

Toward Meaningful Broad and General Education for Clinical Psychologists¹

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In this paper, we advocate for meaningful broad and general scientific (as distinct from clinical) education for clinical psychologists via what has come to known as the core curriculum model. Broad and general education is necessary for licensure and other regulatory requirements.. It guarantees some shared knowledge and helps students to learn things clinical psychologists need to know.

Meeting Licensure and APA Requirements—and Some History

On the most mundane level, we must meet state licensing requirements and the APA *Guidelines and Principles* (2005). For this, I guess we don't really have to have *meaningful* broad and general education. Only the letter of the law must be met.

Nevertheless, it is important to understand that these issues come up at all because, like law and medicine, we have been committed to protect the public (Altmaier, 2003; Nelson & Messenger, 2003) through accredited professional education and ultimately through licensure. If we were training art historians, or, for the matter, doctoral level experimental psychopathologists, all of the curricular issues could be reasonably left to the academic departments.

From the beginning in 1947, the initial APA Committee on Training in Clinical Psychology opted for “breadth of training (generalism) as opposed to depth (specialization)” (Altmaier, 2003, p. 40). “A clinical psychologist must first and foremost be a psychologist in the sense that he [sic] can be expected to have a point of view and a core of knowledge and training which is common to all psychologists...” (quoted in Altmaier, 2003, p. 41). Altmaier (2003) also reports that from the beginning in 1949 there was some tension as to whether the Committee should set standards or if that was usurping a department's role. In 1960, there was a similar tension about whether the Committee should be advisory and consultative rather than evaluative. Here we are again.

The Desirability of a Core Curriculum

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In my view, a core curriculum for a profession is demonstrably good (Peterson et al., 1992; Peterson, 1992a, 1992b). Everyone has a “core curriculum”—law, medicine, and many other professions, to say nothing of a zillion college and university cores. A bit over a year ago there were 38,000,000 hits for core curriculum on Google (on December 22, 2005) and even 485 for “broad and general” and psychology.

Even though our profession has its own version, the question of broad and general education has a long history. Though quaint in some ways and strongly influenced by World War II, the famous, extremely influential volume colloquially called the *Harvard Red Book* (Harvard Committee, 1945) sounds a familiar chord: “The question has therefore become more and more insistent: what then is the right relationship between specialistic [sic] training on the one hand, aiming at any one of a thousand different destinies, and education in a common heritage and toward a common citizenship [in the discipline of psychology, I need to add] on the other?” (p. 5). Broad and general education “should not be confused with elementary education” (Harvard Committee, 1945, p. 198) As acknowledged in the *Red Book*, there is a difference between a course designed to advance the study of a specialist and one designed to provide an understanding of an area such that it facilitates insight into general intellectual relationships and connections between ideas and bodies of learning within the discipline (cf. Harvard Committee, 1945, pp. 56-57, p. 191). Such courses provide more than a soon-forgotten body of facts, but instead an attitude of mind and a way of effective thinking (cf. Harvard Committee, 1945, pp. 64-65). Our most fruitful conversation should be about what we should include in a broad and general education in psychology, not whether we should have such a thing. Beyond the scope of this paper, Harvard has recently (2006) prepared another general education report which included culture, ethics, the United States, reason and faith, and science and technology as areas. Maybe, professional psychologists need all this stuff too.

Other even broader visions of the core. What if we were starting the discussion from scratch and had maybe an extra year or two in our programs? Yes, we know that programs are already too long and too expensive. But arguably there are many things missing: (a) Shouldn't clinical students have some exposure to the discipline of anthropology (e.g., Geertz, 2000b) with its hesitance to make global and universal conclusions, its respect for diversity, and its valuing of thick description? Further, as I've argued elsewhere, in both our clinical work and our scientific work, we need to attend more to local cultures (D. Peterson & R. Peterson, 1997; Geertz, 2000a). (b) How come there is no sociology requirement, so we might better attend to issues of social class, poverty, and the misuse of power? Can kid programs really understand families and schools without it? (c) There is nothing about economics. How can we expect our graduates to understand, let alone create and manage, mental health care delivery systems? (d) Perhaps there should be some systematic training about systems theory beyond the bit that comes with family therapy, which, in turn, is often noted in only a session or two of some requirement. (e) If we taught epistemology and what has come to be known as critical psychology (e.g., Gergen, 1999), perhaps we would find a way to be a little more open to a variety of methods and a little less smug about our own preferences. (f) As distinct from counseling psychologists, clinical psychologists aren't exposed to the literature on the world of work, in spite of the fact that a good deal of health

psychology and stress management, cornerstones of clinical psychology practice, depend on that understanding. (g) I think psychologists need to be comfortable in the world of humanities, at the very least, with serious fiction about people and film to understand cultural narratives. It is a way of being in other people's minds. I know we are all worried that our students won't read at all once they graduate even inside psychology; I'd like them to read broadly.

