
The Enduring Value of the Boulder Model: "Upon This Rock We Will Build"

▼
Christopher Peterson

University of Michigan

▼
Nansook Park

University of Rhode Island

We comment on the article by C.R. Snyder and T.R. Elliott, "Twenty-First Century Graduate Education in Clinical Psychology: A Four Level Matrix Model" (this issue, pp. 1033–1054). We agree with many of the specific sentiments expressed by these authors but not with their dismissal of the Boulder model. We conclude that the Boulder model is as valuable today as when first articulated and that it provides a sturdy foundation upon which to make the sorts of changes the authors suggest. © 2005 Wiley Periodicals, Inc. *J Clin Psychol* 61: 1147–1150, 2005.

Keywords: Boulder model; four level matrix model

Snyder and Elliott (this issue, pp. 1033–1054) criticized the Boulder model for graduate education in clinical psychology in the United States and went on to propose their own model of clinical training, one that emphasizes human strengths as well as problems and requires four levels of analysis: individual, interpersonal, institutional, and societal–community. Many topics relevant to clinical psychology education—from prescription privileges through the feminization of the field—are discussed.

We agree with many of specific sentiments expressed by Snyder and Elliott and find their "four level matrix model" potentially useful in thinking about curriculum revision. However, we take issue with their dismissal of the Boulder model. Here we revisit the original position statement that articulated this model and find it is as valuable today as it was half a century ago. In fact, the Boulder model seems to be an ideal foundation from which to implement many of the specific recommendations made by Snyder and Elliott.

Correspondence concerning this article should be addressed to: Christopher Peterson, Department of Psychology, University of Michigan, 530 Church Street, Ann Arbor, MI 48109-1043; e-mail: chrispet@umich.edu.

For some perspective, let us briefly review the history of clinical psychology in the US (Reisman, 1976). The demands of World War II profoundly changed—indeed, virtually created—the field. With an unprecedented proportion of the adult male population serving in the armed forces and experiencing the stresses of modern war, the need for acute clinical services outpaced what could be provided by available psychiatrists. Psychologists, heretofore involved in clinical work mainly as testers, were called upon to provide treatment. What resulted was a generation of basic scientists who through necessity became practitioners.

The immediate aftermath of World War II saw no reduction in the need for clinical services. Accordingly, the new generation of scientist–practitioner psychologists consolidated, formalized, and eventually institutionalized an identity and a profession, encouraged and supported by the U.S. federal government. The National Institute of Mental Health (NIMH) was created to support research into disorders and their treatment, and stipends for graduate training programs in clinical psychology were part of the NIMH portfolio. The Veterans Administration (VA) provided clinical psychology internships for students in these programs. The VA suggested that the American Psychological Association (APA) regularize the training of would-be clinical psychologists. The APA accordingly proposed guidelines for the accreditation of professional psychology programs and lobbied state governments to enact laws that specified the credentials of those who could call themselves a “psychologist” and provide clinical services for fee.

The Shakow Report on graduate training in clinical psychology was issued by the APA in 1947 and was followed shortly by the 1949 conference in Colorado—a 14-day meeting sponsored by the APA and funded by NIMH—from which the Boulder model recommendations emanated (Raimy, 1950). Like the Snyder and Elliott statement, the Boulder vision ranged from the specific to the general, but here are the largest emphases:

- The foundation of professional psychology is scientific psychology, and those who are to be professional psychologists must be fully trained as scientific psychologists; they must be more than consumers of scientific knowledge—they must also know how to produce it themselves.
- The appropriate level of educational attainment is therefore the doctorate, the capstone of which is a formal dissertation based on original research.
- Academic coursework and practical experiences should be melded throughout graduate training, along with research activities.

We do not dispute that the Boulder model is enacted inconsistently or that APA accreditation guidelines and state laws may encourage “teaching to the test” by providing a checklist of requirements to be satisfied. We still think that the Boulder model in its general thrust remains of great value to the individual psychologist as well as to the larger society. An emphasis on *scientific training* allows the psychologist to contribute to what is known as well as to make sense of current theories and research findings. An emphasis on *practice* allows the psychologist to apply tentative science within the fog of the real world. If science and practice are too separate (Stricker, 1992), that is not a problem with the Boulder model but with how it has been implemented during and after graduate training. Rather than replacing the Boulder model with alternative visions, we think our efforts should be directed at fixing it.

It is worth considering why the Boulder model has been as successful as it has. Over the years, countless conferences have issued manifestos, white papers, and policy statements that today only gather dust. Why is the Boulder model different? One reason is that it described what many psychologists were already doing. It summarized the sustained

actions of an entire generation of psychologists. The power of the Boulder model was to put a name to these collective actions. Once named, professional psychology could then be shaped and directed, even if some of the results have been less than ideal.

An important theme of the 1949 Colorado conference was a spirit of experimentation. The conference participants expected the face of clinical psychology to change and thus recommended that graduate education be broad and flexible enough to allow change to be accommodated (Raimy, 1950). Consider that many of the specific recommendations by Snyder and Elliott reflect current developments within psychology and require precisely the skills of a well-trained scientist–practitioner to perfect, to sustain, and—someday—to abandon as new developments occur. One of the reasons that the Boulder model stressed a scientific attitude was the belief that not enough was known circa 1949 to define a fixed body of knowledge; professional psychologists were therefore needed to add to what was known. At the present time, perhaps too much is known, not all of it especially useful, and a scientific (skeptical, critical, empirical, and tentative) attitude is even more necessary, as is hands-on experience with how to implement the best of this knowledge.

