

# Introduction to Clinical Psychology

## Tenth Edition

Fully updated and revised, the tenth edition of this bestselling textbook introduces clinical psychology as a bridge between science and practice. Featuring over 1,000 new references, the tenth edition includes additional coverage of digital mental health, diversity, and identity, and the practice of evidence-based clinical science. Coverage of such topics as emerging models for clinical training and accreditation, new approaches to diagnosing and classifying mental illness, and changes in health-care legislation ensure that students will understand the very latest trends in the subject. The pedagogical focus of previous editions is maintained. “Thinking Scientifically” sections in each chapter break down how to evaluate conflicting findings and use them to draw conclusions, while clinical vignettes bring concepts and theories to life. “In Review” tables at the end of each major section prompt students to review material and test their comprehension. The text is accompanied by a full suite of online teaching supports.

**Douglas A. Bernstein** is Professor Emeritus at the University of Illinois, and Courtesy Professor of Psychology at the University of South Florida. He was the founding chairman of the APS Fund for the Teaching and Public Understanding of Psychological Science, served as chairman of the National Institute on the Teaching of Psychology, and has won several teaching awards, including the APA Distinguished Teaching in Psychology Award.

**Bethany A. Teachman** is a Professor and the Director of Clinical Training at the University of Virginia in the Department of Psychology. Dr. Teachman has been awarded an APA Distinguished Scientific Early Career Award and national mentoring awards, and she is a Fellow of multiple associations, including the American Association for the Advancement of Science. She is past Chair of the Coalition for the Advancement and Application of Psychological Science and has received a Presidential Citation from the APA.

**Bunmi O. Olatunji** is Gertrude Conaway Vanderbilt Professor of Psychology, Associate Professor of Psychiatry and Director of Clinical Training at Vanderbilt University. He has been awarded the David Shakow Early Career Award for Distinguished Scientific Contributions to Clinical Psychology, the Association for the Advancement of Behavioral and Cognitive Therapies New Researcher Award, and the Theodore Blau Early Career Award for Distinguished Professional Contributions to Clinical Psychology. He also received the APA Distinguished Scientific Award for an Early Career Contribution to Psychology.

**Andres De Los Reyes** is Professor of Psychology at the University of Maryland at College Park. He is the Editor-in-Chief of the *Journal of Clinical Child and Adolescent Psychology*, and chaired the APA’s Board of Educational Affairs. He received the APA’s Distinguished Scientific Award for an Early Career Contribution to Psychology, as well as an APA Presidential Citation. He is a Fellow of the APA and the Association for Psychological Science, and a Fulbright Scholar.

“Now in its tenth edition, *Introduction to Clinical Psychology*, authored by four internationally known leaders in the field, clearly sets the standard for textbooks on this topic. Full of interesting clinical vignettes as well as a very valuable section focused on resolving conflicting findings, entitled ‘Thinking Scientifically,’ this book provides a full and complete picture of the fascinating profession of clinical psychology. Must-reading for all students thinking of entering the health professions.”


**David Barlow, Boston University**

“I’ve used previous editions and have been very pleased with the balance of science and application, which is the core of empirically based clinical psychology. This new revision continues to provide a thoughtful and pedagogically sound introduction to clinical psychology for undergraduate students. Indeed, it would be suitable as well for beginning graduate students. It is well organized and clearly written in an engaging way. I look forward to adopting it.”

**Gerald Davison, University of Southern California**

“*Introduction to Clinical Psychology* is the most comprehensive and interesting text in the area and the tenth edition does not disappoint. With the tragic death of Scott Lilienfeld, Professor Andres De Los Reyes joins Professors Bernstein, Teachman, and Olatunji in the most recent update of this marvelous text. The authors are among the best and brightest in the field and their text is informative and interesting to read. Firmly grounded in an empirical approach, the text covers the history of clinical psychology through diagnostics, assessment, and treatment. It is a superb compendium from clinical scholars at the top of the field and the best introduction to clinical psychology that I have seen.”

**Steven Hollon, Vanderbilt University**



# Introduction to Clinical Psychology

## Bridging Science and Practice

Tenth Edition

**Douglas A. Bernstein**  
*University of South Florida*

**Bethany A. Teachman**  
*University of Virginia*

**Bunmi O. Olatunji**  
*Vanderbilt University*

**Andres De Los Reyes**  
*University of Maryland*



CAMBRIDGE  
UNIVERSITY PRESS

Cambridge University Press & Assessment  
978-1-009-37930-4 – Introduction to Clinical Psychology  
10th Edition

Douglas A. Bernstein, Bethany A. Teachman, Bunmi O. Olatunji, Andres De Los Reyes, Scott O. Lilienfeld  
Frontmatter

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Shaftesbury Road, Cambridge CB2 8EA, United Kingdom

One Liberty Plaza, 20th Floor, New York, NY 10006, USA

477 Williamstown Road, Port Melbourne, VIC 3207, Australia

314–321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre, New Delhi – 110025, India

103 Penang Road, #05–06/07, Visioncrest Commercial, Singapore 238467

Cambridge University Press is part of Cambridge University Press & Assessment,  
a department of the University of Cambridge.

We share the University's mission to contribute to society through the pursuit  
of education, learning and research at the highest international levels of excellence.

[www.cambridge.org](http://www.cambridge.org)

Information on this title: [www.cambridge.org/highereducation/isbn/9781009379304](http://www.cambridge.org/highereducation/isbn/9781009379304)

DOI: 10.1017/9781009379281

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When citing this work, please include a reference to the DOI 10.1017/9781009379281

Eighth edition reissued by Cambridge University Press 2019

Ninth edition published 2021

Reprinted 2021

Tenth edition published 2025

Printed in the United Kingdom by TJ Books Limited, Padstow, Cornwall, 2025

*A catalogue record for this publication is available from the British Library.*

*Library of Congress Cataloging-in-Publication Data*

Names: Bernstein, Douglas A., author.

Title: Introduction to clinical psychology : bridging science and practice / Douglas A. Bernstein, University of South Florida [and three others].