The Necessity of Shared Knowledge

It is interesting that even in 1945, the Harvard Committee saw one of the goals of general education to be responsive to "common standards and common purposes" (p. 4). There needs to be some elements of knowledge that all clinical psychologists share both to communicate with one another and to provide for the welfare of their clients. The idea of required, shared knowledge is unquestioned in legal and medical education. In law school, every student must take constitutional law; an advanced seminar in the first amendment would not do it. In medical school, everyone must take anatomy. Hand anatomy or cerebral anatomy is not sufficient. Though there are no doubt waiver procedures for people with unusual backgrounds, the usual undergraduate course would not suffice.

Furthermore, many of the wars in psychology seem to us to have to do with lack of appreciation for the knowledge and perspectives of others. Among us today, requiring knowledge of biological aspects of behavior; research methodology; techniques of data analysis; and psychological measurement is probably not controversial. Requiring knowledge of cognitive and affective aspects of behavior; social aspects of behavior; and, trailing behind, history and systems of psychology no doubt recruits more difference. However, since I do teach a course that meets the cognitive and affective bases of behavior requirement, let me name some key areas that are covered.

Cognitive and affective bases of behavior: An example. Perhaps we might begin to agree that a required course on cognitive and affective bases of behavior would include material on the (a) cognitive vision of psychology, what we call cognitive psychology as a metatheory (e.g., Mahoney, 1991); (b) learning; (c) memory (e.g., Schacter, 1996); (d) social cognition and heuristics (e.g., Kunda, 1999); (e) emotion (e.g., Lewis & Haviland-Jones, 2000); (d) related epistemologies (e.g., Gergen, 1999)—okay, you won't really agree to this; (e) relevant issues of diversity. Here is a point at which I agree with Frank's perspective. The boundaries of the core areas are not firm, and they change as the discipline moves. While I do think we can identify some things that are in the center of an area, it would be a mistake to imagine that the boundaries will or should remain clear and firm.

Being selective, let's start with memory. To take a modest digression, have you read Daniel Schacter's *Searching for memory: The brain, the mind, and the past* (1996)? It is an exquisitely written book on precisely the topics needed here. Its downside is that all your other readings will seem to the students to be flat, dull, and poorly written in comparison. The primary data of psychologists in the clinical situation are memories, so we all need to know a lot about them. Certainly clinical psychologists need to know about the differences

between semantic, procedural and episodic memory, something about the various kinds of amnesias, and state dependent, mood congruent, and associative retrieval. They need to know that the metaphorical universal library view of the brain popularized by neurosurgeon Wilder Penfield in the 1950s is wrong. All memories cannot be retrieved by touching some spot on the exposed brain with an electrode. Instead, students need to know that even high level memories are reconstructions, that current expectations can be incorporated, and that one tends to re-remember the past in light of current attitudes. Further, they need to know about the potency of suggestibility, that hypnotic recall is unreliable, and that according to Ceci and others half the kids remember stuff as their own memories, even when they come from some other source. They need to know that while a few incidents of sexual abuse can be forgotten, there is little evidence of massive forgetting by those who have suffered years of abuse. Where does trauma fit in? And what about the issues of what has been called “False Memory”? What about dissociation theory versus repression? Is there such a mechanism as repression? (Repression is without scientific support). What is the data on actual ritual abuse? (There is no evidence of its existence.)

Turning to social cognitive psychology, shouldn't a psychologist know about heuristics (e.g., Kunda, 1999)? Maybe students have already learned about base rates from measurement. But do they know that people tend to give a brief interaction as much credence as long term acquaintance (Kunda, 1999, p. 71)—like a social psychological version of Meehl. Do they know about the availability heuristic (p. 89), egocentric bias, and the fundamental attribution error (p. 104). If they know that, do they know that the fundamental attribution error is fundamentally Western, something not found in Japan? And whether it provides the groundwork for understanding depressogenic thinking or covert rehearsal, have they read about the finding that imagination increases the likelihood of an event?

