debate over whether clinical psychology is an art or a science. For the more subjectively oriented clinician, it more often seems to be an art. Stated another way, there are clinicians who feel that when they make diagnostic judgments or therapeutic decisions, they do so largely on the basis of their own skill, experience, and subjective or intuitive awareness. Just as a person cannot be taught to paint a masterpiece, they believe, neither can one be taught to make highly sensitive and penetrating interpretations of a projective test or of a patient's report about a dream. Of course, the rudimentary elements of scoring a test or the basic mechanisms of therapy can be transmitted from one person to another. However, some believe that these other high-level skills cannot be taught.

Empirically oriented clinicians possess a more objective orientation. They argue that the answers lie in more research and in the objective application of the principles of human behavior to each case. Where subjectively oriented clinicians might seek the answer to a diagnostic problem in their own intuition, more empirically oriented clinicians may put their faith in the best possible statistical formula or actuarial prediction.

It is expected that through research and the development of general principles, a greater level of understanding of specific patients will be attained. At the same time, just as there are individual differences among patients, there are individual differences among clinicians. Some are smarter, more experienced, or harder working than others. The application of general principles to individual cases is not easy. The discovery of the sameness within diversity is difficult; but so too is locating the unique within the homogeneous. Furthermore, seeing the relevance of laboratory or field research to a person in distress is an important and difficult task that requires its own brand of sensitivity and intelligence.

In the end, the art-versus-science dichotomy may be a "red herring." When making clinical decisions or predictions, all clinical psychologists should attend to relevant empirical research, recognize and overcome potential cultural biases, use reliable assessment methods, and perhaps even refuse to offer predictions or make decisions in some instances where reliability and validity of clinical judgment are poor (Garb, 1998). In this way, it is more likely that clinical judgment will be scientifically based, accurate, and useful. We will have more to say about these issues in Chapter 10.

to understand clin p we must look @ what builds a clin p.

Training: Toward a Clinical Identity

The preceding pages have provided a sketch of some of the activities, affiliations, and orientations of clinicians, touched upon the scientific tradition, and raised the issue of art versus science in clinical psychology. Now let us turn to a discussion of the unique background and skills that set clinical psychologists apart from other mental health professionals. None of this is set in stone, of course. The field is changing, and as always, there are disagreements among clinicians as to how to train students and in what direction the field should move. However, it is useful to remember that clinical psychology is but a specialized application of the more basic core of psychology.

An Overview

The typical clinical psychologist completes a bachelor's degree and then 5 years of graduate work. The latter typically includes training in assessment, research, diagnosis, and therapeutic skills, along with an internship. Most often, this effort culminates in a Ph.D. (Doctor of Philosophy) degree from a university psychology department. In some instances, the degree awarded is the Psy.D. (Doctor of Psychology) either from a university department of psychology or from a training institution not affiliated with a university. There are also 2-year programs that award the *master's degree*. Because of contemporary licensing laws that dictate who may practice independently as a psychologist, fewer individuals graduating from master's programs can achieve

nuch in the way of professional independence. Many of them hope to transfer to Ph.D. or Psy.D. programs later, and indeed, some are quite successful in doing so. Past evidence suggests that master's-level clinicians are less in demand than doctoral-level clinicians, are paid less, and are perceived as less competent. Few states allow master's-level clinicians to be fully licensed to practice independently in psychology. However, the number of master's degree programs and the number of master's degrees conferred appear to be growing. For example, in 2000, over three times as many master's degrees as doctoral degrees were awarded in psychology (APA Office of Research; http://research.apa.org/WPA2003.pdf).

Master's-level training in clinical psychology has always been somewhat controversial. Master's-level psychologists claim that research indicates that master's-level clinicians are as effective as doctoral-level clinicians. The American Psychological Association, however, accepts the *doctoral degree* alone as the key to work as an independent professional. The presidents of the American Psychological Association continue to assert that a doctoral degree is a prerequisite for the title "psychologist" and that a doctoral degree should be required for those who wish to practice psychology independently (Lowe Hayes-Thomas, 2000). Nevertheless, master's-level clinicians continue to work in a variety of service-delivery settings. The increasing influence of managed care in the mental health care marketplace may lead to a resurgence of the popularity of master's programs in clinical psychology (Lowe Hayes-Thomas, 2000; Sleek, 1995a). In general, master's-level practitioners charge lower fees, making them an attractive alternative (in managed care insurers' eyes) to doctoral-level clinicians. It will be interesting to see how this controversial issue unfolds as lobbying efforts to give master's-level clinicians "psychologist" status increase and as increasing economic pressures come into play.

