

Chapter 1

Clinical Psychology

Definition and Training

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 Scientist Model

Getting In: What Do Graduate Programs Prefer?

Box 1.2. Interview Questions to Anticipate

Internships: Predoc and Postdoc

Getting Licensed

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

Professional Counselors

Welcome 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 about Witmer's pioneering contributions will appear in Chapter 2, but for now, let's consider 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., Myers, 2013, VandenBos, 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 (APA) defines clinical psychology as follows:

 [Web Link 1.1](#)
APA Division 12

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. (APA, 2012a)

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. (As Norcross and Sayette, 2012, put it, “Perhaps the safest observation about clinical psychology is that both the field and its practitioners continue to outgrow the classic definitions” [p. 1].) 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, about 2,800 of which are awarded each year (Norcross & Sayette, 2012). Most students enter a doctoral program with only a bachelor’s degree, 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 many paths to the profession. One indication of these many paths is the multitude of specialty tracks within clinical psychology doctoral programs. Indeed, more than half of APA-accredited doctoral programs in clinical psychology offer (but may not require) training within a specialty track. The most common specialty areas are clinical child, clinical health, forensic, family, and clinical neuropsychology (Perry & Boccaccini, 2009). (Each of these specialty areas receives attention in a later chapter of this book.) Another indication of the many paths to the profession of clinical psychology is the coexistence of three distinct models of training currently used by various graduate programs: the scientist-practitioner (Boulder) model, the practitioner-scholar (Vail) model, and the clinical scientist model. Let's consider each of these in detail.

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 study and evaluate the field scientifically (Klonoff, 2011). 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, 2012).

For decades, the scientist-practitioner—or the **Boulder model**—approach to clinical psychology training unquestionably dominated the field (Klonoff, 2011). In fact, more programs still subscribe 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; Stricker, 2011), 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, more than half 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—about 80 versus about 250—but the typical PsyD program accepts and graduates a much larger number of students than does the typical PhD program, so the number of people graduating with each degree is about the same (roughly 1,400 each) (Klonoff, 2011; Norcross & Sayette, 2012; Stricker, 2011).

Box 1.1 Comparing PhD Programs With PsyD Programs

Quite a bit of variation exists between PhD programs, just as it does 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;
- accept students with lower Graduate Record Examination (GRE) scores and undergraduate grade point averages (GPAs);
- 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;
- have lower rates of success placing their students in APA-accredited predoctoral internships;
- produce graduates who score lower on the national licensing exam (EPPP);
- graduate students in a briefer time period (about 1.5 years sooner);
- 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 Gaddy, Charlot-Swilley, Nelson, and Reich (1995); Klonoff (2011); Mayne, Norcross, and Sayette (1994); McFall (2006); Norcross and Castle (2002); Norcross and Sayette (2012); Norcross, Sayette, Mayne, Karg, and Turkson (1998).

Table 1.1, which features data from a large-scale survey of graduate programs (Graham & Kim, 2011), offers more detailed findings regarding the general trends listed above.

TABLE 1.1 Comparison of PsyD and PhD Programs in Clinical Psychology

Variable	PsyD	PhD
Mean GRE (Verbal + Quantitative) score of admitted students	1116	1256
Mean undergraduate GPA	3.4	3.6

Variable	PsyD	PhD
Percentage of students receiving at least partial tuition remission or assistantship	13.9	78.4
Number of students in incoming class	37.4	9.7
Percentage of applicants attending	26.3	7.4
Percentage successfully placed in APA-accredited predoctoral internships	66.0	92.8


SOURCE: Graham, J. M., & Kim, Y.-H. (2011). Predictors of doctoral student success in professional psychology: characteristics of students, programs, and universities. *Journal of Clinical Psychology, 67*, 340–354.

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.

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 did 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 evidence-based 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 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

 **Web Link 1.2**
Manifesto for
a Science of
Clinical
Psychology

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).

 **Web Link 1.3**

Academy of
Psychological
Clinical Science

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 & Sayette, 2012), a valuable resource 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 1.2 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 websites that reflect their approach to training.

