5 EDITION

Clinical Psychology

Science, Practice, and Diversity

Andrew M. Pomerantz

The Hallmark Features

A COMPLETE LEARNING PACKAGE

- **NEW ORIGINAL VIDEOS** cover ethical topics, including confidentiality and multiple relationships.
- **END-OF-CHAPTER** *Looking Toward Graduate School* sections guide students to specific graduate programs.
- **CONTENT REFLECTIVE OF *DSM-5*** offers the most accurate and current coverage of the clinical psychology field.
- **A FULL CHAPTER** on cultural issues, culturally diverse clinical examples, and unique *Considering Culture* boxes encourage students to appreciate culturally relevant issues surrounding research, psychotherapy, assessment, and other topics.

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Considering Culture

Defining Intelligence Around the World

What is intelligence? It depends on the cultural values of those we ask. When we direct the question to people outside traditional Western culture, the answer sometimes features characteristics that are quite different from definitions that Spearman, Thurstone, Cattell, and Carroll have proposed (as summarized by Sternberg, 2000; Sternberg & Grigorenko, 2008).

- In some societies in Africa (e.g., Zambia, Mali, and Kenya), intelligence consists largely of skills that preserve harmony in interpersonal relationships, both between and within groups. Interviews with some residents of Zambia, for example, suggest that cooperation, deference, respect for elders, and acceptance of social responsibilities characterize intelligent people.
- In Zimbabwe, the word for intelligence—*ngware*—literally translates into a prudent and cautious approach to life and especially to social relationships.
- In some Asian cultures, the definition of intelligence also involves heavy doses of social responsibility and benevolence. More specifically, Taoist conceptions of intelligence highlight humility, independent (rather than conventional) standards of judgment, and thorough knowledge of self.
- The emphasis on social duties as central to intelligence appears in some Hispanic cultures as well. In fact, in a study of parents of schoolchildren in San Jose, California, in the 1990s, parents of Hispanic descent rated social competence as more closely related to intelligence than did parents of European descent (Okagaki & Sternberg, 1993).
- The Western emphasis on speed of mental processing is not shared by all ethnic groups. In fact, some ethnic groups may value depth of thought more highly than speed of thought and may look unfavorably or doubtfully on work performed very quickly.

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Photo 9.3
In various cultures around the world, intelligence is defined in different ways. In your opinion, are any aspects of intelligence universal?

This variety of defining characteristics of intelligence raises a number of important questions. Is the definition of intelligence completely dependent on cultural context, or are some aspects of intelligence universal? To what extent should intelligence tests reflect the alternate definitions of intelligence held around the world or around the United States? Where should we draw the line between personality traits and intelligence? And, as Spearman and Thurstone debated...

Clinical Psychology

Fifth Edition

I dedicate this book to my children, Benjamin and Daniel.
I love you and I'm proud of you every day!

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Clinical Psychology

Science, Practice, and Diversity

Fifth Edition

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Los Angeles | London | New Delhi
Singapore | Washington DC | Melbourne

FOR INFORMATION:

SAGE Publications, Inc.
2455 Teller Road
Thousand Oaks, California 91320
E-mail: order@sagepub.com

SAGE Publications Ltd.
1 Oliver's Yard
55 City Road
London EC1Y 1SP
United Kingdom

SAGE Publications India Pvt. Ltd.
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road, New Delhi 110 044
India

SAGE Publications Asia-Pacific Pte. Ltd.
18 Cross Street #10-10/11/12
China Square Central
Singapore 048423

Acquisitions Editor: Abbie Rickard
Editorial Assistant: Elizabeth Cruz
Content Development Editor: Jennifer Thomas
Production Editor: Andrew Olson
Copy Editor: Colleen Brennan
Typesetter: C&M Digitals (P) Ltd.
Proofreader: Jeff Bryant
Indexer: Beth Nauman-Montana
Cover Designer: Candice Harman
Marketing Manager: Katherine Hepburn

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Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

Names: Pomerantz, Andrew M., author.

Title: Clinical psychology : science, practice, and diversity / Andrew M. Pomerantz, Southern Illinois University Edwardsville.

Description: Fifth edition. | Los Angeles : SAGE, [2020] | Includes bibliographical references and index.

Identifiers: LCCN 2019011933 | ISBN 9781544333618 (hardcover : alk. paper)

Subjects: LCSH: Clinical psychology. | Diagnostic and statistical manual of mental disorders.

Classification: LCC RC467 .P64 2020 | DDC 616.89—dc23
LC record available at https://lccn.loc.gov/2019011933

This book is printed on acid-free paper.

19 20 21 22 23 10 9 8 7 6 5 4 3 2 1

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PREFACE

Clinical psychology is an increasingly expansive field. This textbook is my attempt to introduce its students to the vast range of issues it encompasses. My rationale for creating this textbook was multifaceted:

- *To provide a balanced approach to clinical psychology*. There is no shortage of diverse points of view and ongoing debates within clinical psychology, and I believe that the ideal way to introduce students to the spectrum of opinions represented by clinical psychologists is to maximize the even-handedness of the text.
- *To promote cultural competence*. Clinical psychologists must appreciate cultural and diversity-related factors in all their professional activities, and as students familiarize themselves with the field, cultural sensitivity should be woven into their lessons.
- *To offer many illustrative examples*, including clinical applications for clinically relevant topics.
- *To write in a scholarly yet clear and accessible style and include up-to-date information*. Along the same lines, the text covers a distinctly broad range of topics while maintaining an adequate degree of depth.

