Chapter Objectives
1. To define clinical psychology.
2. To provide a brief history of the field and put it in context relative to similar fields and professions.
3. To understand the various activities, roles, and employment settings of clinical psychologists.

Chapter Outline
Definition and Inherent Intrigue
Perspective and Philosophy
Education and Training
Activities
Highlight of a Contemporary Clinical Psychologist: Patrick H. DeLeon, PhD, ABPP
Employment Settings
Subspecialties
Organizations
How Does Clinical Psychology Differ from Related Fields?

Case Study: Carlos
Carlos experiences depression, substance abuse, attentional problems, learning disabilities, diabetes, and family stress.

Carlos is a biracial (part Latino and part Caucasian) 14-year-old boy who feels isolated, depressed, and hopeless. He has few friends, his schoolwork is poor, and he feels uncomfortable in his predominantly Caucasian high school. He is new at school, having recently moved to a new town from out of state. He complains that he doesn’t fit in and misses his old middle school, which had predominantly Latino and African American students. He was evaluated by a psychologist at school when he was 9 years old and was found to experience an attentional problem as well as a learning disability that makes reading difficult. He has taken medication in the past for his attentional problem and he also takes insulin for his diabetes.

Carlos’ mother is Latina and works as a social worker at a local hospital. She was recently diagnosed with breast cancer. His father is Caucasian of German descent and works as a clerk at a large computer company. His mother is Roman Catholic and very active in her church, whereas his father was raised Lutheran but describes himself as an atheist. His father has had an alcohol problem for many years and has suffered from depression as well. He has been fired from several jobs due to his alcohol troubles and temper. He also had attentional and learning difficulties in school but coped fairly...
Case Study (Continued)

well with these problems and graduated from community college with good grades.

Carlos’ parents have had a great deal of marital conflict and have separated on several occasions. Their differences in faith, ethnic background, financial concerns, and his father’s alcohol abuse, depression, and temper have taken a toll on the family. Carlos’ younger sister is a “star” student, has lots of friends, and seems to cope very well with the stress in the family. Carlos feels that his sister makes him “look bad.”

Carlos’ mother felt that Carlos should see a clinical psychologist about his depressive mood. Her managed care health insurance will allow Carlos and his family up to six sessions with a local clinical psychologist who is on the company’s list of preferred providers. Carlos is willing to get help but feels that there is little anyone can do for him. He also worries about confidentiality because he does not want his parents to know that he has been sexually active and has used alcohol and drugs on occasion. He would like to see a Latino psychologist but the managed care company does not have one on its local panel of providers.

If you were the clinical psychologist Carlos and his family came to, how would you help them during the allotted six sessions? How would you further evaluate Carlos and his family? What would you suggest they do to help themselves and each other? How would you manage confidentiality arrangements? What research is available to guide you in your work? How much can you accomplish in six sessions? What do you do if after six sessions Carlos and his family still need your help? How do you evaluate if your work has been helpful? What do you do if Carlos becomes in danger of hurting himself?

As you can tell from this example, clinical psychology is a complex field that parallels the complexity of human behavior and emotion. Just as we are defined by more than blood and tissue, emotions and ideas, or our relationships to others, the field of clinical psychology is, by necessity, an integrative effort to understand the interaction of the biological, psychological, and social factors that make each of us “tick.” Furthermore, modern clinical psychology must respond to contemporary issues that impact all of our lives. For example, the importance of ethnicity, culture, and gender in today’s society informs and enriches the field of contemporary clinical psychology as do current issues related to economics, technology, ethics, and popular culture.

As with medicine and other fields, the roots of clinical psychology are viewed as simplistic and narrowly conceived. However, with scientific advancements and collaboration between various fields and schools of thought, contemporary clinical psychology champions a sophisticated integration that pulls together the best of these models for optimal treatment, assessment, consultation, and research.

Before describing the historical evolution of clinical psychology into its contemporary form, this chapter defines clinical psychology and the varied roles and activities of today’s clinical psychologist. In addition, the integrative and evidence-based nature of contemporary clinical psychology will be highlighted. The purpose of this chapter is to examine exactly what clinical psychology is all about. I will define clinical psychology as well as outline the educational process for clinical psychologists, detail their typical roles and professional activities, list the usual employment settings, the various subspecialties within clinical psychology, the professional organizations of clinical psychology, and the similarities and differences between clinical psychology and
related fields. Subsequent chapters will highlight these issues (and others) in much more detail. In doing so, a comprehensive and realistic view of the field of clinical psychology will be presented.

Throughout the course of this book, I discuss the field of clinical psychology as understood and practiced in the United States. However, clinical psychology is recognized and practiced in many other countries. The American Psychological Association (APA), the Canadian Psychological Association, and the British Psychological Society, for example, have more similarities than differences and often host joint meetings and other professional activities. The doctorate is the expected level of training for psychologists in the United States, Canada, and the United Kingdom. Much of Europe and elsewhere do not require doctoral training for clinical psychologists. Unfortunately, it is beyond the scope of this book to detail the training, history, and activities of clinical psychologists in other countries. However, much of the information presented is universally relevant to clinical psychologists.

Definition and Inherent Intrigue

What could be more intriguing than human behavior and interpersonal relationships in all their complexity? A visit to any major bookstore or a Google search of “psychology” reveals that topics such as clinical psychology, self-help, and the general use of psychological principles in understanding our lives are enormously popular and pervasive. Hundreds if not thousands of books are published each year that focus on ways to better understand human behavior, replete with methods to improve psychological functioning as it interacts with physical wellbeing, emotions, and interpersonal relationships. Furthermore, a popular television program during recent years has been The Dr. Phil Show, a clinical psychologist offering advice on numerous wide-ranging topics for willing participants and a national audience.

Although the independent discipline of psychology is only about 100 years old, psychology is one of the most popular current undergraduate majors in most colleges and universities. Furthermore, clinical psychology is the most popular specialty area within psychology (APA, 2009a, b; Norcross, Sayette, & Mayne, 2008). Doctorates in psychology are more common than any other doctoral degree awarded in the United States with the majority of psychology doctorates being awarded in clinical psychology (APA, 2009a, b; Norcross et al., 2008). The majority of members of the APA list clinical psychology as their area of specialization (APA, 2010a). Additionally, being a clinical psychologist has also made recent lists of “hottest jobs” by Money magazine and other popular national publications.

How is clinical psychology defined? Clinical psychology focuses on the assessment, treatment, and understanding of psychological and behavioral problems and disorders. In fact, clinical psychology focuses its efforts on the ways in which the human psyche interacts with physical, emotional, and social aspects of health and dysfunction. According to the APA, clinical psychology attempts to use the principles of psychology to better understand, predict, and alleviate “intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning” (APA, 2009a). Clinical psychology is “the aspect of psychological science and practice concerned with the analysis, treatment, and prevention of human psychological disabilities and with the enhancing of personal adjustment and effectiveness” (Rodnick, 1985, p. 1929). Thus, clinical psychology uses what is known about the principles of human behavior to help people with the numerous troubles and concerns they experience during the course of life in their relationships, emotions, and physical selves. For example, a clinical psychologist might evaluate a child using intellectual and educational tests to determine if the child has a learning disability or an attentional problem that might contribute to poor school performance. Another example includes a psychologist who treats an adult
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experiencing severe depression following a recent divorce. People experiencing substance and other addictions, hallucinations, compulsive eating, sexual dysfunction, physical abuse, suicidal impulses, and head injuries are a few of the many problem areas that are of interest to clinical psychologists.

Who is a clinical psychologist? Many people with different types of training and experience are involved with helping understand, assess, and treat people with problems in living. Counselors, nurses, psychiatrists, peer helpers, and others are involved with the areas of concern already listed. Clinical psychologists “have a doctoral degree from a regionally accredited university or professional school providing an organized, sequential clinical psychology program in a department of psychology” (APA, 1981, p. 641). Although many universities offer master’s degree training programs in clinical psychology, the doctorate is assumed to be the minimal level of training to be considered a clinical psychologist. Clinical psychology is not so much a specialty separate from psychology, but is more a unique application of psychology to the realm of emotional and behavioral problems (APA 1987a, 2009a; Matarazzo, 1987; Norcross et al., 2008).

Perspective and Philosophy

Clinical psychology uses the scientific method to approach and understand human problems in behavior, emotions, thinking, relationships, and health. Rigorous scientific inquiry is used to select and evaluate assessment and treatment approaches and activities. Treatment outcome research helps to determine which treatments might be most effective for people seeking help with particular clinical problems. However, clinical psychology is both a science and an art. Findings from scientific investigations must be applied to the unique and special needs of an individual, group, or organization. What might be helpful to one person may not be to another even if they both experience the same diagnosis or problems. The science of clinical psychology informs the art while the art also informs the science. For example, research findings from experiments on psychotherapy outcomes are used to determine which type of psychotherapy is most useful with people experiencing depression, whereas clinical experience working with people struggling with depression is used to better design and implement psychotherapy outcome research.

Contemporary clinical psychology uses integrative evidence-based approaches to understand and address problems in human behavior. While a wealth of individual perspectives contribute important pieces of understanding to the puzzle of human behavior, these pieces must often be joined in novel ways to provide the most complete and holistic perspective. For example, advances in biology have provided important knowledge about the role of neurotransmitters in depression. Similarly, personal variables such as history of loss and trauma, as well as sociocultural factors such as poverty, discrimination, and community support in depression, are well appreciated. Ultimately, an intelligent melding of these biological, psychological, and social factors leads to intervention strategies that best address the complex needs of depressed individuals. Therefore, this book emphasizes integrative efforts to address human behavior, referring to biopsychosocial factors throughout.

