

Attitudes of Psychotherapists Toward the 1970 APA Standards for Psychotherapy Training

Five hundred and eighteen members of the American Psychological Association, Division 29, were sent a questionnaire asking them to review each of the recommendations of the Psychotherapy Curriculum and Consultation Committee on Psychotherapy Training. The recommendations were evaluated along three dimensions: (a) the extent to which these recommendations were present in doctoral training, (b) the extent to which the recommendations were considered to facilitate therapeutic competence, and (c) whether the respondents would include the recommendations in an ideal psychotherapy training program.

The results of the study were that half of the respondents indicated that the recommendations were prevalent in their training. A majority of the respondents found the recommendations to facilitate competence and would include them in ideal training. An important implication of the study is that even though all the recommendations are not prevalent in clinical psychology graduate programs, the respondents in the sample think they ought to be.

Much energy has been invested in describing and elaborating on the nature of graduate education in clinical psychology. The largest portion of this effort has been directed by the American Psychological Association in the form of conferences: Boulder (Raimy, 1959), Miami (Roe et al., 1959), Chicago (Hoch, Ross, & Winder, 1966), Vail (Korman, 1973). In 1970, APA Division 29 narrowed its focus by establishing a Psychotherapy Curriculum and Consultation Committee to provide training institutions with approved standards for psychotherapy education and training. The standards recommended by this committee represent the clearest statement to date concerning psychotherapy education.

The purpose of this study was to determine how therapists would evaluate their graduate-level psychotherapy training, using the standards recommended by APA Division 29. This research was stimulated by the findings in the literature that (a) the professional-applied side of the Boulder model for graduate training was neglected until 1973; (b) applied practitioners (Goldschmidt, 1969; Thelen & Ewing, 1973), internship directors (Shemberg & Kelly, 1976), and students (Clement & Satoris, 1967) were dissatisfied with graduate-level psychotherapy training; (c) there was an absence of information outlining the specific content of psychotherapy education; and (d) there was no information on the attitudes of psychotherapists toward the Division 29 standards for therapy training. Therapists were asked in a questionnaire to review each of the recommendations concerning faculty, practicum setting, and curriculum considerations, according to the following criteria: (a) the extent to which these conditions were present in their doctoral training, (b) the extent to which these conditions were considered to facilitate the competence of the practitioner, and (c) whether the therapists

would include the standards in their conception of an ideal training program.

THE SAMPLE

The sample consisted of 518 members of the APA Division of Psychotherapy (29) listed on the 1977 mailing list for Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia.

THE QUESTIONNAIRE

All members of the sample were sent a copy of the Psychotherapy Training Questionnaire (PTQ). The PTQ, based on standards for psychotherapy training recommended by the APA Division 29 Psychotherapy Curriculum and Consultation Committee (1971), consisted of a list of 16 recommendations (see Table 1) regarding faculty, settings for practicum experiences, and curriculum considerations. Adjacent to each recommendation were point scales to be rated by the respondents along three dimensions: (a) present in training (never, seldom, sometimes, often, and always), (b) facilitative of your therapeutic competence (cannot determine, no, sometimes, yes), and (c) would include in an ideal therapy training program (yes, no).

The PTQ contained five additional questions. Two of these questions concerning requirements and provisions for personal therapy were presented in the same manner as the first 16. A third question asked the respondents to rate the usefulness of their psychotherapy doctoral education (ranging from very useful to never useful) relative to their present practice. A fourth question asked therapists to rank graduate school, along with four other training methods (internship, personal therapy, their practice, advanced training workshops or institutes), as to which method provided the most learning about being an effective therapist. The last question asked therapists to describe what they considered to be the most critical experiences in their learning how to be a psychotherapist.

PROCEDURE

The PTQ was sent to the 518 members listed in the Division 29 membership mailing

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list for 13 southern states. A cover letter was included, explaining the nature of the research and requesting that the PTQ be read, filled out, and returned in an enclosed, self-addressed, stamped envelope.