Snyder and Elliott called for more attention to the biochemical bases of behavior, to physical health and illness, to strategies of prevention, to children and the elderly, and to ethnic minorities. These are all thriving areas of scientific research within psychology and allied disciplines. Snyder and Elliott also called for more recognition of how these topics are embedded in multiple social contexts—this is already a strong emphasis of current school-based and community-based practice. We are a bit puzzled that Snyder and Elliott did not acknowledge more than they did the existence of well-established graduate programs that variously specialize in clinical neuropsychology, health psychology, child clinical psychology, developmental psychopathology, community psychology, and so on. Such programs are not unusual; neither are practicum placements and internships in a variety of settings besides VA Medical Centers.

Perhaps these current realities, even if not sufficiently acknowledged by Snyder and Elliott, bode well for their vision. If their model is to have an impact, it will be because a critical mass of professional psychologists is already doing those things to which their model puts a name. If the field of clinical psychology discovers that it has “been speaking prose all along,” then the four level matrix model will be useful. We do not think that it will replace the Boulder model, but it may flesh out its curricular manifestation in the near future, just as the APA guidelines for accreditation try to flesh out the current state of general psychology in terms of history and systems, measurement, methodology, statistics, and the biological, cognitive/affective, developmental, and social aspects of behavior.

The quadrants and levels of Snyder and Elliott’s model encompass currently important emphases of psychology that should be addressed in graduate education. However, these important emphases all come to bear on the same behavioral phenomena; they should *not* be automatically transformed into 4, 8, or 16 different courses. This would repeat the charade of meeting APA guidelines with an array of appropriately named courses rather than using these guidelines to judge the adequacy of each and every course in a curriculum.

In calling for greater attention by professional psychologists to people’s strengths, Snyder and Elliott echoed an emphasis currently evident in a variety of approaches to science and practice: e.g., assets-based community development, character education, competence-based primary prevention, the cultural strengths perspective, life coaching, positive organizational studies, positive psychology, positive youth development, strengths-based social work, and the whole-school reform movement. These approaches share with Snyder and Elliott the assumption that a sole emphasis by psychologists on disease and

distress is incomplete and that psychology should direct as much of its effort to encouraging what is good in life as it has to remedying what is bad.

We could not agree more, and our own recent work has been concerned with positive traits and their association with well-being (Park, Peterson, & Seligman, in press). We mention some of what we have learned from our efforts to understand strengths of character such as curiosity, teamwork, and hope, because these lessons raise some cautions about the details of Snyder and Elliott's proposed model.

Character strengths ostensibly fit within quadrant #1 (Snyder & Elliott, this issue, p. 1034) of their model but upon closer examination cross all the lines and splay over all the levels. Nowhere did Snyder and Elliott say that their scheme neatly segregates its entries—indeed, they describe the quadrants as pertaining to *features* of the person and of the environment—but we would like to stress that such a simple visual depiction may still be misleading. For example, we have learned that almost everyone is best described with a profile of greater and lesser strengths (weaknesses)—i.e., in terms of quadrants #1 and #3 (this issue, p. 1034). Furthermore, strengths often co-occur with psychological problems and may even result from their successful resolution. Finally, even obvious strengths of character like kindness and humor have a downside if displayed at the wrong time or in the wrong place.

Strengths of character do not exist in isolation from the social setting in which a person is to be found, and they are importantly influenced by interpersonal, institutional, and societal factors. However, it proves difficult to say where one influence ends and another begins. At the same time, sometimes strengths are displayed against the grain of these extra-individual influences, and these instances demand special attention. We have also found it difficult to carve up environments or even features of environments as “positive” or “negative” in terms of their invariant impact on character strengths. Accordingly, the line between quadrants #2 and #4 should be blurred if not altogether erased (this issue, p. 1034).

In conclusion, we concur with Snyder and Elliott that the APA accreditation process (and state certification/licensure laws) become more flexible and allow graduate education to reflect what the very best scientist-practitioners are currently doing. Those who bequeathed to us the Boulder model would certainly approve.

References

- American Psychological Association Committee on Training in Clinical Psychology. (1947). Recommended graduate training program in clinical psychology. *American Psychologist*, 2, 539–558.
- Park, N., Peterson, C., & Seligman, M.E.P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23, 603–619.
- Raimy, V.C. (Ed.). (1950). *Training in clinical psychology*. Englewood Cliffs, NJ: Prentice-Hall.
- Reisman, J.M. (1976). *A history of clinical psychology*. New York: Irvington.
- Snyder, C.R., & Elliott, T.R. (2005). Twenty-first century graduate education in clinical psychology: A four level matrix model. *Journal of Clinical Psychology*, 61, 1033–1054.
- Stricker, G. (1992). The relationship of research to clinical practice. *American Psychologist*, 47, 543–549.