

1 | What Is Clinical Psychology?

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Chapter Preview

Clinical psychology is one of the most important and fascinating areas of psychology, and we have the pleasure of introducing it to you. This opening chapter provides a broad survey of the field. We'll describe what clinical psychology is, what clinical psychologists do, where they work, how they are trained, and how clinical psychology is related to other

domains of psychology, including other mental health disciplines. Whether you have only a casual interest in the field or you are thinking about becoming a clinical psychologist yourself, this chapter's overview will set the stage for the others that focus on more specific topics.

A Clinical Case

Let's start our exploration of clinical psychology with an example of the kinds of people and problems that clinical psychologists encounter every day. "Rachel Jackson" (not her real name) is a 17-year-old student at a suburban high school in the midwestern United States. She has always been a bit on the rebellious side, but at the beginning of her junior year, she started hanging out with a new group of friends who routinely smoke marijuana, drink alcohol, skip classes, and encourage her to do the same. Like them, she has come to think of schoolwork as pointless, so her grades – which were only average to begin with – have been suffering. Rachel's tendency to be slightly overweight had never been of great concern to her until recently when a few snide remarks by some of her new friends prompted her to go on a crash diet.

Because of his own problems, Rachel's father James, a 45-year-old African American accountant, has not been paying much attention to his daughter's behavior, or that of his two younger children, 12-year-old fraternal twins Jamal and Janelle. James had been an involved parent and loves his family deeply, but he began to withdraw shortly

after he lost his job during a downturn in the economy, making his wife Lena's salary as a nurse the family's only source of income. He has bouts of depression, sleeps poorly, complains about the house being "a mess," and constantly worries about money, despite spending far too much of it at a local bar. But Lena, the 43-year-old daughter of Lithuanian immigrants, has recognized that Rachel could be heading for trouble. Lena is estranged from her older sister, Regina, and has no close friends in her mainly European American neighborhood. Indeed, her neighbors have not exactly welcomed her mixed-race family (Lena is white). Lena finally decided to share her concerns about her daughter with "Ellen Yang" (not her real name), a friend and co-worker. On Ellen's advice, Lena contacted a guidance counselor at Rachel's school. The counselor felt that the situation deserved the attention of a mental health professional, so she referred Lena to "Dr. Cynthia Leon," a clinical psychologist at a nearby community mental health center.

At their first appointment, Lena described some of Rachel's problems, but soon found herself talking

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about other concerns, too, including her husband's emotional disengagement, her worries about its impact on her marriage and the children, her aging mother's declining health and loss of mental capacity, and her own feelings of sadness, fatigue, and hopelessness about what sometimes seems to be an impossibly stressful living situation. Dr. Leon listened carefully, and among other things, pointed out that while Rachel's behavior is certainly a focus of concern, it seems to be only one feature of an enormously complex family system.

In the chapters to come, you will discover much more about members of the Jackson family, and you will see how Dr. Leon and other clinical psychologists addressed

the difficulties they faced . . . Their stories will illustrate the ways in which clinicians assess and treat people with psychological problems, how they conduct research on the measurement, causes, treatment, and prevention of those problems, and how clinicians are trained. You will also learn how clinical psychologists have become key providers of health care in the United States and in other countries, and how clinical psychology continues to evolve and adapt to the social, political, and cultural climate in which it is practiced. Finally, you will learn about the ongoing challenges and controversies confronting the field of clinical psychology, including those bearing on the diagnoses of mental disorders, and the effectiveness of psychotherapy.

An Overview of Clinical Psychology

Section Preview

In this section, we define clinical psychology and identify the requirements for entering the field. We also discuss the continued appeal of clinical psychology as a profession,

popular conceptions and misconceptions of clinical psychologists, and how clinical psychology overlaps with, and differs from, other mental health professions.

The Definition of Clinical Psychology

As its name implies, clinical psychology is a subfield of the larger discipline of psychology. Like all psychologists, clinical psychologists are interested in behavior and mental processes. They conduct research about human behavior and seek to apply the results of that research to improve the delivery of mental health services, including assessment of the characteristics of individual clients. Like the members of some other professions, clinical psychologists also provide assistance to those who need help with psychological problems. They also serve as educators and administrators and help shape policies about health care and the application of psychological science to solve human problems. It is difficult to capture in a sentence or two the ever-expanding scope and new directions of clinical psychology today, but we can outline its central features.

