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W Brad Johnson
United States Naval Academy

Mark R. McMinn
George Fox University, mmcminn@georgefox.edu

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THIRTY YEARS OF INTEGRATIVE DOCTORAL TRAINING: HISTORIC DEVELOPMENTS, ASSESSMENT OF OUTCOMES, AND RECOMMENDATIONS FOR THE FUTURE

W. BRAD JOHNSON

United States Naval Academy

MARK R. McMINN

Wheaton College

Integrative clinical psychology doctoral programs explicitly blend religious faith with professional training. During the past thirty years, there has been a steady increase in the number of integrative programs in the United States, yet the mission-relevant training outcomes of these programs remain largely unknown. In this article, we review published literature relative to integrative doctoral programs and offer an assessment of the training outcomes recently reported by those integrative programs currently accredited by the American Psychological Association (APA). We briefly summarize the distinctive strengths and relative weaknesses of integrative programs and consider the primary challenges they now face. We conclude with several specific recommendations designed to help integrative doctoral programs thrive in the future.

In the spring of 1961, Fuller Theological Seminary began formulating plans for an innovative doctoral program in clinical psychology. Those who worked to establish Fuller's School of Psychology envisioned the first doctoral program in the world to intentionally place Christ at the heart of psychology training (Malony, 1995). This intentional blending of faith and professional practice has come to characterize explicitly religious or "integrative" doctoral programs. Fuller admitted its first students in the fall of 1965 and awarded its first PhD in 1969. The estab-

lishment of Fuller's program was followed by the development of the Rosemead Graduate School of Professional Psychology (the first free-standing Christian doctoral program until its merger with Biola University in 1977), and Western Baptist Seminary's PhD program (which became the PsyD program at George Fox University in 1990).

In the last decade, additional integrative doctoral programs have been launched at Wheaton College, Regent University, Seattle Pacific University, and Azusa Pacific University. In all, there are now seven institutions that seek to integrate psychology and evangelical Christianity at the doctoral level. Four offer only PsyD degrees, 2 have both PhD and PsyD programs, and 1 offers only a PhD degree. The mission statements of these integrative programs emphasize the blending of faith with professional training and preparation of Christian psychologists with unique skills in the provision of service to religious communities.

Thirty years after the graduation of Fuller's first clinical psychology doctorate there is burgeoning growth in the number of integrative programs. There are now over 1000 graduates of these programs in the United States and abroad. At the same time, the profession of clinical psychology has undergone tremendous change and integrative training programs stand at a pivotal juncture in their development. Although Christian doctoral programs have filled a clear niche in the larger training landscape, there is very little data regarding the specific student outcomes these programs produce. Further, there are broad challenges to

the field of psychology (e.g., the impact of managed care, increased competition among programs for qualified doctoral students), and specific challenges to integrative training programs (e.g., discerning unique training missions and innovative approaches to relieving financial burdens for students), that will require immediate attention if integrative doctoral training is to thrive for the next 30 years.

The purpose of this article is to offer a brief history and rationale for integrative professional psychology programs, followed by a review of the sparse literature bearing on the nature and outcomes of these programs. We supplement this published literature with a *current assessment of the outcomes documented by the four integrative programs currently accredited by the American Psychological Association (APA)*. We highlight the salient strengths and weaknesses of integrative programs, and underscore the significant challenges they face. We conclude with several recommendations for enhancing both the quality and viability of these programs in the long-term.

A BRIEF HISTORY OF INTEGRATIVE TRAINING IN CLINICAL PSYCHOLOGY

Early clinical psychology doctoral programs were primarily experimental in nature, and very little—if any—applied clinical training actually took place (Thorne, 1945). To address this concern, the 1949 Boulder Conference on Graduate Education in Psychology (Raimy, 1950) solidified the “Boulder Model” as the essential structure for training and credentialing clinical psychologists. Boulder Model (scientist-practitioner) programs thoroughly dominated the clinical psychology training landscape until the 1970’s. Scientist-practitioner programs award the PhD and emphasize the integration of science and clinical practice, meaning that graduates should be both competent researchers and competent clinical practitioners.

When Fuller Seminary launched its doctoral program in 1965, it made sense to fashion a Christian program after the dominant training model in the field. Fuller’s PhD program remains a scientist-practitioner program to this day. In the mid to late 1960’s, however, the American Psychological Association (APA), responding to concerns that most scientist-practitioner programs remained highly research-oriented (at times even derisive toward clinically-oriented graduate students; Peterson, 1997), appointed a committee to explore professional degree programs as alternatives to the Boulder

training model. It is worth noting that concern continues today about the relevance of Boulder Model programs to the training needs of most clinical psychologists. For example, recent evidence indicates that the majority of PhDs in science and engineering work outside of academic or research settings (Murray, 2000). In addition, longitudinal data shows that the vast majority of graduates of scientist-practitioner programs are engaged in clinical work as their primary professional focus (Zachar & Leong, 2000). These outcome indicators raise questions about the need for so many scientifically oriented PhDs.

Supported by the National Council on Graduate Education in Psychology (Donn, Routh, & Lunt, 2000), the Vail Conference was held in 1973. The Vail Conference endorsed professional training programs in psychology, as well as granting of the PsyD degree to graduates of professional programs. Vail programs emphasized preparing clinical psychologists to intelligently consume and apply the expanding behavioral-science knowledge base. They emphasized production of competent clinical practitioners whose practice was to be grounded in research-based theory and technique (Donn et al., 2000; Korman, 1974). The first PsyD program was established at the University of Illinois in 1968. Today, an increasing proportion of clinical psychology doctoral students select professional (Vail model) programs.

