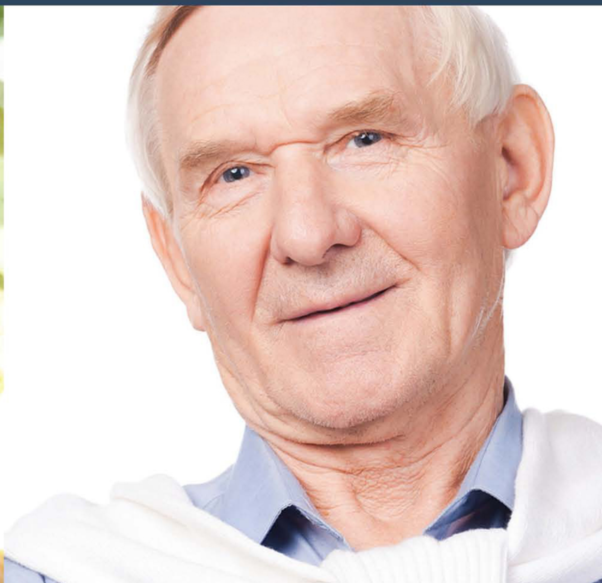
CATHERINE M. LEE • JOHN HUNSLEY

Introduction to Clinical Psychology

Fourth Canadian Edition



WILEY

Introduction to Clinical Psychology

An Evidence-Based Approach

Fourth Edition

CATHERINE M. LEE

JOHN HUNSLEY

WILEY

Executive Editor:	Veronica Visentin
Content Management Director:	Lisa Wojcik
Content Manager:	Nichole Urban
Senior Content Specialist:	Nicole Repasky
Editorial Manager:	Gladys Soto
Editorial Assistant:	Megan Garvin
Production Editor:	Abidha Sulaiman
Photo Editor:	Christin Swinford
Cover Photo Credit:	© Rawpixel.com/Shutterstock; © g-stockstudio/Shutterstock; © AzmanL/Getty Images

This book was set in 9.5/12.5 pt Source Sans Pro by SPi Global, Chennai and printed and bound by Strategic Content Imaging.

Founded in 1807, John Wiley & Sons, Inc. has been a valued source of knowledge and understanding for more than 200 years, helping people around the world meet their needs and fulfill their aspirations. Our company is built on a foundation of principles that include responsibility to the communities we serve and where we live and work. In 2008, we launched a Corporate Citizenship Initiative, a global effort to address the environmental, social, economic, and ethical challenges we face in our business. Among the issues we are addressing are carbon impact, paper specifications and procurement, ethical conduct within our business and among our vendors, and community and charitable support. For more information, please visit our website: www.wiley.com/go/citizenship.

Copyright © 2018, 2014, 2009 John Wiley & Sons, Inc. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, scanning, or otherwise, except as permitted under Sections 107 or 108 of the 1976 United States Copyright Act, without either the prior written permission of the Publisher, or authorization through payment of the appropriate per-copy fee to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923, (978)750-8400, fax (978)750-4470 or on the web at www.copyright.com. Requests to the Publisher for permission should be addressed to the Permissions Department, John Wiley & Sons, Inc., 111 River Street, Hoboken, NJ 07030-5774, (201)748-6011, fax (201)748-6008, or online at http://www.wiley.com/go/permissions.

Evaluation copies are provided to qualified academics and professionals for review purposes only, for use in their courses during the next academic year. These copies are licensed and may not be sold or transferred to a third party. Upon completion of the review period, please return the evaluation copy to Wiley. Return instructions and a free of charge return shipping label are available at www.wiley.com/go/returnlabel. Outside of the United States, please contact your local representative.

Library of Congress Cataloging-in-Publication Data

Names: Lee, Catherine M. (Catherine Mary), 1955– author. | Hunsley, John, 1959– author.
Title: Introduction to clinical psychology : an evidence-based approach / by Catherine M. Lee, John Hunsley.
Description: Fourth edition. | Hoboken : Wiley, [2018] | Revision of: Introduction to clinical psychology / John Hunsley, Catherine M. Lee. 3rd ed. | Includes bibliographical references and index.
Identifiers: LCCN 2017029457| ISBN 9781119301516 (pbk.) | ISBN 9781119403029 (eval (paper)) | ISBN 9781119403043 (pdf) | ISBN 9781119403067 (epub)
Classification: LCC RC467 .H77 2018 | DDC 616.89—dc23 LC record available at https://lccn.loc.gov/2017029457

The inside back cover will contain printing identification and country of origin if omitted from this page. In addition, if the ISBN on the back cover differs from the ISBN on this page, the one on the back cover is correct.

For Robert and Nicholas

Preface

Between us, we have over six decades 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 evidence base for clinical psychology and to 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 throughout 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 and to monitor the outcomes of services. 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.

