

THOMAS G. PLANTE

# CONTEMPORARY CLINICAL PSYCHOLOGY

FOURTH EDITION





# Contemporary Clinical Psychology



# CONTEMPORARY CLINICAL PSYCHOLOGY

Fourth Edition

Thomas G. Plante  
Santa Clara University and  
Stanford University

WILEY

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Published by John Wiley & Sons, Inc., Hoboken, New Jersey.

Published simultaneously in Canada.

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***Library of Congress Cataloging-in-Publication Data:***

Names: Plante, Thomas G., author.

Title: Contemporary clinical psychology / Thomas G. Plante.

Description: Fourth edition. | Hoboken, NJ : John Wiley & Sons, Inc., [2020] | Includes bibliographical references and index.

Identifiers: LCCN 2020024264 (print) | LCCN 2020024265 (ebook) | ISBN 9781119706311 (paperback) | ISBN 9781119706250 (adobe pdf) | ISBN 9781119706274 (epub)

Subjects: LCSH: Clinical psychology. | Psychotherapy.

Classification: LCC RC467 .P56 2020 (print) | LCC RC467 (ebook) | DDC 616.89—dc23

LC record available at <https://lcn.loc.gov/2020024264>

LC ebook record available at <https://lcn.loc.gov/2020024265>

Cover Design: Wiley

Cover Image: © vgajic / Getty Images

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

For Lori and Zach, who  
make everything worthwhile, meaningful, and sacred





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**PREFACE  
TO THE  
FOURTH  
EDITION**

**T**he goals, activities, and contributions of contemporary clinical psychology are very appealing to many who are fascinated by human behavior and relationships. The enormous popularity of psychology as an undergraduate major; of clinical psychology as a career path; and of popular psychology books, movies, television shows, web sites, and blogs is a testament to the inherent interest of clinical psychology and of human behavior at its best and at its worst. The goal of clinical psychology is noble: to use the principles of psychology and our understanding of human behavior to promote health, happiness, satisfaction with and improvement of self and others, and an enhanced quality of life.

Like so many other professional disciplines, contemporary clinical psychology is changing and growing at a rapid pace. The changing needs of a multicultural society, technological and other scientific advances, the changing health-care and mental health-care landscape, and complex problems in today's culture have all greatly impacted both the science and practice of contemporary clinical psychology. Some of these changes are positive; others are negative. Despite the challenges confronting clinical psychology, the field remains a fascinating and exciting endeavor with tremendous potential to help individuals, groups, and society.

As more research evidence emerges concerning the interplay of biological, psychological, and social influences on behavior, contemporary clinical psychologists must incorporate new knowledge to develop better applications in their efforts to understand and help others. Biopsychosocial integration in many ways best reflects contemporary clinical psychology, expanding the range and usefulness of its efforts.

This book provides students an overview of contemporary clinical psychology from an integrative biopsychosocial perspective. It highlights the various activities, roles, and responsibilities of the contemporary clinical psychologist and lays a foundation of the discipline through a detailed review of its history, scientific underpinnings, and theoretical orientations. An overview of contemporary issues in clinical psychology serves as a roadmap for those interested in pursuing clinical psychology as a career.

Each chapter includes a highlight of a contemporary clinical psychologist who provides a frank reflection on the pros and cons of contemporary clinical psychology as well as their view of the future of the field. A typical schedule is also provided so that you get a sense of what a day in the life of a contemporary clinical psychologist might be like. The psychologists were chosen to reflect the broad range and diversity of people who are clinical psychologists. Some of the psychologists are well-known; others are not. Several work in colleges and universities conducting research and teaching. Several work in solo or group private practice. Some work in hospitals, government agencies, or university counseling clinics. Some combine work in several diverse settings. Some work part-time while raising

a family. Psychologists from diverse training programs, from both genders, from a variety of ethnic groups, from locations across the United States and elsewhere, and with disabilities are represented. The range of activities, roles, and responsibilities of these psychologists reflects the diversity of careers open to the contemporary clinical psychologist.

Each chapter includes a detailed list of key points and terms to help enhance understanding, a section titled The Big Picture that gives a bottom-line or take-home message summary of the chapter, and a look toward the future for that particular topic. Each chapter also gives several questions real students have raised after reading. Most chapters include one or more spotlights on a contemporary issue in clinical psychology. Each chapter also offers “Take a Look” video or website suggestions and “Did You Know?” fun facts about clinical psychology. A great deal of clinical case material is presented throughout the book as well. Several cases, such as Mary, a 65-year-old woman with a long history of panic attacks, are discussed in several chapters for the reader to trace the theoretical conceptualization, assessment, and treatment of one case in some detail. All the patients and all the testing, therapy, consultation, and ethics examples are based on actual clinical cases. However, the details have been carefully altered to protect patient confidentiality.

