Guidelines for Cognitive Behavioural Training in US Doctoral Psychology Programs: Report of the Inter-Organizational Task Force on Cognitive and Behavioural Psychology Doctoral Education

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Abstract

The Association for Behavioral and Cognitive Therapies convened an inter-organizational task force to develop guidelines for doctoral-level integrated education and training in cognitive and behavioral psychology in the United States. A yearlong series of conferences was attended by fifteen task force members representing 16 professional associations in order to reach an agreement on optimal doctoral education and training in cognitive and behavioral psychology. The recommendations are based on solid foundational training, which is common in applied psychology fields such as clinical and counseling psychology programs in the United States. This article describes the background, assumptions, and recommendations for doctoral education and training in cognitive and behavioral psychology, including expected competencies in ethics, research, and practice.

Keywords: Education• Training guidelines • Cognitive and Behavioral Psychology (CBP) • Psychology • Doctoral psychology

Introduction

Psychology has advanced from its early days in the late 1800s to its current status as an academic discipline recognized throughout North America and, increasingly, around the world. There has been a consistent push toward the application of psychological science since the mid-1900s. Participants at the Boulder Conference in 1949, devised a training and education model to advance the application of psychology. Following advances in the application of psychology, alternative training models and updates to existing training models were developed [1,2].

As applied psychology progressed in the United States, new specialty areas began to emerge. The Council on Specialties in Professional Psychology and the American Psychological Association (APA) had recognized 12 specialty areas by the end of 2011, and the American Board of Professional Psychology had sanctioned board certification in 14 specialty areas. Additional specialty training models and guidelines have emerged as specialty training has evolved [1].

Cognitive and Behavioral Psychology (CBP) is a specialty recognized by the American Psychological Association (APA), the Council of Specialties in Professional Psychology, and the American Board of Professional Psychology. CBP is one of the few areas of emphasis with a firm foundation in academic psychology's best research tradition [2,3].

As a result, many doctoral programs now include extensive CBP training. Although CBP is recognized at the postdoctoral level, there is growing recognition of the need to consider areas of emphasis at the doctoral level to allow for a consistent focus of training for doctoral, internship, and postdoctoral education, as well as board certification.

The Behavioral and Cognitive Psychology Specialty Council defines CBP as follows: The experimental-clinical approach to the application of behavioral and cognitive sciences to understanding human behavior and developing interventions to improve the human condition is emphasized in Behavioral and Cognitive Psychology. The distinctive focus of behavioral psychology is twofold:

- its heavy reliance on empirical evidence;
- its theoretical foundation in learning and behavioral analysis theories, broadly defined, which include respondent conditioning, operant learning, social learning, cognitive sciences, and information processing models.

The Cognitive and Behavioral Psychology Inter-Organizational Task Force Doctoral Education was formed to create guidelines and best practice statements for integrated education and training in CBP at the doctoral level in the United States. This effort was guided by a few basic assumptions [4].

One major assumption was that education in CBP is based on science at all levels. Training in psychology should be provided horizontally, across all components of training, and vertically, via doctoral training, internship placement, and postdoctoral residencies. Another assumption was that the goal of CBP education is to train both clinical scientists and practitioners who are grounded in scientific psychology. The overarching goal is to prepare psychologists with the knowledge, skills, and attitudes required to develop competent doctoral-level functioning in academic, applied, or combined settings [5,6].

The task force was an inter-organizational working group led by the Association for Behavioral and Cognitive Therapies (ABCT) and comprised delegates from psychological associations involved in professional psychologist training, of which CBP is a significant component. Participants on the task force came from the following organizations: ABCT Academic Training Committee, ABCT Board of Directors, ABCT Committee on Specializations and Affiliations, Academy of Cognitive Therapy, Academy of Psychological Clinical Science, American Board of Cognitive and Behavioral Psychology, American Board of Professional Psychology, American Psychological Association Education Directorate, Association for Behavioral Analysis International, Association for Contextual Behavioral Science, Association of Psychology Postdoctoral Fellows, Association of Psychology

Postdoctoral Fellows, Association of Psychology Postdoctoral Fellows, Association of Psychology Postdoc. Participation on the Task Force does not imply that the organization represented by the member endorsed this report.

The delegates met in Las Vegas on March 2011, held monthly phone conferences from April to October 2011, and concluded with a face-to-face meeting on January, 2012 to finalize and approve the recommendations. This document is the result of their discussions [7,8].

Discussion

The intended use of these guidelines is defined by a larger context. The APA defines specialty as "a defined field of study."

A subfield of professional psychology practice distinguished by a distinct configuration of competent services for specific problems and populations."

Two organizations, the American Psychological Association and the American Board of Professional Psychology, have formally recognized CBP as a specialty in professional practice. The goal of this document is to provide guidance on doctoral education and training in CBP for both new and existing clinical, counseling, and school-based doctoral programs [9].

The American Psychological Association (APA) has also adopted a taxonomy for the use of specific terms when programs provide education and training in specialties. The guidelines may also intersect with other specialties' education and training. A clinical psychology program, for example, that offers a major area of study in clinical child and adolescent psychology may use these guidelines to provide an emphasis in CBP.