Similar paragraphs could have been written about all the other areas originally named-- cognitive psychology as a metatheory (e.g., Mahoney, 1991) learning; emotion (e.g., Lewis & Haviland-Jones, 2000); related epistemologies (e.g., Gergen, 1999), and diversity. There is always more on the cutting edge. Have you heard about the latest ideas of Jerome Bruner, the godfather of cognitive psychology? He has put forward a thoughtful and provocative idea of the narrative self (Bruner, 2002).

So, how can we say, in all of these broad and general areas, beyond cognitive and affective bases of behavior, that our graduates can get by without this knowledge?

Some Personal Arguments Out of Experience

Working on this paper, it dawned on me that the positions I was taking were based as much on my personal experience as on the intellectual arguments. Basically, I had great experiences as an undergraduate with general education courses and lousy ones in graduate school. Now this is *not* an argument for thinking that an average undergraduate course should meet the broad and general requirements—but some of my college courses were benchmarks. I took a course on the human life cycle with Erik Erikson and on American

social character with David Reisman who had written *The Lonely Crowd* (see Reisman, Glazer, & Denney, 2001, for a current version). Pearls of Eriksonian wisdom came in his distinguished Viennese accent. Reisman read us thoughtful scholarly observations about the material we had been assigned—I learned a lot about close reading. Realistically, I know that if we all had an Erikson around to teach development or a Reisman to teach social, whether on the undergraduate or graduate level, we probably wouldn't be having this conversation.

In graduate school, things were much different. I got a lot from a department wide learning course, but it seemed excruciating to my fellow clinical students. I couldn't stand the required perception course in which I learned more about rods and cones than I ever wished to. When Frank talks about existing “in depth” courses, these are what come to my mind.

Here is the point. Many of us accept roles in program leadership positions in the sometimes vain hope that we will be able to recreate for our students those educational experiences that had been stimulating and productive for us—and that we can remove requirements that seemed arduous, wasteful, boring, and unproductive. Perhaps naively, these wishes seem to be guiding a good deal of my judgments in this paper.

Pragmatics

As suggested above, there is a key choice to be made. If we decide to develop a specially created course because it must include material our students need to know, that leads to one set of issues. If one takes the distributional approach and allows a course selected from a list in a particular category (e.g., the cognitive and affective list might include separate courses in intelligence, learning, emotion, social cognition, or memory), another set of problems arise. So far, the fact that I, as many of you know, have been identified with professional psychology programs has been largely irrelevant to the reasoning. Here the size of the clinical program along with the possible existence of other programs in the institution becomes important. If you have a class of 25 it is quite reasonable to argue for a specially created course. If you have a class of seven, it is costly, especially if there are some under enrolled courses across the street in experimental.

Specially created course. If one is determined to specially create a course, how does one get a qualified person, in these days of specialization? Who, these days, has a sufficiently deep plus board and general education themselves to do the course justice? Will it seem a burden like teaching an undergraduate abnormal course to ambivalent sophomores? If the faculty person feels stuck with the course, the students probably will too.

Distributional assignment to an existing course. Can't you hear the department chair saying that he or she has perfectly good (read free) advanced graduate courses over in biological or learning with plenty of available seats? Doesn't it meet the criteria of sampling from the method of a subdiscipline? So what if the clinical students have hated it for a decade and the material is largely irrelevant to being a clinical psychologist. How else are we going

to be able to fill the load of that tenured, mediocre teacher who does experimental cognition or mathematical learning and seldom gets sufficient students? (But remember she or he is nationally known.) Or maybe you are a DCT and have to choose between a departmental offering that has more-relevant content but is taught by some soporific professor versus one a bit less on point but taught well. (This is a true story.)

This is a key point: Bad outcomes create a self-fulfilling prophesy: The lousier and less relevant the courses are, the less reason there is to have them.

Undergraduate courses. So how about using undergraduate courses? I can imagine some that would fit wonderfully and others that would be a matter of lip service. Of course the program should have some sort of waiver policy (and the CoA approves of such things).

High quality broad and general education will enliven that research and make it more lasting and productive. This is the right thing to do to embrace our shared clinical mission. It is good for the graduates, for the profession, and even for the faculty.

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