Although individual clinical psychologists may be closely aligned with particular theoretical perspectives on human behavior, most contemporary clinical psychologists also appreciate the integral roles of biopsychological factors in health and illness. The biopsychosocial perspective, an example of an integrative approach, will be more fully described in Chapter 6. To understand psychology’s roots and gradual development into its present form as an integrative endeavor, it is important to keep in mind the impact of biopsychosocial issues simply as the interplay of relevant biological, psychological, and social factors in human behavior.

Research and practice in clinical psychology has found that certain approaches to understanding and treating problems may
be especially useful for certain people and
to best understand the complexities of human
problems while different approaches might
behavior and the most effective means of inter-
be most helpful for others. For example,
tervention (Borrell-Carrió, Suchman, & Epstein,
some people who experience depression re-
2004; Engel, 1977, 1980; N. Johnson, 2003;-
spond well to medication while others respond
to cognitive-behavioral psychotherapy. Oth-
G. E. Schwartz, 1982, 1984). Although clini-
ers respond well to supportive therapies such
cal psychologists may not be able to intervene
as the humanistic approach. Still others re-
at the biological, psychological, or social level,
spond to a combination of these and other
they must take into consideration these influ-
approaches. Although medication might be
encing factors in understanding and treating
useful to treat someone with depression, fam-
people who seek their services. For example,
ily therapy, vocational counseling, and group
psychologists cannot prescribe medication in
social skills training may enhance treatment
most states, conduct physical examinations,
success. Many people who seek the services of a
or offer surgery to their patients. They can-
clinical psychologist often have several prob-
nnot alter ethnic, religious, socioeconomic, or
lems or diagnoses occurring at the same time.
cultural backgrounds. However, clinical psy-
For example, the person who experiences
chologists can work to understand these in-
depression may also suffer from a chronic
fluences on behavior and clinical problems
illness, a personality disorder, a learning dis-
and can consult with others who can provide
ability, alcohol troubles, and marital discord.
additional services such as medication man-
Furthermore, stressful life events, intellectual
agement, surgery, and spiritual and religious
functioning, ethnic background, religious ori-
direction.
entation, and other factors contribute to the
The biopsychosocial approach is a sys-
manifestation of the depressive disorder and
metic perspective (Borrell-Carrió et al., 2004;
other problems. One theoretical orientation
Schwartz, 1982, 1984); that is, changes in one
alone may not address the complexity of the
area of functioning will likely impact func-
person seeking help. Although various clinical
tioning in other areas. The fluid and systemic
psychologists may be closely aligned with one
nature of the biopsychosocial approach high-
particular theoretical or philosophical orienta-
lights the mutual interdependence of each
ation, most contemporary clinical psychologists
system on each of the other systems. For
believe that problems in human behavior are
example, feelings of depression may be associ-
multidimensional. They use an integrative and
ated with brain neurochemicals, interpersonal
evidence-based approach that suggests that in-
conflicts, disappointments in life, stresses at
teracting causal factors generally contribute to
home and at work, unrealistic expectations,
human problems and that a multidimensional
social context, and many other interacting
approach is usually needed to tackle these is-
factors. Someone might be genetically
sues. Thus, many factors may contribute to
or biologically vulnerable to depression due
to human problems and a selection of factors
brain chemistry. Stressful life events such
must be utilized to help alleviate these con-
as a divorce, illness, or job loss may trigger
cerns. Today, many clinical psychologists use
a depressive episode. Feelings of depression
an integrative evidence-based perspective that
may result in poor work performance, social
maintains a biopsychosocial orientation.
isolation, feelings of hopelessness, and lower
The biopsychosocial perspective empha-
self-esteem, which may deepen the depres-
sizes the interaction of biological, psycholog-
sion as well as trigger brain chemistry that
ical, and social influences on behavior and
in turn further worsens the depression. Edu-
psychological functioning. Each must be care-
cational, cultural, socioeconomic, and other
fully considered and the individual viewed
factors might influence whatever treatment,
in a broader biopsychosocial context in order
if any, is pursued by the depressed person.
Treatmen
and comfort with the treatment plan. The biopsychosocial model has been endorsed as the preferred approach to understanding and treating health-related problems and issues by the APA (Borrell-Carrió et al., 2004; Fava & Sonino, 2008; Johnson, 2003) and other organizations (Institute for the Future, 2000).

Details on theoretical orientations and the biopsychosocial perspective will be discussed more fully in Chapters 5 and 6.

Education and Training

Few people are aware of the long and intensive training process that is involved in becoming a clinical psychologist. Most do not realize that the training process includes experimental research as well as clinical training in psychological testing and psychotherapy. Although master’s degrees are awarded in clinical psychology as well as other areas of applied psychology (e.g., school psychology), the doctorate is considered the minimal educational requirement to become a clinical psychologist (APA, 1987b). Finally, mandatory training continues even beyond the doctorate. The road to becoming a clinical psychologist is a long one divided by a number of distinct stages and phases that include college, graduate school, clinical internship, postdoctoral fellowship, licensure, and finally employment, continuing education, and advanced certification. Although a brief overview of the training process is presented here, details of the training of clinical psychologists are outlined in Chapter 15.

Students interested in becoming clinical psychologists and gaining admission to quality graduate programs must take their college experience very seriously. Completing courses in psychology, research design, and statistics as well as having excellent grades, Graduate Record Examination (GRE) scores, and high-quality research and clinical experience during the college years are important.

Graduate training in clinical psychology involves coursework as well as clinical and research experiences and training. Graduate school in clinical psychology takes at least five years to complete, including a one-year clinical internship. However, many students find that they need more than five years to complete their graduate education. Dissertation projects and other factors often extend the training process to an average of six to eight years. A student interested in obtaining a doctorate in clinical psychology can choose between two types of degrees: the traditional PhD (Doctor of Philosophy) or the PsyD (Doctor of Psychology). Although the APA recommends a core curriculum of courses and activities (APA, 1987b, 2009a; Norcross et al., 2008), each program maintains its own unique orientation based on the faculty and traditions of the program. In researching graduate programs, you will find that each program has its own unique balance on emphasizing the roles of biological, psychological, and social factors in human behavior.

Almost all graduate training programs in clinical psychology require that students complete a one-year, full-time (or two-year, part-time) clinical internship prior to being awarded the doctorate. The internship is the most focused clinical training experience generally available during graduate training. The training usually occurs in hospitals, clinics, or various clinical settings throughout the United States and Canada. The activities during the clinical internship focus specifically on clinical training, such as the practice of psychotherapy, psychological testing, and consultation activities with a variety of patient or client populations.

Most states now require one to two years of postdoctoral training and supervision before you are eligible to take the national and state licensing examinations. However, nine states (e.g., Washington, Ohio, Arizona, Connecticut) allow students who have already secured two years of supervised training to obtain their license without a postdoctoral fellowship year. Postdoctoral training occurs in a wide variety of settings, including hospitals, clinics, counseling centers, universities, and even private practices. Postdoctoral training can include clinical work as well as research, teaching, and other professional activities.
What Is Contemporary Clinical Psychology?

Dr. Phil, Dr. Laura, Dr. Drew, and Other “Psychology” Celebrity Personalities

Phillip McGraw (aka Dr. Phil) has received a great deal of attention during the past decade due to his highly successful television show. Started in September 2002, it quickly became the highest rating new syndicated television show in 16 years. Prior to The Dr. Phil Show, he regularly appeared on the Oprah Winfrey Show starting in 1998, acting as an expert on relationships, life strategies, and behavior. Dr. Phil is, unlike many other well-known “psychology” celebrity personalities such as Dr. Laura (Schlessinger), Dr. John Gray, and Dr. Drew (Pinsky), a clinical psychologist and was licensed as a psychologist in Texas. He obtained his PhD in clinical psychology from the University of North Texas and opened a clinical practice in 1979. Dr. Phil is a clinical psychologist who uses his professional training and skill to host his popular television show and write popular books on relationship issues, weight loss, and so forth.

Unlike Dr. Phil, Dr. Laura (Laura Schlessinger) is not a clinical psychologist or a psychologist at all. Her PhD degree is in physiology from Columbia University. Although she has received training in marriage and family therapy at the University of Southern California, she is not a licensed psychologist. The same is true for John Gray, PhD. He is the well-known author of the popular Men Are from Mars and Women Are from Venus books published by HarperCollins. He is neither a clinical psychologist, nor a licensed psychologist. Dr. Drew Pinsky is an internal medicine physician (neither a psychologist, nor a psychiatrist) and is a frequent guest on television news and entertainment shows as well as hosting the popular shows, Celebrity Rehab with Dr. Drew and the radio and television advice show, Loveline. Many other “psychology” celebrities frequently seen in television and print media, such as Cooper Lawrence and Dr. Jenn Berman, are also neither licensed psychologists nor clinical psychologists.

Regardless of what you think about these well-known psychology personalities, their popularity speaks to the remarkable interest the general population has in the use of applied psychology to help people solve life problems, improve relationships, and live better lives.

