

California Psychology Internship Council

CAPIC/mhsa
3rd Year Symposium
March 18-19, 2011

@ SAN JOSE AIRPORT GARDEN HOTEL
1740 N First Street, San Jose, CA 95112
Phone: 408-793-3300

Serving the Underserved: Preparing Psychologists for Effective Practice in the Public Sector

Plenary 1: Response to Speaker 3--Psychology Practice in the Future; *Patrick DeLeon, PhD, MPH, JD*

NOTE: Dr. DeLeon's presentation was not amenable to simply posting as a transcript. It was agreed that it would be more in keeping with the substance of this presentation and the intent of the symposium to request that a student who attended the symposium to write an essay that focuses on his/her reactions to Dr. DeLeon's address to the attendees.

Frederick Hives, II, a first year student in the clinical psychology doctoral program at John F. Kennedy University and a symposium attendee, was asked to draft an essay in response to Dr. DeLeon's plenary presentation at the symposium. Dr. Haydee Montenegro worked with him to create this document. This essay reflects Mr. Hives' thoughts about the challenges and opportunities facing psychology that Dr. DeLeon presented, and most especially the challenges and opportunities facing students as they prepare to serve our nation during a time of great change in our health care system.

Progressing the Paradigm: A Pedagogical Translation of the Psychological Value System

Frederick Hives II

"It's a value system." Throughout his presentation during the CAPIC symposium, Dr. Patrick DeLeon spoke about the value systems of CPA officers and administration, other healthcare professionals, politicians, and the field of psychology. He suggested that the value systems of other healthcare professionals consistently encroach upon that of psychologists, rendering psychology full of professionals without a field. The healthcare field is progressing with or without mental health and/or psychologists, and Dr. DeLeon called for psychologists to recognize the damage done when our professionals fail to recognize the vision and route toward which healthcare is headed. He suggested that, should the field continue on its current path, psychologists may end up marching to the beat of a drum easy to discard.

As healthcare expands and becomes increasingly integrated, psychologists continue to operate in "silos," reluctant or ill-equipped to provide services alongside fellow healthcare professionals. If psychology refuses to adapt to its environment, there may come a time when psychologists consistently go unconsidered by lawmakers, program directors, and most importantly, by clients.

Dr. DeLeon called for a significant paradigm shift within the field, namely, that the professionals who are doing the work become aware of the political influence psychology can have in the name of public service. His vision called for more assumed responsibility, for psychologists to take hold of their future and secure it, but also to become aware of the necessity of integrated healthcare and its role in the maintenance of the field.

At one point during the CAPIC symposium, Dr. DeLeon suggested that psychologists stop calling themselves therapists. He stated that psychologists do and are called to do significantly more than offer psychotherapy services, and urged those in attendance to identify themselves and others as the healthcare professionals they are. This subtle mental adjustment, he proposes, removes psychologists and psychology from a separated field of healthcare and pushes all of us toward the larger structure of service providers. As Chief of Staff for U.S. Senator Daniel Inouye (D-HI), Dr. DeLeon provided examples of initiative through years of

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experience in giving psychology a voice in the political arena and establishing Psychology within integrated healthcare. As an advocate for the involvement of psychology in just about every avenue of healthcare, Dr. DeLeon encourages the same passion and commitment from professional clinicians and student-trainees alike. His vision of an integrated healthcare field, within which Psychology is firmly established, is a challenging yet imperative one.

The tone of his message exuded urgency and stressed the timeliness of a paradigm change for Psychology. While the shift he called for may take years to implement on a large scale, there are steps to be taken now which can move Psychology to integration among clinicians and within the scope of general healthcare. The message was mainly addressed toward clinicians already active within the field as he almost demanded that psychologists uproot from a state of complacency and do more for themselves, their students, and the field. If the address felt slightly painful and brash at times, it did so with purpose. Dr. DeLeon spoke from a framework of “discomfort breeds decisions” in an effort to provoke psychologists into a more inclusive role amongst each other and society. Psychologists, he suggested, need to operate in a fashion that allows collaboration with each other and with other healthcare professionals. If Psychology continues to function in an isolated manner, not only will the field suffer obvious detrimental effects, but those who need the services that only psychologists can provide will remain unreached. His vision calls for a paradigm shift among professionals; an altered way of thinking for an ever-altering world.