Clinical psychology is defined on the website of the American Psychological Association's Division of Clinical Psychology as the field of psychology that "involves research, teaching and services relevant to the applications of principles, methods, and procedures for understanding, predicting, and alleviating intellectual, emotional, biological, psychological, social and behavioral maladjustment, disability and discomfort, applied to a wide range of client populations." The definition

goes on to say that "in theory, training, and practice, clinical psychology strives to recognize the importance of diversity and . . . to understand the roles of gender, culture, ethnicity, race, sexual orientation, and other dimensions of diversity." Notice that this definition focuses on the integration of clinical science and clinical practice, the application of this integrated knowledge across diverse human populations, and the goal of alleviating human suffering and promoting health. The definition also highlights a crucial point that we'll be emphasizing throughout this book, namely that clinical science and clinical practice are not and should not be separate. They are two sides of the same coin. To be a responsible and competent clinical psychologist, one must learn to evaluate and integrate the best available scientific evidence that bears on assessing, treating, understanding, and preventing mental health problems. And to be a good researcher, it is critical to understand how mental health problems actually present themselves and how they are managed in the real world.

The Popularity of Clinical Psychology

Clinical psychology is the single largest subfield of psychology. Its prominence is reflected in the fact that 50% of the 146,000 members of the American Psychological

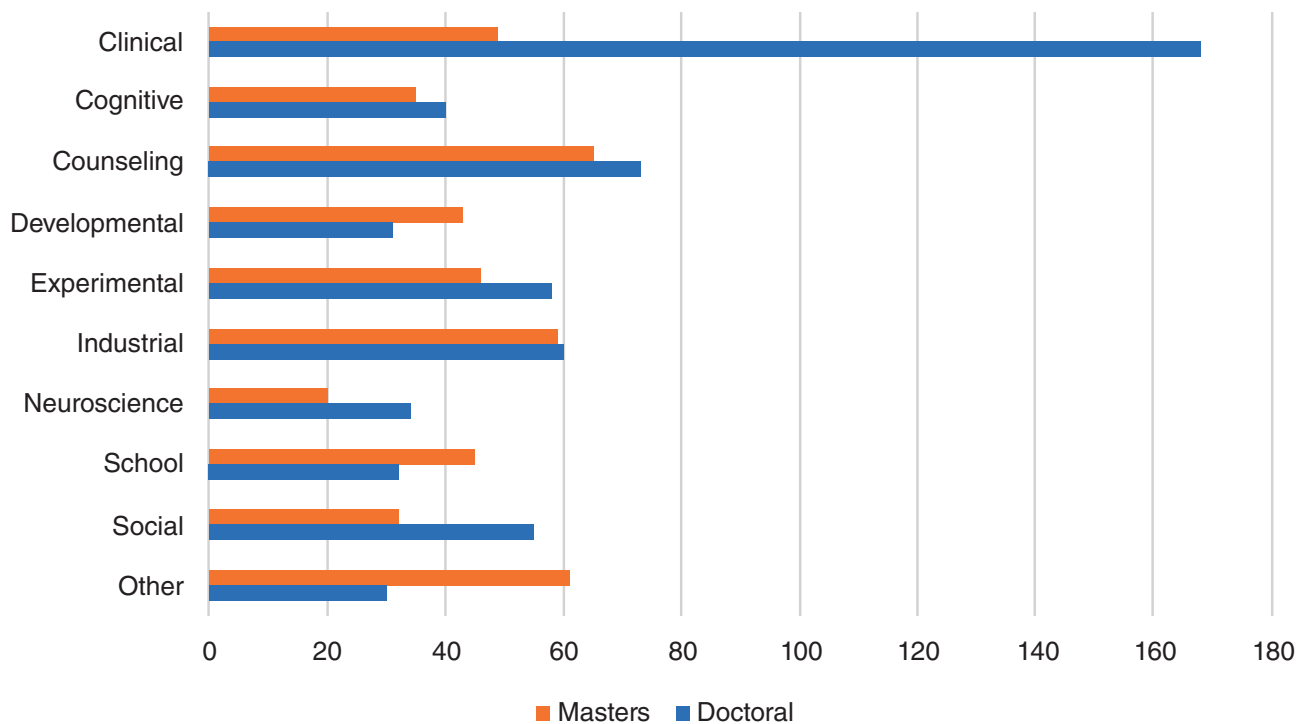


Figure 1.1 Average Number of Applications for Graduate Training in Psychology

The average psychology department in the United States receives far more applications for doctoral training in clinical psychology than for any other subfield. This has created intense competition for admission to clinical programs. Only about 13% of doctoral applicants and about 40% of master's applicants are admitted to these programs. (Source: Adapted from Michalski, D. S., Cope, C., & Fowler, G. A. (2019). Summary report: Admissions, applications, and acceptances. Washington, DC: American Psychological Association Education Directorate.)

