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Market and Mission

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The focus of this article is how the market forces in the field of professional psychology affect the Christian training programs. After a brief review of some of the changes in the field over the past three decades, current national and Christian community trends are presented. Although market forces affect the manner in which the Christian training programs move forward, they do not change the mission of these programs. The mission has not been accomplished. Therefore, the task of training Christian professional psychologists continues.

As we look at the integration of psychology and theology in the future of the academic arena, the question of current market and its interplay with mission comes leaping to the forefront. For us and many others, integration comes in the context of training applied professional psychologists. Since the current market impinges upon the practice of the profession, it must also impinge upon us as we train students for practice in that profession. As persons who find themselves responsible for the management and perpetuation of training programs in Christian schools, we grapple with the very complex questions raised in this area on an almost daily basis. Answers are relatively few, but the questions spark some very exciting discussions.

Before moving onward, let us make a few contextual caveats. First, it is important to note that integration of psychology and theology, or of psychology and Christian living, in the undergraduate level of the academy raises different market questions than it does at the graduate level (especially in graduate level professional psychology). The activities involved in doing and teaching integration at the undergraduate level were addressed well in a recent special issue of the *Journal of Psychology and Theology* guest edited by Grace and Poelstra (1995). In this article we will address the market issues for Christian professional psychology training programs.

Second, there is a growing interest among psychologists who have specialized in the non-clinical, experimental psychology areas (e.g., social psychology, developmental psychology, experimental psychology, physiological psychology) in integration of theology with their specialization areas. The questions for academia raised by postmodernism have opened new discussions relating science and religion that have captured the integrative imagination of colleagues focused on the science vis-à-vis the practice of psychology. Again, this context influences facets of the interplay between market and mission addressed herein, but remains ground rather than figure.

Discussion of plans for the future beget delineation of the past in order to identify more clearly the present. So we will start with a brief view of where we have been.

HISTORY

The past three decades have seen a significant increase in the number of training programs and the doctoral degrees granted in the applied fields of psychology. Until the mid-1970s the PhD degrees granted in clinical, counseling, and school psychology (considered the applied subfields) constituted about 40% of all PhD degrees granted in psychology. By the mid-1980s the applied doctorates accounted for over 50% of the PhDs in psychology (Howard et al., 1986), and the percentage continues to hover around 55% into the mid-1990s (National Science Foundation, 1995).

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Since the data used in these calculations exclude the growing numbers of PsyD degrees granted each year, they increasingly underestimate the phenomenon. Even in 1984 Pion and Lipsey had noted a decrease in the number of research-oriented training programs (762 to 569 between 1972 and 1980) and an increase in the number of nontraditional applied training programs (30 to 206 in the same period). As the PsyD has become more prestigious (and license-eligible) in the field, the number of professional training programs has increased.

The increase in training programs came in response to changes in the field. Across the 1970s and 1980s psychologists experienced increasing levels of autonomy as practitioners (American Psychological Association [APA], 1995). Both the enhanced effectiveness of outpatient therapy and the improved effectiveness of psychotropics reduced the need for hospital-based psychological practice and significantly increased the proportion of mental health patients being treated on outpatient basis. Expansion of outpatient services also made possible employment opportunities in settings other than hospitals including businesses, government agencies, community mental heath agencies, and private practice.

Simultaneously federal and state laws removed restrictions (e.g., requirements that psychologists be supervised by psychiatrists) on the private practice of psychology. The Federal Rules of Criminal Procedure of 1984 provided psychologists the standing to examine, report to the court, testify, and give treatment (APA, 1995). In general the trends of the 1970s and early 1980s provided the context for increased employment opportunities for psychological practice including private practice.

Also during this time period many states elaborated the training requirements for licensure. Laws regulating the practice of psychology were in place by 1977 in all 50 states and the District of Columbia; by 1992 licensure laws were enacted in 42 states with certification required in seven more. Now all but three states require doctoral training in order to apply for licensure for independent practice in psychology (APA, 1995).

So during the past three decades the demands for psychological knowledge and services have increased while restrictions on autonomous practice of psychology have decreased–providing fertile ground for training programs in professional psychology. Given the care-providing nature of applied psychology, it was to be expected that the rapidly growing field would pull Christians interested in this form of ministry. Also, given the modernist emphasis on science (vis-à-vis religion, mysticism, etc.) and the field's humanistic view of anthropology, it was to be expected that discussion of the integrative tensions between psychology and theology would be of interest to these Christians.