This book uses an integrative and evidence-based biopsychosocial approach throughout. This approach best reflects the perspective of most contemporary clinical psychologists. Less emphasis is placed on traditional theoretical models such as behavioral, psychodynamic, and humanistic approaches since contemporary clinical psychologists integrate these and other approaches and orientations rather than exclusively using one. The real world of clinical psychology is highlighted to provide a window into how the science and practice of clinical psychology is actually conducted. I have attempted to give the reader a realistic, practical, and current portrayal of the contemporary clinical psychology field in many

different settings. Finally, this book provides a separate chapter on ethics and a separate chapter on the consultation, administration, and teaching responsibilities of clinical psychologists. Emphasis is placed on contemporary issues in clinical psychology such as diversity, empirically supported and evidence-based treatments, managed health care and health-care reform, and other hot topics.

I have updated this fourth edition of the book to include many new topics and references that have emerged since 2011, when the third edition was published. For example, the assessment chapters have been updated to incorporate the most recent versions of common psychological testing instruments. To make the textbook more approachable and hopefully more interesting for students, some of the psychologists highlighted in chapters have been replaced with other psychologists from more diverse backgrounds, careers, and several who specialize working with college students. Several hundred engaging photos along with video and website links have been added, too.

I am especially happy about my new section titled “Take a Look” throughout the chapters, where I suggest very brief videos to make the concepts discussed in the chapter sections clearer, more engaging, and more memorable. Many of these are from my colleague, clinical psychologist Ali Mattu, PhD, with a popular and long-running free YouTube program called *The Psych Show* (<https://www.youtube.com/watch?v=8QhgZGBsEWA>). Additionally, the Did You Know? section in the chapters offers an interesting and relevant fun fact about clinical psychology. And finally, text has been broken up with these new additions but also with a more generous approach to photos and the like.

The book assumes that students have already completed undergraduate courses in introductory and abnormal psychology. The book is appropriate for upper-division college students who are likely to be psychology majors or first-year graduate students in clinical psychology. The book might also be a



helpful reference for those who provide career guidance for students potentially interested in a career in psychology or related fields.

The instructor's guide that accompanies this book provides faculty with a detailed book outline, multiple-choice and essay examination questions, PowerPoint slides for class use, a list of references, websites, popular and educational films, class activities, and a sample course syllabus. The instructor's guide is available online.

I welcome comments about the book from both students and faculty and will use them to create improved future editions. In fact, many of the changes made to this edition were based on feedback I received from students and instructors using the book.

You can contact me at [tplante@scu.edu](mailto:tplante@scu.edu), or check my website ([www.scu.edu/tplante](http://www.scu.edu/tplante)). I also blog regularly for *Psychology Today* (see here: <https://www.psychologytoday.com/us/blog/do-the-right-thing>)

Thank you for reading this book, and welcome to the exciting, fascinating, and ever-changing world of contemporary clinical psychology.

## Acknowledgments

Numerous people other than the author assist in the development and completion of a book. Some provide help in a direct and concrete manner, while others provide help in less direct and more supportive ways. I would like

to acknowledge the assistance of the many people who have helped in both ways and have contributed to my own and also this book's development.

First, I would like to thank the many wonderful people at John Wiley & Sons who have enthusiastically worked to publish this book. I'd like to thank my editors, Darren Lalonde and Monica Rogers, for their interest, dedication, and enthusiasm with the project as well as their high level of professionalism. I would like to thank the production staff as well (including Iswarialakshmi Ravindran, Richard Marshal, and Christina Weyrauch). I thank the anonymous patients referred to in this book for allowing their life experiences and challenges to be an instrument of learning for others. I would like to thank the reviewers for offering their helpful suggestions and perspectives on earlier editions of the book, which I have now incorporated into this fourth edition.

I would also like to thank my many students for helping me better understand what is useful, interesting, and helpful for them to learn and for providing me with inspiration. Their passion and curiosity for clinical psychology is inspiring. I'd like to especially thank the students who provided the questions at the end of each chapter in the Real Students, Real Questions sections. Finally, I would like to thank my wife, Lori, and son, Zach (who also supplied many of the photos in the book), for their love and support and for making everything worthwhile, meaningful, and sacred.



