

# *The need for empirically supported psychology training standards*

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The scientific method makes many important contributions to society. It is on this basis that psychology training standards require universities to teach empirically supported psychotherapy methods to students. A logical extension of this premise is to apply the scientific method to the standards themselves. This article describes the need for empirically supported psychology training standards supported by well-designed studies which can demonstrate that individuals who receive training based on specific standards are more effective in their subsequent work than individuals who do not receive the training. Relevant studies published so far do not support the efficacy of current psychology standards. Future studies could use a variety of research designs to evaluate specific training standards. The conclusions of this study extend to training standards in the fields of psychotherapy and counselling.

In general, national psychology-training accreditation agencies require universities to provide psychology students with training in empirically supported psychotherapy methods. This is true in Australia (*Australian Psychology Accreditation Council, 2010*) and in the United States (*American Psychological Association Commission on Accreditation, 2009*). Although this article focuses on the training of psychologists, accreditation agencies for the training of psychotherapists and counsellors likewise require training programs to provide training in empirically supported psychotherapy methods (e.g., British Association for Counselling and Psychotherapy (BACP), 2009; Psychotherapy and Counselling Federation of Australia, 2012). The minimal empirical support for psychotherapy methods typically includes evidence that the treatment is more effective than no treatment. At higher levels, empirical support includes evidence that the treatment

is more effective than a placebo, that multiple sources of data show the effects, that the advantage is a lasting one, and that this advantage has been found by multiple research groups (Chambless & Hollon, 1998).

Psychology accrediting agencies typically do not justify in their training standards the reason for requiring training in empirically supported treatment, but a basis can be found in the many important successes of the scientific method in psychology and in many other fields of science. It would be logical to suggest that psychology training standards also should be based on published data. They are not.

At some point, psychology accrediting agencies must start to apply the scientific method to their own professional decision making, just as they encourage psychology students to base decisions on evidence. Psychologists have issued calls for the collection of evidence about the effects of psychology training (Carey, Rickwood, & Baker, 2009; Gonsalvez

& McLeod, 2008), based on concerns about the large financial and other costs imposed on universities and psychology students by current training standards (Michael, Huelsman, & Crowley, 2005). Hans Eysenck (1952) threw down a similar challenge when he famously challenged researchers to test whether psychotherapy had any value. Thousands of researchers took up the call and collected a wealth of supporting data (Lambert & Ogles, 2004). To apply these standards to the training requirements imposed by accreditation agencies, one would say that empirically supported requirements ought to have evidence, from multiple research groups, that the requirements lead to better outcomes in the clients of students who were trained in programs that meet the requirements.

Is there published evidence of the efficacy of psychology training standards? The search for empirical support of specific training standards begins with identification of the goals

of the standards. Is it enough for students to demonstrate competence in specified skills or should the standards lead to better outcomes for future clients of the students? The ultimate goal of standards is to benefit clients, so it would be appropriate to measure client benefit (O'Donovan & Dawe, 2002). This review focuses on effects of training standards on psychotherapy outcomes. Other possible benefits of the standards relating to assessment per se and ethics are beyond the scope of this paper.

## Research findings

### *Professional training in general*

With regard to client psychotherapy outcome, there is relevant evidence about the value of formal training standards. Meta-analyses of studies of treatments delivered to clients assigned to either licensed psychologists or paraprofessionals show either that the paraprofessionals had significantly better outcomes or that the two groups were equal in outcomes (Berman & Norton, 1985; Durlak, 1979; Hattie, Sharpley, & Rogers, 1984; Weisz, Weiss, Han, Granger, & Morton, 1995).

A meta-analysis by Stein & Lambert (1995) using a subsample of the studies used in prior meta-analyses found evidence of better outcomes for professional psychotherapists. The authors stated that only one included study was designed adequately to control for confounding influences. However, that one study, by Strupp and Hadley (1979), did not have random assignment of clients to therapists. The Strupp and Hadley study found the same therapy outcomes for paraprofessionals (university professors) and professional psychotherapists.

A more recent study also showed equivalent therapy outcomes for paraprofessionals (self-help group members) and professionals (Bright, Baker, & Neimeyer, 1999). Studies such as the pre-post study of Bein et al. (2000) of mental health professionals receiving traditional psychotherapy training, including teaching and supervised experience, have shown no lasting benefit with regard to effectiveness with clients, leading

Fauth, Gates, Vinca, Boles, & Hayes (2007) to conclude that changes in training are needed.

Finally, two recent studies produced varying results. A study of psychotherapy-session outcomes of student therapists in a clinical doctorate program showed no association with number of years

effect explains the results, it could be that the training led to more effective treatment. It is unknown whether the improvement in outcomes continued after the end of training. Overall, research findings provide little support for the idea that typical professional training of psychologists leads to better outcomes for their psychotherapy

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of training completed (Boswell, Casonguay, & Wasserman, 2010). However, a study of CBT training of community psychologists over a year showed that their depressed clients that year improved more during the training year than their clients the year before (Simons et al., 2010). While it is possible that a Hawthorne

clients.

