summit of Applied Psychological Associations (in 1993, by my recollection ... or was it 1992?)

Logan's number is (405) 329-8411. He'd know the current status of NAMP.

Date: Sun, 19 Sep 1999 13:26
From: John Caccavale

This organization was founded to provide a sham certification to master's level practitioners. It started because a Florida judge ruled that one could call themselves a "psychologist" in Florida but not a "licensed psychologist" if they were not licensed. NAMP then was formed to provide a "certification label" that, in essence, is there to fool and mislead consumers. They are a private org without any state or association backed. I would hope that AAAPP is not backing them because this org really is misleading to consumers.

Date: Sun, 19 Sep 1999 14:05
From: Frank R. Yeatman

The Northamerican Association of Masters in Psychology (NAMP) was organized following the First National Conference of the Council of Applied Master's Programs in Psychology (CAMPP) in 1990. The December, 1991 issue of the CAMPP Newsletter records the following recommendation: "This task force should examine the need for an organizational structure for

graduates of CAMPP approved programs. The task force should consider existing organizations with membership categories for master's graduates, attending to the advantages and disadvantages of these organizations. In addition, the task force should explore the advantages and disadvantages of establishing a new organization".

The task force included Marion Terenzio (The Sage Colleges), Larry Alferink (Illinois State University), Robert Bringle (Indiana University - Purdue), John MacKinnon (Connecticut College), Baron Perlman (University of Wisconsin), and Alphons Richert (Western Illinois University). NAMP held its first national conference in Washington, DC in 1993 (I believe that is the correct date).

CAMPP and NAMP organized a joint accreditation task force in April of 1995. The group was originally known as the Interorganizational Board for Accreditation of Masters Programs in Psychology (IBAMPP) and changed its name to Masters in Psychology Accreditation Council (MPAC) in 1999. MPAC has accredited eight applied master's programs to date. MPAC is in the process of applying to the Council on Higher Education Accreditation (CHEA) for accrediting as an accrediting group.

The Central Office of NAMP can be reached by mail at: P.O. Box 721270, Norman, OK 73070. Their phone number is: 1-800-919-9330, and their website is: http://www.nampwebsite.org.

Date: Tue, 21 Sep 1999 8:47
From: Richard F. Rakos

Bill -NAMP is an organization that advocates for master's-level scientist-practitioners. I emphasize the "s-p" because these folks consider themselves to be members of the discipline of Psychology, which as we know is a science, not a guild. NAMP, in fact, emphasizes the need for and use of data to make decisions -- including the effectiveness of master's-prepared psychologists.

NAMP is organizing legislative action in many states, with Logan Wright as one of the bigger names in the forefront of the effort. So, they are not certified by any state, or backed by anyone but the members -- in fact, they are fighting APA in state after state -- David v. Goliath, and guess what -- APA is losing, slowly, in state after state. This is truly a "grassroots organization" that deserves the support of all AAAPP members.

NAMP publishes its own journal, under the editorship of my colleague at CSU, Steve Slane, who is a social psychologist but has been a long-time committed advocate for master's-level practitioners and one of the founders of NAMP about 10 years ago. NAMP has state affiliates, like OAMP (Ohio...) that do much of the grassroots organizing. Money, of course, is a great need, as are more members -- many master's folks have "assimilated" into other disciplines, reluctantly, due to restrictions on practice and hostility from their (in my view) arrogant and condescending doctoral level "colleagues."

Of course, the outcome of the APA suppression of master’s practitioners is that the science of psychology is hardly represented in actual "in the trenches" practice in community agencies in inner cities and rural areas. I've argued with Russ Newman of APA on this, to no avail. The master’s folks do not really threaten doctoral folks in psych, but will compete with master’s folks in counseling and social work. APA should be concerned with the virtual elimination of psychology in actual service delivery in community agencies -- not prescription privileges.

More info: contact Steve Slane at: s.slane@csuohio.edu

Date: Tue, 21 Sep 1999 8:54
From: Richard Rakos

NAMP is NOT a "sham" organization, but a serious group fighting for the right of master's prepared psychologists to practice with limited but independent licensure. Its accreditation criteria are stringent, like APA's. This group is NOT misleading consumers, but trying to get practice rights for people who are at least as well prepared as folks with master's in other disciplines who have that right. Dr. Caccavale's attitude represents the hostile and uninformed APA view, and I hope AAAPP members take the time to learn about NAMP on their own and form their own judgments. NAMP and AAAPP are natural allies.

Date: Tue, 21 Sep 1999 9:24
From: Carolyn Black Becker

Is there an official AAAPP position on practicing master’s psychologists?

Date: Tue, 21 Sep 1999 9:47
From: Richard Rakos

Carolyn, to my knowledge there is no official AAAPP position on the master’s issue. But I recall that in an early AAAPP newsletter, Steve Hayes presented a fairly long and master's-favorable discussion of the whole issue, including a then-current detailed table of the status of master's practice state-by-state. So that sticks in my mind as early support and "allies."

But more importantly, AAAPP advocates the scientific application of psychological principles, not the arbitrary credentialing of one group with one set of qualifications. The data should determine whether master's folks are competent to practice independently (with some limits, perhaps).
And the data show very conclusively that such competence is demonstrated!

Date: Tue, 21 Sep, 1999 10:06
From Carolyn Black Becker

Thanks for the update. I was actually responding because I have been surprised, at times, by the amount of hostility directed at master's level psychologists. I agree with you that our goal needs to be the scientific application of psychological principles. If given the choice, I would rather refer to a master’s level psychologist trained in empirically supported psychological treatments than a master’s level social worker who has no idea that such interventions exist.

Date: Tue, 21 Sep 1999 10:33
From: Richard Rakos

Carolyn -- I appreciate your interest in the "master’s issue." The hostility comes from the perceived threat to the "status" of psychology, which self-defines itself as a doctoral profession, so as to compete with psychiatry -- first for therapy rights, [but] now we see it moving to prescription rights. But the data do not support this absolute demarcation; in fact, you are in good company in preferring to refer to an MA psych person who is trained in scientific psychology than to other MA folks from other disciplines who don't even understand, for example, contingency management.

Licensure is essential due to managed care reimbursement requirements.

Sadly, I consult at several community agencies that have absolutely no psych services because they cannot afford to hire a Ph.D. psychologist and can't hire MA ones because they wouldn't get reimbursed -- so they hire MA social workers or counselors and "make do." But these agencies know they aren't providing needed psych services -- that's why they hire me – so maybe here is a bit of a threat to Ph.D. psychologists. But I know I can't do justice in a few hours a week or month that a well-trained MA person on site could do day in and day out.

Tue, 21 Sep 1999 12:18
From: John W. Bush

The exclusion of master's level practitioners is a prize example of APA's dropping the ball. No doubt the doctoral requirement made sense in the '40s, '50s and early '60s, when clinical psychology was fighting to gain a place alongside psychiatry, using the "We're all doctors here" argument.

But once we'd won that battle, it was time to bring in the master's level people, perhaps initially as psychological associates who would be supervised by doctoral psychologists until they could prove their ability to operate as independent practitioners. Instead, APA stuck to its Maginot Line strategy and social workers swarmed into the gap that would better have been filled with people trained in psychology. (I personally know a good many CSWs who would have preferred, on scientific grounds, to earn an MA or MS in psychology if licensing had been available.)