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## ABOUT THE AUTHOR



Source: Thomas  
G. Plante

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sional issues and ethics for clinical psychology interns and fellows at Stanford. He is a licensed psychologist in California and a diplomate of the American Board of Professional Psychology in clinical psychology, also maintaining a private practice. He is a fellow of the Academy of Clinical Psychology, the American Psychological Association (Divisions 12, 36, 38, 46, and 47), and the Society of Behavioral Medicine. He is the current editor of the American Psychological Association journal *Spirituality in Clinical Practice*. He recently served as vice chair of the National Review Board for the Protection of Children and Youth for the United States Conference of Catholic Bishops and was President of Division 36 (the Society for the Psychology of Religion and Spirituality) of the American Psychological Association. He currently represents Division 36 on the American Psychological Association Council of Representatives, serves on the Council Leadership Team, and is the Civility Ambassador for the Association as well.

Dr. Plante was born and raised in Rhode Island and received his ScB degree in psychology from Brown University, his MA and PhD degrees in clinical psychology from the University of Kansas, and his clinical internship and postdoctoral fellowship in clinical and health psychology from Yale University. He is the former chief psychologist and mental health director of the Children's Health Council, as well as a former staff psychologist and medical staff member at Stanford University Hospital.

He has published over 200 professional journal articles and book chapters on topics such as clinical psychology training and professional issues, psychological benefits of exercise, personality and stress, spirituality and health, and psychological issues among Catholic clergy. He has published 23 books, including *Graduating With Honor: Best Practices to Promote Ethics Development in College Students* (2017, Praeger), *Do the Right Thing: Living Ethically in an Unethical World* (2004, New Harbinger), *Sexual Abuse in the Catholic Church: A Decade of Crisis, 2002–2012* (2011, Praeger) and *Spiritual Practices in Psychotherapy: Thirteen Tools for Enhancing Psychological Health* (2009, American Psychological Association).

He has been featured in numerous media outlets, including *Time* magazine, *CNN*, *NBC Nightly News*, *The PBS News Hour*, *New York Times*, *USA Today*, *British Broadcasting Company*, and *National Public Radio*, among many others. He has evaluated or treated more than a thousand priests and applicants to the priesthood

and diaconate and has served as a consultant for a number of Roman Catholic and Episcopal Church dioceses and religious orders. *Time* magazine referred to him (April 1, 2002) as one of “three leading (American) Catholics.” For additional details please see his university webpage at [www.scu.edu/tplante](http://www.scu.edu/tplante).

# PART One

## FOUNDATIONS AND FUNDAMENTALS

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- Chapter 1 What Is Contemporary Clinical Psychology?
- Chapter 2 Foundations and Early History of Clinical Psychology
- Chapter 3 Recent History of Clinical Psychology
- Chapter 4 Research: Design and Outcome
- Chapter 5 The Major Theoretical Models: Psychodynamic, Cognitive Behavioral, Humanistic, and Family Systems
- Chapter 6 Integrative and Biopsychosocial Approaches in Contemporary Clinical Psychology



Photo: Courtesy Zach Plante.



# What Is Contemporary Clinical Psychology?



Let's take a close look at what contemporary clinical psychology is all about

*Source:* ESB Basic/Shutterstock

## 1 Chapter

### 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 has a variety of challenges that should be addressed from a biopsychosocial perspective  
*Source: Diego Cervo/Shutterstock.com*

Carlos experiences depression, substance abuse, attentional problems, learning disabilities, diabetes, and family stress. He 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 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?



**A**s 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 (CPA), and the British Psychological Society (BPS), 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 the world does 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 across the globe.

### Definition and Inherent Intrigue

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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 well-being, emotions, and interpersonal relationships.

Although the independent discipline of psychology is only about 130 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 (American Psychological Association [APA], 2020, 2020b; Sayette & Norcross, 2020). 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

(American Psychological Association, 2020). The majority of members of the APA list clinical psychology as their area of specialization (American Psychological Association, 2020). 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 the human psyche interacts with physical, emotional, and social aspects of health and dysfunction. According to the Society of Clinical Psychology (Division 12 of the American Psychological Association), *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” ([www.div12.org](http://www.div12.org)). 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 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 of interest to clinical psychologists.

Did you know? By definition, a clinical psychologist needs to have a doctoral degree, whether they practice in the United States or elsewhere.

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” (American Psychological Association, 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 (American Psychological Association 2020; Matarazzo, 1987; Sayette & Norcross, 2020).

