

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 in the pages of this book. Our opening chapter provides a broad overview 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 fields. 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' withdrawal began shortly after he lost his job during a downturn in the local economy, leaving his wife Lena's salary as a nurse as 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 time and cash at

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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 that has 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 fellow nurse at her hospital. 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, and she referred Lena to “Dr. Cynthia Leon,” a clinical psychologist at a nearby community mental health center.

At their first appointment, Lena describes some of Rachel’s problems, but soon finds herself talking 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 physical health and loss of mental capacity, and her own feelings of sadness, low energy, and hopelessness about what sometimes seems to be an impossibly stressful living situation. The clinical psychologist listens carefully, and among other things, points out that while Rachel’s behavior is certainly a focus of

concern, it seems to be only one feature of an enormously complex and dynamic family system.

That first appointment marked the beginning of the psychologist’s efforts to help Rachel, and ultimately, her entire family. You will discover more about the Jackson family in many of the chapters to come, where we present their stories as examples of how clinical psychologists use scientific approaches to describe, understand, and resolve the problems of the individuals, couples, and families who come to them for help.

In this book, you will see how clinical psychologists address problems such as those faced by Rachel and her family. You will learn how they 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 sub-field of the larger discipline of psychology. Like all psychologists, clinical psychologists are interested

in *behavior and mental processes*. They conduct research about human behavior, seek to apply the results of that research, and engage in the assessment of clients. Like the members of some other professions, clinical psychologists also provide

assistance to those who need help with psychological problems, but as you will soon see, 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.

On its website at www.div12.org, the American Psychological Association Division of Clinical Psychology defines **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.” 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 *purpose* 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, but instead are flip 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.

Clinical psychology

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, social and behavioral maladjustment, impairment, distress, and discomfort, applied to a wide range of client populations.

The Popularity of Clinical Psychology

Clinical psychology is the single largest subfield of psychology. Its prominence is reflected in the fact that just over 40% of the nearly 75,000 members of the American Psychological Association (APA) identify themselves as clinical psychologists and constitute the three largest of the 56 interest groups (divisions) in the APA: Clinical Psychology (Division 12), Clinical Neuropsychology (Division 40), and Psychologists in Independent Practice (Division 42). Graduate training programs in clinical psychology are the most popular of psychology’s *health service provider (HSP)* training options (American Psychological Association, 2016a, 2019a), attracting more applicants each year than any other area (American Psychological Association, 2018a; Michalski, Cope & Fowler, 2016; see Figure 1.1). It is no surprise, then, that almost one-half of all psychology doctorates are awarded in clinical psychology (American Psychological Association, 2016a). Part of the attraction lies in the prospect of high-quality, satisfying employment for clinical psychologists (Lin, Christidis, & Stamm, 2017). The U.S. Department of Labor’s *Occupational Outlook Handbook* projects faster-than-average growth in the job market for both doctoral- and master’s-level clinicians (Bureau of Labor Statistics, 2018). Many of those drawn to clinical psychology are also fascinated by 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, but 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

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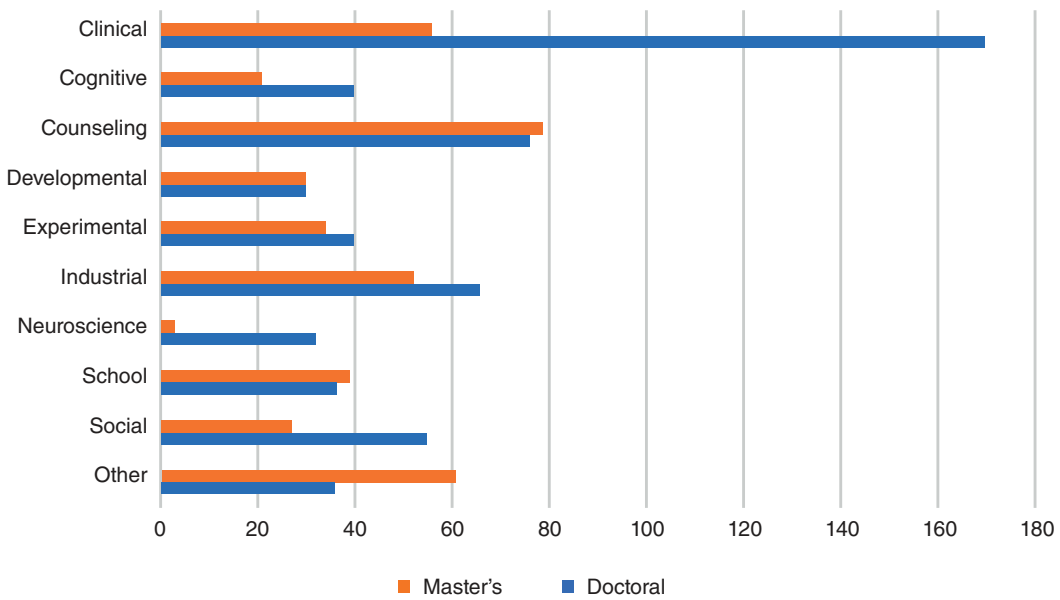