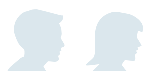
Features of Interest to the Student

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 tools 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 *Hoarding Disorder, 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?* 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 *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 *Insomnia: No Need to Lose Sleep Over It!*
- current issues in treatment research, such as in *Sudden Gains in Therapy*.

Profile Boxes

To bring to life the reality of being a clinical psychologist, we have featured 27 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 of 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 Fourth Edition

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

The first section includes recent data released by Statistics Canada and the World Health Organization (WHO) on the prevalence of mental health problems. Chapter 2 includes an examination of recent changes with respect to jurisdictions agreeing on the doctoral standard for professional training, as well as on the implications of the Agreement on Internal Trade for the mobility of psychologists in Canada. Reflecting rapid changes in the field, we present updated data on the practice activities of clinical psychologists. Chapter 3, on classification and diagnosis, is updated to reflect the new terms used in DSM-5 and provide coverage of the upcoming release of ICD-11 by the WHO, as well as the approach to classification proposed by the National Institute of Mental Health in the United States. Parts of Chapter 4 have been restructured to help students understand systematic reviews, meta-analyses, and effective strategies for searching the literature.

The chapters on psychological assessment have been restructured to reflect advances in evidence-based assessment, underlining the importance of developing competencies defined by the Association of State and Provincial Psychology Boards. Key changes in the latest edition of the Standards for Users of Psychological and Educational Tests are highlighted. New research on key assessment tools, such as the Wechsler scales and structured interviews linked to DSM-5, is presented. The chapters on psychological intervention have been updated to reflect the latest trends, with an emphasis on large-scale rollouts of evidence-based treatments and the increasing use of technology to extend the reach of psychological services.

Throughout the text we have updated the Profile Boxes and included 16 new profiles of clinical psychologists. There are new Viewpoint Boxes addressing topics that are receiving considerable attention, including the diagnosis and treatment of hoarding, controversies in assessment and intervention of people on the autism spectrum, the crisis of non-replication of research findings, and evidence for the impact of depression screening in youth and adults.

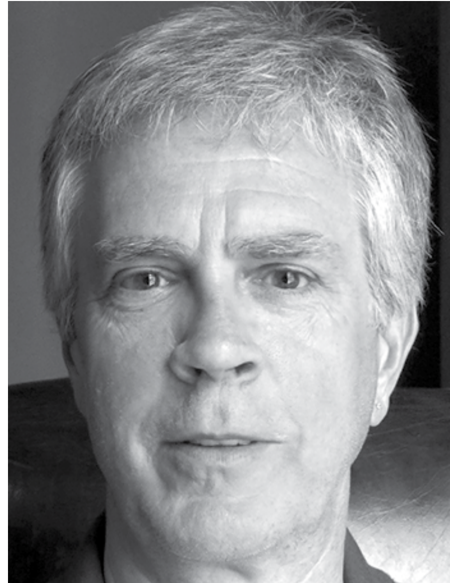
Acknowledgements

We have appreciated the support and guidance of many people during the preparation of the fourth edition of this book. Thanks are due to Veronica Visentin who championed the importance of a written-in-Canada text on contemporary clinical psychology. We are grateful to Christine Albert, who copyedited this edition. We warmly thank production editor Abidha Sulaiman who coordinated the phases of production with efficiency and collegiality. 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. Martin Anthony, Peter Bieling, Christopher Bowie, Christine Chambers, David Dozois, Mauricio Garcia-Barrera, Lesley Graff, Heather Hadjistavropoulos, Thomas Hadjistavropoulos, David Hodgins, Charlotte Johnston, Amanda Lints-Martindale, David Moscovitch, Christopher Mushquash, Ian Nicholson, Roisin O'Connor, Antonio Pascual-Leone, Randy Paterson, Martin D. Provencher, Graham Reid, Don Saklofske, Kristel Thomassin, Sandra Thompson, Jodi Viljoen, Jonathan Weiss, Henny Westra, and Sheila Woody. We deeply appreciate the contribution of graduate student Carley Pope.

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

About the Authors

Alejandro Gomez



Catherine M. Lee

CATHERINE M. LEE earned a Ph.D. from the University of Western Ontario in 1988. She is a full professor of psychology at the University of Ottawa. Dr. Lee teaches graduate courses in evidence-based services for children and families and an undergraduate course on Clinical Psychology, as well as supervises practicum students and interns at the Centre for Psychological Services and Research. Her research interests focus on the provision of evidence-based services to promote positive parenting. She has authored over 75 articles, chapters, and books on this and related topics. Dr. Lee is a Fellow of the Canadian Psychological Association (CPA) and the CPA Clinical Psychology Section. She is an ad hoc reviewer for many granting agencies and scholarly journals, and she serves on the editorial boards of *Clinical Child and Family Psychology Review* and *Cognitive and Behavioral Practice*. She is the former chair of the Clinical Psychology Section of the CPA and was President of the CPA in 2008–2009. She is a site visitor for the Canadian Psychological Association Accreditation Panel. She is an accredited trainer for Triple P International.