Previous editions of this text were enthusiastically received by both instructors and students. We were pleased to learn that they found numerous components of the book—its emphasis on issues of culture, its unique pedagogical features, its scholarly yet readable style, its many clinical examples, its balanced approach, and its ancillary package, among others—beneficial to student learning.

WHAT'S THE SAME IN THE FIFTH EDITION

This edition retains all the strengths of the previous edition of the book:

- *Considering Culture* boxes appear in almost every chapter. These boxes highlight multicultural aspects of the various topics covered throughout the book. Along with the discussions of culture integrated throughout the text, these boxes encourage the student to appreciate culturally relevant issues surrounding research, psychotherapy, assessment, and other topics.
- Chapter 4 (Diversity and Cultural Issues in Clinical Psychology) is devoted entirely to topics related to multiculturalism.
- Interviews with nine renowned experts in multicultural clinical work appear in Chapter 4 and on the companion website. Each of these experts—Melba

Vasquez, Frederick Leong, Joseph E. Trimble, Robert L. Williams, Monica McGoldrick, Nadya A. Faoud, Karen Haboush, Kathleen J. Bieschke, and Lewis Z. Schlosser—discusses cultural competence with a specific cultural group based on ethnicity, religion, gender, or sexual orientation.

- *In My Practice* text boxes appear in most chapters (including all chapters focusing on individual psychotherapy, as well as the chapters focusing on interviewing, diagnosis, ethics, group and family therapy, clinical child psychology, and cultural issues), in which textbook author Andrew Pomerantz shares cases and stories directly from his own clinical psychology practice to illustrate key concepts. These text boxes are accompanied by whiteboard videos, which bring the cases and stories to life for students. In all of the *In My Practice* text boxes and accompanying whiteboard videos, information that might identify the client has been disguised, altered, or omitted to protect client confidentiality.
- *Key Journals* sections, in the end-of-chapter material for every chapter, list important journals to which students can turn for more information on chapter-related topics.
- *Metaphorically Speaking* boxes appear in almost every chapter. These boxes use metaphors to teach students about novel concepts by drawing parallels to concepts with which they are already familiar.
- *Denise in _____ Psychotherapy* boxes appear in all the chapters relevant to psychotherapy. "Denise" is a fictional therapy client created exclusively for this textbook. She is introduced at the end of Chapter 11, and the *Denise* boxes that appear at the end of each of the subsequent chapters illustrate how she would be treated according to psychodynamic, humanistic, behavioral, cognitive, and group therapy approaches.
- Chapter 3 (Current Controversies and Directions in Clinical Psychology) is devoted entirely to contemporary issues such as prescription privileges, evidence-based practice, payment methods, and technological advances.
- Chapter 5 (Ethical and Professional Issues in Clinical Psychology) is devoted entirely to ethical and professional issues in clinical psychology, including confidentiality, multiple relationships, and more.
- Chapters 12 through 16 are each devoted entirely to a particular approach or modality of psychotherapy (i.e., psychodynamic, humanistic, behavioral, cognitive/mindfulness-based, and group/family), and each contains coverage of contemporary versions and variants of these therapies.
- Icons (three to five per chapter) in the margin refer students to web-based resources (e.g., videos, websites, articles), accessible through the student study site, that have been carefully selected to enhance learning of key concepts.
- Chapter 7 (Diagnosis and Classification Issues: *DSM-5* and More) and other chapters contain detailed descriptions of what changed in *DSM-5*, including
    - new features (e.g., Arabic rather than Roman numeral system to facilitate the transition to a "living document"),

    - new disorders (e.g., disruptive mood dysregulation disorder, mild neurocognitive disorder, binge eating disorder), and
    - adjusted criteria for existing disorders (e.g., autism spectrum disorder encompassing autism and Asperger's disorder, revision of the bereavement exclusion criteria for major depressive episodes, more inclusive criteria for bulimia nervosa and attention-deficit/hyperactivity disorder).
- Coverage of what didn't change in *DSM-5* (changes that were considered but rejected).
- Coverage of how *DSM-5* was made, including
    - steps in the revision process,
    - controversies that arose during the process,
    - criticisms by prominent authors about the process, and
    - forces that may have influenced the process.
- Possible consequences of *DSM-5*, including
    - continued broadening of the scope of mental illness,
    - treatment issues (e.g., insurance coverage, psychotherapy, drug treatment), and
    - other implications (e.g., legal issues, disability claims).

WHAT'S NEW IN THE FIFTH EDITION

This edition includes numerous important enhancements and updates:

- More than 320 new references, including more than 110 published in 2018/2019 and more than 160 published in 2016/2017 ensuring extremely current coverage across all chapters.
- A new end-of-chapter feature, *Looking Toward Graduate School*, which serves as a bridge between the topics in a particular chapter and graduate programs that offer further training or experience in those topics. Specifically, this feature provides students interested in applying to graduate school with relevant index terms they can find in the *Insider's Guide to Graduate Programs in Clinical and Counseling Psychology* (Sayette & Norcross, 2018). Students can use these terms to find specific graduate programs that offer clinical opportunities, research experiences, and concentrations/tracks in topics within the chapter. This process should help students appreciate the vast range of experiences in various graduate programs and give them a practical head start toward finding programs that best match their interests.
- New videos, created by and featuring the author, on ethics topics including confidentiality and multiple relationships. These videos, professionally produced by Sage Knowledge, feature the author playing the role of the clinician (and narrator) in simulated clinical cases in which actors play the roles of clients.