Each state offers appropriately trained psychologists an opportunity to acquire a license to practice psychology and offer professional services to the public. Licensing attempts to protect the public from untrained or unethical practitioners helps to protect the integrity of the profession by offering minimum standards of care. All states use the same national written examination for licensing (i.e., the Examination for Professional Practice in Psychology, EPPP). After successful completion of the written examination, many states then require an oral (or sometimes an essay) examination before obtaining the license. Following licensure, most states require continuing education in order to renew the psychology license.

After being awarded the doctorate, a clinical psychologist is eligible to become a diplomate, an advanced level of certification. This diploma
is an optional post-licensing certification that reflects advanced competency in a subspecialty area of professional practice. The American Board of Professional Psychology (ABPP) acts as the credentialing agency for psychology diplomates in a variety of specialty areas (e.g., clinical psychology, counseling psychology, neuropsychology, school psychology, health psychology).

Activities

Clinical psychologists certainly do more than talk to people who are distressed about personal matters. Clinical psychologists often do vastly different types of activities, from teaching to psychotherapy to laboratory research.

Clinical psychologists also may be involved in a wide range of professional activities including teaching at the college or university level, conducting independent and/or collaborative research, providing consultation to a variety of professionals and organizations, conducting psychotherapy, and providing psychological assessment and diagnostic services. Clinical psychologists work in a plethora of environments such as universities, hospitals, clinics, schools, businesses, government agencies, military institutions, and private or group practices. These varied roles and settings often assist the clinical psychologist in appreciating multidimensional factors and integrating key approaches into his or her work.

Research

Research is at the foundation of all clinical psychology activities. Research conducted by psychologists or others in the behavioral sciences provides the basis and direction for all professional activities. Clinical psychologists often conduct and publish a wide variety of research studies. Research programs help to determine which assessment or treatment approach might be most effective for a particular clinical problem such as depression, anxiety, eating disorders, or substance abuse problems. Projects may help identify those at risk for the development of certain psychological problems. Other projects might evaluate methods to better determine clinical diagnoses. The types of research activities conducted by clinical psychologists are extremely diverse.

Most psychologists who are actively engaged in research are faculty members at colleges, universities, or medical schools. They, like faculty in other academic disciplines, may conduct research on a wide range of subject areas, publish their findings in professional journals, and present their research at international, national, and regional professional conferences. Psychologists who are not academic faculty members at colleges or universities might also conduct research at their hospitals, clinics, government agencies (e.g., National Institute of Mental Health), industry (e.g., pharmaceutical companies, psychological testing companies, managed care insurance companies), or private practices. Research in clinical psychology encompasses biological, psychological, and social aspects of human behavior, from research exploring neuroimaging techniques, to ethnic factors in hypertension, to spiritual aspects of love and intimacy.

Although not all clinical psychologists conduct and publish their own research, all are expected to be constant consumers of research in order to inform their professional activities. Clinical psychologists must understand the research findings of others in order to improve their own professional activities. Many regularly read professional journals that cover research topics of special interest.

Assessment

Many clinical psychologists use psychological tests and procedures to assess or diagnose various psychiatric (e.g., depression, psychosis, personality disorders, dementia) as well as non-psychiatric issues (e.g., relationship conflicts, learning differences, educational potential, career interests, and skills). Generally, psychologists are the only mental health professionals who administer psychological tests. In fact, clinical psychologists not only conduct
Terrorism and Its Aftermath

The horrific terrorist events of September 11, 2001, in the United States that claimed the lives of approximately 3,000 people have had enormous implications for life in America and elsewhere. In many ways, life in the United States is very different after September 11 than it was before that fateful day. The new U.S. Department of Homeland Security and Congress altered the way foreign students and visitors to the United States are screened and evaluated. Laws and transportation policies and procedures have been greatly changed in an attempt to increase security. Air travel security procedures, for example, have changed dramatically following September 11. Wars in Afghanistan and Iraq commenced with thousands of military young people being shipped overseas and, tragically, many did not return home. Many people from Islamic countries or religious traditions have experienced prejudice and suspicion.

Clinical psychology has been involved with the response to terrorism in the United States in a number of different ways. Immediately following the terrorism events and since, psychologists have counseled those who lost loved ones in the tragedy as well as those terribly stressed by the events. For example, airplane phobias have always been treated by clinical psychologists. Yet, following the terrorism events, the need for this type of specialized counseling increased a great deal. Children and others in the New York and Washington areas (as well as elsewhere) experienced posttraumatic stress symptoms, such as anxiety and sleep disturbances, that needed treatment and consultation (Cormer & Kendall, 2007). Furthermore, clinical psychologists and others have been involved in research to help better understand the causes and risk factors for terrorist acts as well as the psychological consequences for those impacted by these events (e.g., Eidelson & Eidelson, 2003; La Greca, 2007; Moghaddam & Marsella, 2004; Post, 2007; Pyszczynski, Solomon, & Greenberg, 2003).

For example, Eidelson and Eidelson (2003) have examined research on what propels groups toward conflict and violence that has many useful implications for understanding and hopefully preventing terrorism. They have highlighted five “dangerous ideas [that include] superiority, injustice, vulnerability, distrust, and helplessness” (p. 182) that act as risk factors for conflict and violence.

Superiority refers to the belief and conviction that a person or group is better than everyone else in a variety of important ways. For example, someone might believe that they or their group are the only ones who have a clear understanding of God’s will and plan. This belief has certainly caused wars, terrorism, mass killings, and so forth for thousands of years. This perspective is rather narcissistic in that someone or a group believes that they have some special information, entitlement, or gifts that others do not have or can’t have access to obtain. Injustice and victimization refer to the belief that the person or group has been badly mistreated by specific
others or the world in general. Although injustice and victimization have been common human experiences since the dawn of time, this perspective can lead (and has led) to retaliatory acts and rage against others. Vulnerability refers to the notion that a person or group is highly likely to experience danger or further victimization and that hypervigilance and preemptive acts are needed to reduce the risk of further harm. Distrust refers to the belief that very few people can be trusted and that only the inner circle of true believers can be considered appropriate and trustworthy group members. This point of view leads to paranoia and potential misunderstandings attributing benign others as hostile and malevolent. Finally, helplessness refers to feelings of powerlessness and dependency that often become overly pessimistic and negative. This perspective can lead to extreme measures to help feel more in control and more powerful.

These five dangerous beliefs can be applied to the actions of many conflicts between nations and peoples as well as to the terrorism experienced in America on September 11, 2001, and elsewhere. Many countries have been dealing with terrorism for a long time. For example, Ireland, the United Kingdom, Israel, and many other areas of the world have regularly had to deal with terrorism for many years. Lessons learned from these countries can be applied to the current concerns in the United States. Psychologists in these other locations have studied and counseled those affected by terrorism for many years.

Clinical psychology has much to offer in our efforts to help those touched by terrorism as well as to help us better understand the factors that contribute to such horrific violence perpetrated against others (Corrner & Kendall, 2007).

There are numerous components to psychological assessment, including cognitive, personality, behavioral, neuropsychological, and observational measures. For example, a neuropsychologist may be called on to evaluate an urban Latino adolescent boy for temporal lobe epilepsy, which often results in impulsive behavior and aggression. Neuroimaging techniques conducted by a physician will augment the findings, as well as a developmental history, to rule out personality or environmental factors such as trauma as causal in the behavioral manifestations of the disorder. Thus, while focusing on neuropsychological measures, the psychologist needs to be keenly aware of medical, psychological, and social factors that may contribute to or otherwise explain “seizure-like” symptomology.

Integration in assessment will be more fully explored in conjunction with its component elements in Chapters 7 and 8. An extremely challenging and exciting area of clinical psychology, assessment requires the psychologist to be something of a psychological sleuth, utilizing an arsenal of tools in determining subtle and often hidden problems and syndromes in the context of biological, psychological, and sociocultural factors.

**Treatment**

Contemporary psychological interventions address a tremendous range of human problems
through a diversity of approaches. Psychotherapy may involve individuals, couples, families, and groups, and address an endless array of target problems. Anxiety, phobias, depression, shyness, physical illness, loss, trauma, drug addiction, eating difficulties, sexuality concerns, hallucinations, relationship problems, and work difficulties may all prompt individuals to seek psychological treatment. Furthermore, it has become increasingly incumbent upon psychologists to become educated and sensitized to cultural factors in treating clients, as well as the entire spectrum of individual differences (e.g., sexual preference, religious faith, disabilities, ethnic identities, economic status) that comprise today's mosaic society. Various treatment approaches and theoretical models are utilized to treat psychological and behavioral problems. Most psychologists use an eclectic strategy, defined as integrating a variety of perspectives and clinical approaches in their treatment (Norcross, 2009; Norcross & Goldfried, 2005; Norcross, Karg, & Prochaska, 1997a, b; Weston, 2000). Others tend to specialize in one of a number of treatment approaches, such as psychoanalysis, family therapy, or hypnosis. The major theoretical schools of thought in psychology are psychodynamic, cognitive behavioral, humanistic/existential, and family systems. Each of these theoretical orientations or perspectives is discussed in detail in Chapter 4, leading to our current understanding of integrative models.

