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TOWARD A COMPETENCY-BASED CORE CURRICULUM IN PROFESSIONAL PSYCHOLOGY: A CRITICAL HISTORY

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The history of the search for a core curriculum in clinical psychology has been influenced more by the profession's search for identity than by empirical findings. Although psychologists are fond of thinking of the debate on this issue as being influenced by philosophical, epistemological, and empirical factors, a fresh look at the reasons for promulgating a core curriculum may be needed if the profession is to break an impasse that has existed for the last 40 years.

Curriculum and training standards can be framed in at least three ways. *Content-based* standards identify particular content areas that must be in the curriculum, such as the familiar list that includes cognitive – affective, individual, social, and biological bases of behavior, history and systems, and so on. Programs demonstrate compliance essentially by means of syllabi. *Competency-based* standards indicate competencies that graduates are to have. At least in the ideal situation, program compliance would be demonstrated by providing evidence of student competence. Presumably, in a manner that encourages diversity and creativity, programs might develop a variety of ways of teaching particular competencies, always subject to empirical scrutiny. *Structural* standards identify particular organizational or educational structures that programs must have. Controversial examples include the proportion of full-time faculty, free-standing versus university-based programs, a concrete definition of residency requirements, and whether internships are full or part time and concurrent with or after course work. Content-based standards and structural standards typically are not based on data.

In this chapter, I argue that the profession has held stubbornly to the concept of a content-based core curriculum in spite of the fact that there is no evidence that it is re-

lated to the efficacy of practitioner training. To understand this persistence, I examine the different developmental stages of the profession as reflected in key conferences. Certain pivotal events occurred, each of which placed demands on the profession that it was not fully prepared to meet. At each point, activists within organized psychology seized these opportunities to move the profession forward at the cost of having to justify policies of standardization that had been established.

The major national conferences sponsored by the American Psychological Association (APA) have been critical in providing this justification. According to Bickman (1987), the profession has used these conferences as problem-solving mechanisms. Conferences that have been held during periods of consensus and that reflect such consensus in their conclusions have been viewed as successful. These conferences, along with accreditation practices, have been powerful instruments in psychology's efforts to shape and to promote the profession.

APA Conferences (1949–1987)

Boulder Conference (1949)

It is commonly agreed that World War II signaled the beginning of clinical psychology as a profession. After the war, the Veterans Administration (VA) asked organized psychology to identify appropriate graduate programs from which it could select interns to help staff its hospitals. Because preparatory work had to be completed quickly, APA formed a Committee on Training in Clinical Psychology, chaired by David Shakow, to formulate a recommended graduate course of study. The report (APA Committee on Training in Clinical Psychology, 1947) established a core curriculum and indicated that there must be study in general psychology, psychodynamics, diagnostic methods, research methods, psychotherapy, and related disciplines.

The Boulder conference was convened at least partially to justify decisions that already had been made. During the 2 years before the Boulder conference, the VA already had received its requested list of qualified programs, and 35 clinical psychology training programs had been accredited. In view of recent concern about the proliferation of clinical psychology training programs, it is ironic that 22% of the 155 clinical psychology programs that were accredited through 1988 (APA, 1988) had been granted accreditation in the 2 years before the 1949 Boulder conference. The Boulder conferees asserted that there should be a common core of training for clinical psychologists, but denied that there was "one best way" (Raimy, 1950, p. 55) to arrange subject matter, as the Shakow report attempted to do. They spoke strongly for this decision to be left to the universities.

The Boulder report warned that "overspecification can present a facade of logical integration that may well be contrary to the facts" (Raimy, 1950, p. 55) and called for the encouragement of diversity. It cautioned that this diversity might be blocked by accrediting agencies that "insist upon uniformity as a short-sighted means of achieving immediate goals" (p. 31).

The turf of clinical psychology, however, already had been established. By then, 35 programs, primarily from distinguished research and large state universities, had been accredited. Psychology, which had been identified primarily as a scientific discipline, had made a rapid transition into a profession as well.

