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FIFTH EDITION

what is **CLINICAL PSYCHOLOGY?**

EDITED BY
SUSAN LLEWELYN & DAVID MURPHY

What is Clinical Psychology?

FIFTH EDITION

Edited by

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Preface to the fifth edition

‘What is Clinical Psychology?’ is a question that we continue to be asked by a range of people including patients who are referred to see us, undergraduates and postgraduates considering a career in this field, colleagues in other health or social care professions, and interested family or friends. The aim of this book is to provide a broad but well-informed outline of the activities that clinical psychologists perform, and also to give a ‘feel’ of what it is like to practice as a clinical psychologist in different fields.

Clinical psychology is one of the fastest growing health professions in the United Kingdom and in many countries elsewhere in the world. The first psychological clinic was only established a little over a hundred years ago in the USA and the profession of clinical psychology has only been formally recognized in the UK for some 60 years. Nevertheless, the size of the profession in this country has more than quadrupled since the publication of the first edition of this book in 1987. Moreover, the profession has extended into a wide range of new settings and client groups. This edition contains new chapters on working with trauma, and clinical psychology and diversity. In addition, given that the last edition was written more than 7 years ago, we took the decision to approach new authors to completely rewrite the majority of the existing chapters, while the remaining chapters have been significantly updated by the previous authors. We therefore believe that the content of this book represents a comprehensive and contemporary account of the profession today. Although many examples are drawn from UK practice, most of the approaches and theories are shared internationally, and we have been conscious throughout the book to bear international readers in mind by providing explanation of UK context where appropriate.

In the 27 years since the first edition of this book was published, there have been numerous other books published in the field of applied psychology. These books fall into two broad categories: first, those that

offer a detailed account of theory and practice of a particular specialist area of practice, presenting problem or therapeutic modality, and second, those that have a broader remit and attempt to cover a field of applied psychology, such as mental health or health psychology, normally for the purpose of teaching. The specific aim of this book is somewhat different in that we aim to provide a living account of the day-to-day activities of clinical psychologists across a wide range of different areas. In doing so, we have tried to convey not just what a clinical psychologist does but importantly why they do so, by linking in the underlying psychological models and theories that are applied in their work. We also aim to look ahead to identify emerging trends and drivers of clinical psychology practice in each area of specialist practice in the years ahead. This is undoubtedly an ambitious task and could only ever realistically be achieved by calling on the collective knowledge and experience of a number of authors, each of whom is a leader in their particular field.

This book does not need to be read from beginning to end, although most readers will find it helpful to start with Chapters 1 and 2 before proceeding further, since these provide the context for contemporary clinical psychology practice and describe the essential competencies that provide the foundation for practice with the different populations and presenting problems described subsequently. At the end of each chapter there is a list of key references and suggested further reading on the material covered. These have been chosen to be accessible to non-specialist readers.

This is the fifth edition of this text, and we are indebted to the editors of previous editions, Professor John Hall and Dr John Marziller, who have handed responsibility for this next edition to us. We hope that this book will be as helpful as the previous editions have been in presenting the profession clearly and informatively to our readership. Across all five editions of this book the editors have been fortunate to be able to call upon clinical psychologists who are at the cutting edge of their specialist fields to contribute their own particular, up-to-date perspectives, which we believe is a unique strength of the book. Clinical psychology continues to be a rewarding and challenging career, which is still evolving.

There are now opportunities to work in new areas and to use innovative approaches that were not conceived of, or only aspired to, at the time of the first edition. We hope that in this book we have conveyed at least a sense of our excitement and enthusiasm for the profession as it continues to develop.

We are grateful to all of the authors in the book for their willingness to contribute and for their dedication. We would like to thank Martin Baum and Charlotte Green of Oxford University Press for their support and encouragement through the process.

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July 2013

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DJM

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Introduction: what is clinical psychology?

David Murphy and Susan Llewelyn

1.1 What is clinical psychology?

Helen's day begins with a visit to a large secondary school where she is meeting teachers to discuss Jodie, a 14-year-old girl who is currently suspended from school after violently assaulting another pupil. Last week Helen met with Jodie and carried out a clinical interview and psychometric assessment, and she hopes that the formulation she has developed about Jodie's specific learning difficulties and deficits in social perception will help the school in developing an effective approach both to manage her behaviour and to improve Jodie's engagement with school work.

Chris is sitting in a consulting room in the outpatients department of a local hospital with Rajiv, a successful 34-year-old advertising executive who has obsessive compulsive disorder. Rajiv avoided touching the door handle when he entered the office but Chris is explaining a behavioural approach that will eventually require Rajiv to touch the outside of doors, including the toilet door in the hospital, and then resist the urge to wash his hands. Chris is also collecting data on the outcome of the intervention, which will be used in a current research project to investigate key components of the treatment.

Jana is sitting at Colin's bedside in a hospital spinal injuries unit; Colin was involved in a car accident 6 weeks ago which left him paralysed from the neck down. Jana has been asked to see him as the unit staff are very concerned about his mood and low motivation to participate in rehabilitation. Colin has refused to allow his fiancée to visit him as he believes he is 'no longer the man she wanted to marry' and 'doesn't want her pity'.

Alice is carrying out a training session at a nursing home to help the staff develop the skills to effectively manage challenging behaviour in

people with dementia whilst continuing to maintain respect and dignity. A member of staff at the home has recently been reprimanded for shouting at an 80-year-old man who had thrown yoghurt at her during meal time. Alice is also building a database on effective systemic interventions for use when disseminating psychological skills to care staff.

