History and Scope of Clinical Psychology

Posted on September 20, 2019

Introduction

Clinical psychology remains one of the significant topics in medical settings that involve knowledge and techniques common in the practice of psychology. Health psychology, according to psychologists, involves distinctive aspects that further include sub-divisions in psychological competence. The microenvironments in health systems also remain part of clinical psychology. Psychological understanding is also important for professionals working within medical settings. The individual psychologist needs to possess knowledge and awareness of the psychological aspects related to medical settings. Clinical psychology involves sun fields including medical psychology, health psychology, neuropsychology, clinical health psychology, and rehabilitative psychology. Studying human behaviors also has close relevance to clinical psychology, as healthcare professionals need to exhibit their knowledge of psychology to determine the behaviors of patients and clients. Without psychological knowledge and understanding, the survival of individual healthcare professionals is not possible in clinical settings (Huey & Britton, 2002).

The historical context of clinical psychology

Historical foundations of clinical psychology depict that it dates back to the nineteenth century. Clinical psychology remains one of the oldest practices in the field of mental health. Psychology primarily deals with the issues of mental health and wellness. The standard fields associated with health psychology involve psychiatry, psychiatric nursing, and social work. The historical analysis of clinical psychology reveals that it emerged with the development of clinical procedures for treating people with mental health problems. Mental illnesses had significant impacts on their overall wellness affecting their quality of life. Clinical psychology is one of the oldest fields of psychology that involves the assessment of mental processes and behaviors (Robinson & James, 2003). The field focuses on identifying abnormal behaviors and presenting treatments to patients encountering adverse consequences of mental illness. People who suffered from mental problems were unable to represent themselves as normal humans, while the illness also influenced their relationships and interactions with other people in the communities (Stevens & Wedding, 2004).

During the nineteenth century, the role of clinical psychology was to prevent the development of abnormal or insane behaviors. It focused on developing methods and procedures that could eliminate the signs and symptoms of inappropriate attitudes. Personality assessment and psychopathology also account for prominent aspects of clinical psychology. Psychologists in the past used these methods to quantify the cognitive abilities and intellectual functioning of humans. The techniques employed to

assess mental capabilities involved the construction of instruments that allowed psychological testing. Clinical psychologists during the eighteenth and nineteenth centuries stressed inventing treatments for mental disorders (Rozensky, 2006).

The field of psychology states clinical psychology emerged in 1896 in America with the development of psychological clinicals by Lightner Witmer at the University of Pennsylvania. The clinic was actively engaged in providing treatments to people suffering from psychological health issues. The focus of the clinic was to propose solutions for the children who exhibited learning problems such as slow learning or lack of interest in studies. Parents and teachers concerned about the mental capabilities of their children acquired psychological help from the clinic. The clinic initially used physical and mental examinations to determine the mental health complexities of children. Psychiatrists and professionals in internal medicine provided remedies for the children that allowed them to overcome their mental issues. Another historical event that contributed to the expansion and recognition of clinical psychology involves the development of 'The Journal of Abnormal Psychology (Baker, McFall, & Shoham, 2008). Harvard psychiatrist Morton Prince developed the journal in 1906 with the aim of presenting insights into human behaviors and promoting psychological research.

Another journal was then founded by Lightner Witmer in 1907, named 'The Psychological Clinic.' These two journals motivated the psychologists of the time to put effort into determining the real meaning of psychology and its role in human life. With the rising interests of professionals and researchers in the field of psychology, the University of Lowa Psychological Clinic emerged in 1908. The clinic provided enhanced opportunities for psychiatrists to uncover the reasoning behind then differentiated behaviors and the human psyche. The concept of treating people with mental disabilities became common by the end of the nineteenth century, becoming apparent in the establishment of the Juvenile Psychopathic Institute in Chicago. Juvenile psychopathy focuses on providing a remedy for young criminals. The theory is today known as juvenile delinquency, and the field emphasizes reshaping the behaviors of young people (Huey & Britton, 2002).

Psychological Theory and Analysis

Freud's psychodynamic theory and techniques remain one of the oldest explanations providing reasoning behind human behaviors. Freud during the late nineteenth and twentieth century, constructed various methods and procedures to study the theory of human behaviors and psychological processes. The development of his theory shifted the focus of clinical psychologists from practice to education and theory. The theory was important for professional healthcare workers and psychiatrists to understand the philosophy behind the inappropriate and undistinguished behaviors of humans. The theory made it easy for psychiatrists to determine the reasoning behind the cause of behaviors. It was also useful in determining the factors responsible for the interpretation of past and present attitudes (Parker, 2008). The theory of psychoanalysis remains another prominent philosophy that explains the role of conscious and unconscious behaviors of humans. Freud developed therapeutic methods to solve the unidentified and complex personalities of human beings. The

therapeutic methods allowed psychiatrists and healthcare professionals to identify the mental functions of conscious and unconscious levels (Parker, 2008). His theory established links between childhood events and adulthood experiences.

