



# Future Directions in Clinical Child and Adolescent Psychology: A Delphi Survey

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## Introduction

Delphic surveys have been used by researchers to predict the future trends in various mental health fields. For example, Kaufman et al. (1989) conducted a Delphi survey asking experts in the fields of pediatric psychology and clinical child psychology to predict the most important training, research, and clinical service directions for their respective fields in the next 10 years. However, it has been almost two decades now since the future directions of the field of clinical child psychology have been examined using such systematic methodology, yet the field has experienced substantial changes in the past decade alone. Therefore, the purpose of this study is to survey the experts in the field of clinical child and adolescent psychology to identify the most important directions for the future of field in the upcoming decade. Specifically, the study aims to identify the anticipated trends for clinical practice, research, and training in clinical child and adolescent psychology.

## Method

### Participants

Participants were 45 doctoral level experts in the field of clinical child and adolescent psychology who were randomly selected from several publicly accessible lists of clinical child and adolescent psychologists: American Board of Professional Psychology (2007) list of diplomates in Clinical Child and Adolescent Psychology (15), the National Register of Health Service Providers in Psychology (2007) list of psychologists serving children and adolescents (5), the *Journal of Clinical Child and Adolescent Psychology* (2007) masthead list of consulting editors (9), the Society of Clinical Child and Adolescent Psychology (2005) list of graduate program directors (9), and the Association of Psychology Postdoctoral and Internship Centers (2007) list of the directors of Clinical Child and Adolescent Psychology internship sites (7).

### Procedure

The Delphi poll consisted of two rounds of surveys. The first survey included 3 open-ended items asking the participants to "please list and define what you believe will be the major directions of CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY in the next ten years in the following areas:" clinical practice, research, and training. In addition, the survey contained 4 demographic items regarding the participant's gender, type of doctorate degree, year of doctorate degree, and the percentage of time spent in clinical practice, research, and training. The responses obtained from the first round of surveys were used to construct the second survey in which the participants were asked to review and rank the 10 suggested future directions within each one of the 3 areas—Clinical Practice, Research, and Training—in terms of the likelihood of being a major direction of the field in the next 10 years. Thirty-five of the original 45 respondents to the first survey completed the second survey (77.8% response rate).

## Results

The sample was 44.4% female. The vast majority (95.6%) of participants had earned a Ph.D., while a couple (4.4%) had earned a Psy.D. Participants' years post-degree ranged from 2 to 37 with an average of 20.13 years ( $SD = 8.25$ ). Participants reported spending roughly a third of their professional time in each of the three areas: Clinical practice ( $M = 32.4%$ ,  $SD = 33.03$ ), Research ( $M = 35.5%$ ,  $SD = 30.10$ ), and Training ( $M = 32.2%$ ,  $SD = 22.39$ ). The percentages of participants who spent at least 50% of their professional time in one area were as follows: 31.1% in clinical practice, 42.2% in research, and 31.1% in training. Mean ranks and standard deviations of the rankings (1-10) for each of the 3 areas are presented in the following tables.

Table 1 Major Directions in Clinical Practice	Mean Rank	(SD)
1. Evidence-based practice (EBP)	1.69	(1.35)
2. Prevention and early diagnosis and treatment	4.94	(2.33)
3. Increasing emphasis on clinical services for children and adolescents with specific problems	5.17	(2.74)
4. Biology and behavior	5.54	(2.70)
5. Funding for clinical services	6.03	(2.55)
6. Mental health care within systems	6.17	(2.50)
7. Integration of technology in practice	6.26	(2.45)
8. Implementation of culturally sensitive approaches to child and adolescent assessment and intervention	6.26	(2.55)
9. Competition for practice with "lesser credentialed professionals"	6.34	(3.30)
10. Psychopharmacology and prescription privileges	6.60	(2.70)

Table 2 Major Directions in Research	Mean Rank	(SD)
1. Research in evidence-based practice (EBP) and empirically-supported treatments (ESTs)	1.74	(1.34)
2. Research on the interactions of biological and social factors in the etiology and treatment of child and adolescent disorders (e.g., clinical neuroscience, genomics)	3.29	(2.12)
3. Research on the etiology, diagnosis, and treatment of specific child and adolescent disorders	4.14	(2.20)
4. Research into prevention and early intervention	5.03	(1.92)
5. Psychopharmacology research	6.09	(2.53)
6. Research on individual differences and cultural factors impacting assessment and treatment decisions	6.23	(2.30)
7. Research on service delivery	6.86	(2.40)
8. Partnerships and collaborations among researchers	7.06	(2.67)
9. Research on the influence of technology	7.23	(2.60)
10. Funding for child and adolescent research	7.34	(2.29)

Table 3 Major Directions in Training	Mean Rank	(SD)
1. Training in evidence-based practice and empirically supported practice	2.00	(1.41)
2. Specialty training in child and adolescent psychology	3.06	(1.55)
3. Training with emphasis on the biological basis of behavior (clinical neuroscience, neuropsychology, and genetics)	4.97	(2.75)
4. Address the supply and demand issue for pre-doctoral internships (the gap between the output of programs and the availability of good internships continues to widen, prompting a full-blown crisis)	5.54	(2.72)
5. Challenges to the profession from internal and external forces	5.57	(2.93)
6. Training in the application of cultural competency to psychopathology development, assessment, and interventions	5.89	(2.40)
7. Training in specific skills outside of assessment and treatment (e.g., consultation, program evaluation, grant getting)	5.94	(2.29)
8. Organization and credentialing issues in the specialty of child and adolescent psychology	6.66	(2.18)
9. Training in psychopharmacology and effectiveness including appropriate dosage, side effects, and medication interactions of psychotropic medications used in conjunction with psychosocial treatments	6.69	(2.41)
10. Training for the practice of child and adolescent psychology such as reimbursement issues and office organization	8.69	(1.66)

## Discussion

When comparing the current predictions with those almost 20 years ago (Kaufman et al., 1989), several similar issues remain high priorities for the future while many new directions are emerging. New future clinical practice directions not predicted in the Kaufman et al. study include evidence-based practice, biology and behavior, technology, cultural sensitivity, competition with other professionals, and psychopharmacology. New directions predicted within the research domain include psychopharmacology, individual and cultural factors, service delivery, partnerships and collaborations, technology, and funding for research. Unlike participants in the Kaufman et al. study, respondents to the current survey predicted that future training directions will also include evidence-based practice, internship supply and demand issues, challenges to the profession, cultural competency, organizational and credential issues, psychopharmacology, and the business issues related to practice. These results outline several foci for attention from organizations and individual professionals across the spectrum of practice, research, and education and training communities.

## Acknowledgments

Authors acknowledge the following participants who completed both rounds of this Delphi survey: Marc Atkins, Jeffrey E. Barnett, John L. Barton, Dean Beebe, Sharon Berry, Karen Bierman, David Bogacki, Timothy A. Cavell, Athena A. Drewes, Karen C. Enyedy, Barry Farber, Wyndol Furman, Michele Goyette-Ewing, Kathryn Grant, Tina Kaminsky, Phil Kendall, John Lochman, Mark Lumley, Elizabeth McCauley, Marolyn Morford, Tracy L. Morris, Thomas H. Ollendick, John Piacentini, Armando Piña, Mitchell Prinstein, Joseph R. Scotti, Steven Shapiro, Jennifer Shroff Pendley, Wendy Silverman, Steven Thurber, Dave Verhaagen, Jason J. Washburn, and three other participants who did not consent to be identified.

