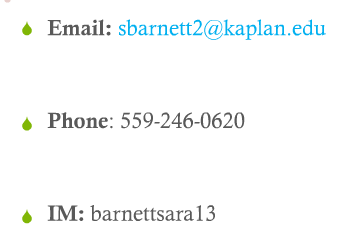
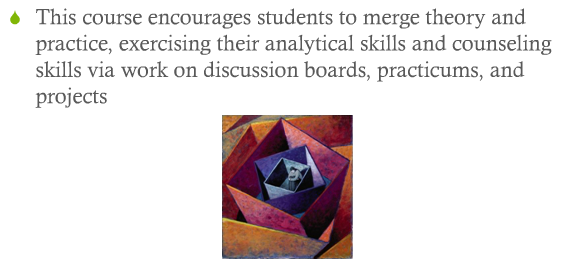
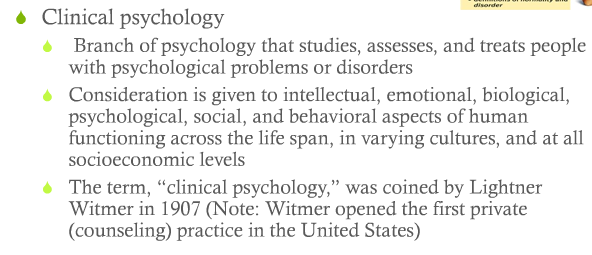
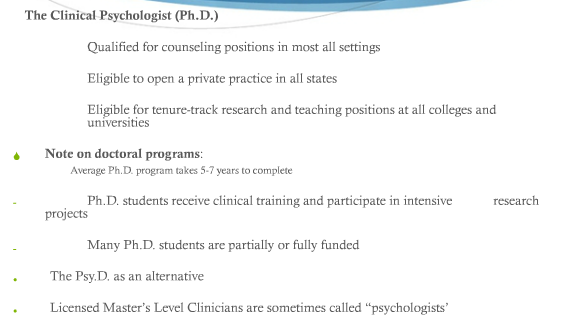
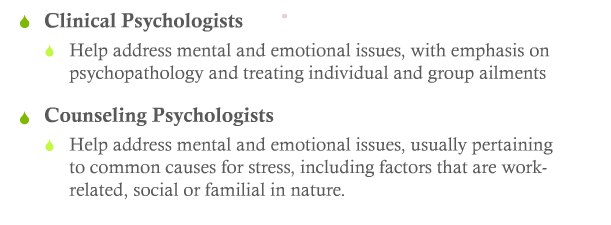
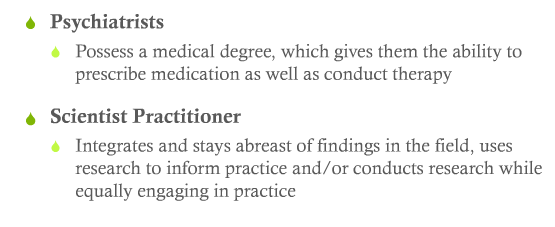
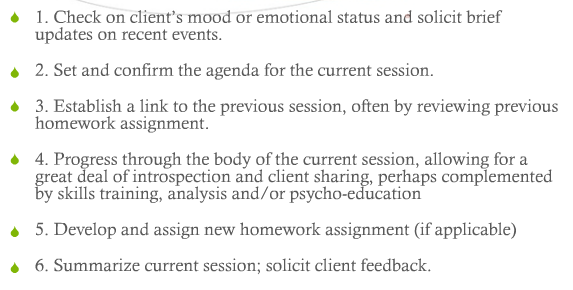
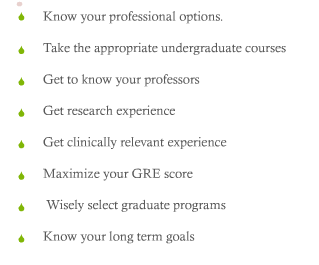
**Class Notes**  
  
  
  
  
Practice quizzes  
Quizzes each week  
  
Practicum  
Journal – keep a good news journal  
- record daily news event  
TH – Bombings in Boston, 1 suspect is killed  
FR – 2nd suspect, Dzhokar Tsarnaev, is apprehended; he was found hiding in a boat in a Watertown, Massachusetts.  
SA – Is in Hospital, but will still face charges  
  
  
  
  
  
  
boulder model  
  
  
  




* + Clinical psychology
  + Branch of psychology that studies, assesses, and treats people with psychological problems or disorders
  + Consideration is given to intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning across the life span, in varying cultures, and at all socioeconomic levels
  + The term, “clinical psychology,” was coined by Lightner Witmer in 1907 (Note: Witmer opened the first private (counseling) practice in the United States)

**The Clinical Psychologist (Ph.D.)**

Qualified for counseling positions in most all settings

Eligible to open a private practice in all states

Eligible for tenure-track research and teaching positions at all colleges and universities

* **Note on doctoral programs**:

Average Ph.D. program takes 5-7 years to complete

* Ph.D. students receive clinical training and participate in intensive research projects
* Many Ph.D. students are partially or fully funded
* The Psy.D. as an alternative
* Licensed Master’s Level Clinicians are sometimes called “psychologists’

**The Master’s Level Counselor** can work as an…

1. Unlicensed Mental Health Counselors (in hospital, community counseling, college counseling, social agency, residential treatment settings, etc).

2. Licensed Mental Health Counselors (must pass test and accumulate required hours, depending on state requirements) can also work in private practice in **some** states

3. Specialized Counselor (may require specialized training in addition to Master’s degree +/- licensure):

* School Counselor
* Certified Substance Abuse Counselor (CASC)
* Marriage and Family Therapist

**The Bachelor’s Level Counselor** can work as a…

* Human services associate in state or local government
* General case manager
* Residential staff person at many inpatient and outpatient mental health, developmental disability, or youth detention facilities
* **Clinical Psychologists**
  + Help address mental and emotional issues, with emphasis on psychopathology and treating individual and group ailments
* **Counseling Psychologists**
  + Help address mental and emotional issues, usually pertaining to common causes for stress, including factors that are work-related, social or familial in nature.
* **Psychiatrists** 
  + Possess a medical degree, which gives them the ability to prescribe medication as well as conduct therapy
* **Scientist Practitioner**
  + Integrates and stays abreast of findings in the field, uses research to inform practice and/or conducts research while equally engaging in practice
* 1. Check on client’s mood or emotional status and solicit brief updates on recent events.
* 2. Set and confirm the agenda for the current session.
* 3. Establish a link to the previous session, often by reviewing previous homework assignment.
* 4. Progress through the body of the current session, allowing for a great deal of introspection and client sharing, perhaps complemented by skills training, analysis and/or psycho-education
* 5. Develop and assign new homework assignment (if applicable)
* 6. Summarize current session; solicit client feedback.  
    
