

Practice Patterns Across the Clinical Life Span: Results From the California Survey of Psychological Practice

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Recent surveys among psychologists and historical accounts of the profession document important practice pattern differences among psychologists on the basis of years of postlicensure experience. Evidence for these differences across 4 groups of psychologists was examined from responses to the 2000 California Survey of Psychological Practice. Psychologists with fewer than 5 years of experience were found to treat on a weekly basis a greater percentage of patients with childhood disorders and substance abuse disorders and to spend a greater percentage of practice time in public health and/or mental health settings than other psychologists. No differences were found in the use of 3 dominant forms of psychotherapy. The implications of these results for practicing psychologists, graduate faculty and students, and representatives of state psychological associations are discussed.

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Changes in practice patterns routinely occur over time, both within an individual psychologist's practice and between generations of practitioners. However, little empirical research has been conducted to examine psychologists' practice patterns across their collective professional life span, and whether meaningful differences exist in these patterns among a sample of psychologists. This article examines clinical practice patterns among a sample of California psychologists whose collective career life span ranges from 1 to 40 years of postlicensure experience. The data for this article were drawn from the 2000 California Survey of Psychological Practice (hereafter the California Survey; Pingitore, Scheffler, Haley, Sentell, & Schwalm, 2001a).

For practicing psychologists, this study will allow them to make meaningful comparisons of their practice patterns with colleagues who possess more or fewer years of experience. Making these comparisons will contribute to their understanding of how clinical practice develops over time. For psychologists who educate and train students, this study will inform them on whether recent changes in the scope and content of clinical psychology training have resulted in meaningful differences in practice patterns for recent graduates in comparison with senior members of the profession. Last, for those who work in professional associations serving psychologists, this study will illustrate whether recently licensed psychologists engage in unique clinical service roles, settings, and reimbursement mechanisms in comparison with more experienced colleagues. Such information may assist professional associations in tailoring their services to support the unique practice patterns of less experienced psychologists.

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Experienced-Based Differences in Professional Practice

Historical accounts of psychotherapy practice have documented the shifts in clinical service roles among psychologists from hospital-based practice that involved testing or the delivery of psychoanalytically oriented therapy to outpatient practice involving the use of a variety of psychotherapies (Freedheim et al., 1992). The structure of the mental health industry itself, such as the routine availability in organized settings of junior or entry-level positions for recently licensed psychologists, may also account for differences in practice style. Recent surveys among psychologists have found important experienced-based differences in reported yearly income, predominant work setting, perceived quality of work, and attitudes toward managed care (Phehls, Eisman, & Kohout, 1998; Pion, Kohout, & Wicherski, 2000; Williams, Wicherski, & Kohout, 2000). Data from the California Survey, drawn from a representative sample of clinical psychologists, may add to these generally acknowledged characteristics of professional practice by examining whether current trends domi-

nant in the profession have contributed to differences in practice (Pingitore et al., 2001a).

Among the trends is the "feminization" of the profession that since the 1980s has altered the gender composition among cohorts of psychologists. (Pion et al., 1996). Significant differences in practice styles between men and women psychologists have been reported (Sentell, Pingitore, Scheffler, & Schwalm, 2001). Given these developments, to what degree are observed experienced-based practice differences due to the fact that, as a group, less experienced psychologists include a larger proportion of women than more experienced groups of psychologists?

A second trend has been the continued implementation by the profession of changes in the scope and focus of doctoral education and training. For example, commencing in the 1990s, psychologists have proposed particular changes in doctoral psychology education and training, such as an emphasis on the delivery of services to non-Whites and all persons with coexisting general medical conditions. These changes may have led newly licensed psychologists to practice differently than older colleagues (American Psychological Association [APA], 1995; Association of Professional Psychology Internship Centers, 1993). To date, no data have been available to determine what, if any, practice pattern differences exist across these groups of psychologists. Finally, managed care has resulted in dramatic changes in the authorization, frequency, type of services, and fee structures offered by psychologists to persons with private insurance. However, little research has been undertaken to inform psychologists about the relationship between years of postlicensure experience, managed care participation, and practice patterns.

The 2000 California Survey of Professional Psychology Project

Study Design and Rationale

The design, sampling strategy, and survey methodology of the California Survey have been described in earlier studies published in this journal (Pingitore et al., 2001a; Pingitore, Scheffler, Sentell, Haley, & Schwalm, 2001b; Sentell et al., 2001). For the present study, four categorical or "dummy variables" that measured psychologists' years of clinical experience were defined as follows: (a) 5 years or fewer of experience, (b) 6–10 years of experience, (c) 11–20 years of experience, and (d) greater than 20 years of experience.