A somewhat related body of research has examined whether differences among psychotherapists lead to differences in client improvement. The usual estimate from multilevel modeling is that therapist differences explain a modest amount of variance (8% or so) in client outcomes (see e.g.,

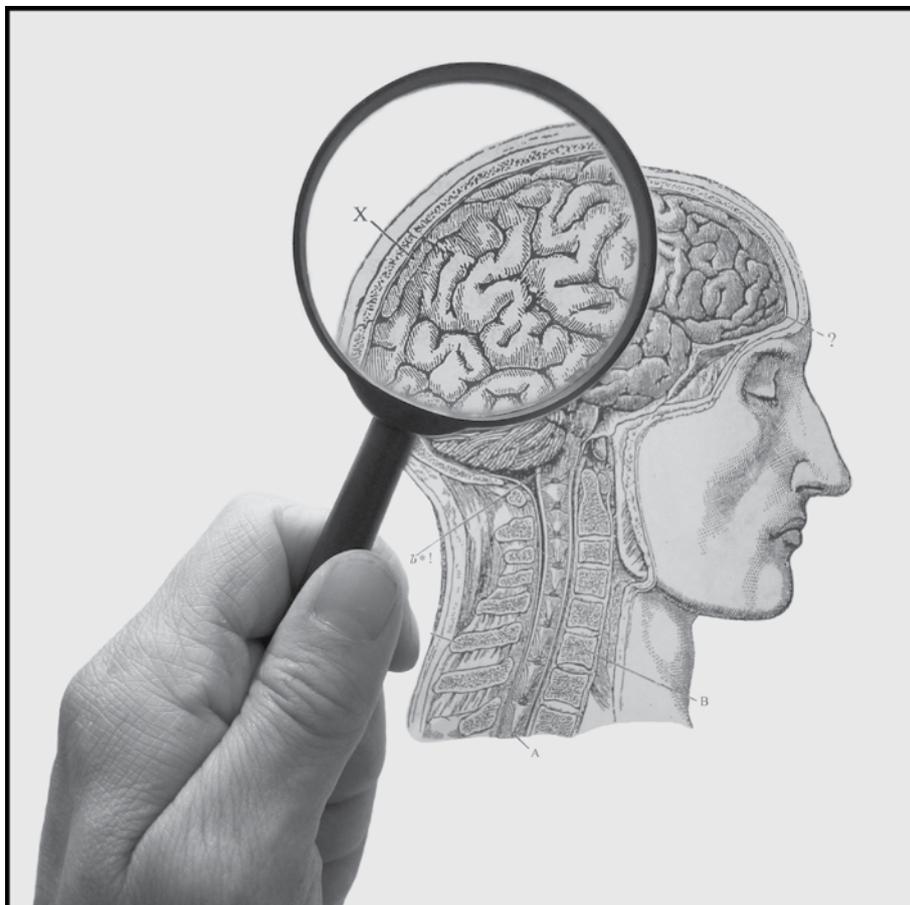


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Lutz, Leon, Martinovich, Lyons, & Stiles, 2007). Those findings suggest that factors that affect therapists, possibly including training standards, could have at best a modest effect on client outcomes.

The next matter to address is to what extent specific training standards have evidence of efficacy for client psychotherapy outcomes. Is it necessary to show that fifty hours of supervision is better than thirty hours? Probably not. It would be beneficial, however, to show that costly, time-consuming aspects of the training standards lead to better client outcomes. These aspects include clinical experience, supervision, coursework, and research completion.

### *Experience*

If one views psychotherapy as a skill, psychotherapy experience seems likely to be beneficial for improving client outcomes. However, amount of professional experience usually does not correlate significantly with client therapy outcomes, according to a careful review (Christensen & Jacobson, 1994) and subsequent studies (Franklin, Abramowitz, Furr, Kalsy, & Riggs, 2003; Kolko, Brent, Baugher, Bridge, & Birmaher, 2000; Michael, Huelsman, & Crowley, 2005; Vocisano, Klein, Arnow, Rivera, Blalock, & Rothbaum, 2004), although it is possible to find studies that show an association (Beutler et al., 2004), and one older meta-analysis found a small but significant correlation between the level of therapist experience and client outcomes ( $r = .11$ ; Stein & Lambert, 1984). The meta-analyses which show that paraprofessionals, who had virtually no psychotherapy experience, had outcomes at least as good as those of professional psychologists (Berman & Norton, 1985; Durlak, 1979; Hattie et al., 1984; Weisz et al., 1987, 1995) suggest the possibility that professional experience has no effect.

### *Supervision*

Psychologists tend to view supervision aspects of their training as helpful (Orlinsky, Botermans, & Ronnestad, 2001). However, the outcome evidence regarding the value of clinical supervision is limited. Holloway and Neufeldt (1995) concluded that there are virtually

no research findings to show that student supervision leads to better client outcomes. Milne and James (2000) concluded that their review of studies showed that clients benefitted from 'cognitive-behavioral' therapist supervision, but the studies they cited did not support that conclusion. For instance, Parsons and Reid (1995), cited as showing that supervision benefitted clients, did not evaluate clients. One recent study (Bambling, King, Raue, Schweitzer, & Lambert, 2006) found that supervision directed at developing a working alliance

of quality psychotherapy. However, there is no evidence that any of this coursework leads to better outcomes for future clients of the students.

