JOHN HUNSLEY • CATHERINE M. LEE

CLINICAL psychology

AN EVIDENCE-BASED APPROACH

THIRD EDITION

WILEY

INTRODUCTION TO
Clinical Psychology
An Evidence-Based Approach

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WILEY

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Library and Archives Canada Cataloguing in Publication

Hunsley, John, 1959-
[Introduction to clinical psychology]
Clinical psychology : an evidence-based approach / John Hunsley, Catherine M. Lee. — Third edition.
Revision of: Introduction to clinical psychology : an evidence-based approach.
Includes bibliographical references and index.

ISBN 978-1-118-62461-6 (pbk.)

1. Clinical psychology—Textbooks. I. Lee, Catherine M. (Catherine Mary), 1955-, author
II. Title. III. Title: Introduction to clinical psychology.

RC467.2.H86 2014 616.89 C2013-906979-8

Production Credits
Acquisitions Editor: Rodney Burke
Vice President & Publisher: Veronica Visentin
Senior Marketing Manager: Patty Maher
Editorial Manager: Karen Staudinger
Editorial Assistant: Luisa Begani
Production Manager: Tegan Wallace
Production Editor: Yee Lyn Song
Media Editor: Channade Fenandoe
Typesetting: Thomson Digital
Cover Design and Interior Design: Joanna Vieira
Cover Image: Top row: Left, ©istockphoto.com/carterdayne; Middle, ©istockphoto.com/yellowcrestmedia;
Right, ©istockphoto.com/Kangah
Bottom row: Left, ©istockphoto.com/RBFried; Middle, ©istockphoto.com/RushOnPhotography;
Right, ©istockphoto.com/Plougmann
Printing & Binding: Webcom

Printed and bound in Canada.

John Wiley & Sons Canada, Ltd.
5353 Dundas Street West, Suite 400
Etobicoke, ON M9B 6H8
Visit our website at: www.wiley.ca

To Rob and Nick

PREFACE

Between us, we have well over half a century of experience in clinical psychology. We share a passion for a profession that has the potential to make an important contribution to the understanding of human nature and to the alleviation of human suffering. We have written this book to introduce to students the theories and practices of clinical psychology and convey the important work done by clinical psychologists. The book is designed to be helpful not only to those who will go on to careers in clinical psychology, but also to those who will choose other career paths.

KEY FEATURES

Clinical psychology has evolved greatly in recent decades. In order to convey the nature of the contemporary practice of clinical psychology, we have incorporated three distinct features through all of the chapters.

Evidence-Based Approach

Concerns about health care costs, together with growing demands from well-informed health care consumers, have highlighted the need for clinical psychology to adopt evidence-based assessments and interventions. Unfortunately, many popular theories that have guided clinical practice for decades do not have supporting evidence. Throughout the text, we present theories and practices and examine the extent to which they are supported by research. If a technique or strategy is used frequently in practice but has not been supported empirically, we say so. We believe that our approach reflects the new realities in clinical psychology and the ongoing commitment of psychologists to deliver services that are the best science has to offer.

Diversity

Clinical psychology must address the needs of a diverse population. We highlight the need for sensitivity to gender, age, culture, ethnicity, sexual orientation, socioeconomic status, family type, and geographic location. Throughout the text, we include relevant assessment and treatment examples to illustrate the importance and the challenges of professional sensitivity to diversity issues in research and practice.

Lifespan Perspective

We have adopted a lifespan perspective throughout the text. We include examples illustrating issues with respect to children, adolescents, adults, and older adults. As many undergraduate students taking an introductory course in clinical psychology are unlikely to have decided on the age of clients with whom they eventually wish to work, it will be appealing to learn about clinical psychology across the lifespan. It is important for students to appreciate that assessment and treatment plans can vary depending on the age of the individual.