Description: Tenth edition. | Cambridge, United Kingdom ; New York, NY, USA : Cambridge University Press, [2025] | Includes bibliographical references and index.

Identifiers: LCCN 2023054631 (print) | LCCN 2023054632 (ebook) | ISBN 9781009379304 | ISBN 9781009379298 (paperback) | ISBN 9781009379281 (epub)

Subjects: LCSH: Clinical psychology. | MESH: Psychology, Clinical.

Classification: LCC RC467 .B47 2025 (print) | LCC RC467 (ebook) | DDC 616.89–dc23/eng/20240408

LC record available at <https://lcn.loc.gov/2023054631>

LC ebook record available at <https://lcn.loc.gov/2023054632>

ISBN 978-1-009-37930-4 Hardback

ISBN 978-1-009-37929-8 Paperback

Additional resources for this publication at [www.cambridge.org/bernstein10](http://www.cambridge.org/bernstein10)

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Cambridge University Press & Assessment

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[More Information](#)

**To the memory of our beloved co-author and colleague, Scott Lilienfeld, to our mentors who encouraged us to take the path to clinical psychological science, and to our students, who will lead the way forward.**

## Contents

*Preface* [xix]

*Acknowledgments* [xxii]

*Significant Dates and Events in the History of Clinical Psychology* [xxiii]

- 1 What Is Clinical Psychology? [1]
- 2 Clinical Psychology's Past, Present, and Future [23]
- 3 Basic Features of Clinical Assessment, Classification, and Diagnosis [50]
- 4 Interviewing and Observation in Clinical Psychology [78]
- 5 Testing in Clinical Psychology [109]
- 6 Basic Features of Clinical Interventions [143]
- 7 Research on Clinical Intervention [167]
- 8 Psychoanalytic, Psychodynamic, and Humanistic Psychotherapies [192]
- 9 Cognitive, Behavioral, and Acceptance-Based Psychotherapies [221]
- 10 Delivering Mental Health Services [249]
- 11 Clinical Psychology for Youth and Older Adults [269]
- 12 Clinical Psychology, Health, and Well-Being [304]
- 13 Clinical Neuropsychology [323]
- 14 Forensic Psychology [348]
- 15 Training and Practice Issues in Clinical Psychology [373]

*Glossary* [405]

*Bibliography* [409]

*Answer Key* [476]

*Name Index* [480]

*Subject Index* [494]

## Detailed Contents

*Preface* [xix]  
*Acknowledgments* [xxii]  
*Significant Dates and Events in the History of Clinical Psychology* [xxiii]

**1 What Is Clinical Psychology?** [1]  
 A Clinical Case [1]  
 An Overview of Clinical Psychology [2]  
   The Definition of Clinical Psychology [2]  
   The Popularity of Clinical Psychology [2]  
   What Does It Take to Become a Clinical Psychologist? [3]  
   Clinical Psychology and Related Mental Health Professions [6]  
   In Review: An Overview of Clinical Psychology [8]  
 Clinical Psychologists at Work [9]  
   What Do Clinical Psychologists Do? [9]  
   Where Do Clinical Psychologists Work? [12]  
   How Much Do Clinical Psychologists Earn? [12]  
   Who Are Clinical Psychologists? [12]  
   Who Are the Clients of Clinical Psychologists? [13]  
   In Review: Clinical Psychologists at Work [14]  
 Clinical Psychology in the Twenty-First Century [15]  
   Science and Practice [15]  
   Thinking Scientifically about Evidence [15]  
   Eclecticism and Integration [18]  
   The Health-Care Environment [19]  
   In Review: Clinical Psychology in the Twenty-First Century [21]  
 Chapter Summary [21]

**2 Clinical Psychology's Past, Present, and Future** [23]  
 The Roots of Clinical Psychology [23]  
   The Empirical Tradition [23]  
   The Psychometric Tradition [25]  
   The Clinical Tradition [27]  
   In Review: The Roots of Clinical Psychology [30]  
 Clinical Psychology Begins to Grow [31]  
   Psychological Testing Expands [31]  
   Clinicians Become Psychotherapists [32]  
   Clinicians Form Professional Organizations [33]  
   In Review: Clinical Psychology Begins to Grow [34]  
 Clinical Psychology Branches Out [35]  
   The Psychodynamic Approach [35]  
   The Humanistic Approach [36]  
   The Behavioral Approach [37]  
   The Cognitive Approach [38]  
   The Cognitive Behavioral Approach [39]  
   Social Systems Approaches [39]

## x | Detailed Contents

The Biological Approach	[40]
Comparing Approaches: The Case of Rachel Jackson	[40]
In Review: Clinical Psychology Branches Out	[42]
Thinking Scientifically: Is It Best to Choose a Single Approach to Clinical Psychology?	[43]
Looking Ahead	[45]
Mechanisms of Change and Transdiagnostic Approaches	[45]
The Impact of Structural Factors on Mental Health	[46]
The Burden of Mental Illness and the Science–Practice Gap	[46]
Mental Hospitals Versus Prisons and Jails	[47]
The Changing Landscape of Clinical Practice	[47]
New Approaches to Diagnosing Psychological Disorders	[47]
Chapter Summary	[48]
<b>3 Basic Features of Clinical Assessment, Classification, and Diagnosis</b>	<b>[50]</b>
A Clinical Case	[50]
An Outline of the Assessment Process	[51]
Receiving and Clarifying the Referral Question	[51]
Planning Data Collection Procedures	[52]
Collecting Assessment Data	[54]
Processing Data and Forming Conclusions	[54]
Communicating Assessment Results	[54]
In Review: An Outline of the Assessment Process	[55]
The Goals of Clinical Assessment	[55]
Classification and Diagnosis	[55]
Description	[59]
Planning and Evaluating Treatment	[60]
Prediction	[60]
Thinking Scientifically: How Good Are Clinicians at Predicting Dangerousness?	[61]
In Review: The Goals of Clinical Assessment	[63]
Factors Influencing the Choice of Assessment Instruments	[64]
Reliability	[64]
Validity	[65]
Standardization	[66]
Bandwidth Versus Fidelity: A Complex Tradeoff	[66]
Other Factors Affecting Assessment Choices	[66]
In Review: Factors Influencing the Choice of Assessment Instruments	[68]
Clinical Judgment and Decision-Making	[69]
Clinical Intuition	[69]
Improving Clinical Judgment	[72]
In Review: Clinical Judgment and Decision-Making	[73]
Communicating Assessment Results	[73]
Report Clarity	[73]
Relevance to Goals	[75]
Usefulness of Reports	[75]
In Review: Communicating Assessment Results	[76]
Ethical Considerations in Assessment	[76]
Chapter Summary	[77]
<b>4 Interviewing and Observation in Clinical Psychology</b>	<b>[78]</b>
Clinical Interview Situations	[78]
Intake Interviews	[79]
Problem-Referral Interviews	[80]
Orientation Interviews	[80]
Debriefing and Termination Interviews	[81]
Crisis Interviews	[81]
Racial, Ethnic, and Cultural Factors in Clinical Interviews	[81]



