New Developments in Clinical Psychology Research



Drozdstoj St. Stoyanov Rolf-Dieter Stieglitz

Editors



PSYCHOLOGY RESEARCH PROGRESS

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DROZDSTOJ ST. STOYANOV AND ROLF-DIETER STIEGLITZ EDITORS



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INTRODUCTION: CLINICAL PSYCHOLOGY AS A MULTIFACETED DISCIPLINE

Clinical psychology as a discipline has a long tradition, which reaches back till the 19th century. Over the years, it went through manifold developments and is today the most popular discipline in psychology. It focuses especially on psychological disorders and psychological aspects of somatic illnesses by means of etiology, analysis of conditions, classification and diagnostics, prevention, psychotherapy and rehabilitation; in this context, it also applies aspects of epidemiology, health care and evaluation (Baumann and Perrez 2011). Furthermore, clinical psychology has always been open to other disciplinal branches or neighboring subjects. Of special interest amongst the subjects in *psychology* are diagnostic psychology, differential psychology, personality psychology and developmental psychology, as many psychological disorders can only be understood within a framework of time. Moreover, there has always been a strong connection to *psychiatry*, which mainly developed due to the fact that both disciplines are concerned with psychological disorders. This connection affected all relevant areas in clinical psychology, ranging from etiology to pathogenesis, from diagnostics to (psycho-) therapy.

During the last 100 years, the subject of clinical psychology has become more and more expanded and differentiated. Taking into account the complexity of psychological disorders, the cooperation between different disciplines is essential. As a result, methods that were used in only one discipline first have been established in others, such as genetics and imaginary techniques in medicine, or neuropsychology in diagnostic procedures of clinical psychology. Only within this interdisciplinary perspective can a comprehensive description and characterization of a person be possible, which is needed for the complex gain of knowledge essential for doing justice to a psychological disorder.

The first step in meeting these requirements has been the introduction of a *multiaxial system*, which has traditionally been ascribed to DSM-III, but has in fact been conceptualized as early as the 1940s (Stieglitz et al. 1988). The underlying thought of this procedure is that a person with a psychological disorder can only be understood if all aspects are accounted for. This need had not been met with psychiatric disorders, as additional dimensions are necessary (e.g.: a social dimension) in order to account for all clinical relevant aspects.

Putting this critical aspect into practice, a multimethodological or multimodal approach has come into existence (cf. Stieglitz 2003 and Chapter 9). This approach takes a step forward by focusing on a differentiated description of people on the basis of a distinction between the levels of data (e.g.: psychological, biological), the sources of data (e.g.: patient, third-party)

and functional areas (e.g.: constructs within the different levels of data). Especially the psychological level of data with its far-reaching differentiations of potential constructs plays an important role, even if only roughly discriminating between experience, behaviour and achievement.

The newest development is represented by the Project Research Domain Criteria (RDoC), which has its origin in a critique of the actual diagnostics and proclaims a new perspective on patients (Cuthbert and Insel 2013). It tries to bridge the gap between psychology/psychopathology and neurobiology by aiming to discover more valid diagnostic groups of disorders which are, amongst other things, characterized by means of biomarker. The basis for this kind of development are (neuro-) psychological constructs (e.g., motivation, learning, attention, memory), for which one needs to establish reliable and valid assessment tools.

The present book aims to account for these considerations. The main aspects of developmental psychology can be found in Section I (Clinical and Mental Development). The concept of attachment (cf. Chapter 2), which is a central construct of developmental psychology since years, has gained more and more importance in clinical psychology and psychotherapy. Neuropsychological disorders, which play a central role in many other psychological disorders (e.g.: executive functions, learning difficulties, dyslexia), will be addressed in separate chapters (Chapters 3 and 4).

Section II (II. Diagnostic and Clinical Psychology) focuses on different facets of diagnostics, with diagnostic key aspects in clinical psychology. The connection between the construct of attention and mindfulness therapy exemplifies the transfer into concrete therapeutic approaches (cf. Chapter 5). In Chapters 6 and 7, important considerations in connection with differential diagnostics will be addressed by means of two disorders, which have only come into focus during recent years: autistic spectrum disorders and adult ADHD (attention deficit/hyperactivity disorder). Both of them are of special importance when considering developmental aspects. Other important aspects to be aware of are potential comorbidities (cross-sectional or longitudinal) with other disorders, which puts high demand on the diagnostic process, a fact that will also become apparent in Chapter 8 (diagnostics of burn out syndromes). This rather controversial complex of symptoms requires a comprehensive diagnostic assessment, especially for ruling out depressive disorders.

The complexity of clinical psychology shall be illustrated by means of some examples in Section III (Clinical Psychology and Other Disciplines). Chapter 9 provides an overview of the previously outlined possibilities and necessities in integrating methods of neuroscience in clinical psychology (cf. Chapter 8). In the area of clinical psychology (and here especially in psychotherapy), such studies gain more and more importance that they reach beyond sole evidence of efficacy. This has an impact on, for example, studies and theoretical considerations about general effects, placebo effects, or side effects of psychotherapy, pointing towards the fact that there are still many questions unanswered. Also, considerations outside traditional approaches should be taken into account, for example, spirituality (cf. Chapter 10).

In the last chapter, a more practical approach is applied. For the clinical psychologist, the vast amount of empirical studies and clinical relevant results bear the problem of accomplishing them and putting them into practice. Here, a continuous education is essential (cf. Chapter 11).

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Rolf-Dieter Stieglitz
University of Basel, Switzerland
Email: rolf-dieter.stieglitz@upkbs.ch

Drozdstoj Stoyanov Medical University, Plovdiv, Bulgaria Email: dstoyanov@meduniversity-piovdiv.bg