Trends in mental health economics and historical changes in the demographic composition and practice patterns within professional psychology suggest that these four categories are valid means to distinguish psychologists by years of postlicensure experience. For example, by the mid-1990s managed care had become a dominant organizational and financial form of mental health service delivery in the private sector. This trend suggests that newly licensed psychologists would more likely provide treatments under those arrangements than more experienced psychologists. Second, the expansion of women into the profession begun in the 1980s suggests that psychologists who obtained licensure in those decades would, as groups, be more similar along demographic lines and potentially along practice characteristics than colleagues who obtained licensure before 1980. Finally, a study of the post-World War II history of psychotherapy has documented

changes in practice patterns, treatments, and sites among psychologists, suggesting that the most experienced psychologists may practice in ways different than younger colleagues.

In this study, multiple comparison tests with Scheffé "power" adjustments were used to compare practice differences between psychologists on the basis of years of clinical experience. This method controls for the unequal number of observations within the four groups, and the results are generally considered a more conservative estimate of statistical significance between observed means (Pedhazur & Schmelkin, 1991). Only those psychologists who reported providing at least one patient visit per week were used in this study to examine experienced-based differences in clinical practice.

Following the multiple comparison tests, we examined with multiple linear regression those practice patterns that demonstrated from the *t* test tests significant experienced-based differences. Our aim was to determine if the observed differences in practice patterns among these groups were due to experience or to other characteristics of those groups, such as the number of women psychologists or the percentage of time spent in various practice settings. Thus, we attempted to examine the association between practice patterns and experience group membership after controlling for other factors that might account for the observed associations.

The following five practice patterns were examined using ordinary least squares regression: (a) average percentage of weekly child patients, (b) average percentage of weekly substance abuse patients, (c) average weekly number of hours worked in any public mental health setting, (d) percentage of patients who received a discounted fee, and (e) average percentage of discounted fee offered to patients. The independent variables used in the regression were as follows: (a) gender (female psychologists as the control group), (b) experience group membership (psychologists with fewer than 5 years of experience as the control group); (c) race/ethnicity (White psychologists as the control group), (d) practice site (solo practice as the control group), and (e) mental health workforce supply data represented by both the number of psychologists and psychiatrists per 100,000 population in the responding psychologists' county of practice.

A previous study using these data reported psychologists' responses to survey questions regarding the predominant psychotherapies, settings, and financing/managed care arrangements used in their practice. On the basis of those figures, the present study examined experienced-based differences for only the dominant characteristics of practice among these psychologists. That is, practice characteristics that were reported by only a fraction of the sample, such as the delivery of behavioral therapy or provision of services in correctional facilities, were not examined for the presence of experienced-based differences in this study.

Results

Demographic Characteristics Based on Years of Experience

As presented in Table 1, gender and race/ethnicity differences were observed among this sample of psychologists. The finding on gender differences across each group is consistent with the dominance of women among psychologists who have become licensed

Table 1
Psychologists' Years of Clinical Experience and Demographic Characteristics

Experience	Women ¹		Men		White ²		Non-White		Mean years of experience	Mean age (years)
	M	%	M	%	M	%	M	%		
< 5 years	48	13	21	6	57	15	12	3	2.3***	40.5***
5-10 years	59	16	33	8	78	21	15	4	7.8***	46.8***
11-20 years	60	16	64	17	114	30	11	3	15.5***	50.9***
> 20 years	38	10	54	14	87	23	3	<1	27.1***	59.3***

*** $p < .001$.

in the past two decades. Among this sample of psychologists, more than 60% of psychologists with 10 years of experience or fewer were women. Twice as many non-White psychologists were in the less experienced groups, but psychologists who were non-White still represented less than 10% of the overall sample.

The reported average age and average years of clinical experience across the generations may highlight an important difference on when these psychologists began practice. Psychologists with 20 or more years of experience began practice, on average, in their early '30s, while psychologists with fewer than 5 years of experience began their practice, on average, in their late 30s. This difference may suggest that the newer generation of psychologists came to the profession later in life than their colleagues of earlier generations.

Patient Caseload Characteristics Based on Years of Experience

As presented in Table 2, information on average number of weekly patients treated and average number of visits offered to

patients suggests that psychologists with between 10 and 20 years of experience are the most active group of psychologists in comparison with their colleagues. This finding is consistent with research on individual workload across the life span, such that older and more experienced psychologists may devote more time to nonpatient matters (e.g., administration) or work less because of semiretirement.

No statistically significant differences were found in the average number of patients treated with three dominant forms of psychotherapy by each group of psychologists. However, important differences may nonetheless be evident between psychologists who provide long-term psychodynamic psychotherapy and those psychologists who do not provide that therapy. Psychologists with fewer than 5 years of experience treated, on average, 50% fewer patients with this form of therapy in comparison with psychologists with between 5 and 10 or greater than 20 years experience. The p value associated with that multiple comparison test was .08. Psychologists with the least amount of clinical experience were found to spend more time in administrative and nonadministrative

Table 2
Average Weekly Patient Caseload and Practice Pattern Characteristics by Years of Clinical Experience