Thinking Scientifically: Is Psychological Diagnosis Biased?	[81]
In Review: Clinical Interview Situations	[84]
Interview Structure	[85]
Nondirective Interviews	[82]
Semistructured Interviews	[82]
Structured Interviews	[82]
In Review: Interview Structure	[88]
Stages in the Interview	[89]
Stage 1: Beginning the Interview	[89]
Stage 2: The Middle of the Interview	[90]
Stage 3: Closing the Interview	[93]
In Review: Stages in the Interview	[94]
Evaluating the Quality of Interviews	[94]
Communication and Miscommunication in the Interview	[95]
Reliability and Validity of Interview Data	[95]
In Review: Evaluating the Quality of Interviews	[97]
Observational Assessment	[97]
Goals of Observational Assessment	[98]
Limitations of Observational Assessment	[99]
In Review: Observational Assessment	[100]
Approaches to Observational Assessment	[100]
Naturalistic Observation	[101]
Controlled Observation	[102]
In Review: Approaches to Observational Assessment	[104]
Research on Observational Assessment	[105]
Defining Observational Targets	[105]
Representativeness of Observed Behavior	[105]
Reliability of Observational Assessment	[106]
Validity of Observational Assessment	[106]
In Review: Research on Observational Assessment	[107]
Chapter Summary	[107]
<b>5 Testing in Clinical Psychology</b>	[109]
Basic Concepts in Psychological Testing	[110]
What Is a Psychological Test?	[110]
How Are Tests Constructed?	[111]
Standardization and Score Interpretation	[113]
Avoiding Distortion in Test Scores	[114]
In Review: Basic Concepts of Psychological Testing	[115]
Tests of Intellectual Functioning	[116]
Theories of Intelligence	[116]
The Binet Scales	[117]
The Wechsler Scales	[120]
Other Intelligence Tests	[122]
Aptitude and Achievement Tests	[122]
In Review: Tests of Intellectual Functioning	[123]
Thinking Scientifically: Are Intelligence Tests Biased Unfairly Against Certain Groups?	[124]
Tests of Attitudes, Interests, Preferences, and Values	[126]
Tests of Psychopathology and Personality	[127]
Objective Tests of Psychopathology	[128]
Objective Tests of Personality	[131]
Projective Personality Tests	[133]
In Review: Tests of Psychopathology and Personality	[136]
The Current Status of Psychological Testing	[137]
Reliability and Validity of Psychological Tests	[137]
Psychological Testing with Diverse Clients	[138]

## xii | Detailed Contents

The Ethical Use of Psychological Tests	[139]
New Roles and Goals for Psychological Tests	[139]
In Review: The Current Status of Psychological Testing	[141]
Chapter Summary	[141]
<b>6 Basic Features of Clinical Interventions</b>	<b>[143]</b>
Overview of Clinical Interventions	[143]
What Is Psychotherapy?	[143]
How Many Psychotherapy Approaches Are There?	[144]
In Review: Major Approaches to Psychotherapy	[144]
The Participants in Psychotherapy	[145]
The Client	[145]
The Therapist	[147]
Thinking Scientifically: Should Psychotherapists Be Required to Have Therapy Themselves?	[150]
The Therapeutic Alliance	[151]
Settings for Psychotherapy	[154]
In Review: The Participants in Psychotherapy	[155]
The Goals of Clinical Interventions	[156]
Building a Strong Therapeutic Relationship	[156]
Fostering Insight	[156]
Providing New Information (Education)	[157]
Assigning Extratherapy Tasks (Homework)	[157]
Developing Faith, Hope, and Expectations for Change	[157]
In Review: The Goals of Clinical Interventions	[158]
Ethical Guidelines for Clinical Interventions	[159]
The APA Ethics Code	[159]
Ethics and the Therapist's Values	[161]
In Review: Ethical Guidelines for Clinical Interventions	[161]
Some Practical Aspects of Clinical Intervention	[162]
Treatment Duration and Fees	[162]
Record Keeping	[162]
Case Formulation and Treatment Planning	[163]
Therapist Objectivity and Self-Disclosure	[164]
Termination	[164]
In Review: Some Practical Aspects of Clinical Intervention	[165]
Chapter Summary	[165]
<b>7 Research on Clinical Intervention</b>	<b>[167]</b>
A Clinical Case	[167]
Methods for Studying Psychological Treatments	[168]
Basic Designs of Psychotherapy-Outcome Research: Past and Present	[169]
In Review: Methods for Studying Psychological Treatments	[174]
Results of Research on Individual Treatments	[175]
Client Satisfaction Surveys	[175]
Box Score Reviews	[176]
Meta-Analytic Studies	[176]
Thinking Scientifically: Are All Forms of Psychotherapy Equally Effective?	[176]
Empirically Supported and Evidence-Based Treatments	[177]
Evidence-Based Practice	[180]
Research on Common or Nonspecific Factors in Therapy	[182]
In Review: Results of Research on Individual Treatments	[183]
Results of Research on Other Modes of Intervention	[184]
Findings on Group Therapy	[184]
Findings on Couples Therapy	[185]
Findings on Family Therapy	[185]

