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**Moving Clinical Psychology Forward to Better Meet Society’s Needs**

It is a given that the profession of clinical psychology will need to continually evolve to ensure its relevance, viability, and responsiveness to changing societal needs. As Berenbaum and colleagues (2021) have reviewed, clinical psychology has undergone a number of significant changes in its scope and focus since it was originally founded. In addition to multiple earlier changes in clinical psychology these authors recount how leaders in the field collaborated to make significant changes in how clinical psychologists are trained as their roles have evolved. Clearly, clinical psychology took major steps forward as a result of the Boulder Conference in 1949 that yielded the scientist-practitioner model.

 In response to the fact that many graduates of programs with an emphasis on training researchers and academics entered careers in clinical practice and in acknowledgement of the need for many more well-trained clinicians to meet ongoing mental health treatment needs, clinical psychology took another significant and important step forward in 1973 with the Vail conference. This resulted in the development of the scholar-practitioner model and the establishment of the PsyD degree to train professionals with a primary focus on providing direct clinical services while being active consumers of research (Bell & Hausman, 2014). In acknowledgement of how the field has endeavored to evolve along with society’s changing needs and expectations McHolland (1992) describes the Vail model’s focus on the “delivery of human services in a manner that is effective and responsive to individual needs, societal needs, and diversity” (p. 159).

 This focus as described by McHolland (1992) has been a driving force in additional developments in clinical psychology as the field has continued to grow and evolve. An emphasis on effectiveness and responsiveness to both individual and larger societal needs has been a hallmark of this continued evolution. The focus on an understanding of and attention to individual differences and diversity in all its forms has also been a hallmark of clinical psychology in recent years. This evolving focus of the profession reflects our greatly expanding research base and scientific understanding of the needs of diverse individuals as well as of how individual differences must be understood, respected, valued, and attended to in order to be competent and effective clinicians. Most recently, we have seen greater attention paid to, and recognition of, the role of systemic racism and oppression in our society and how they are impacting the lives of so many individuals. Politically, we are seeing a shift in discussions of what systemic changes are needed to remedy these injustices. Numerous research studies document the pernicious effects of systemic racism and oppression on diverse individuals’ health, mental health, longevity, and numerous other measures of wellness. As a society, much work remains to be done to ensure the health, safety, and well-being of our citizens. Internationally, movements are underway to stimulate and promote progress in these aspects of life.

**Moving Beyond an Individual Treatment Focus**

 Berenbaum and colleagues (2021) make an important connection between how clinical psychology was broadly defined in its founding as including a focus on prevention efforts that positively influence underlying societal conditions that may impact individuals’ lives, health, and well-being, and the need to return to this focus to address societal systems and structures present today that are negatively impacting individuals’ mental and physical health. This connection to our roots and to the vision of the founder of American clinical psychology, Lightner Witmer, is of profound relevance today.

 So many clinical psychologists do such important work clinically, directly impacting the lives of their clients and patients in numerous and significant ways. Yet, many are frustrated by our limited ability to impact our clients’ and patients’ lives due to the world live in and life they return to when they leave our offices after each treatment session. While effective psychotherapy can equip clients and patients to cope more effectively with challenges and stressors in their lives, it can be frustrating to note what little impact we may have on those ongoing challenges and stressors. By arguing for a focus on these challenges and stressors on a societal level, Berenbaum and colleagues (2021) present a proposal that thoughtfully considers how clinical psychology can better address societal forces that impact mental health. These authors are quick to confirm that they are not looking to replace direct service delivery and they acknowledge its value and importance for so many recipients of our professional services. They do, however, recognize that clinical psychology’s predominant treatment focus involves applying clinical psychology’s expertise as a response to the consequences of larger societal forces. Their important proposal seeks to greatly expand clinical psychology’s reach and impact. It includes a significant focus on the role of prevention with an emphasis on reducing the likelihood that many of these difficulties will arise, working to prevent suffering, not just responding to it with efforts to ameliorate it.

 As these authors astutely point out, in the United States the predominate health care system is one of disease management, not of health promotion. They do an excellent job of illustrating the costs to individuals, to families, and to society from preventable health and mental health conditions, what they describe as the burden of mental health conditions. Interestingly, preventing health and mental health difficulties through health promotion is much more cost effective in the long run than the current system of responding to difficulties after they arise. Yet, as has been seen with past efforts to reform our current health care system, it will take significant political will to make the changes necessary to move our society forward in this regard.