  Tips
* Know your professional options.
* Take the appropriate undergraduate courses
* Get to know your professors
* Get research experience
* Get clinically relevant experience
* Maximize your GRE score
* Wisely select graduate programs
* Know your long term goals

**Terms**  
  
**Academy of Psychological Science**An organization of graduate programs subscribing to the clinical scientist model of graduate training in clinical psychology.

**American Psychological Association**

Prominent professional organization for psychologists of which many clinical psychologists are members.

**Boulder model**

Alternate name for the scientist practitioner model of graduate training stemming from the historic 1949 conference of directors of training in Boulder, Colorado.

**Clinical Psychology**

Rigorous study and applied practice directed toward understanding and improving the psychological facets of the human experience, including but not limited to issues or problems of behavior, emotions, or intellect.

**Clinical scientist model**

A model of graduate training in clinical psychology that emphasizes empirical research over practice.

**Continuing Education Units (CEUs)**

Educational credits earned by licensed clinical psychologists by attending workshops, taking courses, reading selected material, or similar means; often required by states for license renewal.

**Counseling psychologists**

Professionals with some similarities to clinical psychologists but whose work tends to emphasize less seriously disturbed clients, vocational testing, and career counseling.

**Examination for Professional Practice in Psychology (EPPP)**

A standardized exam used by states and provinces as a criterion for licensure.

**Lightner Witmer**

The founder of the field of clinical psychology, the first psychological clinic, and the first journal devoted to clinical psychology.

**Practitioner-scholar model**

A model of graduate training in clinical psychology that emphasizes practice over empirical research.

**PsyD**

A doctoral degree obtained by clinical psychologists who graduate from practitioner-scholar programs that has become an increasingly common alternative to the more traditional.

**Scientist-practitioner model**

The traditional model of graduate training in clinical psychology with a dual emphasis on empirical research and practice resulting in the PHD degree.

Some of the benefits to group therapy include the following:  
  
1. Cost effective for both counselor and clients  
2. Solace found by clients in working with others who share similar struggles  
3. Opportunity provided to simulate real life situations  
4. Multiple experiences and perspectives shared  
5. Friendships formed  
  
  
  
The humanist approach centers on the notion that people are essentially good, and benefit from unconditional/positive environments in which they can be themselves, maintain a positive self-concept, and ultimately self-actualize. A positive self-concept is defined as having one's perspective on the true self, align with one's vision of the ideal self. To self-actualize is to comfortably realize one's own place and passion in the world, in the most genuine and authentic way.

**PART I Introducing**

**Clinical Psychology**

**2**

What Is Clinical Psychology?

Original Definition

More Recent Definitions

Education and Training in Clinical

Psychology

Balancing Practice and Science: The Scientist-

Practitioner (Boulder) Model

Leaning Toward Practice: The Practitioner-

Scholar (Vail) Model

*Box 1.1. Comparing PhD Programs With PsyD*

*Programs*

Leaning Toward Science: The Clinical ScientistModel

Getting In: What Do Graduate Programs Prefer?

Professional Activities and Employment Settings

Where Do Clinical Psychologists Work?

What Do Clinical Psychologists Do?

How Are Clinical Psychologists Different

From . . .

Counseling Psychologists

Psychiatrists

Social Workers

School Psychologists

**1 Defining Clinical**

**Psychology**

**W**elcome to clinical psychology! Throughout this book, you’ll learn quite a bit about

this field: history and current controversies, interviewing and psychological assessment

methods, and psychotherapy approaches. Let’s start by defining it.

**WHAT IS CLINICAL PSYCHOLOGY?**

**Original Definition**

The term **clinical psychology** was first used in print by **Lightner Witmer** in 1907.

Witmer was also the first to operate a psychological clinic (Benjamin, 1996, 2005). More

aboutWitmer’s pioneering contributions will appear in Chapter 2, but for now, let’s consider

**CHAPTER 1** Defining Clinical Psychology **3**

how he chose to define his emerging field. Witmer envisioned clinical psychology as a discipline with

similarities to a variety of other fields, specifically medicine, education, and sociology.

A clinical psychologist, therefore, was a person whose work with others involved

aspects of treatment, education, and interpersonal issues. At his clinic, the first clients were

children with behavioral or educational problems. However, even in his earliest writings,

Witmer (1907) foresaw clinical psychology as applicable to people of all ages and with a variety

of presenting problems.

**More Recent Definitions**

Defining clinical psychology is a greater challenge today than it was in Witmer’s time. The

field has witnessed such tremendous growth in a wide variety of directions that most

simple, concise definitions fall short of capturing the field in its entirety. As a group, contemporary

clinical psychologists do *many* different things, with *many* different goals, for

*many* different people.

Some in recent years have tried to offer “quick” definitions of clinical psychology to provide

a snapshot of what our field entails. For example, according to various introductory

psychology textbooks and dictionaries of psychology, clinical psychology is essentially the

branch of psychology that studies, assesses, and treats people with psychological problems

or disorders (e.g., Colman, 2006; Corsini, 1999; Hayes & Stratton, 2003; Myers, 2007). Such

a definition sounds reasonable enough, but it is not without its shortcomings. It doesn’t portray

all that clinical psychologists do, how they do it, or who they do it for.

An accurate, comprehensive, contemporary definition of clinical psychology would need

to be more inclusive and descriptive. The **Division of Clinical Psychology (Division 12)**

of the **American Psychological Association** defines clinical psychology as follows:

The field of Clinical Psychology integrates science, theory, and practice to understand,

predict, and alleviate maladjustment, disability, and discomfort as well as to promote

human adaptation, adjustment, and personal development. Clinical Psychology

focuses on the intellectual, emotional, biological, psychological, social, and

behavioral aspects of human functioning across the life span, in varying cultures, and

at all socioeconomic levels. (American Psychological Association, 2009a)

The sheer breadth of this definition reflects the rich and varied growth that the field has

seen in the century since Witmer originally identified it. Certainly, its authors do not intend

to suggest that each clinical psychologist spends equal time on each component of that definition.