The first Christian practitioner-focused doctoral program was developed at Rosemead School of Psychology in 1970—the first free-standing school of professional psychology in the country to receive regional accreditation (in 1975). Later, when it merged with Biola University, Rosemead’s program was the second evangelical Christian program to be accredited by the APA (in 1980). Rosemead’s PsyD was followed by practitioner programs at Western Baptist Seminary in 1976 (this program was later moved to George Fox University), Fuller Seminary in 1990, and at Wheaton College in 1993. As noted previously, several newer practitioner-oriented integrative programs have emerged across the country. At the writing of this article, the doctoral programs at Fuller, Rosemead, George Fox, and Wheaton are accredited by the APA.

Integrative doctoral programs faced an uphill battle in attempts to win acceptance from both the academic psychology and Christian communities (Malony, 1995; Pike, McMinn, & Campbell, 1997):

The faculties of both of these programs [Fuller and Rosemead] 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. (Pike et al., 1977, p. 279)

This struggle was particularly evident in attempts to obtain accreditation by the APA. Fuller's first site visit occurred in 1972. The site visitors' report was negative. Specific concerns were directed at requiring the faculty to sign a statement of faith, and whether they could enjoy a genuine sense of academic freedom (Malony, 1995). Fuller contested this report and a second visit was conducted in 1973. The program was not fully accredited until 1974. Since that time, the PhD and PsyD programs at Fuller, Rosemead, and George Fox have faced problems obtaining and maintaining APA accreditation. At times, the APA's concerns with these integrative programs have been directly related to their Christian identity.

INTEGRATIVE DOCTORAL TRAINING: A RATIONALE

Mission statements for most integrative clinical psychology doctoral programs articulate a clear and intentional desire to prepare psychologists who will serve the global religious community—and the Christian community in particular (Johnson, Campbell, & Dykstra, 1997). Integrative programs share the overarching training goal of preparing Christian psychologists to serve individuals, local communities, churches, and larger organizations as a form of ministry. Beyond this broad mission, however, specific doctoral programs have unique foci. It is clear that integration is not an unidimensional activity, but that each program offers a slightly different angle to integrative training (Bouma-Prediger, 1990). For example, the programs at Wheaton and George Fox have a strong emphasis on integration as service. Social responsibility and delivery of services to underserved or marginalized populations are emphasized. Rosemead offers a unique emphasis on service delivery to missionaries and others who serve the church, and recent grant funding will soon allow Fuller Seminary to offer focused training in service delivery to those, particularly within the church, who have been traumatized.

There are several important rationales for integrative training in clinical psychology. First, over 90% of the American population endorses some belief in God (Hoge, 1996). The majority of the population also describes a specific religious identification

(Hoge, 1996), and endorses religious faith as one of the most important influences in their lives (Bergin & Jensen, 1990). Thus, in order to be maximally effective with most clients, it is imperative for clinicians to understand and be appropriately sensitive to client's religious background, experience, and concerns. Second, although most practicing psychologists appear to appreciate the role of religion in the lives of clients (Shafranske, 1996b), many do not identify with a particular religious faith, and some are either uninterested in the spiritual dimension of client's lives or overtly hostile toward religious belief and practice.

A third rationale for the existence of uniquely integrative training programs has to do with a functional bias against overtly religious applicants to secular graduate programs in psychology. Gartner (1986), in a survey of professors in clinical psychology programs around the country, found that faculty were more likely to admit an applicant who made no mention of religion than they were to admit an otherwise identical applicant who was identified as an evangelical fundamentalist Christian. This may reflect an anti-Christian bias in the profession in general (Narramore, 1992), or the bias toward political liberalism (Redding, 2001) coupled with the assumption that evangelical Christians hold conservative political views. In either case, admissions decisions involving devout Christian applicants may significantly restrict equal access to graduate programs in clinical psychology. Integrative doctoral programs offer a faith-congruent training environment for Christian doctoral students with clear interest in blending faith and practice.

Fourth, integrative programs face an important philosophical task for the sake of the Church. Throughout the many centuries prior to Enlightenment, people turned to the Church for the care of souls. Contemporary psychology, with its modern roots in scientific epistemology, has created an alternative set of personality theories and interventions. To what extent should Christian caregivers embrace the scientific models and methods of modern psychology, and to what extent should we mine the theological and ecclesiological resources of centuries past (Johnson & Jones, 2000)? This is a challenging ideological and philosophical task that is being addressed in the context of some integrative doctoral programs in clinical psychology.

A final rationale for integrative doctoral training relates to the need for excellent service delivery to religious persons. The unique treatment needs and

concerns of religiously-committed clients have only recently begun to enjoy concerted attention from the mental health community (Richards & Bergin, 1997; Shafranske, 1996a). Because religious clients often present with clinically-relevant religious beliefs and practices (Johnson, Ridley, & Nielsen, 2000), it is essential that psychologists are trained to carefully intervene in the lives of these clients. Integrative clinical programs are uniquely positioned to train psychologists who are specialists in this regard. Further, integrative programs are well suited to address the recent upsurge of interest in nonreligious spirituality. Few psychologists are currently trained to understand or counsel people involved in newer forms of spirituality.