With this thumbnail sketch of training in clinical psychology, we can now examine the content of doctoral training more closely.

Clinical Training Programs

The predominant training philosophy in clinical psychology today is still the *scientist-practitioner model* (Raimy, 1950). We shall have a good deal more to say about this model in the next chapter, and in Chapter 3, we will discuss alternative training models for clinical psychologists as well. For the moment, however, a brief overview of the scientist-practitioner training model will be useful.

Training programs that emerged after World War II were based on the principle that the scientist and practitioner roles could be integrated. The goal was the creation of a unique profession. More recently, this training model has come under attack as unrealistic and unresponsive to the needs of students who aspire only to clinical practice. Nevertheless, a majority of clinical programs still subscribe to it in varying degrees. It is this model that differentiates clinical psychologists from the rest of the mental health pack.

A Sample Program. How does this model translate into a program that trains clinical psychologists? Table 1-5 presents a fairly typical program of study.

Several points should be made about the program outlined in Table 1-5. First, it is just one example. Some programs place less emphasis on research and more on clinical techniques. Some are structured so that one can complete all the work in 4 years, especially if summers can be devoted to coursework. In some programs, the internship comes in the fourth year, often before the dissertation has been completed. A few schools still require competence in a foreign language, although many now allow the student to substitute courses in statistics or computer technology. It is also true that each school tends to have its own "personality." Some programs have a distinct cognitive-behavioral orientation, emphasizing such techniques as cognitive therapy for depression. Others have a psychodynamic flavor and emphasize projective testing. Faculty interests in some programs center on

TABLE 1-5 Sample Ph.D. Program of Study (Scientist-Practitioner Model)

Year 1	*Fall*	
	Statistics (Analysis of Variance)	
	Systems of Psychotherapy	
	Departmental Core Course: Social Psychology	
	Introduction to Data Analysis	
	M.A. Thesis Research	
Year 1	*Winter*	
	Statistics (Regression)	
	Psychometrics (Test Construction)	
	Assessment (choose Adult or Child Assessment)	
	Introduction to Data Analysis	
	M.A. Thesis Research	
	Clinical Practicum	
Year 2	*Fall*	
	Ethical and Professional Issues	
	Psychopathology	
	M.A. Thesis Research	
	Clinical Practicum	
Year 2	*Winter*	
	Departmental Core Course: Functional Neuroscience	
	Elective: Family and Group Process	
	M.A. Thesis Research	
	Clinical Practicum	
Year 3	*Fall*	
	Departmental Core Course: Cognitive	
	Elective: Experimental Psychopathology	
	Dissertation Research	
	Clinical Practicum	
Year 3	*Winter*	
	Statistics (Latent Variables and Structural Equation Modeling)	
	Departmental Core Course: Developmental	
	Dissertation Research	
	Clinical Practicum	
Year 4	*Fall*	
	Outside Course: Psychological Anthropology	
	Dissertation Research	
	History and Systems of Psychology	
Year 4	*Winter*	
	Outside Course: Violence in the Family	
	Dissertation Research	
Year 5	*Fall and Winter*	
	Clinical Internship	

Note: During the third year (usually in winter semester), students are expected to complete qualifying examinations.

children, whereas others focus on adults. Although there is diversity among clinical programs, there is a great deal of commonality as well. A student applying for graduate work should investigate such emphases so as to make informed choices.

Coursework. Clinical students normally must take a series of basic courses such as statistics and research design, biological foundations of behavior, social psychology, developmental psychology, and cognitive psychology. The exact number and content of these courses vary somewhat from program to program. The intent is to give the student an understanding of the basics that underlie human behavior or that permit us to investigate that behavior. These courses provide a strong scientific foundation for the student's clinical training and give life to the scientist-practitioner model in clinical psychology. Depending on the student's interests, several electives, advanced courses, and seminars in these same topics are often taken as well.

Clinical students also enroll in several courses that teach the fundamentals of clinical practice or deal with clinical topics at an advanced level. For example, there are often courses in psychopathology, theory and research in therapy, or principles of cognitive-behavioral interventions. There are seminars in such topics as schizophrenia, methods of family and group therapy, community psychology, or neuropsychological assessment.