Association (APA) identify as clinical psychologists (APA, 2022a). Graduate training programs in clinical psychology are the most popular of psychology's *health service provider (HSP)* training options (APA, 2022b), attracting more applicants each year than any other area (Michalski et al., 2019; see Figure 1.1). It is no surprise, then, that more than half of all the psychology doctorates awarded each year are in clinical psychology (APA, 2021a). Part of the attraction lies in worldly motives, including the prospect of satisfying and high-paying employment (APA, 2018b, 2021b). But students are also drawn to clinical psychology by intrinsic motives, such as fascination with the mysteries of mental disorders and the desire to help others in distress.

Though most people tend to think of all psychologists as clinicians, that is not the case. As shown in Figure 1.1, psychology has many other subfields. The false impression is strengthened, for better or worse, by portrayals of psychologists in movies, on television, and in other media. Virtually all of them are of clinical psychologists. The more accurate portrayals contribute to *mental health literacy* – the public's understanding of psychological disorders and their treatment (Altweck et al., 2015) – but the rest tend to decrease mental health literacy by

creating inaccurate, stereotyped views of the field, and even discouraging troubled people from seeking treatment. Unfortunately, the second kind is far more common (Jamieson, 2011; Vogel et al., 2008). Clinical psychologists are too often portrayed as all-knowing oracles or dramatically wounded healers who use techniques that do not reflect the way today's clinical scientists practice (Orchowski et al., 2006). We hope that by reading this book you will gain a more accurate understanding of the science and practice of modern clinical psychology than you might have encountered elsewhere.

What Does It Take to Become a Clinical Psychologist?

One of clinical psychologists' most distinctive characteristics has been called the **clinical attitude** or the clinical approach (Korchin, 1976). This orientation reflects a desire to combine knowledge from research on human behavior and mental processes in general with efforts at individual assessment and treatment in order to understand and help a particular person. The clinical attitude sets clinicians apart from other psychologists who search for underlying principles that can be applied to human

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behavior problems in general. Clinical psychologists like Dr. Leon, who met with Rachel's mother, Lena, are interested in research of this kind, but they also want to know how those general principles shape lives, problems, and treatments on an individual level.

It is vital that clinical psychologists embrace a **scientific attitude** as well, meaning that they apply scientific approaches to understanding psychological distress (McFall, 1991; O'Donohue & Lilienfeld, 2007). We believe that the most effective clinical psychologists are those who help others by using the best available evidence drawn from carefully conducted scientific studies.

Personal Characteristics. Because clinical psychology at its best is both rigorously scientific and deeply personal, it requires that people entering the field have a strong and compassionate interest in human beings. The committees in charge of admitting students for graduate study in clinical psychology look for applicants who are not only smart, but who also have integrity, an interest in people, good interpersonal communication skills, empathy, and intellectual curiosity. These traits are important in many jobs, of course, but they are especially crucial in clinical psychology because clinicians regularly work in situations that can have significant and lasting personal and interpersonal consequences. The same traits are important even for clinical researchers who don't themselves offer psychotherapy. This is because clinical researchers – like all researchers who work with human participants – may make decisions about matters of personal consequence to those participants.

The potential impact that clinical psychologists can have on individuals' lives helps explain why a clinical training applicant's letters of recommendations, personal statements, and interviews may be given slightly more weight by admissions committees than standardized academic indicators such as grade point averages (GPAs) or Graduate Record Exam (GRE) scores (Littleford et al., 2018; Michalski et al., 2019). Indeed, as you will see in Chapter 5 and in our online Chapter 16, on Getting into Graduate School in Clinical Psychology, those standardized academic indicators are being de-emphasized these days in favor of more holistic evaluations that promote the goal of creating greater diversity, equity, and inclusion in higher education (e.g., De Los Reyes & Uddin, 2021; Nietzel, 2023). Chapter 16 is available at www.cambridge.org/bernstein10.

Another key characteristic of clinical psychologists is a propensity for scientific thinking (Garb, 1998). This way of thinking provides tools that help compensate for errors in decision-making and other factors that might otherwise impair a clinical scientist's understanding of a client's problems or a knotty research question (Lilienfeld, Ritschel et al., 2014). Scientific thinking doesn't come naturally, partly because it is more difficult

than unscientific thinking, but it can be developed through extensive training, concerted effort, and guided experience. Competent clinical psychologists apply their scientific thinking skills in research, of course, but also in their approach to clinical work. Their scientific mindset leads them to interpret research evidence thoughtfully, apply that evidence in their clinical practice, and always remain open to the possibility that their conclusions and decisions might be mistaken and require adjustment (McFall, 1991, 1996). Because research experience helps to develop a scientific mindset, it is often a requirement for admission to clinical doctoral programs.