JOHN HUNSLEY received a Ph.D. from the University of Waterloo in 1985. He is a full professor in the clinical psychology program at the University of Ottawa and is the director of the program. Dr. Hunsley teaches graduate courses in clinical research methods and psychological assessment. Dr. Hunsley's research interests focus on evidence-based psychological practice, the delivery of psychological services, and the scientific basis of psychological assessment. He has authored over 130 articles, chapters, and books on these topics. Dr. Hunsley is a Fellow of the Association of State and Provincial Psychology Boards, the Canadian Psychological Association (CPA), and the CPA Clinical Psychology Section. He has received the CPA Award for Distinguished Contributions to Education and Training in Psychology. From 2007 to 2011, he served as the editor of *Canadian Psychology*. He has also served on the editorial board of *Assessment, Canadian Psychology, Journal of Personality Assessment, Professional Psychology: Research and Practice,* and *Scientific Review of Mental Health Practice*.

Contents

PREFACE iv
ACKNOWLEDGEMENTS vii
ABOUT THE AUTHORS viii

1 The Evolution of Clinical Psychology 1

Introduction 1
Defining the Nature and Scope of Clinical Psychology 3
Evidence-Based Practice in Psychology 7
Mental Health Professions 8
- Counselling Psychology 8
- School Psychology 10
- Psychiatry 10
- Clinical Social Work 11
- Other Mental Health Professions 12

Availability of Mental Health Service Providers 13
A Brief History of Clinical Psychology 14
- The Roots of Clinical Psychology 14
- The History of Assessment in Clinical Psychology 15
- The History of Intervention in Clinical Psychology 20
- The History of Prevention in Clinical Psychology 25

The Future 25
Summary and Conclusions 25

2 Contemporary Clinical Psychology 27

Introduction 27
Activities of Clinical Psychologists 28
- Assessment and Diagnosis 29
- Intervention 32
- Prevention 35
- Consultation 35
- Research 37
- Teaching and Supervision 38
- Administration 39

Employment Settings 39
The Two Pillars of Clinical Psychology: Science and Ethics 40
Training in Clinical Psychology 43
- Models of Training in Clinical Psychology 43
- Accreditation of Clinical Psychology Programs 45

Licensure in Clinical Psychology 47
Summary and Conclusions 49

3 Classification and Diagnosis 50

Introduction 50
Defining Abnormal Behaviour and Mental Disorders 52
- Developmental Psychopathology 53
- Diagnosis 53
- Defining Disorder 54
- Prevalence of Mental Disorders 55
- Understanding the Development of Mental Disorders 58

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) System 61
- The Evolution of the DSM 61
- The DSM-5 63

The *International Statistical Classification of Diseases and Related Health Problems* (ICD) System 67
Limitations of Diagnostic Systems 68
- Defining Abnormality (Revisited) 68
- Diagnostic Reliability 69
- Heterogeneity of Symptom Profiles 70
- Diagnostic Validity 71
- Comorbidity 72
- Categorical versus Dimensional Classification 73

Summary and Conclusions 74

4 Research Methods in Clinical Psychology 75

Introduction 75
Generating Research Hypotheses 78
Ethics in Research 80
Research Designs 83
- Case Studies 86
- Single Case Designs 87
- Correlational Designs 88
- Quasi-Experimental Designs 90
- Experimental Designs 91

Selecting Research Participants and Measures 93
- Selecting the Sample 93
- Selecting the Sampling Strategy 93
- Setting the Sample Size 94
- Measurement Options and the Importance of Psychometric Properties 95

Analyzing the Data 96
- Statistical and Clinical Significance 97

Research Syntheses 98
Systematic Reviews 98
Meta-Analysis 99
Summary and Conclusions 100

5 Assessment: Overview 102

Introduction 102
Psychological Assessment 103
Evidence-Based Assessment 104
The Purposes of Psychological Assessment 105
Psychological Testing 112
Assessment versus Testing 114
Psychometric Considerations 116
Testing Practices in Clinical Psychology 120
Ethical Considerations 121
Summary and Conclusions 122

6 Assessment: Interviewing and Observation 124

Introduction 124
Ethical Issues: Limits of Confidentiality 126
Unstructured Assessment Interviews 127
Semi-Structured Diagnostic Interviews 129
General Issues in Interviewing 131
Attending Skills 131
Contextual Information 132
Culturally Sensitive Interviewing 133
Defining Problems and Goals 135
Assessing Suicide Risk 137
Interviewing Couples 138
Interviewing Families 138
Interviewing Children and Adolescents 139
Observations 141
Self-Monitoring 144
Summary and Conclusions 147