ASSESSMENT OF INTEGRATIVE DOCTORAL PROGRAMS

We now turn to the issue of outcomes in integrative doctoral training programs. All training programs in psychology are faced with an intensifying focus on demonstrable program outcomes (Belar, 1998). Further, doctoral programs accredited by the American Psychological Association are required to show the relevance of program outcomes to specific (model-congruent) training objectives (APA, Committee on Accreditation, 1997). This trend toward accountability in training is simultaneously stressful for program faculty (who must carefully examine the extent to which specific program training components contribute to intended outcomes), and beneficial for consumers of training (prospective students) as well as the profession at large (attention to outcomes often enhances program quality). In the sections that follow, we briefly examine research regarding clinical psychology graduates in general, and research regarding graduates of integrative clinical programs specifically.

The most recent and thorough assessment of clinical psychology doctoral program outcomes was conducted by Cherry, Messenger, and Jacoby (2000). These authors used annual reports submitted to the APA Accreditation Office to assess both internal and external program outcomes across three distinct program types: (a) scientist-practitioner model programs emphasizing the integration of science and practice, (b) clinical-scientist model programs placing primary emphasis on research training, and (c) practitioner-scholar model programs placing primary emphasis on the practice of clinical psychology. Internal out-

comes were defined as "intermediate training outcomes and professional characteristics exhibited by a program's faculty and its students" (p. 563). Examples of internal outcomes included professional organization affiliation, grant-supported research (including research assistantships), authorship or coauthorship of papers presented at professional meetings in the previous academic year, authorship or coauthorship of articles published in refereed journals, and part-time delivery of professional services. External outcomes were defined as those that "occur after graduates complete their programs and enter the psychological profession" (Cherry et al., 2000, p. 563). Examples of external outcomes included percentages of graduates who obtained employment in specific settings (e.g., CMHCs, HMOs, medical centers, academic settings, hospitals, and private practice), and percentage of time graduates engaged in various weekly employment activities.

In addition to the three program types described by Cherry et al. (2000), we present information obtained from integrative doctoral programs. We obtained the most recent APA self-studies from each of the integrative doctoral programs that were accredited by the American Psychological Association at the time of writing. In all, we reviewed 6 self-study documents (Fuller PhD, Fuller PsyD, Rosemead PhD, Rosemead PsyD, Wheaton PsyD, and George Fox PsyD). The internal and external program outcomes for integrative programs, and for the clinical psychology programs reviewed by Cherry et al. (2000), are summarized in Table 1.

Internal Outcomes

Faculty activities. With regard to internal outcome variables, Cherry et al. (2000) found that faculty activities were significantly distinct across the three program types. Clinical-scientist faculty were more likely to publish articles (90%) and have grant-support for research (72%) than practitioner-scholar faculty (42% and 20% respectively). In contrast, practitioner-scholar faculty were significantly more likely (80%) than clinical-scientist faculty (44%) to engage in clinical practice. As expected, scientist-practitioner faculty were located midway between the other groups on all three variables (articles = 79%, grants = 43%, service delivery = 70%). Faculty in integrative programs appear to be similar to faculty in practitioner-scholar programs with regard to grant-supported research (20%) and engaging in pro-

Table 1
Percentages for Outcomes in Clinical Psychology Doctoral Programs

	From Cherry et al. (2000)	Scientist Practitioner (<i>n</i> = 79)	Clinical Scientist (<i>n</i> = 28)	Scholar Practitioner (<i>n</i> = 27)
Internal Outcomes: Student Activities				
Grant-supported research		24	52	7
Membership in professional organization		68	70	67
Authored journal articles		30	39	7
Authored presentations		44	52	16
Professional service delivery		35	27	27
Internal Outcomes: Faculty Activities				
Grant-supported research		43	72	20
Membership in professional organization		97	97	96
Authored journal articles		79	90	42
Authored presentations		85	91	70
Professional service delivery		70	44	80
External Outcomes: Employment Settings				
Academic settings		11	29	2
Medical centers		19	13	12
Hospitals		14	13	12
Private practice		10	13	12
Postdoctoral residencies		13	9	5
University counseling centers		3	8	4
CMHCs		15	7	25
HMOs		2	2	3
Schools		1	0	3
Other		12	7	23

Notes: All numbers are reported in percentages.

fessional practice (72%), but compared favorably with all other groups of clinical psychology faculty in journal authoring (83%).

Student activities. Similarly, students in the three program types reviewed by Cherry et al. (2000) differed significantly across two outcome variables. Clinical-scientist students were more likely to enjoy external grant-support (52%), and to author articles (39%), than practitioner-scholar program students (7% for both variables). Students in scientist-practitioner programs were similar to clinical-scientist students in authoring articles (30%), and midway

between clinical-scientists and practitioner-scholars with respect to grant support (24%). Students in integrative programs are similar to students in practitioner-scholar programs with regard to publishing in journals (12%), and data were not available for participation in grant-supported research or professional service delivery.