TEXT ORGANIZATION

The text can be divided into three sections. The first section provides an overview of issues that set the stage for the second section, which is on assessment; and that section, in turn, is the foundation for the third section on intervention in clinical psychology. In Chapter 1, we provide a definition of clinical psychology,

describing its history and explaining similarities and differences between clinical psychology and other mental health professions. Chapter 2 addresses the diverse roles of clinical psychologists, all of which are based on the pillars of science and ethics. The importance of attention to ethical issues is highlighted not just in this chapter but throughout the text. The third chapter is an overview of issues related to classification and diagnosis. In this chapter, we introduce two individuals, an adult (Melissa) and an adolescent (Noah), whose psychological services we describe in subsequent chapters. Chapter 4 presents key issues on research methods, underlining the ways these methods are employed to address clinically meaningful questions.

In the second section, Chapters 5 to 9 address assessment issues in clinical psychology, highlighting ethical issues that must guide psychological practice. Chapter 5 provides an overview of the purposes of psychological assessment, a review of key concepts in psychological testing, and an examination of the distinction between testing and assessment. Chapter 6 presents information on clinical interviews and clinical observation, emphasizing developmental considerations relevant to these commonly used assessment methods. Intellectual and cognitive assessments are discussed in Chapter 7. Chapter 8 covers self-report and projective assessment, with in-depth examination of the usefulness of different assessment strategies. The challenges of integrating assessment data and making clinical decisions are illustrated in Chapter 9, with reference to services for Melissa (who was introduced in Chapter 3).

The third section, on intervention, covers both prevention and treatment. Chapter 10 highlights issues in prevention, describing programs designed for at-risk children and youth. In Chapter 11, we provide a brief overview of approaches to psychological intervention, describing the theoretical foundations of current evidence-based approaches and presenting data on the nature and course of psychotherapy. Chapters 12 and 13 present an overview of current evidence-based treatments for adults (Chapter 12) and for children and adolescents (Chapter 13). The case of Noah (who was introduced in Chapter 3) is used to illustrate issues in developing treatment plans. Chapter 14 provides information on evidence-based treatment elements derived from the therapy process and therapy process-outcome research. Finally, in Chapter 15, we examine issues in the practice of clinical psychology in the areas of health psychology, clinical neuropsychology, and forensic psychology.

Two appendices are included. The first lists journals in clinical psychology and should help students as they research topics in greater depth. The second appendix, entitled *Applications to Graduate School,* is designed to help students make decisions about graduate school applications as well as plan an application.

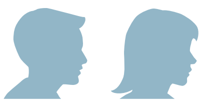
FEATURES OF INTEREST TO THE STUDENT

Within each chapter, many features have been incorporated to aid student learning. This text is designed to introduce clinical psychology in a reader-friendly and accessible manner, highlighting the varied and dynamic areas of the discipline.

Chapter Outline

Each chapter begins with an outline that prepares the student for the material to be covered.

Case Examples



In courses in clinical psychology, case examples are the tool through which abstract material is brought to life. In addition to the extended case presentations in Chapters 3, 9, and 13, case material is embedded throughout the text to illustrate issues in different

developmental periods and with a diverse clientele. Reflecting the terminology in current practice, we alternate our use of the terms "patient" and "client." All the case examples we describe are based on our clinical experience. We have blended details about different people into composites to illustrate clinical issues. The case examples do not, therefore, represent specific individuals and all the names are fictitious.

Viewpoint Boxes

In each chapter, controversial issues and new directions in the field are highlighted in Viewpoint Boxes. Topics include:

- historically important themes, such as in *Distress in Clinical Psychologists and How They Deal with It* and *IQ and Its Correlates*
- new directions in clinical psychology, such as in *Psychological Resilience in the Face of Potential Trauma, Options for Increasing Psychotherapy Attendance,* and *Dissemination of Evidence-Based Treatments*
- controversies, such as in *What Do Psychologists Need to Know about Psychopharmacology?, The Trials and Tribulations of DSM-5,* and *How Reliable Are the Findings Reported in Research Studies?*
- issues with a lifespan perspective, such as in *Issues in Interviewing Older Adults* and *Treatment of Childhood Attention-Deficit/Hyperactivity Disorder*
- debates around evidence-based assessment, such as in *Child Custody Evaluations, Risk Assessment*, and *Why Do Questionable Psychological Tests Remain Popular with Some Clinical Psychologists?*
- expansion of the practice of clinical psychology to health, such as in *Health Promotion and Prevention Programs for Older Adults* and *Insomnia: No Need to Lose Sleep Over It!*
- current issues in treatment research, such as in *Multiple Perspectives on Treatment Goals* and *Sudden Gains in Therapy.*