But collectively, the work of clinical psychologists does indeed encompass such a

wide range. For the purposes of this textbook, a similarly broad but somewhat more succinct

definition will suffice: Clinical psychology involves rigorous study and applied practice

directed toward understanding and improving the psychological facets of the human experience,

including but not limited to issues or problems of behavior, emotions, or intellect.

**EDUCATION AND TRAINING IN CLINICAL PSYCHOLOGY**

In addition to explicit definitions such as those listed above, we can infer what clinical psychology

is by learning how clinical psychologists are educated and trained. The basic components

of clinical psychology training are common across programs and are well

established (Vaughn, 2006). The aspiring clinical psychologist must obtain a doctoral degree

in clinical psychology. Most students enter a doctoral program with a bachelor’s degree only,

but some enter with a master’s degree. For those entering with a bachelor’s degree, training

typically consists of at least 4 years of intensive, full-time coursework, followed by a 1-year,

full-time predoctoral internship. Required coursework includes courses on psychotherapy,

assessment, statistics, research design and methodology, biological bases of behavior,

cognitive-affective bases of behavior, social bases of behavior, individual differences, and

other areas. A master’s thesis and doctoral dissertation are also commonly required, as is a

practicum in which students start to accumulate supervised experience doing clinical work.

When the on-campus course responsibilities are complete, students move on to the predoctoral

internship, in which they take on greater clinical responsibilities and obtain supervised

experience on a full-time basis. This predoctoral internship, along with the postdoctoral

internship that occurs after the degree is obtained, is described in more detail below.

Beyond these basic requirements, especially in recent decades, there is no single way by which

someone becomes a clinical psychologist. Instead, there are multiple paths to the profession, as

illustrated by the three models of training currently in use by various programs: the scientist practitioner

(Boulder)model, the practitioner-scholar (Vail)model, and the clinical scientist model.

**Balancing Practice and Science: The Scientist-Practitioner (Boulder) Model**

In 1949, the first conference on graduate training in clinical psychology was held in

Boulder, Colorado. At this conference, training directors from around the country reached

an important consensus: Training in clinical psychology should jointly emphasize both

practice and research. In other words, to become a clinical psychologist, graduate

students would need to receive training and display competence in the application of clinical

methods (assessment, psychotherapy, etc.) *and* the research methods necessary to scientifically

study and evaluate the field. Those at the conference also agreed that

coursework should reflect this dual emphasis, with classes in statistics and research methods

as well as classes in psychotherapy and assessment. Likewise, expectations for the

more independent aspects of graduate training would also reflect the dual emphasis:

Graduate students would (under supervision) conduct both clinical work and their own

empirical research (thesis and dissertation). These graduate programs would continue

to be housed in departments of psychology at universities, and graduates would be

awarded the PhD degree. The term **scientist-practitioner model** was used to label this

two-pronged approach to training (McFall, 2006; Norcross, Sayette, & Mayne, 2008).

**PART I : INTRODUCING 4 CLINICAL PSYCHOLOGY**

For decades, the scientist-practitioner—or the **“Boulder model”**—approach to clinical

psychology training unquestionably dominated the field. In fact, there are still more programs

subscribing to the Boulder model than to any other. However, as time passed, developments

took place that produced a wider range of options in clinical psychology training.

The pendulum did not remain stationary at its midpoint between practice and research;

instead, it swung toward one extreme and then toward the other.

**Leaning Toward Practice: The Practitioner-Scholar (Vail) Model**

In 1973, another conference on clinical psychology training was held in Colorado—this

time, in the city of Vail. In the years preceding this conference, some discontent had arisen

regarding the Boulder or scientist-practitioner model of training. In effect, many current

and aspiring clinical psychologists had been asking, “Why do I need such extensive training

as a scientist when my goal is simply to practice?” After all, only a minority of clinical

psychologists were entering academia or otherwise conducting research as a primary professional

task. Clinical practice was the more popular career choice (Boneau & Cuca, 1974;

McConnell, 1984), and many would-be clinical psychologists sought a doctoral-level

degree with less extensive training in research and more extensive training in the development

of applied clinical skills. So the **practitioner-scholar model** of training was born,

along with a new type of doctoral degree, the **PsyD.** Since the 1970s, graduate programs

offering the PsyD degree have proliferated. In fact, in the 1988 to 2001 time period alone,

the number of PsyD degrees awarded increased by more than 160% (McFall, 2006).

Compared with PhD programs, these programs typically offer more coursework directly

related to practice and fewer related to research and statistics (Norcross et al., 2008). See

Box 1.1 for a point-by-point comparison of PhD and PsyD models of training.

The growth of the PsyD (or practitioner-scholar, or **“Vail model”**) approach to training

in clinical psychology has influenced the field tremendously. Of course, before the

emergence of the PsyD, the PhD was the only doctoral degree for clinical psychology.

But currently, over half of the doctoral degrees being awarded in the field are PsyD

degrees (Norcross, Kohout, & Wicherski, 2005). The number of PsyD programs is actually

quite small in comparison with the number of PhD programs, but the typical PsyD

program accepts and graduates a much larger number of students than the typical PhD

program.  
  
  
**Leaning Toward Science: The Clinical Scientist Model**

After the advent of the balanced Boulder model in the late 1940s and the subsequent emergence

of the practice-focused Vail model in the 1970s, the more empirically minded

members of the clinical psychology profession began a campaign for a strongly research oriented

model of training.

**CHAPTER 1** Defining Clinical Psychology **5**

Indeed, in the 1990s, a movement toward increased empiricism took place among

numerous graduate programs and prominent individuals involved in clinical psychology

training. In essence, the leaders of this movement argued that science should be the

bedrock of clinical psychology. They sought and created a model of training—the **clinical**

**scientist model**—that stressed the scientific side of clinical psychology more strongly

than the Boulder model (McFall, 2006). Unlike those who created the Vail model in the

1970s, the leaders of the clinical scientist movement have not suggested that graduates of

their program should receive an entirely different degree—they still award the PhD, just

as Boulder model graduate programs do. However, a PhD from a clinical scientist program

implies a very strong emphasis on the scientific method and empirically supported clinical

methods.