### *Research completion*

Research completion has not been examined with regard to whether it contributes to more effective treatment by students, perhaps because no one thinks that it would. This requirement may be an anachronism left from bygone days when earning a degree beyond undergraduate was supposed to make a person a

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with the client led to better outcomes with depression clients during the supervision, but there was no examination of whether the effects lasted beyond the time of supervision. This promising finding has not been followed by anything similar. To warrant the requirement of supervised experience, one would want evidence from multiple research groups that compare students in training receiving typical levels of supervision versus less supervision, with regard to their client outcomes after completion of training.

### *Coursework*

The requirement of specific training coursework seemingly would contribute to psychotherapy client outcomes. However, much of the required coursework in psychology programs has nothing directly to do with treatment. Instead, it tends to focus on statistics, psychopharmacology, and other topics with, at most, slight connections to helping others overcome psychological problems. Parts of training typically relate to psychological testing. Whether that has value to clients is beyond the scope of this paper. Parts of coursework, such as those focusing on psychotherapy methods, seem to have direct relevance to the provision

scholar, or it may be an application of the scientist-practitioner model of training psychologists. One might argue that there is nothing wrong with training standards that serve purposes other than the well-being of future psychotherapy clients of the students. This is true as long as the overall training serves the well-being of those clients. Because there is so little evidence of that, it would be prudent for accrediting agencies to focus on standards that have empirical support for their benefit to consumers of psychological services.

### **Relevant research methods and possible studies**

The best evaluation of the value of training standards would involve assigning psychotherapists randomly to receive some required aspect of accredited training, or not, and then assessing their success with randomly assigned clients. These studies would be especially valuable if they use validated measures to collect outcome information from multiple sources, such as clients and observers (Chambless, 2001). Intention-to-treat analyses can help balance any differences between therapists in client drop-out rates

(see Atkins & Christensen, 2001). These studies could assign students randomly to some aspect of required training or not, keep everything else the same for both groups, and then compare therapy client outcomes. For instance, researchers could assign students randomly to 10 training cases with supervision or 0 training cases with supervision and then compare outcomes in subsequent clients treated by the students. The study would not be easy to do. It might require multiple research centres or multiple years to have enough power to detect differences in client outcome. It would require either a large number of clients with similar problems, or a valid method to assess outcomes (e.g., client goal achievement) across different types of problems. Many outcome studies of types of psychotherapy have to overcome similar difficulties.

Weaker, but less complicated, quasi-analytic and correlational methods could provide valuable supplemental evidence. In these studies, for instance:

- 1) therapists who have received some aspect of standard-required training, or not, could be assessed for their client outcomes;
- 2) therapists in training could be assessed for psychotherapy outcome early in the training and near the end;
- 3) therapists could be assessed for outcomes before and after some specific training;
- 4) the client success of therapists with different levels of some type of required training, such as experience treating clients, could be assessed for client outcomes; and,
- 5) students who are at different levels of completion of a training program, e.g., those who have completed 1/4 of the program versus those who have completed 3/4, could be assigned psychotherapy clients randomly, with everything else the same for both groups of students, followed by a comparison of treatment outcomes.

Similar findings from different research groups would be especially valuable (Chambless, 2001).

## Conclusion

This review has focused on whether there is empirical support for psychology training standards in helping psychologists produce positive treatment outcomes for their psychotherapy clients. There appears to be no evidence to suggest that coursework and research completion, which make up a great deal of required psychology training, have any value to future psychotherapy clients of the students. There is evidence with regard to the effects of experience and supervision, but the weight of evidence at this point does not provide clear support of current training standards that relate to either experience or supervision. The relevant evidence in total does not show empirical support for the contribution of current psychology training standards to positive outcomes for psychotherapy clients (see Bickman, 1999; Mahrer, 1999). Whether the training standards contribute to some other important outcome for the public is beyond the scope of this paper.

For accrediting agencies to operate in the realm of the principles of evidence-based practice, they must produce evidence to support their standards. Psychotherapy is an important part of work as a psychologist, and this evidence needs to show that existing training standards contribute to psychotherapy outcomes. Although this article focuses on training standards set by psychology accreditation agencies, the logic of the argument applies also to psychology training programs which operate under the standards, and to government agencies that register or license psychologists. Training programs that aim to be scientific in their orientation carry a responsibility to show that the training they provide has positive benefits for future clients of the students. The government agencies have their own duty to act in the public interest in light of available evidence.

The present argument also applies to psychotherapy and counselling accreditation and training programs. It is time to start developing strategies that will lead to an evidence-based approach to training. This process may be difficult, complex, and lengthy, but appropriate research methods are

available. This review presents several methods of data collection for the evaluation of training standards.

One might make the argument that present training standards are based on the best available evidence, but the standards appear to be based on supposition rather than on evidence. Acting on the basis of evidence, rather than educated guesses helps a society make progress.

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