Profile Boxes

To bring to life the reality of being a clinical psychologist, we have featured 24 individuals in Profile Boxes. We invited Canadian clinical psychologists at different stages of their careers to answer questions about being a clinical psychologist. In addition, to give students a sense of the varied activities in which psychologists engage, we asked three psychologists who work in different types of settings to describe a typical work week. We invited colleagues whom we consider fine examples of clinical psychologists, and we chose people whom we hope students will find inspiring. Students reading the Profile Boxes will better appreciate the wide range of activities in which clinical psychologists engage, the range of challenges they address in their work, and the creativity with which psychological principles are applied to reduce human suffering and improve psychosocial functioning.

We have also included a profile about a graduate student in clinical psychology, to give students a sense of the life of a clinical psychology graduate student.

Critical Thinking Questions

Key questions have been designed to promote discussion and debate on both traditional and emerging issues in clinical psychology. These questions appear in the margins marked with a head with a question mark icon.

Think About It!

Throughout each chapter, we have also included questions that encourage students to consider specific text material more deeply and more personally. These questions, which are marked with a thought bubble icon, usually ask the reader to consider the impact that a certain professional or empirical issue could have on someone's life. There are also questions that encourage students to consider how the manner in which clinical psychologists make decisions about professional services is similar to and different from the manner in which people make routine decisions.

Summary and Conclusions

At the end of each chapter, a section draws together the material discussed in the chapter.

Key Terms and Key Names

Throughout each chapter, important names and key terms are highlighted in bold. In addition, key term definitions are included in the margin. These are important study aids to highlight the most salient points of each chapter.

Additional Resources

For students who wish to explore an issue in greater depth, additional resources have been cited for various journals and books. The *Check It Out!* feature provides website links that allow readers to find out more about important issues raised in the chapter.

CHANGES IN THE THIRD EDITION

As clinical psychology is a rapidly evolving profession, in this third edition we have updated the scientific and professional literature we review to highlight recent changes in the field.

In Chapter 1, this involved providing new estimates about the economic costs of mental disorders and the numbers of mental health care specialists (including clinical psychologists). Chapter 2 has updated information about the professional activities and theoretical orientations of clinical psychologists, characteristics of training programs and their graduates, accreditation standards, and registration/licensure. A new profile on a "week in the life of a graduate student" has also been added. Information on both DSM-5 and ICD-10 diagnostic systems is included in Chapter 3, along with updated information on the epidemiology of mental disorders. To encourage the critical evaluation of scientific research, Chapter 4 has new Viewpoint Boxes addressing media reporting of research and the reliability of research results.

New assessment-related information has been included in Chapters 5 to 9. This includes a discussion of the continuing growth of evidence-based assessment, information on the updated Wechsler scales, and details of updated versions of frequently used self-report measures. Also, Chapter 6 has been reorganized to help readers be better prepared for learning about the challenges in assessing clients across the lifespan.

The chapters on prevention and treatment (Chapters 10 to 14) include new evidence of the impact of a number of prevention programs, information on the American Psychological Association resolution about the effectiveness of psychotherapy, an expanded listing of evidence-based treatments, details on a range of clinical practice guidelines, and results from a task force on evidence-based psychotherapy relationships.

Chapters 12 and 13 have been revised to provide updated information on evidence-based treatments and the results of treatment efficacy and effectiveness research for clients across the lifespan. In Chapter 15, we have expanded information on the management of both chronic pain and insomnia, added information on the use of neuropsychological assessment to evaluate the capacity of older adults to live independently and manage their lives, and updated details on forensic risk assessment tools and challenges in their interpretation.

Overall, 7 new Viewpoint Boxes and 20 new Profile Boxes have been added. We have also increased the use of clinical case material to illustrate important points discussed in the text, and focused increased attention on diversity issues. Furthermore, to improve the readability and comprehensibility of the material, we have enhanced the cross-referencing across chapters.