Two defining events highlight the initial steps of this movement. In 1991, **Richard McFall,**

at the time a professor of psychology at Indiana University, published an article that served

**PART I : INTRODUCING 6 CLINICAL PSYCHOLOGY**

**BOX 1.1 Comparing PhD Programs With PsyD Programs**

There is quite a bit of variation between PhD programs, just as there is quite a bit of variation

between PsyD programs. However, a few overall trends distinguish one degree from the other. *In*

*general, compared with PhD programs, PsyD programs tend to*

• place less emphasis on research-related aspects of training and more emphasis on clinically

relevant aspects of training;

• accept and enroll a much larger percentage and number of applicants;

• be housed in free-standing, independent (or university-affiliated) “professional schools,” as

opposed to departments of psychology in universities;

• offer significantly less funding to enrolled students in the form of graduate assistantships,

fellowships, tuition remission, and so on;

• accept and enroll a higher percentage of students who have already earned a master’s degree;

• graduate students in a briefer time period (about 1.5 fewer years);

• graduate students who pursue practice-related careers rather than academic or research-related

careers; and

• have at least a slightly higher percentage of faculty members who subscribe to psychodynamic

approaches, as opposed to cognitive-behavioral approaches.

SOURCES: From McFall (2006); Gaddy, Charlot-Swilley, Nelson, and Reich (1995); Mayne, Norcross, and Sayette (1994);

Norcross et al. (2008); Norcross and Castle (2002); Norcross, Sayette, Mayne, Karg, and Turkson (1998).

as a rallying call for the clinical scientist movement. In this “Manifesto for a Science of Clinical

Psychology,” McFall (1991) argued that

scientific clinical psychology is the only legitimate and acceptable form of clinical

psychology . . . after all, what is the alternative? . . . Does anyone seriously believe

that a reliance on intuition and other unscientific methods is going to hasten

advances in knowledge? (pp. 76–77)

A few years later, a conference of prominent leaders of select clinical psychology graduate

programs took place at Indiana University. The purpose of the conference was to unite

in an effort to promote clinical science. From this conference, the **Academy of**

**Psychological Clinical Science** was founded. McFall served as its president for the first

several years of its existence, and as time has passed, an increasing number of graduate

programs have become members. The programs in this academy still represent a minority

of all graduate programs in clinical psychology, but among the members are many

prominent and influential programs and individuals (Academy of Psychological Clinical

Science, 2009).

Considering the discrepancies between the three models of training available today—

the traditional, middle-of-the-road Boulder model; the Vail model, emphasizing clinical

skills; and the clinical scientist model, emphasizing empiricism—the experience of clinical

psychology graduate students varies widely from one program to the next. In fact, it’s

no surprise that in the *Insider’s Guide to Graduate Programs in Clinical and Counseling*

*Psychology* (Norcross et al., 2008), used by many applicants to learn about specific graduate

programs in clinical psychology, the first information listed about each program is

that program’s self-rating on a 7-point scale from “practice oriented” to “research oriented.”

Moreover, it’s no surprise that applicants can find programs at both extremes and

everywhere in between. Table 1.1 includes examples of specific graduate programs representing

each of the three primary training models (scientist-practitioner, practitioner scholar,

and clinical scientist), including quotes from the programs’ own Web sites that

reflect their approach to training.

**Getting In: What Do Graduate Programs Prefer?**

The *Insider’s Guide* listed above (Norcross et al., 2008) is one of several resources to educate

and advise aspiring clinical psychology graduate students. Others include *Graduate*

*Study in Psychology* (American Psychological Association, 2009c) and *Getting In: A Step by*

*Step Plan for Gaining Admission to Graduate School in Psychology* (American Psychological

Association, 2007). Getting into a graduate program in clinical psychology is no easy task:

Admission rates are competitive, and the application process is demanding. Knowing how

**CHAPTER 1** Defining Clinical Psychology **7**

**PART I : INTRODUCING 8 CLINICAL PSYCHOLOGY**

**Table 1.1** Sample Information Regarding Specific Graduate Programs in Clinical Psychology

*Graduate*

*Program Training Model*

*Degree*

*Awarded*

*Clinical/*

*Research*

*Rating Self-Description on Program Web Site*

Indiana

University

Clinical scientist PhD 7 “Indiana University’s Clinical Training

Program is designed with a special mission

in mind: To train first-rate clinical

scientists . . . applicants with primary

interests in pursuing careers as service

providers are not likely to thrive here.”

Northwestern

University

Clinical scientist PhD 7 “The Clinical Psychology Program . . . is

designed to train students for primary

careers in research and teaching in

clinical psychology . . . the major

emphasis of the program is clinical

research and research methods.”

University of

California, Los

Angeles

Clinical scientist PhD 7 “The curriculum is designed to produce

clinical scientists: clinically well-trained

psychologists devoted to the continuous

development of an empirical knowledge

base in clinical psychology. . . .”

University of

Wisconsin

Clinical scientist PhD 7 “The program’s primary aim is to train

psychologists to perform research on

psychopathology . . . the student who

is not deeply committed to research,

theory-building, and scholarship will,

in all likelihood, not be satisfied.”

American

University

Boulder/scientist practitioner

PhD 4 “The clinical track within the psychology

doctoral program enables students to

obtain intensive training in both

research and applied clinical work.”

University of

Kansas

Boulder/scientist practitioner

PhD 4 “Because we believe that the education of

a sophisticated clinical psychologist

requires systematic exposure to both the

academic/research and clinical/applied

areas of professional activity, our

curriculum adheres to the ‘Boulder

Model’ . . . we labor to strike a vital

balance between the scientist and

practitioner facets of clinical psychology.”

Saint Louis

University

Boulder/scientist practitioner

PhD 4 “The mission of the clinical psychology

graduate program is to educate and

train students broadly in the science

and the practice of clinical psychology.”