Speaking of science, therapy outcome research has repeatedly demonstrated that doctoral-level psychologists as a group perform only marginally better than social workers. This suggests, indirectly but quite strongly, that for purposes of practicing psychotherapy, master's level training in psychology might be fully the equal of the doctoral variety. Now the states are feeling pressure to license people whose education and training are even more off-target than social work.

Meanwhile, many graduates of Ph.D. and Psy.D. programs have adopted, with no resistance whatever from APA, unproven and even quackish "therapies" -- just as if they'd never heard of empirical science as the preferred basis for practice.

Date: Tue, 21 Sep 1999 12:26
From: Steven C. Hayes

On Tue, 21 Sep 1999, Becker, Carolyn wrote, “Is there an official AAAPP position on practicing master’s psychologists?”

Yes, there is. In 1992 the Board endorsed all of the resolutions from the AAAPP sponsored "Second Summit of Applied Psychological Organizations." This meeting pulled together about 20-25 applied psychology organizations to try to establish a national agenda for the field. The results are below.

Parenthetically, this Summit had a long-term impact and in more than one area. For example, the "Standards of Service" resolution had a role in the Division 12 Task Force on Empirically Validated Treatments (Dave Barlow was Chair of the Second Summit, and then ran for Division 12 President and created the Task Force). It also led to an AAAPP conference on the topic, and a book (still available from Context Press - see www.contextpress.com), which eventually led to the formation of the Practice Guidelines Coalition. The standards of practice conference is also where the opposition to prescription privileges reached a head (the resolution in opposition was written

there). I mention this primarily because I want people to know that this small organization has had a long-term impact.

Here are the resolutions, adopted as AAAPP policy:

Unanimous Resolutions from the
Second Summit of Applied Psychological Organizations

Master's Level Providers
Applied psychological science is committed to the delivery of scientifically supported technologies in a cost-effective manner to those populations requiring these services. We recognize the important role that can be played by properly trained supervised persons with a master's degree in psychology as part of a multi-level approach to these problems, particularly in institutional settings and with underserved populations.

Scope of Practice
We recognize the urgent need to define the legitimate scope of practice in the various areas of applied psychology and to identify effective procedures for monitoring this, both at the doctoral and subdoctoral level.

Standards of Service
We recognize the need to develop scientifically supported standards for psychological services. To that end, we endorse a conference on this topic.

A National Clinical Database
A database should be developed, beginning in out training clinics, which will allow the impact of specific procedures on specific types of clients to be documented. Special emphasis should be placed on the development of training manuals and other procedures for the specification and standardization of interventions.

Broadening the Participation in Accreditation
We encourage the Steering Committee of the APS Accreditation Summit to select representation from the emerging specialty areas to serve on the newly created Steering Committee.

Dissemination
We recognize the need to examine and promote more effective dissemination of scientific information. These may include: a) a conference of publication editors and consumers, b) support for dissemination of procedural manuals, c) selection of the best vehicles for disseminating information so that it will reach practitioners, d) encouragement of NIH/NIMH to modify guidelines to include dissemination of procedural manuals, and e) development of ongoing means through which practitioners may provide feedback on effectiveness, prediction of success, and the transportability of procedures in applied settings.

Standards for Continuing Education
We recognize the need for continuing education offerings to be based on the best available scientific evidence whenever possible, to establish procedures to ensure this, and to inform consumers of the degree to which Continuing Education offerings are scientifically based.

Date: Tue, 21 Sep 1999 12:34
From: Mitchell L. Schare

To Richard and all: It's likely that this position will be unpopular with many of you. I cannot and will not support the advancement of MA level training or licensure.

In these days of managed care and the resulting economic crisis throughout the healthcare industry, MA level psychologists are an absolute threat to doctoral level psychologists. Private practice dollars are shifting to much lowered fees, based upon schedules seen for MSW's. The recognition of MA level psychologists as licensed professionals would just continue to erode the employment opportunities of those with more advanced training, which leads to my second point...

From the perspective of training, how can one possibly argue that an MA level person has the same skills and competencies of a Doctoral trained psychologist? For 5-7 years most doctoral psychologists are immersed in a steady selection of courses, gaining knowledge in theory, assessment and psychometrics, interviewing skills, therapy techniques, etc. In traditional Boulder-type programs, we also include a heavy indoctrination in research methods and experimental design. So how is it that MA can do the same thing that doctoral level people do?

Date: Tue, 21 Sep 1999 13:05
From: Richard Rakos

Steve, thanks for providing the AAAPP position. I urge the organization to reconsider the stance that the practice of master’s psychology folks be limited to supervised practice. Heck, APA has no problem with that position: then master’s psychologists are politically and economically castrated, and psychology remains a "doctoral" profession. MCOs and licensure for other master’s practitioners have combined to render the master's degree in psychology of questionable value, despite rigorous training.

The mandate of MCOs for independent licensure makes the supervised practitioner an albatross: A supervisor must be hired and it is through her/him that billing occurs, increasing costs and paperwork – if indeed the MCO will accept supervisor billing. In fact, very few MCOs beyond Medicaid do so today. there is no reason why master’s prepared "psychology associates" (or some such title) cannot be licensed to practice within their scope of competence.

These people are not only competent in their own right, but they are more competent in the delivery of psychological services than the other master’s level disciplines that have filled the void in the delivery of (pseudo) psychological services to the seriously mentally ill, poor, and rural populations.

Date: Tue, 21 Sep 1999 13:21
From: John W. Bush

I don't think anyone seriously doubts that doctoral education adds materially to the knowledge and potential competence of psychologists. But we have little evidence that these advantages result in superior treatment outcomes. In studies I have seen, either doctoral-level psychologists perform about on a par with social workers, or they produce equal outcomes but do so with somewhat fewer sessions. Not much of an edge -- and grist for the managed care fee-reduction mill.

It has been suggested, by Nick Cummings among others, that clinical psychologists holding doctorates shift their focus in the direction of supervision and research, where our advantage over master's level people in both psychology and social work has a better chance to make itself felt.

Regarding your [Mitchell Schare's, see above] second point, I wonder how many truly Boulder-type programs are still out there, and what percentage of new graduates come from such programs. My guess is that both numbers are dismayingly low. If so, in trying to hold the line for

the doctoral requirement, we are advocating for many colleagues whose claim to superior education and training is tenuous at best.

Date: Tue, 21 Sep 1999 13:50
From: Richard Rakos

Mitchell, I've heard the arguments you present, including from psychologists in my own (part time) practice. Several points to consider in this context:

1) For right now, many if not most MCO provider panels in large metro areas are closed, so MA psych folks will not be displacing doctoral level psychologists currently in practice.

2) With MCO fees decreasing (and are they ever!), doctoral psychologists (and psychiatrists and other physicians, too) increasing seek hospital or institutional employment. In those contexts, they do may do some teaching, collaborate in research projects, supervise other providers, and provide service delivery. Perhaps the private practice model is not viable on the doctoral level as long as MCOs control the playing field.

3) Limited licensure might not be a threat to doctoral level psychologists, but might in fact allow implementation of a "tiered" service delivery approach (generalist [MA], specialist [Ph.D.]), that MCOs love as a way of cost containment.