7 Assessment: Intellectual and Cognitive Measures 148

Introduction 148
Defining Intelligence 149
Theories of Intelligence 149
Assessing Intelligence: The Clinical Context 151
The Wechsler Intelligence Scales 153
Background Issues 153
Administration, Scoring, and Interpretation Issues 157
Canadian Normative Data 158
Wechsler Adult Intelligence Scale—Fourth Edition (WAIS-IV) 160
Wechsler Intelligence Scale for Children—Fifth Edition (WISC-V) 162
Wechsler Preschool and Primary Scale of Intelligence—Fourth Edition (WPPSI-IV) 163
Other Intelligence Scales 164
Selected Cognitive Assessment Scales 165
Wechsler Memory Scale—Fourth Edition (WMS-IV) 165
Wechsler Individual Achievement Test—Third Edition (WIAT-III) 167
Summary and Conclusions 168

8 Assessment: Self-Report and Projective Measures 169

Introduction 169
The Person-Situation Debate 170
Self-Presentation Biases 172
Developing Culturally Appropriate Measures 172
The Clinical Utility of Self-Report and Projective Measures 175
Self-Report Personality Measures 176
MMPI-2 and MMPI-A 177
Other Clinical Measures of Personality Functioning 182
Self-Report Checklists of Behaviours and Symptoms 184
Achenbach System of Empirically Based Assessment 184
SCL-90-R 187
Outcome Questionnaire 45 187
Beck Depression Inventory-II 188
Children's Depression Inventory 2 189
Projective Measures of Personality 189
Rorschach Inkblot Test 190
Summary and Conclusions 192

9 Assessment: Integration and Clinical Decision-Making 194

Integrating Assessment Data 196
Case Formulation 198
Threats to the Validity of Assessments and Case Formulations 202
Patient/Client Factors 202
Clinician Factors 203
Improving the Accuracy of Clinical Judgment 205
Psychological Assessment Reports and Treatment Plans 207
Assessment Feedback 209
Summary and Conclusions 211

10 Prevention 213

Introduction 213
Approaches to Prevention 217
Promoting Evidence-Based Parenting 220
Home Visiting Programs 221
Incredible Years 221
Triple P 222
Prevention of Violence 222
Physical Abuse of Children 222
Youth Violence: Bullying and Conduct Disorder 223
Prevention of Internalizing Disorders 225
Anxiety Disorders 225
Depression 226
Prevention of Substance Abuse 226
Prevention of Problems in those Exposed to Trauma or Loss 228
Summary and Conclusions 229

11 Intervention: Overview 231

Introduction 231
The Ethics of Intervention 232
Theoretical Approaches 236
Short-Term Psychodynamic Psychotherapies 237
Interpersonal Psychotherapy for Depression 239
Process-Experiential Therapies 240
Cognitive-Behavioural Therapies 241
Seeking Psychological Treatment 244
The Duration and Impact of Psychotherapy 247
Alternative Modes of Service Delivery 249
Summary and Conclusions 254

12 Intervention: Adults and Couples 256

Introduction 256
Does Psychotherapy Work? A Controversy and Its Impact 256
Meta-Analysis and Psychotherapy Research 257
Evidence-Based Treatments: Initiatives and Controversies 261
Clinical Practice Guidelines 268
Examples of Evidence-Based Treatments 270
CBT for Depression 270
Prolonged Exposure CBT for PTSD 273
EFT for Couple Distress 274
Effectiveness Trials 274
Adoption of Evidence-Based Treatments 276
Summary and Conclusions 278

13 Intervention: Children and Adolescents 280

Introduction 280
Who Is the Client in Psychological Services for Children and Adolescents? 280
Landmarks in the Evolution of Evidence-Based Psychological Services for Children and Adolescents 283
Do Psychological Treatments for Children and Adolescents Work? 284
Which Treatments Work for Specific Disorders? 285
Clinical Practice Guidelines 288
Examples of Evidence-Based Treatments 289
Disruptive Behaviour Disorders 289
Adolescent Depression 295
Efficacy, Effectiveness, and the Dissemination of Evidence-Based Treatments 296
Summary and Conclusions 300

14 Intervention: Identifying Key Elements of Change 302

Introduction 302
Psychotherapy Process and Process-Outcome Research 303
Examining Client Factors 305
Examining Therapist Factors 307
Examining Treatment Factors 309
Some Methodological Cautions 312
Common Factors in Psychotherapy 313
Research Perspectives on Common Factors: The Therapeutic Alliance 314
Research Perspectives on Common Factors: Psychotherapy Equivalence 315
Evidence-Based Psychotherapy Relationships 318
Task Force Recommendations 319
Empirically Based Principles of Therapeutic Change 320
Summary and Conclusions 323