Fuller Graduate School of Psychology (1965) and Rosemead Graduate School of Professional Psychology (1970) were established and developed relatively early in this era. The faculties of both of these programs were pressed by their secular colleagues with the view that one could not be intelligent (scientific, academically sound) and religious at the same time. They were also pressed by their Christian communities with the view that one could not be Christian and a psychologist (humanist, scientist) at the same time. The challenge in gaining APA accreditation (Fuller in 1972; Rosemead in 1980) was to demonstrate sound psychological training even in the context of integration with evangelical theology. The challenge in gaining acceptance for Christian practice was to preserve sound evangelical theology in the context of psychological training. Both of these schools have demonstrated success in that facet of the integrative endeavor.

Although initial plans for the Wheaton College Doctoral Program in Clinical Psychology began in 1977, it took several years to refine the training model, gain support from the various constituencies of Wheaton College, raise the necessary endowment, and recruit faculty and students for the program. By the time the first students started in 1993, the favorable market forces of the 1970s and 1980s had started to shift. Because the Wheaton College mission is to train students to work with underserved populations, it remains unclear what effect the current market shifts will have on graduates.

The Graduate School of Clinical Psychology at George Fox University began at Western Baptist Seminary in Portland, Oregon in 1976. As the program developed it became increasingly evident that the psychology program did not fit well with the mission of the Seminary. In 1990 the program, faculty, and students transferred to George Fox University where it has enjoyed institutional support. The program fits well with the Quaker mission of the University which has a long history of striving for social justice and supporting the rights and welfare of underserved groups.

We are now in a transition between eras. We

begin to see the gestalt of the era that is closing; we still watch sharply to see how the field will settle into a new era. It is important to realize that a great majority of the people who teach the integration of psychology and theology (i.e., faculty, administration) received their own training in the era just described. They face the challenge of training their students for an era they cannot yet see.

Current Trends

Since the early 1990s the trend toward autonomy of practice in psychology has slowed significantly (APA, 1995). Mental health delivery is increasingly subsumed in more general health service delivery systems which are administered and controlled predominantly by physicians and health insurance companies. Many health maintenance organizations (HMOs) and preferred provider organizations (PPOs) restrict access to and reimbursement for psychological services. The medical model for health care has worked to decrease the viability of outpatient psychological treatment, therefore such services are losing parity in terms of reimbursement compared to medical services. Private practitioners are experiencing loss of clients who are unable or unwilling to seek therapy that is not covered by their insurance plans. Community mental health agencies not connected with HMOs sometimes experience the same decrease in clientele.

There are also the early indications that HMOs will seek to provide the most direct mental health services via non-psychologist personnel (case workers, social workers, counselors). Services provided most frequently by licensed psychologists at this time are being adopted more and more into the activities of mental health providers with other qualifications (BA, BS, MA, MSW, MFCC). Even psychological assessment traditionally one of the discriminating arenas of the licensed psychologist, is available to other, non-psychologist mental health providers who have added training in the administration of the instruments. This trend also erodes the employment availabilities for the doctoral psychologist.

Concurrently the economic constraints at the national level have decreased funding that has sustained some of the training sites and facilities (e.g., internships, practica). The number of internship sites across the country appears to have remained relatively stable across the past several years. However, the number of internship positions each site can maintain with patients and supervision appears to be decreasing. The September 3, 1996 summary report from the Association of Psychology Postdoctoral and Internship Centers (APPIC) indicated that the Clearinghouse listed five internship vacancies and 98 applicants. Pre-internship practicum training opportunities vary widely from one geographical location to another, but the same economic presses are being felt at this level of training.

For some reason the training systems appear to be responding to the era just closing rather than to the current state of the field. As an anecdotal example, in the past three years, six programs in the California area have begun PsyD programs (Azusa Pacific University, John F. Kennedy University, Loma Linda University, Chapman University, Southern California Baptist University, University of La Verne). This trend is not limited to California–new PsyD programs are appearing across the country. Since PsyD programs tend to graduate more doctoral candidates per year than do PhD programs, this trend is of great concern to Clinical Training Directors shepherding students through the internship application and placement process. Although the new programs do provide new job opportunities for psychologists in academia, the process seems to be a very shortsighted remedy for the situation.