 The authors also point out how clinical psychologists will never be able to meet the world’s growing mental health treatment needs through their individually focused treatment services. So many individuals presently are unable to access needed mental health treatment and the demand for these services continues to increase. As is pointed out, even with addressing existing barriers to accessing available services, there seems to be no viable way to produce enough clinical psychologists to meet these needs. One option suggested by the authors that may be considered is to have clinical psychologists move from direct service delivery to training and supervising master’s level clinicians and paraprofessionals. Such efforts have been tried in some settings internationally, and this is one potential role for which future clinical psychologists may be trained. Some clinical psychologists may not view this approach as sufficient for achieving the desired results and this approach still focuses on responding to difficulties after they arise. However this is but one role among many for clinical psychologists to consider and one possible component of a broader and multifaceted plan for reducing mental health burdens.

**One Small Step for Clinical Psychologists, One Great Leap for Clinical Psychology**

 The proposal made by Berenbaum and colleagues (2021) represents a bold paradigm shift that seeks to offer aspiring clinical psychologists multiple career choices, to include both direct service delivery and broader systemic prevention activities. Their proposal is entirely in keeping with the historical trends within clinical psychology to continually grow and evolve in response to changing societal needs and in response to advances in our understanding of how to best meet those needs. Their emphasis on flexibility in the training of clinical psychologists moving forward is consistent with earlier landmark changes in the field such as the Boulder model and the Vail model. Thus, this new proposal, while very creative and innovative, is built upon earlier changes to the profession. In some ways it can be seen as a logical next step for clinical psychology if it is to be effective in meeting societal needs. The authors readily acknowledge that additional alternative models may be developed and proposed, and that in fact, that the discussion they hope to stimulate may actually lead to the development of other proposals.

 The authors thoughtfully describe a multi-phase model with built in flexibility to enable future clinical psychologists to be prepared to enter a wide range of career paths, each built on the same foundation and professional identity as a clinical psychologist. While all graduate students will receive the same foundational education and clinical training in the first phase, in the second phase students are prepared for their chosen career path whether it is in direct clinical service or in any one or a range of prevention, policy, or other systemically focused endeavors. Importantly, this proposal also helps to ameliorate the research versus practice split so often seen throughout the history of clinical psychology. The flexibility and creativity built into the proposed multi-phase model helps it to embrace and to integrate both research and practice in tailored ways for all clinical psychologists regardless of the career path they choose.

 A main focus of Berenbaum and colleagues’ (2021) contribution is on reducing mental

health burdens. As they emphasize, the twin challenges of access to care barriers and a reactive disease management focus must be overcome to achieve the overarching goals of clinical psychology. Their proposal is intended to address these issues by enabling interested clinical psychologists to pursue creative and flexible alternative paths for reducing mental health burdens. They also cite Atkins and Frazier (2011) who direct clinical psychology to develop a “comprehensive and integrated public health model.” In many ways, one can see all health as public health. Berenbaum and colleagues acknowledge and embrace this point, envisioning many clinical psychologists playing key roles on a much larger stage than the treatment room. This proposal in no way denigrates or minimizes the important work of clinical psychologists who provide individual treatment. As has been stated, this work is of tremendous importance. It is necessary, but not sufficient, and must be built upon so that the benefits of clinical psychology may be experienced in multiple ways by so many more individuals.

 The authors acknowledge a desire to use their proposal to stimulate thought and discussion. It is hoped that such discussions will lead to refinements to their proposal and possibly to other proposals as well. While there may be no one correct way to move the profession forward to reduce mental health burdens, there is a great need to move forward in significant ways. It is hoped that this proposal, if not enacted entirely as it is proposed, will play a key role in advancing discussions and driving innovation for the betterment of society.

**Embracing Innovation in Education**

There are numerous examples of embracing innovation imbedded in Berenbaum and colleagues’ (2021) proposal. These include their multi-phase model, its innovative curriculum, their focus on classrooms without borders that involves students and faculty moving between institutions to best meet education and training needs, a focus on the science of pedagogy so that the most effective teaching techniques are used (even when different than what we presently are using), a flexible approach to each student’s curriculum that focuses on the achievement and demonstration of competence over the completion of proscribed courses and training experiences, flexibility in the development of individualized curricula in response to students’ interests and career goals, moving the internship year to being post-doctoral to be more in line with other health care professionals, ensuring that post-doctoral training opportunities exist for those who wish to add an additional focus to their professional armamentarium, and proposing that graduate programs retain control over the training of their students rather than proposing additional oversight bodies and layers of burocracy.

**Embracing Technological Innovations**

 An additional aspect of innovation recommended by Berenbaum and colleagues is a greater focus on the integration of various technological innovations into clinical psychology practice for assessment, treatment, and prevention. Such technologies may be integrated into individual treatment to enhance the work of clinical psychologists for their clients’ and patients’ benefit or clinical psychologists can work to develop and promote the use of such technologies for broader use by members of the public who may not have ready access to needed direct clinical services. Examples include the use of video conferencing platforms to provide assessment and treatment services remotely, the integration of virtual reality and augmented reality technologies into the treatment of specific phobias, and the use of mobile applications (apps) both in treatment and by the public at large to both respond to and help prevent health and mental health issues and concerns.

