1966

Clinical Psychology

Nancy Adams
Ouachita Baptist University

CLINICAL PSYCHOLOGY

by

Nancy Adams

Honors Special Studies
Fall Semester
1966-1967

CLINICAL PSYCHOLOGY

Clinical psychology is one of the youngest members of the human sciences. As a special field of study, application and research, it has emerged only recently as a distinctive discipline. At the present time, it is the most widely expanding area within the entire field of psychology.[1]

There are several factors which have contributed to the development of clinical psychology. Among these are the development of tests; the Mental Hygiene Movement, which emphasized the need for improvement in care and treatment of patients hospitalized for serious personality disturbances and prevention of such disorders; the growing interest in problems of the mentally disturbed as a proper field of study and treatment; and greater scientific interest in the treatment of the mentally disturbed. Other contributing factors are the application of psychological techniques to the study of personality disorders and the development of psychoanalysis.[2]

Clinical psychology emerged during the nineteenth century from the methods of the experimental laboratory, a concern with individual differences, and from the philosophical considerations

---

[1] Sol L. Garfield, Introductory Clinical Psychology, (New York: The Macmillan Company, 1961) p. 1.

[2] Ibid. p. 4.

of logic and ethics.[3] The first psychological clinic was founded by Witmer at the University of Pennsylvania over sixty years ago.[4] Since World War II, clinical psychology has been recognized as a distinct area within professional psychology and specific training programs leading to a Ph.D. degree have been developed.

The early clinical psychologists worked basically with children and were concerned with tests of individual differences and relatively "normal" behavior. It gradually moved toward psychotherapy with disturbed, or psychopathological, individuals.[5] Today clinical psychology is a recognized area of specialization involving the application of psychological methods and techniques to problems of personality development and adjustment.[6]

The clinical psychologist-to-be is trained in "what to observe, how to observe, and how to organize observations and make meaningful inferences with a minimum of error."[7] There are many different ideas concerning the training which the future clinical psychologist should have. One program consists of a graduate program culminating in a research dissertation and including at least one year of internship. This averaged six years

---

[3]Richard H. Dana, Foundations of Clinical Psychology (Princeton, New Jersey: D. Van Nostrand Company, Inc., 1966) p. 8.

[4]Garfield, op.cit., p. 2

[5]Dana, loc. cit.

[6]Garfield, op. cit., p. 10.

[7]Dana, op. cit., p. 3.

in length and leads to a Ph.D. in psychology. This program is aimed at producing a research-oriented practitioner who is both scientific and professional.[8] The Committee on Training in Clinical Psychology of the American Psychological Association recommends a program which consists of 1) a broad pre-professional undergraduate education including psychology and related fields, 2) a graduate program emphasizing six major areas of study: general psychology, psychodynamics of behavior, diagnostic methods, research methods, related disciplines, and therapy, and 3) the graduate program including an internship and extending over a four-year period.[9] One of the main points of division concerning the training of the future clinical psychologist is the length of the period of internship. There is some disagreement as to the amount of time it takes to learn to apply intellectual skills to the actual practice of psychology.

After five years of additional training, supervised experience, and practice beyond the doctorate, the clinical psychologist may enter examinations which are conducted by the American Board of Examiners in Professional Psychology. The award of a Diplomate indicates that acceptable standards of training and competence have been acheived.[10]

---

[8] Dana, op. cit., p. 8.

[9] Garfield, op. cit., p. 17.

[10] Dana, loc. cit.

