

Need for 'Creative Extremism' stressed at practice conference

By Paula E. Hartman-Stein, Ph.D.

Las Vegas – Instead of gambling for two days, 85 psychology practitioners spent money and time in October attending the first annual Continuing Education and Practice Development Conference sponsored by the National Alliance of Professional Psychology Providers (NAPPP).

Presentations were a mix of inspirational lectures combined with nuts and bolts workshops designed to sharpen skills necessary to be successful in the current health care environment.

In the keynote address, former APA president and current NAPPP board member Nicholas A. Cummings, Ph.D., set the tone for the conference. "Psychology practice is languishing and is in danger of extinction, requiring creative extremism before it is too late," Cummings warned.

Training models

Cummings gave numerous examples from the past 60 years of how the academically controlled profession of psychology opposed the concept of independent practice, fought attempts at licensure and held up the inclusion of psychologists as providers under Medicare for 25 years. "That same vehemence is now replicated as academia opposes prescription authority," he said.

He proposed a paradigm shift that moves psychology practice to a behavioral health model that rejects the strictures imposed by the Scientist/Professional Model that has dominated the training of psychologists since a 1949 conference in Boulder, Colo.

"Sadly, the Boulder Conference concluded that the science of psychology had not sufficiently progressed to allow a profession of psychology and that psychologists must be trained primarily as scientists and only secondarily as professionals." He said there have been over 80 conferences since Boulder that have also failed to develop a core curriculum because of its supposed threat to academic freedom.

Had the core competencies and curriculum been decided upon years ago, practice development would have progressed. One exception was the Vail Conference in the 1970s, but according to Cummings, the APA has failed to implement its recommendations and "seemingly buried all memory of it."

"We as practitioners have for six decades passively allowed the Scientist/Practitioner model in spite of its having been demonstrated that it produces mediocre scientists and less than skilled practitioners," said Cummings. "Like a battered woman who clings to her brutal husband, we have a sado-masochistic marriage to the Scientist/Professional Model, putting academic pseudo-clinicians in charge of not only training, but determining who gets trained and ultimately determining how we should practice."

Cummings said that every other health care profession determines its own independent direction although it derives knowledge from basic sciences such as biology, physiology, chemistry, genetics, neuroanatomy, etc. The basic sciences provide knowledge but do not dictate the practice of medicine, he said. For example, biologists do not tell surgeons how to remove an appendix.

APA also called for overhaul

The cry for change in graduate training voiced at the NAPPP conference echoed some of the recommendations for a proposed overhaul of training heard at the APA convention in August. Margaret Heldring, Ph.D., of Seattle, co-chair of the Summit on the Future of Psychology

Practice, called for a breakdown of the separate silos of training and instead called for psychologists to train alongside professionals in fields such as medicine. “Psychology graduate, internship and post doctoral programs are training for a fading, but not yet extinct way.” (See the front page story on health care reform, *The National Psychologist*, September/October 2009 issue.)

Cummings, whose 60-year career has been characterized with innovation and controversy, explained what he has recently accomplished to reform training and offer a solution “to ending the internecine warfare among several professions such as counselors, social workers, marriage and family therapists and psychologists.”

A program was launched at Arizona State University that admitted 57 students embarking on a new degree, the doctor of behavioral health (DBH). All of the new students are practicing M.A. level psychotherapists with an average of more than seven years of experience. They will be taking classes and work year round with the expectation of completing the program including internship hours within 18 months.

“Psychology should continue to be the science for the psychological professions,” he said, “but the new degree is freed from the plethora of irrelevant requirements that APA imposes on the Ph.D. and even the Psy. D.” He expects that the DBH will be an integral part of the health system, serving as primary behavioral care providers who work alongside and in partnership with primary care physicians.

John Caccavale, Ph.D., executive director of NAPPP, said students from the DBH program will be eligible for licensure as psychologists in at least 26 states because of psychology equivalency provisions in the laws of those states. He predicts the DBH program will provide competition for the professional schools of psychology that are currently accredited by APA and are experiencing declining enrollment. The DBH program at Arizona State is accredited by the National Institute for Behavioral Health Quality.

Having been mentored by full-time academic faculty who earn salaries and typically have little background in business, Cummings said that new practitioners are often economic illiterates who are determined to do good for society but who have limited realization of the economic reality that practice is a business with steep overhead costs on top of student loans to pay back.

Psychology’s role in health care

“Our academic/scientific colleagues have bamboozled us into thinking we are not, and should not be a health care profession,” said Cummings. “By opting out of the health system it is no wonder that we are underfunded, underpaid and underappreciated because the nation pays for health care, not mental health care.”

APA President James Bray, Ph.D. expressed similar ideas at the health care reform sessions at the recent APA convention in Toronto. “We must think of ourselves as health care providers, not mental health providers,” he said. (See the September/October 2009 issue of *The National Psychologist*.)

Jim Childerston, Ph.D., president of the Academy of Medical Psychology, said “Private practice of psychotherapy as we know it is not going to continue. It has been taken over by master’s level therapists.” Several speakers said that knowledge of psychopharmacology and ultimately prescriptive authority are ways of distinguishing psychologists from master’s prepared psychotherapists.

Childerston said his fee-for-service practice thrives because of his relationships with physicians as well as clergy. He said that because of his training in psychopharmacology, primary care physicians ask his recommendations about psychotropic medications for their patients.

He has developed relationships also with medical sub-specialists in his area. He recommended routinely sending feedback to the physicians about the progress of patients, which often results in more referrals.

Matthew Nasseti, M.D., Ph.D., of Lincoln, Neb., began his career as a medical psychologist but later attended medical school, recently finishing a family medicine residency. He sees the benefits of the medical home concept, one of the proposed new delivery systems in health care reform that involves a capitated payment model. "The medical home will provide great opportunities in the next few years for the medical psychologist in particular to be a partner at the business level with physicians and administrators."

Caccavale said that psychologists need to have the mindset they will be owners within the new delivery systems. "There will be opportunities we have never had before. We're going to have a platinum age."

Marketing and growing a business

Although David Clayman, Ph.D., of Charleston, W. Va., has been in business since 1980, he maintains an aggressive public relations campaign to keep the name of his practice in the forefront of attorneys, judges and the business community. When asked why he is active in many business and civic organizations, he said, "Remember, you are only as good as your last case or evaluation."

Using an interactive teaching style, Joe Bavonese, Ph.D., of Royal Oak, Mich., and Mel Restum, Ph.D., of Sterling Heights, Mich., presented detailed feedback for growing a successful practice using websites and internet marketing strategies. For more information, go to www.uncommon-practices.com.

For more information about the four-year-old organization, NAPPP, go to its website, NAPPP.org.

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