

SCIENCE & TECHNOLOGY

No Method for Madness

THE SOURCE: “Current Status and Future Prospects of Clinical Psychology: Toward a Scientifically Principled Approach to Mental and Behavioral Health Care” by Timothy B. Baker, Richard M. McFall, and Varda Shoham, in *Psychological Science in the Public Interest*, Nov. 2008.

WOULD YOU GO TO A DOCTOR who was ignorant of the medical advances made since Harry Truman was president? No way. But the average clinical psychologist’s practice today doesn’t look much different than it did 60 years ago, and the patients keep coming.

It’s not for lack of scientific progress, write professors of psychology Timothy B. Baker of the University of Wisconsin School of Medicine and Public Health, Richard M. McFall of Indiana University, and Varda Shoham of the University of Arizona. Many newer psychological treatments have proven to be highly effective. For example, multiple clinical trials have shown that cognitive therapy and cognitive behavioral therapy provide more lasting benefits to people who suffer from depression than antidepressant medication. (In cognitive behavioral therapy, therapists help patients think through emotional patterns and work to change them so as to avoid fear or depression.) These and other recent-vintage psychological therapies have also proven effective for treating addiction, bulimia, schizophrenia, and post-traumatic stress disorder.

Moreover, these treatments are “scientifically plausible”—they are a good fit with our knowledge about how the brain works. But many of the country’s 93,000 psychologists don’t use these methods and, what’s more, don’t understand the science behind them. Baker and colleagues write, “Considerable evidence indicates that many, if not most, clinicians view science or research as having relatively little relevance to their practice activities. . . . They privilege their intuition and informal problem solving over what the research literature has to offer.”

Aspiring clinical psychologists can get their credentials by completing one of two degrees—a doctorate of psychology (Psy.D.) or a doctorate of philosophy (Ph.D.). Psy.D. programs tend to be much less selective; furthermore, their graduates do not perform as well on the national licensing exam, and students and faculty are much less likely to engage in scholarly research. Yet the number of degrees awarded by Psy.D. programs grew by 170 percent between 1988 and 2001, while the number of Ph.D.’s remained the same.

Increasingly, many people suffering from psychological disorders—a population said to have doubled in size over the last 20 years—are turning to primary-care practitioners. These physicians

do what they’re trained to do—prescribe pharmaceuticals (something psychologists for the most part cannot do, since they are not M.D.’s). If psychologists continue to neglect science and fail to make an evidence-based case for their care, many health care plans won’t cover their services in the future, the authors warn.

The history of medicine provides an example of how psychologists can reform their profession. In the early 20th century, the American Medical Association began rigorously grading medical schools on how their students performed on science-based licensing exams. The number of medical schools fell from 162 in 1906 to 95 in 1915, but the quality of medical education markedly improved. Rigorous new accreditation standards are just the therapy psychology needs now.

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Great Expectations

THE SOURCE: “Promises, Promises” by Stuart Blackman, in *The Scientist*, Nov. 2009.

MORE THAN 20 YEARS AGO, AN editorial in *Science* magazine called on the federal government to boost spending on the effort to sequence the human genome, which the author said could lead to a cure for mental illness and thus prevent many from joining the ranks of the homeless.

Clearly, this hope has not come to fruition, and that’s no great surprise, says Stuart Blackman, a science writer based in Edinburgh. A tendency to