15 Clinical Health Psychology, Clinical Neuropsychology, and Forensic Psychology 324

Introduction 324
Clinical Health Psychology 325
Definitions of Health and Disability 326
Activities of Clinical Health Psychologists 327
Assessment and Intervention Related to Pain 330

Clinical Neuropsychology 333
Activities of Clinical Neuropsychologists 333
Assessment 335
Intervention 337
Forensic Psychology 339
Activities of Forensic Psychologists 340
Assessment 342
Intervention 343
Summary and Conclusions 344

APPENDIX 1 **Major Journals Relevant to Clinical Psychology** 346
APPENDIX 2 **Applications to Graduate School** 352

REFERENCES 361
NAME INDEX 391
SUBJECT INDEX 403

The Evolution of Clinical Psychology

Introduction

Defining the Nature and Scope of Clinical Psychology

Evidence-Based Practice in Psychology

Mental Health Professions

Counselling Psychology

School Psychology

Psychiatry

Clinical Social Work

Other Mental Health Professions

Availability of Mental Health Service Providers

A Brief History of Clinical Psychology

The Roots of Clinical Psychology

The History of Assessment in Clinical Psychology

The History of Intervention in Clinical Psychology

The History of Prevention in Clinical Psychology

The Future

Summary and Conclusions

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 who have 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 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 one in three Canadians met criteria for a mental disorder at some point in their lives (Pearson, Janz, & Ali, 2013).

Furthermore, 1 out of every 10 Canadian adolescents and adults reported that in the last year they experienced symptoms consistent with a diagnosis of a mental disorder such as abuse or dependence on alcohol, cannabis, or other drugs; a mood disorder (i.e., a major depressive episode or bipolar disorder); or generalized anxiety disorder. 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 16.5% reported a mental disorder in the previous year (Pearson, Zamorski, & Janz, 2014). Being deployed to combat operations was associated with increased risk of disorder.

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's 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) were allocated to the treatment of these disorders. Lost output due to depression and anxiety was estimated to cost the UK economy £12 billion a year—representing 1% of the total national income. A million people in the UK were receiving 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 predicted that this investment would offer enormous potential human benefits in reduced suffering and increased well-being and would yield significant economic benefits in terms of both reduced claims for disability and increased productivity. Consistent with these expectations, in 2012–2013 the Improved Access to Psychological Therapies program greatly increased the number of referrals made for psychological therapies, with almost two-thirds of people receiving their first appointment within a month of referral (Kmietowicz, 2014). Of those offered services, half entered treatment, and 57% of those entering treatment showed improved mental health at the end of treatment (Wise, 2014).

Data from the World Health Organization (presented in Exhibit 1.1) illustrate the scope of mental health problems across 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. Approximately 8 million deaths worldwide annually are attributed to mental disorders (Walker, McGee, & Druss, 2015). This is especially 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 disability and 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. The major contributors to disability are poor diet, tobacco smoking, high body mass index, high blood pressure, high fasting plasma glucose levels, and low physical activity (US Burden of Disease Collaborators, 2013). A large-scale study of the causes of mortality in the United States reached startling conclusions (Mokdad, Marks, Stroup, & Gerberding, 2004).

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).

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.

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 autism spectrum 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.

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. David Dozois from Western University, who is a champion of evidence-based psychological 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?

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. Furthermore, the development of effective assessment, prevention,

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

Profile Box 1.1 Dr. David J. A. Dozois

©Reinhold Scherer

I received my Ph.D. in clinical psychology from the University of Calgary in 1999. I am a professor of psychology and director of the Clinical Psychology Graduate Program at Western University. I am registered as a psychologist in the Province of Ontario and certified with the Academy of Cognitive Therapy (ACT) and the Canadian Association of Cognitive and Behavioural Therapies (CACBT). I am also a former Beck Institute Scholar at the Beck Institute for Cognitive Therapy and Research. Over the course of my career, I have been involved administratively in a number of professional organizations, most notably serving as President of the Canadian Psychological Association (2011–2012). I am currently on the Board of Directors of the Canadian Psychological Association, the Ontario Mental Health Foundation, and the International Association of Applied Psychology. In addition to my research and teaching, I also maintain a clinical practice.

My research concentrates on cognitive mechanisms related to depression, with particular interest on content and organization of the self-schema. I am also interested in cognitive-behavioural theories and therapy. My research has resulted in 147 scientific papers, book chapters, and books. Inspired by the hit television series *Breaking Bad*, I recently suggested to my graduate students that we unofficially name our lab *Breaking Sad*—after all, that is what we are trying to do by studying the onset, maintenance, amelioration, relapse, and recurrence of depression.

How Did You Choose to Become a Clinical Psychologist?

I always knew that I wanted to be in a helping profession, and I really enjoyed my psychology classes when I was an undergraduate student. When I entered graduate school, I was initially determined to be a clinician, but I became more and more passionate about research as time went on. Although I love clinical practice (and continue to do it), I believe that in my position as a university professor, I have the potential to make a broader contribution.