He conferred in the theory that unconscious behaviors are the outcome of childhood events residing in the subconscious of people. Psychoanalysis was effective in solving the problem of mental disorders, allowing practitioners to adopt it to achieve practical outcomes. The history associated different behavioral interventions with the theory of psychoanalysis. The theory was also useful in determining the neurotic symptoms responsible for causing disturbing behaviors and actions. Freud identified the role of dreams and the events that influenced normal mental capabilities and functions (Pate & Kohout, 2005). Psychology recognizes the role of different theorists and behaviorists in presenting the role of the psychological process in defining human personality. The unconscious psychiatric process allowed psychological practitioners to apply the theories in the treatment and prevention of complex behaviors. The process of unconsciousness allowed psychiatrists to develop awareness about the significant role of unconsciousness (Adams, 2001).

Several changes occurred in the theory and practice of clinical psychology from the beginning to the present. The subdivision of psychology into various fields involves issues of dividing professional activities among psychologists, numerous training models existing in clinical psychology, and implications of managed care on the practice of clinical psychology. Diversification of training and practice made it compulsory for psychologists to acquire legislative permission. The improvements in the field of psychology allowed practitioners to employ evidence-based treatments in treating communities and people with mental complications (Huey & Britton, 2002).

Separation of counseling psychology from clinical psychology

Counseling psychology emerged in America during the 1940s recognized by the American Psychological Association (APA). Counseling psychology involves the development of the discipline in association with the overall profession of psychology. History associates counseling psychology with the Society of Counseling Psychology (SCP) which emphasizes the establishment of psychological therapies and training programs. The purpose of counseling psychology is not limited to eliminating abnormal and inappropriate behaviors. It covers a diverse range of concepts while the field emerged due to the contributions of psychological counselor John Whitely. He proposed that counseling psychology deals with the vocational guidance, mental hygiene, and psychometric aspects of human beings. The field is one of the significant sub-divisions of psychology as it focuses on nonmedical and non-psychoanalytical methods.

The emergence and acceptance of the field promoted the adoption of safe and friendly procedures with the elimination of medicines. The concept of counseling psychology became more vital after World War II due to the repercussions of violence and deadly events. The veterans returning from war

exhibited disturbed personalities and behaviors due to their encounters with violence, bloodshed, and deaths. In the field, 1952 emphasized providing services to veterans displaying complex behaviors. The process involved many training programs for fellow psychologists and psychiatrists to help veterans in readjustment. A majority of the veterans were unable to return to normal lives, and the association of psychologists emphasized on adoption of various psychological programs and therapies to handle such individuals (Adams, 2001).

APA presented 17 divisions and counseling guidance to present instructions to the psychiatrists for handling veterans. The Annual Review of Psychology emerged in the 1940s and remains another significant event leading to the expansion of the psychology profession. The journal presented different techniques and programs for psychologists and behaviorists, updating them on safe practice and prevention. Since the 1950s counseling became part of psychiatry as psychologists and healthcare professionals adopted nonmedical practices in dealing with members of all age groups. Counseling was not only used to improve the behaviors of adults or older people, but it also allowed psychologists to eliminate inappropriate behaviors in children. Theories of human development and behaviors also developed from counseling psychology.

Carl Rogers's person-centered therapy remains one of the oldest counseling techniques allowing psychologists to deal with the behavioral issues of people. The common therapies of counseling psychology involve directive learning, client-centered, psychodynamic, humanistic, and other existential theories. Counseling psychology became more prominent after the first conference on counseling psychology in 1951. Gilbert Wrenn, in the conference, identified the issues of proper training and guidance for the psychologists and professionals associated with APA. The focus of counseling psychology was to improve the behaviors and personalities of people. The more appropriate and clear definition of counseling psychology appeared in 1956 under the committee of Division 17. The committee focused on identifying the role of specialty and presentation of solutions for overcoming issues of mental complexities.