The Committee on Training in Clinical Psychology of the American Psychological Association has listed the following personality characteristics as those called for in the work of the clinical psychologist: 1) superior ability, 2) originality and resourcefulness, 3) curiosity, 4) interest in persons as individuals, 5) insight into one's motivation, 6) tolerance, 7) ability to establish warm and effective relationships with others, 8) industry and ability to tolerate pressure, 9) acceptance of responsibility, 10) tact, 11) integrity and self-control, 12) sense of ethical values, 13) broad cultural background, and 14) a deep interest in psychology, especially in the clinical aspects. This list represents a goal or ideal frame of reference for clinical psychologists. It emphasizes the various personality attributes deemed desirable for this kind of work.[11]

After training, there are a number of situations within which he may practice. He may choose from psychiatric hospitals, out-patient clinics, psychiatric wards in general medical hospitals, child guidance clinics, university clinical training programs, institutions for mental defectives, schools, or private practice. It is generally recommended that the clinical psychologist not go directly into private practice. He needs to learn to deal with many different types of situations before he is ready to do this.

---

[11] Garfield, op. cit., p. 19.

The following is a list of some Dos and Don'ts in the establishment of an independent practice: 1) Do know your community, 2) Do establish a procedure for accepting cases, 3) Don't be a lone wolf (Keep in touch with other psychologists), 4) Do decide on a core battery of tests, 5) Don't be naive about money, and 6) Do be aware of the problems inherent in the growth of a new profession.[12]

The purpose of the clinical psychologist is to serve people. He is concerned with their individual growth and development, their self-satisfaction and creative expression. The functions of the clinical psychologist can be grouped into three general categories: psychodiagnosis, psychotherapy, and research.[13]

> Among the approaches used by psychologists in the clinical appraisal of patients are a variety of tests and techniques for evaluating the personality and adjustment of the individual. Various techniques used in appraising personality emphasize different aspects of personality and are manifestations of diverse theoretical comceptions of personality. The choice of techniques will depend upon the purpose to be served by them, the setting in which they are used, and the experience and predilection of the examiner.[14]

The psychodiagnostic aspect of the work of the clinical psychologist emphasizes the use of psychological tests but has a broader objective than merely reporting an IQ on the subject.

---

[12]Molly Harrower, The Practice of Clinical Psychology (Springfield, Illinois: Charles C. Thomas, 1961) p.13-25.

[13]Dana, loc.cit.

[14]Garfield, op. cit., p. 11.

This implies the use of many tests, including projective tests[15] of personality and integration of all test findings along with observations during the testing into a comprehensive evaluation of the subject's personality. The evaluation includes abilities, interests, motivations, conflicts, personality patterns and defects. The evaluation is not a routine mechanical operation but draws upon clinical experience and understanding of the psychologist. The findings of the clinical psychologist are then integrated with other data secured from other clinical approaches to give as complete an understanding of the individual as possible.[16]

One of the types of tests with which the clinical psychologist deals is the test of mental ability, or the IQ test. These tests have four main purposes, which are 1) an appraisal of the general intellectual or mental level of the subject, 2) indication of personality disturbances, 3) indications of special abilities or limitations, and 4) observation of the subject's behavior.[17]

The tests of mental ability used in clinical work include the Revised Stanford-Binet Scale, the Wechsler-Bellvue Scale, the Wechsler Adult Intelligence Scale (WAIS), and the Wechsler

---

[15]Projective tests show the interrelationships among personality characteristics of one individual.(Dana, op. cit., p.9.)

[16]Garfield, op.cit., p.11.

[17]Ibid., p. 39.

Intelligence Scale for Children (WISC). The Revised Stanford-Binet Scale and the Wechsler-Bellevue Adult Intelligence Scale have been the most widely used individual tests of intelligence in recent years. The Wechsler-Bellevue Scale includes non-verbal subtests; the Revised Stanford-Binet Scale is primarily a verbal scale.[18]

Several non-verbal or performance tests have been developed for use in cases where various language handicaps or deficiencies would distort findings from verbal tests. Non-verbal tests are used to support or clarify results of such tests as the Stanford-Binet Scale. Performance tests are also used for their emphasis on aspects of mental functioning whch usually are not emphasized in verbal tests. These performance tests are not considered as alternatives or substitutes for the verbal tests, but they are usually administered in addition to them. Some of the performance tests are the Porteus Maze, the Grace Arthur Scale, and the Goodenough Draw a Man Test.[19]

There are also tests of mental impairment to show the extent of disorders, tests of memory, and tests of conceptual and abstract thinking which are used with the brain damaged and schizophrenic.[20]

---

[18] Ibid, page 46.