Practicum Work. Books and coursework are fine, but ultimately, one must learn by doing. As a result, all programs seek to build the student's clinical skills through exposure to *clinical practica*. The dictionary defines a practicum as "work done by an advanced student that involves the practical application of previously studied theory." In many instances, the practicum will combine academic content with practical experience. Typically, there are practica or clinics in assessment (intelligence, neuropsychology, personality, etc.), therapy (psychodynamic treatment, cognitive-behavioral interventions), interviewing, and even methods of consulting with school officials, community agencies, or industry. Whatever the specific form or content of the practicum experience, it is a major vehicle for the acquisition of specific clinical skills. The student's practicum work is supervised by clinical faculty members or by clinicians in the community who have special skills. Most psychology departments that have clinical training programs also operate a *psychological clinic*. This clinic often provides assessment, therapy, and consulting services to university students, staff, and faculty, as well as to families of university personnel and to people in the surrounding community. Cases are accepted selectively in terms of their teaching value. Such a clinic may be staffed by a full-time secretary, a social worker, and clinical faculty.

Research. The implementation of the scientist-practitioner model requires that the student develop research competence. This is accomplished through courses in statistics, computer methods, and research methodology and also by active participation in research projects. There are differences among schools as to the extent of their commitment to the scientist-practitioner approach to training. Therefore, differences also exist among departments in the emphasis they place on research training and in the rewards they dispense to students for devotion to research. Most departments do, however, require the completion of a master's thesis (usually by the end of the second year). A dissertation reporting the results of an original research project is also required (by the end of either the fourth or fifth year depending on the specific program). The dissertation is a more extensive project than the master's thesis, and it is designed to contribute significant new information to the field. Most programs continue to stress traditional experimental or correlational research for the dissertation.

Programs that emphasize the research commitment usually see to it that research experience is not confined to the thesis and dissertation. In one department, for example, each clinical student joins the research "team" of a faculty member. The team consists of from four to eight graduate students who are at varying year levels in the program. The team meets one evening per week for 2 or 3 hours. Research topics are discussed, and research projects are designed. Thesis and dissertation proposals may be discussed and defended. The more advanced students can provide guidance and also serve as role models for the younger students. In any case, the vigorous give-and-take of such meetings can go a long way toward building the research commitment.

The Qualifying Examination. Most clinical programs require students to pass a *qualifying examination,* sometimes called the preliminary examination or the comprehensive examination. Whatever its title, some students regard it as the most anxiety-provoking experience in their training. It is a written examination that takes different forms at different universities. In some cases, three written examinations, each lasting 4 hours, are spread over a week; others have a 5-day examination. Some schools require an oral examination as well. In certain programs, the tests cover all areas of psychology, whereas in others, they are confined to the field of clinical psychology. Most often, these examinations are taken during the third year. Qualifying examinations serve a very useful function in ensuring the student's overall academic competence. A few programs, however, employ "innovative" alternatives. For example, students might prepare a research grant application or perhaps complete

several integrative literature reviews of important topics in clinical psychology (e.g., the etiology of schizophrenia).

The Internship. The *internship* is a vital part of any training program. It is the capstone of the student's previous experiences in clinical courses and practica and provides the experience that begins to consolidate the scientist-practitioner role. An internship of one sort or another is required of all students in clinical programs accredited by the APA. In the years immediately following World War II, the internship was most commonly taken during the third year of training. Now, however, so many programs are essentially 5 years in length that the internship most often seems to come at the end of graduate training. In a few instances, students may take halftime internships over a 2-year period. Usually, an intern works at an independent facility off campus. However, some intern in such university facilities as counseling centers and medical schools. Over 450 predoctoral internship sites are fully approved by the American Psychological Association; these "approved" internship programs are listed each year in the December issue of the *American Psychologist.*

The values of internship training are many. For example, it allows the student to work full time in a professional setting. New skills can be acquired; older ones can be sharpened. Experience in a professional setting gives the student a real taste of the demands of professional life. Students are also exposed to clinical psychologists who may have ideas and orientations different from those of their university faculty. Thus, the experience can help break down any provincialism that may have crept into the student's university training. Exposure to different kinds of clients can likewise enhance the student's competence. Students encounter the clinical conditions that they have studied, and this experience can help stimulate research ideas. Ideally, the internship provides the opportunity to expand one's professional horizons and to integrate what one has learned at the university with the demands of the professional world. It becomes the final element in the three-dimensional world of academics, research, and experience.

Admission to Graduate Programs

The previous section described training in clinical psychology. But how does one get into graduate school in the first place? There are, of course, no guarantees, but the following pages should help answer some of the more frequently asked questions about admission to graduate training programs in clinical psychology.