Crisis Identity

Disagreement occurred among psychologists in determining the differences between Counseling psychology and clinical psychology. By 1954 the APA presented clinical psychology and counseling psychology as separate fields. The differences between the two fields state that counseling psychology involves dealing with individuals exhibiting less severe behaviors (Baker, McFall, & Shoham, 2008). Clinical psychology focuses on handling individuals who display severely complex behaviors and disturbing personalities. Clinical psychology has close relevance to the medical-related modes and reorganization of human personality. Counseling psychologists, on the contrary, through their training, stress helping clients to change their attitudes and value systems for addressing vocational concerns. The psychological association was unable to resolve the conflict of determining the independent roles of both fields. It was only by 1959 that the Education and Training Board of APA managed to represent four appraisals for recognizing counseling psychology as different from clinical

psychology (Parker, 2008).

The formal definition of counseling psychology emerged in 1968 when APA associated it with non-medical treatments. The definition allowed psychologists to distinguish between administrative tasks, professional practice, and research. APA in the same year, associated counseling psychology with rehabilitative and remedial practices, preventive, educative, and developmental aspects. The second journal of counseling psychology emerged in 1969 and elaborated on the distinctive aspects of the field. Substantive research revealed that counseling psychology is more effective in dealing with the aspects of human development, counseling theory, issues, and methods related to the sub-division. During the 1960s and 1970s, several events contributed to the changes in counseling psychology (Parker, 2008).

The events include the Vietnam War, the conception of self-actualization, and challenges of authority and traditional attitudes. The social issues of inequalities, racism, unequal rights, gender discrimination, and oppression stressed broadening the role of counseling psychology. In the 1960s, psychologists emphasized psychoeducation and behavioral development to build strong individuals capable of living their lives in a healthy state. Psychologists at the time engaged in different settings such as employment, education, and nursing. The use of behavioral therapies and approaches were adopted in different professions and occupations to eliminate inappropriate or destructive behaviors among individuals. The benefits of counseling psychology are visible in personality development and the replacement of unhealthy or destructive behaviors with appropriate ones. Counseling psychology remains one of the vital fields of personality development. Annual Review of Psychology between 1978 to 1984 emphasized making counseling part of career development (Baker, McFall, & Shoham, 2008).

Current Status of Clinical Psychology

Clinical psychology still prevails in society as one of the significant fields of mental health. The psychologists recognize the significance of clinical psychology, “experimentally based treatments are not only highly effective but also are cost-effective relative to other interventions; therefore, they could help control spiraling health care costs” (Baker, McFall, & Shoham, 2008). In the present world, psychologists and clinics emphasize developing cost-effective strategies that could enlarge the benefits for the people of a community. Clinical psychology emphasizes adopting efficacious methods that improve the psychological state and mental health of individuals. With time clinical psychology also emphasized on adoption of ethical codes in the provision of services. It “forces us to recognize ethnic and racial differences” amongst us. They noted that “this is especially true of the medical setting” (Rozensky, 2006). Robinson and James (2003) focus on identifying diversity in human relations and the association of illness with an intimate relationship. Clinical psychology also has a prominent role in transplant medicine as it emphasizes on day to day clinical responsibilities of the healthcare professionals and nursing staff. The field emphasizes coping strategies for eliminating the risks of negative behaviors. In the present world, clinical psychology is also crucial in primary care.

The field plays a significant role in the provision of primary care as it emphasizes the provision of effective care settings (Robinson & James, 2003).

Clinical psychology in the current period emphasizes the issues of authority and identity. It stresses that “discussions surrounding the training of psychologists for obtaining privileges to prescribe psychotropic medications have varied in length, thoughtfulness, and emotionality” (Rozensky, 2006). The adoption of clinical psychology focuses on perspective privileges and medical settings. The employment of different practices depends on the authority of the patient. Clinical psychology uses psychotherapy to eliminate risky behaviors in patients, such as smoking or obesity. The challenges are apparent as clinical psychology is not a choice between either psychotherapy or pharmacotherapy, but rather which combination, and under what conditions, provides lasting relief” (Rozensky, 2006). Deciding on the appropriate practice for dealing with the patients poses threats to the professionals, as they need to confirm the avoidance of harm.