Figure 1.1 Average Number of Applications for Graduate Training in Psychology

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 35% of master's applicants are admitted to these programs. (Source: Adapted from Michalski, D. S., Cope, C., & Fowler, G. A. (2016). *Summary report: Admissions, applications, and acceptances*. Washington, DC: American Psychological Association Education Directorate.)

second kind is far more common (Jamieson, 2011; Vogel, Gentile, & Kaplan, 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, Spickard, & McNamara, 2006). In many cases, the media imply, or even state, that clinical psychology and psychiatry are the same (Lilienfeld, 2012) when, as you will see later in this chapter, they are not. Such portrayals help create the misconceptions reflected in surveys showing that most people don't understand the differences between clinical psychologists, psychiatrists, and other mental health professionals such as social workers and counselors (Farberman, 1997). These shows may enjoy good audience ratings, but they rarely present a true picture of the science and practice of modern clinical psychology. We hope that by reading this book you will gain a much more accurate impression of the field.

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 given person. The clinical attitude sets clinicians apart from other psychologists who search for underlying principles that can be applied to human behavior problems in general. Clinical psychologists like the one 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.

Clinical attitude

The desire to combine research knowledge with individual assessment and treatment.

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.

Scientific attitude

The desire to apply scientific approaches to understanding psychological distress.

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 have integrity, an interest in people, good interpersonal communication skills, empathy, and intellectual curiosity (Johnson & Campbell, 2004; Prideaux et al., 2011; Swaminathan, 2012). 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 because they may still make decisions about matters of personal consequence to research 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, Cope & Fowler, 2016). Nevertheless, as you will see in Chapter 16, on Getting into Graduate School in Clinical Psychology, those standardized academic indicators must still be quite high, partly because they have some value for predicting success in graduate school and

scores on the national licensing tests we describe later (Sharpless & Barber, 2009).

Another key characteristic of clinical psychologists is a propensity toward scientific thinking (Garb, 1998). It is a way of thinking that provides tools that help compensate for personal biases that might otherwise impair a clinical scientist’s search for the truth about a client’s problems or a knotty research question (Lilienfeld, 2010). 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 research to clinical practice appropriately, and always remain open to the possibility that their conclusions and decisions might be mistaken and require adjustment (McFall, 1991, 1996). Because prior 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.

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

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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, gain exposure to a wide variety of basic research in psychological science (e.g., cognitive and developmental psychology), learn 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 American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (2017a), which offers guidance for dealing with ethical concerns related to

competence, human relations, privacy and confidentiality, record keeping, education and training, therapy, and many other situations. This 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. For them, some of the most relevant ethical standards in the code are the ones dealing 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.



Clinicians in Training

Because they will so often deal with people who are distressed and vulnerable, students wishing 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.)

The doctoral degrees held by fully licensed clinical psychologists are typically either the *Ph.D.* (Doctor of Philosophy) or the *Psy.D.* (*Doctor of Psychology*), though they occasionally include others, such as the *Ed.D.*, or Doctor of Education. Both Ph.D. and Psy.D. programs include intensive clinical training, but they differ in their emphasis on science and research. Later in this chapter, and in subsequent 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 Psy.D. programs are less research-intensive and that they accept and graduate far more doctoral-level clinical psychologists than Ph.D. programs do (American Psychological Association, 2016a, 2018b; Norcross, Ellis, & Sayette, 2010; Sayette, Norcross, & Dimoff, 2011).

