

Doctoral Training Issues in School and Clinical Child Psychology

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Do clinical child and school psychologists feel that broadening their training to include aspects of other professional child psychology specialties would enable better service provision to their clients? Do they feel that children, adolescents, and families would be better served if the 2 specialties were merged? An exploratory questionnaire was sent to a random sample of 300 members of American Psychological Association (APA) Division 16 (School Psychology) and a random sample of 300 members from APA Division 12 (Clinical), Section 1 (Clinical Child). Implications from their responses for training of psychology health service providers to children and families are discussed.

Do school and clinical child psychologists feel that their competency to deliver services to children and families would be enhanced if their training included skills from other psychology specialties, each with its own particular training and service emphasis? According to the Task Force on Comprehensive and Coordinated Psychological Services for Children (1994) of the American Psychological Association (APA), service delivery problems to children and families result because “psychologists may be trained in subdisciplines with limited knowledge of the activities and skills of related subdisciplines” (p. 19). Several subdisciplines train professional child psychologists to provide services to children, adolescents, and their families. Among these are clinical child, pediatric, applied developmental, and school psychology (Lambert, 1990). These different specialties have arisen largely to treat children and families in different settings (i.e., clinics, schools, hospitals). However, to enhance the competency of practitioners serving these populations, some authors (e.g., Henggeler, 1994; Roberts et al., 1998; Task Force on Comprehensive and Coordinated Psychological Services for Children, 1994) have proposed more comprehensive, integrated training approaches that advocate student exposure to and experience with multiple disciplines and service delivery systems.

Others have argued that there is already so much curricular overlap in professional child psychology specialties that a merger of specialties seems advisable. For instance, Minke and Brown (1996) concluded from their survey that the similarities in curricula of clinical child and school psychology programs “extend beyond the areas that might be expected on the basis of accreditation requirements into the majority of the assessment and inter-

vention areas” (p. 632). They suggested that these two disciplines may be integrated into combined programs to educate professional child psychologists. Individuals educated in this manner “might be better prepared to offer coordinated services across settings and in school-based health and mental health clinics” (Minke & Brown, 1996, p. 632).

In the past, others (Fox, Kovacs, & Graham, 1985; Levy, 1984) have echoed the need for broad-based education in professional psychology and proposed the integration of school, clinical, and counseling training programs (Matarazzo, 1987) with further specialty training occurring postdoctorally. A more recent variation on this theme is an integrated doctoral training model discussed by Beutler and Fisher (1994), who advocated a generic predoctoral training model focused on multiple client populations and settings. They indicated that combining the three specialties would “prepare multiskilled and knowledgeable practitioners for a multidimensional service or academic career, may increase graduates’ marketability, and may increase graduates’ flexibility” (Beutler & Fisher, 1994, p. 67). One drawback to this model that the authors themselves pointed out is that the training may be so broad that students may not be sufficiently prepared to deal with any one particular population or setting.

The Training Issues Survey

A random sample of 300 members each from APA Division 12 (Clinical), Section 1 (Clinical Child), and Division 16 (School) were mailed surveys during 1997 and 1998 to determine what currently practicing professional child psychologists think of these proposed specialty training issues. Two 13-item questionnaires (one for clinical child and one for school psychologists) were developed using the literature cited earlier. Seven of the 13 items were worded identically for both samples, 5 items differed only in using the phrases *school psychology* or *clinical child psychology* to correspond to each sample, and 1 item was worded to ask about the need for greater education in interventions for school psychologists or greater need for training in educational issues for clinical

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child psychologists.¹ Respondents were asked to answer each item on a 5-point scale, where the numbers 1, 3, and 5 were labeled *strongly disagree*, *neutral*, and *strongly agree*, respectively. Items were worded so that more positive answers (i.e., higher scores) endorsed changes in the doctoral training of school and clinical child psychologists, and less positive answers (i.e., lower scores) endorsed the status quo.

Sixty-six percent ($n = 182$) of the 276 questionnaires delivered to school psychologists and 61% ($n = 181$) of the 296 questionnaires delivered to clinical child psychologists were returned completed. Clinical child psychologists, 40% of whom were in the 40–49-year age range, tended to be younger than school psychologists, 34% of whom were in the 50–59-year age range. The highest percentage of school psychologists (35%) worked principally in elementary or secondary schools, and the highest percentage of clinical child psychologists (43%) worked primarily in independent practice. The next highest percentage of psychologists from both specialties (30% for school and 29% for clinical child psychologists) were primarily employed in colleges or universities.

Internal consistency reliabilities indicate that the items for both versions of the scale ($\alpha = .85$ for the school psychology version, $\alpha = .83$ for the clinical child psychology version), and for both scales combined ($\alpha = .84$), formed a coherent scale where higher scores indicated greater endorsement of broader training in both specialties. In general, school psychologists were more favorably disposed toward the items than were clinical child psychologists, with at least half of the school psychology respondents indicating some agreement with 9 of the 13 items. In contrast, at least half of the sample of clinical child psychologists agreed with only 4 of the 13 items.

School psychologists rated 6 of the common 7 items significantly higher than did clinical child psychologists.² School psychologists indicated more agreement (74% responding with a rating of 4 or 5) than did child clinicians (46% responding with a rating of 4 or 5), with the idea that a merger of doctoral programs in school and clinical child psychology would enable better training for psychologists providing school-based and school-linked mental health services than the two specialties currently provide separately. School psychologists also felt more strongly than did clinical child psychologists that a merger of clinical, counseling, and school psychology would both improve mental health services to all types of clients (51% of school; 18% of clinical child psychologists) and make doctoral graduates more competitive in today's job market (59% of school; 34% of clinical child psychologists).