**CHAPTER 1** Defining Clinical Psychology **9**

*Graduate*

*Program Training Model*

*Degree*

*Awarded*

*Clinical/*

*Research*

*Rating Self-Description on Program Web Site*

DePaul

University

Boulder/scientist practitioner

PhD 4 “The clinical program prepares graduate

students to work in applied and

academic settings.”

Baylor

University

Vail/practitioner scholar

PsyD 2 “The primary goal of Baylor University’s

PsyD program is to develop professional

clinical psychologists with the conceptual

and clinical competencies necessary to

deliver psychological services in a manner

that is effective and responsive to

individual and societal needs.”

Chicago School

of Professional

Psychology

Vail/practitioner scholar

PsyD 2 “As a professional school, our focus is not

strictly on research and theory but on

preparing students to become outstanding

practitioners, providing direct service to

help individuals and organizations thrive.”

The School of

Professional

Psychology at

Forest Institute

Vail/practitioner scholar

PsyD 1 “Forest was founded in 1979 to provide

an alternative to the traditional

teaching PhD programs of education.

The programs were designed for

individuals desiring an education to

prepare them to serve as direct

providers of mental health services

rather than researchers or

academicians.”

Argosy

University

Washington,

D.C.

Vail/practitioner scholar

PsyD 1 “The PsyD in Clinical Psychology degree

program at Argosy University’s

Washington, D.C., campus emphasizes

the development of knowledge, skills,

and attitudes essential in the

formation of professional psychologists

who are committed to the ethical

provision of quality services.”

SOURCES: Indiana University, http://psych.indiana.edu/graduate/courses/ClinicalHandbook.pdf; Northwestern University,

www.wcas.northwestern.edu/psych/program\_areas/clinical/; University of California, Los Angeles, www.psych.ucla.edu/

graduate/areas-of-study-1/clinical-psychology; University of Wisconsin, www.grad.wisc.edu/catalog/letsci/psycho.html;

American University, www1.american.edu/cas/psych/clinicalprog.html; University of Kansas, www.psych.ku.edu/clinprog/

programdescription.shtml; St. Louis University, www.slu.edu/x13071.xml; DePaul University, www.depaul.edu/admission/

types\_of\_admission/graduate/psychology/clinical.asp; Baylor University, www.baylor.edu/Psychologyneuroscience/

index.php?id=21323; Chicago School of Professional Psychology, www.thechicagoschool.edu/content.cfm/about; Forest

Institute of Professional Psychology, www.forest.edu/at-top.aspx; Argosy University, www.argosy.edu/Colleges/ProgramDetail

.aspx?id=887. All retrieved October 24, 2009.

NOTE: Clinical/research ratings by directors of each graduate program, as reported in Norcross et al. (2008). Ratings range from

1 (“practice oriented”) to 7 (“research oriented”), with 4 representing “equal emphasis.”

to prepare, especially early in the process, can provide an applicant significant advantages.

Among the suggestions offered by resources such as those listed above are the

following:

• *Know your professional options.* There are numerous roads that lead to the clinical

psychologist title; moreover, there are numerous professions that overlap with

clinical psychology in terms of professional activities. Researching these options

will allow for more informed decisions and better matches between applicants

and graduate programs.

• *Take the appropriate undergraduate courses.* Graduate programs want trainees whose

undergraduate programs maximize their chances of succeeding at the graduate level.

Among the most commonly required or recommended courses are statistics,

research/experimental methods, psychopathology, biopsychology, and personality.

Choose electives carefully, too—classes that have direct clinical relevance, including

field studies or internships, may be seen favorably (Mayne et al., 1994).

• *Get to know your professors.* Letters of recommendation are among the most

important factors in clinical psychology graduate admissions decisions (Norcross,

Hanych, & Terranova, 1996). Professors (and to some extent, supervisors in clinical

or research positions) can be ideal writers of such letters—assuming the professor

actually knows the student. The better you know the professor, the more

substantial your professor’s letter can be. For example, a professor may be able to

write a brief, vaguely complimentary letter for a quiet student who earned an A in

a large lecture course. But the professor would be able to write a much more

meaningful, persuasive, and effective letter for the same student if they had

developed a strong working relationship through research, advising, or other

professional activities.

• *Get research experience.* Your experience in a research methods class is valuable,

but it won’t distinguish you from most other applicants. Conducting research with

a professor affords you additional experience with the empirical process, as well

as a chance to learn about a specialized body of knowledge and develop a working

relationship with the professor (as described above). If your contribution is

significant enough, this research experience could also yield a publication or

presentation on which you are listed as an author, which will further enhance

your application file. In some cases, professors seek assistants for ongoing projects

that they have designed. In others, the undergraduate student may approach the

faculty member with an original idea for an independent study. Regardless of the

arrangement, conducting research at the undergraduate level improves an

applicant’s chances of getting into and succeeding in a graduate program.

• *Get clinically relevant experience.* For undergraduates, the options for direct clinical

experience (therapy, counseling, interviewing, testing, etc.) are understandably

**PART I : INTRODUCING 10 CLINICAL PSYCHOLOGY**

limited. Even for those who have earned a bachelor’s degree and are considering

returning to school at the graduate level, clinical positions may be hard to find.

However, quite a few settings may offer exposure to the kinds of clients,

professionals, and issues that are central to clinical psychology. These settings

include community mental health centers, inpatient psychiatric centers, crisis

hotlines, alternative schools, camps for children with behavioral or emotional

issues, and others. Whether the clinical experience takes the form of an internship

or practicum (for which course credit is earned), a paid job, or a volunteer

position, it can provide firsthand knowledge about selected aspects of the field,

and it demonstrates to admissions committees that you are serious and well

informed about clinical psychology.

• *Maximize your GRE score.* Along with undergraduate grade point average, scores

on the Graduate Record Examination (GRE) are key determinants of admission to

graduate programs. Appropriately preparing for this test—by learning what scores

your preferred programs seek, studying for the test either informally or through a

review course, taking practice exams, and retaking it as necessary—can boost your

odds of admission.

• *Select graduate programs wisely.* Getting in is certainly important, but getting into a

program that proves to be a bad match benefits neither the student nor the

program. It is best to learn as much as possible about potential programs: What is

the model of training (Boulder, Vail, or clinical scientist)? To what clinical

orientations does the faculty subscribe? What areas of specialization do the faculty

members represent? What clinical opportunities are available? Of course, your

own preferences or constraints—geography, finances, family—deserve

consideration as well.