Legal Requirements. Clinical psychologists who offer services such as the assessment and treatment of psychological disorders must be licensed or certified by state and national agencies. In the United States and Canada, each state or province establishes the requirements for licensure, awards licenses to those who qualify, and has the power to limit or revoke the licenses of those who violate licensing laws. In other words, clinical psychology, like medicine, pharmacy, law, and dentistry, is a legally regulated profession (Younggren et al., 2022).

Legal requirements vary not only by state, but also by levels of training. For instance, in most states a full license in clinical psychology allows clinicians to practice independently; that is, to "hang out a shingle." This means that fully licensed practitioners can set up their own offices, set their own fees and working hours, submit bills to insurance companies or other third parties, offer consultation services, testify in court, and engage in a number of other activities characteristic of independent private practice. In many states, those without a full license are subject to some of the practice limitations we describe in the next section.

Educational and Ethical Requirements. The minimum educational requirement for full licensure in clinical psychology is usually a doctoral degree earned through a regionally accredited or government-chartered institution's clinical training program (Dittmann, 2018). Students in these programs complete substantial advanced coursework in psychopathology (mental illness), assessment, and intervention strategies. They also learn about a wide variety of basic research in psychological science (e.g., cognitive and developmental psychology), develop skills in statistical analyses, and conduct varying amounts of clinical research.

Graduate students in clinical psychology must also learn to understand and follow the ethical standards that govern the work they do both before and after graduation. These standards are spelled out in the APA's *Ethical principles of psychologists and code of conduct* (2017). This document provides guidance for dealing with ethical concerns related to competence, human



Clinicians in Training

Because they will so often deal with people who are distressed and vulnerable, students who wish to become clinical psychologists must display the personal characteristics – and satisfy the rigorous educational and legal requirements – that are associated with the highest standards of competence and ethical behavior. (Source: Klaus Vedfelt/DigitalVision/Getty Images.)

relations, privacy and confidentiality, record keeping, education and training, therapy, and many other situations. The code is especially useful in navigating some of the ethical “gray areas” that invariably arise in the practice of clinical psychology.

The ethical code also applies to graduates of clinical psychology training programs who choose not to seek licensure or offer direct clinical service to the public. These clinical psychologists are typically involved in some combination of teaching, research, consulting, or administration – often as faculty members in college or university psychology departments or in the corporate world. For those engaged in teaching and/or research, some of the most relevant ethical standards in the code are those that deal with faculty–student relationships, teaching quality, and research practices. Their research is also overseen by *Institutional Review Boards* (known in some countries as ethics boards), which operate within their college or university under government guidelines designed to protect the rights and well-being of the human or animal participants being studied.

The doctoral degrees held by fully licensed clinical psychologists are typically either the *PhD* (Doctor of Philosophy) or the *PsyD* (Doctor of Psychology), though they occasionally include others, such as the *EdD* (Doctor of Education). Both PhD and PsyD programs include intensive clinical training, but they differ in their emphasis on science and research. Later in this chapter, and in later ones, we will describe the differences between these two training models and summarize ongoing debates about their advantages and disadvantages. For now, just be aware that PsyD programs are less

research-intensive and that they accept and graduate far more doctoral-level clinical psychologists than PhD programs do (APA, 2016, 2018a).

At the sub-doctoral level, clinical practitioners have titles such as *limited license psychologist*, *marriage and family therapist*, *psychological assistant*, *behavioral or mental health counselor*, and the like (Campbell et al., 2018). Obtaining a limited license usually requires a master’s degree in psychology. Some states regulate the limited license much as they do with full licenses, but others provide less oversight, or no oversight, for sub-doctoral practitioners (Sales et al., 2005). Because they do not hold a full license, master’s-level clinicians may be required to practice under the supervision of a fully licensed psychologist. They may also receive less reimbursement for their services from insurance companies, lower salaries, and less employment stability (Rajecki & Borden, 2011). This is not to say that well-trained and qualified master’s-level clinicians provide inferior services, but rather that, as in medicine, law, and other professions, higher levels of training are usually associated with more advanced or specialized skills and greater financial rewards.

Experience. Most states require that candidates for licensure obtain a certain amount of supervised clinical experience both before and after completion of their doctoral degrees. Even after being licensed, clinicians in all US states are required to take continuing education courses as part of a periodic license renewal process.