4). MA psychologists will displace MA social workers and counselors before infringing on Ph.D. psychologists; further, as I said in an earlier exchange, in many cases, Ph.D. psychologists decline to work with unpopular clienteles, leaving those persons without true psychological services.

5) Very few MA psych bills are "parity" bills, so there is no practical desire to "do" the same thing as Ph.D. level psychologists. But even so, the question of whether doctoral psychologists provide superior intervention is unproven. This is not so surprising, perhaps. Much of the 5-6 years of Ph.D. doctoral training is concerned with conducting research; the amount of actual clinical training in a Ph.D. program and a good, empirically based MA program is often fairly comparable. Perhaps that is why the existing data find little if any difference in clinical outcome between doctoral and master's level providers. In any event, IF licensure "protects" the public, and IF to sit for the exam MA folks must have, say, 1) 4 years [instead of 2 for a Ph.D. person] of supervised experience, and 2) a course of study that includes all of the APA essential areas (social bases, bio bases, history, ethics, individual, etc.), and then to be licensed the MA person has to score at the same cutoff level -- but for a "limited" license -- as a Ph.D. applicant, then the only issue remaining is the economic interests of the doctoral psychologists. Service delivery to underserved populations and "public welfare" become irrelevant.

6) There will always be clients -- even in MCO plans -- who insist on a "doctoral" level psychologist. A good minority of the referrals I get within my practice are exactly those requests. What does this mean? To me, it says that psychology has to continue to market itself, including all the empirically supported services its various practitioners can provide. Unfortunately, what we have today is a guild of psychologists, rather than a unified discipline of psychology. Masters and doctoral psychologists should be asserting psychology's unique benefits to society vis a vis the other practitioners.

Date: Tue 21 Sep 1999 20:22
From: John Caccavale

Richard, to be consistent I hope that you will also advocate that these master's level "scientist-practitioners" also be allowed to qualify and obtain tenured positions in psychology without needing a doctorate. After all, they are "scientist-practitioners" and they consider themselves to be psychologists.

The need for a doctorate would just be an artificial impediment and anti-competitive. Don't you agree? As I see it, they would do less harm at the university since the sham certification only seeks to fool consumers into thinking that these folks are licensed.

Date: Tue 21 Sep 1999 20:30
From: John Caccavale

Richard, my view represents the attempt by some to downgrade our profession by using the master's issue to disrupt doctoral level practitioners out of their own sense of hostility. I am not hostile and your response is typical of those who resort to attack when one challenges with the truth. We are licensed and not "certified." I am willing to enter into any debate on this issue and believe that I can support my position. I even support having those master's level "scientist-practitioners" as you call them replace academics since, as many of you state, the doctorate is not necessary.

Date: Tue, Sep 21, 1999, 20:38
From: John Caccavale

Carolyn, what about referral to a licensed, doctoral level psychologist trained in empirically supported psychological treatments?

Date: Tue 21 Sep 1999 20:47
From: John Caccavale

In my opinion, any school or individual that lead master's level students to believe that they could be practitioners in psychology are committing fraud. What possible reason is there to train at this level, leading these people on pretending that they could practice in a clinical field where the doctorate is the entry level? Master's level practitioners are the problem of those schools and teachers who need to keep their jobs since they mostly teach at schools that do not or cannot issue a doctorate. Because of this, these misled students are being dumped on the doctoral level psychologists and made to be our problem. They are not. Train them to teach.

Date: Tue, 21 Sep 1999 22:07
From: Lee Sechrest

Apparently a large number of persons are floundering around out there in society wildly delusional in the belief that they are functioning as psychologists although they have only master's degrees. Crazy.

I happened to attend a recent NAMP meeting, however, and got to talk to a number of those nuts. Why organized clinical psychology tolerates them at all, I cannot imagine.

First, it turns out that a great many of them--I will not try to guess the proportion--are "only" MA level all right, but they are also ABD. That is, they failed to complete the stupid dissertation requirement that is at the heart of the founding of the Psy.D. movement anyway.

Second, these people could easily be wiped out by the doctoral clinical crowd. For example, I talked to one guy, who seemed pretty sane and quite smart aside from his delusion that he was functioning as a psychologist, who is director of a community mental health clinic in a small town in Kansas. He makes about $35K per year, but it does not cost a lot to live out there in the boonies. All that should be required is that a "Psy" be willing to go out and take over his job. Incidentally, none of the NAMP members that I met was in private practice. They were not crowding out the group that puts their *Psy* line out on a shingle.

The NAMP group did, in fact, seem a lot more interested in and hospitable to science-based practice than most doctoral practitioner groups I have known or heard about recently. They seemed smart, eager to improve their skills, highly ethical, realistic about what they could do, dedicated to public service, and generally pretty well put together people. But, delusional, I guess. Pity the public out there in Kansas who are deprived of the services of a graduate of a third-rate PsyDanalyst.

Date: Wed, 22 Sep 1999 8:31
From: Carolyn Black Becker

Unfortunately, it often is not that easy to do so. I have literally spent hours per patient at times trying to find such licensed, doctoral level psychologists trained in empirically supported treatments (and that is using listserv resources and the AABT directory).

Furthermore, if you are looking to refer to a highly rural area, plan to spend days in a futile search. Regardless of the master's of psychology issue, we need to figure out ways to get empirically supported treatments disseminated to the master's-level clinicians providing services at many agencies. Ph.D.s are never going to replace them because their salaries are simply too low. Some of these people make less than I did as a postdoc and work in locations where most of us do not want to live. What scares me is the fact that we have absolutely no say in MSW training and do not appear to be having an impact in this area.

Yet realistically, MSW's are the ones providing services to large patient populations because they will work for less than Ph.D. level psychologists will. Even when I have found a Ph.D. level psychologist in such "low paying" agencies or locations, they have NO clue as to what empirically supported treatments are, let alone how to implement them.

There are hundreds and thousands of individuals out there who have no access to empirically supported treatments because they do not live in the right geographical location or have the financial resources to pay 'us'. When clinicians who are committed to empirically supported treatments are put in the position of recommending that patients move (yes literally pack up their whole family and move) in order to access decent services, we have a serious problem that we need to address if our real commitment is to relieving suffering with these interventions. The status quo is such that Ph.D. level clinicians are not providing these services adequately, and given fiscal considerations, we never will.

Date: Wed, 22 Sep 1999 9:29
From: Richard Rakos

John, why do you say I attacked you? I observed you were hostile and uninformed on the master's issue. I think my inference regarding your hostility is warranted, and I submit that Lee's note about the NAMP folks and Carolyn's one about service availability substantiate my belief that you harbor many misconceptions and erroneous assumptions about master's level practitioners. I am happy to debate -- but you are the one who first used provocative language, calling NAMP a "sham" organization.

Date: Wed, 22 Sep 1999 9:45
From: Richard Rakos

John, master's level training is a significant ethical problem. At CSU, we make it very clear to applicants what the situation is. We admit three types of students: those going on to school psych (a third year), where licensure is available on the master's level, those with doctoral aspirations but not the paper credentials at present, and those wanting to practice on the master's level as psych assistants, for which there are some jobs available, most notably in prisons, in court assessment clinics, with Medicaid populations (often supervised by a psychiatrist), and in some hospital settings doing assessment and (heavens!) often being integral members of medical research teams.