Efforts to develop empirically supported or evidence-based treatments to assist clinicians and researchers in providing structured treatments and the use of treatment manuals that are based on treatment outcome research findings have received a great deal of attention and support from the APA and others (Addis, 2002; APA Presidential Task Force on Evidence-Based Practice, 2006; Becker, Stice, Shaw, & Woda, 2009; Chambless & Ollendick, 2001; Crits-Christoph, Chambless, Brody, & Karp, 1995; Lamberg, 2008; Sanderson & Woody, 1995). Empirically supported treatments hinge on the notion that psychological treatment approaches should always be based on solid empirical research data and supported by professional organizations such as the APA (APA Presidential Task Force on Evidence-Based Practice, 2006; Chambless & Hollon, 1998). Empirically supported treatment approaches are manualized treatments and have been developed for a variety of clinical problems such as depression (Corns & Frank, 1994; Cuipers, van Straten, & Warmerdam, 2007; Hollon & Beck, 1994; Lamberg, 2008), anxiety (Landon & Barlow, 2004; Newman & Borkovec, 1995), conduct disordered children (Feldman & Kazdin, 1995; Schmidt & Taylor, 2002), and pain control (Chou & Huffman, 2007; Hawkins, 2001). The Clinical Psychology Division of the American Psychological Association (The Society of Clinical Psychology, Division 12) maintains a web site (www.PsychologyTreatments.org) that keeps updated information including clinical and research references for state-of-the-art empirically supported treatments. For example, cognitive and interpersonal psychotherapy have been determined to be empirically supported treatments for both depression and bulimia while exposure and response prevention have been found to be an empirically supported treatment for obsessive-compulsive disorder (APA Presidential Task Force on Evidence-Based Practice, 2006; Chambless & Ollendick, 2001; Crits-Christoph et al., 1995). While many treatment approaches are based on research support, the concept of empirically supported treatments and evidence-based practice is the most recent effort to systematize service delivery to carefully studied populations and problems (APA Presidential Task Force on Evidence-Based Practice, 2006; Chambless & Hollon, 1998; Nathan & Gorman, 2007). Controversy exists over the development of “approved” treatment approaches for various clinical problems, with critics usually highlighting the challenges of applying research findings to complex clinical situations (APA Presidential Task Force on Evidence-Based Practice, 2006; Cooper, 2003; Ingram, Hayes, & Scott, 2000; Messer, 2004). These issues will be further discussed in detail in Chapter 14.
Teaching

Clinical psychologists teach in a variety of settings. Some are full-time professors in colleges and universities across the United States and elsewhere. These professionals teach undergraduates, graduate students, and/or postgraduate students. Other psychologists might teach on a part-time basis at local colleges and universities as adjunct professors or lecturers. Still others might teach by providing one-on-one clinical supervision of graduate students, interns, or postdoctoral fellows. During supervision, psychologists discuss the trainees’ clinical cases in depth while providing therapeutic guidance as they learn psychotherapy, psychological evaluation, and consultation skills. Teaching may occur in hospitals, clinics, or business environments as well. For example, a clinical psychologist might offer a stress management course for attorneys, business executives, nurses, clergy, police officers, or others. A psychologist might also teach a workshop on intimate relationships to young couples about to be married. A psychologist might teach other professionals such as doctors or clergy how to better maintain professional boundaries or understand psychopathology among the persons they counsel. As in psychological treatment facilities, there are numerous examples and opportunities for psychologists to teach in a wide variety of professional settings.

Highlight of a Contemporary Clinical Psychologist

Patrick H. DeLeon, PhD, ABPP

Dr. DeLeon uses his training and skills as a clinical psychologist by working on Capitol Hill. He helps shape policy and legislation that best reflects both the science and application of clinical psychology. He is a former president of the American Psychological Association.

Birth Date: January 6, 1943

College: Amherst College (BA, Liberal Arts), 1964

Graduate Program: Purdue University (MS, Psychology), 1966; Purdue University (PhD, Clinical Psychology), 1969; University of Hawaii (MPH, Health Services Administration), 1973; Catholic University, Columbus School of Law (JD), 1980

Clinical Internship: Fort Logan Mental Health Center, Denver, Colorado

Current Job: Chief of Staff, U.S. Senator D. K. Inouye, United States Senate

Pros and Cons of Being a Clinical Psychologist:

Pros: “Substantive knowledge about people, systems, health care, etc.”

Cons: “Most psychologists or psychology colleagues do not appreciate how little they know about public policy and national trends.”

Future of Clinical Psychology: “The knowledge base will continue to expand: whether services are provided by psychologists or other professionals is an open question. Psychology controls its own destiny—to not seek new agendas and to not address society’s needs means to be replaced by other professions.”
Changes during the Past 5 to 7 Years: "We have developed a significantly broader focus and thus have brought the behavioral sciences to a wider range of activities, especially within the generic health-care arena. As our numbers have increased, we have developed a greater presence (i.e., influence) in defining quality care and health-care priorities. Significantly more colleagues are now personally active within the public policy and political process, thus ensuring that psychology's voice (and values) will be heard. The development of postdoctoral training positions has resulted in society developing a greater appreciation for the importance of the psychosocial aspects of health care. Clearly, the prescription privileges agenda and advances in communications technology will revolutionize all of mental health care delivery."

What do you think will be the major changes in clinical psychology during the next several years? "The prescription privilege agenda will continue to expand and thereby absolutely redefine quality mental health care. Advances in the technology and communications fields will be found to have direct applicability to health care and psychology will play a major role in addressing this challenge. Health care will become more patient-centered and interdisciplinary in nature. No longer will any of the health-care professions be allowed to foster isolated or 'silos-oriented' training modules. The percentage of women in the field will continue to increase. And, clinical protocols will focus concretely on special populations (such as the elderly, children, and various ethnic minority clients). Health care will become more accountable and data driven. Distance learning and virtual training programs will become the norm."

Typical Schedule: "Every day brings new and unexpected challenges and opportunities. One tries to visit with a committee staff person each day or with a colleague in another senate office or from the administration. The key to legislative success is to anticipate which bills will be moving long before they do and to convince relevant committee staff (or administration, including house aides) to incorporate provisions addressing one's vision. Listening to and interacting with Hawaii constituents and professional lobbyists provides an excellent opportunity to develop legislative agendas. For Hawaii, expanding the resources for federally qualified community health centers provides an excellent vehicle for expanding psychology's agenda."

Consultation
Many clinical psychologists provide consultation to churches, health-care professionals, businesspersons, schools, lawmakers, organizations, and even to other mental health professionals. Consultation might involve an informal discussion, a brief report, or a more ongoing and formal consultation arrangement. For example, companies might consult with a psychologist to help reduce coworker conflicts or provide stress management strategies for high-stress employees such as business executives, firefighters, police officers, or prison guards. Consultation might involve helping a physician to better manage patient noncompliance with unpleasant medical procedures. Consultation could include working with a religious superior in helping to better select applicants who wish to enter a religious order or become a clergy member. Consultation might include working with law enforcement professionals on violence prevention or screening applications for the police academy. Clinical psychologists provide professional consultation in a wide variety of settings using a range of techniques. Consultation might also include assessment, teaching, research, and brief psychotherapy activities.

Administration
Many clinical psychologists find themselves (intentionally or unintentionally) in
administrative positions. Administrative duties might include serving as chairperson of a psychology department, or dean, provost, or even president of a college or university. Other psychologists might hold administrative positions in hospitals, mental health clinics, or other agencies. They may act as a unit chief directing a psychiatric hospital unit or ward, or directing mental health services for a community mental health clinic. They may act as directors of training in numerous clinical settings. Some psychologists have become members of Congress and even state governors (e.g., Ted Strickland in Ohio). In administration, these psychologists generally manage a budget, lead a multidisciplinary professional and support staff, make hiring and firing decisions, develop policies and procedures for clinical, research, or other operations, and manage a large and populous state such as Ohio.

**Employment Settings**

Clinical psychologists work in many different employment settings including hospitals, medical schools, outpatient clinics, colleges and universities, businesses and industry, and private or group practices. Many clinical psychologists work in some type of part-time or full-time private practice as well (Norcross et al., 2008; Norcross, Hedges, & Castle, 2002). Following private practice, teaching in colleges and universities is the second most common employment choice for clinical psychologists (APA, 2000a, 2009b, 2010a, b; Norcross et al., 2008). Many psychologists work in more than one setting, combining various positions and activities. For example, it is common for a clinical psychologist to work at a hospital or clinic several days a week, teach a course or two at a local college or university, and conduct a private practice one or more days each week. A clinical psychologist may be a full-time professor teaching and conducting research while also operating a small private practice and offering consultation services to various clinics, hospitals, or businesses. The diversity of experiences available to psychologists is quite appealing and offers tremendous flexibility and options.

**Private or Group Practices**

About 35% of clinical psychologists primarily work in solo or group private practices (APA, 2010a, b; Norcross et al., 2008; Norcross, Karpiaak, & Santoro, 2005; Norcross, Prochaska, & Gallagher, 1989). Professionals in private practice may provide clinical services in their own solo practice or in conjunction with other mental health or health-care practitioners in a multidisciplinary setting. However, clinical psychologists who offer psychotherapy service tend to do so in private practice environments (Norcross et al., 2005, 2008). Many psychologists are drawn to independently providing direct clinical, consultation, and other professional services to their own patients and clients and enjoy being their own boss and setting their own hours and policies. In fact, private practitioners report more job satisfaction (Norcross et al., 1997, 2005, 2008; Norcross & Prochaska, 1988) and less job stress than psychologists employed in other settings such as academia (e.g., Boice & Myers, 1987). However, significant changes in health-care reform, managed health care, and insurance reimbursement for psychological services are likely to alter this rosy view of private practice for many professionals in the future. Many private practice psychologists, along with other mental health and health-care professionals operating practices, have experienced reductions in profits and freedoms as a result of the changing health-care industry.