### Perspective and Philosophy

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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, best practices, and clinical guidelines to understand and address problems in human behavior. A wealth of individual perspectives contribute important pieces of understanding to the puzzle of human behavior, but 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 and 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 problems and that different approaches might be most helpful for others. For example, some people who experience depression respond well to medication, while others respond to cognitive behavioral psychotherapy. Others respond well to supportive therapies such as the humanistic approach. Still others respond to a combination of these and other approaches.

Although appropriate medication might be useful to treat someone with depression, family therapy, vocational counseling and support, physical exercise, meditative practices, and group social skills training may enhance treatment success.

Many people who seek the services of a clinical psychologist often have several problems or diagnoses occurring at the same time. For example, the person who experiences depression may also suffer from a chronic illness, a personality disorder, a learning disability, alcohol troubles, and marital discord. Furthermore, stressful life events, intellectual functioning, ethnic background, religious orientation, and other factors contribute to the manifestation of the depressive disorder and other problems. One theoretical orientation alone may not address the complexity of the person seeking help. Most contemporary clinical psychologists believe that problems in human behavior are multidimensional. They use an integrative and evidence-based approach that suggests that interacting causal factors generally contribute to human problems and that a multidimensional approach is usually needed to tackle these issues. Thus, many factors may contribute to human problems, and a selection of factors must be used to help alleviate these concerns. Today, many clinical psychologists use an integrative evidence-based perspective that maintains a biopsychosocial orientation.

The biopsychosocial perspective emphasizes the interaction of biological, psychological, and social influences on behavior and psychological functioning. Each must be carefully considered and the individual viewed in a broader biopsychosocial context to best understand the complexities of human behavior and the most effective means of intervention (Borrell-Carrió, Suchman, & Epstein, 2004; Engel, 1977, 1980; Melchert, 2015). Although clinical psychologists may not always be able to intervene at the biological, psychological, and social level, they must consider these influencing factors in understanding and treating people who seek their services. For example, psychologists cannot prescribe medication in most states, conduct physical examinations, or offer

surgery to their patients. They cannot alter ethnic, religious, socioeconomic, or cultural backgrounds. However, clinical psychologists can work to understand these influences on behavior and clinical problems and can consult with others who can provide additional services such as medication management, surgery, and spiritual and religious direction.



A biopsychosocial integrative approach makes good sense in today's healthcare environment  
*Source:* Rawpixel.com/Shutterstock

The biopsychosocial approach is a systemic perspective (Engel, 1977, 1980; Melchert, 2015); that is, changes in one area of functioning will likely impact functioning in other areas. The fluid and systemic nature of the biopsychosocial approach highlights the mutual interdependence of each system on each of the other systems. For example, feelings of depression may be associated with brain neurochemicals, interpersonal conflicts, disappointments in life, stresses at home and at work, unrealistic expectations, cultural context, and many other interacting factors. Someone might be genetically or biologically vulnerable to depression due to brain chemistry. Stressful life events such as a divorce, illness, or job loss may trigger a depressive episode. Feelings of depression may result in poor work performance, social isolation, feelings of hopelessness, and lower self-esteem, which may deepen the depression as well as trigger brain chemistry that in turn further worsens the depression. Educational, cultural, socioeconomic, and other factors might influence

whatever treatment, if any, is pursued by the depressed person. Treatment success may be influenced by both patient and therapist motivation, expectations, and comfort with the treatment plan. Details on theoretical orientations and the biopsychosocial perspective will be discussed more fully in Chapters 5 and 6.

## Education and Training

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Students enjoying a much needed laugh on the way to class  
*Source:* Rawpixel.com/Shutterstock

Few people are aware of the long and intensive training process involved in becoming a clinical psychologist. Most do not realize that the process includes training in experimental research and psychological testing and psychotherapy. Although master's degrees are awarded in clinical psychology and other areas of applied psychology (e.g., school psychology), the doctorate is considered the minimum educational requirement to become a clinical psychologist (American Psychological Association, 1987). 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.

Did you know? Doctoral degrees are awarded from universities and freestanding professionals schools, and both may offer the PhD or PsyD degree.

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

Graduate training in clinical psychology involves coursework and 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 time 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 (American Psychological Association, 2020; Sayette & Norcross, 2020), 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.

Take a look! Clinical psychologist Dr. Ali Mattu offers a thoughtful and brief video about the PhD versus the PsyD degree. <https://www.youtube.com/watch?v=rBuDogUBFgo>

Almost all graduate training programs in clinical psychology require that students complete a 1-year, full-time (or 2-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, some 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.

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, or EPPP). After successful completion of the written examination, some states then require an oral, essay, or specific law and ethics examination before obtaining the license. Following licensure, most states require regular continuing education to renew the psychology license every few years.

