

Supply and Demand: Shifts in Entry-Level Degree Requirements for Psychologists in Nova Scotia

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Abstract

The Nova Scotia Board of Examiners in Psychology (NSBEP) recently announced its plans to propose legislative changes to government that would require a doctoral degree for registration as a psychologist in the Province of Nova Scotia (ELC Report, March 2011). While many psychologists in the Maritime Provinces practice at the Master's level, the national professional organization, the Canadian Psychological Association, advocates for doctoral-level degrees as being the entry-level degree for the profession. There has been a long-standing debate about the best practices for training in psychology. The two major doctoral programs available in Canada are the Psy.D. and Ph.D. Retention in Nova Scotia is an issue; there is a need for more psychologists, particularly in rural areas. In this article I discuss the differences between the Psy.D. and the Ph.D., as well as discuss the implications of the change in entry-level requirements for students, Masters-level registered psychologists, and the community.

bre de psychologues, particulièrement dans les régions rurales. Dans le présent article, je décris les différences entre le D.Psy. et le Ph.D., ainsi que les conséquences des changements apportés aux exigences au niveau d'entrée pour les étudiants, les psychologues enregistrés au niveau de la maîtrise et la collectivité.

In North America, becoming a licensed or registered Psychologist depends on the licensure requirements set by the jurisdiction (i.e., province or state) in which you would like to practice (Association of State and Provincial Psychology Boards, 2008). In addition to meeting specific standards, such as passing examinations and acquiring supervised clinical hours, the professional designation conferred by a board depends on the level of education you complete. The Nova Scotia Board of Examiners in Psychology (NSBEP) recently announced its plans to propose legislative changes to government that would require a doctoral degree for registration as a psychologist in the Province of Nova Scotia (ELC Report, March 2011). The purpose of this article is to highlight the differences between the two most common doctoral degrees in Psychology, the Psy.D. and Ph.D.¹, and to discuss what the changes in training requirements could mean for future and current psychologists, especially those living in rural areas, such as in Nova Scotia. While this change will take years to implement, it has implications for incoming graduate students, current graduates in terminal Clinical Master's programs, Masters-level registered psychologists, universities, and the mental health community.

What is the Difference between a Ph.D. and a Psy.D.?

There has been a long-standing debate about the best practices for training to become a psychologist. While many psychologists in the Maritime Provinces practice at the Master's level, the national professional organization, the

Résumé

Le Nova Scotia Board of Examiners in Psychology (NSBEP) a récemment fait part de son intention de proposer des changements législatifs au gouvernement qui exigeraient un diplôme de doctorat pour l'autorisation d'exercer à titre de psychologue en Nouvelle-Écosse (rapport ELC, mars 2011). Bien qu'un grand nombre de psychologues dans les provinces Maritimes exercent leur profession au niveau de la maîtrise, l'organisation professionnelle nationale, la Société canadienne de psychologie, préconise un diplôme de doctorat pour le niveau d'entrée à la profession. De vieille date, il y a des débats entourant les meilleures pratiques de formation en psychologie. Les deux grands programmes de doctorat offerts au Canada sont le D.Psy. et le Ph.D. Il y a un problème de maintien de l'effectif en Nouvelle-Écosse; il y a un besoin pour un plus grand nom-

¹ The Ed.D. in Counselling is another doctoral degree whose training can be acceptable for licensure as a Psychologist in Nova Scotia. However, NSBEP has a set of criteria they use to evaluate whether a program is suitable for licensure and not all Counselling programs meet these standards. For the purposes of this article, I will focus on the Psy.D. and Ph.D. in Clinical Psychology because they meet the criteria (rather than going into which Ed.D.s are valid). For more details on the criteria, go to the NSBEP website: <http://www.nsbep.org/pages/requirements.html>

Canadian Psychological Association (CPA), advocates for doctoral-level degrees as being the entry-level degree for the profession of psychology. Currently, individuals holding a Master's degree can practice with the title of 'Psychologist' in Alberta, Newfoundland, Nova Scotia, and the North West Territories. In other provinces that have adopted a two-tier system, such as Ontario and British Columbia, the title would instead be 'Psychological Associate' (or 'Master Psychologist' in Saskatchewan). Quebec and New Brunswick most recently changed to doctoral training only for registrations. Only doctoral programs in Canada can receive CPA accreditation, which is the gold standard in Canada for Clinical Psychology programs (see CPA, 2011). Furthermore, it is important that psychologists and other professionals meet the standards of training provided by national accreditation (MPHEC, 2006).