Step 1: Know Your Programs

To some degree, the purpose of graduate training is to challenge your intellect, open new vistas, and help you focus your aspirations. You should have a mental set receptive to new ideas. At the same time, you should be familiar with programs before you apply. Some have a psychodynamic orientation; others are cognitive-behavioral or perhaps eclectic. Some emphasize research; others are more practice oriented. The guidebook survey by Norcross et al. (2002) provides some good information about clinical and research emphases of various programs.

There is no single authoritative source that will tell you everything you need to know about graduate programs in clinical psychology. However, the more sources you check, the more likely you are to make informed decisions. Here are some possibilities:

1. Talk to your psychology faculty, especially those who are clinical psychologists. They will have both formal information as well as informal impressions through which you can sift to arrive at your own ideas.
2. The APA annually publishes a list of graduate programs called *Graduate Study in Psychology.* It contains a wealth of information on each school, including programs and degrees, addresses, application procedures, tuition charges, data on financial assistance, size of faculty, admission requirements, average test

scores and GPAs of students admitted the previous year, and so on. Many psychology departments have a copy you can borrow, or you may purchase a copy from the APA.

3. Very often, university libraries or psychology departments have copies of many catalogs from universities across the country. These are especially useful in discovering what courses are offered as well as the names of the faculty. Also, visit the programs' Web sites. These sites typically have all of the information presented in a brochure and sometimes even additional information.
4. Once you know who is on the faculty at a given school, you can check the *APA Membership Directory* for additional information on faculty interests and background. Normally, your psychology department office will have a copy of this directory.
5. A more laborious but sometimes more interesting strategy is to examine copies of journals that publish the research of clinical psychologists. This can give you an idea of who is active in research, the kind of research they do, and the programs with which they are affiliated. This is a "must" step for those applying to research-oriented clinical programs.

Once you have completed your preliminary examination of programs, you will probably want to write to several schools for more detailed information and application forms. A good time to do this is in September of the year preceding your planned enrollment. With this information in hand, you can further narrow your list of prospective schools.

Financing Your Education. Because of economic pressure and shifting priorities, both the federal government and state governments are providing less money to help students finance their graduate education. Historically, money has been available from four major sources:

1. Loan programs underwritten by the federal government allow students to borrow money at favorable interest rates and repay after leaving school. However, these loans have become increasingly difficult for graduate students to obtain as the federal government has begun to withdraw from the support of higher education.
2. Fellowships and scholarships are available in a number of programs. These are outright grants given to strong students to help them finance their training. Again, with the country's changing priorities, these grants are harder to get than formerly. Typically, the programs themselves nominate applicants for these awards, and such a nomination is accompanied by an offer of acceptance.
3. Research and teaching assistantships are frequently available. Research assistantships are often financed through research grants obtained by faculty members and require the student to work on a particular research project. Teaching assistantships may involve a variety of duties, from grading papers or leading discussion sessions to actual classroom teaching. Both kinds of assistantships normally require up to 20 hours of work per week.
4. Traineeships in clinical psychology are sometimes available, although again there have been cutbacks in recent years. These are usually financed by the federal government and are often outright grants to promising students.

Financing one's education is clearly becoming more difficult. On the one hand, a number of schools charge graduate assistants lower tuition rates, and students with fellowships or traineeships often pay no tuition at all. On the other hand, competition for all these forms of financial assistance is becoming increasingly keen. Information about financial matters will obviously be helpful in deciding where to apply for graduate study.

APA Accreditation. The APA maintains a Committee on *Accreditation,* which approves programs that meet acceptable professional training standards. The list of approved schools is published each year in the December issue of the

American Psychologist. Currently, more than 200 institutions have APA-approved programs in clinical psychology. This list can be found at Web site 1-2 (see Web Sites of Interest at the end of this chapter).

When to Apply. Schools vary in their deadlines, although most range from January 1 to February 15. However, students are advised to check carefully to make sure there is not, for example, a December deadline for a given school. Although master's-level programs sometimes have deadlines as late as August, it is best not to gamble because many schools enforce their deadlines rigidly.

Number of Applications to Submit. There is no magic number of programs to which one should apply. A few students may apply to only a handful of programs and be accepted. Others may apply to 20 and be rejected by all of them. Obviously, the competition is fierce. Indeed, it has reached the point where the ratio of accepted applications to those submitted is lower for clinical psychology programs offering a Ph.D. than for medical schools. It is not unusual for a school to receive 400 applications and accept fewer than 10.