- Findings on Preventive Interventions [185]
- Findings on Self-Help Resources and Self-Help Groups [186]
- Findings on the Combination of Psychotherapy and Medication [186]
- In Review: Results of Research on Other Modes of Intervention [188]
- Issues and Concerns about Research on Psychotherapy [188]
  - Concerns and Compromises in Therapy Research [188]
  - In Review: Issues and Concerns about Research on Psychotherapy [190]
- Chapter Summary [191]
  
- 8 Psychoanalytic, Psychodynamic, and Humanistic Psychotherapies [192]**
  - Psychoanalysis [192]
    - Freud's Theory of Personality and Psychopathology [193]
    - Foundations of Psychoanalytic Therapy [194]
    - A Case Example of Psychoanalysis [197]
  - Thinking Scientifically: Is Freud Dead? [201]
    - In Review: Psychoanalysis [202]
  - Psychodynamic Psychotherapy [203]
    - Adler's Individual Psychology [203]
    - Jung's Analytical Psychology [204]
    - Ego Psychology [204]
    - Object Relations Therapy [204]
    - Relational Psychodynamic Psychotherapy [205]
    - Short-Term Psychodynamic Psychotherapy [205]
    - The Current Status of Psychodynamic Psychotherapy [206]
    - In Review: Psychodynamic Psychotherapy [207]
  - Interpersonal Psychotherapy [208]
    - The Current Status of Interpersonal Psychotherapy [209]
    - In Review: Interpersonal Psychotherapy [209]
  - Humanistic Psychotherapy [209]
    - Person-Centered Therapy [210]
    - The Goals of Person-Centered Therapy [211]
    - A Case Example of Person-Centered Therapy [214]
    - Gestalt Therapy [215]
    - Existential and Other Humanistic Approaches [217]
    - The Current Status of Humanistic Psychotherapy [218]
    - In Review: Humanistic Psychotherapy [219]
  - Chapter Summary [219]
  
- 9 Cognitive, Behavioral, and Acceptance-Based Psychotherapies [221]**
  - Behavior Therapy [221]
    - Theoretical Foundations [221]
    - Assessment in Behavior Therapy [222]
    - Role of the Therapist [223]
    - Clinical Applications [223]
    - Exposure Techniques [224]
    - A Case Example of Exposure Treatment [225]
  - Thinking Scientifically: Should EMDR Be a Treatment of Choice for Posttraumatic Stress Disorder? [227]
    - Social Skills Training [229]
    - Behavioral Activation and Activity Scheduling [229]
    - Aversion Therapy and Punishment [229]
    - A Case Example of Behavior Therapy [229]
    - In Review: Behavior Therapy [231]
  - Cognitive Therapy [232]
    - Theoretical Foundations [232]
    - Goals of Cognitive Therapy [235]

## xiv | Detailed Contents

	Cognitive Therapy Methods	[235]
	In Review: Cognitive Therapy	[240]
	Cognitive Behavior and Acceptance-Based Therapies	[241]
	Theoretical Foundations and Extensions	[242]
	Clinical Applications	[242]
	Integrating Cognitive Behavior and Acceptance-Based Therapies	[243]
	The Current Status of Cognitive Behavior and Acceptance-Based Therapies	[246]
	In Review: Cognitive Behavior and Acceptance-Based Therapies	[246]
	Chapter Summary	[247]
<b>10</b>	<b>Delivering Mental Health Services</b>	[249]
	Dissemination and Implementation of Clinical Interventions	[250]
	The Challenges of Dissemination and Implementation	[250]
	New Models for Delivering Therapy	[251]
	In Review: Dissemination and Implementation of Clinical Interventions	[251]
	Group Therapy	[252]
	Therapeutic Factors in Group Therapy	[252]
	The Practice of Group Therapy	[253]
	Cognitive Behavioral Group Therapy	[253]
	In Review: Group Therapy	[254]
	Couples and Family Therapy	[254]
	Diagnosis in Couples and Family Therapy	[255]
	Couples Therapy Methods	[255]
	Family Therapy	[256]
	A Case Example of Family Therapy	[257]
	The Social Contexts of Couples and Family Therapy	[258]
	In Review: Couples and Family Therapy	[259]
	Alternatives to In-Person Therapy by Mental Health Professionals	[259]
	Technological Innovations	[259]
	Thinking Scientifically: What Are the Effects of Trying to Change Cognitive Biases Using Technology?	[260]
	Non-Specialist Providers	[262]
	Prevention Science	[263]
	Community Psychology	[264]
	Self-Help	[265]
	Complementary and Integrative Techniques	[266]
	In Review: Alternatives to In-Person Therapy with Mental Health Professionals	[267]
	Chapter Summary	[267]
<b>11</b>	<b>Clinical Psychology for Youth and Older Adults</b>	[269]
	A Brief History of Clinical Child Psychology	[270]
	In Review: A Brief History of Clinical Child Psychology	[271]
	Unique Characteristics of Clinical Child Psychology	[271]
	A Focus on Developmental Stages	[272]
	Attention to the Contexts of Behavior	[272]
	Processes for Seeking Help	[273]
	Confidentiality	[273]
	In Review: Unique Characteristics of Clinical Child Psychology	[273]
	Clinical Assessment of Children	[274]
	Special Considerations in Child Assessment	[274]
	Behavior Rating Scales	[275]
	Clinical Interviews	[275]
	Intelligence and Achievement Tests	[277]
	Projective Tests	[277]
	Behavioral Observations	[278]
	Exploring and Interpreting Inconsistent Assessment Information	[278]