The psychological service market has by no means stabilized. The speed with which it has changed is itself an indicator that we are likely to experience some form of backlash. The HMO "movement" and its incorporation of mental health services is likely to change yet more over the next several years. A recent article in *Consumer Reports* (1995) indicates already some dissatisfaction with the HMO management of mental health services. The *American Psychologist* special issue on outcome assessment of psychotherapy (VandenBos, 1996a) constitutes a further attempt to address some of the market trends for the field.

In a similarly short period of time the Christian community's view of the Christian psychologist also has radically shifted. Many members of the evangelical Christian community have changed from a deep suspicion of psychology and counseling to a hearty embracing of such. Several large churches have counseling departments or counseling services that are offered to their congregations. Support and therapy groups of various kinds (from member facilitated 12-step groups to professionally guided process therapy groups) are frequently listed among the weekly meetings on the church campuses. Missionary organiza-

tions also are much more likely than in previous years to either include a counseling department within the organization or to engage a relatively standard referral system to the Christian psychological community for member care.

There is also a beginning trend among the church counseling departments to require credentials and even licensure at some level for their staff members. The legal responsibilities–and therefore liabilities–of counselors (e.g., MacDonald, Hill, & Li, 1993) demand some training. Churches are beginning to see the need to protect themselves from litigation by seeking evidence via credentials or licensure for their counselors. Unfortunately, the church counseling departments and the missionary organizations often are not prepared to provide living salaries (that will also pay off school loans) to their staff psychologists.

So while the clientele market in the wider community has constricted over the past six years, the opportunities a psychologist has for service in the church community have expanded. In this regard, integration has moved beyond the rationale for acceptance found in general revelation (all truth is God's truth, so even truth found by humanist psychologists is still useful), and is becoming increasingly distinct and practical (how shall Christians live and grow, and how can Christian psychologists minister to those with emotional, spiritual, and psychological needs?).

So Call the Question

So now that we have convinced the Christian community (or a significant portion of it) that psychology has value, and we have trained a goodly number of Christian psychologists to provide mental health services in an integrative kind of way, have we accomplished our mission? The work is hard, and the market is getting tight–should we pack it up and go home? Inertia is going to keep us going for some time, but we need to seriously look at this question. If we go on, it should be because we still have a mission to accomplish, not merely for the sake of inertia.

Each of us has come to the conclusion that we do still have a mission to accomplish, and we need to continue our programs in order to do that. However, we must also make some changes in our programs in order to proactively interact with the field. I (Pike) was in a luncheon gathering recently in which I was talking across the table with a Christian businessman who is connected with high level management of a large HMO. I asked if I could make an appointment to chat with him about the HMO market and psychology. He noted that psychology training program directors need to discuss market issues because they need to get a good dose of reality. I replied, "I fully agree. We need to see reality as clearly as we can, so we can change it." Silence hit the table for about 30 seconds as everyone struggled with that. Then someone said, "Don't you mean so you can adjust to it?" I answered, "No, I meant what I said–so we can change it. I want my students to be prepared to shape the field they are entering, not merely respond to it."

One of the objectives Rosemead's program has listed across the years is to develop and encourage the responsible communication of psychological concepts. This includes the development of supervision and teaching skills as well as an awareness of ways of bringing psychological information to the general public through preventative education and similar means. The other programs have similar objectives. We need to inform the health management companies more clearly what psychological services are needed by whom under what conditions and how that will benefit whom. In other words, we need to do the research that demonstrates the value of the services we offer.

Goldfried and Wolfe (1996) and Newman and Tejeda (1996) make a strong case for such research across the professional psychological field. We as Christian psychologists also need to be involved in that process in order to communicate our particular perspective. We must represent our constituencies in the discussion of psychological service needs of the society.

Across the mental health field we need more and better outcome research (Barlow, 1996; Hollon, 1996; Jacobson & Christensen, 1996; Strupp, 1996; VandenBos, 1996b). We need to be able to demonstrate (quantitatively and/or qualitatively) that therapy in various models is effective, that addressing Axis II disorders as well as Axis I disorders along with co-morbidity has value, and that integration of psychology and theology in therapy is effective. Therefore, we must train our students to be able to do such research and must support these efforts in our programs. Research such as that advocated here is better suited to our practitioner-scientist models than to the scientist-practitioner models of the research universities.