Results

The number of returned, codable questionnaires was 192, with a response rate of 37%. The responses were well distributed from all states included in the sample. Also, the response percentages from each state closely corresponded to the percentage of Division 29 members in each state in the original population.

Frequencies and percentages for the demographic data and the response alternatives marked for each question on the questionnaire were tabulated. The results that follow are organized in terms of the demographic characteristics of respondents and the percentages for each question on the questionnaire.

DEMOGRAPHIC DATA OF RESPONDENTS

Therapeutic Orientation

The respondents listed their therapeutic orientations as follows: eclectic, 23%; psychodynamic, 22%; humanistic-experiential, 17%; behaviorial-social learning, 13%; Rogerian-client centered, 9%; existential-phenomenological, 5%; Gestalt, 5%; transactional analysis, 4%; cognitive, rational emotive therapy, 2%.

Distribution by Sex

The distribution of respondents by sex was 84% male and 16% female. This roughly corresponds to the ratio (81% male, 19% female) of the population sent questionnaires.

PERCENTAGES FOR EACH QUESTION OF THE PTQ

The average percentages of responses for Present in training, Facilitative of therapeutic competence, Would include in ideal training for the recommended standards, and the added questions are listed in Table 1.

Discussion

The respondents, 60% of whom had been in practice for less than 10 years, indicated that some of the standards were present in their graduate training and others were not. This finding is similar to the work of Jorgensen and Wiegel (1973), who termed the situation a "mixed picture of congruence." These authors based their conclusion on a survey of university clinical training directors. They found that although 81% of the programs have implemented the standard requiring exposure to ethical issues, only 2% have implemented the standard that recommends student participation in personal psychotherapy.

A majority of the respondents indicated that the recommendations were facilitative of therapeutic competence. The recommendations that were considered less prevalent

Table 1: Response Percentages for Each Question of the Psychotherapy Training Questionnaire

Question	Was present in training						Facilitated competence					Would include in ideal training		
	No re-sponse	Al-ways	Often	Some-times	Sel-dom	Never	No re-sponse	Yes	Some-times	No	Cannot deter-mine	No re-sponse	Yes	No
1. One or more full-time faculty represented the model of highly skilled psychotherapy practitioner (i.e., ABEP ^a).	1	57	15	11	8	8	4	63	20	5	8	4	94	2
2. Faculty was competent in supervision of psychotherapy.	3	34	31	21	7	4	5	59	30	4	2	4	94	2
3a. Faculty who taught psychotherapy were continuously practicing skills that they were helping students learn.	2	36	21	23	15	3	6	55	25	9	5	3	94	3
3b. Faculty provided students opportunity to learn by observing them practice psychotherapy.	5	7	12	19	24	33	3	40	18	19	20	7	90	3
4. Faculty and staff at practicum facilities view therapy as a worthwhile activity.	4	57	23	10	5	1	6	64	20	6	4	6	93	1
5. You had practicum experiences in a real-life setting delivering needed services.	1	72	19	5	1	2	3	89	7	1	0	0	96	4
6. Part of your practicum experience was in a setting where therapy by psychologists was accepted.	2	74	16	4	3	1	3	82	9	3	3	4	95	1
7. Psychotherapy education included awareness of social forces shaping the field and social responsibilities of the profession.	2	17	28	29	18	6	4	35	42	12	7	4	93	3
8. Students had experiences in situations where the aim of treatment was preventative or maximizing potential.	2	15	22	28	23	10	3	40	30	13	14	4	90	6
9. Students provided experiences in one-to-one therapy.	1	45	43	7	2	2	2	82	13	2	1	0	97	3
10. Ethical standards were continually taught.	1	42	29	16	9	3	3	71	16	6	4	3	96	1
11. Practicum was of sufficient length to allow students to observe/experience development of therapeutic competence.	1	53	23	17	5	1	3	77	15	2	3	3	97	0

Table 1 (continued)