Selectivity. Student selection ratios in the integrative programs appear to be equivalent to other similar doctoral programs in clinical psychology, as shown in Table 2. Data recently reported by the APA Research Office reveals a 23% acceptance rate

Table 2
Selectivity of Admissions at Integrative and Other Doctoral Programs in Clinical Psychology

	Percentage Accepted	Percentage Enrolled
APA-Accredited Clinical Psychology Doctoral Programs at Private Institutions ¹	23	14
Integrative PhD Programs	28	17
APA-Accredited Clinical Psychology Doctoral Programs at Professional Schools ²	34	20
Integrative PsyD Programs	35	23

Notes. ¹Based on data reported by the APA Research Office (Kyle & Williams, 2000).
²Based on data reported by the APA Research Office (Murray & Williams, 1999).

and a 14% enrollment rate for private institutions offering APA-accredited doctoral programs during the 1998-99 academic year (Kyle & Williams, 2000). Based on our review of the self-studies, the integrative PhD programs have acceptance (28%) and enrollment (17%) rates similar to other private institutions offering doctoral degrees in clinical psychology. However, neither integrative nor secular doctoral programs at private institutions approach the selectivity found at public institutions (7% acceptance, 5% enrollment). Integrative PsyD programs are based on the Vail model training, so the best comparison group is other APA-accredited programs using a professional training model. Looking specifically at APA-accredited professional schools, we find a 34% acceptance rate and a 20% enrollment rate during the 1997-98 academic year (Murray & Williams, 1999). The integrative PsyD programs have acceptance (35%) and enrollment (23%) rates similar to these professional schools.

Though the selectivity ratios for integrative programs appear to be similar to other clinical psychology doctoral programs in private institutions, the Graduate Record Exam (GRE) scores may be slightly lower for students enrolled in integrative programs (see Table 3). In our review of the APA self-studies from APA-accredited integrative programs, we used GRE scores from 1996 and 1997 because they were the most recent years with complete data for all programs. Entrance scores for PhD students in integrative programs are slightly lower than entrance scores in traditional clinical programs (Murray & Williams, 1999). Similarly, entrance scores for PsyD students in

integrative programs are slightly lower than entrance scores in professional clinical programs. Two caveats are in order, however. First, because standard deviations were not reported by Murray and Williams (1999), we cannot determine whether these differences are statistically significant. Second, it should be noted that only 67% of the private institutions with doctoral programs reported by Murray and Williams (1999) require GRE scores for admission. It is possible, even likely, that those programs not requiring GRE scores for admission attract less competitive applicants and that if all programs were considered, the integrative programs would compare more favorably with other institutions. Supporting this conclusion is the observation that undergraduate grade point averages—something monitored and reported by virtually all doctoral programs in clinical psychology—are roughly equivalent for integrative and secular programs (see Table 3).

External Outcomes

Job placements. Program type was a weak predictor of external outcome variables in Cherry et al.'s (2000) research. Of particular importance was the finding that only 29% of clinical-scientist program graduates go on to academic settings. This finding may confirm concerns that scientifically-oriented clinical psychology training models are increasingly obsolete (Belar, 1998; Murray, 2000). Alternatively, this finding may simply reflect a competitive academic job market. Among the three program types, there was little discernable difference in the career choices of

Table 3
Mean GRE Scores and Undergraduate GPAs for Students Enrolled in Clinical Psychology Doctoral Programs

	GRE Verbal	GRE Quantitative	Undergrad GPA
Traditional Clinical Programs ¹	585	623	3.53
Integrative PhD Programs	560	612	3.46
Professional Clinical Programs ¹	560	587	3.36
Integrative PsyD Programs	529	558	3.40
Integrative Programs (Overall)	539	576	3.42

Note. ¹Based on data reported by the APA Research Office (Murray & Williams, 1999).

graduates. Post-graduate employment settings were widely heterogeneous. Similarly, graduates of integrative programs are not likely to go into academic settings (5%, with no difference between integrative PhD and integrative PsyD programs) and a wide range of career directions are observed. Relatively more graduates of integrative programs work in Community Mental Health Centers (46%), which may reflect the emphasis on working with underserved and marginalized populations that is included in the mission statement of some integrative programs.

We need not be surprised about the fact that doctoral graduates of integrative programs are rarely employed in academic settings. A 1995 survey of Division 12 (Clinical Psychology) members of APA revealed that most clinical psychologists are trained in scientist-practitioner programs, yet primarily engaged in clinical service provision (Norcross, Karg, & Prochaska, 1997a, 1997b). Professionally, most practiced psychotherapy (84%) and diagnosis and assessment (74%), whereas fewer engaged in consultation (62%), teaching (50%), and research and writing (47%). More than three quarters provided direct service in the private sector (private practice), and most identified themselves as “clinical practitioners.” These recent findings largely replicate Kelly’s (1961) original study of Division 12 members—showing that most clinical psychologists (in spite of their scientist-practitioner training) engage primarily in clinical practice versus teaching and research careers. Still, it is disappointing that so few integrative PhD program graduates enter academic positions—jobs that would allow maximal impact as mentors to the next generation of clinical psychologists.