Supervised clinical experience typically includes the successful completion of an approved practicum, a 1-year full-time (or 2-year half-time) clinical internship in a practice setting (such as a psychiatric hospital), or some other period of extensive supervision. Practicum courses are usually part of the clinician’s predoctoral training and often involve conducting clinical assessment and/or treatment sessions at an on-campus psychology department clinic under the supervision of a clinical faculty member. These practicum courses may also take the form of an “externship” at an off-campus site, such as a local psychiatric hospital or at a university counseling center. Internships involve 1–2 years of much more extensive clinical work for which interns are typically paid a modest stipend. The internship experience is typically a core degree requirement and occurs in the final year(s) of training. Lists of clinical psychology doctoral programs and internships approved by the American Psychological Association are available at the APA website. A list of programs with a particularly strong focus on clinical science is provided at the website of the Academy of Psychological Clinical Science.

Competence Testing. To be licensed as clinical psychologists, candidates must declare their areas of

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competence to licensing boards and pass a comprehensive examination, often called a *licensing board exam*, which may include both written and oral components. The written national licensing test used in the United States and Canada is called the *Examination for Professional Practice in Psychology* (EPPP). Passing this examination makes it easier for clinicians to have their licenses recognized in a state other than the one where they were first licensed. This is a process called *reciprocity*. Some states require other examinations, particularly if candidates want to declare certain areas of competency, such as clinical neuropsychology or health psychology, and some require additional tests in ethics. Leaders in the field recognize the importance of assessing clinical skills as well as academic knowledge (Joyner et al., 2022), but there is ongoing debate about whether a second, skill-oriented EPPP test or some other assessment method would be the best way to accomplish this goal (e.g., Callahan et al., 2020).

Clinical Psychology and Related Mental Health Professions

As we mentioned earlier, clinical psychology is a health service provider subfield, but it is not the only one in psychology. Psychologists also provide services in subfields such as counseling psychology, school psychology, behavior analysis, family psychology, rehabilitation psychology, and sport psychology. You will see in later chapters that still other psychologists provide specialized services to children, adolescents, or the elderly (Chapter 11), work to promote general health and well-being (Chapter 12), and practice clinical neuropsychology (Chapter 13) or forensic psychology (Chapter 14). Clinical services are also offered by professionals trained outside psychology in professions such as social work, psychiatry, addiction counseling, marital and family counseling, and psychiatric nursing. Like clinical psychology, each of these professions is governed by one or more national or international organizations and has its own history, networks of accredited training programs, well-established research traditions, and specific licensing or certification requirements. In the following sections, we explain the similarities and differences between clinical psychologists and these other professionals.

Counseling Psychology. Counseling psychologists are the most similar to clinical psychologists in their training and in the types of services they offer. Much of their course work and supervised training overlaps with that of clinical psychologists. Practitioners are trained in psychopathology, interviewing, assessment, counseling and

psychotherapy, research, and the like. Like clinical psychologists, counseling psychologists may hold a PhD, PsyD, or EdD degree. Students in the two fields apply to the same list of accredited internship sites, and graduates in either field are eligible for the same licensure, practice opportunities, and insurance reimbursement. In fact, these two subfields are similar enough that some have called for them to merge (Norcross, 2011). Nevertheless, there are a few notable differences between clinical and counseling psychology.

For one thing, almost all clinical psychology PhD programs are housed in psychology departments. Though some **counseling psychology** programs are located in psychology departments, many are offered through schools of education or other university departments or units.

Second, counseling psychology was founded to promote personal, educational, vocational, and group adjustment (Society of Counseling Psychology, 2018). Accordingly, counseling psychologists are more likely to deal with relatively normal transitions and adjustments that people may face, such as conflicts in couples and families, sexual difficulties, and academic problems. Besides offering psychotherapy, counseling psychologists might, for instance, provide counseling about career decisions, life changes, or developmental problems. Clinical psychologists, in contrast, primarily assess and treat people with psychological disorders (see Chapter 2). Therefore, clinical psychologists focus more specifically on prevention, diagnosis, and treatment of psychological problems, and on research related to those problems. They also generally deal with more severe psychopathology than counseling psychologists do. Still, most of the differences between the overlapping fields of clinical psychology and counseling psychology are a matter of historical emphasis and they are generally becoming blurrier over time.

School Psychology. School psychologists have much in common with most clinical and counseling psychologists: they generally use similar training models, satisfy similar internship and licensure requirements, conduct assessments, design interventions at the individual and system levels, and evaluate programs. The most obvious difference is that school psychologists typically receive more training in education and child development than clinical psychologists do, and they focus their assessments and interventions more on children, adolescents, and their families in schools and other educational settings. Despite these differences in emphasis, the similarities between **school psychology** and clinical psychology, and especially clinical child psychology, are greater than their differences (Cobb et al., 2004).