- Chapter 1 (Clinical Psychology: Definition and Training)
    - New coverage of research on what PhD and PsyD graduate programs value among application materials
    - New coverage of marriage and family therapists (as an additional mental health profession similar to clinical psychology)
    - New coverage of states' decisions since 2008 to drop the postdoc requirement for licensure
    - New coverage of research on trends across doctoral training in clinical psychology
    - Update of Table 1.2 to include new examples of doctoral programs following various training models
    - Minor update on the origins of the PsyD degree
    - Minor update on the internship shortage/crisis
    - Minor update on master's level training
    - Minor update on counseling psychologists
    - Minor update on school psychologists
    - Minor update on professional counselors
- Chapter 2 (Evolution of Clinical Psychology)
    - Minor update on the number of clinical and counseling psychologists working in the Department of Veterans Affairs
- Chapter 3 (Current Controversies and Directions in Clinical Psychology)
    - Revised language from *cybertherapy* to *telepsychology* to match APA usage
    - New coverage regarding prescription privileges, including states that have approved it, number of psychologists who have obtained it, attitudes of medical professionals toward prescribing psychologists, and timing of prescription training
    - New coverage regarding evidence-based treatment, including the three-legged stool model, research on the importance of accommodating clients' preferences, APA Practice Guidelines as an additional source for therapists to learn "what works" for particular disorders, and flexibility-within-fidelity regarding therapy manuals
    - New coverage regarding telepsychology suggestions, specifically regarding the disposal of technologies and data, practicing across state lines, and choosing apps and other technologies carefully
- Chapter 4 (Diversity and Cultural Issues in Clinical Psychology)
    - Added the word *Diversity* to the chapter title to broaden the focus
    - Added "diversity" terminology throughout the chapter
    - Updated data about the population of immigrants in the United States
    - Added brief mention of connection between cultural competence and lower therapy drop-out rates

- New coverage of the effects of microaggressions on clients
- New coverage of research showing potentially harmful effects when cultural adaptations of therapies are not considered
- New coverage of language-based differences in symptom reports in interviews
- Added brief mention of increased research on cultural humility

- Chapter 5 (Ethical and Professional Issues in Clinical Psychology)
  - Added “Professional Issues” to title to more accurately reflect the scope of the chapter
  - Added links to four videos featuring narration by the author and clinical vignettes in which clients (played by actors) and a therapist (played by the author) enact a variety of ethically challenging situations involving multiple relationship and confidentiality issues
  - Supplemented the history of the *Tarasoff* case, including a better explanation of “duty to warn” and “duty to protect”
  - New coverage of difference in duty to warn and duty to protect laws in various states
  - Supplemented the list of APA Professional Guidelines regarding the treatment of diverse groups
  - New coverage of research on burnout rates among psychologists and the consequences of psychologist burnout for therapy clients
  - New coverage of self-care, including research on the rates at which psychologists seek their own therapy
  - New coverage, in the section on Ethics in Small Communities, of the issue of clients becoming aware of the psychologist’s own personal information
  - Minor updates to the Metaphorically Speaking box about the “Six Degrees of Kevin Bacon” game and multiple relationships for clinical psychologists in small communities

- Chapter 6 (Conducting Research in Clinical Psychology)
  - Added a new subsection, Psychological Disorders, under the heading Why Do Clinical Psychologists Do Research?, including several recent specific examples
  - Added coverage of dissemination strategies as a research topic
  - Added two new examples of research on assessment methods
  - Added a new example of research on professional issues
  - Added a new example of research on teaching and training issues
  - Clarified the coverage of randomized clinical trials
  - Added an example of correlational research
  - Added brief coverage of the alternative treatments design (variation of ABAB design)
  - Added examples of ethical issues in clinical psychology research

- Chapter 7 (Diagnosis and Classification Issues: *DSM-5* and More)
    - Added update regarding the use of Arabic, rather than Roman, numerals in the title of *DSM-5*
    - Added full name of *International Classification of Diseases* (rather than only *ICD* abbreviation) for clarity
    - Added coverage of upcoding and related research in the subsection on controversial cutoffs in *DSM*
- Chapter 8 (The Clinical Interview)
    - Added a subsection, Observing Client Behaviors, under the heading Specific Behaviors
    - Slightly edited the primary example of an open-ended interview question to better distinguish it from closed-ended interview questions
    - Added example and a clinical example about judicious decisions to use clarification during interviewing
    - Added coverage of no-suicide contracts, including research on their effects
- Chapter 9 (Intellectual and Neuropsychological Assessment)
    - Added coverage, including research, of Q-interactive system of administering and scoring Wechsler tests
    - Added coverage of the NEPSY-II neuropsychological battery
    - Added mention of additional intelligence tests, including Woodcock-Johnson and Kaufman tests
    - Added brief explanation that intelligence tests and achievement tests by same company are typically paired and co-normed
    - Added mention of the Wechsler Nonverbal Scale of Ability in the section on addressing cultural fairness in intelligence testing
    - Slightly edited title and content of Metaphorically Speaking box to broaden and update it
    - Added coverage of evolution of neuropsychological testing from fixed-battery phase to flexible-battery phase
    - Added coverage of neuropsychological assessment anxiety
- Chapter 10 (Personality Assessment and Behavioral Assessment)
    - Added coverage of Personality Assessment Inventory
    - Removed coverage of California Psychological Inventory
    - Updated coverage of the NEO-PI-R to NEO-PI-3
    - Added brief coverage of the research on relative popularity of the MMPI-2 and MMPI-2-RF
    - Added brief mentions of the Beck Anxiety Inventory and Beck Hopelessness Scale in the section on the Beck Depression Inventory