After being awarded the doctorate, a clinical psychologist is eligible to become a diplomate, an advanced level of certification. This diploma is an optional postlicensing certification that reflects advanced competency in a subspecialty area of professional practice. The American Board of Professional Psychology (ABPP) acts as the primary credentialing



## SPOTLIGHT

## Dr. Phil, Dr. Laura, Dr. Drew, and Other Pseudopsychology Celebrity Personalities

Phillip McGraw (aka Dr. Phil) has received a great deal of attention during the past few decades due to his popular television show. Started in September 2002, it quickly became a syndicated television show. 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, so-called 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 television show and write popular books on relationship issues, weight loss, and other topics.

Unlike Dr. Phil, Dr. Laura 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 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, Lori Gottlieb, and Dr. Jenn Berman are also neither licensed psychologists nor clinical psychologists.

Regardless of what you think about these 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.

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. They 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 or collaborative research, providing consultation to a variety of professionals and organizations, conducting psychotherapy, and providing psychological assessment and diagnostic services. They 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 their work.

Did you know? Clinical psychologists may conduct psychotherapy, but they are also often trained to do psychological assessments, research, teaching, consulting, and a wide variety of other services.

Take a look! Dr. Ali Mattu offers a thoughtful and brief video about the top 10 myths about psychologists. <https://www.youtube.com/watch?v=rAph86iIagA>

## Research

Research is at the foundation of all clinical psychology activities. When it is conducted by psychologists or others in the behavioral sciences, it 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, technology companies such as Google and Facebook), 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 research and publish their own studies, all are expected to be constant consumers of research to inform their professional activities. Clinical psychologists must understand the research findings of others 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) and nonpsychiatric 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 psychological evaluations with individuals to assess intellectual, educational, personality, and neuropsychological functioning, but also assess groups of people (e.g., families) and even organizations.

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.

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**SPOTLIGHT**

## The COVID-19 Pandemic



The global COVID-19 pandemic in 2019-20 impacted everyone including the practice of clinical psychology  
*Source: KTSDESIGN/SCIENCE PHOTO LIBRARY/Getty Images*

The global COVID-19 pandemic that began in China during fall 2019 and spread across the globe by the first half of 2020 impacted everyone, including how clinical psychology is conducted and practiced. Psychologists treating clinical patients needed to quickly adapt to telehealth, allowing them to provide clinical services such as psychotherapy, psychological testing, and consultation digitally. The American Psychological Association (APA), in conjunction with state and provincial psychological associations across the United States and Canada, worked nimbly with government agencies to find quick ways to be able to provide much needed clinical services across state lines and jurisdictions and to explore how to provide confidential professional services on communication platforms such as Zoom and FaceTime. Clinical psychology researchers had to quickly adapt their research protocols to accommodate strategies that avoided in-person contact with research participants. And psychologists tried to offer helpful strategies for helping health-care workers on the front lines of the pandemic who struggled with anxiety, depression, panic, posttraumatic stress disorder, and other mental health conditions as they cared for so many severely ill and dying patients.

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A developmental history and neuroimaging techniques conducted by a physician will augment the findings 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 symptomatology.

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, using an arsenal of tools in determining subtle and often hidden problems and syndromes in the context of biological, psychological, and sociocultural factors.



## Treatment



Psychotherapy is just one of many activities common among contemporary clinical psychologists  
*Source: wavebreakmedia/Shutterstock*

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 identity and preference, religious faith,

disabilities, ethnic identities, economic status) that comprise today's mosaic society. Various treatment approaches and theoretical models are used 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 (Castonguay et al., 2015). Others tend to specialize in one of a number of treatment approaches, such as cognitive behavior therapy, family therapy, or hypnosis. The major theoretical schools of thought in psychology are psychodynamic, cognitive behavior, humanistic and 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 (APA Presidential Task Force on Evidence-Based Practice, 2006; Norcross & Lambert, 2019). 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). The Clinical Psychology Division of the American Psychological Association (The Society of Clinical Psychology, Division 12) maintains a website (<http://div12.org/psychological-treatments/treatments/>) that keeps updated information including clinical and research references for state-of-the-art, evidence-based 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). 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. 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; Tolin et al., 2015). 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, or postgraduate students. Other psychologists might teach part-time 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



Patrick H. DeLeon.

When working on Capitol Hill for 38-plus years, Dr. DeLeon used his skills as a clinical psychologist helping to shape federal policy and legislation that best reflects both the science and application of clinical psychology. He is a former president of the American Psychological Association and a member of the National Academy of Medicine of the National Academies of Sciences, Engineering, and Medicine.