As an aspect of establishing itself as a profession, clinical psychologists demarcated

a distinct vocabulary, necessary for what Larson (1977) called the "negotiation of cognitive exclusiveness" (p. 24). As Willensky (1964) explained, this has been a traditional step in turning an occupation into a profession. Unless its vocabulary can be made sufficiently unfamiliar to lay people, a group will have difficulty staking out its jurisdiction or claiming a monopoly on certain skills. This is particularly important for an occupation grounded in human-relations skills.

By the time the Boulder conference ended, the conferees had patched together the scientist-practitioner model and had taken another traditional step in the development of a profession. For a profession to develop, a group must be cohesive enough to be able to persuade others that the propagation of one paradigm of education is in everyone's best interests (Friedson, 1970). At the Boulder conference, this task obviously was made easier by the homogeneous composition of the participant group. Among the 53 university-affiliated psychologists, 51 represented programs that had been accredited before the conference convened (Raimy, 1950).

Clinical psychologists had agreed to define the profession in response to an external force (viz., the VA request for a list of appropriate training programs). Not surprisingly, this expeditious definition included accommodation by the profession to psychology's long-standing battle for prestige as a research discipline within academe. With this definition in place, only 28 additional programs were accredited during the next 18 years (1950-1967).

Miami Conference (1958)

At the Miami conference, the participants approached the core curriculum very differently. They emphasized that (a) the profession would grow best by adding and deleting areas from the curriculum, (b) flexibility must be stressed, and (c) such experimentation was essential to the improvement of clinical training. They warned that accreditation must not be allowed to become a destructive force that pushed programs into conformance (Roe, Gustad, Moore, Ross, & Skodak, 1959).

There was an ironic pledge of allegiance to the profession's commitment to the notion of a core curriculum: Loyalty prevailed when the Miami conferees confirmed that there is a common core, but irony prevailed when they refused to specify what that core should be. The participants chose to leave that to each program to determine. The conferees, however, did endorse the need for some central oversight for clinical training and named APA accreditation as the mechanism for that oversight. Endorsement of the profession's enforcement arm was every bit as potent, if not more so, than intellectual validation of the core-curriculum concept would have been.

Chicago Conference (1965)

A second major event in the history of the profession was the Community Mental Health Centers Act of 1963 because it created the demand for a considerably greater number of psychologists to staff the proposed community mental health centers. With the impact of this legislation as the background, the major theme of the Chicago conference became dissatisfaction with the state of clinical training. The participants warned of the futility of seeking only one solution regarding curricular requirements and en-

couraged the development of multiple models. It was clear that most programs were not meeting the need for adequate training.

The Chicago conferees adamantly refused to focus on the content of doctoral programs and *what* should be taught; instead, they examined *how* psychology should be taught. They adopted the resolution that the "notion of a core curriculum is no longer viable" (Hoch, Ross, & Winder, 1966, p. 88). The participants did not take a position on APA accreditation, but they commented that "organizational and institutional forces seemed to ward off diversity, because uniformity was easier to control and programs found it easier to pattern themselves after those already in existence" (Hoch et al., 1966, p. 75).

The Chicago conferees encouraged more diversity in training than the participants at previous conferences had done. Furthermore, they helped to open the door for psychology to play a greater part in the new mental health movement in the country. The pace of program accreditation increased after the Chicago conference. Beginning in 1968, and during the next 5 years, 30 programs became accredited: In 1972, 13 programs were accredited, the most in any one year since the group was formed.

Vail Conference (1973)

At the 1973 Vail conference, disenchantment with graduate psychology education was at its peak. By this time, there were many more employment opportunities for psychologists, and there were many more qualified applicants for graduate schools than there were slots in the research-oriented university programs. However, there were still only two accredited professional school programs and no accredited Doctor of Psychology (PsyD) programs.

Clearly, it was time for the status quo to be given a jolt, and the Vail conferees did just that. A more diverse group of participants than at previous conferences, the Vail conferees urged explicit recognition of an alternative doctoral degree, the PsyD, and the establishment of the practitioner model. The participants proposed more flexible curriculum building and advocated that students have a voice in planning their own individualized curriculum. They recommended creating an educational environment in which societal needs would be able to lead quickly to modification of curriculum (Korman, 1974).