 Each of these technological innovations provide clinical psychologists with great opportunities for extending the reach and range of services provided as well as increase access to needed assistance by breaking down commonly occurring barriers to mental health services. Clinical psychologists may recommend the use of relevant apps to clients and patients to augment the treatment being provided. Additionally, clinical psychologists may apply their expertise to app development to ensure that apps are available both in conjunction with treatment and for use by the general public. Such use by the public outside of treatment by psychologists can focus on prevention and the promotion of mental health to help achieve Berenbaum and colleagues’ (2021) important goal of reducing mental health burdens through prevention efforts. Embracing widely available technologies (as well as those to be developed in the future) in pursuit of this goal is most timely and appropriate.

Lui, Marcus, and Barry (2017) articulate the many potential benefits of apps both in clinical practice and through use by the public in general. They also articulate many of the significant challenges associated with many currently available apps. Numerous data highlight the range of quality and effectiveness of available apps with a general absence of a research base that provides support for their use. Many apps have not undergone rigorous evaluation and for those that have, a significant portion of available apps do not demonstrate value or effectiveness (and some may actually be harmful). Appropriately trained clinical psychologists can play leading roles in the development of efficacious apps and even other technologies that do not presently exist to creatively address a wide range of mental health issues and concerns. With changes in the education and training offered to clinical psychologists in the future they can utilize their knowledge and expertise to pursue both the development and evaluation of new apps. Doing so will help achieve Berenbaum and colleagues’ (2021) proposal for the use of current and emerging technologies by clinical psychologists for extending psychology’s reach, for reducing barriers to needed services, for promoting prevention efforts, for reducing mental health burdens, and for promoting health and wellbeing globally.

During the COVID-19 pandemic the use of HIPAA-compliant video conferencing platforms has increased exponentially. Out of necessity, clinicians and members of the public alike have made great use of this technological innovation to ensure that those previously receiving treatment in-person and those initially seeking treatment are able to benefit from the expertise of clinical psychologists (and other health professionals). While additional training was needed to ensure that competent, ethical, and legal assessment and treatment services could be provided, the transition to the provision of online services has been most impressive.

 Regulatory and legal authorities greatly assisted in this transition by quickly removing many pre-existing legal restrictions to health service provision across state lines. While many of these changes may be temporary to meet the population’s health and mental health care needs while in-person interactions are not feasible, it is hoped that the value and effectiveness of online services will be seen as a viable alternative to in-person treatment that will continue to meet many individuals’ mental health treatment needs. Yet, these changes may be temporary and there exists inconsistency and variability in how states and provinces have responded to the current crisis. Under the leadership of the Association of State and Provincial Psychology Boards, a number of professional associations, licensing boards, and state legislatures have worked collaboratively in recent years to create the Psychology Interjurisdictional Compact (PSYPACT; https://psypact.site-ym.com/?), which provides psychologists the legal authority to provide psychological services across state lines. This greatly reduces barriers to access to treatment and significantly expands psychologists’ reach so that those in greatest need may have the opportunity to access needed services. While all states and provinces have not yet transitioned to participation in PSYPACT, at present 15 states have enacted PSYPACT legislation and an additional 14 states have active pending PSYPACT legislation, with more likely to follow.

 Clearly, this important innovation started with an acknowledgement of unmet needs and creative thinking on the part of a small group of psychology leaders who made a long-term commitment to envisioning and developing a viable solution to existing barriers to access to needed mental health assessment and treatment. There likely were dissenting voices heard from colleagues and significant self-doubt about the viability of their early proposals. The details of PSYPACT likely are different than what was originally proposed, but all this had to begin with a group of psychologists perceiving a need, brainstorming about how to address respond to it, and proposing possible solutions for discussion among stakeholders and interested parties.

**Concluding Thoughts**

 Berenbaum and colleagues (2021) have engaged in such a process and are very clear in acknowledging their desire that their proposal stimulates discussion among colleagues. While their specific proposal likely will evolve and be refined as a result of these discussions the most important aspect of their proposal is that they made this proposal, taking this important first step in a process that will result in another step forward by clinical psychologists and hopefully another significant leap forward by clinical psychology. Of course, their work builds on previous work by other visionaries of our profession, and future visionaries will build on Berenbaum and colleagues’ important work. Their participation in this process is an entirely worthy endeavor. Their specific proposal warrants our thoughtful consideration and will hopefully stimulate creative and effective new approaches to addressing global mental health needs through multiple means.

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