• *Consider your long-term goals.* Down the road, do you see yourself as a clinician or

a researcher? Have you firmly determined your own theoretical orientation

already, or do you seek a program that will expose you to a variety? What specific

areas of clinical or scientific work are most interesting to you? How much

financial debt are you willing to incur? Thinking ahead about these and other

questions can increase the likelihood that you will find yourself at a graduate

program at which you thrive and which sets you up for a fulfilling career.

**Internships: Predoc and Postdoc**

All doctoral programs culminate in the **predoctoral internship.** Typically, this internship

consists of a full year of supervised clinical experience in an applied setting—a psychiatric

hospital, a Veterans Administration medical center, a university counseling center, a community

mental health center, a medical school, or another agency where clinical psychologists

work. As implied by the term *predoctoral*, this internship year takes place before the

PhD or the PsyD is awarded. (Along with completion of the dissertation, it is likely to be one

**CHAPTER 1** Defining Clinical Psychology **11**

of the final hurdles.) It is generally considered a year of transition, a sort of advanced

apprenticeship in which the individual begins to outgrow the role of “student” and grow into

the role of “professional.” In some settings, it is also an opportunity to gain more specialized

training than may have been available in graduate school so far. Many internships are

accredited by the American Psychological Association; those that are not may be looked on

less favorably by state licensing boards.

The process of applying for a predoctoral internship can feel a lot like the process of

applying to graduate school some years earlier. It often involves researching various internships,

applying to many, traveling for interviews, ranking preferences, anxiously awaiting

feedback, and relocating to a new geographic area. Some students apply to 20 or more

internship sites (Keilin, 2000), but 10 to 15 may be more reasonable and equally effective

(Keilin & Constantine, 2001). Adding stress to the situation is the fact that in some years, the

number of graduate students seeking predoctoral internships has either approached or

exceeded the number of available slots (Keilin, Thorn, Rodolfa, Constantine, & Kaslow,

2000). The application process can feel a bit like a game of musical chairs, but the situation

has shown some improvement, and especially if applicants don’t overly restrict themselves

in terms of the number of applications or geographic range, they are generally successful

in finding an internship position.

Beyond the predoctoral internship and the doctoral degree that follows, most states

require a **postdoctoral internship** (or “postdoc”) for licensure as a psychologist. The postdoc

typically lasts 1 to 2 years (Vaughn, 2006), and it is essentially a step up from the predoctoral

internship. Postdocs take on more responsibilities than they did as predoctoral

interns, but they remain under supervision. Like the predoctoral internship, the postdoc

often provides an opportunity for specialized training. After postdoctoral interns accumulate

the required number of supervised hours (and pass the applicable licensing exams),

they can become licensed to practice independently. Some clinical psychologists obtain

postdoc positions that are explicitly designed from the start tomeet licensing requirements

for a particular state; sometimes, such positions are continuations of predoctoral internship

experiences. Other clinical psychologists may obtain an entry-level position with an agency

and tailor it to meet postdoctoral requirements for licensure.

**Getting Licensed**

Once all the training requirements are met—graduate coursework, predoctoral internship,

postdoctoral internship—**licensure** appears on the horizon. Becoming licensed gives a professional

the right to identify as a member of the profession—to present oneself as a psychologist

(or clinical psychologist—the terminology, as well as licensing requirements in

general, differs from state to state). It also authorizes the psychologist to practice independently

(American Psychological Association, 1993a).

But you won’t be handed a license when you get your doctoral degree or when you finish

your postdoc. Becoming licensed also requires passing licensure exams—typically, the

**PART I : INTRODUCING 12 CLINICAL PSYCHOLOGY**

**Examination for Professional Practice in**

**Psychology (EPPP)** and a state-specific exam

on laws and ethics. The EPPP is a standardized

multiple-choice exam on a broad range of psychology

topics; all U.S. states and most provinces

of Canada establish a minimum score for licensure

(Rehm & Lipkins, 2006). The state exams

vary, of course, according to state regulations but

tend to center on legal issues relevant to the

practice of psychology in the state in question.

The state exams may be written or oral.

Once licensed, clinical psychologists in many

states must accumulate **continuing education**

**units (CEUs)** to renew the license from year to

year. In various states, psychologists can meet

these ongoing requirements in a number of

ways—attending workshops, taking courses,

undergoing additional specialized training, passing

exams on selected professional reading

material, and the like. The purpose of requiring

CEUs is to ensure that clinical psychologists stay

up-to-date on developments in the field, with the

intention of maintaining or improving the standard

of care they can provide to clients.

**PROFESSIONAL ACTIVITIES**

**AND EMPLOYMENT SETTINGS**

**Where Do Clinical Psychologists Work?**

The short answer is that clinical psychologists

work in a wide variety of settings but that private

practice is the most common. In fact, this

answer applies according to not only a survey of

clinical psychologists conducted in 2003 but also

similar surveys in the 1980s and the 1990s

(Norcross, Karpiak, & Santoro, 2005).

Since the 1980s, private practice has been

the primary employment site of 30% to 40% of clinical psychologists. The second place

finisher in each survey during that time has been the university psychology

**CHAPTER 1** Defining Clinical Psychology **13**

**Photos 1.1, 1.2, and 1.3** Clinical psychologists

work in a variety of settings, including private

offices, universities, and hospitals.

department, but that number has

not exceeded 18%. Between 2%

and 9% of clinical psychologists

have listed each of the following as

their primary work setting: psychiatric

hospitals, general hospitals,

community mental health centers,

medical schools, and Veterans

Administration medical centers.

Interestingly, the third-place finisher

(after private practice and

university psychology department)

in each survey since the 1980s has

been the “other” category; for

example, in 2003, 15% of psychologists

listed “other,” writing in

diverse settings such as government

agency, public schools, substance

abuse center, corporation,

and university counseling center. It

is clear that although private practice

remains a common destination,

clinical psychologists are finding

employment across an expanding

range of settings (Norcross, Karpiak,

et al., 2005).