The best strategy usually is to apply to as many schools as one can afford or for which one can find the time and energy to prepare applications. Some schools have application fees as high as $50, although most are no higher than $25. A few charge nothing at all. Remember that official transcripts may cost as much as $10 and represent an added expense in the application process. Check with your school early in the process to avoid surprises.

In view of all these considerations, it is best to rank-order the schools you are willing to attend. From this list, select several at or near the top, several from the middle, and a few others from the bottom tier. Thus, you will not have put all your eggs in one very small basket. To a certain extent, too, being accepted is an unpredictable event. It is not unusual for a student to be rejected by a program that has a modest national reputation and accepted by one that is highly recognized. Each school's selection committee has a somewhat different set of biases and guidelines. Therefore, do not give up hope when that first letter of rejection arrives.

Step 2: Application Materials

Several elements comprise one's completed application package. The elements summarized here are typical.

Test Scores. Virtually every school requires applicants to submit test scores. The test most frequently required is the *Graduate Record Examination* (GRE). In some cases, the Miller Analogies Test (MAT) is required. Information about these tests is usually available from campus counseling centers or student personnel services as well as from your own psychology department. Additional information may be obtained by writing.

GRE
Graduate Record Examinations
Educational Testing Service
P.O. Box 6000
Princeton, NJ 08541-6000
(also: www.gre.org)

MAT
Psychological Corp.
304 East 4th St.
New York, NY 10017

The GRE General Test consists of questions that tap quantitative and verbal abilities; it also assesses analytical writing skills. In addition, there is a subject test in psychology. Some schools require the psychology subject test, but others do not. A computer-based GRE is offered year round; the traditional paper-based GRE is offered less frequently (in October, March, and June). The paper-based GRE General Test is being phased out. Because it may take up to 6 weeks for the results to be reported, most students choose the October date, which allows them to meet most schools' application deadlines. However, even this may be cutting it close. It is recommended that you complete the GRE in the spring or summer before the

fall you plan to apply. See Web site 1-8 for current information on the GRE, including schedules, fees, and sample items.

Transcripts. Most schools require transcripts detailing your work at each institution you have attended. The application form may have a space for you to indicate your grade point average. Transcripts will be mailed by the institution's office of student records to those schools you request. Usually, a fee is charged for the service (at the University of Missouri, for example, the fee is $7 per transcript).

Another point to consider is that some programs may require or strongly prefer coursework in certain areas. For example, one survey (Mayne, Norcross, & Sayette, 1994a) found that the following courses were either required or recommended by at least one third of the 108 APA-accredited clinical psychology doctoral programs sampled: statistics (94%); experimental methods/research design (68%); abnormal psychology (51%); physiological psychology/biopsychology (33%). You will want to make sure that your transcript reflects that you have met any course requirements for a particular clinical program.

Letters of Recommendation. Three or four letters of recommendation are also required. The best persons to ask to write letters for you are professors who are familiar with your academic work and research experience. Letters from friends or relatives attesting to your high moral character are not very useful (even if they are truthful!). The best letters are those from psychology professors with whom you have worked—not only in class but on special topics or research projects. A letter from a professor who taught you in a class of 249 others and who can only remember (by consulting the grade book) that you received an "A" is not nearly as useful as one from a professor with whom you worked on an independent project. A letter from a professional for whom you worked in a mental health-related job may also be quite helpful.

Unless you have specifically waived your right to see your letters of recommendation, the assumption by the readers of those letters will be that they are not confidential and that you have in fact seen them. It is often felt that such letters may be less frank and open in their assessment of your ability and potential than confidential statements. If you have doubts about how positive the letter of recommendation will be, you can always ask your potential reference for a candid assessment of your possibilities beforehand.

Personal Statement. Most application forms contain a section for a personal statement. This gives the selection committee a view of how you regard yourself in relation to clinical psychology. What are your motives? Why are you interested in clinical psychology? How did this interest develop? How have you prepared yourself? What are your career goals? Why are you interested in this particular clinical psychology program? These are just a few of the points often covered in such statements. They help to flesh out your application and also provide a glimpse of your verbal and writing abilities.

Experience. Evidence of quality research experience will usually be a definite plus and will give you a competitive edge. It suggests that you have had the interest and motivation to seek out something beyond routine courses or ordinary classroom experience. It indicates that you are involved and is usually taken as a positive sign of your potential for professional growth. In addition, such experience can be very helpful in your doctoral studies. For research-oriented programs, prior research experience is essential.