Just as training in clinical psychology has changed dramatically throughout its history, it continues to change today and promises to change further in the future (Grus, 2011). Undoubtedly, technology is increasingly influential in the training of clinical psychologists. For an increasing number of students, learning psychotherapy or assessment techniques involves the use of webcams and other computer-based methods that allow supervisors to view, either live or recorded, students trying to apply what they have learned in class (Barnett, 2011; Manring, Greenberg, Gregory, & Gallinger, 2011; Wolf, 2011). Another growing emphasis in training is specific *competencies*, or skills the students must be able to demonstrate. Emphasizing competencies ensures that the students who graduate from clinical psychology programs not only will have earned good grades on exams, papers, and other academic tasks but also will be able to apply what they have learned. Specific competencies that may be required of students could center on intervention (therapy), assessment, relationship, research, consultation/education, management, and diversity (Barlow & Carl, 2011; Peterson, Peterson, Abrams, Stricker, & Ducheny, 2010).

TABLE 1.2 Sample Information Regarding Specific Graduate Programs in Clinical Psychology

Graduate Program	Training Model	Degree Awarded	Clinical/ Research Rating	Self-Description on Program Website
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, with a particular emphasis on preparing graduates for employment in academic and research settings.”
Yale University	Clinical scientist	PhD	7	“The Clinical Psychology area is dedicated to research and training in clinical science. Unlike many scientist-practitioner programs, the main training objective at Yale is to cultivate the development of scholars through exposure to a rich and multidisciplinary array of research opportunities. . . . The clinical program at Yale is not a match for students primarily interested in clinical practice.”

(Continued)

TABLE 1.2 (Continued)

Graduate Program	Training Model	Degree Awarded	Clinical/ Research Rating	Self-Description on Program Website
American University	Boulder/ scientist-practitioner	PhD	4	"[Our doctoral program offers] rigorous training in both research and applied clinical work . . . [and] reflects the scientist-practitioner model of training. We provide students with the skills to pursue careers in academics, research, and clinical practice."
University of Alabama	Boulder/ scientist-practitioner	PhD	4	"Graduates function in a variety of settings as teachers, researchers, and providers of clinical services. . . . The program emphasizes the integration of scientific knowledge and the professional skills and attitudes needed to function as a clinical psychologist in academic, research, or applied settings."
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."
DePaul University	Boulder/ scientist-practitioner	PhD	4	"The clinical program prepares graduate students to work in applied and academic settings."
University of Denver	Vail/ practitioner-scholar	PsyD	2	"[Our] mission is to provide an innovative educational environment that promotes the application of psychological theory, knowledge, skills, and attitudes/values to professional practice. . . . The mission of the PsyD program is to train competent doctoral level practitioner/scholars."
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."

Graduate Program	Training Model	Degree Awarded	Clinical/ Research Rating	Self-Description on Program Website
Alliant University, San Diego	Vail/practitioner-scholar	PsyD	2	"[Ours is] a Practitioner-Scholar model program . . . emphasizing the applications of theory and research to clinical practice. The program develops competent professional clinical psychologists . . . who have acquired the skills necessary to deliver a variety of clinical services to people from diverse backgrounds within many types of settings and institutions."
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/clinic/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; Yale University, http://psychology.yale.edu/research_area/clinical-psychology; American University, <http://www.american.edu/cas/psychology/clinical/index.cfm>; University of Alabama, <http://psychology.ua.edu/academics/graduate/clinical/clinical.html>; St. Louis University, www.slu.edu/x13071.xml; DePaul University, www.depaul.edu/admission/types_of_admission/graduate/psychology/clinical.asp; University of Denver, <http://www.du.edu/gsppl/degree-programs/clinical-psychology/overview/>; Chicago School of Professional Psychology, www.thechicagoschool.edu/content.cfm/about; Alliant University, San Diego, http://catalog.alliant.acalog.com/preview_program.php?catoid=19&pooid=1815&returnto=655; Argosy University, www.argosy.edu/Colleges/ProgramDetail.aspx?id=887.

NOTE: Clinical/research ratings by directors of each graduate program, as reported in Norcross and Sayette (2012). Ratings range from 1 ("practice oriented") to 7 ("research oriented"), with 4 representing "equal emphasis."

Getting In: What Do Graduate Programs Prefer?

The *Insider's Guide* mentioned above (Norcross & Sayette, 2012) is one of several resources to educate and advise aspiring clinical psychology graduate students. Others include *Graduate Study in Psychology* (APA, 2012b) and *Getting In: A Step-by-Step Plan*

for *Gaining Admission to Graduate School in Psychology* (APA, 2007). Getting into a graduate program in clinical psychology is no easy task: Admission rates are competitive, and the application process is demanding. (On average, PhD programs in clinical psychology receive 270 applications and admit only 6% of them; Norcross & Sayette, 2012). Knowing how 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.* Numerous roads lead to the clinical psychologist title; moreover, numerous professions 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, and earn high grades in, 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 (Norcross & Sayette, 2012). Choose electives carefully, too—classes that have direct clinical relevance, including field studies or internships, are often 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 the two of them 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 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 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 GPA, scores on the 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.