Social Work. As the nation's largest single group of mental health service providers, social workers are employed in a variety of settings, including hospitals, businesses, community mental health centers, courts, schools, prisons, and family service agencies. Students in **social work** programs may choose to specialize in direct services to clients, or they may focus on providing community services (Ambrosino et al., 2012). About one-half of the members of the National Association of Social Workers are engaged in offering direct clinical services, including various forms of therapy; the rest work in areas such as administration, public policy, research, and community organizing.

Social workers can earn degrees as a Bachelor of Social Work (BSW), a Master of Social Work (MSW), or less commonly, a Doctorate in Social Work (DSW or PhD). As with clinical psychology, licensing and certification laws vary by state. Typically, the minimum degree required to provide psychotherapy services is an MSW. Social workers may be trained in various psychotherapy techniques, but as a general rule they focus less on intrapersonal and interpersonal variables and more on how social and situational factors such as inadequate neighborhood resources and other community-wide stressors affect their clients' functioning.

Psychiatry. One of the first questions students ask when they begin studying psychology is "What's the difference between a clinical psychologist and a psychiatrist?" The most entertaining answer is "about \$80,000 per year," but the real difference lies in how psychiatrists and clinical psychologists are trained. **Psychiatry** is a specialty within the medical field. So, just as pediatricians focus on children, ophthalmologists specialize in the eyes, and neurologists focus on the brain and the rest of the nervous system, psychiatrists are medical doctors who specialize in understanding and treating psychological disorders. Training to be a psychiatrist typically includes medical school, and then a 4-year psychiatric residency. Residents take course work in psychology and work with patients under the supervision of qualified psychiatrists. The residency often takes place in a psychiatric hospital where the psychiatrist-in-training will encounter some of the most serious forms of psychopathology, but it may also occur in outpatient settings; that is, where patients are not confined for evaluation or treatment.

Though psychiatrists are qualified to offer psychotherapy, not all of them do. They are also qualified to prescribe medication for the treatment of disorders, which the majority of them do. Thus, the time they spend with patients is often focused on selection and management of that medication (Kane, 2011). In fact, compared to previous decades, psychiatrists now appear

to be spending less time talking to patients and more time prescribing medication and ordering or conducting medical tests (Tadmon & Olfson, 2022). Some psychiatrists teach, do research, work in administration, and perform other tasks consistent with their level of training. In short, psychiatrists generally have far more medical training, whereas clinical psychologists receive more training in psychological assessment and a broader exposure to a variety of clinical assessment and therapy approaches. Perhaps most importantly, clinical psychologists, especially those with PhDs, receive considerably more training in basic psychological science and the methods of psychological research than most psychiatrists do.

The distinction between psychiatrists and clinical psychologists once also included an emphasis by psychiatrists on the importance of biological causes of psychological disorders and an emphasis by clinical psychologists on psychological ones. In recent years, however, there has been a growing realization in both groups that psychological disorders are not entirely biological *or* psychological in origin. They are typically a complex combination of both and, as described in Chapter 3, may in many cases stem from common underlying processes (e.g., Caspi & Moffitt, 2018). As a result, clinical psychologists are increasingly employed in medical settings, where their psychological and research expertise is valued. Psychiatrists and psychologists also often work together on task forces devoted to improving the quality of diagnosis and treatment of psychological disorders. These developments are consistent with a broader shift toward clinical psychology becoming a health profession rather than strictly a mental health profession (Rozensky, 2011; Vriesman et al., 2022).

Other Specialties Related to Clinical Psychology. Still other mental health specialists are trained outside of psychology in programs specifically devoted to their specialty. For instance, as specialists within the nursing profession, *psychiatric nurses* usually work in hospital settings and operate as part of a treatment team that is led by a psychiatrist and includes one or more clinical psychologists. They may be trained in some forms of therapy, often those of specific relevance to the patient populations they encounter. *Pastoral counselors* are religious leaders who receive training in counseling from a faith-based perspective. For clients whose religious faith is central to their identity and outlook on life, such counseling can be helpful in treating psychological problems within the framework of that faith. *Paraprofessionals*, *psychological assistants*, *psychiatric aides*, and others with similar titles usually have had bachelor's-level or associate-level training that qualifies

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them to administer a specific form of care or treatment to a specific population. They generally work as part of a treatment team, and their activities are supervised by professionals. Their training varies, but many come from disciplines that have some or all of the following indicators of professional quality: well-articulated standards of practice, national organizations that promote and oversee the profession, course offerings in colleges and universities, rigorous research traditions, and journals whose articles are peer-reviewed; that is, carefully screened for quality by other scholars.