In fact, some authors have predicted for quite some time that solo private practice may no longer exist in the future (Cummings, 1995). Cummings predicted that these clinicians will be employed primarily in multidisciplinary health settings such as health maintenance organizations (HMOs) or very large and comprehensive medical group practices. Others disagree with Cummings’ pessimistic view concerning the future of private practice, stating that managed care accounts for a minority
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of the fees collected by private practitioners. Furthermore, the percentage of psychologists engaged in at least part-time private practice has not decreased even several decades after the onset of managed health care and other health-care changes and, as of this writing in 2010, private practice is still alive and well for many professionals (APA, 2000a, 2009b, 2010a, b; Norcross et al., 2002, 2005, 2008).

Colleges and Universities

About 20% of clinical psychologists are employed in academic environments (APA, 1993a, 1997, 2000a, 2010a, b; Norcross et al., 1997a, b, 2002, 2005, 2008). Most of these psychologists work as professors at colleges and universities across the United States and Canada. They generally teach psychology courses, supervise the clinical and/or research work of psychology students, and conduct both independent and collaborative research. They also typically serve on various college or university committees, providing leadership and assistance with the academic community. Some clinical psychologists work in academic clinical settings, such as student counseling centers, providing direct clinical services to students.

Hospitals

Many clinical psychologists work in hospital settings (APA, 2009b, 2010). They may conduct psychological testing; provide individual, family, or group psychotherapy; act as a consultant to other mental health or medical professionals on psychiatric or general medical hospital units; and may serve in administrative roles, such as unit chief, on a psychiatric ward. Many states now allow psychologists to become full members of the medical staff of hospitals. The *CAPP v. Rank* decision in California, for example, allowed psychologists to have full admitting, discharge, and treatment privileges at appropriate California hospitals. Full medical staff privileges allow psychologists to treat their patients when they are hospitalized and allow psychologists to participate in hospital committees, including holding elected positions. The majority of psychologists working in hospital settings are affiliated with Veterans Administration (VA) hospitals. In fact, the majority of internship training sites are located in VA hospitals (Association of Psychology Post-doctoral and Internship Centers, 2009).

Medical Schools

Some hospitals and medical centers are affiliated with medical schools. In addition to the professional hospital activities mentioned previously, clinical psychologists serve on the faculties of many medical schools. They typically act as “clinical faculty,” which generally involves several hours (i.e., two to four) per week of pro bono time contributed to training medical center trainees. These trainees might include psychiatry residents, other medical residents and fellows (e.g., pediatric residents), medical students, nursing students, or nonmedical hospital trainees such as psychology interns or postdoctoral fellows, social work interns, nursing students, or chaplaincy interns. These psychologists might teach a seminar or provide individual case supervision and consultation. Psychologists may also serve as academic or research faculty at medical schools. In fact, approximately 3,000 psychologists are employed as faculty in medical schools (APA, 2009b; Pate, 2004; Sweet, Rozensky, & Tovian, 1991). These psychologists tend to primarily conduct research and are often funded by national grants (e.g., National Institute of Mental Health, National Science Foundation, American Heart Association) to pay their salaries, thus allowing them to conduct their research. Finally, many psychologists employed in medical school settings evaluate, treat, and consult on patient care, and others teach and train both medical and nonmedical students.

Outpatient Clinics

Many clinical psychologists work in various outpatient clinics such as community mental health centers (APA, 2009b). These
psychologists often provide a range of clinical services to other professionals and organizations. For example, these psychologists might provide psychotherapy for children who have been abused or group therapy for adult substance abusers. They might also provide parent education classes. While psychologists in these settings may conduct research, direct clinical service is often the primary activity and priority of these settings.

Business and Industry
Many clinical psychologists working in business and industry settings offer consultation services to management and assessment and brief psychotherapy to employees, and conduct research on various psychosocial issues important to company functioning and performance (APA, 2009b). For example, these psychologists might consult with the human resources department, provide stress management workshops, or conduct interpersonal skills—building workshops. Psychologists might help managers learn to improve their ability to motivate and supervise their employees. They may also assist in developing strategies for interviewing and hiring job applicants. They may help groups develop mission, value, and strategic plans.

Military
Many clinical psychologists are employed by one of the branches of the U.S. military such as the navy, air force, or army (APA, 2009b). They often provide direct clinical services. Some conduct research while others act as administrators in military hospitals and clinics. Typically, psychologists working in the military hold an officer rank such as captain. Other psychologists are civilians working in military hospitals such as VA hospitals. In fact, since World War II, VA hospitals have been among the largest employers of clinical psychologists.

Other Locations
Clinical psychologists are also employed in a variety of other settings, such as police departments, prisons, juvenile halls and detention centers, rehabilitation centers for disabled children and/or adults, substance abuse and/or mental illness halfway houses, battered women’s shelters, seminars, schools, and many other work environments. These psychologists provide a wide range of professional services such as psychological assessment, consultation, and counseling.

Subspecialties
Most clinical psychologists are trained in the research, assessment, and treatment of a variety of clinical issues pertaining to a diverse set of client populations. The core curriculum for all clinical psychologists includes coursework on the biological, social, cognitive, and individual influences on behavior as well as classes on research, statistics, ethics, assessment, and treatment. The core curriculum can then be applied, with additional specialty training, to various populations such as children and adults. Further training may be offered in many subspecialty areas. Although a core set of competencies are expected from all clinical psychologists, not all clinical psychologists are trained exactly alike. Many clinical psychologists ultimately specialize in one or more areas of research or practice. Just as medicine offers doctors various specialties such as pediatrics, oncology, psychiatry, internal medicine, and cardiology, there are many clinical psychology subspecialties. Some of the most common specialties include child clinical psychology, clinical health psychology, clinical neuropsychology, forensic psychology, and geropsychology. Furthermore, each specialty includes a variety of subspecialties. For example, child clinical psychologists might specialize in working with very young children or adolescents. Clinical health psychologists might choose to specialize in eating disorders, anxiety disorders, or pain disorders.

Child Clinical Psychology
Of the 307 million Americans, there are 74 million children under the age of 18 in the
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United States (U.S. Census Bureau, 2009). Many of these children and families are in need of professional services offered by a psychologist specially trained to work with this population. Child clinical psychologists specialize in working with both children and families. A recent survey by the APA revealed that about 2,000 APA members (about 3%) identify themselves as specializing in child clinical psychology (APA, 2010a, b). A child and family focus in clinical training has become enormously popular within graduate training programs (Norcross et al., 2008). In addition to standard training in general clinical psychology, these psychologists obtain in-depth training in developmental psychology and child assessment (e.g., behavioral disorders, learning disabilities, and motor development delays) and treatment (e.g., family therapy, parent consultation). They commonly work in schools, children’s hospitals, community clinics, and in private practices. Child clinical psychologists may work with children who have experienced physical and/or sexual abuse or who experience attention deficit/hyperactivity disorder, conduct disorders, autism, enuresis (bed wetting), learning disabilities, serious medical illnesses, school phobia, posttraumatic stress disorder, or a host of other emotional, behavioral, or medical problems. These psychologists may provide consultation to teachers, school counselors, pediatricians, day-care workers, parents, and others. They may assist teachers in classroom behavior management or parents in developing better parenting skills.

Pediatric psychologists are child clinical psychologists who generally work with children and families in hospital settings where the child has a significant medical disorder (Brown, 2003). These medical problems might include cancer, epilepsy, diabetes, cystic fibrosis, and neurological disorders and disabilities. The pediatric psychologist might offer pain management strategies to a child while helping the family cope more effectively with and locate community resources. He or she may act as a consultant to various medical units and departments to help physicians, nurses, and others deal with the emotional and behavioral consequences of severe medical illnesses in children. For example, a pediatric psychologist might consult with a physician about an adolescent with diabetes who refuses to monitor his or her blood sugar level due to concerns about being different relative to peers. A pediatric psychologist might consult with nurses about a child who is hospitalized with cystic fibrosis and struggling with significant depression and social isolation.

Clinical Health Psychology

The field of clinical health psychology formally began around 1980 (Matarazzo, 1980) and has been defined as:

... the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of etiologic and diagnostic correlates of health, illness, and related dysfunction, and to the analysis and improvement of the health care system and health policy formation. (Matarazzo, 1982, p. 4)

Since its inception during the early 1980s, health psychology has become one of the fastest growing areas of clinical psychology and one of the most popular areas of research in graduate training programs (Norcross et al., 2008). This subspecialty serves as an excellent example of integrative trends in the field (Johnson, 2003; Taylor, 2009).