ACKNOWLEDGEMENTS

We have appreciated the support and guidance of many people during the preparation of the third edition of this book. Thanks are due to Rodney Burke, the acquisitions editor, who championed the importance of a written-in-Canada text on contemporary clinical psychology. We are grateful to Georgina Montgomery, our copy editor for this edition, and production editor Yee Lyn Song who coordinated the phases of production with efficiency. We are grateful for the helpful feedback provided by Robert Hunsley and Majeeda Khan and the capable research assistance provided by Robert Hunsley and Kathryn LaRoche. The book is enriched by the contributions of the psychologists who agreed to be profiled. We appreciate their cooperation and willingness to talk about their careers, and special thanks go to them. They are Drs. Melanie Barwick, Peter Bieling, Christopher Bowie, Clarissa Bush, Christine Chambers, David A. Clark, Karen Dyck, Jennifer Frain, Heather Hadjistavropoulos, David Hodgins, Charlotte Johnston, Martin Lalumière, Christopher Mushquash, Randy Paterson, Martin D. Provencher, Adam Radomsky, Graham Reid, Don Saklofske, Katreena Scott, Colette Smart, Michael Sullivan, Henny Westra, Jonathan Weiss, and Sheila Woody. We deeply appreciate the contribution of graduate student Emma MacDonald.

Last, but not least, we are grateful for the ongoing support of friends and family.

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INTRODUCTION

> *Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*
>
> World Health Organization (2007)

- More than 450 million people have mental disorders. Many more have mental health problems.
- About half of all mental disorders begin before people reach age 14.
- Worldwide, 877,000 people commit suicide every year.
- In emergencies, the number of people of mental disorders is estimated to increase by 6–11%.
- Mental disorders increase the risk for physical disorders.
- Many health conditions increase the risk of mental disorders.
- Stigma prevents many people from seeking mental health care.
- There are great inequities in the availability of mental health professionals around the world.

Adapted from World Health Organization (2007)

In the second decade of the 21st century, the potential for clinical psychology to make important contributions to the health of individuals, families, and society is abundantly clear. In this opening chapter, we introduce you to the profession of clinical psychology, its scope, and its remarkable history. Throughout this text, we will illustrate with compelling evidence that clinical psychologists have developed assessments that are helpful in understanding problems and interventions

that are effective in preventing, treating, and even eliminating a broad range of health problems and disorders.

To fully appreciate the importance of such health services, it is necessary to understand the scope of the public health problem facing health care systems in North America and other parts of the world. A national survey of the mental health and well-being of Canadians aged 15 years and older found that as many people suffered from clinical depression as from common chronic health conditions such as heart disease and diabetes (Statistics Canada, 2003). Furthermore, 1 out of every 10 Canadian adolescents and adults reported symptoms consistent with a diagnosis of a mental disorder such as alcohol or illicit drug dependence, a mood disorder (i.e., major depressive disorder or bipolar disorder), or a serious anxiety disorder (i.e., social phobia, panic disorder, or panic disorder with agoraphobia). It is estimated that the cost of mental illness to Canadian society—including absenteeism, underemployment, unemployment, disability costs, health care services and supports, and premature death—may be as high as $63 billion annually (Wilkerson, 2012).

Perhaps due to the stressfulness of living and/or working conditions, the rate of mental health problems is even higher among certain groups than in the general population. For example, a health survey of members of active Canadian military personnel found that 15% reported a mental disorder in the previous year and 23% believed they required mental health services (Sareen et al., 2007). Being deployed to combat operations and witnessing atrocities were associated with increased risk of disorder and need for services. Participation in peacekeeping operations was not associated with increased risk, unless such assignments were associated with exposure to combat and witnessing atrocities. Similar results have been reported for American troops deployed to Iraq and Afghanistan (Smith et al., 2008).

In 1999, the Surgeon General of the United States released a report on the mental health of Americans (U.S. Department of Health and Human Services, 1999). Using data from national epidemiological studies, he estimated that, over a one-year period, 21% of Americans suffered from anxiety disorders, mood disorders, schizophrenia and other psychotic conditions, antisocial personality disorder, anorexia nervosa, or severe cognitive impairments. The estimate that one in five people suffers from a mental disorder applied to all age groups, including children, adolescents, adults, and older adults. The report also presented data showing that, in countries with established market economies (such as Canada, the United States, the United Kingdom, Australia, and New Zealand), the economic burden of mental disorders, mental illness, and suicide in terms of health care costs and lost productivity is second only to that of cardiovascular conditions.

