

Beyond the Mental Health Clinic: New Settings and Activities for Clinical Psychology Internships

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Is the current internship system sufficiently diverse to prepare psychologists for the many professional roles they will take on in the post-managed care future? Creating internships in new settings may help clinical psychology become a stronger presence in diverse areas of intervention and expand work with populations less commonly reached in the clinical psychotherapy model. The author presents initial suggestions for creating training programs in which interns could develop and apply their knowledge in prevention, public policy, and community action. The potential benefits and challenges of such innovative internships are also discussed.

This article proposes the creation and accreditation of innovative psychology internships in new settings (e.g., preventive intervention centers, Capitol Hill) in which interns would learn interventions different than those typically conducted in the clinic-based psychotherapy model. This proposal follows from recent calls to broaden practice and training in clinical psychology. After presenting some initial proposals for internships in new settings, this article addresses some important questions about the potential benefits and challenges of creating and sustaining such training programs.

Potential changes in the internship system have to be considered in the context of likely future directions and definitions of clinical psychology as a whole. In that regard, it is informative to read a recent statement sent by the Council of Chairs of Training Councils (CCTC) to its membership and to the American Psychological Association (APA) Committee on Accreditation (Emil Rodolfa, personal communication, October 4, 1998):

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PREPARATION OF THIS ARTICLE WAS SUPPORTED by the Department of Veterans Affairs Mental Health Strategic Health Group and Health Services Research and Development Service. An earlier version of this article was presented at the 106th Annual Convention of the American Psychological Association, August 1998, San Francisco.

I THANK Marc Atkins, Cynthia Belar, Howard Berenbaum, Matthew Chinman, Elena Klaw, Craig Rosen, Karen Schmaling, and Rick Weinberg for their comments, ideas, and energy.

THE OPINIONS EXPRESSED IN THIS ARTICLE are the sole responsibility of the author and do not necessarily represent official policy positions of his employers.

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The future employment of psychologists will include less emphasis on direct clinical services. Therefore CCTC encourages graduate programs and internship settings to provide a balance of supervised experience in a variety of training activities including program evaluation, prevention, consultation, supervision, program development, public policy, broad-based assessment and intervention, etc. When students are engaged in these experiences at practicum sites, we believe that these activities should count as practicum hours. Due to the changing market place, the emphasis of our training must be on quality and diversity of experience, rather than quantity of clinical hours.

CCTC comprises all major national psychology doctoral training associations (e.g., Association of Psychology Postdoctoral and Internship Centers, Council of University Directors of Clinical Psychology, National Council of Schools and Programs of Professional Psychology) and represents more than 1,000 training and internship programs. Further, the CCTC's reading of the future of intervention and training in clinical psychology echoes that of other important bodies that have studied these issues (see, e.g., Spruill, Kohout, & Gehlmann, 1997). Hence, the above statement may reasonably be taken to represent the views of many of us who are involved in training clinical psychologists. The statement is realistic about where historical and health care market forces have brought clinical psychology (Humphreys, 1996) and optimistic about the breadth of areas in which the field can contribute to human welfare in the future. The full implications of the vision of CCTC and other like-minded bodies go beyond internship training per se to encompass changes in graduate education, postgraduate employment, and continuing education. Hence, by focusing primarily on broadening internship training, the present article is intended only as one small step in the larger reinvention process the field is currently undertaking.

Currently, most psychology internships are based in clinics or medical centers and focus primarily on teaching students how to conduct various forms of clinical assessment and psychotherapy (Stedman, 1997). Although trainers can innovate a great deal in the clinic setting, I propose that at least some internships "push the envelope" by being based in entirely new settings with new primary activities. Three examples follow.

Preventive Intervention Internships

Evaluation research has demonstrated that well-designed prevention programs can have a positive impact on a variety of health and social outcomes (Levine & Perkins, 1997). Because psychologists have been instrumental in the development of many preventive interventions, creating a group of internships devoted to formulating, implementing, and evaluating prevention programs would be a forward-looking innovation for the field.

A number of prevention centers (e.g., the Preventive Intervention Research Center at Arizona State University, the Stanford Center on Research in Disease Prevention) currently employ psychologists and train clinical psychologists at the postdoctoral level, and at least one (the Institute for Juvenile Research at the University of Illinois at Chicago) is already involved in training psychology interns. Many prevention centers already have staff and procedures in place that could serve as the infrastructure for new predoctoral internship programs. Relative to an overall budget for a center, the marginal cost to funders of allowing each center to apply at funding renewal periods for a small number of psychology internship slots would not be prohibitive.