[19] Ibid, page 63.

[20] Ibid.

In most cases, no important decisions will be made upon the basis of the test data alone, but final diagnosis comes only after an individual clinical interview gives the clinician a chance to integrate test data with his own personal experience from the interview.[21]

Basically, all interviews may be said to include a relationship between at least two persons which involves some communication between them. In terms of clinical work, one may state that the interview method is used for two purposes: diagnosis and treatment. The manner or extent to which the interview is used by clinical psychologists will be determined largely by the agency in which they work and by the ways their duties are defined. The form the interview takes will depend upon the diagnostic purpose it is to serve, the theoretical orientation and professional identification of the interviewer, the personality of the participants, and the setting in which the interview takes place. Thus we see the importance of a flexible plan for interviewing patients.[22]

The first thing to do in the interview is to put the client at ease; rapport is essential here. The psychologist's main objective is to allow the patient to participate as effectively as possible in order to eventually understand and help him with his problem. The first step of the interview is to lead the client to state his problem as he sees it or his reasons for consulting the

---

[21] William A. Hunt, The Clinical Psychologist (Springfield, Illinois: Charles C. Thomas, 1956), p. 135.

[22] Garfield, op.cit., p. 193.

agency. The psychologist might clarify the functions of the clinic in terms of the expectancies of the client. The psychologist needs to provide an atmosphere which allows the patient to express himself without fear of censure or moral condemnation. It is important to understand, and reflect, not only what the client states verbally, but also the feelings and attitudes underlying his statements. By indicating to the client an understanding and acceptance of his feelings, the stage is set for him to reveal relatively important aspects of his problem. The interview allows the psychologist to note what the patient blocks, where he becomes tense and restless, and when he suddenly changes the topic of conversation.[23]

There has been some question as to how much the psychologist should participate verbally in the interview. In general, the trend now in interviewing is toward allowing the patient greater freedom in the interview, with less attention to interrogation and more toward the recognition and clarification of the patient's feelings.[24]

One of the main values of the interview is the opportunity it provides for the patient to tell his story, to participate in an interpersonal situation, to be observed. But the client may choose what he will say and may hide his true feelings because

---

[23] Ibid. pp. 193-196.

[24] Ibid. p. 198.

he wants to make a certain impression on the interviewer or because he is hesitant to express those experiences or views which he feels are socially unacceptable. In rather serious cases of personality disorder, the interview should be supplemented by other diagnostic approaches for a more comprehensive appraisal of the patient. At the present time, the interview is a widely used and highly preferred clinical technique.[25]

The case study is the most comprehensive evaluation of the patient and includes data secured from many or all of the available techniques for understanding the patient and his problem. While the case study is broader and more comprehensive than the interview, a great deal of information used in the case study may be obtained from the interview.[26]

Essentially the case study involves the collection and organization of various kinds of information about the patient in relation to the problem at hand. This may include interviews with the patient, relatives or other parties who may contribute worthwhile information, medical examinations, records of school acheivement, work reports from social or public agencies, and the like. The evaluation is not merely a compiling of mountains of data; the material is selected in terms of planned inquiry. In general, a case study includes the following major categories:

---

[25] Ibid. p. 200.

[26] Ibid. p. 201.

1) Identifying data--name, address, phone number, age, date of birth, marital status, employment, date of interview, and other such information.

2) Statement of the problem or reason for referral.

3) Present life situation--the patient's immediate family, housing conditions, present job and work situation, financial problems, present outlook, special stresses, strains, and events.

4) Behavioral observations during the interview situation.

5) Developmental personal history (a major section in the case study)--birth and early development, health, family relationships, educational development, social and recreational development, vocational history, sex and marital adjustment, onset and history of present disturbance.

