

# Comment

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### The White House BRAIN Initiative Has the Potential to Further Strengthen Multidisciplinary Research and Training in Psychology

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I agree with Robiner, Dixon, Miner, and Hong (April 2014) that “psychological science and a psychological understanding of . . . illness, health promotion, holistic care, and health care delivery are foundational to the training not only of psychologists but of physicians and all health professionals” (p. 230). However, I strongly disagree with their statement that “[s]cientific psychology emerged from medicine, since many of its early scientists were trained as physicians” (p. 232). In fact, the psychological research problems taken up by 18th and 19th century faculties chiefly addressed nonmedical research issues (White, 1994). In experimental psychology, for example, we trace the emergence of differential psychology around 1816 to a questionable decision by Maskelyne, the Greenwich Astronomer Royal, to fire his assistant Kinnebrook in 1796, owing to discrepancies in individual readings of stellar transits (Anastasi, 1937). Furthermore, the fascination with ambiguous line drawings by the Swiss crystallographer, Louis Necker (circa 1832), led to the study of optical illusions, variously explored in psychology as the influence of culture on visual perception (Segall, Campbell, & Herskovits, 1963) and as changes in sensory processing with age (Pollack, 1963).

#### Research Problems in Contemporary Psychology Are Multidisciplinary and International in Character

Robiner et al. (2014) are quite correct, however, in noting that contemporary psychologists’ academic training in re-

search “is more extensive than that of most health care providers . . . Their research skills are applied to diverse biopsychological phenomena, spanning basic and applied investigations” (p. 235). Behavioral neuroscience is an interesting case in point. In 2012, at the International Congress of Psychology, I reported the results of an analysis of 3,800 journal articles published between 2007 and 2012 in five influential English-language journals in behavioral neuroscience (Flattau, 2012) which showed that U.S.-based scientists were not only well-represented in the journal set, and that scientists around the world routinely include references to the works of such U.S. experts as M. Davis (human immune system), N. R. Swerdlow (schizophrenia), S. Maren (aversive memories), M. Corbetta (attention and rehabilitation), and J. L. McGaugh (consolidation of memory). In other words, behavioral neuroscience is, today, a global and highly collaborative effort with researchers working across university, medical, industrial, and government laboratories in the United States and abroad, providing further support for the authors’ argument that “psychology continues to strengthen its partnerships with medical schools and AHCs as they navigate a period of uncertainty and redirection” (Robiner et al., 2014, p. 244).

#### The Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) Initiative

In April 2013, the White House announced The BRAIN (Brain Research Through Advancing Innovative Neurotechnologies) Initiative, committing \$100 million in research funding through several federal agencies, including the National Institutes of Health, National Science Foundation, and the Defense Advanced Research Projects Agency (Collins & Prabhakar, 2013). This new focus on revolutionizing our understanding of the human brain provides a unique opportunity to accelerate multidisciplinary research and training insofar as scientists will be called upon to “provide experimental access to the different brain cell types to determine their roles in

health and disease” (National Institutes of Health, 2014). Furthermore, the effort is seen as enhancing the National Science Foundation neuroscience and cognitive science portfolio “to explore neurological connections from the cellular to human behavioral levels” (National Science Foundation, 2013).

In the 125 years since psychologists, physiologists, neurologists, philosophers, and physicians convened the first international congress in Paris (International Union of Psychological Science, 2014), psychologists have achieved further clarity in the relationship between basic and applied psychological science and medicine as a result of advances in behavioral neuroscience, making multidisciplinary research and training in psychology a goal that may be achieved in the United States with the help of the government-wide BRAIN Initiative.

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## Psychology Departments in Medical Schools: There's One in Canada, eh?

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In their article “Psychologists in Medical Schools and Academic Medical Centers: Over 100 Years of Growth, Influence, and Partnership,” Robiner, Dixon, Miner, and Hong (April 2014) reported that their ex-

tensive review “revealed no independent departments of psychology in U.S. medical schools” (p. 234). They added a note to their Figure 2 to explain that even though 17% of their sample reported their affiliation as being a department of psychology, that none, in fact, were: “It is likely that the Psychology Departments referred to by respondents (17.0%) either are divisions or sections rather than departments, are units within teaching hospitals rather than within medical schools, or are housed in other units of academic health centers rather than medical schools per se” (p. 236).

North of the border in Canada there is one department of psychology in a medical school. The Department of Clinical Health Psychology has been a department within the Faculty of Medicine of the University of Manitoba since 1995.

Prior to 1995, the department of Clinical Health Psychology was the Section of Behavioural Science in the Department of Psychiatry. The section head, Robert Martin, was an early member of the Association of Medical School Professors of Psychology. Martin laid the groundwork for eventual department status by ensuring that psychologists within the teaching hospitals were members of the medical staff and that psychology interns (residents) were members of the professional association of medical residents, with the same pay and benefits. John Arnett built on Martin's vision and moved the section to departmental status through a long university process that culminated in a vote by the University of Manitoba Senate and Board of Governors. The name Clinical Health Psychology was chosen to distinguish the new department from the Department of Psychology that already existed, and still exists, in the Faculty of Arts at the University of Manitoba and to reflect the new department's academic mission. Arnett was the first head of

the department (1995–2005), and I have been head since 2005.

All of the psychologists in the department also hold appointments to the medical staff of the Winnipeg Regional Health Authority and its constituent hospitals and clinics. (Psychologists are not “allied health” in the Winnipeg Regional Health Authority.) The structure is the same as other clinical departments within the Faculty of Medicine (e.g., Departments of Surgery, Internal Medicine, Paediatrics, Anaesthesia, Psychiatry, etc.), in which academic faculty members all also hold clinical appointments to the medical staff. The head of the academic department, in this model, is also in charge of clinical services in that specialty for the health region.

Being a department promotes cohesion among psychologists, creates visibility that leads to greater understanding among medical colleagues of what psychologists do, supports interprofessional education, and fosters research collaborations with other departments.

Psychologists who are interested in this model are invited to contact us or visit [http://umanitoba.ca/medicine/clinical\\_health\\_psych/](http://umanitoba.ca/medicine/clinical_health_psych/).

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