The Depression Report, released in 2006 by the London School of Economics, translated epidemiological data into economic terms (London School of Economics Centre for Economic Performance, Mental Health Policy Group, 2006). Despite the estimate that one family in three is affected by depression or anxiety, only 2% of the expenditures of the National Health Service (NHS) in the United Kingdom (UK) are allocated to the treatment of these disorders. Lost output due to depression and anxiety is estimated to cost the UK economy £12 billion a year—representing 1% of the total national income. A million people in the UK receive disability benefits because of mental disorders, at a cost of £750 a month (about $1,500 Canadian) per person.

The UK National Institute for Health and Care Excellence (NICE) is an independent interdisciplinary organization with the mandate to provide national guidance on promoting good health and preventing and treating ill health. Systematic literature reviews by NICE concluded that evidence-based psychological therapies, which cost approximately £750 per person, are effective for at least half the people with anxiety and depression and are at least as effective as medication in tackling these mental health problems. The UK government therefore decided to improve access to psychological therapies by training mental health professionals, including, but not limited to, psychologists. Policy-makers predict that this investment will, in addition to offering enormous potential human benefits in reduced suffering and increased well-being, yield significant economic benefits in terms of both reduced claims for disability and increased productivity.

Data from the World Health Organization (presented in Exhibit 1.1) illustrate the scope of mental health problems in different countries. Worldwide, hundreds of millions of people suffer from mental disorders. However, most mental disorders are overlooked or misdiagnosed, and only a small percentage of those individuals who suffer from a mental disorder ever receive treatment. Even if they do receive treatment for other health concerns, in most cases—regardless of the wealth or level of development of the country in which these people live—mental health problems are neglected. This is particularly troubling because effective, relatively inexpensive treatments (psychological and/or pharmacological) exist for most of these conditions. Viewpoint Box 1.1 describes the initiatives undertaken by the Mental Health Commission of Canada to enhance the health and well-being of Canadians.

Are mental health problems as serious as physical health problems?

In addition to the pressing problems posed by mental disorders, there is mounting evidence that lifestyle and psychosocial factors are related to many of the causes of death in Western countries. As you will learn in Chapters 10 and 15, there is evidence that psychological services can dramatically reduce the negative health impact of these lifestyle and psychosocial risk factors. A large-scale study of the causes

of mortality in the United States reached startling conclusions (Mokdad, Marks, Stroup, & Gerberding, 2004). Although dramatic causes such as motor vehicle accidents accounted for 2% of deaths, and shooting fatalities accounted for 1% of deaths, the leading causes of death were related to tobacco smoking (18.1%), poor diet and physical inactivity (16.6%), and alcohol consumption (3.5%). Adding the numbers together, these data demonstrate that at least 40% of fatalities were attributable to entirely preventable—or treatable—factors.

Exhibit 1.1 World Health Organization Mental Health: The Bare Facts

- At any given time, there are 450 million people worldwide suffering from mental, neurological, and behavioural problems.
- It is predicted that the number of people suffering from these problems will increase in the future.
- Mental health problems are found in all countries.
- Mental health problems cause suffering, social exclusion, disability, and poor quality of life.
- Mental health problems increase mortality.
- Mental health problems have staggering economic costs.
- One in every four people seeking other health services has a diagnosable mental, neurological, or behavioural problem that is unlikely to be diagnosed or treated.
- Mental health problems are associated with poor compliance with medical regimens for other disorders.
- Cost-effective treatments exist for most disorders and, if applied properly, could enable people to function better in their communities.
- There is greater stigma associated with mental health problems than with physical health problems.
- Most countries do not allocate sufficient funds to address mental, neurological, and behavioural problems.

Adapted from World Health Organization (2004b).