Nonetheless, it is somewhat surprising that the integrative PhD programs are no more likely to place graduates in academic positions than integrative PsyD programs. The PhD has traditionally been viewed as the degree of choice for academic positions, yet only 5 of the 84 graduates (6%) reported in the self-studies of the two integrative PhD programs took academic positions upon graduation. Among the four PsyD programs, 8 of 158 graduates (5%) took academic positions upon graduation. For the integrative programs, the likelihood of obtaining an academic job appears to be more related to the institution one chooses than the type of degree one pursues (e.g., a integrative PhD program at one institution placed 4% of graduates in academic positions, whereas an integrative PsyD program at another institution placed 14% of graduates in academic positions). Although this finding is not necessarily a negative one, because there is need for scientifically-trained Christian psychologists in settings other than academia, it does raise serious questions about whether integrative PhD programs have adequate faculty or resources to produce competitive candidates for academic positions. In a comparative analysis of research-oriented versus professional-applied PhD programs in clinical psychology, Maher (1999) found that professionally-oriented programs produce the greatest number of PhDs, and yet have the lowest rated faculty (peer ratings of faculty reputation), fewer full-time faculty, more students per faculty member, and more students with lower GRE scores at admission. Maher’s article, which appeared in *Psychological Science*, specifically mentioned one of the integrative programs among the worst offenders.

Satisfaction of graduates. Satisfaction with one's chosen career is generally high among clinical psychologists. Walfish, Moritz, and Stenmark (1991) found that 89% of clinical psychologists surveyed would still become psychologists if they had it to do over again. Further, 74% of clinical psychologists were satisfied with their doctoral education (Norcross et al., 1997b). Among those who were dissatisfied, most were Vail model graduates who, in retrospect, expressed a preference for Boulder model training.

Similarly, the first assessment of outcomes among PsyD program graduates revealed that 91% were "very" or "quite" satisfied with their career choice, and as a group, they reported higher rates of doctoral program satisfaction than members of Division 12 generally (Hershey, Kopplin, & Cornell, 1991). A recent survey of both PsyD and PhD program graduates revealed that although PsyD students are significantly less likely to be mentored by a faculty member during doctoral training, they are significantly more satisfied with their training programs than PhD students (Clark, Harden, & Johnson, 2000).

To date, published evaluations of satisfaction with integrative doctoral programs are sparse. In 1990, Jones, Watson, and Wolfram (1992) surveyed graduates of doctoral programs at George Fox, Fuller, and Rosemead, and masters degree programs at Abilene Christian University, Psychological Studies Institute, Trinity Evangelical Divinity School, and Wheaton College. Among those who returned surveys (41%), graduates of the three doctoral programs were quite satisfied with their education (a mean of 6.0 on a seven-point Likert scale). Although 92% were licensed, only 10% were listed in the National Register and none had achieved ABPP status. Ratings of specific components of the curriculum were "strikingly modest" (p. 155), showing that even though components such as academic theology and training in *religious therapeutic techniques* were the unique elements of these doctoral programs, graduates found them only moderately helpful. Usefulness of the Jones et al. (1992) survey is compromised by the fact that the authors did not report results for MA and doctoral programs separately for most variables.

To what extent do graduates of integrative programs receive effective training in spiritual interventions? Moon, Bailey, Kwasny, and Willis (1991) conducted an evaluation of program content among explicitly integrative training programs and reported that although most programs valued specific Christian disciplines (e.g., those involving meditation,

prayer and Scripture), explicit training in these classic spiritual disciplines was rarely incorporated into the curricula of these programs. But the work of Sorenson and colleagues (Sorenson, 1997; Staton, Sorenson, & Vande Kemp, 1998) suggests that explicit training in spiritual interventions and methods of integrating psychology and Christianity may be less relevant than more implicit methods of training. They have used multidimensional scaling techniques to explore how doctoral students in integrative programs learn to integrate psychology and Christianity. Results show that doctoral students use *faculty as important attachment figures or transitional objects* to become integrators in their own right. The ongoing life of faith evident in the professor is particularly important in facilitating students' integrative development. Sorenson's findings appear to support those of Jones et al. (1992) that the most important or unique components of training in integrative programs have little to do with formal theology or academic integration, but rather the modeling and example of program faculty members.

The climate created by faculty members at integrative programs may yield other benefits beyond learning the integration of psychology and Christianity. Meek and McMinn (1999) surveyed Christian graduates of integrative and secular programs regarding their perceptions of a positive training environment. Graduates of integrative programs were more likely than graduates of secular programs to see their training environment as accepting, safe, encouraging, and supportive. They also reported greater respect for the values of their faculty and their supervisors. Meek and McMinn also found a positive relationship between an effective training environment and the use of healthy coping responses when graduates experienced sexual attraction toward therapy clients. They speculate that the nurturing environment fostered in integrative programs may help graduates behave in ethically appropriate ways when later facing sexual attraction as part of their professional work.

Most recently, Fallow and Johnson (2000) investigated both the prevalence and nature of mentor-protégé relationships in religiously integrated and secular professional psychology (PsyD) programs. Survey results indicated no significant difference in rates of mentoring in secular (56.3%) and integrative programs (50.7%). Approximately half of all doctoral students in integrative programs go without an important mentor relationship with a faculty mem-

ber. Mentors in religious programs were significantly more likely to be men (88%) than mentors in secular programs (59%). Integrative program graduates rated their mentors as more spiritually mature, religious, warm, and caring than did secular program graduates. Regarding mentor functions, mentors in integrative programs were more likely to provide spiritual direction/support, and assistance with the integration of spiritual/religious faith and professional training. Finally, graduates of secular and integrative programs were equally satisfied with their doctoral programs, and those mentored as students were significantly more satisfied than nonmentored students.