The sad thing is that before counselors and social workers achieved licensure in Ohio, and before MCOs, that is up until the mid 1980s, the situation was very different. Around February, I (as the then-director of the clinical program) would begin receiving calls from community agencies, substance abuse treatment centers, residential treatment centers for the severely disturbed, etc. asking for names of our top upcoming June grads: we had such a wonderful reputation for turning out sophisticated, competent, practitioners who grew in their jobs, that we had agencies literally begging for our grads. And even today, these agency heads remark with regret that they can't hire our grads because they are so much more skilled than the license-eligible professionals they must hire are.

So, there is really an ethical reason to fight for master's licensure. The main reason to oppose it is for economic self-interest.

Date: Wed, 22 Sep 1999 11:20
From: Dave Provorse

While this discussion has so far reflected "generalities" and broad-based assumptions, let me offer a state-specific example (that does, I think support a legitimate role for master's level psychologists). I find myself in an interesting position in this "debate"--, as I am a licensed Ph.D. Clinical psychologist who's primary occupation is as a professor who "trains" master's level psychologists to be competent therapists.

I'll give you the "punch line" first, so you can delete the following "details" if you prefer. State legislators are already "deciding" the issue of competence of master's level trained psychologists. And the argument being offered by pro-master's lobbyists are quite convincing. These advocates groups are NOT arguing "superiority" or even "equivalency" to Ph.D. psychologists, they are only arguing "equivalency" (and maybe "superiority") to OTHER mental health practitioners that state statutes have already deemed competent (social work, marital/family therapists, etc.)

To resist the "upstart" MA's, we Ph.D. psychologists are left having to argue not only that "we" are "better" than MA psychologists, but also that the master's level people WE train are LESS competent than the master's level folks trained in other disciplines! Positions, as previously discussed on this list, which are NOT empirically supported.

Here are the "details" of the Kansas situation (and please refrain from any "flames" about "any state that outlaws the teaching of evolution... that was actually just a big misunderstanding :)!!

Here at Washburn, we offer a "Boulder-model" 60-credit hour master's degree that includes approximately 50% "clinical" training (child and adult assessment, four "theories of therapy" courses, two in-house practices and a 750-hour community-based internship), 25% "foundation" courses (developmental, physio, cognition, social, etc.), and 25% "research" (stats and design courses and a original empirical master's thesis).

The degree program was developed in the early 1980's in conjunction with state legislation that offered "licensure" for master's level psychologists. The legislation was in direct response to the "supply and demand" issues common to many rural states (i.e.: ample "traditional" mental health professionals in more urban areas, but a notable shortage of MHP's in rural settings). The rural mental health centers struggled to employ ANY psychologists (there just weren't--and still aren't!!--enough Ph.D.'s to fill all the rural positions).

The state statutes originally limited the "scope of practice" of these master's folks to "public agencies under the direct supervision of Ph.D. psychologists". Which "worked" in that MA's began to fill the vacancies in MHC's and public hospitals. However, this often placed the few available Ph.D.'s in "supervision only" roles, and providing few direct services.

Recent changes in state legislation have gradually expanded the "scope of practice" of master's psychologists. And such organizations as NAMP (and the affiliated state-level organization Kansas-AMP), were instrumental in "winning" these rights. They successfully used the argument of "equivalent" training to other clinical disciplines (SW, counselors, and marital and family therapists) that the state already licensed. And in fact, the legislators spoke openly about the "divisiveness" WITHIN psychology--and the Ph.D.'s "resistance" may have damaged the political clout of the entire psychology profession in the state. They couldn't understand why Ph.D. psychologists would argue AGAINST "their own"!!

The most recent statutory changes require master's folks who want "private practice" rights to:

1) pass the national licensing exam at the same 70% level as Ph.D.s, and 2) receive an additional 4000 hours of post-degree supervised clinical experience

Interestingly, the main fetter on master's folks "independence" now seems to be policies of third-party reimburses who aren't sure yet what to make of this "new" group of providers. So, now to "push" the "Ph.D. only agenda" we not only have to disparage other psychologists, but support the folks who have given us managed care?

Date: Wed, 22 Sep 1999 11:32
From: Steve Reisman

Reply to Carolyn Becker:

You raise the practical issues of who does what therapy for (to? with?) what clients. That is a good thing. There is also the question of what is done in the name of therapy, an issue often raised on this list.

After years of working for a community mental health agency, therapy has come to have a lot of rather strange meanings for me. We have a caseload of close to a thousand active clients, many of whom also receive medication services. Our therapists are poorly paid people with a variety of MAs, often an MSW. The financial realities of this decade have forced us to have a large percentage of our therapists in some form of fee for service relationship as opposed to salaried

employees who enjoy benefits and full time collegial and supervisory relationships. It should be no surprise that under these conditions, it is most difficult to hire people.

I often feel that we are operating in a different world from that generally discussed on this list. There is no talk here of whether or not it's OK to hire someone without a Ph.D. We are not often able to fund those folks. The few we have mostly do administration and Behavior Modification.

My point is that some significant number of therapy hours performed are conducted by people who have really heard little of the notion of data based treatment. Many of them see themselves as helpers who assist in getting people through difficult times as opposed to addressing a DSM IV diagnosis. Interestingly, I believe that these services are often helpful and we some data to show that they are.

My question is to ask if there are not several professions (or services) that call themselves "therapy." I think so. If so, is that OK? Would it be better to reserve a term like "professional helper" for many of these folks? Perhaps, we could even license the title. We trained professional types may distinguish among ourselves, but the managed care companies blur the divisions by making the compensation rates more and more similar.

I apologize for rambling. It's just that the view from the academy and the view from the trenches appear to be very different. I support very high standards, but I don't know how to pay for them.

Date: Wed, 22 Sep 1999 15:52
From: Ted Packard

I think another method for differentiating has also been discussed by other clinical researchers in the field (I do not want to falsely take credit for this idea). This plan would utilize master's level clinicians to administer empirically supported protocols to moderately straightforward cases (e.g. MAP to a panic patient, CBT for bulimia nervosa etc.) and would reserve Ph.D. level clinicians for non-responders or highly comorbid cases.

We psychologists need to get on with the inevitable business of developing a rationale that differentiates master's level "generalist" practice from doctoral level "specialist" practice. Then we'll be in a better position to work cooperatively with our master’s level colleagues, including master’s psychology graduates, and provide comprehensive and integrated services to our clients and patients.

Date: Thu, 23 Sep 1999 0:33
From: Rod Goodyear

I appreciated Ted Packard's essential point: That master's level folks are here in multiple guises (MSW; counselors; masters level psychologists) and have societal sanction to practice. They are not going away and issuing decrees that they *should* simply will not make it happen. Moreover, by maintaining that stance, organized psychology has given up any voice concerning what their training should be (with respect to level of science training for example).

But to the extent that "should they exist of not" passions can be set aside, the master's level issue raises some really fascinating questions (some of which already have been addressed in this thread). For example, intuitively it seems clear that doctoral level psychologists "should" be better clinicians than someone trained at the master’s level. Yet data supporting this just are not there. One possible explanation is that master's-level folks are getting in-the-field training that approximates what they would have obtained during a doctoral program (despite what we

faculty in doctoral level programs would like to believe). How, for example, is the master's level practitioner who takes advantage of the new Kansas statute (master's degree and three years of fairly tight supervision) different from someone who obtained the Psy.D. instead?