It has been estimated that 50% of all deaths are caused by lifestyle factors such as smoking cigarettes, drinking too much alcohol, eating high fat foods, not exercising, and refusing to wear seatbelts (Centers for Disease Control, 2009). Furthermore, over 15% of the gross national product is devoted to health care (Centers for Disease Control, 2009). Health psychologists work to help healthy people stay healthy and assist people with various
illnesses or risk factors to cope more effectively with their symptoms. Health psychologists work toward helping others develop health-enhancing lifestyles, which can be a surprisingly difficult task. For example, about 95% of those who lose weight tend to regain all their lost weight within 5 years (Brownell, 1993; Wadden, Sternberg, Letizia, Stunkard, & Foster, 1989). Over 50% of those who start an exercise program drop it within 6 months, while 75% drop it within nine months (Dishman, 1982). About a half-million people die in the United States each year due to smoking tobacco (Centers for Disease Control, 2008). Health psychologists work with individuals and groups in order to maximize health-enhancing behaviors (e.g., exercise, low-fat-food consumption, smoking cessation) and minimize health-damaging behaviors (e.g., smoking, stress, drinking alcohol). They also help in the treatment of chronic pain, panic disorders, and migraine headaches, and other physical conditions with prominent biopsychosocial features (S. Taylor, 2009).

Clinical Neuropsychology

Neuropsychology focuses on brain–behavior relationships. These are defined as how brain functioning impacts behavior and behavioral problems. Neuropsychologists assess brain and behavioral functioning and offer strategies for patients suffering from brain impairment due to a large range of problems such as dementia, head injuries, tumors, autism, stroke, AIDS, Alzheimer’s disease, epilepsy, and other problems that result in cognitive and neurological dysfunction. Neuropsychologists are well trained in assessing a range of cognitive abilities, including executive or higher order cognitive functioning (i.e., planning, judgment, problem solving), sensory and motor functioning, and memory skills and abstract reasoning, and use a variety of specialized tests to assess these brain-behavior relationships. Many psychologists who specialize in neuropsychology are trained as clinical or counseling psychologists or they may be trained in cognitive science or neuroscience. Most neuropsychologists work in hospital, rehabilitation, or clinic settings. Some specialize in working with children. Many also work in private or group practice environments.

Forensic Psychology

Forensic psychology is usually defined as the “application of psychology to legal issues” (Cooke, 1984, p. 29). Forensic psychologists specialize in using principles of human behavior in the judicial and legal systems (Otto & Heilbrun, 2002). They are often trained as clinical or counseling psychologists with a specialty in forensic work. Forensic psychologists may conduct psychological evaluations with defendants and present their findings as an expert witness in court. They may also provide evaluations for child custody arrangements, or be asked to predict dangerousness or competency to stand trial. They may be asked to participate in worker’s compensation claims, or serve as consultants to attorneys who are selecting a jury.

Geropsychology

Psychologists who specialize in geropsychology provide a range of psychological services to elderly members of society. The elderly are the largest growing segment of today’s society and are often in need of professional psychological services. In fact, the number of elderly Americans has increased from 3.1 million to
35 million during the twentieth century, now representing 1 in 8 Americans, and will likely grow to more than 15% of all Americans by 2020 (U.S. Census Bureau, 2008). Geropsychologists might consult with senior centers, convalescent or nursing homes, and hospital medical units that serve elderly patients. These psychologists might provide psychological or neuropsychological testing, and brief individual or family psychotherapy, and consult on strategies to maximize independence and self-care. These psychologists might develop activities to enhance self-esteem and control and alleviate depression among elderly patients.

Organizations

As in most professions, clinical psychology boasts a variety of professional organizations. These organizations provide an opportunity for their members to meet and collaborate, attend yearly conventions and learn about new advances in the field, and participate in a number of activities that help psychologists as well as the public. These organizations are international, national, regional, and local.

American Psychological Association

Clinical psychologists are usually members of several professional organizations. Most are members of the American Psychological Association (APA). The APA was founded in 1892 and is the largest organization of psychologists anywhere in the world. There are 150,000 members of the organization (APA, 2010a, b) representing all specialties within psychology (e.g., clinical psychology, social psychology, school psychology, experimental psychology). Students of psychology and associates of psychology (e.g., high school psychology teachers) are also included in the APA. In recent surveys, approximately half of APA members identified themselves within clinical psychology (APA, 2000a, 2009) and about half have a license to practice in one or more states (APA, 2000a, 2009, 2010a, b). The APA was incorporated in 1925 and is located in Washington, DC. Since the first meeting in Philadelphia in 1892, the APA holds a yearly national convention each August in a large American or Canadian city. The APA is divided into four directorates focusing on professional practice, education, public policy, and science.

The APA is also home to 56 topic interest divisions (e.g., Division 2 is Teaching of Psychology; Division 12 is Clinical Psychology). About 6,000 psychologists are members of the APA’s Division 12 (Clinical Psychology). The APA publishes numerous professional journals (e.g., American Psychologist, Professional Psychology: Research and Practice, Journal of Consulting and Clinical Psychology, Journal of Abnormal Psychology) as well as many books. The APA acts as a lobbying force in Washington, DC, promoting legislation that will be favorable to psychology as a profession and to consumers of psychological services. The APA also provides standards for the education, certification, and ethical conduct of psychologists.

American Psychological Society

In 1988, the American Psychological Society (APS) was founded. Many of the psychologists in the APA who regarded themselves as academically and scientifically focused felt that the APA no longer adequately represented their interests. Founding members of the APS felt that the APA had become too focused on professional practice and was becoming neglectful of the science of psychology. A proposal was considered to either reorganize the APA to reflect these concerns or start a new organization dedicated to the science of psychology only. Clinical psychologists who were especially interested in the science of psychology joined APS. Many psychologists belong to both organizations while others resigned from the APA to join the APS.

State and County Psychological Associations

Each state and most counties maintain psychological associations. Many practicing clinical psychologists join their state psychological
association and may also join their county psychology association. Approximately 40% of APA members (both clinical and other psychologists) are also members of their state psychological association (APA, 2000a, 2010a). These organizations provide networking opportunities for psychologists as well as assistance in lobbying state legislatures regarding issues important to psychologists and the public’s psychological welfare. Most state and county psychological associations provide workshops and conferences for their members that address various clinical and research topics. The state psychological associations frequently work closely with the state boards of psychology to assist in the policing of unethical and illegal conduct of psychologists as well as in developing licensing laws and criteria for acceptable professional practice.

**American Board of Professional Psychology**

The American Board of Professional Psychology (ABPP) was founded in 1947 as an agency that would certify psychologists in several specialty areas. The ABPP diploma is considered an advanced level of accomplishment beyond a state license to practice as a psychologist. The ABPP is an independent organization closely associated with the APA. The ABPP diploma is offered in a number of specialty areas: The majority of diplomas are in clinical psychology. Approximately 1,000 psychologists hold the ABPP diploma in clinical psychology (APA, 2010a).

**Other Organizations**

There are a number of other international, national, and regional organizations that many clinical psychologists may join depending on their specialty interests. For example, many clinical psychologists are members of the Society of Behavioral Medicine (SBM), the Society of Pediatric Psychology, the International Neuropsychology Society (INS), the Association of Behavior Analysis (ABA), the International Society of Clinical Psychology (ISCP), or many other organizations. Most of these organizations sponsor a yearly national conference, publish one or more professional journals, are involved in lobbying efforts of interest to their membership, and provide members with a range of services.

Many other countries also maintain psychological associations. The Canadian Psychological Association (CPA), for example, has a long and distinguished history providing yearly conventions, maintaining an ethics code, and accrediting programs throughout Canada, among other activities. This is also true for the British Psychological Society (BPS). Chapter 15 lists the contact information for many of these organizations.

**How Does Clinical Psychology Differ from Related Fields?**

Many people are unaware of the similarities and differences between clinical psychology and related fields. For example, a popular question is, “What is the difference between a psychologist and a psychiatrist?” It can be confusing to the public (and even to many professionals in the field) to understand the similarities and differences between mental health disciplines. Since almost all of the mental health disciplines share certain activities such as conducting psychotherapy, understanding differences between these fields can be very challenging.

Many professionals and members of the public wonder how clinical psychology differs from related mental health fields such as counseling psychology, school psychology, psychiatry, nursing, social work, and counseling. A brief overview of these disciplines will be provided in Table 1.1.

**Counseling Psychologists (PhD)**

Of all the different mental health professionals, counseling psychologists are perhaps the most similar to clinical psychologists in actual
Table 1.1  Mental Health Professionals

<table>
<thead>
<tr>
<th>Degree</th>
<th>Program</th>
<th>Years of Training Prior to Degree*</th>
<th>Years of Postdegree Training</th>
<th>License</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD</td>
<td>Clinical Psych</td>
<td>4–5</td>
<td>1–2</td>
<td>Psychologist</td>
</tr>
<tr>
<td>PhD</td>
<td>Counseling Psych</td>
<td>4–5</td>
<td>1–2</td>
<td>Psychologist</td>
</tr>
<tr>
<td>PhD</td>
<td>School Psych</td>
<td>4</td>
<td>1–2</td>
<td>School Psychologist</td>
</tr>
<tr>
<td>PsyD</td>
<td>Clinical Psych</td>
<td>4–5</td>
<td>1–2</td>
<td>Psychologist</td>
</tr>
<tr>
<td>MA/MS</td>
<td>Clinical Psych</td>
<td>2</td>
<td>1–2</td>
<td>MFT</td>
</tr>
<tr>
<td>MA/MS</td>
<td>Counseling Psych</td>
<td>2</td>
<td>1–2</td>
<td>MFT</td>
</tr>
<tr>
<td>MA/MS</td>
<td>School Psych</td>
<td>2</td>
<td>1</td>
<td>School Psychologist</td>
</tr>
<tr>
<td>MSW</td>
<td>Social Work</td>
<td>2</td>
<td>1–2</td>
<td>Social Worker</td>
</tr>
<tr>
<td>MD</td>
<td>Medicine</td>
<td>4</td>
<td>3–4</td>
<td>Physician (e.g., Psychiatrist)</td>
</tr>
</tbody>
</table>

*While graduate school can take 4 to 5 years to complete, this is highly variable. Research projects such as dissertations as well as practicum experiences often result in a longer period of time to complete training.

practice. While there are generally differences in philosophy, training emphases, and curriculum between clinical and counseling graduate programs, differences between clinical and counseling psychologists are subtle. Like clinical psychologists, counseling psychologists generally major in psychology as undergraduates, attend a four-year graduate training program (however, in counseling psychology rather than clinical psychology), complete a one-year clinical internship, and complete postdoctoral training prior to obtaining their license as a psychologist. The differences between clinical and counseling psychology were more dramatic several decades ago in comparison to current times.