There appears to be new openness to spirituality and religious issues in psychotherapy by the broader

psychological community as evidenced by a cover story entitled "Psychologists' Faith in Religion Begins to Grow" in a recent *APA Monitor* (Clay, 1996), and by a recent volume about religion published by APA (Shafranske, 1996). Although this openness has some encouraging signs, the religiosity gap between the American population and psychologists continues. Only 33% of psychologists described religious faith as the most important influence in their lives, while 72% of the American population described religious faith in such a manner (Bergin & Jensen, 1990). Similarly, 85% of clinical psychologist described themselves as having little or no training in the integration of psychology and religion (Genia, 1994).

We need to inform managed care administrators about the discrepancy between religious values of psychologists and religious values of the general public. If a greater number of consumers desire religiously-trained psychologists, then our graduates should be in a better position for joining these panels. Before this can happen we need to do some research demonstrating effectiveness and efficacy (e.g., Howard, Moras, Brill, Martinovich, & Lutz, 1996) and then some advocacy on behalf of our graduates.

Research regarding traditional psychotherapeutic interventions is important, but not enough. Our programs must also remain at the forefront of innovative research on the relationship of spiritual health and psychological health. A time of crisis, such as the one currently facing Christian programs in professional psychology, may help revitalize our commitment to integrate time-honored methods of spiritual formation and contemporary psychological methods.

Perhaps a mission of the future will be an increased emphasis on applied integration–the integration of psychology with Christian faith and living. One of our programs (George Fox University) recently surveyed its entering classes to determine why these students chose to come to the program. The survey revealed that the most important factor in determining the students' choice of doctoral program was the emphasis on integration of psychology and theology. Partially in response to this survey, a curriculum revision is currently underway to reduce the number of required theology hours and increase the number of required applied integration hours in the program. This shift toward applied integration will focus on ways Christian psychologists can work effectively in psychotherapy to affirm clients' faith and utilize their faith resources. A related focus will be on ways Christian psychologists can shape the work of the church to more effectively meet the needs of those in emotional turmoil. Applied integration research will focus on evaluating the effectiveness of psychotherapy with religious groups (outcome research), and the use of religious concepts and techniques in psychotherapy.

Although market forces are important to consider and address, it is crucial to retain the ministry vision that has propelled our programs to their current state. None of the Christian schools who have established doctoral programs in psychology have done so in order to train students solely for private practice and most students do not select these programs primarily because they desire financial prosperity. Our goal has been to train servant-leaders who function in a variety of professional settings, and our students come to study at our institutions because they hope to minister to those with emotional, psychological, and spiritual needs. Our graduates are prepared to work in churches, para-church organizations, missionary organizations, mental health agencies, government, and many other places–even HMOs. The common denominator is a desire to understand and serve people and a commitment to seeing vocation as ministry. Moreover, as market forces reduce the availability of long-term psychological care, churches and other Christian organizations will have increasing opportunities to reveal the compassion of Christ by providing services to those with long-term mental health needs. This expanding vision of ministry will require Christian leaders trained in psychology and theology. We anticipate that graduates from our programs will lead the way.

Increased awareness of professional psychology ministry as practiced by Christians may require restructuring of financial as well as the curricular aspects of the training programs. We will need to acknowledge in pragmatic ways that ministry careers do not support repayment of $60,000 to $90,000 school loans. At least some of our future psychologists will need to have alternative funding for their training. In order to implement the global aspects of our mission we must plan these needs into our programs.

Finally, it should be emphasized that each of our academic communities is a productive center of scholarly inquiry that adds a Christian voice to academe and intellectual substance to the evangelical Christian community. We attempt to foster thriv-

ing Christian communities–celebrating diversity, exploring special and general revelation, nurturing faith development, stimulating critical thinking, and learning to serve as ministers of God's healing grace. Surviving the vicissitudes of economic forces is important not only for the livelihood of our graduates but also for the vitality of Christian scholarship in clinical psychology. We must be nimble enough to adapt to market forces while remaining faithful to the mission of Christian higher education.

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