    - Added brief mention of the use of the term *performance-based test* in place of *projective test*

- Chapter 11 (General Issues in Psychotherapy)
    - Added coverage of recent research on the components of the therapeutic relationship that are demonstrably effective regarding therapy outcome
    - Added coverage of research on graduate training related to the therapeutic relationship/working alliance
    - Added coverage of APA Clinical Practice Guidelines and APA Guidelines for Practitioners to Box 11.4: Considering Culture
    - Added coverage of research on stages of change and therapy outcome
    - Added coverage of the assimilative approach to psychotherapy (as an alternative to the eclectic and integrative approaches)
    - Briefly clarified Eysenck's early findings on the outcome of psychotherapy
    - Minor edit to the definitions and explanations of efficacy and effectiveness
    - Briefly added explanation of opposition to the dodo bird verdict

- Chapter 12 (Psychodynamic Psychotherapy)
    - Added coverage of research on clients doing online searches of their therapists and its impact on the "blank screen" role preferred for transference
    - Added brief coverage of a research treatment outcome study involving insight via transference
    - Added a note that free association is rare, even in psychotherapy

- Chapter 13 (Humanistic Psychotherapy)
    - Added a seven-point summary of techniques commonly used in positive psychology interventions
    - Added a couple of health-related items to the list of psychological problems that motivational interviewing has evidence for improving
    - Added brief coverage, in the section on positive psychology, of research indicating that happiness is a protective factor against mental disorders
    - Added brief coverage of research on the relative acceptability of positive psychology interventions compared with cognitive-behavioral therapy
    - Added coverage of research on the benefits of humanistic therapy both overall and with specific disorders and problems

- Chapter 14 (Behavior Therapy)
    - Added coverage of research on the applicability of behavioral activation with disorders beyond depression, and on the idea that behavioral activation may be a common mechanism of change across disorders and therapy approaches
    - Added brief clarification regarding the disorders for which exposure therapies are effective, and the fact that exposure and response prevention is the treatment of choice for obsessive-compulsive disorder

- Chapter 15 (Cognitive Psychotherapy and Mindfulness-Based Therapies)
    - Added a brief note about the connection between mindfulness and Zen Buddhism
    - Added brief coverage of research suggesting that mindfulness can have therapeutic benefits as a supplement to more traditional treatments
    - Added explanation of the dialectics on which therapists often focus in dialectical behavior therapy (DBT)
    - Added coverage of research on the efficacy of Albert Ellis's Rational Emotive Behavior Therapy (REBT) specifically, and on the negative correlation between rational beliefs and psychological distress.
    - Added brief coverage of the results of meta-analyses of mindfulness-based therapies for specific disorders, including eating disorders and psychosis
- Chapter 16 (Group and Family Therapy)
    - Added, in the section on confidentiality issues in group therapy, brief mention of social media as a potential method of clients sharing confidential information about other clients, and of confidentiality contracts as a possible method of minimizing such confidentiality violations
    - Added brief coverage of the efforts to create relational diagnostic alternatives to *DSM* since the 1980s
    - Added coverage of the research on financial benefits, in terms of spending of taxpayer dollars, for multisystemic family therapy
- Chapter 17 (Clinical Child and Adolescent Psychology)
    - Added coverage of "youth culture" as a cultural variable to which psychologists should be sensitive, and related research on the correlation between adolescent clients' ratings of their therapists' social media competency and the therapeutic alliance
    - Added coverage of problem-solving strategies and affective education strategies within the discussion of cognitive-behavioral therapy (CBT) approaches and self-instructional training
    - Added research on play therapy outcome studies, including their methodological limitations
    - Added research on a five-decade meta-analysis on overall efficacy of psychotherapy with children and adults
    - Added updated coverage of the most frequently used assessment techniques for children and adolescents
    - Added a brief note about how the inferential, rather than empirically-based, method of interpreting drawing techniques brings their reliability and validity into question
- Chapter 18 (Health Psychology)
    - Added coverage of the tend-and-befriend response to stress as an alternative to fight-or-flight

    - Added coverage of emotion-focused coping as an alternative to problem-focused coping
    - Added a bullet-point list of components of successful weight loss strategies
    - Added coverage of the STAR approach to smoking cessation
- Chapter 19 (Forensic Psychology)
    - Added coverage of the use of Internet searches and social media information as part of forensic assessments
    - Added coverage of the fact that the approach to criminal responsibility in not guilty by reason of insanity (NGRI) cases differs across diverse countries
    - Added coverage of research on rehospitalization outcomes of NGRI release evaluations with agreement or disagreement among evaluators
    - Added brief coverage of research on linguistic issues, including the use of translators and interpreters, in forensic assessment in the Considering Culture box
    - Added brief mention of the fact that a small number of forensic psychologists are conducting evaluations to determine the need for emotional support animals
    - Removed coverage of Psychology and the Nuremberg Ethic