Accreditation was described as "not equal to the task of adequately evaluating the efficacy of training, the quality of graduates, and the value of the services to the ultimate recipient" (Korman, 1974, p. 445). The Vail conferees recommended that the profession examine the functional relationship between content and the roles for which programs were preparing future professionals. They called for a demonstration project to revise the accreditation process by focusing on the competencies of graduates rather than the content they had learned. After the Vail conference, however, there was no demonstration project. Indeed, no such demonstration project ever occurred, although, as early as 1949, Shakow had urged APA to support validation studies of accreditation (APA Committee on Training in Clinical Psychology, 1949).

During the 14 years (1974–1987) after the Vail conference, 22 of the 53 clinical psychology programs that were accredited were explicitly professional programs with practitioner models. In 1979, APA, in response to the development of these programs, revised its accreditation standards to allow for (a) more flexible faculty staffing patterns, (b) multiple models of internship, (c) recognition of the PsyD, and (d) acceptance of

free-standing institutions outside the traditional university system (APA, 1979). Seventeen of the 22 practitioner programs that became accredited from 1974 to 1987 were PsyD programs, and 7 were in free-standing institutions.

These revised standards, however, did not free up curricular requirements. During the 1970s, two developments helped to determine that there would be greater rather than lesser specification of the curriculum in the new accreditation standards. First, during this decade there was optimism that psychology might be included as a primary health-care provider in national health insurance. Organizations such as the National Register insisted on more standardization of educational criteria to ensure this outcome. Second, in 1975, in a judicial decision that allowed a clearly nonqualified applicant to sit for the licensure examination in Washington, DC, Judge MacKinnon said psychology is an "amorphous, inexact, and even mysterious discipline [and] possession of a graduate degree in psychology does not signify the absorption of a corpus of knowledge as does a medical, engineering or law degree" (cited by Wellner, 1978, p. 6). Quoting this excerpt proved to be one of the most powerful arguments used by the prostandardization forces.

The threat that psychologists could be excluded from national health insurance by court challenges to the identity of the profession drew a strong response. Reacting to Judge MacKinnon's assessment of psychology, the profession, as it had done almost 30 years earlier, allowed an external force to dominate its decision as to how to define itself. Wellner (1978) called for a national consensus on the core curriculum for clinical psychology programs, and such a consensus, at least among the major regulatory bodies in psychology, seems to have been reached. APA, the American Association of State Psychology Boards, the National Register, and most state licensing boards specified similar core-curriculum requirements: scientific and professional ethics and standards; research design and methodology; statistics; psychological measurement; history and systems; individual, biological, cognitive - affective, and social bases of behavior; practica; and internships.

Salt Lake City Conference (1987)

The most recent major conference cited the recurrent issue of a core curriculum as the central issue needed for the unity of the profession (Bickman, 1987). Although the Salt Lake City conferees made the usual call for program independence for specification of the core content, at the same time they endorsed the basic areas specified by APA for programs seeking accreditation in professional psychology (National Conference on Graduate Education, 1987). Because APA accreditation is almost essential for a clinical psychology program to survive, this endorsement is tantamount to preserving the status quo.

Therefore, during the last 10 years, psychology training has been shaped by a liberal definition of organizational structure and type of degree offered but by a standardized definition of the core curriculum. The result is that many programs offer the PsyD and operate out of an explicit practitioner model, but their curricula are increasingly similar to more traditional programs (Kopplin, 1986).

National Council of Schools of Professional Psychology Conferences (1978–1987)

In addition to the conferences supported by APA, there have been several conferences sponsored by the National Council of Schools of Professional Psychology (NCSPP), an organization founded in 1977 to develop standards for education and training of professional psychologists. NCSPP has taken a different approach to issues such as core curriculum, perhaps because it has the singular mission of promoting the best training for professional psychologists, not the responsibility of defending the dual aspects of the scientist–practitioner model.

Virginia Beach Conference (1978)

In the first NCSPP conference at Virginia Beach in 1978, one key resolution was that the curricula of the practitioner and scientist–practitioner models need to be evaluated through outcome research, because there is no evidence regarding the effectiveness of curriculum models in producing competent practitioners (Watson, Caddy, Johnson, & Rimm, 1981).