In contrast, many other specialties, such as life-coaching, aromatherapy, reflexology, yoga, tai chi, homeopathy, therapeutic touch, and spiritual healing techniques have few or none of these indicators of professional quality and operate further from the mainstream of mental health services. Often classified

as *complementary and integrative techniques*, many of these services combine somatic (bodily) or sensual experiences with variants on psychological, social, or spiritual intervention. Some of these practices derive from ancient traditions; some are new. Those who practice complementary and integrative techniques often describe their work as falling within a holistic tradition that emphasizes the integration of mind, body, and spirit (National Center for Complementary and Integrative Health, 2022). Nevertheless, it is wise to remember the principle of *caveat emptor* (“buyer beware”) in relation to such interventions. Some have been studied carefully, but others, such as homeopathy, are highly questionable because well-controlled scientific experiments have consistently found their effects to be no better than a “sugar pill” placebo (Ernst, 2010; Mathie et al., 2017).

In Review | An Overview of Clinical Psychology

Definition	The field of psychology that involves research, teaching, and services relevant to the application of principles, methods, and procedures for understanding, predicting, and alleviating cognitive, emotional, biological, psychological, social and behavioral maladjustment, impairment, distress, and discomfort, applied to a wide range of client populations.
Status	The largest single subfield in psychology. Clinical psychologists are designated as health service providers. Its doctoral training programs are the most popular and competitive of any psychological subfield.
Typical requirements for full licensure or certification as a clinical psychologist	A doctoral degree in psychology, a period of supervised clinical experience, and successful completion of one or more examinations, and a record of ethical, competent practice.
Other health service provider subfields in psychology	Counseling, school, child, family, geriatric, clinical neuropsychology, forensic, health, behavior analysis, rehabilitation, sport.
Health service provider fields outside of psychology	Psychiatry, social work, psychiatric nursing, pastoral counseling.

Test Yourself

1. Clinical psychologists who wish to offer direct service to the public must have either a _____ or a _____ degree in psychology.
2. Clinical psychologists are usually portrayed in movies and on television in ways that _____ reflect the characteristics and abilities of real therapists.
3. The ethical standards that apply to practicing clinical psychologists _____ apply to those who only do teaching, research, and administration.

You can find the answers in the Answer Key on pages 476–479.

Clinical Psychologists at Work

Section Preview

In this section, we consider in more detail the activities that clinical psychologists pursue, how much time they tend to spend in those activities, the places where they are

employed, the clients and problems on which they focus their attention, and the financial rewards of their jobs.

What Do Clinical Psychologists Do?

Clinical psychologists engage in many different, interesting, and challenging activities. Not all clinicians are equally involved with all of them, but the fact that there is such a wide range of options open to those who enter the field helps to explain why clinical psychology remains so attractive to so many students.

As shown in Figure 1.2, about 92% of all clinical psychologists spend their working lives engaged in some combination of six activities: assessment, treatment, research, teaching (including supervision), consultation, and administration. Of course, the percentages in this figure vary considerably across work settings – clinical psychologists who work at colleges and universities spend more time engaged in teaching and research, whereas

those in private practice spend more time conducting psychotherapy and assessment.

Assessment. The process of collecting information about people, their behavior problems, personality traits, abilities, and intellectual functioning, is known as **assessment**. This information may be used to diagnose a disorder, guide a client toward an optimal vocational choice, facilitate selection of job candidates, or describe a client's personality. It might be used to select treatment techniques, guide legal decisions regarding the commitment of individuals to institutions, or provide a more complete picture of a client's problems. Assessment might also be done to screen potential participants for psychological research projects, establish pretreatment baselines against which to measure improvement during and after treatment, and for