6) Family background.

7) Psychological test findings.

8) Medical findings.

9) Summary and formulation (Evaluation, attempting some meaningful synthesis, then offering a diagnostic formulation of the patient. This is the reaching of a decision.)[27]

As the profession of clinical psychology has expanded, there has been increased participation in the psychotherapeutic treatment of emotionally disturbed individuals. This is the most recently acquired and most poorly defined function of the clinical psychologist. At present there are many different psychotherapeutic systems or approaches. These include such diverse views as psychoanalysis,[28] Adlerian Individual Psychology, relationship

---

[27] Ibid. pp. 201-208.

[28] A method of psychotherapy which seeks to bring unconscious desires into consciousness and make it possible to resolve conflicts which usually date back to early childhood experiences.

therapy, non-directive or client-centered therapy, directive therapy, and psychodrama.[29] Psychotherapy may vary from a relatively brief and superficial experience to an intensive experience taking place over a number of years.[30]

Even with all the variations in method and intensity of therapy, there are some common aspects of psychotherapy. All the methods utilize the relationship developing within an interview situation between the therapist and the client. All psychotherapy begins because the patient comes for help with some problem. During the interviews the therapist must determine the patient's suitability for therapy and the approach to be used with him. As therapy continues, increased emphasis is placed on the relationship which develops between the therapist and the patient.[31]

> The therapist's role is a unique one. He differs from friends and parents in that his only association with the client relates to the client's problem and his need for help. In addition, he is supposedly a person with some knowledge of and experience with these types of human difficulties. He is sympathetic, yet objective and is not involved in all the complexities of the patient's existence, except as they relate to therapy. He provides an environment in which the client feels increasingly free to reveal the innermost aspects of his personality. The client is not condemned for revealing negative aspects of himself. The therapist accepts him as a person, appears to understand him and is still interested in working with him. As a consequence, the

---

[29] A form of psychotherapy in which the patient acts out life situations that are related to his difficulties.

[30] Garfield, op.cit., p. 251.

[31] Ibid. p. 254.

> patient is provided an opportunity for discussing many things which he might ordinarily not feel free to discuss with a parent or friend. 32

The aim of therapy is the cure or adjustment of the patient. The therapist should get clearly in mind, as early as possible, the specific subjective changes which must be brought about in the patient, the exact alterations in the psychic arrangement and motivation which are necessary to a readjustment.[33] With the specific aims in mind, using the psychological assets and liabilities of the patient as revealed by tests and case history, the therapist can determine the procedures which he will use.[34]

In directive therapy, the therapist endeavors to direct the thoughts and feelings of the patient within the therapeutic situation along such lines as he thinks most helpful. Directive therapy brings about an emotional dependence on the therapist.[35] Nondirective therapy, on the other hand, helps the patient to discover and exercise his own individuality.[36] Nondirective therapy is based on the theory that many individuals can work through their own problems by "talking them out" in a permissive and supportive atmosphere.[37]

---

[32] Ibid. p. 255.

[33] V.E. Fisher, The Meaning and Practice of Psychotherapy (New York: The Macmillan Company, 1950) p.33.

[34] Ibid.

[35] Ibid. p. 34.

[36] Ibid.

[37] Floyd L. Ruch, Psychology and Life (Chicago: Scott, Foresman, and Company.)

> Proper psychotherapy must make judicious use of the directive and nondirective prinicples. One patient needs more guidance than another. A given patient needs more directing during one part of the treatment than during another part. The therapist should make clear to the patient where directive and nondirective procedures begin and end. 38

Active therapy includes any kind of deliberate interference by the therapist with the patient's implicit and overt activities outside the consultation room. The therapist has four main purposes in the use of active therapy: to elicit or gain access to repressed material, to increase the patient's insight, to reveal abilities or capacities to the patient which he did not believe he possessed, to encourage the patient to give the matter of his treatment high priority in his everyday affairs.[39] The effective employment of active therapy is wholly dependent on the comprehensive and detailed understanding of the patient by the therapist.