Interns in these settings would learn how to develop and implement prevention programs in contexts such as public schools, workplaces, and community centers (see Humphreys, Fernandes, Gano-Phillips, Bhana, & Fincham, 1993). This would involve learning theoretical frameworks on how psychopathology and other human difficulties develop, acquiring skill in negotiating entree with organizational and institutional gatekeepers, and intervening with diverse children, parents, and teachers in community settings. The specific focus of the prevention effort (e.g., smoking, hazardous alcohol consumption, depression, divorce) would be driven by the training center's agenda and the interests of the intern. In addition to learning how to implement a prevention program, interns would also be expected to learn how to evaluate the success or failure of preventive interventions.

Public Policy Internships

Individual psychologists have made important contributions to the formation of federal and state legislation, but, as a whole, clinical psychology could expand its contribution to human welfare substantially by becoming more involved in public policy development, consultation, and analysis (Lorion, Iscoe, DeLeon, & VandenBos, 1996). The APA Congressional Fellowship Program has been an important route for experienced psychologists to become involved in the federal legislative process. Predoctoral internship slots in public policy could be embedded within the existing structure of the fellowship program. Although they would probably require more start-up work than slots embedded in a program operated by our own professional association, public policy internships also could be developed within state governments (most of which have programs in place to train undergraduate interns from various fields) and in advocacy organizations (e.g., the National Mental Health Association). Even in more traditional internship settings, it should be possible to expand or create opportunities for interns to receive training in mental health policy and administration. The clinical internship programs at the University of Washington's Department of Psychiatry and the

University of South Florida/Florida Mental Health Institute both currently offer rotations of this sort.

Interns in a public policy training program could learn how legislation actually comes about and how psychological science can inform public policy. Public policy internships would teach an array of skills, including how to write science-based policy briefs and news releases, how to organize stakeholders wishing to advocate or testify about a particular issue, and how to interact with legislators and their staffs. Such internships would allow young psychologists interested in public service to assess this career option more realistically than they could in an academic department or traditional clinical setting.

Community Service and Action Internships

Community service projects, community development initiatives, and community organizing and advocacy efforts have a long history within community psychology and social work. Clinical psychologists (e.g., Lightner Witmer), and at least one internship (the Consultation Center at Yale University) have also been involved in community-level action, but room certainly remains for the field to expand in this area. In order to create a pool of internship slots focused on community service and action, APA could formally partner with like-minded organizations such as (for the sake of example) the federally funded Americorps program.

Americorps organizes volunteer helpers and members of low-income communities to operate programs in adult education, job training, neighborhood policing, child immunization, and other areas of community service and development. Creative applications of psychology to enhance Americorps programs come easily to mind, with a partial list including developing communication training programs for volunteer college students who wish to work with low-income children, implementing adherence-promoting interventions for participants in immunization and exercise programs, evaluating the psychological effects of programs on volunteers and those they help, and employing group development techniques to help citizens initiate self-help groups and political advocacy efforts.

To ensure the value of clinical psychology internships in Americorps or other organizations in which psychology training currently has no real presence, APPIC would need to develop a training model for situations of this sort. In the absence of a recognized training infrastructure, interns in community service organizations may spend too much of their internship year doing activities that, although valuable, do not give them much opportunity to further and apply their psychology training (e.g., repainting old school buildings). A successful training model would allow interns to be supervised by outside psychologists in such a fashion that their knowledge of clinical psychology increased and they received opportunities to apply the knowledge they already had. Once such a training model were developed, it could be applied in other novel internship training programs. For example, it could be applied to programs based in large corporations that teach interns organizational development and consultation or worksite health promotion skills.

Questions About the Present Proposal

What Would Be the Benefits of Adopting This Proposal?

Founding internships in new settings could help clinical psychology become a stronger presence in different areas of intervention. In the wake of managed care and the steep recent declines of independent practitioners' incomes (Williams, Kohout, & Wicherski, 1998), clinical psychology's long-term growth and viability are questionable if its range of interventions rarely goes beyond psychotherapy (Humphreys, 1996). Over the years, a number of directions have been proposed for clinical psychology to either break into entirely new areas or expand or renew its commitment to an area where it currently has a minimal presence: physical health promotion, forensics, public policy, organizational consulting, and prevention program development and evaluation, to name only a few. These areas have remained sidelights to the psychotherapy enterprise in part because individuals who have established careers as psychotherapists have strong disincentives to switch into new areas of intervention. For obvious reasons, new entrants to a profession are often more willing to strike out into less familiar terrain than are individuals who have established a reputation, skills, and income in a different area. Internships in new settings could serve as an excellent stepping stone for the "young pioneers" who someday may help lead a significant portion of the field into new territory.