DEFINING THE NATURE AND SCOPE OF CLINICAL PSYCHOLOGY

As we consider the pain and suffering experienced by people with mental and physical health problems, the interpersonal effects of their distress on their family, friends, and co-workers, and the tragedy of untimely death, the need for effective services to identify and address these problems is evident. It is inevitable that, at many points in our lives, each of us will be affected, either directly or indirectly, by the emotional distress of psychological disorders. The first experience may be helping a friend through confusion and anger stemming from a loved one's suicide. As a university student, you may be faced with the challenges of helping a roommate with an eating disorder who binges and purges. Young parents may provide support to another young parent who is desperate to find appropriate services for a child with autistic disorder. In mid-life, you may be faced with the burden of caring for

an elderly parent suffering from dementia, or you may be attempting to support a partner who is chronically anxious and avoids social gatherings. As you age, you may face the death of your partner and friends, and may have to cope with your own increasing infirmity and pain. Clinical psychology is the branch of psychology that focuses on developing assessment strategies and interventions to deal with these painful experiences that touch everyone's life.

VIEWPOINT BOX 1.1

MENTAL HEALTH COMMISSION OF CANADA

In Canada, although health services are provided by the provinces, federal initiatives have underlined the need for a national strategy with respect to mental health. *Out of the Shadows at Last*, published in 2006, reported on the Senate Commission on Mental Health, chaired by Senator Michael Kirby. Testimony from people with mental disorders, their families, service providers, and researchers drew attention to the urgent need for increased government investment to address the needs of the high numbers of Canadians suffering from a mental disorder. The incomplete and patchwork nature of mental health services available across the country was emphasized in the report. Following one of the key recommendations of the report, the federal government established the Mental Health Commission of Canada (MHCC).

The MHCC is a national non-profit organization designed to enhance the health and well-being of those living with a mental disorder by focusing national attention on mental health issues. The MHCC is designed to foster collaboration among different levels of government, service providers, researchers, people with mental disorders, and the families of those individuals. The MHCC has two clear messages about people living with a mental disorder:

- They have the right to receive the services and supports they need.
- They have the right to be treated with the same dignity and respect as those struggling to recover from any kind of illness.

The MHCC currently has six initiatives and projects:

1. *Opening Minds*: a campaign to reduce the stigma associated with mental disorders and to eradicate discrimination faced by those living with mental health problems
2. *Mental Health First Aid*: a program for training members of the public to assist a person developing a mental health problem or experiencing a mental health crisis
3. *Mental Health Strategy for Canada*: an initiative for developing a national mental health strategy (over two-thirds of countries already have one; Canada lags behind the rest of the world in this regard)
4. *Knowledge Exchange Centre*: an initiative designed to make evidence-based information about mental health widely available to both service providers and the public
5. *Housing First*: a program for providing people with housing and support services tailored to meet their needs
6. *Peer Project*: a project designed to enhance the use of peer support by creating and applying national guidelines of practice

Think about the challenges and stressors that you have faced and those faced by those you care about. Can you identify the things that made your distress worse? On the other hand, what helped you in dealing with difficulties?

Throughout the text, to give you a clear sense of who clinical psychologists are and the variety of things they do in their work, we introduce you to a number of Canadian clinical psychologists. In our first example in the text, Profile Box 1.1, you will meet psychologist Dr. Jennifer Frain, who is the executive director of a social service agency in Winnipeg, Manitoba.

PROFILE BOX 1.1

DR. JENNIFER FRAIN

Courtesy of Jennifer Frain

I did my undergraduate degree in psychology in my hometown at the University of Winnipeg. My master's degree in clinical psychology was completed at the University of Saskatchewan, followed by my Ph.D. in clinical psychology at Concordia University in Montreal. I completed my internship/residency at the Clarke Institute of Psychiatry in Toronto (which is now part of the Centre for Addictions and Mental Health). I returned to Winnipeg to begin my career and have now worked for over 15 years in social services. In 2006, I became the executive director of New Directions for Children, Youth, Adults and Families, Inc., the largest social service agency in Winnipeg, serving the Winnipeg community since 1885.