Date: Thu, 23 Sep 1999 0:34
From: Steve Walfish Ph.D.

In a message dated 99-09-21 13:46, Mitch Schare wrote, “In these days of managed care and the resulting economic crisis throughout the healthcare industry, MA level psychologists are an absolute threat to doctoral level psychologists. Private practice dollars are shifting too much lowered fees, based upon schedules seen for MSW’s. The recognition of MA level psychologists as licensed professionals would just continue to erode the employment opportunities of those with more advanced training.”

It is statements like this, in my opinion regarding the countertransference issue of money and control, which makes doctoral level psychologists lose all objectivity. Further, I also think credibility is lost with people paying the bill e.g., the public, insurance carriers.

I do not believe this is a protection of the public issue but rather a guild issue and a protection of turf issue. Psychiatrists do it to doctoral level psychologists and they cry foul. However, if it rolls downhill the other way that's okay.

Doctoral level psychologists cry foul when an insurance carrier or managed care firm pay Psychiatrists more money for performing the same procedure code (e.g., 90801 or 90406). However, these same people do not become upset when MSW's or licensed mental health counselors are paid less for also performing the same procedure codes.

When Sean Kemp wanted out of his Seattle Sonics contract he said, "It's not about money, its about respect". He then signed a $100 million dollar contract to play for the Cleveland Cavaliers. For me this issue is no different regarding the current debate, "When they tell you it’s not about the money..."

Date: Thu, 23 Sep 1999 7:59
From: Doug Tynan

Mitch, I'll echo previous comments on this exchange. While you make a good logical argument that Ph.D. level providers should have more effective skills, there is no research showing that their patients/clients have better outcome, so there is no empirical support for that position.

I agree with Lee, in that most of the Psy.D. psychologists I have met are well trained in what could best be described as the standard community practice of therapy, that is therapy with a strong psychodynamic influence.

Since I primarily see children and families, the research on this type of psychodynamic therapy shows quite consistently that standard community practice therapy is ineffective for most child problems (look at John Weisz' work on this). Thus the type of therapy that many Psy.D. and Ph.D. Psychologists are trained to do does not work very well. It is indeed totally ineffective for disruptive behavior problems that are the majority of referrals (e.g. ADHD, oppositional behavior etc.)

Now I work in a system that is capitated for our region for services for children. That is, we have a fixed amount of money coming in to provide services for a population. Thus, it is in our best interests to do what works, so the patients don't keep coming back, and also to do

some prevention work. This is a very different set of contingencies than those that govern the behavior of private practice people. Our practice does better if the patients are doing better and are healthier. In private practice the financial contingencies are geared toward getting more people in the office more often, and I do think that those contingencies govern therapist behavior.

In this situation, I know that nearly 70% of the referrals are for disruptive behavior. I know from the research and my own clinic outcome data here (Cognitive and Behavioral Practice, 1999) that what works is 1.) Parent Management Training and 2.) Social Skills Training. Thus, I need to screen for these problems, and get these famlies into an effective, but time limited program that offers these therapies. If I don't, I get buried with emergency referrals.

Given the choice of hiring perhaps 5 M.A. level therapists who are willing to follow a manual driven program, proven to be effective, or 3 Ph.D.'s who will want to do therapy the way they were trained to do (usually individually, playing games with the child & giving the parent a handout on time outs), there is only one choice, that is to provide the necessary therapy in a cost effective manner with MA therapists.

In the past, I have done parent groups, and then hired a special ed. teacher to do a social skills "class" at the same hour, with equal effectiveness.

Another example would be in autism work, where it is routine to have a Ph.D. oversee a program of operant discrete trial learning carried out 35 hours per week by BA or high school level graduates. That is a highly effective, psychological intervention for a severe developmental disability, but it requires para-professionals to carry it out.

In fact, if you seriously look at the truly effective programs for children designed by psychologists, the vast majority of them are carried out by MA or BA level people and what is ineffective is seeing a Ph.D. in the office once per week.

Mitch, as Don Levis told you in his Behavior Therapy class many years ago, you have to get out of the office and do things differently.

As a profession, we need to clearly discriminate between effectiveness issues and guild issues. They are separate issues.

Finally, it is not just Psychology being affected. In Health Care in general, primary care is becoming more likely to be delivered by Physician Assistants or Nurse Practitioners then by MD or DO physicians. Thus the delivery of services by Master's or Bachelors level people can just as likely occur in Pediatrics, Internal Medicine or even specialties. Whether these services are more or less effective is an empirical question to be answered.

Date: Thu, 23 Sep 1999 9:32
From: John Winston Bush

I recall seeing the report of a study several years ago indicating that the "people skills" thought to be valuable in clinical work tend to decline over the course of doctoral programs. Perhaps this effect is canceling out some of the advantages that holders of doctorates "ought to" show.

I would also note, in my own case at least, that the post-master's coursework and the dissertation were often quite interesting but contributed little that I can discern to my ability to conduct effective therapy. The coursework included two semesters of training in the use of tests that are widely used but have never been shown to have much validity, especially incremental validity, in

diagnosis or treatment planning. In addition, the theories of therapy that were taught were largely psychodynamic and Rogerian, with nothing at all offered in behavior or cognitive therapy.

The courses I took that proved of greatest value in the end -- learning theory, social and developmental psychology, psychophysiology, behavior genetics, etc. -- were all part of my pre-master's work. I wonder if there are others here who could report similar experiences.

Date: Thu, 23 Sep 1999 17:34
From: Alan Ivey

I wanted to stay out of this, but it is time to recognize that Ted Packard basically says it all. The barn door has already been opened widely to master's candidates and, for the most part, they are rather effective. Take a look at the data. Very little supports the idea that Ph.D. people are more effective. Strupp did not like his own finding that college professors were often as effective as professionals and so stopped that area of research. See Garfield's comments on Strupp's decision.

Lee Sechrest also made a good point when she [sic] commented on the naivete of youth.

Putting the two together, I would rather have an older person go through training. A Ph.D. is nice, but good life experience brings us many many wonderful people at the master's level.

I suspect that both degrees are OK. WHAT WORRIES ME IS THAT THE ONLY COMPETENCY EXAMINATION THAT EXISTS IS ABPP AND SO FEW PSYCHOLOGISTS AT ANY LEVEL ARE WILLING TO UNDERGO REAL EXAMINATION OF THEIR PROFESSIONAL PRACTICE.

If we believe in science, let us look at the data and start using behavioral indicators of competence.

Generally speaking, I am disappointed with the qu [the message was interrupted at this point.]

Date: Thu 23 Sep 1999 19:09
From: John Caccavale

Richard, it is a sham organization. There is no place for master's level in professional psychology. The doctorate is the entry level. Many people who advocate for these folks do so as a way to shift the responsibility to clinicians. This is the issue. You are trying to redefine the profession to accommodate folks that you created. All the babble in the world will not change that.

Date: Thu 23 Sep 1999 19:21
From: John Caccavale

I have no problem with master's level therapists. I have a problem in calling them psychologists. Call them counselors, therapists, whatever. If they are not equivalent to psychologists then why use the name?