Creating new internships may also benefit clinical psychology by improving the match between intern interests and training, which has become an even more important concern now that hundreds of intern applicants do not receive internships each year (Oehlert & Lopez, 1998). Because only a few internships depart substantially from the clinic-oriented psychotherapy training model, intern applicants who desire different types of internship training (who often, but not always, were trained in "clinical-community" graduate programs) usually apply to some psychotherapy-oriented internships. As a result, each year some psychotherapy-oriented training slots are filled by students who have relatively little interest in psychotherapy, and, by extrapolation, some students who would have cherished those slots are left without a relevant internship. Hence, the creation of internships in new settings, although it would make only a limited quantitative impact (e.g., 50–75 slots) on the overall shortage of internship slots, could increase the overall match systemwide between intern interests and internship training both for students interested in psychotherapy and for those interested in other forms of intervention.

New internships could also benefit society by bringing psychological intervention to a more diverse population. Because its effectiveness has been well established (see, e.g., Smith, Glass, & Miller, 1980), psychotherapy is a legitimate avenue for applying psychological science to human problems. At the same time, in the United States, usage of psychotherapeutic services is strongly correlated with having less severe psychiatric distress (Kessler et al., 1997), being White, middle to upper class, and highly educated (Garfield, 1986). Hence, clinical psychology must supplement psychotherapy with other interventions in order to bring its knowledge more directly to bear on the problems of less privileged populations. In the past, prevention, public policy, and community

service and action have been heavily concerned with just such low income and minority populations.

Is Not the Main Purpose of Clinical Psychology to Do Psychotherapy, Such That These Internships Would Be a Departure From the Essence of the Field?

In the absence of historical knowledge, it is easy to assume that a field's current beliefs and practices have been handed down intact through the generations. Such a viewpoint, whether implicit or explicit, can discourage innovation. For example, some students of Western literature argue that it would be disastrous to allow the "trendy" novels of Toni Morrison into the literary canon alongside those of such "sacred, eternal giants" as Steinbeck, Faulkner, and Hemingway, apparently unaware that two generations ago, other students of Western literature argued that it would be disastrous to allow the trendy novels of Steinbeck, Faulkner, and Hemingway into the canon alongside those of such sacred, eternal giants as Thackeray and Forster!

Similarly, although psychotherapy is currently many clinical psychologists' primary activity, its central role in the field is actually a recent historical development. For the half century following the opening of Lightner Witmer's clinic, clinical psychologists' interventions almost never included psychotherapy (Humphreys, 1996). The idea that clinical psychologists could be trained to do psychotherapy was once merely an innovative proposal that many perceived as a dangerous departure from tradition (see Shakow, 1978). A careful reading of 60 years of statements about clinical psychology training made by prominent individuals and organizations (e.g., Belar et al., 1989; Miller, 1946; Raimy, 1950; Shakow, 1938) demonstrates that the internship system has always been redefined and reinvented in response to the world around it. The one historical constant through clinical psychologists' conceptions of the internship is not an emphasis on any particular type of intervention but a commitment to giving students a hands-on experience of using psychological knowledge to improve human welfare. From this historically situated point of view, allowing some internships to depart from the clinic-based psychotherapy model follows logically from the best traditions of the field—innovation and public service—rather than being a retreat from them.

Internship Is Supposed to Be the Capstone of Graduate Education: Are Enough Graduate Students Learning the Skills on Which These Internships Would Build to Provide a Pool of Applicants?

Graduate students and graduate training programs are diverse and hence not easy to characterize simply. Some programs' intervention training exclusively covers assessment and psychotherapy, and students from those programs would not be well suited to the types of internship proposed here. At the same time, other clinical psychology graduate programs (see, e.g., the mission statements and training activities of those programs in the Academy of Psychological Clinical Science, which are available at: <http://w3.arizona.edu/~psych/apcs/apcs.html>) in clinical psychology teach students a broad array of intervention skills such as prevention, program evaluation, and organizational consultation, and, if

the field reorients in the fashion similar to that suggested by the CCTC and other like-minded organizations, more will do so in the future. Hence, though not appropriate for all students, the proposed internships would fit nicely into a cumulative training sequence for graduates of some clinical and clinical-community psychology programs.