A CHAPTER-BY-CHAPTER OVERVIEW

The textbook begins with a definition of clinical psychology, a consideration of how clinical psychologists are trained, and a survey of the professional activities and settings of clinical psychologists (Chapter 1). Chapter 2 considers the rich history of clinical psychology, and Chapter 3 highlights the current controversies and directions that characterize the field. Chapter 4 discusses the diversity-related cultural issues relevant to clinical psychology. Chapter 5 offers detailed analysis of some of the most important ethical and professional issues for clinical psychologists, including confidentiality and multiple relationships. Chapter 6 focuses on research and describes both how and why clinical psychologists conduct it.

Chapter 7 marks the beginning of the Assessment part of the textbook, and it focuses on issues of diagnosis and classification of disorders, with special attention paid to *DSM-5*. Chapter 8 spotlights the clinical interview. Chapter 9 outlines intellectual and neuropsychological assessment, and Chapter 10 focuses on personality and behavioral assessment.

Part III, on psychotherapy, begins with Chapter 11, which provides an overview of general psychotherapy issues, such as efficacy, effectiveness, and the commonality of various psychotherapy approaches. Chapters 12 through 15 each focus on a single approach to individual psychotherapy: psychodynamic (Chapter 12), humanistic (Chapter 13), behavioral (Chapter 14), and cognitive/mindfulness-based (Chapter 15). Chapter 16 is separated into two parts, one covering group therapy and the other family therapy.

Special topics are featured in the last three chapters. Chapter 17 discusses clinical child and adolescent psychology, including assessment and psychotherapy topics. The final two chapters cover growing specialty areas among clinical psychologists: health psychology (Chapter 18) and forensic psychology (Chapter 19).

SUPPLEMENTS FOR STUDENTS AND INSTRUCTORS

Student Study Site: edge.sagepub/pomerantz5e

This open-access student study site provides a variety of additional resources to build on students' understanding of the book content and extend their learning beyond the classroom. Students will have access to the following resources:

- Each chapter in the text is accompanied by **self-quizzes**, which include 10 to 15 true/false and multiple-choice questions for students to independently assess their progress in learning course material.
- **eFlashcards** reinforce student understanding and learning of key terms and concepts that are outlined in the book.
- Fictional vignettes in the form of **sample case studies** allow students the opportunity to apply therapeutic principles introduced in key chapters.
- **Culture expert interviews** with renowned experts in multicultural issues discuss psychotherapy, assessment, and training regarding specific cultural groups, including some based on ethnicity, religion, gender, and sexual orientation.
- **SAGE journal articles** provide access to recent, relevant full-text articles from SAGE's leading research journals. Each article includes discussion questions to focus and guide student interpretation.
- Carefully selected **web resources** feature relevant content for use in independent and classroom-based exploration of key topics.
- **Mock assessment data** provide realistic assessment profiles to invite in-depth consideration of fictional clients.

Instructor Teaching Site: edge.sagepub/pomerantz5e

A password-protected instructor teaching site offers the following resources for each chapter:

- An updated **test bank** available in Microsoft Word offers a diverse set of test questions and answers to aid instructors in assessing students' progress and understanding.

- **PowerPoint presentations** are designed to assist with lecture and review highlighted essential content, features, and artwork from the book.
- Classroom activities and discussion questions are provided to reinforce active learning.

Margin Icons

Icons appearing in the margin of the text will direct you to corresponding links on the open-access study site. These additional media include video, audio, and web links that elaborate on key concepts within the chapter.

ACKNOWLEDGMENTS

This book was undoubtedly a team effort. Many, many people facilitated or contributed to it in meaningful ways. For what they offered before or during the process of this book's creation, I am immeasurably appreciative. I wish to sincerely thank

- my wife, Melissa Lynn Pomerantz—your love, support, confidence, understanding, belief, and patience made this book possible;
- my parents, Carol and Bill Pomerantz, for a lifetime of love and support;
- my colleagues and chapter coauthors, Laura Pawlow and Bryce Sullivan—I greatly appreciate your expertise and collaborative spirit;
- my teammates at SAGE: Abbie Rickard, Lara Parra, Elizabeth Cruz, Katherine Hepburn, Reid Hester, Jennifer Thomas, Andrew Olson, Colleen Brennan, and many more—your receptiveness, patience, support, and input have proven that the value of the "working alliance" is as great in publishing as it is in psychotherapy;
- Mary Ellen Lepionka—you have been a crucial source of publishing expertise, wisdom, and advice, and I am truly grateful for your interest and willingness to listen;
- the reviewers—Janessa O. Carvalho, Bridgewater State University; Jeannie D. DiClementi, Indiana University–Purdue University Fort Wayne; Sally Oakes Edman, Northwestern College; Janet F. Gillespie, The College at Brockport, State University of New York; and Jeffrey G. Kuentzel, Wayne State University;
- my undergrad professors at Washington University, who sparked my interest in clinical psychology and provided a strong foundation of knowledge;
- my graduate professors at Saint Louis University, whose trust, patience, and attention facilitated my competence and confidence;
- my clients and my students, who have taught me immeasurably;
- the staff at my various library "hangouts," who provided essential resources; and, finally,
- the musicians whose music was my frequent companion during my researching and writing process.