IMPLICATIONS AND RECOMMENDATIONS

On the whole, this report card on the progress and outcomes of integrative doctoral programs in clinical psychology is quite positive. Christian training programs compare well with their secular counterparts on most outcome variables, and they fill a demonstrable need in both the psychology education marketplace and the national and international faith communities. In this final section, we briefly highlight some of the primary implications of this evaluation—including the distinctive strengths, relative weaknesses, and primary challenges facing integrative doctoral programs at the thirty-year mark. We conclude with several recommendations for integrative programs as they gird themselves for the challenge of thriving in the next generation.

Program Strengths

Integrative programs fill a clear niche in the doctoral training environment. Students enrolled in these programs are typically highly committed to both a personal faith, and to the professional goal of becoming a first-rate clinical psychologist (Jones et al., 1992; Pike et al., 1997). Though explicitly religious students may be disadvantaged in gaining admission to some secular programs (Gartner, 1986), this is not the case in integrative programs where applicant faith is considered an asset. Graduates of Christian doctoral programs often report that the training environment was accepting, encouraging, and supportive (Meek & McMinn, 1999), and that faculty were warm, caring, spiritually committed, and sincerely invested in wedding faith with training (Fallow & Johnson, 2000).

In terms of selectivity, integrative programs compare quite well to APA-accredited professional pro-

grams in general. Admitted students have strong credentials, and once admitted, they publish articles and present papers at a rate equivalent to students in secular professional programs. Faculty in integrative programs are remarkably productive. As a group, they publish at a rate equivalent to colleagues in secular clinical-scientist and scientist-practitioner programs. This is particularly impressive in that four of the six integrative programs reviewed are practitioner-scholar model programs. Integrative faculty engage in clinical work and obtain grant funding at levels matching faculty at secular practitioner-scholar programs. Finally, graduates of integrative programs appear reasonably satisfied with their doctoral education (Fallow & Johnson, 2000; Jones et al., 1992). In sum, APA approved integrative programs compare favorably to practitioner-scholar model programs at secular institutions.

Program Weaknesses

Perhaps the most troubling finding from this evaluation is the lack of evidence for any substantive distinction between integrative PhD and PsyD programs—at least in terms of documented outcomes. Although we pooled data from the integrative programs for the purpose of comparing them to secular program outcomes, our reading of the self-studies for the two integrative PhD programs offered very little in the way of distinctive outcomes when compared to integrative PsyD programs. This is perhaps most evident in the finding that only 6% of PhD graduates go on to academic positions when the mean for all six integrative programs is 5%. Because the two Christian PhD programs are affiliated with small educational institutions with limited financial resources, minimal grant support, and faculty who must typically train both PsyD and PhD students, there are questions about the extent to which PhD graduates of these programs receive a doctoral education that is truly distinctive from that of their PsyD colleagues.

Although placement of graduates in academic positions is not the only indicator of successful scientist and scientist-practitioner training, it continues to be an important one. Most recently, Ilardi, Rodriguez-Haley, Roberts, and Seigel (2000) identified the “leading programs” (p. 346) in clinical psychology on the basis of proficiency in training graduates to assume clinical psychology faculty positions. These authors noted “we believe the ability of a program to place its graduates in training faculty careers is an

important indicator of program achievement" (p. 347). In a similar vein, Maher (1999) was critical of both the faculty quality (e.g., peer-rated prestige) and applicant caliber in professional-applied PhD programs—often the programs with the fewest faculty and largest numbers of graduates each year. It appears that integrative PhD programs have not been particularly successful in establishing themselves as distinct from their PsyD counterparts, or as particularly excellent in the eyes of the secular training community (Maher, 1999).

Another discernable weakness in integrative training has to do with the uneasy relationship between theology and psychology in most training programs (Narramore, 1992), and the finding that graduates of these programs are not particularly satisfied with the theological dimension of their education (Jones et al., 1992). Beck (1992) was critical of the lack of rationale for including formal theological education in integrative doctoral training, and there appears to be only marginal consensus regarding the nature and quantity of theology necessary for achieving the broader mission of integrative programs. It is perhaps not surprising then that students in integrative programs are less impacted by the formal "integrative" elements of the academic curriculum and, instead, most likely to learn integration through the modeling of and relationships with specific program faculty (Sorenson, 1997).

A related concern has to do with limited delivery on the heady promise of creating a distinctively Christian psychology (Malony, 1995). After three decades of integrative training, we are not aware of a single program that teaches a theory of personality rooted in a coherent theological anthropology. Instead, most Christian psychologists continue to "Christianize" dominant personality theories in the field, and merely accommodate secular clinical techniques to the world-view of religious clients. If dominant clinical perspectives in psychology are constructed on foundations antithetical to Christian thought (Redding, 2001), there may be problems with merely accommodating them for use with religious persons. It is both interesting and troubling that graduates of integrative programs are rarely authors of influential writing on topics deemed to be squarely within the stated mission of such programs (e.g., psychotherapy with religious clients, theoretical integration of psychology and theology).

Program Challenges

Although integrative doctoral programs are performing well with respect to outcome indicators, they face several current and future challenges. Perhaps the most immediate challenge is a national trend toward oversupply of professional psychologists. Indicators from various workforce and population estimates project a surplus of psychologists in many states (Robiner & Crew, 2000). As the number of APA-accredited doctoral programs expanded rapidly in the 80s and 90s (116 new programs between 1981 and 1995), managed behavioral healthcare steadily reduced practice options for psychologists. Based on an analysis of managed care models, Robiner and Crew (2000) predict a surplus of between 27,000 and 60,000 psychologists in the next few years, and call for "rightsizing" (p. 258) the psychology workforce as necessary. Though there is currently no accurate mechanism for predicting the demand for graduates of integrative doctoral programs in the near and distant future, we suspect that the dual effects of changes in the marketplace and expansion in the number of doctoral programs (Pike et al., 1997) raise oversupply concerns for these programs that are largely equivalent to those faced by their secular counterparts.