A Case Example	[279]
In Review: Clinical Assessment of Children	[280]
Treatment and Prevention of Child and Adolescent Disorders	[281]
Psychosocial Treatments for Disorders in Children and Adolescents	[281]
Pharmacological Interventions	[282]
Thinking Scientifically: Do the Risks of Medication for Child and Adolescent Disorders	
Outweigh Their Benefits?	[283]
A Case Example	[284]
Prevention of Childhood Disorders	[284]
In Review: Treatment and Prevention of Child and Adolescent Disorders	[285]
The Future of Clinical Child Psychology	[286]
Diversity and Multiculturalism	[286]
Access to Care	[287]
Interdisciplinary Approaches to Research and Practice	[288]
Technology and Youth Mental Health	[288]
Clinical Geropsychology	[289]
The Aging Population	[289]
Clinical Psychology Discovers Older Adults	[289]
The Need for More Geropsychologists	[292]
In Review: Clinical Geropsychology	[292]
Unique Characteristics of Clinical Geropsychology	[292]
Training in Geropsychology	[293]
Work Settings for Geropsychologists	[293]
A Focus on Life-Span Development	[294]
In Review: Unique Characteristics of Clinical Geropsychology	[294]
Clinical Assessment of Older Adults	[295]
Assessment Methods with Older Adults	[295]
A Case Example	[297]
In Review: Clinical Assessment of Older Adults	[297]
Treatment of Older Adults	[298]
Special Considerations in Treating Older Adults	[298]
Treatment Methods and Settings	[299]
A Case Example	[300]
In Review: Treatment of Older Adults	[301]
The Future of Geropsychology	[301]
Diversity and Equity	[301]
Advancing Technology	[302]
The Continuing Shortage of Geropsychologists	[302]
Chapter Summary	[302]

**12 Clinical Psychology, Health, and Well-Being** [304]

What Is Health Psychology?	[304]
Stress, Coping, and Health	[305]
Measuring Stressors	[307]
Adaptive Coping Strategies	[308]
Stress-Hardy Personality Characteristics	[309]
Social Support	[309]
In Review: What Is Health Psychology?	[310]
Risk Factors for Illness	[311]
Risk Factors for Cardiovascular Disease	[311]
Thinking Scientifically: Does Hostility Increase the Risk of Heart Disease?	[313]
In Review: Risk Factors for Illness	[315]
Illness Prevention and Treatment Programs	[315]
Cardiovascular Diseases	[315]
Pain	[315]

## xvi | Detailed Contents

Cancer	[316]
HIV/AIDS	[316]
In Review: Illness Prevention and Treatment Programs	[317]
Improving Adherence to Medical Treatment	[318]
Causes of Nonadherence	[319]
Interventions to Improve Adherence	[319]
In Review: Improving Adherence to Medical Treatment	[320]
A Case Example of Health Psychology	[320]
Chapter Summary	[321]
<b>13 Clinical Neuropsychology</b>	<b>[323]</b>
A Clinical Case	[323]
A Brief History of Neuropsychology	[324]
Early Influences	[325]
Development of Neuropsychological Assessment Techniques	[325]
Split-Brain Research	[326]
Research on Normal Brains	[327]
In Review: A Brief History of Neuropsychology	[327]
Basic Principles of Neuropsychology	[328]
A Modern View of Localization of Function	[328]
Modules and Networks	[329]
Levels of Interaction	[329]
Lateralization of Function	[329]
Thinking Scientifically: Can Someone Be Partially Paralyzed and Not Know It?	[331]
In Review: Basic Principles of Neuropsychology	[332]
Patterns of Neuropsychological Dysfunction	[333]
Occipital Lobe Dysfunction	[333]
Parietal Lobe Dysfunction	[333]
Temporal Lobe Dysfunction	[334]
Frontal Lobe Dysfunction	[335]
Neuropsychological Syndromes	[336]
In Review: Patterns of Neuropsychological Dysfunction	[338]
Neuropsychological Assessment	[339]
Neuropsychological Tests	[339]
Neuropsychological Assessment and Rehabilitation	[340]
In Review: Neuropsychological Assessment	[341]
Neuropsychological Approaches to Psychopathology, Neurological Disorders, and Medical Conditions	[341]
Depression	[342]
Schizophrenia	[342]
Neuropsychological Disorders	[343]
Medical Conditions	[343]
Developmental Disorders	[344]
In Review: Neuropsychological Approaches to Psychopathology	[345]
The Current Status of Clinical Neuropsychology	[345]
Chapter Summary	[347]
<b>14 Forensic Psychology</b>	<b>[348]</b>
The Scope of Forensic Psychology	[348]
In Review: The Scope of Forensic Psychology	[349]
Criminal Competence and Responsibility	[350]
Criminal Competence	[350]
Assessing Competence	[351]
The Insanity Defense	[353]
Assessing Sanity	[354]
Thinking Scientifically: Does the Insanity Defense Allow Killers to Get Away with Murder?	[355]

Reforming the Insanity Defense	[357]
In Review: Criminal Competence and Responsibility	[358]
Assessing Psychological Status in Civil Cases	[358]
Assessing Psychological Damage in Tort Cases	[359]
Civil Competencies	[360]
In Review: Assessing Psychological Status in Civil Cases	[361]
Psychological Autopsies and Criminal Profiling	[361]
Psychological Autopsies	[362]
Criminal Profiling	[362]
In Review: Psychological Autopsies and Criminal Profiling	[363]
Child Custody and Parental Fitness	[364]
Child Custody Disputes	[364]
Custody Mediation	[365]
Termination of Parental Rights	[367]
In Review: Child Custody and Parental Fitness	[367]
Mental Health Experts in the Legal System	[368]
In Review: Mental Health Experts in the Legal System	[370]
Chapter Summary	[371]
<b>15 Training and Practice Issues in Clinical Psychology</b>	<b>[373]</b>
Professional Training	[373]
The Boulder Conference	[374]
The Vail Conference	[375]
The Salt Lake City Conference	[375]
The Delaware Conference	[376]
Clinical Psychology Training Today	[376]
Professional Schools and the Doctor of Psychology (PsyD) Degree	[377]
Clinical Psychology Training Models	[378]
Evaluating Clinical Psychology Training	[378]
The Internship Imbalance	[379]
In Review: Professional Training	[380]
Professional Regulation	[380]
Certification and Licensure	[380]
ABPP Certification	[383]
In Review: Professional Regulation	[383]
Professional Ethics	[384]
Ethical Standards of the American Psychological Association	[384]
Implementation of Ethical Standards	[385]
Dealing with Ethical Violations	[386]
Other Ethical Standards	[386]
Regulation through State Laws	[387]
Regulation through Malpractice Litigation	[388]
In Review: Professional Ethics	[389]
Professional Independence	[389]
The Economics of Mental Health Care	[390]
Independent Practice	[390]
Prescription Privileges	[391]
In Review: Professional Independence	[392]
Professional Multicultural Competence	[393]
Thinking Scientifically: Does Cultural Adaption Improve Therapy Outcomes?	[394]
A Case Study of Culturally Competent Therapy	[396]
In Review: Professional Multicultural Competence	[397]
The Future of Clinical Psychology	[398]
Training	[398]
Psychotherapy Integration, Mechanisms of Change, and Transdiagnostic Approaches	[398]