As a student preparing to enter a changing field, I felt discomfort at the thought that the academy and the profession may not be providing me with adequate skills to progress as a psychologist and meet the demands of the future. I felt slight resentment toward the professionals and instructors who may not be appropriately preparing me for the world ahead. If we students are not given a chance to inspire and become involved in the solutions proposed by Dr. DeLeon, then we will have no other option than to perpetuate the problems. Amongst the many tools provided during our education and training, there are ways in which our student experiences can be shaped to develop us in a manner that will prepare us for effective professional existences.

I suggest that change start sooner rather than later in our training. What more effective way to begin this paradigm shift than to instill it in those who know no other way? Before my fellow students and I are involved in the field as it exists today, teach us how to survive in the field as it will exist tomorrow. A change only in professional operations is insufficient; a pedagogical translation is necessary to propel the field toward this vision. This translation should bring real-world psychology into the classroom. Should students begin to understand the authenticity of the politics and strategy of psychology once they have entered the professional realm, it is too late. Students need to be equipped by their educations to understand the world of professional psychology as it will exist when they are repaying loans.

Dr. DeLeon stated that psychologists operate in intra- and inter-field silos; that is, professional clinicians too often conduct their work independently of each other and seldom collaborate with other healthcare professionals. I believe the issue here begins sooner and runs deeper than professional isolation. The current trend seems to be that the type of question asked by trainees and clinicians alike is, “What do you want to do with your degree?” Unintentionally, this question immediately and fundamentally divides us as clinicians. Imagine if students in classrooms were asked to identify their professional interests then find other students with whom they could collaborate professionally. Not students who have similar interests, but students whose work would be complementary. Or what if after everyone states the usual why-I-got-into-psychology-and-where-I-

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see-myself-working, students were then asked, “After hearing the interests of your future colleagues, who can you see yourself collaborating with in the future?” or “What other healthcare fields and professionals do you imagine will be beneficial to your work?” The transition from a profession saturated with sovereign clinicians to a collaborative network of providers starts with a framework that encourages integration. Through simple conversations such as these, students’ minds can be expanded to think of themselves as the gears behind the clock rather than the face itself. All of this starts with our educational approach.

As a field, we are enamored with the prospect of multiculturally competent services, and we use the term *multicultural* to stand for a variety of demographic pieces pertaining to our clients. What if that term was extended to our competence in a variety of settings?

Doctoral programs can incorporate the challenge Dr. DeLeon framed regarding the training of future psychologists without diverging from methods consistent with their structure. For example, in my own program as a part of the multicultural training, students are required to complete an ethnographic practicum in their first year of study. This placement involves no clinical work, but calls for students to immerse themselves within a culture they have limited or no experience with. Through this process, students are forced to look inward and address the biases and assumptions they may have about a certain population and the sources of those ideas. The experience exposes students to and allows learning about a new culture. As an extension of this goal and in line with the vision proposed by Dr. DeLeon, JFKU will begin to place students in primary care settings starting in the Fall of 2011. Through this experience, students can begin to understand the culture of primary care, the concerns and issues of those who received primary care services, and how psychologists can be beneficial within a primary care setting. Additionally, the placements serve to educate primary care service providers about how psychologists can fit in and work alongside other healthcare professionals.

The failure to teach students in a way that expands their understanding of who they will become limits imaginations, aspirations, and stagnates the field. Dr. DeLeon called psychologists on their complacency, daring them to answer the bell. Whether on a grand scale or more specifically as my program has begun to do, psychologists must brace for the changes in healthcare and be ready to respond when called upon. For those changes to have a lasting impact, I believe they must start with my fellow students and me. Students can have a voice in providing suggestions on programmatic changes.

Clinicians and academics alike have an opportunity to collaborate and offer their wisdom to the next generation. As professionals learn to function in a manner that promotes partnerships, the effects must also be felt at the pedagogical level. Students must be taught that the field does not operate in individual or collective silos. In order for the public to receive the level of healthcare I believe all students aspire to provide, we must learn to integrate with our fellow psychologists, physicians, nurses, pharmacologists, and anyone who serves the public. If success is preparation meeting opportunity, professionals must make the introductions. I believe my fellow students and I are ready to make acquaintances.

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