The recommendations in this document are based on the assumption of prior knowledge, skills, and attitudes relevant to doctoral training in psychology, as demonstrated by a traditional undergraduate major in psychology or related disciplines. Value and respect for science are also assumed, as is a desire for research training that includes data collection and analysis. Faculty-to-student ratios that allow full immersion in faculty-mentored research activities are among the assumed structural components implicit in these recommendations. Although this ratio is not presented as a hard and fast rule, programs that admit significantly more students than the core, full-time faculty will struggle to provide the level of intensive clinical supervision and, especially, research mentorship described herein. Doctoral students should have regular meetings with a core faculty member who monitors their development and integration of clinical and research competencies. Furthermore, we assume that there are enough clinical and research experiences to ensure that training is integrated across both basic and applied domains.

The assumed curricular components are consistent with the broad and general training in psychology identified by the American Psychological Association's Commission on Accreditation.

Scientific and ethical attitudes

The foundation of CBP education in science and ethics training. As a result, this training is integrated horizontally throughout all coursework and vertically to ensure the development of more complex scientific and ethical understandings as training progresses. We divided science and ethics training into two distinct but related propositions.

The first claim is that doctoral study in CBP includes foundational work in the philosophy of science, with a particular emphasis on epistemology, as well as a discussion of the major perspectives underlying CBP.

CBP has evolved into a broad family of theoretical perspectives, methods of inquiry, and technologies that defy easy categorization. CBP education is built on a foundation of science and ethics training. As a result, this training is integrated horizontally throughout all coursework and vertically to ensure the development of more complex understandings of science and ethics as training progresses. We have divided science and ethics training into two distinct but related propositions.

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CBP has evolved into a broad family of theoretical perspectives, methods of inquiry, and technologies that defy easy definitions. Variations in these assumptions result in a variety of scientific practices. Such assumptions are pre-analytic, which means they are made before the standard work of science begins and are thus not subject to direct empirical testing. Certain pre-analytic assumptions may, however, prove more useful over time than others, and the philosophy of science itself is thus evolutionary and progressive [4,5].

Despite the pervasiveness and inevitability of pre-analytic scientific assumptions, many psychologists may be unaware of the implicit assumptions that underpin their work, which can lead to significant confusion and controversy that impedes scientific progress. Failure to recognize differences in pre-analytic assumptions can lead to frustration among scholars and practitioners alike, who are perplexed when their colleagues are unable to see the implications of certain clinical observations or research findings. A lack of awareness of one's philosophical assumptions also prevents critical examination and comparison of alternative scientific philosophies. As a result, it is critical that doctoral training in CBP examine the critical role of philosophy in psychological science and practice.

With regard to CBP in particular, one useful (though far from the only useful) way of conceptualizing much current work in the field is through reference to the overarching scientific "world views" known as methodological behaviorism and functional contextualism/ constructivism.

The role of pre-analytic scientific assumptions

- The history of science (and psychology in particular), and the evolution of scientific philosophies.
- Perspectives on the demarcation of science from non-science, pseudoscience, and quackery.
- Epistemology, particularly truth criteria.
- The goals of scientific inquiry.
- Distinctions between the "context of discovery" and the "context of justification" in scientific inquiry.
- Models of determinism, free will, and human agency.
- Philosophical perspectives on the mind-body problem.
- The question of the causal status of thoughts, beliefs, emotions, and other subjective experiences.

Broad training in basic psychological science enables cognitive behavioral psychologists to derive theoretically important questions, frame these questions in a way that allows for empirical study, and synthesize the findings to create and disseminate new knowledge. Such training is also necessary for comprehending and applying methods and findings presented in the psychological literature. Understanding philosophical assumptions is essential. The second claim is that ethical decision-making is central to CBP and should pervade all aspects of research and practice [7-9].

Appreciation for scientific assumptions is inextricably linked to an appreciation for the nature of ethical scientific and professional conduct. Given the significant power of many CBP-derived technologies.

Knowledge and abilities in research

The basic idea is that doctoral study in CBP includes advanced knowledge and skills in research design and data analysis, as well as the general process of drawing logically valid inferences from observations. Developing a sufficiently deep understanding of this knowledge and skill requires "hands-on" experience in the research process.

The scientific knowledge that underpins CBP has been accumulated over the last 50 years or so, and it continues to guide the refinement of current approaches as well as the development of new ones. Although important

questions about the specific amount of research required to competently apply CBP remain, there is agreement that it requires knowledge and competency in the science of CBP.

As a result, a cognitive behavioral psychologist must be well-versed in research. Although we recognize that knowledge, skills, and attitudes are inextricably linked, we present them here in a somewhat artificial separation to highlight various implications:

- Critical topics.
- Research knowledge and experience especially relevant to CBP.
- Early research experiences.
- Clinical knowledge and competencies.
- Overall framework for clinical training.
- Knowledge base for clinical competency.
- Development of clinical competencies.

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