**Birth date:** January 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:** Distinguished Professor Uniformed Services University, Department of Defense

**Prof of being a clinical psychologist:** "Substantive knowledge about people, systems, health care, etc."

**Cons of being a clinical psychologist:** "Most psychologists do not appreciate how little they know about public policy and national trends impacting them."

**Future of clinical psychology:** “The future requires interprofessional involvement, especially with law, professional nursing, and clinical pharmacy and collaborative work with visionaries developing the interface between technology and health care.”

**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 ‘silo-oriented’ training modules. The percentage of women in the field will continue to increase. And clinical protocols will focus concretely on special populations (e.g., 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. Our educational leadership will develop joint programs with professional nursing and clinical pharmacy.”

**Typical schedule:** “Since leaving the Hill 8 years ago, I have been working part-time within the Daniel K. Inouye Graduate School of Nursing and the Department of Psychology at the Uniformed Services University in Bethesda, Maryland. High priorities have been fostering interprofessional training and facilitating the development of unique austere training placements, for example in American Samoa and the federally qualified health centers of rural Hawaii for both psychology and advanced practice nursing students. Prescription privileges continues to be a maturing development. I currently teach an advanced integrated health policy class for both professions and have co-authored numerous articles and book chapters on health policy. I am also developing several books, including one on the stories of retiring psychologists with Rod Baker.”

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## 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. It could also include working with a religious superior in helping to better select applicants who wish to enter a religious order or become a clergy member. It also 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



Employment opportunities for contemporary clinical psychologists are many and diverse

*Source:* Florin Burlan/Shutterstock

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 (American Psychological Association, 2020; Sayette & Norcross, 2020). Following private practice, teaching in colleges and universities is the second most common

employment choice for clinical psychologists (American Psychological Association, 2020; Sayette & Norcross, 2020). 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 (American Psychological Association, 2020; Sayette & Norcross, 2020). 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. 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. However, significant changes in health-care reform, managed health care, and insurance reimbursement for psychological services may alter this rosy view of private practice for many professionals. 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. Yet 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 2020, private practice is still alive and well for many professionals (American Psychological Association, 2020; Sayette & Norcross, 2020).



## Colleges and Universities



Many contemporary clinical psychologists teach in academic environments like colleges and universities

Source: Lisa F. Young/Shutterstock

About 20% of clinical psychologists are employed in academic environments (American Psychological Association, 2020). 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 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



Contemporary clinical psychologists often work in medical environments such as hospitals and clinics

Source: sturti/Getty Images

Many clinical psychologists work in hospital settings (American Psychological Association, 2020). 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 U.S. Department of Veterans Affairs (VA) hospitals. In fact, the majority of internship training sites are located in VA hospitals (Association of Psychology Postdoctoral and Internship Centers, 2020).

## 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 2–4 hours 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 non-medical 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. 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 (American Psychological Association, 2020). 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 (American Psychological Association, 2020). 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 contemporary clinical psychologists work with and for the military Stocktrek

*Source:* Stocktrek Images/Getty Images

Many clinical psychologists are employed by one of the branches of the U.S. military such as the navy, air force, or army (American Psychological Association, 2020). 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 adults, substance abuse and mental illness halfway houses, battered women's shelters, seminaries, 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 is expected from all clinical psychologists, not all 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 focus on eating disorders, anxiety disorders, or pain disorders.

### Child Clinical Psychology

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Many contemporary clinical psychologists work with children

Source: kali9/Getty Images

Child clinical psychologists specialize in working with both children and families. A clinical focus on children and families has become enormously popular in graduate training programs (American Psychological Association, 2020; Sayette & Norcross, 2020). 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 developmental delays) and treatment (e.g., family therapy, parent consultation). They commonly work in schools, children's hospitals, community clinics, and private practices. Child clinical psychologists may work with children who have experienced physical 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. They 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. 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. They 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 their blood sugar level due to concerns about being different from their peers. They also may work with



nurses about a child hospitalized with cystic fibrosis and struggling with significant depression and social isolation.

## Clinical Health Psychology



Contemporary clinical psychologists often work in medical and health care environments

*Source:* Morsa Images/Getty Images

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 healthcare system and health policy formation” (Matarazzo, 1982, p. 4).

Since its inception during the early 1980s, health psychology has become a popular and growing area of interest (Sayette & Norcross, 2020). This subspecialty serves as an excellent example of integrative trends in the field (Melchert, 2015; Taylor, 2015).