xviii | Detailed Contents

Interdisciplinary Science and Practice	[398]
Positive Psychology	[399]
Spirituality	[399]
Technology	[400]
Dissemination	[400]
Outreach to National and International Communities	[400]
A Final Word	[402]
In Review: The Future of Clinical Psychology	[402]
Chapter Summary	[403]

<i>Glossary</i>	[405]
<i>Bibliography</i>	[409]
<i>Answer Key</i>	[476]
<i>Name Index</i>	[480]
<i>Subject Index</i>	[494]



## Preface

The nine previous editions of this book have all shared the same four goals. The first is to offer an introduction to clinical psychology that, while appropriate for graduate students, is written especially with intellectually curious undergraduates in mind. Many psychology majors have an interest in clinical psychology, but not a clear understanding of what the field involves and requires. Many nonmajors, too, want to know more about clinical psychology, and we believe that both groups can benefit from a thorough survey of the field that does not delve into all the details typically included in texts aimed only at graduate students. Readers whose backgrounds include coursework in introductory psychology and abnormal psychology will find the book especially valuable.

The second goal is to present a comprehensive view of clinical psychology, its history, its present scope and functions, and a glimpse into its future. We do so in a way that includes the perspectives of many approaches to clinical psychology – the behavioral, interpersonal, cognitive, humanistic, psychodynamic, acceptance-based, social systems, etc. – and that highlights the strengths and weaknesses of the scientific evidence for each. We aim to be inclusive both in the interventions we discuss and in the diverse populations we hope will benefit from these interventions.

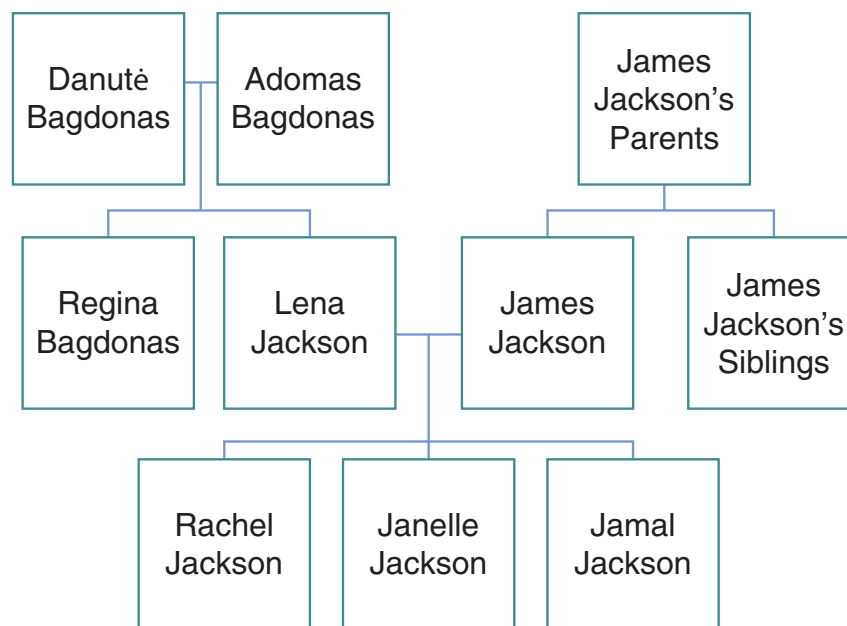
The third goal is to emphasize the value of scientific research in clinical psychology. We believe this is a necessary and useful perspective for all clinical psychologists, whether they are practitioners, researchers, educators, policy makers, or consultants. So you will see as a core theme throughout the book the idea that an evidence-based approach to clinical psychology offers the best hope for helping clients because it is the one most likely to identify the causes of, and effective treatments for, psychological disorders.

The fourth goal is to offer a book that is interesting and enjoyable. As you might expect, we love the field of clinical psychology. We find it fascinating. We enjoy teaching about it and writing about it, and we hope that some of our excitement and enthusiasm will rub off on you.

These four goals have not changed, but many other aspects of the book are new. First and foremost, after the tragic death of our former co-author, Scott Lilienfeld,

Andres De Los Reyes of the University of Maryland has joined the author team, and the tenth edition benefits from his knowledge, skills, and experience. Here is what we have done for the tenth edition:

- 1. Content Updates.** We have added more than 1,000 new references that describe the latest scientific research and information about all aspects of contemporary clinical psychology. We cover the development of evidence-based clinical science, emerging models for clinical training and accreditation, new approaches to diagnosing and classifying the key features of mental illness, and the latest trends in formulating and evaluating interventions for the treatment of those disorders. We also summarize the latest changes in health-care legislation and managed-care systems, and technological advances in the delivery of mental health-care services that are influencing clinical psychology training, research, and practice today.
- 2. More Integrated Case Examples.** In this new edition, we continue to offer memorable examples of the kinds of clients and client problems that clinical psychologists encounter in their research and practice. These examples also show that the same clients and problems can be understood from many different theoretical perspectives. The case examples begin in Chapter 1, where we introduce you to members of the “Jackson” family (not their real name), who illustrate many of the fascinating problems and practice issues that clinical psychologists encounter every day. In this new edition, we also offer (below) a family tree diagram to help you envision the family’s structure and trace the relationships that we will describe. Our description of each family member will provide vivid and easily grasped examples of clinical assessment techniques, therapeutic methods, symptoms of psychological disorders, and the importance of sociocultural factors in diagnosis and treatment. As you read the book, you will meet the same family members in varying combinations (e.g., in family therapy sessions) and in different contexts (e.g., diagnostic interviewing, neuropsychological assessment, individual therapy), rather than always being introduced to entirely new cases. By providing background information about a



The Jackson family tree

single family, its history, and its dynamics in Chapter 1, many of the case examples in later chapters will involve people with whom you will already be familiar.