Would Graduates of These New Internships Be Eligible for Licensure, and Could They Legally Call Themselves "Clinical Psychologists"?

Specific answers to these questions will vary significantly from state to state (Association of State and Provincial Psychology Boards, 1995). However, speaking generally, at least some of these new internships would probably not fulfill licensure requirements in some states. At the same time, one would assume that students whose main goal was to become licensed, private practitioners would be unlikely to apply for these internships in the first place.

Regarding the title of "clinical psychologist," one would hope that, in popular parlance, clinical psychologists who worked primarily in prevention, public policy, and community service would be referred to as clinical psychologists just as physicians (e.g., C. Everett Koop, MD) working in these same areas are still commonly understood to be physicians. At the same time, some states restrict the title of clinical psychologist to licensed individuals, which may in some cases mean that graduates of the aforementioned internships would have to use other professional titles to describe themselves (thereby, in my opinion, helping maintain the unfortunate perception of clinical psychologists as narrowly trained professionals).

Could These Internships Be Postdoctoral?

Whether internship training should be a 2-year process or a single, postdoctoral year is a complex issue beyond the scope of this article. However, for the proposed internships and the careers they foster truly to be an innovation in the field, their timing and length should parallel those of more traditional internships. Otherwise (for example, if an alternative internship could only be done on top of, rather than instead of, a traditional internship), students would have strong disincentives to pursue new kinds of training.

How Could This Proposal Be Realized in Some Form?

Forces inside and outside of clinical psychology are exerting strong pressure for change, but this context may just as easily stifle innovation as encourage it. The present proposal is intended as a positive and creative response to an environment in which refusing to change may be akin to playing Nero's fiddle. Nevertheless, this article is a call for change and on that basis alone will naturally cause anxiety. For this reason, and because any alteration in a system devoted to improving human welfare should be undertaken with great care, initial goals should be modest and include careful impact evaluation (e.g., five new sites in each of the three types of new settings just described). Further, precise goals and strategies for diversifying internship training must be determined through collective debate and discussion within the field; hence, my pro-

posal may ultimately be a mere stimulus to the better ideas of other innovation-minded psychologists.

To accumulate the knowledge, energy, and resources for moving the internship training system toward new areas of intervention, a network of committed stakeholders will have to be organized. Scattered about the country are internships (e.g., the innovative programs mentioned earlier), graduate programs, students, faculty, and potential funders who wish to expand clinical psychology training to include more emphasis on public policy, prevention, community service, and other areas. APA could provide a useful service to the field by bringing these parties together in an ongoing task force so that they could benefit from each others' experiences and energy and assess the extent to which the field can currently support cumulative training sequences for clinical psychologists in new areas.

New internship programs will of course need to be accredited. The criteria for accrediting internships (APA, 1996) are written broadly, emphasizing training in science-based intervention rather than in psychotherapy per se. A more important concern than the letter of formal accreditation guidelines may therefore be the less formal and tangible rules of legitimation. Legitimation occurs when members of a field feel that a training or career option will bring them respect and support from their mentors, peers, and the public. The process through which a critical mass of new and established members of a field come to respect new activities (formally accredited or not) is democratic and informal and cannot be ordained by any central authority. All any one person can do to promote legitimation is to call for conversation among one's colleagues and contribute one's own ideas to the dialogue, as I have tried to do here.

Finally, any substantial innovation in the settings and activities of internships will require an "experimental attitude" among trainers, faculty, students, and accrediting bodies. By an experimental attitude, I simply mean a willingness to try new things and carefully evaluate the results. Any member of the field can come up with arguments for why training innovations along the lines proposed here (or, for that matter, any training innovation) should not even be attempted. However, with hundreds of internship applicants not being placed each year and the salaries of psychologists whose focus is psychotherapy decreasing substantially, arguing why clinical psychology training cannot or should not change is probably not the wisest use of time and energy. Does this mean that if new internships in new settings are created, positive results are ensured? Of course not. Opening up the universe of alternatives (cf. Sarason, 1981) for internship training and clinical psychology in general simply implies thinking in new ways and trying new things, not assuming that good intentions guarantee good results. Any new internships will have to be evaluated on the basis of how well they (a) train interns to use psychological knowledge to promote human welfare and (b) help interns secure employment doing so. We cannot be sure of good results, but neither can we get good results without trying. I hope we have the courage to try, for the benefits to psychology and society may be considerable.

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Received December 24, 1998

Revision received September 24, 1999

Accepted November 24, 1999 ■