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 and Prevention [CDC], 2020). Furthermore, over 15% of the gross national product is devoted to health care (CDC, 2020). 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. Health psychologists work with individuals and groups 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 (Melchert, 2015).

Health psychologists are often trained in clinical psychology, counseling psychology, social psychology, or child clinical psychology but specialize in health-related problems and interventions. Health psychologists typically work in hospital settings; however, many also work in academic, business, and outpatient clinic settings. Health psychologists often utilize specialized techniques such as biofeedback, hypnosis, relaxation training, and self-management strategies in addition to general psychotherapy in the course of the overall treatment process.

## Clinical Neuropsychology



Clinical neuropsychology is a fast growing area of specialization for contemporary clinical psychologists

*Source:* Movus/Getty Images

**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



Contemporary clinical psychologists often work and consult with attorneys and judges in court related activities

*Source: Stockbyte/Getty Images*

**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. 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



An increasing aging population offers many opportunities for the services of clinical psychologists

*Source: Rubberball/Mike Kemp*

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. 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 international, national, regional, and local 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 both psychologists and the public.

## American Psychological Association

Clinical psychologists are usually members of several professional organizations. Most are members of the **American Psychological Association**. The APA was founded in 1892 and is the largest organization of psychologists anywhere in the world. There are 118,000 members of the organization (American Psychological Association, 2020) 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, and about half have a license to practice in one or more states (American Psychological Association, 2020). The APA was incorporated in 1925 and is located in Washington, DC. Since the first meeting in Philadelphia in 1892, the APA has held a yearly national convention each August in a large American or Canadian city. It is also home to 54 topic interest divisions (e.g., Division 2 is teaching of psychology; Division 12 is clinical psychology, of which about 6,000 psychologists are members). 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*) and 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.

Did you know? The American Psychological Association is by far the largest organization of psychologists in the world.

## Association for Psychological Science

In 1988, the Association for Psychological Science (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 (American Psychological Association, 2020). 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 help in policing unethical and illegal conduct of psychologists and in developing licensing laws and criteria for acceptable professional practice.

## American Board of Professional Psychology

An independent organization closely associated with the APA, the 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. It is offered in a number of

specialty areas, but the majority are in clinical psychology. Approximately 1,000 psychologists hold the ABPP diploma in clinical psychology (American Psychological Association, 2020).

Other Organizations

Clinical psychologists may join a number of other international, national, and regional organizations depending on their specialty interests. These include the Society of Behavioral Medicine (SBM), Society of Pediatric Psychology, International Neuropsychology Society (INS), Association of Behavior Analysis (ABA), and International Society of Clinical Psychology (ISCP). 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?

Take a look! Dr. Ali Mattu offers a thoughtful and brief video about the how to find the right therapist. <https://www.youtube.com/watch?v=4VKLcNHWQJE>

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. Table 1.1 provides a brief overview of these disciplines.

Table 1.1 Mental Health Professionals

Degree	Program	Years of training prior to degree <sup>a</sup>	Years of postdegree training	License
PhD	Clinical psych	4–5	1–2	Psychologist
PhD	Counseling psych	4–5	1–2	Psychologist
PhD	School psych	4	1–2	School psychologist
PsyD	Clinical psych	4–5	1–2	Psychologist
MA/MS	Clinical psych	2	1–2	Marriage and Family Therapist
MA/MS	Counseling psych	2	1–2	Marriage and Family Therapist
MA/MS	School psych	2	1	School psychologist
MSW	Social work	2	1–2	Social worker
MD	Medicine	4	3–4	Physician (e.g., psychiatrist)

<sup>a</sup>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.

## Counseling Psychologists (PhD)

Of all the different mental health professionals, **counseling psychologists** are perhaps the most similar to clinical psychologists in actual 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 4-year graduate training program (in counseling psychology rather than clinical psychology), complete a 1-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 compared with 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.

## School Psychologists (MA or PhD)

While doctorates in school psychology are available, a master's degree is generally the degree of choice for school psychologists. Surveys by the American Psychological Association (2020) 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 school teachers, 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, whereas those most interested in practice with children and families generally choose MA programs.

## Psychiatry (MD)

Psychiatrists are physicians who earn a medical degree and complete residency training in **psychiatry**. The American Psychiatric Association reports that approximately 40,000 psychiatrists are members of the association (American Psychiatric Association, 2020). Approximately 40% of psychiatrists work in solo private practices (American Psychiatric Association, 2020). Typically, psychiatrists receive their bachelor's degrees in premedical-related fields (e.g., biology) and then complete 4 years of medical school to obtain an MD. Subsequently, a 1-year medical clinical internship is completed, prior to a residency (usually 3 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 use 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., Illinois, New Mexico, Louisiana). Second, psychiatrists have a much higher earning potential than any other mental health professional. Third, as physicians, psychiatrists generally hold greater status and positions of greater authority, especially in hospital or other medical settings.