- *Write effective personal statements.* In addition to the many other items in your application file, graduate programs will require you to write a personal statement (or goal statement). This is your opportunity to discuss career aspirations, as well as your research and clinical interests—all of which should fit well with the program to which you are applying. It is also a chance to explain in more detail information that may have appeared only briefly on a resume or vita, such as clinical experiences or research with an undergraduate professor. Make sure your writing ability appears strong and that you don't make the statement overly personal or revealing.

- *Prepare well for admissions interviews.* Most doctoral programs invite high-ranking applicants for an in-person interview. These interviews are a wonderful opportunity for professors in the program to get to know you and for you to get to

know the program. Arrive (professionally dressed, of course) with a strong understanding of the program and your interest in it. The more specific, the better: Interest in particular professors' research concentrations, for example, makes a better impression than the fact that the program has a strong reputation. Box 1.2 lists some of the questions you should be prepared to answer. And don't forget to develop a list of your own questions—good questions can solicit more detailed information than you were able to find on the program's website and can impress interviewers in the process.

Box 1.2 Interview Questions to Anticipate

There is no formula for the kinds of questions that interviewers might ask an applicant to a clinical psychology program, but these questions are especially common. Whether they ask these particular questions or not, you enhance your chances of finding a graduate program that truly fits your interests by giving them serious consideration.

- Why do you want to be a clinical psychologist?
- What attracts you to our graduate program specifically?
- What are your research interests?
- What approach(es) to psychotherapy do you prefer?
- Which of our faculty members would you like to work with?
- What are your long-term career goals? If you were a student in our program, what would you like to do after you graduated?

SOURCE: Adapted from Norcross and Sayette (2012).

- *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 that sets you up for a fulfilling career.

Internships: Predoc and Postdoc

All clinical psychology doctoral programs culminate in the **predoctoral internship** (Kaslow & Webb, 2011). Typically, this internship consists of a full year of supervised clinical experience in an applied setting—a psychiatric hospital, a

Veterans Affairs medical center, a university counseling center, a community mental health center, a medical school, or another agency where clinical psychologists work (Baker & Pickren, 2011). 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 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 APA; 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 (Kaslow & Webb, 2011; Keilin, Thorn, Rodolfa, Constantine, & Kaslow, 2000). In fact, the shortage worsened considerably from 2002 to 2012, as the number of students who applied but were not successfully placed at an internship more than doubled (Dingfelder, 2012). The internship application process can certainly generate stress and feel a bit like a game of musical chairs, but numerous strategies to improve the current situation are under way, and applicants are generally successful in finding an internship position—especially if they don’t overly restrict themselves in terms of the number of applications or geographic range.

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 to meet 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.



Photos 1.1, 1.2, and 1.3 Clinical psychologists work in a variety of settings, including private offices, universities, and hospitals.

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 (APA, 2007; Schaffer, DeMers, & Rodolfa, 2011).

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 **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; Schaffer et al., 2011). 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 (Neimeyer & Taylor, 2011). In various states, psychologists can meet these ongoing requirements in a number of ways—by 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.

Web Link 1.4

Association
of State and
Provincial
Psychology Boards

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 not only according to a survey of clinical psychologists conducted in the 2000s but also according to similar surveys in the 1980s and 1990s (Norcross & Karpiak, 2012).

Since the 1980s, private practice has been the primary employment site of 30% to 41% of clinical psychologists. The second-place finisher in each survey during that time has been the university psychology department, but that number has not exceeded 19%. 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 Affairs 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, 2012; Norcross, Karpiak, & Santoro, 2005).



Photos 1.4, 1.5, and 1.6
Clinical psychologists' professional activities include psychotherapy, assessment, and education.

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, 2012).