Practical experiences in mental health work can be helpful as well. Many students have been employed as aides in hospitals or as paraprofessionals in clinics, schools, community centers, crisis hotlines, and similar situations. Some have had practicum work associated with certain courses. Such experience suggests a greater level of sophistication—a sense that you already have some insight into what a career in the mental health field will be like. It also signifies something about your motivation.

Essential Qualifications

Students often ask about the minimum grade point average (GPA) required for admission or about the cutoff points for the GRE. These are difficult questions because programs vary considerably. Mayne et al.'s survey, however, did indicate that 90% of all doctoral programs in clinical psychology use GRE scores to screen applicants (Mayne et al., 1994a). Therefore, for better or for worse, it appears that admissions committees do place a great deal of emphasis on GRE scores. In general, schools that receive very large numbers of applications tend to require high GPA levels and GRE scores. Research-oriented Ph.D. programs tend to prefer higher GRE scores and GPAs than do practice-oriented Ph.D. programs or Psy.D. programs (Mayne et al., 1994a). As might be expected from these survey results, Mayne et al. report that it is much harder to gain admission into a research-oriented Ph.D. program in clinical psychology (acceptance rate is 6% of applicants) than into a Psy.D. program in clinical psychology (acceptance rate is 23%).

Some selection committees are concerned more with the student's GPA over the last 2 years than with that of the entire 4 years. A GPA of less than 3.5 on a 4.0 scale is, however, likely to make admission difficult. In the case of schools with a strong reputation, a GPA of 3.7 may be the minimum. High GRE scores are important. However, a number of schools will tolerate more modest scores if there are other compensating factors such as a high GPA or particularly strong letters of recommendation.

The foregoing comments do not apply to master's programs in clinical psychology. There is not as much competition for admission to these programs, and as a result, the GPA and GRE scores need not be as high. At the same time, it should be noted that completing such a program does not inevitably enhance one's chances of being admitted to a Ph.D. program later. In summarizing these matters, one clinical director at a major university had this to say about admission qualifications:

> First, and most important, is a psychology undergraduate degree with a high grade point average. Incidentally, we prefer a science/math-based array of courses rather than a soft set of courses. Approximately a fourth of our students enter with M.A. degrees, but this does not help them. We generally find that most everyone gets A's in M.A.-level programs, and thus we end up going back to the undergraduate record. Second, letters of recommendation are exceedingly important. Such letters are most informative when they are authored by people who truly know the applicant. Third, additional research or therapy experience is a plus. Fourth, good GRE scores are desirable but not absolutely necessary. In this latter vein, we are much more prone to weigh the undergraduate performance and letters of recommendation (personal communication).

A Profession in Movement

Clinical psychology is a profession in flux and ferment. Although clinical psychology retains its basic mission of applying psychological principles to the problems of individuals, the methods and the professional framework through which it seeks to accomplish this mission are undergoing change. Whether such change is good or reflects a major identity crisis that bodes ill for the profession is unclear. But one thing is certain. This is an exciting time to be a clinical psychologist and to participate in the ongoing shaping of a profession.

Demographics

One demographic trend is important to note. Earlier in this chapter, we indicated that only approximately one quarter to one third of APA Division 12 (Society of Clinical Psychology) members are women. However, this percentage is likely to increase dramatically in the future. More women than men are receiving their doctorates in psychology, and this is especially true for clinical psychology. Some have referred to this as the "feminization" of clinical psychology. What effect this change will have on the field is

unclear. For example, it has been argued that the trend toward lower salaries for clinical psychologists in private practice may be directly related (Philipson, 1993). On the other hand, it is clear that an increased representation of women in clinical psychology will serve to greatly advance the field because it will bring a broader range of perspectives to problems encountered in both clinical practice and clinical research.

Training Models

Although the scientist-practitioner training model is still dominant, it is under fire. New models have emerged. Professional schools with no university affiliation have sprung up. New degree programs have been established within the structure of universities. For example, the *Doctor of Psychology (Psy.D.)* degree has become a more common alternative to traditional research-oriented Ph.D. degrees, with more than 500 Psy.D. degrees in clinical psychology awarded each year. There are over 45 APA-accredited clinical programs that award the Psy.D.

Others have called for a new model of training housed in university professional schools. *Professional schools* now award more than half of all doctorates in clinical psychology. L. H. Levy (1984) outlined a charter for a new human services psychology. This would be a generic training program composed of all the specialties concerned with promoting human welfare through psychological principles, including clinical psychology, counseling psychology, school psychology, community psychology, health psychology, and other specialties.