What Is the Most Rewarding Part of Your Job as a Clinical Psychologist?

What I find most gratifying about being a clinical psychologist is that there is considerable diversity in this career. A clinical psychologist wears a number of different "hats" (e.g., teacher, researcher,

supervisor, clinician, consultant), and I find this stimulating. I count it a tremendous privilege to train future clinicians and researchers and to be involved in their career development. The opportunity to produce research that will change our understanding of depression, and improve its treatment, is also very rewarding.

What Is the Greatest Challenge Facing You as a Clinical Psychologist?

Perhaps the greatest challenge that I face is finding (or mustering) the time to engage in all the exciting things that I would like to be involved with. There are a lot of pressures on your time in this career. Aside from teaching graduate and undergraduate courses and writing research articles and book chapters, a professor's duties also include evaluating grant applications, reviewing research articles, writing grant proposals, supervising graduate students, advising honours students, presenting data at conferences, serving on departmental and university committees, advancing the profession through external committee work, and the list goes on. Fortunately, I have been able to maintain a balanced life while juggling these various responsibilities, but this can be quite difficult at times.

Tell Us About the Importance of Evidence-Based Practice.

As psychologists, we have an ethical and professional responsibility to provide the most efficacious and cost-effective psychological interventions available. This means that it is crucial for psychologists to keep up to date on the research literature, evaluate published articles carefully, and use the best evidence available to inform each clinical decision we make and treatment strategy we utilize. Psychologists not only need to read and distill the scientific literature but apply it within the context of a client's unique characteristics, cultural background, and treatment preferences. Not all research evidence is equal. When evaluating the scientific literature, "psychologists should first consider findings that are replicated across studies and that have utilized methodologies that address threats to the validity of obtained results (e.g., internal validity, external validity, generalizability, transferability)" (Dozois et al., 2014, p. 156). In addition to using the research literature to inform our clinical decisions, it is also important that we regularly monitor and evaluate our interventions throughout treatment to determine whether what we are doing in therapy works. Evidence-based practice is particularly important because, as humans, we are prone to a range of biases that lead to errors in judgment and, potentially, in the use of ineffective treatment strategies. Science sets up safeguards against biases.

How Do You Integrate Science and Practice in Your Work?

I believe that many great research questions stem from clinical practice. I am also convinced that clinical practice is greatly enhanced when it is informed by the empirical literature. I very much adhere to the scientist-practitioner model in my own work and try to bring both sides of it into my teaching. In addition to keeping up on the latest research literature that is pertinent to my clinical work, I routinely and systematically evaluate treatment outcome. At the beginning of treatment, I conduct a thorough intake assessment with my patients so that I can gain a clear sense of what their presenting problems are, what factors might be contributing to the onset or maintenance of their difficulties, and how I may best intervene. Each week, I also ask my patients to complete symptom-based questionnaires and other self-report instruments so that I can determine whether my interventions are successful or whether I need to re-conceptualize the case or confront motivational issues. My research is also clinically applied and informed by clinical issues.

What Do You See as the Most Exciting Changes in the Profession of Clinical Psychology?

There are many exciting trends in the profession of clinical psychology. One change that I find particularly exciting is the increased demand for evidence-based treatments and assessment strategies. I appreciate this age of increased accountability because I believe that it will enhance our profession and the care that we provide. We have been able to demonstrate that psychotherapy not only works but is cost effective and prevents relapse. I am also excited about the fact that research continues to refine and advance our understanding of vulnerability to psychopathology and mechanisms of change. With such increased understanding, we will be better able to treat and prevent mental disorders and promote mental health and quality of life.

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.

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

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

Clinical psychology aims to reduce psychological distress and to enhance the promotion of psychological well-being. Clinical psychologists deal with a wide range of mental and physical health problems including addiction, anxiety, depression, learning difficulties and relationship issues. They may undertake a clinical assessment to investigate a clients' situation. There are a variety of methods available including psychometric tests, interviews and direct observation of behaviour. Assessment may lead to advice, counselling or therapy. (http://www.bps.org.uk/sites/default/files/images/your_journey_web_0.pdf)

New Zealand Psychologists 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)

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. Time will tell whether this evolution ultimately leads to a decreasing focus on traditional activities of face-to-face 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 Canadian Psychological Association's Section on Clinical Psychology defined the current nature of clinical psychology and firmly grounded the practice of clinical psychology in the context of professional ethics and responsibility. An excerpt of this definition is presented in Exhibit 1.3.

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.

Copyright 1993, Canadian Psychological Association. Permission granted for use of material.