La Jolla Conference (1981)

In 1981 at the La Jolla conference, NCSPP participants continued to call for a research-based approach to establishing quality assurance. In addition, they agreed to publish descriptive information about what actually goes on in professional psychology programs (Callan et al., 1986). In a preconference paper, Gianetti, Peterson, and Wilkins (1986) exposed the historical concept of the core curriculum, as reflected in accreditation criteria, as nothing more than the collective agreement of organized psychology. They noted that collective agreement could merely generate hypotheses about what curricula would result in desirable outcomes, but it did not confirm such hypotheses.

Gianetti et al. (1986) warned that strictly adhering to consensually defined practices would merely reduce the variation in the practice. The conferees resolved to continue research on these issues in an effort to move beyond description toward the ability to perform evaluative, criterion-based research. Unfortunately, if one views program curricula as an independent variable (Gustad, 1958), reduction of innovative curricula reduces the variance and makes such research much more difficult.

In two separate conference papers (Bent, 1986; Kopplin, 1986), the notion was introduced that core-curriculum development and evaluation must focus on a set of competencies rather than content areas. If a competency-based core curriculum were adopted, curricula could be evaluated in terms of their success at developing these competencies in students.

Mission Bay Conference (1987)

At NCSPP's Mission Bay conference in 1987 (Bourg et al., 1989), the participants resolved that there should be a core curriculum in professional psychology based on six

identifiable competency areas: relationship, assessment, intervention, research and evaluation, consultation and education, and management and supervision. The conferees concluded that understanding the relation between knowledge bases and professional applications is more important than knowledge from a content-based curriculum alone.

The need to evaluate curricula in terms of competence, asserted by NCSPP members at the Virginia Beach conference, the La Jolla conference, and the Mission Bay conference, is not new and can be traced back to the 1973 APA Vail conference. The Vail participants believed that a lack of concern for program evaluation was inconsistent with clinical psychology's stated pride in evaluation research and in being a data-based discipline (Korman, 1973). Similarly, Koocher (1979) was curious about the lack of attention that had been paid to establishing the validity of licensing requirements. He asserted that the cost of promulgating nonvalid measures was often ignored by organized psychology. Stern (1984) stated that the lack of empirically based methods for assessing competence in professional psychology prevented adequate evaluation of any training models and left little basis for stating that particular educational practices ensured professional competence.

Resistance to a Competency-Based Core Curriculum

There are a number of reasons for organized psychology's resistance to the task of tying the core curriculum to professional competencies. The most prevalent arguments are as follows:

1. This type of research is complex and expensive (Menne, 1981).
2. Competency-based education might lead to a lock-step curriculum and diminished academic freedom (Bent, 1986).
3. Focusing on phenotypic skills may be the wrong approach; genotypic abilities, such as that of inquiry, should be the focus of training in psychology. Stern (1984) believed that the goal should be genotypic competence that allows one to do many jobs well. Teaching should focus on intellectual processes and methods, such as active learning, criticizing and integrating a body of research literature, and being able to compare psychological theories, rather than emphasizing particular content. Stern (1984) indicated that this is what Flexner (1910) really wanted medical education to include. Starr (1982) agreed and reported that, contrary to common perceptions, Flexner (1925) would have preferred that medical education have the flexibility of arts and sciences graduate education and that Flexner (1925) became increasingly disenchanted with the rigid educational standards that became identified with his name. McHolland, Peterson, and Brown (1987) stated what seems to be a summary of NCSPP's position on this issue: Metacognitive skills, such as a student's ability to evaluate oneself in professional applications, are very important. "We maintain only that both phenotypic and genotypic skills need to be assessed and that appraisal of the former is likely to be easier than appraisal of the latter" (p. 117).
4. Psychology would become a collection of specific skills or occupations rather than a profession, and education or experience requirements would be irrelevant (Menne, 1981). This last criticism seems to provide the best explanation for organized psychology's resistance to competency-based education or, for that mat-

ter, to education geared to the training of the professional self and metacognitive skills. The profession has labored to establish a corpus of knowledge that defines clinical psychology, and it has relied on core-curriculum requirements to maintain its cognitive exclusiveness.