There are two main problems which the therapist must be prepared to face. One of these is transference, which is the process by which a patient in psychoanalytic therapy attaches to the therapist feelings formerly held toward some person who figured in an emotional conflict, often a parent or lover.[40] The other problem is the plateau. This is any appreciable period of time in the course of treatment during which the patient shows no signs of improvement.[41]

---

[38] Fisher, op.cit., p. 35.

[39] Ibid. p. 36.

[40] Ruch, op.cit., p. 660 241

[41] Fisher, op.cit., p. 43.

The therapist must be able to effectively deal with these problems in the course of therapy.

It is important that therapy not be ended too abruptly. When the therapist can see that the patient's ability to meet and deal satisfactorily with his problems has been developed, the patient should be seen increasingly less often until dismissed.[42]

Research skills and understanding are basic objectives of the clinical psychology training programs and form an important unifying thread through the patterns of functions of professional psychologists.[43] Research is an important function and is now being stressed. The clinical psychologist has an opportunity to increase knowledge of human behavior because of easy access to clinical subjects and his orientation toward proper utilization of research techniques.[44]

Research in a clinic is not identical to that in an experimental laboratory, for the experimental psychologist is usually more concerned with the precise methodology and control of variables than is possible in most clinical situations. The clinical psychologist, on the other hand, is inclined to feel that the importance of a problem is subordinated to methodological considerations on the part of the experimentalist. A

---

[42] Ibid. p. 16.

[43] Garfield, op.cit., p. 343.

[44] Ibid. p. 16.

somewhat different perspective or approach may be required for clinical research, while, at the same time, one tries to maintain a sound awareness of scientific considerations.[45]

Clinical research today[46] is basically concerned with the validation of projective techniques, the normative study of personality, objective evaluations of therapy, validity and usefulness of different types of diagnostic testing, the values or limitations of given techniques in differentiating between selected clinical populations.[47] Some important fields of clinical problems which need research investigation are diagnosis, psychotherapy, personality maladjustment, hospital treatment programs, the influence of the personality of the clinician on the patient.[48]

In summary, the clinician's task is to help his patient find effective solutions to the problems he encounters.

> To the clinician, the distinction between normal and abnormal has little meaning. He thinks of the human being as in a constant state of adjustment and readjustment, of continual adaptation to his environment and to tendencies within himself. The task for the clinician is to understand the problems faced by the patient and the way the patient solves or attempts to solve these problems. [49]

---

[45] Garfield, op.cit., p. 345.

[46] These topics come from a review of studies published in 1953.

[47] Garfield, op.cit., p. 351-360.

[48] Ibid. p. 363-380.

[49] T. W. Richards, Modern Clinical Psychology (New York: McGraw-Hill Book Company, Inc., 1946) p. 15.

BIBLIOGRAPHY

Dana, Richard H. Foundations of Clinical Psychology. Princeton, New Jersey: D. Van Nostrand Company, Inc., 1966.

Finn, Michael H. P. and Fred Brown. Training for Clinical Psychology. New York: International Universities Press, Inc., 1959.

Fisher, V. E. The Meaning and Practice of Psychotherapy. New York: The Macmillan Company, 1950.

Garfield, Sol L. Introductory Clinical Psychology. New York: The Macmillan Company, 1950.

Harrower, Molly. The Practice of Clinical Psychology. Springfield, Illinois: Charles C. Thomas, 1961.

Hunt, William A. The Clinical Psychologist. Springfield, Illinois: Charles C. Thomas, 1956.

L'Abate, Luciano. Principles of Clinical Psychology. New York: Grune & Stratton, 1964.

Richards, T. W. Modern Clinical Psychology. New York: McGraw-Hill Book Company, Inc., 1946.

Ruch, Floyd L. Psychology and Life. Chicago: Scott, Foresman, and Company,