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, Miller, & Hall, 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 U.S. states, except New York, 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 one-year full-time (or two-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 a psychology department clinic under the supervision of a clinical faculty member or at an external site, such as a local psychiatric hospital or university counseling center. Internships involve one to two years of much more extensive clinical work for which interns are typically paid a modest stipend. For lists of the clinical psychology doctoral programs and internships approved by the American Psychological Association, visit <http://www.apa.org/ed/accreditation/programs/index.aspx> and <http://www.apa.org/education/grad/internship.aspx>. A list of programs with a particularly strong focus on clinical science is provided at the website of the Academy of Psychological Clinical Science at <https://www.acadpsychclinicalscience.org/doctoral-programs.html>.

Competence Testing. To be licensed as clinical psychologists, candidates must declare their areas of 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 U.S. and Canada is called the *Examination for Professional Practice in Psychology* (EPPP). Passing this examination also makes it easier for clinicians to have their licenses recognized in a state other than the one where they were first licensed, through 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. Clinicians are also discussing the possibility of adding a second EPPP test that is focused more on demonstrating competencies in clinical skills than on displaying academic knowledge.

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Clinical Psychology and Related Mental Health Professions

As we mentioned earlier, clinical psychology is designated by the U.S. government as 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. As we describe in later chapters, still other psychologists provide specialized services to children, adolescents, or the elderly (Chapter 11), work to promote 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 networks of accredited training programs, well-established research traditions, and specific licensing or certification requirements. Each group also has its own unique history. Practitioners from each group offer mental health services in one form or another. 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 Ph.D., Psy.D., or Ed.D. 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, clinical psychology programs are invariably housed in psychology departments. Although some **counseling psychology** programs are located in psychology departments, many are offered through education departments or other university departments or divisions.

Counseling psychology

A psychological human service specialty whose practitioners offer psychotherapy, career counseling, or other forms of counseling related to life changes or developmental problems.

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 career counseling or other forms of counseling related to life changes or developmental problems. Clinical psychology, in contrast, was founded primarily to 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. In other words, most of the differences between the overlapping fields of clinical psychology and counseling psychology are a matter of 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).

School psychology

A psychological human service specialty whose practitioners focus on testing the cognitive abilities of children and adolescents, diagnose academic problems, and set up programs to improve student achievement.

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 specialize in 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 work

A human service specialty whose practitioners employ various psychotherapy techniques, but also focus on how social and situational variables affect their clients' functioning.

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 Ph.D.). 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 problems of 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 graduation from medical school, and then completion of a four-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.

Psychiatry

A medical specialty whose practitioners provide psychotherapy as well as medication for the treatment of psychological disorders.

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, so the time they spend with patients is often focused on selection and management of that medication (Kane, 2011). In fact, recent research suggests that psychiatrists are spending less time talking to patients and more time prescribing medication and ordering or conducting medical

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tests than they did in previous decades (Olfson et al., 2014). 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 treatment approaches. Perhaps most importantly, clinical psychologists, especially those with Ph.D.s, receive considerably more training in basic psychological science and the methods of psychological research methods 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. Recent years, however, have seen increased collaboration between the professions, both in theory and practice. Much of the change can be attributed to the growing realization 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 (Rozenky, 2011).

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* typically 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 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 prior to publication.

In contrast, many other specialties, such as aromatherapy, reflexology, homeopathy, and spiritual healing techniques, have few or none of the indicators of professional quality just listed and operate further from the mainstream of mental health services. Often classified as *complementary and alternative treatments* or *alternative medicine*, 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 alternative treatments often describe their work as falling within a *holistic* tradition that emphasizes the integration of mind, body, and spirit (Feltham, 2000; National Center for Complementary and Integrative Health, 2018). Nevertheless, it is wise to remember the principle of *caveat emptor* ("buyer beware") in relation to such interventions. Some of them, 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).