A training model that has gained some prominence over the past decade is the *clinical science model.* This model arose from concerns that clinical psychology, as currently practiced, is not firmly grounded in science. Programs that adhere to this model focus training on empirically supported approaches to assessment, prevention, and clinical intervention. Roughly 17% of clinical training programs identify themselves as clinical science training programs. This training model as well as others will be discussed in more detail in Chapter 3.

Clinical Practice

Despite the financial impact of managed care, recently trained clinical psychologists continue to go into private practice in large numbers. Issues of licensing and certification, participation in governmental health-care programs, and other guild concerns seem to be preoccupying the clinical psychologist more and more. Paraprofessionals and subdoctoral mental health professionals are being employed with greater frequency in a variety of mental health settings. They are performing routine testing functions, assisting in group therapy, carrying out various administrative jobs in agencies, and so on. This trend has been reinforced by the fact that modern clinical psychologists seem less and less willing to invest their time in diagnostic testing. Where once we had traditional individual psychotherapy and some group psychotherapy, we now have brief therapy, cognitive-behavioral therapy, couples therapy, Gestalt therapy, family therapy, exposure therapy, rational-emotive therapy, and so on.

Some may find signs of the demise of clinical psychology in all of the foregoing; others may be excited by the sheer conflict of it all. But for the prospective student of clinical psychology, the current situation offers an unparalleled opportunity to participate in shaping the future of a profession.

A Tolerance for Ambiguity and a Thirst for New Knowledge

The orderly thing to do would be to conclude this chapter with a final, crisp definition of clinical psychology—one that would summarize and integrate our previous discussion and could readily be committed to memory. However, such a definition does not seem possible or even useful. The problem resides in the range, diversity, and patterning of the interests and activities of clinical psychologists. To encompass such diversity, a definition would have to be so lengthy or so general as to be essentially meaningless. For example, some feel that Resnick's (1991) and Division 12's

definitions presented at the beginning of this chapter are too broad and not specific to clinical psychology. More than fifty years ago, Shaffer and Lazarus (1952), in their textbook of clinical psychology, commented, "Nowhere is there real agreement over the exact role which should be played by the clinical psychologist" (p. 25). Little has occurred in the meantime to persuade one to reject their evaluation. It might be well, then, to mention an important characteristic of the clinical psychologist: the capacity to tolerate ambiguity.

Assailed by some as charlatans, adored by others as saviors, depressed at times by their lack of knowledge about human behavior, exhilarated at other times by the remarkable improvement in their patients, bombarded by the conflicting claims of success made by cognitive-behaviorists on the one hand and psychodynamic psychologists on the other, criticized by academicians as being too applied and by other mental health colleagues as being too abstract or scientific—is it any wonder that a tolerance for ambiguity can be a helpful quality for clinicians? For students who want all the answers about human behavior, clinical psychology can be a very disturbing enterprise. But for those who wish to participate in a search for increasingly effective means to improve the human condition, it can be rewarding indeed.

Chapter Summary

Clinical psychology, as a field, is rather difficult to define in a precise way. The activities of clinical psychologists vary greatly, and there is some overlap with other mental health professions. In this chapter, we have presented the most current data available on the characteristics and activities of clinical psychologists within a historical context. The modern clinical psychologist typically spends a significant amount of the workweek engaged in direct clinical service, diagnosis/assessment, administration, and research/writing. Teaching, supervision, and consultation are also important roles. Clinical psychologists are employed in a wide range of settings, especially private practice, universities, and medical centers. According to surveys, most clinical psychologists are men, and the most frequently endorsed theoretical orientations are eclectic/integrative, cognitive, and psychodynamic. Above all, the field of clinical psychology is strongly committed to the research tradition, with an emphasis on empirically supported approaches to assessment, prevention, and intervention. The chapter concluded with an overview of training in clinical psychology, including descriptions of the major components of graduate training as well as steps for gaining admission into a doctoral program in clinical psychology.

