Practicing in an Institution

*Psychologists who found stability and excitement in organizational settings*

When Angela K. Lawson, PhD, MA, began working as a psychologist in a fertility and reproductive medicine clinic at Northwestern Medicine in Chicago eight years ago, her colleagues and friends were puzzled. Lawson was a feminist whose training focused on sexual trauma and harassment – wasn’t a fertility clinic far removed from that? While Lawson herself initially shared similar doubts, she found that both her feminism and her training were hugely applicable in the clinic.

“I’m helping women make tough decisions, and feel good about them. I’m helping people build their families, including single people and LGBTQ families,” she explains. “And because so many women have experienced sexual trauma, I still see a lot of that. Everyone quickly saw that this was a really good fit for me.”

Lawson has a joint appointment as assistant professor in the Department of Obstetrics & Gynecology and in the Department of Psychiatry & Behavioral Health at the Northwestern University Feinberg School of Medicine. She was always drawn to academia, and never considered full-time private practice. “At Northwestern, I get to see patients, teach, and do research,” she says. “The only way to do all three is to go into academic medicine.”

It’s an easy assumption that most practicing psychologists are all forging their own way in private practice. But, like Lawson, many of them find their niches as employees in institutions, where they may work as clinicians, teachers, researchers and administrators. For this group of psychologists, the stability, resources and support provided by their employers allow them to practice the way they want to practice – without the struggle of running a business.

More options, more opportunities

Amy N. Cohen, PhD, also forwent private practice so that she could focus on the patients she cared most about: people suffering from psychosis. A psychologist and co-director of Health Services Research within the VA Desert Pacific Mental Illness Research, Education, and Clinical Center in Los Angeles, Cohen briefly ran a small private practice while doing her post-doctoral training at UCLA. “I found it very hard to balance seeing clients privately who were working on personal development, and then going to the hospital and seeing people who were very ill,” she says. “My strengths were with the very ill, so I let go of the private practice.”
Terry Stancin, PhD, a pediatric psychologist at MetroHealth Medical Center in Cleveland, was never in private practice, but she is also in this category of practitioners who prefer the focus and structure of working for an institution. Like Lawson, Stancin is in academic medicine, and appreciates that her role enables her to be a clinician, a teacher and a researcher.

As vice chair for Research in Psychiatry and Director of Child & Adolescent Psychiatry & Psychology, Stancin says that integrated care has opened many opportunities for psychologists to work in medical settings, even in leadership roles.

“Within my division, everyone reports to me – the pediatric psychiatrists and psychologists, social workers, psychology interns and post-docs,” she says. Stancin, who has been at MetroHealth for 30 years, took the leadership role when MetroHealth merged its Psychology and Psychiatry departments. “Taking that role was actually not my choice; it was a hospital leadership decision,” she says. “But it’s worked out well.”

Steady pay without insurance battles

Stancin’s experience highlights the reality that psychologists working in institutional roles need to be reasonably accepting of their employers’ decisions, policies, and cultures. “Institutional change can be slow, and you don’t have the same flexibility as in private practice,” says Olga M. Vera, PhD, the director of the Faculty and Staff Assistance Program (FSAP) at the University of Colorado-Boulder. “You can’t just make decisions on your own; you need consensus.” But, she says, the upside is the opportunity for lots of collaborative decision-making and consultation with colleagues.

The other upside to institutional employment is security: steady paychecks, benefits, and a framework for promotions, raises and bonuses. “My salary is my salary, my benefits are my benefits, I don’t have overhead costs or rent. I don’t have to worry about billing or fees,” Lawson says.

That kind of stability can make it easier for these psychologists to pursue additional professional opportunities part-time if they want to. For example, Lawson spends nights and weekends doing forensic evaluations for harassment and discrimination cases. Vera says her primary role gives her more freedom to be creative with her part-time private practice, where she is an EMDR, trauma and threat assessment specialist. She also serves as president of the Colorado Psychological Association.

“I see some stress among my colleagues in full-time private practice,” Vera says. “They’ve got to make sure they’re getting paid, and that can really fluctuate with what’s going on with the community.” This is in addition to the reimbursement struggle that many private practitioners have with insurance companies.

Still, psychologists working in institutions can’t take their salaries for granted. Stancin says that employees in her division are incentivized by the hospital’s billing system, and their salaries are at risk if they don’t meet billing expectations. “I’m held responsible for the productivity of people in my department, so it’s not like we can do as little as we want and still get paid,” Stancin says. “We have very high expectations for clinical volume, and that can be challenging,” she says, especially since her hospital focuses on disadvantaged populations.

Cohen is in a similar situation. While she is a licensed clinician and has patient contact through her research and clinical supervision of junior colleagues, she is a full-time researcher and her salary is dependent on grant funding. “I’ve been immensely supported by the VA in terms of my research interests and funding,” she says, “but the stress of supporting the salaries of my team and hustling to write grants can be exhausting.”

Likewise, Vera says that outreach to the campus community is a priority for her FSAP team. “If our services aren’t being used, they can easily be outsourced, and that’s not what we want,” she says. “We’re constantly assessing for new problems to solve – how can we do better, or be more efficient?”

Private practitioners may cherish the flexibility of being their own boss. But Lawson, Cohen, Stancin and Vera demonstrate that those drawn to work in institutions can gain a different kind of flexibility: the kind that comes from stability, a steady income, focus and collegiality. Lawson, for instance, refers to her colleagues at the fertility clinic as “a family,” who are all working and supporting one another toward the same goals.

“I found my home. I know how lucky I am,” she says. “I found what I was meant to do. And I love it.”

Written by Hannah Calkins