Historically, counseling psychologists worked in outpatient, college, and vocational settings with people who did not experience major psychiatric difficulties. They often provided educational and occupational counseling to students and employees. Testing conducted by counseling psychologists generally involved career and vocational interests and skills. Today, counseling psychologists can be found in hospital, clinic, industry, and private practice settings. In fact, in most states, counseling psychologists practice under the same license as clinical psychologists. Some authors have argued that distinctions between clinical and counseling psychology, along with separate training programs, may no longer be warranted (e.g., Beutler & Fisher, 1994). There are about three times more clinical psychologists than counseling psychologists in the United States. For example, while 1,185 doctorates were awarded in clinical psychology in 1999, 367 were awarded in counseling psychology (APA, 2000a). According to surveys conducted by the APA (2000a, 2009b), about 11% of APA members identify themselves as counseling psychologists and about 15% of all doctorates awarded in psychology are awarded in counseling psychology.

School Psychologists (MA or PhD)

While doctorates in school psychology are available (e.g., 130 were awarded in 1999; APA, 2000b), a master’s degree is generally the degree of choice for school psychologists. Surveys by the APA (2000a, 2009b) revealed that about 4% identify themselves as working in the field of school psychology and about 3% of all doctorates awarded in psychology
are awarded in school psychology. **School psychologists** typically work in elementary, secondary, or special education schools providing cognitive testing, brief counseling, and consultation to schoolteachers, administrators, parents, and students. Some school psychologists also provide tutoring help and some maintain private practices. School psychologists often work with children receiving special education services for problems such as attention deficit/hyperactivity disorder, learning disabilities, or mental retardation. These professionals often provide guidance to both children and their families concerning educational and psychological concerns. School psychologists interested in careers in research, academics, or administration usually choose PhD programs while those most interested in practice with children and families generally choose MA programs.

**Psychiatry (MD)**

Psychiatrists are physicians who earn a medical degree (MD) and complete residency training in psychiatry. The American Psychiatric Association reports that there are approximately 40,000 psychiatrists who are members of the association (American Psychiatric Association, 2010). Approximately 40% of psychiatrists work in solo private practices (American Psychiatric Association, 2010). Typically, psychiatrists receive their bachelor’s degrees in premedical related fields (e.g., biology, chemistry), and then complete 4 years of medical school to obtain an MD degree. Subsequently, a one-year medical clinical internship is completed, prior to a residency (usually three years) in psychiatry. Unlike the internship completed in clinical psychology, the medical internship focuses on general medical (not psychiatric) training. While the residency training years may include some training activities similar to that obtained by clinical psychology interns (e.g., psychotherapy), most programs focus on medication management and other pharmaceutical approaches to psychiatric disorders. The residency is usually completed in a hospital or medical center environment. However, residency training can also occur in outpatient settings such as community mental health clinics. These physicians obtain their medical license following medical school and often take their boards to become board certified in a specialty area (e.g., child psychiatry) when they complete their residency program.

Because psychiatrists are physicians, they use their medical training to diagnose and treat a wide spectrum of mental illnesses. Psychiatrists, as MDs, can prescribe medication, treat physical illnesses, and may utilize other biological interventions (e.g., electroconvulsive therapy). Although there are exceptions, psychiatric training generally focuses on clinical diagnoses and treatment of major psychopathology (i.e., affective or mood disorders, such as bipolar disorder, and psychotic disorders, such as schizophrenia). Training in general human behavior and research is usually minimal.

Relative to other mental health disciplines, there are a variety of pros and cons to being a psychiatrist. Advantages include several factors. First, as physicians, psychiatrists have extensive training in the biological basis of behavior and behavioral problems. They are able to use this expertise to understand and treat a wide range of medical and psychiatric problems. Psychiatrists have superior knowledge of medical aspects of certain disorders, and have been trained to take a leadership role vis-à-vis these patients. Thus, they can prescribe medication and other biological treatments for their patients, whereas most other clinicians must refer patients to an MD if medication or other biological interventions are indicated. However, psychologists are able to prescribe medication in several states (e.g., New Mexico, Louisiana; Beutler, 2002). Second, psychiatrists have a much higher earning potential than any other mental health professional. Starting salaries typically are over $100,000, with average salaries about $150,000 depending on the work setting. In comparison, the average starting salary for practicing psychologists is about two-thirds of psychiatrists at
about $70,000 (American Psychological Association, 2008). Third, as physicians, psychiatrists generally hold greater status and positions of greater authority, especially in hospital or other medical settings. Higher salaries and prestige are due to the costs and competitiveness of medical education as well as society’s admiration of physicians in general.

There are several important disadvantages to becoming a psychiatrist. First, the costs of medical training are extremely high compared with the training costs of other mental health professionals. Second, psychiatrists tend to have much less training in general human behavior and psychotherapy than most other mental health professionals. For example, while most psychologists spend four undergraduate, five graduate, and one to two postdoctoral years focusing specifically on psychology and psychotherapy, psychiatrists only spend the three residency years focused on psychiatry, which tends to primarily train these professionals on using medications for behavioral and emotional problems. Thus, many first-year psychiatry residents are far "greener," for example, than most advanced psychology graduate students or predoctoral psychology interns. Third, psychiatrists also are not trained in psychological testing and assessment, and must defer to clinical psychologists in order to acquire this often-critical information. Fourth, psychiatrists are rarely trained as extensively as clinical psychologists in rigorous research methodology. Finally, fewer and fewer medical students choose psychiatry as a specialty, in fact dropping by 40% since the 1980s alone (Tamaskar & McGinnis, 2002). Psychiatric salaries, although high in comparison to non-MD mental health professionals, are very low compared with other physicians. In recent decades, traditional psychodynamic and interpersonal relational approaches to psychiatry have given way to more biological approaches, partially due to new discoveries in the neurosciences, psychopharmacology, genetics, and other medical areas (e.g., Fleck, 1995; Glasser, 2003; Michels, 1995), as well as the demand by managed care insurance companies and patients for quicker acting treatment approaches (e.g., Cummings, 1995). Finally, the lobbying efforts of the pharmaceutical industry have also influenced the reliance on medications to treat all sorts of behavioral and emotional concerns (Glasser, 2003).

Social Work (MSW)

There are approximately 150,000 members of the National Association of Social Workers (NASW, 2010). Social workers have typically obtained a bachelor’s degree in a social science such as psychology or sociology and subsequently entered a two-year graduate program to attain their master’s degree in social work (MSW). Next, they must complete up to two years of supervised clinical experience (depending on the state) to become a Licensed Clinical Social Worker (LCSW). Similar to the clinical psychology internship, many social workers receive training in psychotherapy and psychiatric diagnoses during their year or years of supervised clinical experience. Unlike in psychology, they generally do not obtain extensive training in conducting research or using psychological testing instruments. However, those who earn a doctorate degree in social work (DSW) often are interested in research and academic careers.

Historically, social workers focused on patient case management (i.e., helping the patient get the most out of his or her inpatient or outpatient treatment and helping patients transition to work or further treatment following discharge), patient advocacy, and a liaison to optimal social service agencies and benefits. Whereas psychiatrists have historically focused on biological theories and interventions and psychologists have focused on psychological theories and intervention, social workers have focused on social theories and interventions. Today, social workers can conduct psychotherapy with individuals, families, or groups, or undertake administrative roles within agencies, hospitals, or social service settings. Providing direct clinical services to clients and patients is the most frequently reported activity of social workers (National
Social workers can be employed in numerous settings including schools, hospitals, clinics, and private practice. Employment in social service agencies and both inpatient and outpatient health facilities are the most common settings for social workers while about 12% are engaged in private practice (National Association of Social Workers, 2010). Social workers also may act as patient case managers and advocates, securing necessary follow-up care and social services following hospital discharge, for example.

Advantages to becoming a social worker include first a shorter (and, thus, less expensive) length of graduate training (i.e., two years as opposed to the minimum five years necessary for a PhD degree in clinical psychology). Second, training in social work tends to highlight social factors such as poverty, crime, racism, and oppression that influence individual, group, and organizational behavior as well as emphasizing advocacy for the rights of others. Third, no dissertation or large research study master’s thesis is required for those who are not interested in conducting these types of large-scale research projects. Disadvantages include less training and emphasis on the biological influences on behavior and less attention on research. Additional disadvantages include lower earning ability than psychologists and psychiatrists. Average salaries tend to be about $50,000 depending on the position and location. Social workers, like any clinician, can specialize and become expert in any nonprescribing or nonpsychological assessment enterprise.