### 3. Scientific Thinking about Current Controversies.

Clinical psychology is an ever-changing field, and proposals for change often meet with varying reactions. As a result, there are a number of topics about which clinical psychologists and other mental health professionals disagree, such as how much weight should be given to various sources of evidence when making clinical decisions, how clinical psychologists should be trained, and whether they should be allowed to prescribe medication for psychological disorders. We describe these and many other current controversies throughout this new edition, and in special sections in every chapter we invite you to “Think Scientifically” about them by asking yourself five specific questions:

*What am I being asked to believe?*

*What kind of evidence is available to support the claim?*

*Are there alternative ways of interpreting the evidence, including those that my biases and preconceptions might have kept me from seeing?*

*What additional evidence would help to evaluate those alternatives?*

*What conclusions are most reasonable given the kind of evidence available?*

### 4. Updated Coverage of Clinical Technology.

Updating the book gave us the opportunity to describe the latest

digital technologies that are altering the science and practice of clinical psychology. You will see examples of these changes throughout the book in relation to everything from delivery of mental health services via the internet and mental health apps, to the use of artificial intelligence in clinical assessment, and the application of virtual reality systems in various kinds of treatment.

### 5. Highlighting Individual Differences and Sociocultural Diversity.

The sociocultural characteristics of clinical psychologists and their clients have become increasingly diverse over the years. As a result, you will find that our coverage of everything from clinical training and assessment techniques to treatment methods and health-care delivery systems considers the impact of factors such as age, gender, race and ethnicity, culture and nationality, sexual orientation, and disability status on clinical research and practice.

### 6. Reader-Friendly Features Remain.

We have retained a number of elements that were new to the ninth edition and were designed to make the book easier and more enjoyable to read, more supportive of your learning, and more helpful when the time comes to study for quizzes and tests.

- First, we kept the larger font, which makes for less tiring reading, and we added more new photos, figures, and tables to illustrate the text and add variety to your reading experience.
- Second, although we continued our practice of printing all the most important key terms in

**boldface** type, we have decluttered the pages by moving the boxed definitions of those terms from the margins to a comprehensive glossary at the end of the book.

- Third, we have retained the chapter and section previews that help you to anticipate what you are about to read, and we also retained the popular “In Review” tables at the end of each major section of every chapter. These tables summarize the main points of the section and then pose three self-testing questions that give you a chance to see if you have understood the material in the section or if you might want to go back and re-read some of it (the answers to the self-test questions are at the back of the book).

7. **Reduced length.** The new edition is substantially shorter than its predecessor. We accomplished this reduction in length partly by moving Chapter 16 (Getting into Graduate School in Clinical Psychology) online. You can have free access to it at [www.cambridge.org/bernstein10](http://www.cambridge.org/bernstein10). We also shortened discussions throughout the book where we thought there was more than the necessary amount of detail.

We hope you enjoy reading the tenth edition as much as we enjoyed creating it. We would love to hear your comments and suggestions for further improvement, so please feel free to contact the author team through Doug Bernstein at [douglas.bernstein@comcast.net](mailto:douglas.bernstein@comcast.net).



Douglas A. Bernstein



Bethany A. Teachman



Bunmi O. Olatunji



Andres De Los Reyes

## Acknowledgments

We want to thank several people for their valuable contributions to this book. We wish to express our appreciation to Regan Gurung (Oregon State University) for his help in updating the health psychology chapter, to Douglas Terry (Vanderbilt University) for his help in updating the neuropsychology chapter, to Elaine Cassel (Lord Fairfax Community College) for her expertise in helping to update the chapter on forensic psychology, to Doris Vasconcellos for her help in updating the chapter on psychoanalytic, psychodynamic, and humanistic psychotherapies, and to Brian Carpenter (Washington University, St. Louis), Kelly Durbin (University of Southern California), Sabine Lohmar (West Virginia University), Lisa Stone (University of Colorado, Colorado Springs), and Matt Picchiello (Washington University, St. Louis) for their help on updating the

geropsychology section of the chapter on Clinical Psychology for Youth and Older Adults.

Countless undergraduate and graduate students asked the questions, raised the issues, and argued the opposing positions that have found their way into the text; they are really the people who stimulated the creation of this book, and who continue to make us want to revise and update its content. We thank them all. We would also like to thank Stephen Acerra, Helen Shannon, Anna Lustig, Sophie Rosinke and Rachel Norridge at Cambridge University Press for their help and support in guiding the creation of this latest edition. Finally, we want to thank our families, loved ones, and friends, as well as our colleagues and the staff in our labs for their support throughout this project. Your infinite patience and unfailing encouragement are appreciated more than we can say.