Weekly patient casemix and practice patterns	Clinical experience			
	< 5 years	5-10 years	11-20 years	> 20 years
Average no. visits per week	18.67*	20.81*	24.44*	21.75*
Average no. patients per week	19.24*	19.13*	25.17*	21.24*
Average % nonwhite patients	31.04	25.07	24.26	26.00
Average % child patients	24.61**	22.16**	16.06**	12.10**
Average % substance abuse disorders	13.05*	5.07*	7.14*	8.31*
Average % personality disorders	5.85	9.36	9.40	12.37
Average % dual diagnosed	41.77	30.46	30.43	28.27
Average % of supportive therapy	8.63	11.04	11.04	11.31
Average % of CBT	16.91	20.79	20.68	20.07
Average % of long-term psychodynamic	11.98	23.93	17.33	21.03
Average % of psychological assessment	8.34	3.13	6.67	8.08
No. hours direct patient care	18.30*	21.65*	24.62*	21.84*
Total no. of hours worked per week	39.64	39.39	43.21	42.22
Time in practice settings per week				
% time in solo practice	34.72*	54.76*	59.72*	58.21*
% time in group practice	11.91	8.98	16.68	15.73
% time in public settings	27.22***	5.62***	3.44***	5.70***
% time in private settings	10.84	8.94	5.59	5.23

Note. CBT = cognitive-behavioral therapy.
* $p < .05$. ** $p < .01$. *** $p < .001$.

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activities in comparison with psychologists with between 10 and 20 years of experience. The p value associated with that multiple comparison t test was .08.

Practice Workload Characteristics Based on Years of Experience

Psychologists with fewer than 5 years of experience spent significantly fewer hours in direct patient care than psychologists with between 10 and 20 years of experience. This finding is consistent with differences in the number of patients treated and patient visits per week, and may be due to differences in practice setting, hours devoted to nonclinical tasks, and types of psychotherapies provided to patients.

No experience-based differences were found in the total hours worked per week (see Table 2). However, psychologists with the least amount of experience spent less than 50% of their total weekly work hours in direct patient care, while all other groups spent 50% or greater of their total work week hours in direct patient care. The type of work provided in public settings or via managed care arrangements by less experienced psychologists may account for this difference.

Practice Setting Characteristics Based on Years of Experience

In comparison with all other experience groups, psychologists with fewer than 5 years of experience spent less weekly time in solo practice and more weekly work time in either public clinics or hospitals. This finding is consistent with previous research conducted among psychologists. However, the present study did not address the question of whether younger, less experienced psychologists are choosing to practice a smaller proportion of time in independent settings or whether competition from more experienced psychologists and other mental health providers for private patients requires these psychologists to work elsewhere. No dif-

ferences in weekly work time devoted to various practice settings were observed between the other groups. This finding suggests that less experienced psychologists are more different from older groups of psychologists than the latter are from each other regarding predominant practice setting.

Financing Sources/Managed Care/Income Characteristics Based on Years of Experience

Psychologists with the least amount of experience do not appear to be either excluded or immersed in managed care financing or health plans in comparison with their colleagues across the generations (see Table 3). These psychologists reported, on average, a similar percentage of patients who self-pay for services. However, while a 15 percentage point difference in the average number of patients who self-pay was not statistically significant, it may represent important clinical and income differences between the least experienced psychologists and their more experienced colleagues.

The mean reported income for psychologists with between 5 and 10 years experience was less than all other groups, including psychologists with fewer than 5 years of experience. However, median income for this group (\$60,500) was greater than that for the youngest generation of psychologists (\$50,000). This difference in mean income may be due, in part, to the fee-setting characteristics of these psychologists. In comparison with all other groups, psychologists with between 5 and 10 years experience reported offering fee discounts to a greater percentage of patients and a higher average discount to these patients. Finally, consistent with their predominant work in institutional settings, psychologists with fewer than 5 years of experience obtained, on average, a greater percentage of income from a salary than other psychologists. These psychologists also received a smaller percentage of income from both full and discounted fee for service in comparison with their older colleagues.

Table 3
Average Percentages of Payment Sources, Managed Care Participation, and Income Sources by Years of Clinical Experience

Insurance/managed care/income	Clinical experience			
	< 5 years	5–10 years	11–20 years	> 20 years
% patients fee for service	6.32**	10.69**	17.08**	13.94**
% patients self pay	21.05	34.08	30.26	33.22
% patients managed care financing	21.34	21.17	27.81	24.90
% patients public financing	13.88	11.96	8.42	8.17
% services delivered by managed care	30.70	32.54	34.52	31.73
Reported yearly net income				
<i>M</i>	\$57,740***	\$57,499***	\$79,014***	\$81,479***
<i>Mdn</i>	\$50,000	\$60,500	\$75,000	\$70,000
Mean hourly wage	\$36.23*	\$33.70*	\$40.76*	\$43.87*
% income from salary	38.29	25.74	19.30	24.10
% income from full fee for service	11.94**	18.18**	25.80**	28.31**
% income from discounted fee for service	15.11*	21.15*	30.26*	30.32*
% patients who receive fee discount	38.65	43.64	40.43	37.28
% discount offered to patients	23.02	30.05	25.80	23.83

* $p < .05$. ** $p < .01$. *** $p < .001$.