I joined the board of directors of the Manitoba Psychological Society (MPS) in 2000, as I wanted to connect with colleagues in the psychology community. I became president of MPS for the first time in 2002 and was re-elected in 2005. During my time on the MPS board of directors, I had the great fortune to work with other psychology advocates from across Canada, and in 2005 I became the chair of the Council of Professional Psychologists. It was in this role that I joined the board of directors of the Canadian Psychological Association (CPA). It was my privilege to serve as the president of the CPA in 2012–2013.

HOW DID YOU CHOOSE TO BECOME A CLINICAL PSYCHOLOGIST?

I was actually heading toward medical school (following a long tradition of MDs in my family) when, in my second year of undergraduate study, I took a Psychology of Sex Differences course with a well-known and brilliant psychologist. Although the course content was very interesting, I was most affected by the professor and the way she interacted with others, the way she approached questions, and the way she thought. She was a dynamic teacher and, for the first time in my life, I became totally fascinated with course material.

CONTINUED . . .

Other psychology courses followed and I veered away from a medical career and into graduate training in clinical psychology. I have never once regretted this decision.

WHAT IS THE MOST REWARDING PART OF YOUR JOB AS A CLINICAL PSYCHOLOGIST?

The breadth of skill development in clinical psychology training has been essential to my success in social services. I was trained to conduct interviews and perform assessments that require the distillation, analysis, and synthesis of diverse sources of information. Graduate training also helped me learn to use my reactions, empathic abilities, and problem-solving skills to provide therapeutic interventions to help an individual move forward positively in his or her life. In my work, I am required to supervise staff at all levels of my organization and to engage at a systems level with civil servants, elected officials, other organizations, and community and family stakeholders. It is incredibly rewarding and stimulating to be able to use my scientist and practitioner skills as a clinical psychologist working in a community setting.

WHAT IS THE GREATEST CHALLENGE YOU FACE AS A CLINICAL PSYCHOLOGIST?

The greatest challenge that I face as a clinical psychologist is my relative isolation in the area of social services. Although my training provided ideal preparation for what I do, few clinical psychologists consider a career in the social services. This is highly unfortunate, as many of the day-to-day issues dealt with are of serious consequence (e.g., the care and protection of children, the intervention with youth who are heavily involved in street culture, the provision of programs and services for persons with cognitive disabilities living in the community). The significance of the work, the high stakes, and the miserable outcomes for people when service is not available or not done right are huge, both for the individuals and for society at large.

WHAT DO YOU SEE AS THE MOST EXCITING CHANGES IN THE FIELD OF CLINICAL PSYCHOLOGY?

We are witnessing the participation of clinical psychologists throughout the health care system and I am very excited about that, as clinical psychologists can be providers of both health and mental care. It is encouraging to see a growing number of psychologists working in primary care clinics, oncology clinics, pain clinics, and cardiology units. The increased employment of psychologists in government is also terrific, as psychologists are being sought out to develop, identify, and institute policies that address population-level concerns, such as modifying poor behavioural choices and strategies to help people make better choices to ward off future problems (e.g., positive parenting strategies, healthy eating, active lifestyle adoption). So, for me, the most exciting changes I see are that psychologists are now working in diverse roles, which is enabling them to bring their breadth of knowledge and skills to bear on a wide range of challenges in society.

Let's consider some definitions of clinical psychology. Exhibit 1.2 provides examples of definitions and descriptions of clinical psychology from the United States, Britain, and New Zealand. Despite some differences in emphasis, a common theme running through these definitions is that clinical psychology is based firmly on scientifically supported psychological theories and principles. Clinical psychology is a science-based profession. Furthermore, the development of effective assessment, prevention, and intervention services relies on basic

research into the nature of emotional distress and well-being. The practice of clinical psychology uses scientifically based methods to reliably and validly assess both normal and abnormal human functioning. Clinical psychology involves gathering evidence about optimal strategies for delivering health care services.