**What Do Clinical**

**Psychologists Do?**

Again, the short answer first: Clinical

psychologists are engaged in an enormous

range of professional activities,

but psychotherapy is foremost. As

with employment settings, this finding

is true today, and has been for

decades—at least since the 1970s

(Norcross, Karpiak, et al., 2005).

Since 1973, the number of clinical

psychologists reporting that

**PART I : INTRODUCING 14 CLINICAL PSYCHOLOGY**

**Photos 1.4, 1.5, and 1.6** Clinical psychologists’ professional

activities include psychotherapy, assessment, and education.

they are involved in psychotherapy has always outranked that of any other professional

activity and has ranged from 80% to 87%. Moreover, when asked what percentage

of their time they spend in each activity, clinical psychologists have reported

that they spend between 31% and 37% of their time conducting psychotherapy—a

percentage more than double that of any other activity. Of those who practice psychotherapy,

individual therapy occupies the largest percentage of their therapy time

(76%), with group, family, and couples therapy far behind (6% to 9% each) (Norcross,

Karpiak, et al., 2005).

Of course, a sizable number of psychologists—more than half—have also reported

that they are at least somewhat involved in each of the following activities: diagnosis/

assessment, teaching, supervision, research/writing, consultation, and administration. Of

these, diagnosis and assessment generally occupy more of clinical psychologists’ time than

the others. Overall, it is evident that “clinical psychologists are involved in multiple professional

pursuits across varied employment sites” (Norcross, Karpiak, et al., 2005, p. 1474).

Figure 1.1 illustrates the professional self-views of clinical psychologists.

**CHAPTER 1** Defining Clinical Psychology **15**

8%

7%

7%

19%

59%

Clinical Practitioner Academician

Researcher Administrator Other

**Figure 1.1** Professional Self-Views of Clinical Psychologists in 2003

SOURCE: From “Clinical psychologists across the years: The division of clinical psychology from 1960 to 2003,” in *Journal of*

*Clinical Psychology, 61*, pp. 1467–1483, by Norcross, J. C., Karpiak, C. P., & Santoro, S. O. Copyright  2005, reprinted with

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**HOW ARE CLINICAL PSYCHOLOGISTS DIFFERENT FROM . . .**

**Counseling Psychologists**

There may have been a time when counseling psychology and clinical psychology were

quite distinct, but today, there is significant overlap between these two professions.

Historically, they have differed primarily in terms of their clients’ characteristics: Clinical

psychologists were more likely to work with seriously disturbed individuals, whereas

**counseling psychologists** were more likely to work with (“counsel”) less pathological

clients. But today, many clinical and counseling psychologists see the same types of clients,

sometimes as colleagues working side by side. These two fields are also similar in that their

graduate students occupy the same internship sites, often earn the same degree (the PhD),

and obtain the same licensure status (Norcross, 2000). In fact, the two professions share so

much common ground that it is entirely possible that a client who seeks the services of a

psychologist with “PhD” behind his or her name will never know whether the PhD is in clinical

or counseling psychology.

A few meaningful differences, however, remain between clinical and counseling psychologists.

Compared with counseling psychologists, clinical psychologists still tend to

work with more seriously disturbed populations and, correspondingly, tend to work more

often in settings such as hospitals and inpatient psychiatric units. And compared with clinical

psychologists, counseling psychologists still tend to work with less seriously disturbed

populations and, correspondingly, tend to work more often in university counseling centers

(Gaddy et al., 1995). Some differences in theoretical orientation are also evident: Both

fields endorse the eclectic orientation more than any other, but clinical psychologists tend

to endorse behaviorism more strongly, and counseling psychologists tend to endorse

humanistic/client-centered approaches more strongly. Additionally, counseling psychologists

tend to be more interested in vocational testing and career counseling, whereas clinical

psychologists tend to be more interested in applications of psychology to medical

settings (Norcross et al., 2008).

**Psychiatrists**

Unlike clinical (or counseling) psychologists, **psychiatrists** go to medical school and are

licensed as physicians. (In fact, their specialized training in psychiatry doesn’t begin until

well into their training; the first several years are often identical to that of other types of

physicians.) As physicians, they are allowed to prescribe medication. Until recently, psychologists

could not prescribe medication, but as described in Chapter 3, psychologists have

rallied in recent years to obtain prescription privileges and have earned important victories

in a small number of states.

The difference between psychiatrists and clinical psychologists is more than just medication.

The two professions fundamentally differ on their understanding of and approach

**PART I : INTRODUCING 16 CLINICAL PSYCHOLOGY**

to behavioral or emotional problems. Clinical psychologists are certainly trained to appreciate

the biological aspects of their clients’ problems, but psychiatrists’ training emphasizes

biology to such an extent that disorders—depression, anxiety disorders, attention deficit/

hyperactivity disorder (ADHD), borderline personality disorder, and so on—are

viewed first and foremost as physiological abnormalities of the brain. So, to fix the problem,

psychiatrists tend to fix the brain by prescribing medication. This is not to imply that

psychiatrists don’t respect “talking cures” such as psychotherapy or counseling, but they

favor medication more than they used to (Manninen, 2006). For clinical psychologists, the

biological aspects of clients’ problems may not be their defining characteristic; nor is pharmacology

the first line of defense. Instead, clinical psychologists view clients’ problems as

behavioral, cognitive, emotional—still stemming from brain activity, of course, but

amenable to change via no pharmacological methods.

**Social Workers**

Traditionally, **social workers** have focused their work on the interaction between an individual

and the components of society that may contribute to or alleviate the individual’s

problems. They saw many of their clients’ problems as products of social ills—racism,

oppressive gender roles, poverty, abuse, and so on. They also helped their clients by connecting

them with social services, such as welfare agencies, disability offices, or job-training

sites. More than their counterparts in psychology or psychiatry, they were likely to get into

the “nitty-gritty” of their clients’ worlds by visiting their homes or workplaces, or by making

contacts on their behalf with organizations that might prove beneficial. When they

worked together with psychologists and psychiatrists (e.g., in institutions), they usually

focused on issues such as arranging for clients to make a successful transition to the community

after leaving an inpatient unit by making sure that needs such as housing, employment,

and outpatient mental health services were in place.