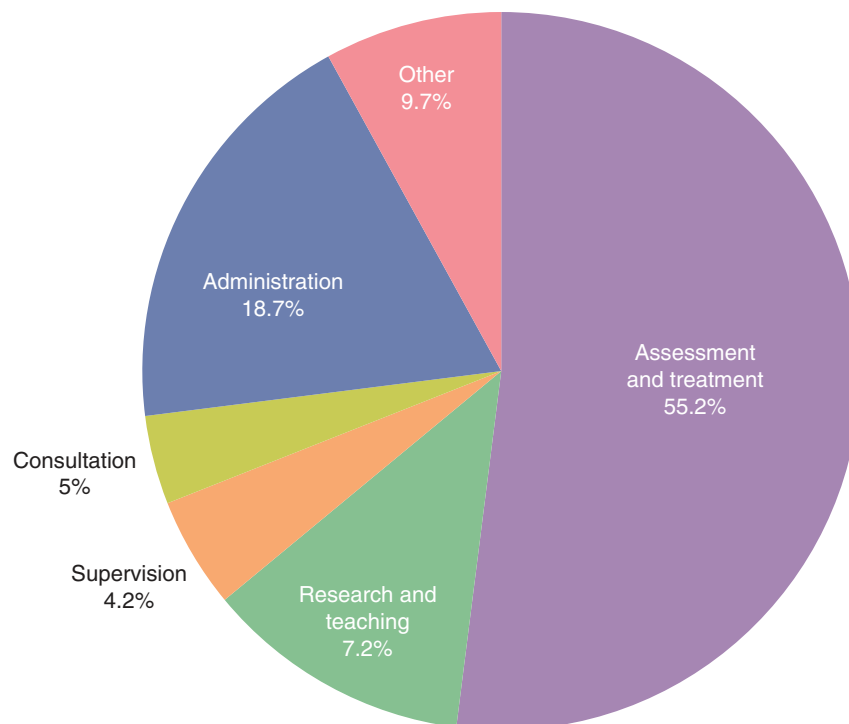


Figure 1.2 Percentage of Time Psychology Health Service Providers Spend in Professional Activities

As you can see, clinical psychologists spend most of their time providing direct service to clients, but they can be involved in many additional activities as well. The “other” category includes, for example, working in communities to prevent mental disorders. (Source: Adapted from Lin, L., Stamm, K., Conroy, J., and Assefa, M. (2021). *2021 APA survey of psychology health service providers*. Washington, DC: APA Center for Workforce Studies.)

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literally hundreds of other purposes. Most clinical assessment instruments fall into one of three categories: tests, interviews, and observations. We'll cover each of these in detail in Chapters 3, 4, and 5.

Clinicians today have a growing array of assessment options available to them. For instance, computers can administer assessment items, analyze results, and even generate reports. And research on genetic, neurochemical, hormonal, and neurological processes, especially in the brain, has led to the development of new assessments that employ functional magnetic resonance imaging (fMRI), genome mapping, and other technological advances to identify biological correlates of specific disorders, sometimes termed *biomarkers* (e.g., Girault et al., 2022; Hamilton et al., 2020).

Treatment. Clinical psychologists offer **treatment** designed to help people better understand and solve distressing psychological problems. These interventions might be described as psychotherapy, behavior modification, psychological counseling, or other terms, depending on the theoretical orientation of the clinician. Treatment sessions may include client or therapist dialogues or monologues, painstaking construction of new behavioral skills, role-playing, episodes of intense emotional expression, and many other activities that range from highly structured to completely unstructured.

Conducting psychotherapy with individual clients has long been clinicians' single most frequent activity (Norcross et al., 2023), but clinicians may also work with two or more clients in couple, family, or group therapy. For example, the problems that brought Rachel Jackson to the attention of a clinical psychologist were ultimately addressed through therapy sessions with her and her family. Treatment may be as brief as one session or may extend over several years.

The results of psychological treatments are usually positive, though in some cases the change may be small or nonexistent. A small subset of therapies may even

leave certain people worse off (Lilienfeld, 2007; McKay & Jensen-Doss, 2021). In Chapter 7, we describe some of the research that is aimed at scientifically evaluating the effectiveness of various psychological treatments and helping clinicians and clients to select the best of them.

Research. Evaluating treatment is but one example of the research tradition in clinical psychology. As we describe in the next chapter, it was research, not service delivery, that originally dominated the field of clinical psychology. That emphasis has now largely been reversed, especially among licensed clinicians, but research continues to play a vital role in clinical psychology.

In fact, their **clinical research** activity is what makes clinicians stand out from other health service providers, and we believe that it is through research that they make their most exceptional and significant contributions. In the realm of psychotherapy, for example, theory and practice were once based mainly on case study evidence, subjective impressions of treatment efficacy, and rather poorly designed research. This “prescientific” era (Paul, 1969) of psychotherapy research has now evolved into an “experimental” era in which the quality of research has improved greatly and the conclusions we can draw about the effects of therapy are much stronger. Nevertheless, as you will see in later chapters, the ultimate strength of those conclusions will depend on the extent to which the results of many kinds of clinical research can be replicated (repeated) by independent investigators. In other words, clinical researchers still have their scientific work cut out for them.



Preventing Problems

As you will see in Chapter 10, some clinical psychologists work in the field of community psychology, where the focus is not on individual clients, but on preventing psychological problems by trying to change social institutions, reduce environmental stressors, and improve the coping skills of people at risk for disorder, such as bullied children or teenage parents. (Source: www.communitypsychology.com.)



Evaluating New Treatment Approaches

Clinical researchers are studying the use of virtual reality (VR) technology to help clients overcome troubling phobias. Here, a client wears a VR display that presents gradually more challenging images of feared situations, in this case, heights. In Chapter 9, you can learn more about the role of VR in learning-based approaches to the treatment of anxiety disorders. (Source: Garo/Phanie/Alamy Stock Photo.)