A related national trend that will certainly impact integrative programs is a recent decline in applications to professional psychology programs. Declining applications, coupled with the advent of several new Christian doctoral programs during the last decade, raises some concern about admission standards and the academic qualifications of students entering integrative programs. Although our evaluation shows that APA-approved integrative programs currently compare favorably with professional programs in general, several newer integrative programs are not accredited and increasing competition between programs may result in a trend toward declining academic admission criteria.

A third challenge for integrative programs is the need to carefully address the issue of congruence between training mission and training outcomes. Our review revealed little evidence that integrative PhD programs (e.g., scientist-practitioner or scholar-practitioner) produce training outcomes that differ discernibly from those of integrative PsyD programs. Although it is true that many PhD level clinical psychologists engage primarily in clinical practice (Zachar & Leong, 2000), it is also true that a PhD

program's track record of producing graduates who go on to make academic contributions to the field (e.g., publishing, researching, and teaching) continues to be significantly linked to its prestige and peer-rated excellence (Hardi et al., 2000; Maher, 1999). Although the market place for academic positions is quite competitive (Belar, 1998), we think it is good for the field of integration to have well-trained Christian psychologists entering competitive academic jobs at graduation. Integrative PhD programs may be well served to either move toward professional (PsyD) training models, or move to significantly strengthen the scientific emphasis of the programs such that graduates are exceptionally well prepared for research-oriented academic positions at graduation. Again, however, we note a caveat. It is possible that integrative PhD program graduates have faced religion-related bias when applying for academic jobs. If this were true, it could at least partially explain the small number of PhD graduates taking academic jobs at graduation.

Finally, integrative programs must become more sophisticated with respect to program outcome assessment. Outcomes available in the six program self-studies reviewed for this article were relatively broad, making it impossible to conduct fine-grained analyses that might shed light on several lingering questions about integrative programs. For example, although integrative program faculty appear to publish articles at competitive rates, we suspect that relatively few of these publications are in top-tier psychology journals. Second, although faculty in integrative programs appear to obtain grant funding at rates congruent with faculty in secular practitioner programs, we suspect that fewer integrative program faculty obtain competitive government research grants, and, instead, are likely to be funded by private foundations. Thorough comparison of secular and integrative doctoral programs will require availability of more detailed outcome data.

Recommendations for the Next Thirty Years

Enhance communication and collaboration between integrative programs. One of the hazards of increasing competition among integrative doctoral programs is the potential for inter-program discord or isolation. To prevent this, we recommend that programs consider pooling some resources (e.g., research funding, sharing faculty with highly specialized research or clinical acumen), and collaborating

on certain projects (e.g., multi-site research, legal defense funding, collection of training outcome data), for the mutual benefit of participating programs. One example of this is the Institute for Research on Psychology and Spirituality (IRPS), recently established at Rosemead School of Psychology. IRPS brings together Christian researchers from various integrative programs and other institutions for the sake of promoting collaborative research. As another example, Johnson et al. (1997) recommended consideration of a cooperative effort among integrative programs to establish a consultative accreditation body. Comprised of select faculty from each of the integrative doctoral programs, this body might serve to help programs prepare for initial APA-accreditation, re-accreditation, and episodic curriculum revisions. Offering site visits and supportive consultation, the mission of this group would be the enhancement of excellence and acceleration of creative innovation within individual integrative doctoral programs. This consultative service might most easily be established under the umbrella of the Christian Association for Psychological Studies (CAPS), or a similar organization.

Right-size and merge when indicated. In order to keep admission standards rigorous during periods of thinning applicant numbers, and in order to avoid contributing to an oversupply of psychologists in some geographic locations, integrative programs should take the lead in "rightsizing" (decreasing) enrollment numbers as circumstances dictate. Programs with dual degree tracks (PhD & PsyD) might consider consolidating efforts to support a single training mission. Alternatively, some doctoral programs might even consider mergers of various sorts as a means of cost-reduction and enhancement of excellence within a single blended program. As radical as this proposal may at first sound, it could offer an innovative method for helping financially tenuous programs to bolster resources and reduce competition.

Increase diversification in mission and specialty. The field of professional psychology has learned some difficult lessons during the last decade. One of the clearest lessons is that in order to thrive, professional psychology will have to stop defining itself in terms of a single technique—outpatient psychotherapy (Fox, 1994). Instead, our profession's viability will depend heavily on our ability to identify and conceptualize a range of professional roles. Levant et al. (2001) recently highlighted several

promising new roles for professional psychologists. These include (a) psychological management of health and disease, (b) psychology and serious mental illness, (c) psychology in public policy, (d) services to businesses, (e) consultation within the criminal justice system, and (f) development of a psychology of performance. The key here is modification (expansion) of the psychologist's identity from psychotherapist to consultant. We recommend that integrative doctoral programs give serious attention to expanding their traditional clinical intervention foci to incorporate specialties such as psychology and management (Kilburg, 2000), consultation (McMinn, Meek, Canning, & Pozzi, 2001), or health psychology (Fox, 1994). In addition, some programs may benefit by more radically modifying the program focus from clinical psychology to school psychology, counseling psychology, developmental psychology, or other subspecialties.