Evidence-Based Practice in Psychology

Originally developed within medicine, the **evidence-based practice** (EBP) model is now integrated into many health and human service systems, including mental and behavioural health care, social work, education, and criminal justice (McHugh & Barlow, 2010; Mullen & Streiner, 2004). The EBP model

evidence-based practice: a practice model that involves the synthesis of information drawn from research and systematically collected data on the patient in question, the clinician's professional experience, and the patient's preferences when considering health care options.

a. requires the clinician to synthesize information drawn from research and systematically collected data on the patient in question, the clinician's professional experience, and the patient's preferences when considering health care options (Institute of Medicine, 2001; Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996); and

b. emphasizes the importance of informing patients, based on the best available research evidence, about viable options for assessment, prevention, or intervention services.

In modern health care, it is essential that services are based on research. Indeed, the Canadian Psychiatric Association presented evidence-based practice as an ethical imperative (Goldner, Abass, Leverette, & Haslam, 2001). In order to practise in an evidence-based manner, a health care professional must be familiar with the current scientific literature and must use both the research evidence and scientifically informed decision-making skills to determine the ways in which research evidence can inform service planning for a patient.

Although the EBP model now dominates the field of clinical psychology, some psychologists express doubt that clinical psychology can ever be effectively guided by scientific knowledge. Critics of a science-based approach to clinical psychology have expressed the following concerns:

- Group-based data cannot be used in working with an individual—Critics argue that because a great deal of psychological research is based on research designs that involve the study of groups of individuals, it is difficult to determine the relevance of research results to any specific individual.
- Clients have problems now, and we cannot afford to wait for the research—Critics argue that developing, conducting, and replicating research findings takes substantial time, and thus the information provided by researchers inevitably lags behind the needs of clinicians to provide services to people in distress.
- Each individual's unique constellation of life experience, culture, and societal context makes it unlikely that general psychological principles can ever provide much useful guidance in alleviating emotional distress or interpersonal conflict.
- There is simply no research evidence on how to understand or treat many of the human problems confronted by clinical psychologists on a daily basis.

Although these kinds of concerns sound reasonable enough, they lead to the suggestion of basing psychological practice on the individual psychologist's gut feelings, intuition, or experience. The idea that clinical psychology is primarily a healing art rather than primarily a science-based practice is extremely problematic. As we discuss in subsequent chapters, there is ample evidence that people are prone to a host of decision-making errors and biases. Because psychologists are not immune from these errors and biases, they risk making serious mistakes in evaluating and treating clients. Thus, over-reliance on the psychologist's professional experience and general orientation to understanding human functioning can be risky if it is not balanced with the application of scientifically based knowledge and with a scientific approach to developing and testing clinical hypotheses.

As you will see in subsequent chapters, evidence-based practice in psychology can be thought of as an approach to decision-making in the delivery of services. An understanding of scientific principles and findings guides the psychologist in the selection of assessment and intervention strategies that are most suitable for the individual. Ongoing monitoring during services then allows the psychologist to adapt services to the person's context, preferences,

Do you think it is responsible to offer services that have no evidence of effectiveness? When effective treatments exist, is it reasonable to continue to offer services of undocumented effectiveness? If you were advising a friend to seek services, would you suggest looking for services that have been shown to be helpful for similar problems? If not, then why not?

and responses to the services. As a result, this means that services are not only based on scientific evidence but are tailored to the individual needs of each client.

As we describe in the next chapter, current training models in clinical psychology all emphasize the need for psychologists to be competent in the use and interpretation of scientific methods. Indeed, the EBP model has been endorsed by both the Canadian Psychological Association (Dozois et al., 2014) and the American Psychological Association as the basis for the professional practice of psychology (APA Presidential Task Force on Evidence-Based Practice, 2006).

Mental Health Professions

The definitions of clinical psychology provide an important perspective on the nature and function of modern clinical psychology. However, it is useful to describe other health care professions whose services and client populations overlap those of clinical psychology. In the following pages, we describe several other professions, some of which also involve extensive training in psychology.

In what ways is clinical psychology similar to other mental health professions?

Within the field of psychology, what is unique about clinical psychology? The definitions we presented emphasized that clinical psychology is primarily concerned with the *application* of psychological knowledge in assessment, prevention, and/or intervention in problems in thoughts, behaviours, and feelings. Of course, in addition to providing psychological services, many clinical psychologists also conduct psychological research and contribute important information to the science of psychology. Nevertheless, the objective of research in clinical psychology is to produce knowledge that can be used to guide the development and *application* of psychological services.

Clinical psychology shares many of the research methods, approaches to statistical analysis, and measurement strategies found in other areas of psychology. Many areas of psychology, such as cognitive, developmental, learning, personality, physiological, and social, generate research that has direct or indirect applicability to clinical psychology activities. However, the key purpose of research in these other areas of psychology is to generate basic knowledge about human functioning and to enhance, in general terms, our understanding of people. The fact that some of this knowledge can be used to assess and treat dysfunction and thereby improve human functioning is of secondary importance.

