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MORE ON MENTAL HEALTH IN CANADA: REPLY TO FROST

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Dr Frost's comments are very much appreciated. Having described our article as "extremely interesting . . . and perceptive," he makes it rather difficult for us to comment very critically and/or defensively on the additions, corrections, and opinions with which he would supplement the original article.

First the fact that we were not aware of the "School and Community Psychology" specialty offered by the University of Calgary's Educational Psychology Department indicates something of our biases. It's not, as Dr. Frost suggests, that we're uninterested or unaware of professional activities in Western Canada. After all, we were born, did our graduate work, and a bit of teaching and research out west. The fact is that our understanding of the discipline of community psychology would not lead us to suspect that it would be offered, much less taught, by a department of educational psychology. Perhaps the qualifying terms "School and . . ." reflects a specialized orientation imposed by the department's association with the Faculty of Education. But in any case. it is, by now, a moot point. During our last two national psychology conventions, department chairmen were busily seeking qualified applicants in the area of community psychology. Such applicants proved difficult to find – perhaps because no one seemed to be quite sure what may or may not constitute "good" qualifications in this area. But there is little doubt that, by now, there are surely some senior community psychologists alive and well on our academic scene. Consequently, it may now be possible to find several graduate schools (in addition to the University of Calgary) which will allow a Ph.D. student to specialize in community psychology.

To return, however, to the context of our original article, our interest was only to cite the scarcity of applied psychology programs across Canada as one bit of evidence to demonstrate that neither our government nor our

academics have shown any great enthusiasm for supporting and directing the growth of applied psychology in Canada.

Having already overlooked the programs offered by Dr. Frost's department, we've no intention to compound the error by casting aspersions on the quality of the instructors in said department. The fact that a significant portion of his staff are highly qualified has, however, little bearing on our "pejorative ring" statement. Another bias: we think that psychologists should be trained in psychology departments. The fact that educational psychologists are trained under the Faculty of Education, or that clinical psychologists are trained (less frequently, to be sure) under the Faculty of Medicine, is simply another bit of evidence to indicate the manner in which psychology has effectively abjured its responsibilities. It's not that we are publicly criticizing the quality of training which students receive when they take a graduate degree in such external programs. But there are frequently administrative (read, political) aspects of such programs which influence the depth, breadth, and direction of study in psychology. We would expect, for example, that psychology, as studied within the Faculty of Medicine, would be rather more likely to emphasize service over research, diagnostics over treatment, psychiatrists over psychologists, and an "illness" approach to mental disorder, than would a clinical training program offered by a psychology department. Note that the question here is not one of "clinician quality." It's simply that a graduate training program tends to reflect the special traditions, interests, and attitudes of whichever faculty controls that program.

In a Department of Educational Psychology, for example, students who enter a graduate program are seldom expected to have first earned an undergraduate honors degree in psychology. This latter accomplishment is, however, a minimal requirement for any student who aspires to gain admittance to a graduate program in psychology. (Yes Virginia, there are exceptions). In effect, this means that students who enter educational psychology programs, compared to those who enter psychology programs, have usually taken fewer undergraduate psychology courses, few laboratory psychology courses, and few of the "obstacle" courses variously labeled "experimental psychology," "perception," "statistics," or (rat) "learning." Furthermore, it is not infrequently the case that a significant proportion of the professors teaching in educational psychology have been trained primarily in education rather than psychology. It is, in contrast, very rare to find a psychology department which has hired a physiologist to teach physiological psychology courses, or a sociologist to teach social psychology.

As with our earlier cautionary statement concerning the training of clinicians, we don't wish to raise the question of "quality" of education as it may be influenced by the aforementioned differences between psychology and educational psychology programs. Furthermore, such differences are meant to represent the general case in Canada. There is little question, though, that when psychology is taught outside of a psychology department it is done differently than many psychologists — and we include here professional as well as academic psychologists — would like to see it done. Of course the issue is complex and worthy of further discussion. We have merely attempted to state, in a nutshell, the basis for the "pejorative ring" statement noted by Dr. Frost in the original article.

Regarding our critical statement concerning the research abilities of hospital psychologists, we did not wish to imply that recent graduates have not had to learn research skills. We were speaking of the average hospital clinician. Many received their graduate training some years ago — and research strategies, tools, and demands have been changing at a fairly steady rate. Not incidentally, it has traditionally been the case that the newly graduated clinician with a flair for research headed straight for a position in a university rather than in an applied setting. Today, this is less often the case as the number of university vacancies has decreased and the number of graduating clinicians has increased.

Dr. Frost's comments concerning the "fuddy-duddy" attitudes of the Canadian Psychological Association towards applied psychology should, perhaps, be qualified. The Executive and the Board of Directors of CPA are nominated and elected by the membership. And the membership, as we pointed out in the original article, consists of a very large, but hitherto unorganized, contingent of non-academic psychologists. It was just during the most recent convention that a Division of Applied Psychology was formed within CPA. Some members of the Board of Directors of CPA, one of the authors included, have joined this new division. We don't see any reason to suspect, as does Dr. Frost, that the Division is isolated from the "real action" of CPA. Indeed, the formation of this division finally provides a locus for the further mobilization of the interests and influence of the applied psychologists. Of course, the success of this division will depend on the degree of commitment, enthusiasm, and action its leaders are willing to take. As of this writing, the immediate future for the new division looks pretty dim. Our recent communications with an individual who was instrumental in the organization of the division were a bit disheartening. Evidently, efforts since last spring have centered on the drawing up of a

code of ethics. No aggressive membership drives, no soliciting or suggesting plans for the June Convention, no ditto sheet – or gold embossed – newsletter to members. If there is fuddy-duddiness, Dr. Frost, it may well be in the newer rather than the older branches of the organization.

Thanks for taking the time to comment on our paper, Dr. Frost. Hopefully, our brief interchange has helped clarify, for the readers, some of the issues which arise among Canadian psychologists.