The two most common doctoral degrees in psychology are the Ph.D., doctor of philosophy, and the Psy.D., doctor of psychology. The most prominent difference between the Ph.D. and Psy.D. is their focus. Specifically, a Ph.D. program has a heavier emphasis on research, whereas a Psy.D. program focuses more on applied clinical practice. According to the model Psy.D. curriculum of the Canadian Psychological Association (CPA, 2004), a Psy.D. student "...learns to address problems associated with the practice of psychology, using an appropriate strategy of disciplined inquiry, whereas the Ph.D. candidate learns to produce original, generalizable research relevant to clinical psychology. Both models of training require similar competency in research knowledge bases" (p. 3). Whereas a Ph.D. program is based on a "scientist-practitioner" model, a Psy.D. is based on a "practitioner-scholar" model. These titles reflect the relative emphasis of the programs, and while the academic curriculum between the two kinds of programs may essentially be the same, the content and flavour of course content can be quite different (CPA, 2004; Gauthier, 2011).

Most doctoral-level clinical psychologists in Canada hold a Ph.D. degree². Discouragingly, the average time to complete a Ph.D. is 7.3 years, with some programs having averages closer to 10 years (CPA Annual Report, 2007). Much of that time is taken up in the research domain (i.e., finishing a dissertation), yet most graduates become practitioners and do not pursue or even prefer research careers (Hunsley & Lefebvre, 1990). At the same time, psychologists do keep abreast of developments in their field and maintain current knowledge of empirically-based practice. They are thus "consumers" of research and need critical thinking skills to evaluate research, not unlike other health professionals such as dentists and medical doctors. In the words of the CPA (2004):

Effective and ethical practice requires more than a passive reading of reports of original research, even if the re-

search is published in peer-reviewed journals. An informed practitioner must be able to distil best practices from research literature. When reading research reports, the practitioner must be able to make judgements with regard to issues such as adequacy of sampling, adequacy of measurement devices employed, use of appropriate data analysis techniques, the nature of inferences made on the basis of data analysis, and the generalizability of findings from the research sample used by the scientist to the clinical population served by the practitioner.

A Psy.D. program has the advantage of taking, on average, 4 years to complete. Currently, there is only one English Psy.D. program in Canada (at Memorial University in Newfoundland), while the other accredited programs are offered in French (e.g., Université de Laval, Université de Moncton, Université de Montréal).

The Demand in Nova Scotia

Psychology is devoted to the science and practice of human behaviour and processes of behavioural change. There is a recognition within the psychological community that Clinical Psychology is ideally suited to contribute to health promotion and illness prevention within society, in addition to more traditional roles within the mental health system (e.g., see Arnett, 2005). Services which change behaviour to optimize health can help citizens prevent chronic illness and premature death. As noted by the Canadian Mental Health Commission (CMHC, 2006), one in five Canadians will experience a mental illness at some point in their lifetime and mental illness accounts for one third of the number of days Canadians spend in hospitals each year, yet mental health receives a small fraction of health care funding. A community-based approach to health care, wellness, and prevention is an important emphasis of the Government of Nova Scotia, and consistent with the current number one priority of Canadians: Health Care (Romanow, 2005).

A report by the Nova Scotia Health Care Human Resources Sector Council (2003) has suggested that a benefit of increasing the credentials of mental health care providers is that new graduates can broaden their areas of practice to include research, teaching, management, and policy direction. In addition, this council reports that despite the significant mental health needs of Nova Scotians, only 3% of the people working in the Nova Scotia health care sector, broadly defined, work in the mental health field. Statistics have shown that there is one psychologist for every 2,195 people in urban areas of Canada, but only one for every 9,619 in rural areas (Banzana, 1999). This means people in rural areas of Canada either travel significant distances to access psychological services, or go without such services. This is particularly problematic since health and