## Significant Dates and Events in the History of Clinical Psychology

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|------|---|------|--|
| 1879 | Wilhelm Wundt establishes first formal psychology laboratory at the University of Leipzig.  | 1939 | Wechsler–Bellevue Intelligence Test published.   |
| 1885 | Sir Francis Galton establishes first mental testing center at the South Kensington Museum, London.                                  | 1942 | Carl Rogers publishes <i>Counseling and psychotherapy</i> , outlining an alternative to psychodynamic therapy.   |
| 1890 | James McKeen Cattell coins the term <i>mental test</i> .  | 1943 | Minnesota Multiphasic Personality Inventory (MMPI) published.  |
| 1892 | American Psychological Association (APA) founded.   | 1945 | AAAP rejoins APA. <i>Journal of Clinical Psychology</i> published. Connecticut State Board of Examiners in Psychology issues first certificate to practice psychology.   |
| 1895 | Breuer and Freud publish <i>Studies in hysteria</i> .   | 1947 | American Board of Examiners in Professional Psychology organized. Shakow Report recommends clinical training standards to APA.   |
| 1896 | Lightner Witmer founds first psychological clinic, University of Pennsylvania.  | 1949 | Colorado conference on training in clinical psychology convenes, recommends “Boulder Model.”   |
| 1905 | Binet–Simon Intelligence Scale published in France.   | 1950 | APA publishes first standards for approved internships in clinical psychology.   |
| 1907 | Witmer founds first clinical journal, <i>The Psychological Clinic</i> .   | 1952 | American Psychiatric Association’s <i>Diagnostic and statistical manual (DSM-I)</i> published.   |
| 1908 | First clinical internship offered at Vineland Training School.  | 1953 | APA’s <i>Ethical standards for psychologists</i> published.  |
| 1909 | William Healy founds first child guidance center, the Juvenile Psychopathic Institute, Chicago. Freud lectures at Clark University. | 1955 | Wechsler Adult Intelligence Test published.  |
| 1910 | Goddard’s English translation of the 1908 revision of the Binet–Simon Intelligence Scale published.                                 | 1956 | Stanford Training Conference.  |
| 1912 | J. B. Watson publishes <i>Psychology as a behaviorist views it</i> .  | 1958 | Miami Training Conference. Clinical Division of APA holds National Institute of Mental Health sponsored conference about research on psychotherapy.  |
| 1916 | Terman’s Stanford–Binet Intelligence Test published.  | 1959 | The first psychotherapy benefit in a prepaid insurance plan appears.   |
| 1917 | Clinicians break away from APA to form American Association of Clinical Psychology (AACP).  | 1965 | Chicago Training Conference held.  |
| 1919 | AACP rejoins APA as its clinical section.   | 1968 | PsyD training program begins at the University of Illinois, Urbana-Champaign. Second edition of <i>Diagnostic and statistical manual (DSM-II)</i> published. Committee on Health Insurance begins campaign to allow payment of clinical psychologists’ services by health insurance plans without requiring medical supervision. |
| 1920 | Watson and Rayner demonstrate that a child’s fear can be learned.   | 1969 | California School of Professional Psychology founded. APA begins publication of the journal, <i>Professional Psychology</i> .  |
| 1921 | James McKeen Cattell forms The Psychological Corporation.   | 1970 | Department of Defense health insurance program authorizes payment of clinical psychologists’ services without medical referral.  |
| 1924 | Mary Cover Jones employs learning principles to remove children’s fears.  |      |  |
| 1931 | Clinical section of APA appoints committee on training standards.   |      |  |
| 1935 | Thematic Apperception Test (TAT) published.   |      |  |
| 1937 | Clinical section of APA breaks away to form American Association for Applied Psychology (AAAP).                                     |      |  |
| 1938 | First Buros <i>Mental measurement yearbook</i> published.   |      |  |

## xxiv | Significant Dates and Events

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|---|---|
| <p>1971 Council for the Advancement of Psychological Professions and Sciences, a political advocacy group for clinical psychology, is organized. <i>Journal of Clinical Child Psychology</i> published.</p> <p>1972 Menninger Conference on Postdoctoral Education in Clinical Psychology.</p> <p>1973 Vail, Colorado, Training Conference.</p> <p>1974 National Register of Health Service Providers in Psychology established. Federal government allows payment for clinical psychologists' services to its employees without medical supervision or referral. APA establishes <i>Standards for providers of psychological services</i>. First Inter-American Congress of Clinical Psychology held in Porto Alegre, Brazil.</p> <p>1977 All 50 US states have certification or licensing laws for clinical psychologists.</p> <p>1980 Third edition of <i>DSM (DSM-III)</i> published. Smith, Glass, and Miller publish <i>The benefits of psychotherapy</i>. Blue Shield health insurance companies in Virginia successfully sued for refusing to pay for clinical psychologists' services to people covered by their plans.</p> <p>1981 APA publishes its revised <i>Ethical principles of psychologists</i>.</p> <p>1983 Joint Commission for the Accreditation of Hospitals allows clinical psychologists to become members of hospital medical staff. Conference on graduate education in psychology, Salt Lake City, Utah.</p> <p>1988 American Psychological Society formed.</p> <p>1990 California Supreme Court affirms right of clinical psychologists to independently admit, diagnose, treat, and release mental patients without medical supervision. Richard McFall publishes "Manifesto for a science of clinical psychology."</p> <p>1993 Commander John L. Sexton and Lt. Commander Morgan T. Sammons complete psychopharmacology program at Walter Reed Army Medical Center, becoming first psychologists legally permitted to prescribe psychoactive drugs.</p> | <p>1994 <i>DSM-IV</i> published. Amendment to Social Security Act guarantees psychologists the right to independent practice and payment for hospital services under Medicare. Academy of Psychological Clinical Science established.</p> <p>1995 APA task force of clinical psychologists publishes list of empirically validated psychological therapies and calls for students to be trained to use them.</p> <p>1996 Dorothy W. Cantor becomes first president of APA to hold a PsyD rather than a PhD.</p> <p>2002 New Mexico becomes the first US state to grant prescription privileges to specially trained clinical psychologists. Five more states do the same over the next 20 years.</p> <p>2005 APA sponsors a Presidential Task Force on evidence-based practice.</p> <p>2006 Psychologists win a second settlement in 2 years in federal court alleging that managed-care companies conspired to reduce and delay provider payments in violation of federal law. American Psychological Society becomes The Association for Psychological Science.</p> <p>2008 The US House of Representatives passes legislation requiring mental health parity: The Paul Wellstone Mental Health and Addiction Equity Act of 2007.</p> <p>2009 University of Illinois at Urbana-Champaign becomes the first Psychological Clinical Science Accreditation System-accredited program.</p> <p>2013 <i>DSM-5</i> published.</p> <p>2017 American Psychological Association approves first clinical practice guidelines for a major mental disorder (posttraumatic stress disorder). Hierarchical Taxonomy of Psychopathology (HiTOP) consortium launched.</p> <p>2020 Covid-19 pandemic leads to explosion of clinical services via the internet.</p> <p>2023 <i>DSM-5 TR</i> (text revision) published.</p> |
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