Date: Thu 23 Sep 1999 19:35
From: John Caccavale

Lee, if you have any data that shows professional school graduates are less prepared or less competent than traditional universities, then let's see it. If we believe Robin Dawes, certification, licensing for any professional training is no better, and sometimes perhaps worse, than friends and other untrained folks. In California, the top universities continue to do worse on the licensing exam than the professional schools. How do we explain this? The issue is that all schools can turn out subpar graduates. Talent is normally distributed. I have always had my own concerns about the professional schools but they exist because traditional programs could not keep up with demand. They exist because clinical students, for the most part, have always been considered less than the "scientists" in other areas of psych. What I find interesting is that you seem to support lowering the standards to MA level. At least the professional schools only train doctoral level practitioners.

Date: Wed, 22 Sep, 1999, 4:41
From Ted Packard

Concerning Dr. Provorse's comments, the following "facts" need to be considered in any discussion of the "masters" debate in psychology:

1. All jurisdictions in the U.S. license social workers, typically at the independent practice level (2-yr. masters programs).

2. 47 jurisdictions (45 states, DC, and Puerto Rico) license professional counselors, typically at the independent level (programs are 2 or 3 years--60 semester hours is common).

3. Approximately 38 jurisdictions license marriage and family therapists, and a master's degree is the entry educational requirement (programs are 2 or 3 years).

4. Psychiatric nurse practitioners are licensed in virtually every jurisdiction, usually at the master's level and sometimes, based on their training, with prescriptive authority.

5. 33 of the 63 psychology licensing boards in the U.S. and Canada have provisions for licensure of master's level psychology practitioners, often with supervision required by a doctoral psychologist and sometimes with restrictions on the authorized scope of practice. (See ASPPB's January 1999 annual publication titled "Handbook of Licensing and Certification Requirements for Psychologists in the U.S. and Canada.) What's more, many boards include master's level psychology practitioners as board members.

The typical master's level graduate of an applied program in professional psychology is at least as well trained for mental health practice as the typical graduate of the "recognized" mental health specialties noted above.

So what's the argument about? Our society, through our state legislators, has already decided that a master’s degree in a mental health specialty is the minimum educational requirement necessary for practice. (Most other developed countries around the world also have master's level entry requirements.)

We psychologists need to get on with the inevitable business of developing a rationale that differentiates master's level "generalist" practice from doctoral level "specialist" practice. Then we'll be in a better position to work cooperatively with our master’s level colleagues, including master’s psychology graduates, and provide comprehensive and integrated services to our clients and patients.

Date: Wed, 22 Sep, 1999, 11:49
From: Mitchell L. Schare

Come on Dr. Packard - most societies actually believe in astrology and its ability to predict/control behavior. So what! - when do we let popular opinion dictate the course of Science. Psychology is the SCIENCE of behavior - not the politics of state governments. Let us not fall to the lowest common denominator in mental health: the masters, as though this is a solution to the therapy needs of our country. – The real problem I see in this debate are the hungry colleges and universities that insist on training large numbers of MA's to keep their coffers full. MA degrees are much easier, quicker and cost effective to grant (after all why bother with those thesis AND prelim AND dissertation committees). This has caused an excessive supply of "cheaper" workers and thus an intellectual and economic "dummy-ing down" of psychology, As long as we continue to allow our field to be undersold, agencies will never save up the $ to establish the lines that Doctoral level people should be getting. If these same agencies need a psychiatrist somehow the "bigger money" is found for the hire.

Date: Fri, 24 Sep 1999 8:56
From: Richard Rakos

John, here, and in your reply to Carolyn, you say we are "dumping" these folks on "us" -- "clinicians". Isn't this a sample of the problem? In what way are they being "dumped" -- why aren't they being embraced as valuable colleagues? Do physician’s assistants get this treatment from physicians --? Or do they work (increasingly so) side by side to provide better overall services? And in fact, most master's folks are OK with being called "psychological associates" or some such title that denotes a distinction from doctoral level practitioners. But they identify with psychology, the discipline that rejects them. And why are they rejected? Because as you say the entry level for practice is the doctorate. But on what basis is this determined? Not on empirical grounds. If we "true" psychologists accepted our master's colleagues, the discipline overall would be much stronger politically and ethically.

I will add one more observation -- which is probably contentious to some -- to this series of exchanges. It has been alluded to by others but not stated directly and is surely a generalization that is subject to the usual limitations. But here goes: In my experience of training master's psychology "people" for 21 years, and interacting with various doctoral students and doctoral recipients in the same period, I have found the master's people to out perform the doctoral folks in common sense, true empathy and caring for their clientele (as opposed to behaviors performed within a "role" of helper), willingness to extend themselves beyond the usual role parameters when indicated, humility, and genuine acceptance of worth of the casualties of our capitalistic society. In other words, master's folks do not carry an elitism into their therapy that doctoral people often do, and that I believe often compromises intervention.

To a much greater extent, it is the doctoral psychologists who joke about their clients, revert to theoretical abstractions as explanations rather than truly understanding influential socioeconomic, cultural, and structural constraints on clients, and point out clients' foibles with -- if not contempt -- then certainly with little acceptance that "there but for the grace of god go I."

The master’s folks are, in my experience, much more humble and accepting of others. Does the greater amount of research training makes up for these differences? Not in my book. Again, these observations are generalizations. Obviously there are many fine doctoral psychologists -- heck, me, for example -- but the achievement of the doctorate and state licensure unfortunately does

not mean that the helper is competent, caring, and empirically oriented. I wonder if others in this exchange have observed similar characteristics?

Date: Thu, 23 Sep 1999 7:00
From John Caccavale

I guess you are telling me that you practice "truth in advertising?" If this is so, then why are you advocating for independent practice for master's level practitioners? Seems to me that if you tell these folks what they can do with their degrees, then there is no need to try and expand on the reasons they were trained. Lastly, from your statement I gather that the training is geared to those goals. If I'm correct, then they are not qualified to practice on a level greater than their training.

Date: Fri, 24 Sep 1999 9:01
From: Richard Rakos

Because master's folks can do much more, competently, than they are currently permitted by law to do. There is no reason to constrain their practice below the freedom given to social workers and counselors and marital/family therapists. So yes, we want master's folks to practice at their level of competence -- but not be restricted to a level below it, as is the present situation in Ohio.

Date: Fri, 24 Sep 1999 22:20
From: Mitch Schare

John, I certainly agree with you. However I see this as a developmental issue for professional psychology. MA psychologists, though not part of the APA Boulder conference conception of a psychologist have served a need - a service gap which has existed for years. However I disagree with those that "since the barn door is open" implying that this is a situation which cannot be rectified. My suggestion: Close the barn door and stop offering terminal master's degrees! - Mitch

---

Date: Fri, 24 Sep, 1999, 12:39
From: Frank R. Yeatman

One of the common threads running through the conversation of the last week is concern with the level of training of master's-level psychologists. The Council of Applied Master's Programs in Psychology (CAMPP) was founded in 1986 to address this concern. At the First National Conference (Proceedings of the National Conference on Applied Master's Training in Psychology, available from Rosemary Hays-Thomas (rlowe@uwf.edu)), CAMPP adopted the General Standards of Education and Training. These standards are available at http://www.fmarion.edu/campporg/. This conference also recommended the formation of a group representing master's-level applied psychologists. The Northamerican Association of Applied Master's in Psychology (NAMP) – where this conversation started – is that group (http://www.nampwebsite.org email: namp@worldnet.att.net).