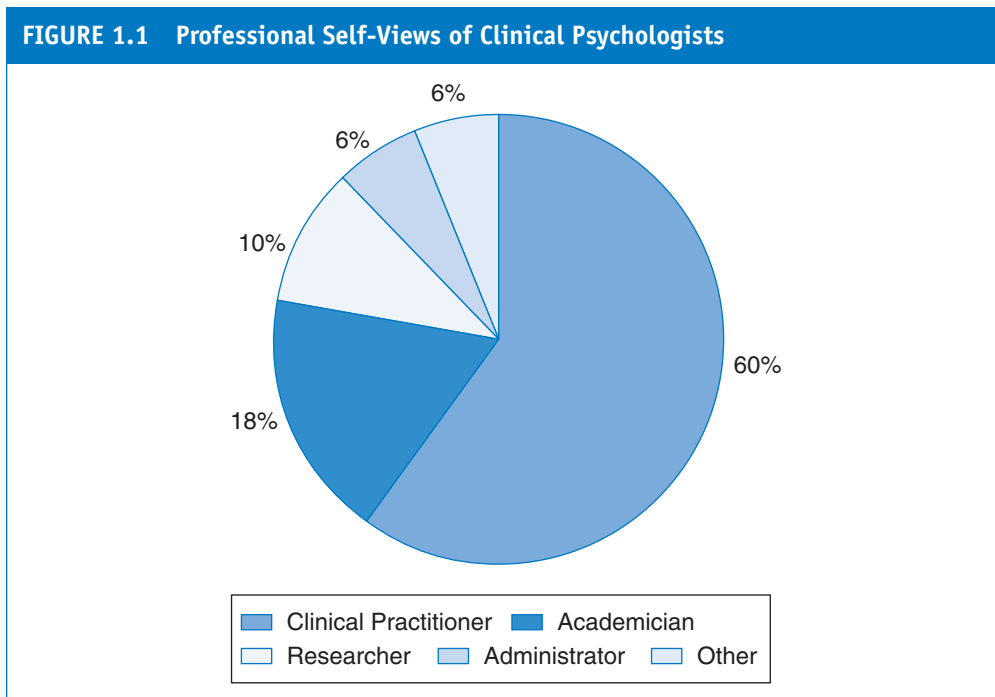
Since 1973, the number of clinical psychologists reporting that they are involved in psychotherapy has always outranked that of any other professional activity and has ranged from 76% to 87%. Moreover, when asked what percentage of their time they spend in each activity, clinical psychologists have reported 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, 2012).

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 do the others. Overall, it is evident that “clinical psychologists are involved in multiple professional pursuits across varied employment sites” (Norcross, Karpiak, & Santoro, 2005, p. 1474). In fact, more than half of clinical psychologists hold at least two professional positions (Norcross & Sayette, 2012). Figure 1.1 illustrates the professional self-views of clinical psychologists.

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 for a client who seeks the services of a



SOURCE: Norcross, J. C., Karpiak, C. P., & Santoro, S. O. (2005). Clinical psychologists across the years: The division of clinical psychology from 1960 to 2003. *Journal of Clinical Psychology, 61*, 1467–1483, published by Wiley, pp. 1473. (Figure 3).

psychologist with “PhD” behind his or her name never to 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 & Sayette, 2012).

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 in their understanding of and approach 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 (Harris, 2011; 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 nonpharmacological 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 transition successfully 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. 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 to meet 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 to a limited degree in direct counseling with students.

Professional Counselors

Professional counselors earn a master's (rather than a doctoral) degree and often complete their training within 2 years. They attend graduate programs in counseling or professional counseling, which should not be confused with doctoral programs in counseling psychology. These programs typically have rather high acceptance rates compared with programs in many similar professions. Professional counselors' work generally involves counseling, with very little emphasis on psychological testing or conducting research. Correspondingly, their training programs include few if any courses on these topics, focusing instead on providing services to clients. Increasingly, professional counselors are among the clinicians who serve wide varieties of clients in community agencies (Norcross & Sayette, 2012), and they often enter private practice as well. They often specialize in such areas as career, school, addiction, couple/family, or college counseling.

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

Academy of Psychological Clinical Science	Psychology (Division 12)	PsyD
American Psychological Association (APA)	Examination for Professional Practice in Psychology (EPPP)	Richard McFall
Boulder model	licensure	school psychologists
clinical psychology	Lightner Witmer	scientist-practitioner model
clinical scientist model	postdoctoral internship	social workers
continuing education units (CEUs)	practitioner-scholar model	Vail model
counseling psychologists	predoctoral internship	
Division of Clinical	professional counselors	
	psychiatrists	

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? What about 50 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.)?

STUDENT STUDY SITE RESOURCES

Visit the study site at www.sagepub.com/pomerantz3e for these additional learning tools:

- Self-quizzes
- E-flashcards
- Culture Expert Interviews
- Full-text SAGE journal articles
- Additional web resources
- Mock Assessment Data



QR codes at the end of each chapter link to chapter background videos by the author. Visit <http://gettag.mobi> using your smartphone browser to download the free Microsoft Tag app. Once installed, scan the tags to go directly to these brief videos.