According to Stern (1984), psychology must begin to differentiate its economic – political agenda from its educational agenda. The former defines psychology and educational practices in a way that protects and advances the economic interests of psychology, whereas the latter is concerned only with the best training for practitioners. Both agendas are important, but can result in contradictory definitions. Stern argued that a content-based core curriculum may best serve the economic – political agenda, but only a competency-based core curriculum can advance the scientific investigation of what constitutes the best educational practices.

Rather than being drawn into a bona fide debate on the relative merits of these two models, organized psychology is actively considering the addition of new structural, non-data-based educational requirements to reassert its exclusiveness and control. In a preconference paper at Salt Lake City, Altman (1987) admonished that a reactionary orientation might be about to form, and this has historically taken the form of “excluding free-standing schools, reinstating lengthy core curriculum requirements, [and] insisting on traditional patterns of education” (p. 1068).

This warning should be heeded because such reactionary attitudes, indeed, are on the rise. In 1987, the APA Salt Lake City conferees called for the abolition of free-standing schools by 1995 (National Conference on Graduate Education, 1987). At a recent conference on internship training (Belar et al., 1989), the participants recommended that (a) the internship requirement be lengthened to 2 years, (b) all interns be selected from APA-accredited educational programs, and (c) all internship training take place in APA-accredited internships. Furthermore, in 1989, the members of the APA Task Force on the Scope and Criteria for Accreditation (American Psychological Association, 1989) made the following regressive recommendations: (a) a return to primary reliance on full-time faculty members; and (b) restriction of student internships to the period after completion of the educational program rather than in concurrence with some academic work.

It appears that the most savvy leaders of reactionary forces in organized psychology have come to understand what critical observers of the history of medical education already know: Psychology does not need its own Flexner (1910) report to reduce the number of educational programs and students in professional psychology. As Starr (1982) noted, in the 5-year period *before* the Flexner report was published (1906 – 1910), 31 medical schools closed their doors. In the 5 years after the publication of the report (1911 – 1915), only 36 more closed. It was not the Flexner report, as commonly believed, that closed the medical schools. Rather, it was the steadily rising requirements (e.g., lengthening the curriculum, adding internship requirements) imposed by licensing boards and other regulatory authorities that altered the economics of medical education and decreased the number of students and graduates.

Conclusion

A certain amount of nonsense is to be expected in the interpretations of what best serves the profession. However, some of these resolutions threaten to alter permanently

models of education and possibly to close successful programs without any evidence that these models or programs are any less successful than traditional programs in producing effective psychologists.

Gianetti et al. (1986) noted that "debates [about the core curriculum] are mainly rhetorical and emotional since they are based on beliefs and political considerations rather than on empirical evidence" (p. 165). An example of this sort of rhetoric is Eriksen's (1958) comment that psychology valued experimentation and academic freedom more than it did uniformity and standardization. He stated, "It will be a sad day when we agree on the content of the core curriculum" (p. 58). In another example, Fox and Barclay (1989) provided a genuine disincentive for psychologists to examine critically the issue of the core curriculum by asserting that "resistance to the definition of such a core for the education and training of clinical psychologists is based on shadow rather than substance" (p. 56). A final example of rhetoric is contained in my own transposition of Fox and Barclay's (1989) quote—the belief that a content-based definition of a core curriculum is based on shadow rather than substance: The shadow is cast by organized psychology's economic-political agenda.

I hope it is time for the profession of clinical psychology to go beyond such rhetoric. The participants at the NCSPP San Antonio conference, the midwinter 1989–1990 meeting, reaffirmed the notions that (a) the core competency areas should be the organizing principle for curriculum construction, and (b) a content-based core curriculum should not be an end in itself. The conferees also supported variety in curricular designs and called for attempts to validate the effect of different curricular designs on the development of professional competencies in students.

However, it will require more than the San Antonio resolutions to change clinical psychology's 40-year preoccupation with a content-based core curriculum or to prevent the establishment of new nonfunctional educational requirements. Since the 1949 Boulder conference, the participants at every major training conference have warned that accreditation practices can stifle needed experimentation with curriculum development, and this is exactly what has happened. Since 1949, participants at curriculum and training conferences have called for validation studies of educational practices. Whether professional psychology has reached a stage in its development when it will follow through on these studies is still to be determined.