Question	Was present in training						Facilitated competence					Would include in ideal training		
	No re-sponse	All-ways	Often	Some-times	Sel-dom	Never	No re-sponse	Yes	Some-times	No	Cannot deter-mine	No re-sponse	Yes	No
12. Supervision was long enough to allow students to observe/experience development of therapeutic competence.	4	35	25	20	11	5	5	66	20	5	4	5	94	1
13. Students received training in supervision.	3	9	14	16	26	32	6	37	19	19	19	5	87	8
14. Methods for enhancing sensitivity and personal growth were part of students' education.	2	17	18	28	22	13	4	46	26	12	12	4	91	5
15a. Psychotherapy education designed to provide sound grounding in present knowledge and skills.	7	37	31	19	4	2	8	60	27	3	2	9	90	1
15b. Psychotherapy education designed to enhance awareness of inevitability/desirability of change.	7	37	31	19	4	2	8	60	27	3	2	9	90	1
16. There was a formal, terminal evaluation of students' therapeutic skills prior to receiving degree.	3	24	9	8	13	43	7	30	17	18	28	6	86	8
17. You were required to be involved in your own personal therapy.	0	10	5	5	4	76	5	34	6	21	34	6	62	32
18. Provisions were made for inexpensive or free psychotherapy.	1	27	9	14	9	40	9	35	8	16	32	8	80	12
19. Overall, how useful do you consider your doctoral education relative to your private practice?		Very		Often		Some-times		Sel-dom		Never		No response		
		41		29		20		6		2		2		
20. Did you learn more about being an effective therapist in		Graduate school		Intern-ship		Personal therapy		My practice		Advanced training in workshops		No response		
		10		16		20		37		15		2		

Note. Questions are abbreviated to conserve space.
^a ABEP = American Board of Examiners in Psychology.

were also rated less facilitative. Consequently, we are unable to determine whether a recommendation would have been rated more facilitative if it had been more prevalent.

The large majority of the respondents thought all the recommendations should exist in an ideal therapy training program. Each standard received the endorsement of at least 85% of the respondents. The only standards not receiving this level of endorsement were questions added by the present authors, which specified mandatory personal therapy (62%, yes; 32%, no) and the provision of inexpensive or free psychotherapy (80%, yes; 20%, no).

One of the implications of the results concerning the overall usefulness of graduate training, as contrasted with the relative usefulness of other training methods, is that therapists rated graduate-level training as a useful, but small, contribution to the learning process. Seventy percent of the respondents indicated that their graduate-level training was very useful or often useful, relative to their present practice. However, when asked to rate five training methods according to which was most important, respondents gave the fewest 1 ratings (1 being the highest rating) to graduate school. In addition, graduate school was seldom listed as a critical learning experience (2 out of 170 responses). In these open-ended responses, more therapists indicated that personal therapy, supervision, and practice in the field were critical experiences. Clearly, graduate school training is not seen as providing the most significant contribution to being a psychotherapist.

The strongest implication of the results is that even though all the recommended conditions were not prevalent in their graduate-level training, the respondents thought they should be. This raises the issue of how recommendations are translated into actions. Unfortunately, there are no simple answers to this question. Leitenberg (1974), a director of clinical training, pinpointed the source of prevailing disaffection with doctoral training in clinical psychology "as the continuing gap between rhetoric and practice" (p. 60). With the increasing importance of clinical psychology today, it is curious that there are no mechanisms for ensuring both that recommendations are implemented and that there be full participation by those involved in the standards-making process.

Summary

The results of the present study highlighted the following issues:

1. A "mixed picture of congruence" exists between APA recommendations and implementation.
2. The standards recommended by the Division 29 Curriculum and Consultation Committee are viewed as being generally facilitative of therapeutic competence.
3. A large majority of the respondents support the implementation of all the committee's recommendations for faculty, practicum settings, and curriculum considerations.
4. The respondents view graduate-level psychotherapy training as a useful but small part of the process of becoming a psychotherapist.
5. There are no explicit means for ensuring that what is suggested will be implemented by graduate training programs.
6. Past graduates clearly support the full emphasis and implementation of the applied "side" of the Boulder model.

It is hoped that the results of this study will motivate action. Minimally and initially this action could take the form of university directors of clinical training comparing their training standards with those that have been recommended and are now supported by practitioners in the field.

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