Key Terms

accreditation A designation bestowed by the American Psychological Association on psychological training programs that meet acceptable training standards.

clinical practicum A training experience designed to build specific clinical skills (in assessment, psychotherapy, etc.). Often, a practicum combines academic content, or theory, with practical experience.

clinical psychologist A member of a profession devoted to understanding and treating individuals affected by a variety of emotional, behavioral, and/or cognitive difficulties. Clinical psychologists may be involved in numerous activities, including psychotherapy, assessment and diagnosis, teaching, supervision, research, consultation, and administration.

clinical science model A clinical psychology training model that emphasizes empirically supported approaches to assessment, prevention, and clinical intervention. This model arose from concerns that clinical psychology was not firmly grounded in science.

counseling psychologists Psychologists whose interests and activities overlap significantly with those of clinical psychologists. Traditionally, counseling psychologists have provided individual and group psychotherapy for normal or moderately maladjusted individuals and have offered educational and occupational counseling.

Doctor of Psychology (Psy.D.) degree An advanced degree in psychology that is emerging as an alternative to traditional research-oriented Ph.D. degrees.

doctoral degree A degree that requires training beyond the master's degree. In clinical psychology, the doctoral degree is usually obtainable after 4 years of graduate training in assessment, diagnosis, psychotherapy, and research, plus a 1-year internship.

Graduate Record Examination A test frequently required of applicants to graduate training programs. The GRE assesses quantitative, verbal, and analytical abilities. In addition, the GRE offers subject tests for several disciplines, including psychology.

health psychologists Psychologists whose research or practical work focuses on the prevention of illness, the promotion and maintenance of good health, or the treatment of individuals with diagnosed medical conditions.

idiographic approach The approach that emphasizes individual differences over general behavioral principles. This approach is associated with subjectively oriented clinical practice.

internship An intensive clinical experience required of all clinical psychology students and usually occurring at the very end of their graduate training. Typically, internships last 1 year and involve full-time work at an independent facility.

master's degree An advanced degree, usually obtainable after 2 years of graduate work. Individuals with master's-level training in clinical psychology work in a variety of service-delivery settings but may be less likely to gain professional independence than individuals with doctoral degrees.

nomothetic approach The approach that examines or attempts to identify general principles of behavior, deemphasizing individual differences. This approach is associated with empirically oriented clinical practice.

paraprofessionals Individuals (e.g., crisis hotline workers) who have been trained to assist professional mental health workers.

professional schools Schools offering advanced training in psychology that emphasizes competence in assessment and psychotherapy over competence in research. Many professional schools are not affiliated with universities, and most award the Psy.D. degree.

psychiatric social workers Mental health professionals trained in psychiatric diagnosis and in individual and group psychotherapy. Compared to psychologists and psychiatrists, psychiatric social workers' training is relatively brief, limited to a 2-year master's degree. Social workers are intensely involved in the day-to-day lives of their patients and focus more on the social and environmental factors contributing to their patients' difficulties.

psychiatrist A physician with intensive training in the diagnosis and treatment of a variety of mental disorders. Because of their medical backgrounds, psychiatrists may prescribe medications for the alleviation of problematic behavior or psychological distress.

psychological clinic A clinic operated by a clinical psychology training program and staffed by clinical students, faculty, and others. The psychological clinic provides a setting for clinical students to gain practical experience by offering assessment, therapy, and consultation services to the public.

qualifying examination An examination required of all clinical psychology students, usually in their third year of training. The function of this exam is to ensure the student's academic competence.

rehabilitation psychologists Psychologists whose practice focuses upon individuals with physical or cognitive disabilities. Rehabilitation psychologists most often work in general or rehabilitation hospitals, and they help individuals with disabilities deal with the psychological, social, and environmental ramifications of their conditions.

school psychologists Psychologists who work with educators to promote the intellectual, social, and emotional growth of school-age children. Activities of school psychologists may include evaluating children with special needs, developing interventions or programs to address these needs, and consulting with teachers and administrators about issues of school policy.

scientist-practitioner model of training The predominant training philosophy in clinical psychology today. This model is based on the idea that clinical psychologists should integrate their roles of scientist and practitioner.

theoretical orientation The theoretical framework that a psychologist relies on to conceptualize and treat clients' problems. Examples of such orientations include psychodynamic, cognitive, behavioral, interpersonal, systems, and eclectic/integrative.

Web Sites of Interest

To visit any of the following Web sites, go to www.wadsworth.com and click Links.

1-1 Accredited internship programs

1-2 Accredited doctoral training programs in clinical psychology

1-3 Financial aid resources

1-4 Getting into graduate school in psychology

1-5 Comparison of psychiatrists and psychologists

1-6 List of internship sites with Web pages

1-7 Example of a clinical psychology program's Web page (University of Missouri)

1-8 Graduate Record Examination (GRE) information

1-9 *U.S. News* rankings of clinical psychology programs