Training for the future (avoid obsolescence) Scribe document

Please note and remind yourself frequently: The intent of this document is for it to lead to a public-facing record of your workgroup's activity. By the day of the Summit it will be accessible to anyone at the Summit, and after the Summit it will be turned into a fully public-facing document. This means that although you should take notes however makes sense for you, it will be important to refine the notes to be comprehensible to others.

Guiding Committee: None before Summit
Moderator: Bob Levenson
Scribe: David Rozek

Describe intended product of the workgroup:

Who is willing to lead on this topic (future efforts at the Summit and beyond):

Main Notes Area

- Brainstorming ways that we could become obsolete
    - National accreditation body starts accrediting masters levels program
        - § This can impact our "market share"
          We cannot "move the needle" if our market share is so small that we have little influence on mental health at the level of public health
        - § There are many areas that do not care about clinical science and the potential of these programs to take some of the potential market share
    - Everything we do algorithm based – AI is coming out and advancing
        - § Can this take over what we are doing?
        - § Faster and cheaper than us
    - Paid way too little
        - § Applicants find our field of science not appealing due to the low pay
        - § Private practice and consulting has potential to pay higher than what we pay in the academy or other positions that focus on researcher
    - Promotion of JEDI is outlawed (e.g., SB 83 in Ohio)
    - Clinical psychological science is not funded
    - If we continue to talk about rather than act on diversifying our discipline
        - § We have been talking about this for at least a decade
        - § What actions are we doing?
    - What if others are doing are work and even better?
        - § Other fields are doing other psychology
        - § Public health, criminology, business, etc. are doing psychology research

        - § Neurology, engineering, computer science
        - § Counseling psychology and social work have focused on community engaged work and focus on JEDI topics than we have
    - What if universities see that we are not generating enough money with small cohorts
    - Recession – could this reduce focus on mental health
    - Political climate – focus on what we do could shift with changing of political
    - Third party payers – reimbursement
        - § What happens when doctoral level providers are paid the same as masters/bachelors?
    - What if we are not keeping up with the needs of diversity within the world and others are doing it better than us? What is the use of our types of programs
    - Training in neuroscience and genetics – or whatever the focus is of funding agencies
        - § Now this could be programming or others skills
    - Loss of trust in science
        - § Building this back is important
        - § Chat rooms, news, general population
        - § Does it even matter how well we do our science?
    - AI Replacing?
        - § Assessments
        - § Treatment – can replace lower level therapy?
- How do we overcome some of these?
    - We should be innovative by redefining clinical science and pulling in other expertise
        - § We can have mental health expertise but we need to show other fields how we can work together
        - § See others as allies and collaborators
        - § Behavior: Work with other colleagues and decrease silos. We need students to be shown the process of interdisciplinary teams.
    - Labels should not be used to separate
        - § If we are doing work on cancer – that could include oncologists, psychologists, OT, PT
    - Recruiting students that are different than us
        - § Can we bring in people who have interests in other areas that we can collaborate with experts in other fields to co-mentor but bring the fields together
        - § This brings a strength to clinical science using our skills and integrating other disciplines
    - Less focus on content and more focus on process
        - § What are the core competencies that need to be taught to have the clinical science training
        - § Core competencies need to be defined for our field

        - § Need to be trained well in as scientists
    - We should know how to communicate science and bring it to the public
        - § This would build trust in science
        - § Science communication
        - § Courses? Maybe?
        - § Practicum/externship? Maybe?
    - There are areas we need to de-implement
    - Multidisciplinary collaborations
        - § You have to be really strong in what you are good at
        - § Research design and methodology that we have, which not all other fields have
        - § Research design might be one of our best strengths
        - § Measurement and experiment with humans – not easy and we do it well (often)
        - § Funding that cross-cuts disciplines – e.g., training grants
        - § Adding value to publishing or disseminating into fields outside of psychology
        - § Making sure we can communicate with other professionals in different fields
    - Ways of knowing
        - § We are leaving a legacy
        - § This is what we need to teach students
    - Emotional intelligence
        - § When we think about why do people go work with people they work with, empathy for these people
        - § We need to focus on selection of who we are training
    - Consortiums
        - § Programs are small – think of average cohort size
        - § Are there programs that we can cross-pollinate with in order to help with providing additional training
        - § Within our own universities and/or partnering with outside universities
    - We need to advocate for our expertise
        - § We have a lot to offer
        - § It is often that we focus on our negatives
        - § Lots that we can impact with policies based on our knowledge
        - § Advocate for ourselves
        - § Humble is good but also need to advocate on that side
    - Balancing being humble in certain spaces but also often appear elitist
        - § This is a turn-off for several communities
        - § When do we do this we need to know the audience and what is the approach for the situation
    - What are our core competencies???
        - § Research design

        - § Methodology
        - § Outcome research
        - § Philosophy of science
        - § Evidence-based practice
        - § Psychometrics
        - § Evaluation of research
        - § Science?
        - § Measurement
            - Measuring different constructs
            - Understanding psychometrics
        - § Thinking in terms of constructs
        - § Grant writing
        - § Developing pilots
        - § Gathering data
    - Changing the incentives/tenure & promotion/institutional barriers
        - § Doing some of this work takes longer when you are including outside disciplines
        - § Integrating a JEDI focus

Parking Lot

The parking lot is for anything that was noted during the group that does not fit well on the topic. You may wish to refer this information to other groups after your group meets.