Psychiatric Nursing (RN)

There are over 11,000 psychiatric nurses who have specialty training in psychiatric illnesses and treatment (American Psychiatric Nurses Association, 2009). They usually obtain both an undergraduate and master’s degree in nursing. They are licensed as registered nurses (RN) following the completion of their undergraduate degree. During their training, they, like other mental health professionals, learn about psychiatric diagnosis and treatment. However, they also learn about psychopharmacology and are often involved in the dispensing of psychotropic medications to patients. Psychiatric nurses provide psychotherapy to individuals, families, and groups as well as assisting in medical management of psychotropic medications. Many psychiatric nurses are employed in hospitals and clinics; however, many maintain private practices as well.

Marriage and Family Therapists (MFT)

The mental health discipline of marriage and family therapists is very popular in California and several other states. There are approximately 25,000 MFTs in California alone and about 50,000 nationally. The Association of Marriage and Family Therapists has about 25,000 members nationally. MFTs typically complete a bachelor’s degree in any field (typically a social science discipline such as psychology, sociology, or education), and later pursue a master’s degree in a terminal master’s counseling or psychology program. Following up to two years of supervised experience, MFTs can be licensed to practice independently in most but not all states. Despite the title, MFTs are not necessarily experts solely in marriage and family counseling. Often, they treat adults in individual therapy, as well. Advantages to becoming an MFT include the ease of acceptance into programs and the one to two years necessary to obtain a master’s degree. Disadvantages include the general mixed quality and training of professionals in this field.

Many states offer licensure as a Licensed Professional Counselor (LPC) designed for master’s-level practitioners. The training and experience for this profession tends to be similar to those outlined for MFTs.

Other Counselors

Many hospitals and clinics employ a variety of counselors such as occupational therapists, activity therapists, alcohol counselors, art
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therapists, psychiatric technicians, and others. These professionals provide a wide variety of services to patients including individual, family, and group counseling, and therapeutic activities such as art, dance, and music groups. Some of these professionals obtain a license or certification to practice (e.g., occupational therapists) while others do not (e.g., psychiatric technicians). Legislation in many states, such as Missouri, has been proposed or passed allowing occupational therapists, for example, to be licensed as “mental health professionals.”

Other Psychologists

There are many different types of psychologists besides the clinical, counseling, and school psychologists previously described. Cognitive, developmental, experimental, social, personality, industrial-organizational, physiological, and other types of psychologists are represented in the field. They complete a doctoral degree in psychology with specialization in one or more of the areas already listed. Unlike clinical psychologists, they are not mandated to complete an internship or postdoctoral fellowship. These psychologists work in educational settings such as colleges and universities as well as in business, government, and the military. They conduct research, consult with individuals and groups, and develop policies. They have different areas of expertise and skill but generally do not assess or treat patients experiencing emotional, behavioral, interpersonal, or other clinical problems. They are not considered mental health professionals and may not even be interested in human behavior. For example, an experimental psychologist might conduct research on the memory functioning of rats or the visual functioning of cats. A social psychologist might be interested in the social functioning of groups of primates. A physiological psychologist might be interested in how organisms such as birds learn new behaviors. These psychologists might be interested in human behavior but not in abnormal or clinical problems. For example, an industrial-organizational psychologist might help an executive interact with employees to improve performance or morale. A cognitive psychologist might study how medications impact attentional processes and sleeping behavior. A developmental psychologist might be interested in how children who are in full-time day care that starts during the first weeks of life bond with their mothers. With the exception of industrial-organizational psychologists, these psychologists do not obtain a license to practice psychology and therefore do not treat clinical problems.

The Big Picture

The goals, activities, and contributions of clinical psychologists are very appealing to many who are fascinated by human behavior and relationships. Contemporary clinical psychology can be defined as the assessment, treatment, and study of human behavior in the context of biological, psychological, and social factors. Thus, integration as well as awareness of such individual differences such as culture, ethnicity, and gender is part and parcel of the state of this current art and science. The enormous popularity of psychology as an undergraduate major, of clinical psychology as a career path, and of popular psychology books, shows, websites, and blogs are a testament to the inherent interest of clinical psychology. Most psychologists report a high degree of satisfaction with their career choice, and enjoy the tremendous flexibility and diversity of potential employment settings, the opportunity to work with people from diverse backgrounds, and participation in the rapid scientific advances impacting the field. However, changes in health-care delivery and reimbursement, the large number of degrees being awarded in clinical psychology and other mental health disciplines, and the modest salaries of most psychologists must be viewed realistically along with the many advantages of clinical psychology as a career. The goals and activities of clinical psychology are noble: to use the principles of psychology and our understanding of human behavior
to promote health, happiness, and enhanced quality of life.

**Key Points**

1. Clinical psychology focuses on the diagnosis, treatment, and study of psychological and behavioral problems and disorders. Clinical psychology attempts to use the principles of psychology to better understand, predict, and alleviate “intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning” (APA, 2009).

2. The road to becoming a clinical psychologist is a long one divided by a number of distinct stages and phases, which include college, graduate school, clinical internship, post-doctoral fellowship, licensure, and finally employment. However, academic positions are usually available following receipt of a doctorate degree and prior to licensure.

3. One of the great advantages of being a clinical psychologist is that there are a wide variety of activities and employment settings in which to work. Becoming a clinical psychologist allows one to teach at the university level, conduct research, provide consultation to a wide variety of professionals and organizations, and conduct psychotherapy and psychological testing with a wide range of populations.

4. Clinical psychologists work in many different employment settings including hospitals, medical schools, outpatient clinics, colleges and universities, business and industry settings, and private or group practices. The majority of clinical psychologists work in some type of part-time or full-time private practice. Following private practice, educational settings, such as academic careers in colleges and universities, are the second most common employment setting for clinical psychologists.

5. Many clinical psychologists ultimately specialize in one or more areas of research or practice. While there are many types of clinical psychology subspecialties, the most common include child clinical psychology, health psychology, neuropsychology, and forensic psychology.

6. Clinical psychologists are organized into a wide variety of professional organizations. Most psychologists are members of the APA. The APA is also divided into 56 topic interest divisions. About 6,000 psychologists are members of the APA Division 12 (Clinical Psychology).

7. In 1988, the American Psychological Society (APS) was founded by many of the academic or science-minded psychologists in the APA who felt that the APA no longer adequately represented their interests. Founding members of the APS felt that the APA had become too focused on professional practice and was becoming less and less attuned to the science of psychology.

8. Each state and most counties maintain psychological associations. Most clinical psychologists join their state psychological association and may also join their county psychology association.

9. The American Board of Professional Psychology (ABPP) was founded in 1947 as an agency that would certify psychologists in several specialty areas. The ABPP diploma is considered an advanced level of recognition and is certification beyond a state license to practice as a psychologist.

10. Clinical psychology maintains both similarities and differences with other mental health–related fields such as counseling psychology, school psychology, psychiatry, social work, nursing, and marriage, family, and child counseling.

11. Changes in health-care delivery and reimbursement, the large number of degrees being awarded in clinical psychology and other mental health disciplines, and the moderate salaries of most psychologists can be viewed as some disadvantages of clinical psychology as a career option.

12. The field of clinical psychology is dedicated to humanitarian concerns. Clinical psychology seeks to use the principles of human behavior to minimize or eliminate human suffering and enhance and improve
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human quality of life. Clinical psychology attempts to help individuals, couples, families, groups, organizations, and society achieve healthier, happier, and more effective functioning.

Key Terms

Administration
American Board of Professional Psychology
American Psychological Association
American Psychological Society
Assessment
Biopsychosocial perspective
Child clinical psychology
Clinical psychology
Consultation
Counseling psychologists
Doctor of Philosophy (PhD)
Doctor of Psychology (PsyD)
Forensic psychology
Geropsychology
Health psychology
Marriage and family therapists
Neuropsychology
Psychiatric nurses
Psychiatry
Research program
School psychologists
Social work
Teaching
Treatment

For Reflection

1. Define clinical psychology.
2. Why do you think clinical psychology is so popular?
3. Outline the major stages of clinical psychology training.
4. Outline the six major activities of clinical psychology.
5. Where do most clinical psychologists work?
6. Discuss the major subspecialties in clinical psychology.
7. Outline the major professional organizations associated with clinical psychology.
8. How do clinical psychologists differ from other psychologists?
9. How do clinical psychologists differ from other mental health professionals?

Real Students, Real Questions

1. Are the requirements to be a clinical psychologist very different outside of the United States and Canada?
2. How can treatment be based on solid research data when people are so different in their coping and healing patterns?
3. If clinical and counseling psychologists do similar things, then why the need for any distinction?
4. Do people like Dr. Phil, Dr. Laura, Dr. Drew and others discourage or encourage people from seeking help?
5. Other than prescribing medications, are there any significant differences between a psychologist and a psychiatrist?

Web Resources

http://www.apa.org
Learn more about the American Psychological Association.
http://www.aamft.org
Learn more about the American Association for Marriage and Family Therapy.
www.psych.org
Learn more about the National Association of Social Workers.
http://www.socialworkers.org/
Learn about the American Psychiatric Association.
Learn more about the Society of Clinical Psychology, Division 12 of APA.
http://www.guidetopsychology.com/cln_cns.htm
Learn more about clinical psychology licensing.