² For comparisons of degree requirements in Canada to the U.S.A. and Europe, see the CPA Psy.D. Task Force Report (1998): <http://www.cpa.ca/cpsite/userfiles/Documents/publications/PsychD%20Final%20Report.pdf>

mental health indicators of citizens in rural areas are actually worse on average than in urban areas (Statistics Canada, 2001). Comparable statistics are available for Nova Scotia, where there is one psychologist for every 1,892 people in the Halifax Regional Municipality, but ratios range from 1:2,441 in Pictou County to 1:7,077 in Cape Breton. As the national average for this ratio is 1:2,500, rural areas of Nova Scotia are all at or above national averages (Nova Scotia Health Care Human Resources Sector Council, 2003).

Supplying the Demand

There are many highly qualified undergraduate students in psychology applying for graduate training in Clinical psychology, with applicant rejection rates ranging from 85 to 95%. The quality of students applying to doctoral programs is always high. One category of very qualified student whom has been largely ignored by doctoral programs in Canada is the professionally registered psychologist with a Master's degree. Those who are already registered at the Master's level are not going to lose their credentials as a result of the NSBEP changes, but there may be a demand for mid-career retraining. Other considerations raised in the ELC (2011) report with respect to changing the training requirement were the declining number of psychologists working in rural hospitals as well as a need for access to training.

A Psy.D. program has benefits for both Nova Scotia and the rest of Canada. Its applied focus is appealing to those who want less of a research emphasis in their training. Additionally, these programs have a higher turnover rate; a shorter completion time (4 years) allows national demand to be met. Waiting lists, even for psychologists in private practice settings, can be months long. There are important trends within the health care system that would be addressed by such a program, particularly in rural and coastal areas. Providing clinically-based researchers with expertise in rural mental health would be positive for Canadian Universities. A community-based approach has been proposed as a strategic direction for Nova Scotia's mental health care system (see Government of Nova Scotia, 2004), which implies equitable access of Nova Scotians to services in all regions of the province, and delivery of empirically-based best practices of services.

Clinical psychologists play an important role in the delivery of mental health services, as their education includes intensive training in assessment and intervention skills, as well as empirically-based skills necessary to evaluate the effectiveness of programs, best practices, and community needs. These skills are critical to practice and research within a variety of mental health, health, clinical, private practice, forensic, work, and school settings in which psychologists are found.

Psychology programs should encourage the development of psychological services in rural areas and to provide skills necessary to facilitate the establishment of careers

in rural areas (e.g., McIlwraith et al., 2005). This is not unique to the profession of psychology: Health Boards throughout rural Nova Scotia are aware of how difficult it can be to recruit and retain highly qualified personnel in a variety of health professions such as medicine, nursing, psychiatry, and physiotherapy. The average age of psychologists, which is over 50 (Cohen, 2005), is considerably higher than in other professions (Service Canada, 2012). This means the baby-boom retirement cohort will leave psychology faster than other health care professions, which will make it more difficult to staff psychology positions in rural areas in years to come. This requires planning, given the lag time between the establishment of academic programs and graduates from the program hitting the job market.

Conclusion

A survey by the Association of Psychologists of Nova Scotia (APNS, n.d.) of its members identified opportunities for change in the current mental health care system. One opportunity for change proposed by members was that, in association with APNS, Psy.D. programs should be developed and supported in Nova Scotia in order to attract students to the province and to supply underserved rural populations. It is possible that the proposed increase in credentials will inflate the already high psychologist-to-patient ratio experienced in the rural areas of Nova Scotia. On the other hand, the motion toward the doctoral entrance requirement in Nova Scotia is in line with CPA's aspirations for a nationwide standard.

As mentioned earlier, students who complete a Ph.D. in clinical psychology more often than not go into practice upon completion of their degree, rather than pursuing academia or research-related careers; however, the average completion time of Ph.D. program is simply too long to supply the demand. Retention in Nova Scotia is an issue, and there is a need for more psychologists – particularly in rural areas. The development of a Psy.D. program would be extremely beneficial in Nova Scotia to address the demand for more psychologists and to provide an avenue for retraining for Masters-level practitioners because of the shorter completion time and applied practitioner focus.

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