Exhibit 1.2 International Definitions of Clinical Psychology

AMERICAN PSYCHOLOGICAL ASSOCIATION, SOCIETY OF CLINICAL PSYCHOLOGY

The field of Clinical Psychology involves research, teaching and services relevant to the applications of principles, methods, and procedures for understanding, predicting, and alleviating intellectual, emotional, biological, psychological, social and behavioral maladjustment, disability and discomfort, applied to a wide range of client populations. In theory, training, and practice, Clinical Psychology strives to recognize the importance of diversity and strives to understand the roles of gender, culture, ethnicity, race, sexual orientation, and other dimensions of diversity.
(www.div12.org/about-us/)

BRITISH PSYCHOLOGICAL SOCIETY, DIVISION OF CLINICAL PSYCHOLOGY

Clinical psychology applies the scientific knowledge base of psychology to 'clinical' problems. After completing a psychology undergraduate degree, postgraduate training is undertaken in the application of psychology to a variety of human difficulties. Clinical psychologists aim to reduce psychological distress and to enhance and promote psychological well-being. A wide range of psychological difficulties may be dealt with, including anxiety, depression, relationship problems, learning disabilities, child and family problems and serious mental illness.
(dcp.bps.org.uk/dcp/clinical_psychology/role_home$.cfm)

NEW ZEALAND PSYCHOLOGSTS BOARD

Clinical Psychologists apply psychological knowledge and theory derived from research to the area of mental health and development, to assist children, young persons, adults and their families with emotional, mental, developmental or behavioural problems by using psychological assessment, formulation and diagnosis based on biological, social and psychological factors, and applying therapeutic interventions using a scientist-practitioner approach.
(www.psychologistsboard.org.nz/scopes-of-practice2)

Over the decades, the nature and definition of clinical psychology has shifted, expanded, and evolved. From an initial primary focus on assessment, evaluation, and diagnosis, the scope of clinical psychology has grown. Clinical psychology now also includes numerous approaches to intervention and prevention services that are provided to individuals, couples, and families. The practice of clinical psychology also covers indirect services that do not involve contact with those suffering from a mental disorder, such as consultation activities, research, program development, program evaluation, supervision of other mental health professionals, and administration of health care services. Given the ever-changing

nature of the field, the only certainty about clinical psychology is that it will continue to evolve. Only time will tell whether this evolution ultimately leads to a decreasing focus on traditional activities of assessment and treatment (as predicted by some experts), to an increasing focus on the use of psychopharmacological agents to treat mental illness and mental health problems (as promoted by some psychologists and some psychological associations), or to the adoption of universal prevention programs designed to enhance our protection from risk. The changing nature of clinical psychology does, however, require that any definition of the field be treated as temporary, to be maintained only as long as it accurately reflects the field. The definition of clinical psychology must be altered and updated as innovations and new directions emerge.

The Canadian Psychological Association's Section on Clinical Psychology developed an excellent document that defines the current nature of clinical psychology, provides general principles intended to apply to future changes in the field, and firmly grounds the practice of clinical psychology in the context of professional ethics and responsibility. An excerpt of this definition is presented in Exhibit 1.3. In developing this

Exhibit 1.3 Canadian Definition of Clinical Psychology

APPROVED BY THE CLINICAL SECTION AND THE BOARD OF DIRECTORS OF THE CANADIAN PSYCHOLOGICAL ASSOCIATION, MAY 1993

Clinical psychology is a broad field of practice and research within the discipline of psychology, which applies psychological principles to the assessment, prevention, amelioration, and rehabilitation of psychological distress, disability, dysfunctional behaviour, and health-risk behaviour, and to the enhancement of psychological and physical well-being.

Clinical psychology includes both scientific research, focusing on the search for general principles, and clinical service, focusing on the study and care of clients, and information gathered from each of these activities influences practice and research.

Clinical psychology is a broad approach to human problems (both individual and interpersonal), consisting of assessment, diagnosis, consultation, treatment, program development, administration, and research with regard to numerous populations, including children, adolescents, adults, the elderly, families, groups, and disadvantaged persons. There is overlap between some areas of clinical psychology and other professional fields of psychology, such as counselling psychology and clinical neuropsychology, as well as some professional fields outside of psychology, such as psychiatry and social work.

Clinical psychology is devoted to the principles of human welfare and professional conduct as outlined in the Canadian Psychological Association's *Canadian Code of Ethics for Psychologists*. According to this code, the activities of clinical psychologists are directed toward: respect for the dignity of persons; responsible caring; integrity in relationships; and responsibility to society.

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