Consider development of a clinical-scientist PhD program. Integrative doctoral programs are nearly exclusively practitioner-focused in mission and structure. Currently, there is little distinction (with regard to outcome) between the PhD and PsyD programs. The problem with this state of affairs is that few Christian psychologists are intentionally prepared for careers in teaching and research. Very few graduates of the two current Christian PhD programs enter training and research positions.

A new PhD program with a clinical-scientist or a very academically oriented scientist-practitioner training mission is needed to address this deficit. Specifically, a very selective program housed within a research-oriented sectarian university is needed to train small numbers of Christian psychologists for careers as faculty in colleges and universities. Such a program would require significant financial resources, most likely stemming from endowments and research funds awarded to a number of very productive and research-oriented faculty. This program would largely cover student tuition through grants and assistantships, leaving students less burdened at graduation and more inclined to accept the lower entry-level salaries common in many college settings. Students would receive excellent research preparation, as well as specific training in the art and science of teaching (Fernald, 1995). We believe that such a program would nicely compliment several excellent PsyD programs.

Seek funding sources beyond student tuition. It is not uncommon for graduates of integrative doctoral

programs to emerge from training with debt nearing or even exceeding \$100,000. This is unacceptable for several reasons. First, such debt places profound stress on new graduates to produce income, which may make some careers unfeasible (e.g., careers in ministry, missions, or small college teaching). Although integration as service ("faith-praxis integration") is clearly an intentional component of the mission in several integrative programs (Canning, Pozzi, McNeil, & McMinn, 2000), financial burdens may hamper the extent to which program graduates can actually serve. Second, recent changes in the marketplace raise legitimate doubts regarding the ability of many students (regardless of area of practice) to successfully pay back this debt in a timely fashion. Third, as careful consumers, undergraduates will become increasingly disinclined to embark on a career that poses so many financial risks and questions. Integrative doctoral programs must become more aggressive in seeking out new sources of funding for graduate students.

Promote training of international students. Rosemead School of Psychology has been particularly successful at attracting highly qualified international students to their doctoral programs in clinical psychology. Similarly, Fuller Seminary has attracted students from around the world, many of whom return to their countries upon graduation. Wheaton College, a relatively new integrative program, has been developing relationships with Christian leaders in various countries (Ellens, McMinn, Lake, Hardy, & Hayen, 2000; McMinn et al., 2001) and increasing their number of international trainees as a result. In contrast to the problem of oversupply in the United States, many countries are experiencing a vast undersupply of doctoral-level clinical psychologists.

Attend to the prevalence and quality of faculty-student mentoring. Although training environments in integrative programs are experienced as encouraging and supportive (Meek & McMinn, 1999), and though faculty modeling may be the primary vehicle for training in integration (Sorenson, 1997), only about half of the graduates of integrative PsyD programs enjoy a mentor relationship with a faculty member (Fallow & Johnson, 2000). This rate is significantly lower than the rate reported by graduate students in PhD programs (Clark et al., 2000). In our experience, two sources of cynicism among graduates of integrative programs are significant financial hardship due to student loans, and the experience of feeling anonymous and without important mentor-

ship by a faculty member. Because mentorships often have a profoundly positive impact on the graduate school experience as well as the professional identity formation of psychologists in training (Bruss & Kopala, 1993), we recommend that integrative programs carefully consider strategies for increasing the formation of healthy mentor relationships. There is a particular need for more women to fill core faculty positions in these programs. Though doctoral programs nationwide are struggling with inadequate numbers of women faculty to serve as mentors (Huntley, Schneider, & Aronson, 2000), the problem is significantly worse in integrative programs, where up to 80% of core faculty are male (Fallow & Johnson, 2000).

Accelerate collection of mission-relevant outcome data. Our final recommendation is that integrative doctoral programs engage in more deliberate and programmatic efforts to assess internal and external training outcomes. Demonstration of mission-congruent training outcomes is clearly becoming a staple feature of national accreditation organizations, including the APA (APA, 1997; Belar, 1998; Johnson et al., 1997). Although our assessment shows that integrative programs are currently producing outcomes that make them broadly equivalent to secular practitioner programs, integrative programs are not demonstrating consistent and creative efforts in this area. We are particularly concerned that the uniquely integrative components of these programs are not supported by any tangible outcome data. Specifically, we challenge integrative programs to demonstrate that their uniquely Christian mission enjoys validation through multiple methods of outcome assessment.

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AUTHORS

JOHNSON, W. BRAD. *Address*: Dept. of Leadership, Ethics & Law, United States Naval Academy, Luce Hall, Stop 7B, Annapolis, MD 21402. *Title*: Associate Professor of Psychology. *Degree*: PhD, Fuller Theological Seminary. *Specializations*: Mentor relationships, professional issues, clinical psychology.

MCMINN, MARK R. *Address*: Dept. of Psychology, Wheaton College, 501 College Ave., Wheaton, IL 60187. *Title*: Dr. Arthur P. Rech and Mrs. Jean May Rech Professor of Psychology. *Degree*: PhD, Vanderbilt University. *Specializations*: Church-psychology collaboration, cognitive therapy, integration of psychology and Christian spirituality.