School psychologists rated the following items more highly than clinical psychologists: "there are too many subspecialties identified with the provision of clinical services to children"; "merging of school, clinical, and counseling psychology is advisable because the disciplines have similar curricula"; and "there is no need for separate clinical, school, and counseling disciplines because mental-health-service-providing psychologists serve many clients." The majority of members of both samples, however, generally disagreed with these items. Thus, proponents of merging of the health-service-providing disciplines of school, clinical, and counseling psychology (i.e., Beutler & Fisher, 1994; Matarazzo, 1987) do not receive much support from participants in either sample.

The results suggest that school psychologists are generally positively disposed to a number of changes proposed in the literature to broaden their training, which would enable greater health service provision to children and families. These changes include increased emphasis on training in interventions (Gutkin, 1995), having as much supervised experience as clinical child psychologists, having internships that are not limited to school settings (Hughes, 1996), taking coursework in adult psychopathology in order to understand and help adult family members, receiving training in supervision, and being trained to provide a variety of health services for children and families in various settings (Hughes, 1996). These results are in keeping with the recent proposal by Roberts et al. (1998) to increase the scope and quality of training to provide better services to, and protection for, children, adolescents, and families.

In general, with the exception of favoring a greater emphasis on training in interventions, school psychologists in colleges and universities were less supportive of proposed changes to broaden doctoral training than were school psychologists practicing outside these settings. The reasons for this are unclear, but their lack of endorsement of broader training strongly suggests that school psychologists in colleges and universities believe that school psychology should remain specialized and should be practiced in schools. Independent practitioners in school psychology had the highest level of endorsement of the proposed doctoral education changes. Results of a survey by Short and Rosenthal (1995) found that school psychologists in nonschool practice settings such as independent practice are evolving their own professional identities. Successful independent practice may entail dealing with a variety of problems that children and adolescents and their families have in many settings. Doctoral training that emphasizes increased practicum and internship training in interventions in various settings would be helpful preparation for this type of independent practice.

In contrast to school psychologists, members of the sample of clinical child psychologists were favorably disposed to only a few of the questionnaire items, but those they endorsed were indicative of broad training with greater emphasis on interventions that enable them to provide many different services in a variety of settings to children, adolescents, and families. A large majority felt that there needs to be greater emphasis on training in both educational issues and supervision along with coursework in adult psychopathology. Most, however, felt that the internship should be limited to a clinical setting. More experienced clinical child psychologists were generally more favorably disposed to the items than were child clinicians with less professional experience. Several participants from this sample wrote on the questionnaire indicating that experience had shown them the need for more comprehensive training to help children and families.

I was surprised to find that whereas 92% of responding school psychologists felt that they should have as much supervised field experience as clinical child psychologists, only 27% of clinical child psychologists felt that they should have as much supervised

¹ Copies of the questionnaires are available from Georgiana Shick Tryon.

² Statistical and tabular information is available from Georgiana Shick Tryon.

field experience as school psychologists. Minke and Brown's (1996) survey of curricula of school and clinical child graduate programs found that school psychology training programs required fewer practica hours than did clinical child programs. Perhaps responses to these questions were influenced by respondents' awareness of this discrepancy in required practica hours.

Implications

What do these results mean for the future training of professional child psychologists? If the results are representative of the opinions of doctoral-level clinical child and school psychologists in general, some broadening of training in both disciplines to better meet the mental health needs of children, adolescents, and families appears desirable and welcome. For sampled clinical child psychologists, however, this broadening would neither extend to internships in schools nor to disciplinary merger. On the other hand, sampled school psychologists were favorably disposed to most of the surveyed curricular changes, including internships outside of school settings and the desirability of a merger with clinical child psychology to improve mental health service delivery. Thus, if changes along the lines of the items surveyed are to happen, one would expect more of them to occur in schools than in clinical child programs.

The differing opinions of clinical child and school psychologists regarding the desirability of merging their disciplines seems to indicate that consolidating the two specialties is unlikely. The survey did not ask for the reasons why respondents answered as they did. The merger of clinical child and school psychology would pose certain structural and organizational problems. The two specialties are often housed in different colleges within their respective universities. Deciding the core elements of merged programs may be difficult. Some members of each disciplines may wish to protect their unique turf and harbor attitudes toward each other that are not conducive to unification. Service needs of children and families may in fact be best served by having both types of professional child psychology programs—those that provide more general training and those that provide more specialized training.

So, how can doctoral training in clinical child and school psychology be expanded to include elements of each other without merging? More to the point, how can these specialties improve their training to provide broader, more comprehensive service to children, adolescents, and their families? Respondents from samples of both specialties agreed that broader training is needed. Perhaps generic models such as the one outlined by Roberts et al. (1998) will be used more frequently as blueprints for comprehensive doctoral training in professional child psychology. This model directs students to receive exposure to and experiences with 11 areas, such as life span developmental psychology, intervention strategies, research methods, and the role of multiple disciplines and service delivery systems. Roberts et al. (1998) also advocated that each program should require students to have expertise, usually acquired through course work and internship experiences, in several of these areas. This model takes advantage of APA's current accreditation guidelines (APA, 1996), which allow each

program to specify its own training model. Roberts et al. (1998) stated that "all branches of psychology that train professional psychologists to work with children and families will find this model useful" (p. 294). By using models such as this, both clinical child and school psychology program directors may choose elements from various professional child psychology specialties to train their students to provide better services to children, adolescents, and their families.

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