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 4 undergraduate, 5 graduate, and 1–2 postdoctoral years focusing specifically on psychology and psychotherapy, psychiatrists spend only the 3 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 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. Psychiatrist salaries are high compared with non-MD mental health professionals but very low compared with other physicians.

### **Social Work (MSW)**

There are approximately 120,000 members of the National Association of Social Workers (NASW, 2020). Social workers have typically obtained a bachelor's degree in a social science such as psychology or sociology and subsequently entered a 2-year graduate program to attain their master's degree in social work (MSW). Next, they must complete up to 2 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 their 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 (NASW, 2020). 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, whereas about 12% are engaged in private practice (NASW, 2020). 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., 2 years as opposed to the minimum 5 years necessary for a PhD 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.

Did you know? Many different licensed professionals offer mental health services such as counseling, but many are unlicensed and thus unregulated such as personal or executive coaches or those who use a generic term like *therapist*, *consultant*, or *counselor*.

## Psychiatric Nursing (RN)

More than 12,000 **psychiatric nurses** have specialty training in psychiatric illnesses and treatment (American Psychiatric Nurses Association, 2020). They usually obtain both an undergraduate and master's degree in nursing. They are licensed as registered nurses 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 and help in the medical management of psychotropic medications. Many psychiatric nurses are employed in hospitals and clinics; however, many also maintain private practices.

## Marriage and Family Therapists (MFT)

**Marriage and family therapists** (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 2 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 also treat adults in individual therapy. Advantages to

becoming an MFT include the ease of acceptance into programs and the 1–2 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 therapists, and psychiatric technicians. 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).

### 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

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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 and awareness of such individual differences such as culture, ethnicity, and gender are 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

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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 (American Psychological Association, 2020).
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 doctoral 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 54 topic interest divisions. About 6,000 psychologists are members of the APA Division 12 (clinical psychology).
7. In 1988, the 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 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 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

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Administration  
 American Board of Professional Psychology  
 American Psychological Association  
 Association for Psychological Science  
 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

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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

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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

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<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.

<http://www.socialworkers.org/>

Learn more about the National Association of Social Workers.

<http://www.psychiatry.org>

Learn about the American Psychiatric Association.

<https://www.apa.org/about/division/div12>

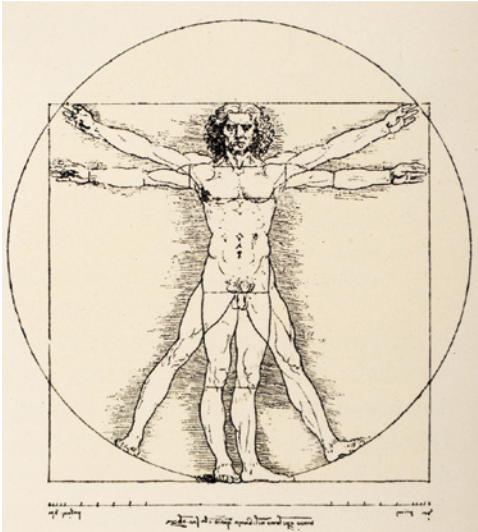
Learn more about the Society of Clinical Psychology, Division 12 of APA.

[http://www.guidetopsychology.com/cln\\_cns.htm](http://www.guidetopsychology.com/cln_cns.htm)

Learn more about clinical psychology licensing.

# Foundations and Early History of Clinical Psychology

## 2 Chapter



Interest in the nature of man has been an important area of inquiry long before and after the advent of clinical psychology

Source: ilbusca/Getty Images

### Chapter Objective

To highlight the early influences and history of clinical psychology from ancient times until the early part of the twentieth century.

### Chapter Outline

Early Conceptions of Mental Illness: Mind and Body Paradigms

The Founding of Clinical Psychology

Highlights of a Contemporary Clinical Psychologist:

Rev. Gerdenio "Sonny" Manuel, SJ PhD

The Influence of Binet's Intelligence Test

The Influence of the Mental Health and Child Guidance

Movement

The Influence of Sigmund Freud in America

The American Psychological Association and Early Clinical Psychology

The Influence of World War I

Clinical Psychology Between the World Wars

The Influence of World War II