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PART I

INTRODUCING CLINICAL PSYCHOLOGY

CHAPTER 1 • Clinical Psychology: Definition and Training

CHAPTER 2 • Evolution of Clinical Psychology

CHAPTER 3 • Current Controversies and Directions in Clinical Psychology

CHAPTER 4 • Diversity and Cultural Issues in Clinical Psychology

CHAPTER 5 • Ethical and Professional Issues in Clinical Psychology

CHAPTER 6 • Conducting Research in Clinical Psychology

1

CLINICAL PSYCHOLOGY

Definition and Training

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Welcome to clinical psychology! Throughout this book, you'll learn quite a bit about this field: history and current controversies, interviewing and psychological assessment methods, and psychotherapy approaches. Let's start by defining clinical psychology.

WHAT IS CLINICAL PSYCHOLOGY?

Original Definition

The term **clinical psychology** was first used in print by **Lightner Witmer** in 1907. Witmer was also the first to operate a psychological clinic (L. T. Benjamin, 1996, 2005). More about Witmer's pioneering contributions will appear in Chapter 2, but for now,

Learning Objectives

1.1 Describe the evolution of the definition of clinical psychology from the early 1900s to present.

1.2 Paraphrase the definition of clinical psychology provided by Division 12 of the American Psychological Association.

1.3 Compare the training foci of the scientist-practitioner (Boulder), practitioner-scholar (Vail), and clinical scientist models of training.

1.4 Discuss perceived advantages and limitations of the scientist-practitioner (Boulder), practitioner-scholar (Vail), and clinical scientist models of training.

1.5 Recount key applicant characteristics preferred by clinical psychology graduate programs.

1.6 Summarize current professional activities and employment settings of clinical psychologists in the United States.

1.7 Differentiate clinical psychologists from related professions, including counseling psychologists, psychiatrists, social workers, school psychologists, professional counselors, and marriage and family therapists.

let's consider how he chose to define his emerging field. Witmer envisioned clinical psychology as a discipline with similarities to a variety of other fields, specifically medicine, education, and sociology. A clinical psychologist, therefore, was a person whose work with others involved aspects of treatment, education, and interpersonal issues. At his clinic, the first clients were children with behavioral or educational problems. However, even in his earliest writings, Witmer (1907) foresaw clinical psychology as applicable to people of all ages and with a variety of presenting problems.

More Recent Definitions

Defining clinical psychology is a greater challenge today than it was in Witmer's time. The field has witnessed such tremendous growth in a wide variety of directions that most simple, concise definitions fall short of capturing the field in its entirety. As a group, contemporary clinical psychologists do *many* different things, with *many* different goals, for *many* different people.

Some have tried to offer "quick" definitions of clinical psychology to provide a snapshot of what our field entails. For example, according to various introductory psychology textbooks and dictionaries of psychology, clinical psychology is essentially the branch of psychology that studies, assesses, and treats people with psychological problems or disorders (e.g., Myers, 2013, VandenBos, 2007). Such a definition sounds reasonable enough, but it is not without its shortcomings. It doesn't portray all that clinical psychologists do, how they do it, or who they do it for.

An accurate, comprehensive, contemporary definition of clinical psychology would need to be more inclusive and descriptive. The **Division of Clinical Psychology (Division 12)** of the **American Psychological Association (APA)** defines clinical psychology as follows:

> The field of Clinical Psychology integrates science, theory, and practice to understand, predict, and alleviate maladjustment, disability, and discomfort as well as to promote human adaptation, adjustment, and personal development. Clinical Psychology focuses on the intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning across the life span, in varying cultures, and at all socioeconomic levels. (APA, 2012a)

The sheer breadth of this definition reflects the rich and varied growth that the field has seen in the century since

Witmer originally identified it. (As Norcross & Sayette, 2016, put it, "Perhaps the safest observation about clinical psychology is that both the field and its practitioners continue to outgrow the classic definitions" [p. 1].) Certainly, its authors do not intend to suggest that each clinical psychologist spends equal time on each component of that definition. But, collectively, the work of clinical psychologists does indeed encompass such a wide range. For the purposes of this textbook, a similarly broad but somewhat more succinct definition will suffice: Clinical psychology involves rigorous study and applied practice directed toward understanding and improving the psychological facets of the human experience, including but not limited to issues or problems of behavior, emotions, or intellect.

EDUCATION AND TRAINING IN CLINICAL PSYCHOLOGY

In addition to looking at explicit definitions such as those listed earlier, we can infer what clinical psychology is by learning how clinical psychologists are educated and trained. The basic components of clinical psychology training are common across programs and are well established (Vaughn, 2006). The aspiring clinical psychologist must obtain a doctoral degree in clinical psychology, about 3,000 of which are awarded each year (Norcross & Sayette, 2016). Most students enter a doctoral program with only a bachelor's degree, but some enter with a master's degree. Often, that master's degree was earned from a "terminal" master's program in clinical psychology (meaning that their program ends at the master's level). Some graduates of such master's programs go on to earn doctoral degrees, while others enter the work force in some capacity (Campbell, Worrell, Dailey, & Brown, 2018; Pomerantz & Murphy, 2016).