Many psychologists apply their knowledge in diverse applied fields. In Chapter 15, you will learn about health psychologists, forensic psychologists, and neuropsychologists—typically, these professionals are trained in clinical psychology and also have specialized training in their specific areas of research and practice. Two other areas of applied psychology, counselling psychology and school psychology, also provide important mental health services to the public. Although there is some similarity to clinical psychologists in their training and practices, these psychologists bring unique skills to the assessment, prevention, and treatment of mental health problems.

Counselling Psychology

It is important to distinguish between counselling psychology and counselling. Counselling is a generic term used to describe a range of mental health professions with various training and licensure requirements (Robiner, 2006). Estimates indicate that there are 49.4 counsellors per 100,000 people in the United States. The comparable figure for psychologists is 31.1 per 100,000 (Robiner, 2006). Turning specifically to counselling psychology, this profession has a great deal in common with clinical psychology. Historically, the distinction between clinical and counselling psychology was in terms of the severity of problems treated. Traditionally, the focus of clinical psychology was on the assessment and treatment of psychopathology—that is, manifestations of anxiety, depression, and other symptoms that were of sufficient severity to warrant a clinical diagnosis. On the other hand, counselling psychologists provided services to

individuals who were dealing with normal challenges in life: predictable developmental transitions, such as leaving home to work or to attend university or college, dealing with changes in work or interpersonal roles, and handling the stress associated with academic or work demands. Simply put, counselling psychologists dealt with people who were, by and large, well adjusted, whereas clinical psychologists dealt with people who were experiencing significant problems in their lives and who were unable to manage the resulting emotional and behavioural symptoms.

Another distinction between the two professions was the type of setting in which the practitioners worked. Counselling psychologists were most commonly employed in educational settings (such as college or university counselling clinics) or in general community clinics in which various social and psychological services are available. Clinical psychologists, in contrast, were most likely to be employed in hospital settings—both in general hospitals and in psychiatric facilities. These traditional distinctions between clinical and counselling psychologists are fading due to changes within both professions. Contemporary counselling psychologists provide services to individuals who are having difficulty functioning—providing, for example, treatment to university students suffering from disorders such as major depressive disorder, panic disorder, social anxiety disorder, or eating disorders (Benton, Robertson, Tseng, Newton, & Benton, 2003; Kettman et al., 2007). Both clinical and counselling psychologists are now employed in a wide range of work settings, including public institutions and private practices. In 2009, to aid in clearly defining and describing counselling psychology as a specialty within professional psychology, the Canadian Psychological Association adopted a definition of Canadian counselling psychology (Bedi et al., 2011).

Over time, clinical psychologists have expanded their practice to address human problems outside the usual realm of mental health services by providing other services such as couples therapy, consultation, and treatment for people dealing with chronic illness and stress-related disorders. Thus, clinical psychologists developed services for individuals whose problems would not meet criteria for any psychopathological condition. Clinical psychologists have also begun to develop programs that are designed to prevent the development of problems. At one level, it is a rather tenuous decision to mark professional boundaries between counselling and clinical psychology on the basis of the possible differences between what constitutes "normal" range distress and abnormal levels of distress. Depending on the point in time in which someone seeks help, the same person might present with symptoms severe enough to meet diagnostic criteria for a mental disorder or with less severe, subclinical symptoms.

AlexRaths/Getty Images

Traditionally, counselling psychologists were most commonly found in educational settings, such as university clinics.

In many countries, there is no distinction between clinical and counselling psychology. In others, the distinction is becoming less and less meaningful for any practical purpose. In Canada, for example, the regulatory body for the profession of psychology in Ontario (the College of Psychologists of Ontario) requires that both counselling and clinical psychologists have the training and expertise to diagnose mental disorders. Just like clinical psychology, counselling psychology promotes the use of scientifically based interventions. This drive to provide evidence-based services is likely to have substantial implications for both training and practice in counselling psychology. The source of the distinction between the two psychology professions in some countries is that clinical and counselling psychologists are usually trained in different academic settings and in different academic traditions. Counselling psychology programs are found, for the most part, in faculties of education and/or departments of educational psychology. Clinical psychology programs, on the other hand, are based in psychology departments.

Data from surveys in Canada and the United States indicate that clinical psychology programs attract far more applicants than do counselling psychology programs (Bedi, Klubben, & Barker, 2012; Norcross, Kohout, & Wicherski, 2005). Research on clinical disorders is more commonly conducted in clinical psychology programs, and research on minority adjustment and academic/vocational issues is more frequently conducted in counselling psychology programs. Although there are differences in the training of clinical and counselling psychologists, it is worth noting that students in these professional psychology programs take a greater number of courses in psychology and mental health than do trainees in any other mental health discipline (Murdoch, Gregory, & Eggleton, 2015).