The staff engaged in providing psychological services needs proper training and education. The practitioners must possess adequate knowledge and experience when deciding about the adoption of effective practice. In clinical settings, doctors face a dilemma as they need to get permission from patients and families before employing psychological therapy. Building and maintaining clinical practices in healthcare settings remains one of the visible issues for psychologists and hospitals (Huey & Britton, 2002). Psychology adaptation to academic medical settings determines the increased role of psychology in medicine. The role of psychologists also remains prominent in medical settings due to the increased concerns regarding mental health. With the rising issues of mental health and the prevalence of depression, society relies more on clinical psychology. Psychological journals depict the increased demand for psychologists and clinical psychology in the future due to the ill mental states of people (Robinson & James, 2003).

Benefits of Clinical Psychology

Evidence reveals that clinical psychology is one of the widely accepted professions as it provides enormous benefits to society. The emergence of clinical psychology helped doctors and healthcare professionals to maintain the mental health of patients. The techniques and methods prevailing in the field help in the prevention of mental disorders. It also provides remedies or treatments for mental illnesses such as depression, anxiety, and post-traumatic stress disorder. The adoption of clinical psychology in medical settings enhanced the performance and role of medical service. With an emphasis on mental health, psychologists and psychiatrists managed to provide various interventions, leading to enhanced mental and physical health. The field provides solutions against mild to severe psychological disorders. Mental health service is an essential part of clinics, medical institutions, and hospitals that improve quality of life. The most prominent advantage of clinical psychology is a readjustment of behaviors and a return to normal life. It allows people to start living as healthy individuals after getting rid of different psychological disorders, including bipolar disorder and compulsive disorder. Clinical psychology allows psychologists to study complex human behaviors

from different aspects (Leventhal & Seime, 2004).

Future Issues of Clinical Psychology

The prospects of clinical psychology state that the demand for psychological treatments will increase among youth and adolescents. The changing trends of society due to socio-economic factors and growing depression will bring more youth to the hospitals for psychological well-being (Kush, 2001). The growth in demands for psychological treatments and remedies will compromise quality. Another issue involves high costs for the patients acquiring medical treatments for other illnesses. The cost will become unbearable for people seeking treatments for multiple diseases or illnesses. Rozensky (2006) identifies that "psychology, however, must strongly advocate for this inclusion of our services in medical and surgical care, in medical settings, and within medical insurance coverage" (Rozensky, 2006). Insurance coverage is another problem faced by healthcare professionals in medical and healthcare settings. Psychologists need to perform professional duty will dedication and must possess sufficient training. The profit incentives of the medical settings and profession also threaten the quality of service. The fairness of the profession depends on psychologists' belief that they have a central duty towards the wellness of their clients.

Conclusion

Clinical psychology remains one of the visible fields of psychology that emerged during the nineteenth century with the study of human behaviors. Several factors promoted the study of clinical psychology and focused on identifying the need. Increased depression, World War II, and socio-economic issues increased the reliance on clinical psychology. The field has direct relevance to the improved health and wellness of humans. The quality of life also depends on enhanced mental and physical health. Clinical psychology provides improved mental health and remedies against mental illness. Prospects depict increased demand for clinical psychology and service.

References

Adams, L. S. (2001). *A History of Western Art, John Jay College, and Graduate Centre City.* University of New York: McGraw-Hill.

Baker, T. B., McFall, R. M., & Shoham, V. (2008). Experimentally based treatments are not only highly effective but also are cost-effective relative to other interventions; therefore, they could help control spiraling health care costs. *Psychol Sci Public Interest, 9* (2), 67-103.

Huey, D. A., & Britton, B. G. (2002). A portrait of clinical psychology. *J Interprof Care, 16* (1), 69-78.

Kush, F. R. (2001). Primary care and clinical psychology: Assessment strategies in medical settings.

Journal of Clinical Psychology in Medical Settings, 8, 219–228.

Leventhal, G., & Seime, R. J. (2004). Introduction to the special issue: Psychology in academic health centers. *Journal of Clinical Psychology in Medical Settings, 11*, 75–76.

Parker, I. (2008). Conditions of Possibility for Clinical and Cultural Practice. *Psychoanalytic Theory and Psychology, 18*.

Pate, W. W., & Kohout, J. L. (2005). Results from a national survey of psychologists in medical school settings—2003. *Journal of Clinical Psychology in Medical Settings, 12*, 203–209.

Stevens, M. J., & Wedding, D. (2004). *Handbook of international psychology.* NY: Brunner-Routledge.

Rozensky, R. H. (2006). Clinical Psychology in Medical Settings: Celebrating our Past, Enjoying the Present, Building our Future. *13*, 352 345.

Robinson, J. D., & James, L. C. (2003). *Diversity in Human Interactions: The Tapestry of America.* New York:: Oxford University Press.