For those entering with a bachelor's degree, training typically consists of at least 4 years of intensive, full-time coursework, followed by a 1-year, full-time predoctoral internship. Required coursework includes courses on psychotherapy, assessment, statistics, research design and methodology, biological bases of behavior, cognitive-affective bases of behavior, social bases of behavior, individual differences, and other subjects. A master's thesis and doctoral dissertation are also commonly required, as is a practicum in which students start to accumulate supervised experience doing clinical work. When the on-campus course responsibilities are complete, students move on to the predoctoral internship, in which they take on greater clinical responsibilities and obtain supervised experience on a full-time basis. This predoctoral internship, along with the postdoctoral internship that occurs after the degree is obtained, is described in more detail later in this chapter.

Beyond these basic requirements, especially in recent decades, there is no single way by which someone becomes a clinical psychologist. Instead, there are many paths to the profession. One indication of these many paths is the multitude of specialty tracks within clinical psychology doctoral programs. Indeed, more than half of APA-accredited doctoral programs in clinical psychology offer (but may not require) training within a specialty track. The most common specialty areas are clinical child, clinical health, forensic, family, and clinical neuropsychology (K. M. Perry & Boccaccini, 2009). (Each of these specialty areas receives attention in a later chapter of this book.) Another indication

of the many paths to the profession of clinical psychology is the coexistence of three distinct models of training currently used by various graduate programs: the scientist-practitioner (Boulder) model, the practitioner-scholar (Vail) model, and the clinical scientist model (Routh, 2015a). Let's consider each of these in detail.

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

In 1949, the first conference on graduate training in clinical psychology was held in Boulder, Colorado. At this conference, training directors from around the country reached an important consensus: Training in clinical psychology should jointly emphasize both practice and research. In other words, to become a clinical psychologist, graduate students would need to receive training and display competence in the application of clinical methods (assessment, psychotherapy, etc.) *and* the research methods necessary to study and evaluate the field scientifically (Grus, 2016; N. L. Johnson & Baker, 2015; Klonoff, 2011, 2016). Those at the conference also agreed that coursework should reflect this dual emphasis, with classes in statistics and research methods as well as classes in psychotherapy and assessment. Likewise, expectations for the more independent aspects of graduate training would also reflect the dual emphasis: Graduate students would (under supervision) conduct both clinical work and their own empirical research (thesis and dissertation). These graduate programs would continue to be housed in departments of psychology at universities, and graduates would be awarded the PhD degree. The term **scientist-practitioner model** was used to label this two-pronged approach to training (McFall, 2006; Norcross & Sayette, 2016).

For decades, the scientist-practitioner—or the **Boulder model**—approach to clinical psychology training unquestionably dominated the field (Klonoff, 2011, 2016). In fact, more programs still subscribe to the Boulder model than to any other. However, as time passed, developments took place that produced a wider range of options in clinical psychology training. The pendulum did not remain stationary at its midpoint between practice and research; instead, it swung toward one extreme and then toward the other.

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

In 1973, another conference on clinical psychology training was held in Colorado—this time, in the city of Vail (Grus, 2016, Klonoff, 2016). In the years preceding this conference, some discontent had arisen regarding the Boulder, or scientist-practitioner, model of training. In effect, many current and aspiring clinical psychologists had been asking, "Why do I need such extensive training as a scientist when my goal is simply to practice?" After all, only a minority of clinical psychologists were entering academia or otherwise conducting research as a primary professional task. Clinical practice was the more popular career choice (Boneau & Cuca, 1974; McConnell, 1984; Stricker, 2011), and many would-be clinical psychologists sought a doctoral-level degree with less extensive training in research and more extensive training in the development of applied clinical skills. Additionally, some within the profession were questioning whether the quality

and quantity of practitioners was sufficient to serve the population (Stricker, 2016). So the **practitioner-scholar model** of training was born, along with a new type of doctoral degree, the **PsyD** (Foley & McNeil, 2015; Routh, 2015b; Stricker & Lally, 2015). Since the 1970s, graduate programs offering the PsyD degree have proliferated. In fact, in the 1988 to 2001 time period alone, the number of PsyD degrees awarded increased by more than 160% (McFall, 2006). Compared with PhD programs, these programs typically offer more coursework directly related to practice and fewer courses related to research and statistics (Norcross, Sayette, Mayne, Karg, & Turkson, 1998). See Box 1.1 for a point-by-point comparison of PhD and PsyD models of training.

BOX 1.1

Comparing PhD Programs With PsyD Programs

Quite a bit of variation exists between PhD programs, just as it does between PsyD programs (Gardner, 2015). However, a few overall trends distinguish one degree from the other. ***In general, compared with PhD programs, PsyD programs tend to***

- place less emphasis on research-related aspects of training and more emphasis on clinically relevant aspects of training;
- accept and enroll a much larger percentage and number of applicants;
- be housed in freestanding, independent (or university-affiliated) "professional schools," as opposed to departments of psychology in universities;
- accept students with lower Graduate Record Examination (GRE) scores and undergraduate grade point averages (GPAs);
- offer significantly less funding to enrolled students in the form of graduate assistantships, fellowships, tuition remission, and so on;
- accept and enroll a higher percentage of students who have already earned a master's degree;
- have lower rates of success placing their students in APA-accredited predoctoral internships;
- produce graduates who score lower on the national licensing exam (EPPP);
- graduate students in a briefer time period (about 1.5 years sooner);
- graduate students who pursue practice-related careers rather than academic or research-related careers; and
- have at least a slightly higher percentage of faculty members who subscribe to psychodynamic approaches, as opposed to cognitive-behavioral approaches.