There are 65 master's-level applied psychology programs that have met the CAMPP standards. We are currently engaged in a systematic effort to expand our membership.

At the second national conference held in 1994 (The Second National Conference on Applied Master's training in Psychology, available from Frank Yeatman (yeatmanfr@mail.avila.edu)), CAMPP endorsed the formation of a committee to study the issues involved in accreditation. The Interorganizational Board for Accreditation of Master's Programs in Psychology, now known as the Master's in Psychology Accreditation Council (MPAC; Dana LeTendre, Chair; DLeT3@AOL.COM) grew out of this committee's work. MPAC has accredited eight programs to date.

CAMPP obviously does not represent all masters' programs in psychology. There are plenty of 30-36 hour programs out there that, in our opinion, do not adequately educate and train at the master's level. But, as has been pointed out during this discussion, phenomena are distributed (sometimes normally), and CAMPP represents the best of what master's-level psychology has to offer this country (and Canada as well!).

CAMPP has endorsed the APA's Decade of Behavior initiative and will continue to advocate for the training of competent master's level applied psychologists, the recognition of the importance of these professionals, and the application of behavioral research to the nation's problems.

Date: Fri, 24 Sep 1999 22:48
From: Mitch Schare

Richard - now I really get your message - education gets in the way of psychotherapy - too much of that theory stuff - hey let's get those high school grads into practice next!

Richard - do you actually believe what you wrote: In my experience of training master's psychology "people" for 21 years, and interacting with various doctoral students and doctoral recipients in the same period, I have found the masters people to out perform the doctoral folks in common sense, true empathy and caring for their clientele (as opposed to behaviors performed within a "role" of helper), willingness to extend themselves beyond the usual role parameters when indicated, humility, and genuine acceptance of worth of the casualties of our capitalistic society.

This is just a bizarre statement - those who are selected to participate in a lesser educational endeavor are better people than Doctoral types - Please...

Date: Sat, 25 Sep 1999 0:18
From: John W. Bush

Actually, there was a study some years ago (sorry, I don't have the citation, but maybe PsycINFO would turn it up) that showed moderate deterioration in clinical skills over the course of Ph.D. programs. Perhaps the intensive concentration on intellectual matters suppressed the subjects' other abilities. However, I can't think of any reason they wouldn't recover later. (Remember that Richard is giving his impressions of students in training, not afterward.)

Date: Sat, 25 Sep 1999 1:29:14 -0500
From: Steve Walfish

In a message dated 99-09-25 01:19:40 EDT, Mitch Schare wrote, "Now I really get your message - education gets in the way of psychotherapy - too much of that theory stuff - hey let's get those high school grads into practice next! "

Mitch, I once heard Hans Eysenck give a talk and he found data that ran counter to his theory and what he would have predicted. He then very wisely, I do believe, said, "Just because you don't like the data doesn't mean that you can ignore it".

No offense but if high school graduates can do just as good a job as Ph.D. Psychologists (which I don't believe) it should be considered restraint of trade to deny them the right to earn a living helping people. As you are in a school/community program you should be very aware that the early community psychologists were very much against licensure for that very reason. Further, as Seymour Sarason (my hero, I might add) points to the concept of "professional preciousness" in which Psychologists are misguided in believing that they may be the only professionals who know "how to help people".

Once again I believe this boils down to a guild issue and not protection of the public.

Date: Sat, 25 Sep 1999 10:19
From: Bill Stilwell

In the 70s Carkhuff discovered that the levels of empathy, regard etc. declined with the increased levels of training. In other words, Carkhuff reported that people off the street were more skilled in Rogerian relationship behaviors than were doctoral level students.

On the other hand, nearly 30 years ago does do things to memory. Maybe some truth does exist in the thread that says master's folk do better than do doctoral folk. For years I have been leaning a little harder on our doctoral students in hopes one will ask why and I can say go back to the 70s, find the study, and replicate the findings!

Date: Sat, 25 Sep 1999 11:06
From: John Caccavale

Richard, as you posted previously, your program trains these people to be psychological assistants, at best. These MA programs have been around long enough for the trainers and schools to know that they have a very limited role in psychology. Now you advocate independent practice. You make your living from teaching. I did once upon a time, also. By trying to get independent status for these under trained people, you need to dump them onto the clinical market. The goal should be to reduce lessor-trained individuals, not increase them. Maybe I've been going about things in the wrong way. I've always supported colleagues and thought we could exist in the same place. Reading this thread the last couple of days is convincing me that we may need two separate ways.

On the one hand many of you advocate and interfere with our right to seek expanded opportunities via RXP and at the same time continue to advocate for master's independent practice. I can tell you that you can not have it both ways.

Date: Sat, 25 Sep 1999 12:19
From: Alan Ivey

Dr. Walfish commented in a recent email on the AAAPP network, “I once heard Hans Eysenck give a talk and he found data that ran counter to his theory and what he would have predicted.

He then very wisely, I do believe, said, ‘Just because you don't like the data doesn't mean that you can ignore it’.”

Well, just because he said doesn't mean that he believed it or followed it.

Oxford University Press has an important book on Cyril Burt with chapters by eminent psychologists, etc. on whether not Burt was really a fraud or simply misunderstood. To refresh memories, Burt was the famed psychologist who did twin studies on intelligence and performance and presented "solid" data supporting the ideas of genetics as the basis of intelligence. I learned at Stanford University (class of 1955) under RR Sears, one of the gifted children, (and President of APA and head of Stanford’s psychology department) that Burt and Terman's work confirmed that intelligence was inherited and environment made no difference.

We all learned later that Burt made up his data. And, for the record, go back and look at Terman's work in your library. He may not have made up data, but his sample selection and methodology made all his work racist and meaningless. Every time you buy a Stanford Binet, you support an institution that profits from Terman's work.

Eysenck's important chapter on Burt is fascinating and well written. In his writing, he points out that Burt made a habit of fabricating data... but ultimately Eysenck excuses Burt as he knows what Burt was trying to prove was true.

It is clear that Eysenck does not always want to attend to the data.

Date: Sat, 25 Sep 1999 16:05
From: Lee Sechrest

John, the doctorate is not the entry level for research in psychology. Competence is the entry point. I know a good many researchers who do not have doctorates. I have had friends who were full professors in major universities without having a Ph.D. It is true that there is a bias in favor of job candidates who do have Ph.D.s, but that is because such persons have almost always better demonstrated their competence in terms of quantity and quality of scholarship. There is no statutory requirement, however, which is what the issue is in professional psychology.

Date: Sun, 26 Sep 1999 11:43
From: John Caccavale

What has made so many folks here so anti-intellectual? Doesn't experience and knowledge count for anything? I get the impression that some of you believe that only you have the answers. The rest of the world is incompetent or unnecessary. Sounds to me that many of the responses to this thread are from some very unhappy and unfulfilled individuals. Sorry for the clinical stuff but really…

Sun, 26 Sep 1999 12:08
From: Carolyn Black Becker

John Caccavale wrote, “The goal should be to reduce lessor trained individuals, not increase them.”