In more recent years, the social work profession has grown to encompass a wider range

of activities, and the similarity of some social workers (especially those conducting therapy)

to clinical psychologists has increased (Wittenberg, 1997). The training of social workers,

however, remains quite different from the training of clinical psychologists. They typically

earn a master’s degree rather than a doctorate, and although their training includes a strong

emphasis on supervised fieldwork, it includes very little on research methods, psychological

testing, or physiological psychology. Their theories of psychopathology and therapy

continue to emphasize social and environmental factors.

**School Psychologists**

As the name implies, **school psychologists** usually work in schools, but some may work

in other settings such as day-care centers or correctional facilities. Their primary function

is to enhance the intellectual, emotional, social, and developmental lives of students.

**CHAPTER 1** Defining Clinical Psychology **17**

**PART I : INTRODUCING 18 CLINICAL PSYCHOLOGY**

Academy of Psychological Clinical Science

American Psychological Association

Boulder model

clinical psychology

clinical scientist model

continuing education units (CEUs)

counseling psychologists

Division of Clinical Psychology (Division 12)

Examination for Professional Practice in

Psychology (EPPP)

They frequently conduct psychological testing (especially intelligence and achievement

tests) used to determine diagnoses such as learning disabilities and ADHD. They use or

develop programs designed tomeet the educational and emotional needs of students. They

also consult with adults involved in students’ lives—teachers, school administrators, school

staff, parents—and are involved in a limited degree of direct counseling with students.

**CHAPTER SUMMARY**

The scope of clinical psychology has expanded greatly since the inception of the field by

Lightner Witmer near the turn of the 20th century. Currently, there are multiple paths to the

profession, including three distinct approaches to training: the scientist-practitioner (Boulder)

approach, with roughly equal emphasis on empiricism and practice; the practitioner-scholar

(Vail) approach, with stronger emphasis on practice; and the clinical scientist approach, with

stronger emphasis on empiricism. Gaining admission to a training program is a competitive

endeavor. Knowledge of the professional training options, successful completion of the appropriate

undergraduate courses, research experience, and clinical experience are among the factors

that can distinguish an applicant and enhance chances for admission. The final steps of

the training process for clinical psychologists are the predoctoral and postdoctoral internships,

in which the trainee practices under supervision to transition into the full-fledged professional

role. Licensure, which requires a passing grade on the EPPP as well as state-specific requirements,

allows clinical psychologists to practice independently. The most common work setting

for clinical psychologists is private practice, but university psychology departments and hospitals

of various types are also somewhat frequent. The most common professional activity for

clinical psychologists is psychotherapy, but they also spend significant amounts of time in

assessment, teaching, research, and supervision activities. The professional roles of counseling

psychologists, psychiatrists, social workers, and school psychologists each overlap somewhat

with that of clinical psychologists, yet clinical psychology has always retained its own

unique professional identity.

**KEY TERMS AND NAMES**

**CRITICAL THINKING QUESTIONS**

1. Lightner Witmer originally defined clinical psychology as a discipline with similarities to medicine,

education, and sociology. In your opinion, to what extent does contemporary clinical psychology

remain similar to these fields?

2. Considering the trends in graduate training models observed recently, how popular do you

expect the scientist-practitioner, practitioner-scholar, and clinical scientist models of training

to be 10 years from now? Fifty years from now?

3. What specific types of research or clinical experience do you think would be most valuable for

an undergraduate who hopes to become a clinical psychologist?

4. In your opinion, to what extent should graduate programs use the GRE as an admission criterion

for graduate school in clinical psychology?

5. In your opinion, how much continuing education should licensed clinical psychologists be

required to undergo? What forms should this continuing education take (workshops, courses,

readings, etc.)?

**CHAPTER 1** Defining Clinical Psychology **19**

licensure

Lightner Witmer

postdoctoral internship

practitioner-scholar model

predoctoral internship

psychiatrists

PsyD

Richard McFall

school psychologists

scientist-practitioner model

social workers

Vail model

*Visit the study site at www.sagepub.com/pomerantz2e for practice quizzes and other study resources.***Page 321**Are such beliefs consistent with contemporary

societal values? Or expressed in terms of cognitive

therapy, are such beliefs logical? To the

extent that they are not, could cognitive therapy

be helpful in identifying their logical flaws,

challenging them, and replacing them with

more logical thoughts? These questions illustrate

the need for cultural competence and cultural

self-awareness in clinical psychologists. It

is essential for the clinical psychologist to

understand these beliefs from the perspective

of the clients—to see their world through their eyes—to appreciate whether such beliefs are sensible or

misguided for them. Clinical psychologists should also be well aware of their own personal views on these

issues and stop themselves from equating their own views with the “logical” way to think. What seems

adaptive from the perspective of the clinical psychologist may be maladaptive from the perspective of

the client.

Of course, cognitive therapists’ work with LGB clients often focuses on cognitions that have nothing

to do with their sexual orientation. Indeed, LGB clients bring the same problems to therapy as

heterosexual clients (Martell, Safren, & Prince, 2004), but in addition, they may be struggling with

some cognitions related to internalized homophobia as described by Purcell et al. (2003).

What other cultural groups might experience similar “internalized” self-critical cognitions as a

reflection of broader societal views? How might a culturally competent cognitive therapist address

the logical or illogical nature of those cognitions?  
  
  
  
Cognitive therapists strive to achieve a positive therapy outcome quite quickly—typically

in less than 15 sessions but significantly longer in complex or severe cases (Beck, 1995,

2002; Roth et al., 2002). For outpatients, sessions typically take place once per week, eventually

tapering off in frequency as the client improves. Several factors contribute to the efficiency

of cognitive therapy, including its focus on the client’s current problems (rather than

extensive exploration of the past); a purposeful, goal-oriented focus on clearly identified

symptoms; and structured therapy sessions (Grant et al., 2005; Olatunji & Feldman, 2008).

The structured nature of cognitive therapy sessions differs sharply from the free-flowing,

spontaneous style of humanistic therapy (Pretzer & Beck, 2004). Whereas humanistic (or

“client-centered”) therapists allow clients to determine the topics to be discussed during a

session, the amount of time spent on each, and the like, cognitive therapists set an

agenda (Beck, 1995; Freeman, Pretzer, Fleming, & Simon, 1990). Typically, each session is

sequentially organized into segments (see Table 15.1), and sometimes each segment is