Sources: Gaddy, Charlot-Swilley, Nelson, & Reich (1995); Klonoff (2011); Mayne, Norcross, & Sayette (1994); McFall (2006); Norcross & Castle (2002); Norcross & Sayette (2016); Norcross et al., (1998).

The growth of the PsyD (or practitioner-scholar or **Vail model**) approach to training in clinical psychology has influenced the field tremendously. Of course, before the emergence of the PsyD, the PhD was the only doctoral degree for clinical psychology. But, currently, more than half the doctoral degrees being awarded in the field are PsyD degrees (Norcross, Kohout, & Wicherski, 2005). The number of PsyD programs is actually quite small in comparison with the number of PhD programs—about 80 versus about 250—but the typical PsyD program accepts and graduates a much larger number of students than does the typical PhD program, so the number of people graduating with each degree is about the same (roughly 1,500 each; Klonoff, 2011; Norcross & Sayette, 2016; Stricker, 2011).

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

Leaning Toward Science: The Clinical Scientist Model

After the advent of the balanced Boulder model in the late 1940s and the subsequent emergence of the practice-focused Vail model in the 1970s, the more empirically minded members of the clinical psychology profession began a campaign for a strongly research-oriented model of training.

Table 1.1 Comparison of PsyD and PhD Programs in Clinical Psychology

Variable	PsyD	PhD
Mean GRE (Verbal + Quantitative) score of admitted students*	1116	1256
Mean undergraduate GPA	3.4	3.6
Percentage of students receiving at least partial tuition remission or assistantship	13.9	78.4
Number of students in incoming class	37.4	9.7
Percentage of applicants attending	26.3	7.4
Percentage successfully placed in APA-accredited predoctoral internships	66.0	92.8

Source: J. M. Graham & Kim (2011).

**GRE scores reported were based on the previous GRE scale. Estimated conversions to the current GRE scale are 303 for PsyD and 312 for PhD, based on data provided at https://www.ets.org/s/gre/pdf/concordance_information.pdf.*

Indeed, in the 1990s, a movement toward increased empiricism took place among numerous graduate programs and prominent individuals involved in clinical psychology training. In essence, the leaders of this movement argued that science should be the bedrock of clinical psychology. They sought and created a model of training—the **clinical scientist model**—that stressed the scientific side of clinical psychology more strongly than did the Boulder model (McFall, 2006; McFall, Treat, & Simons, 2015). Unlike those who created the Vail model in the 1970s, the leaders of the clinical scientist movement have not suggested that graduates of their program should receive an entirely different degree—they still award the PhD, just as Boulder model graduate programs do. However, a PhD from a clinical scientist program implies a very strong emphasis on the scientific method and evidence-based clinical methods (R. W. Levenson, 2014; Onken Carroll, Shoham, Cuthbert, & Riddle, 2014; Shoham et al., 2014).

Two defining events highlight the initial steps of this movement. In 1991, **Richard McFall**, at the time a professor of psychology at Indiana University, published an article that served as a rallying call for the clinical scientist movement (Treat & Bootzin, 2015). In this article, "Manifesto for a Science of Clinical Psychology," McFall (1991) argued that "scientific clinical psychology is the only legitimate and acceptable form of clinical psychology . . . after all, what is the alternative? . . . Does anyone seriously believe that a reliance on intuition and other unscientific methods is going to hasten advances in knowledge?" (pp. 76–77).

A few years later, a conference of prominent leaders of select clinical psychology graduate programs took place at Indiana University. The purpose of the conference was to unite in an effort to promote clinical science. From this conference, the **Academy of Psychological Clinical Science** was founded. McFall served as its president for the first several years of its existence, and as time has passed, an increasing number of graduate programs and internships have become members. The programs in this academy still represent a minority of all graduate programs in clinical psychology, but among the members are many prominent and influential programs and individuals (Academy of Psychological Clinical Science, 2009; Fowles, 2015; Klonoff, 2016; McFall et al., 2015).

Considering the discrepancies between the three models of training available today—the traditional, middle-of-the-road Boulder model; the Vail model, emphasizing clinical skills; and the clinical scientist model, emphasizing empiricism—the experience of clinical psychology graduate students varies widely from one program to the next. In fact, it's no surprise that in the *Insider's Guide to Graduate Programs in Clinical and Counseling Psychology* (Sayette & Norcross, 2018), a valuable resource used by many applicants to learn about specific graduate programs in clinical psychology, the first piece of information listed about each program is that program's self-rating on a 7-point scale from "practice oriented" to "research oriented." Moreover, it's no surprise that applicants can find programs at both extremes and everywhere in between. Table 1.2 shows examples of specific graduate programs representing each of the three primary training models (scientist-practitioner, practitioner-scholar, and clinical scientist), including quotes from the programs' websites that reflect their approach to training.

Just as training in clinical psychology has changed dramatically throughout its history, it continues to change today and promises to change further in the future (Grus, 2011). One study examined the broad trends in training in clinical psychology since the early 1990s. It found that there has been a shift in the theoretical orientation