John, I couldn't agree more! I think we just differ in what we think of as lessor training. I for one think that 3 years of good training in empirical interventions is better clinical training than 5 years of psychodynamic training with a dissertation on top. If we are going to produce more non-empirically oriented clinicians with this master's program then I agree with you - let's stop them! However, if the master's programs will do what most doctoral programs have failed to do (which is train their students in empirically supported interventions) then I am happy to see many doctoral level clinicians and MSW's be given some competition.

I agree with you that it seems hypocritical for individuals who disagree with RxP to also advocate master's clinicians. Your position pro RxP and anti-master's suffers from the same problem. I am not sure how other people resolve this apparent hypocrisy in their reasoning but in thinking about it I came up with the following.

I believe in the application of empirically supported psychological treatments and believe that we have done an inadequate job of disseminating and utilizing them. I spent the last few years in the clinical trenches, so I don't think my ideas are coming from an "ivory tower" at this point. I am for anything that increases the number of well-trained clinician offering these interventions and against the protection of clinicians that ignore the data because they don't "believe" research applies to their work. I spent three years applying such research to real clinical practice and get very angry at clinicians who deprive their patients of these treatments. The thought that these SAME clinicians could also have access to prescribing frankly scares me.

I have NO reason to believe they will do any better job with a prescription pad then they do with therapy and I am all for not increasing their repertoire. Getting away from the whole "will prescribing change psychology issue" (which is also a concern of mine), I would be much more pro RxP if we did a better job of cleaning house or monitoring our clinicians first. It is perfectly "legal" for clinicians to treat patients for years with psychoanalytic therapy without ever informing them that there are shorter interventions with demonstrated efficacy.

I do not believe the public is protected at this point. If master's level programs will do a better job of backing empirically supported interventions then I will back them. If doctoral level programs did a better job of producing empirically oriented clinicians here would be less need for master's level clinicians and we would do a better job of protecting our "turf" with our techniques versus needing to rely on lobbying. I returned to academia at the undergraduate level to attempt to reach students sooner so that those who continue will be empirically oriented. That is my primary and overriding concern: that we produce fewer non-empirical clinicians. I currently would hate to have to be a mental health consumer. We really have a buyer beware situation currently operating, and APA is more interested in protecting its turf than improving the quality of what we do.

If we could pick and choose which psychologists became prescribing psychologists that might not be so bad (I don't care if you prescribe for example). But given our truly horrendous history in protecting the public (I agree with Dawes - licensing is a sham and clinicians can do all sorts of nonsense without violating any rules - and I am speaking from the trenches here), I don't trust that the guidelines established for RxP will do that.

[Added to original comments] I would like to clarify I am not against psychodynamic intervention when they are empirically supported. I would happily refer to a skilled IPT therapist, and would do so more often if I could actually find them.

Date: Sun, 26 Sep 1999 12:10
From: Lee Sechrest

On Sun, 26 Sep 1999, Dr. John Caccavale wrote, “What has made so many folks here so anti-intellectual? Doesn't experience and knowledge count for anything?”

Personal experience and personal knowledge? No, it does not count for much. Experience should not count for much anyway; we define and measure it carelessly. What counts is knowledge that is public and replicable and that leads to tests permitting falsification.

“I get the impression that some of you believe that only you have the answers.”

Science is "always" tentative, always. Scientists are willing to have their knowledge tested and be shown wrong. Truth is approached by approximations, and we never know, cannot know, when we have it absolutely. But science does permit us to know when we are wrong.

“The rest of the world is incompetent or unnecessary. Sounds to me that many of the responses to this thread are from some very unhappy and unfulfilled individuals. Sorry for the clinical stuff but really!”

You should be sorry, John. Not being a clinician, I will not offer my guesses about what may be wrong with my distant colleagues and intellectual opponents.

But in one respect you are right. As I look back on my career, and I now have a long ways back to look, I have a sense of insufficiency, of being unfulfilled. When I think of what I might have accomplished had I been smarter, harder working, better focused, and better put together as a person, I do have a sense of sadness.

But then I get over it pretty quickly and get on with things.

Date: Sun, 26 Sep 1999 17:15
From: John Caccavale

Carolyn, The truth is I am not against master’s level practitioners. I make these arguments only to expose the contradictions of those who oppose RxP but do advocate for master's integration. As for psychodynamic therapy this is not my practice and I do not offer this to the public. However, I also do not believe that I offer only empirical treatment modalities because I am a cognitive-behaviorally-oriented neuropsychologist.

I probably would not be against a commission that decides what is and what isn't an empirical treatment if I trusted that could be done. I just do not believe that the people who advocate for this have demonstrated that they have the competence or tools to do this.

Date: Sun, 26 Sep 1999 19:28
From: Frank R. Yeatman

John, Is there some way to resolve the apparent discrepancy between these two statements of yours?

Sun 19 Sep 1999: This organization was founded to provide a sham certification to master’s level practitioners.

Sun 26 Sep 1999: The truth is I am not against master’s level practitioners.

Date: Mon, 27 Sep 1999 8:28
From: Richard Rakos

Mitchell -- I didn't say "better people"...what I tried to describe was an approach to people with problems by MA level folks that in many ways is more "genuine" (to use Rogers' construct) than that emitted by many (certainly not all) doctoral level folks. Neither group is better than the other, but the master's people are consistently grounded in the reality of their client's lives, less prone to rely on professional roles to conceptualize and care about clients. I think it has to do with elitism evidenced by many doctoral psychologists. And that may very well have to do with the selection process for the two groups. But the master's folks are neither better nor smarter, obviously.

Date: Mon, 27 Sep 1999 8:30
From: Richard Rakos

On 9/24, Mitchell Schare wrote, "Richard - now I really get your message - education gets in the way of psychotherapy - too much of that theory stuff - hey let's get those high school grads into practice next!"

Mitchell -- the benefits of the extended education have yet to be proved in terms of intervention. It isn't the education per se to which I referred, but the attitude of a good portion of the students... which may be nurtured in the course of doctoral training. For example, many of us were exposed to the distinctions between the YAVIS and HOUND clients.

Date: Mon, 27 Sep 1999 19:54
From: John Caccavale

Sure. I am not against master's level practitioners. As I said previously, I am against calling them psychologists. In CA we have master's level practitioners who work as counselors and social workers. They are not called psychologists and have limited independent practice. What NANP want to achieve is a "master's level psychologist." The doctoral level is the entry position. Additionally, in CA, as is true in other jurisdictions, one must be licensed to be called a psychologist. Any organization that seeks to "certify" is really adding confusion to consumers. Masters in psychology are eligible for licensing as counselors. I hope this clarifies my statements.

Date: Tue, 28 Sep 1999 20:36
From: John Caccavale

Richard, You refer to these masters in psychology as if they were psychologists. They are not. Even in your own state they cannot even be counselors. The fact is they do not have a profession. Maybe you need to start one for them, but attempting to downgrade the doctorate in psychology is not where this should go. I think you should also consider a court test that compares the difference between these groups contending that MAs in psych are being

discriminated against. The state of Ohio has the right to regulate business and professions. However, they have to do this fairly and without discriminating against similarly trained groups. Thus the issue is a constitutional one. I'm sure many would contribute to this type of strategy. I would and I would encourage and raise funds, too. Many other psychologists and I do not agree with making these folks "psychologists." Thus being a bit more creative would probably yield better results for them and you.