

Training Content

- Training content requires consideration of training goals and potential outcomes: master scientists, master practitioners, master clinical scientists, master mental health administrators, master trainers
 - Should programs pursue one, some, or all?
 - Not all outcomes are appropriate goals for CS programs (e.g., master practitioners), not all students do all well
 - Should students be “tracked” into these outcomes?
- Missing elements in many CS programs
 - Training in how to work collaboratively
 - Management, organizational development expertise
 - Genetics and neuroscience
 - Outreach to populations outside of current health care delivery systems
 - Professional development
- Models of training
 - Should training be “broad and general” or “narrow and deep”?
 - How flexible and individualized should training be?
- Clinical students are overwhelmed: what should be taken out?
 - Broad and general coursework?
 - Defer preparation for internship?
- Should we provide clinical training to students in other areas of psychology?

Training Pedagogy

- General training principles in clinical science
 - Foster experiential and problem-based learning
 - Translate and disseminate basic behavioral science
 - Aim to produce students who generate new knowledge
 - Include methods for evaluating risk transmission, mediators, and moderators
- Are there core competencies for all clinical scientists?
 - Intervention (including learning empirically supported treatments)
 - Supervision, training, mentoring, teaching
 - Assessment
 - Psychopathology
 - Research methods/statistics
- RDoC-based model of clinical training could be developed
 - Courses, practica, research training organized around:
 - Rows: Processes
 - Columns: Levels of analysis
 - NIMH could provide funding for several pilot programs
- What's different?
 - More individualized, flexible training (PCSAS)
 - Emphasis goes beyond mastery to generativity

Training Evaluation

- Characterize long-term outcomes of program graduates and evaluate consistency with goals of training program (PCSAS).
- Ask first-year students to write and update periodically a projected scenario of where they hope to be at end of program. Base student evaluations in part on progress toward goals.
- Constitute advisory committee that meets annually or biannually with each student to monitor progress, set goals, etc.
- Examine quantitative evidence: Are graduates producing new knowledge? Are programs training new CS research faculty?

Training Barriers and Facilitators

- Barriers
 - Large number of required courses drain student time
 - APA accreditation constrains curriculum, adds additional record-keeping burden
 - Licensure system (too APA-centric, no national model licensing law)
 - University system works against flexibility in teaching (team teaching)
 - Department areas vary in extent of support for clinical training
 - Negative perceptions of the profession (e.g., belief that there are no jobs; difficulty of balancing family and career, faculty lifestyles are not viewed as desirable models)
 - Disinvestment by NIMH in predoctoral clinical training
 - Pipeline problems facing women and parents
- Facilitators
 - Web-based sharing of effective training tools
 - Cross-institutional training opportunities could be developed
 - Science of behavior change and organizational development could be applied to our training programs
 - New PCSAS accreditation system
 - More opportunities for collaborations in real-world clinical settings

Training Examples

- Stony Brook: Received R25 to develop integrative curriculum in fear (fear learning, neuroscience of fear, emotional processing theory, extinction, etc.). Students do year-long rotation in anxiety clinic and community outreach/dissemination work and subsequently receive supervision for supervising more junior students.
- Colorado: Training sites include low-fee outpatient clinic for bipolar disorder, in which students obtain diagnostic and treatment experience and have the opportunity to conduct research.
- Indiana: Training provided for students across external practicum placements in brief empirically supported treatment. Themes/issues across placements identified and students review literature and do case presentations.
- Berkeley: Developed specialty clinic training model. Each year participants identify a target problem, review literature to design a brief intervention and assessment, market intervention to recruit clients, deliver the intervention under close supervision, evaluate efficacy, and present a colloquium to the rest of the CS program