Although they are working in very different environments and with quite different populations, Helen, Chris, Jana, and Alice have one thing in common, they are all clinical psychologists. Indeed, these four clinical psychologists are fairly representative of the profession in the UK. Prior to training as a clinical psychologist almost all have undertaken an undergraduate degree in psychology which confers eligibility for Graduate basis for Chartered Membership (GBC) with the British Psychological Society (BPS), or a joint degree with a sufficient coverage of the core areas in Psychology to be awarded GBC. However, Chris undertook a first degree in law and subsequently undertook a conversion diploma course to obtain GBC, whereas Jana completed her undergraduate psychology course in another European country before coming to the UK, where she worked first as a health care assistant on an inpatient mental health unit and later as an assistant psychologist before starting her postgraduate clinical psychology training.

At present in the UK all clinical psychology training programmes are 3-year full-time doctoral courses (D.ClinPsych). They generally consist of an average of 3 days a week of clinical training on placement and 2 days a week of formal teaching at the university (see Appendix 1 for further details of training procedures). All programmes include undertaking a piece of research which forms the basis for a dissertation and also a shorter service evaluation project. Many other countries have now established similar training curricula and courses, at either doctoral or master's level. Successful completion of the doctoral programme in the UK gives eligibility to apply to the Health and Social Care Professionals Council (HCPC) for registration as a clinical psychologist. This registration is required by law in order to practice as a clinical psychologist, and indeed 'Clinical Psychologist' is one of the seven practitioner psychologist titles that are protected by UK law, and, as such, non-registered individuals inappropriately using the titles are liable to criminal prosecution.

The primary aim of this text is to provide an insight into the nature of the profession of clinical psychology and what it is like to be a clinical psychologist. As the preceding four short descriptions illustrate, clinical psychology is an enormously diverse profession. This introductory chapter will include a general overview of how the profession of clinical psychology has developed since its beginnings in the early 20th century and the current state of the profession in the 21st century, and will then scope out how psychologists work in practice, particularly in the UK's NHS. There will also be an overview of the ethical and value base of the profession, and an examination of the possible impact on practitioners themselves. Subsequent chapters each focus on a different setting in which clinical psychologists work, which we hope will help to provide a vivid but informed picture of what this work involves.

1.2 The emergence of psychology as a distinct discipline

Psychology as an undergraduate subject is now among the most popular subjects studied in universities in the UK and elsewhere. There are currently approximately 70,000 full- or part-time students studying psychology at undergraduate level in UK universities. However, despite its popularity, psychology is still a relatively young subject. In textbooks it is quite rare to find references to any work before the 20th century.

The first person to refer to themselves as a 'psychologist' was the German physicist and physiologist Wilhelm Wundt who had been a student of the physicist Hermann von Helmholtz. Wundt established the world's first experimental psychology laboratory at the University of Leipzig in 1879.

In the UK, experimental psychology evolved as a distinct discipline in the very early years of the 20th century, initially at University College London (UCL) where James Sully established a psychological laboratory in 1889, about 10 years after Wundt, and then at the University of Cambridge where a psychological laboratory was established in 1912 by Charles Spearman who had trained as a physician but who then developed an interest in psychology. Spearman later served as a consultant psychologist to the British Army in France during the First World War and went on to write the first scientific paper describing the condition known as 'shell shock'.

In 1928, a separate Department of Psychology was created within London University, and Spearman was made Professor of Psychology, going on to develop the concept of general intelligence for which he is best remembered.

The first meeting of what was to become the BPS took place at UCL in 1901, and the Society was formally established in 1906. Although the Society was formed only from teachers of psychology, of the ten founder members present at the first meeting five had trained as medical practitioners. Only one was female, Sophie Bryant, the headmistress of North London Collegiate, an independent girls school.

1.3 Psychology in practice

Psychology was applied in practice very shortly after its establishment as a distinct academic discipline at the end of the 19th century, although psychology practice occurred only on a very small scale until the latter half of the 20th century. Whereas today the dominant areas of psychological practice are probably within adult mental health and psychological therapy, in fact the early application of psychology in practice was mainly driven by the emergence of *psychometrics* and also the *preventative principles* of the mental hygiene movement in the USA, and focused predominantly on children rather than adults.

The development of psychology practice came about as a result of the work of a number of pioneering individuals originating from a wide range of academic backgrounds, who all became influenced through various means by the emerging discipline of experimental psychology, and then developed innovative ways of applying psychological principles to people's lives.

One of the first of such individuals was Alfred Binet who graduated from Law school in France in 1878 and, after studying natural sciences at the Sorbonne, developed an interest in psychology and educated himself through reading early textbooks at the National Library in Paris.

A chance meeting on a Paris railway platform in 1891 with Dr Henri Beaunis, then Director of the Experimental Psychology Laboratory at the Sorbonne, led to Binet being appointed associate director of the Laboratory. Towards the end of the 19th century, the French Government

introduced a law requiring all children from the ages of 6 to 14 to receive state education. In 1901 Binet was asked by the Department of Education to develop a standard test to identify children who would require additional educational support. Binet took on the challenge and the result was the world's first IQ test, the Binet-Simon Scale. This test was soon adapted by American psychologists Lewis Terman and Robert Yerkes who constructed measures that were administered on a very large scale to prospective recruits to the US Army, thereby firmly establishing the applied use of psychometrics.

The application of the psychometric method in the UK owes much to the work of Cyril Burt who graduated in Philosophy from Oxford in 1906. Although a formal degree course in Psychology was not established at Oxford until after the Second World War, Burt developed an interest in the newly emerging field of Psychometrics fostered by William McDougall who had been appointed as a reader in Mental Philosophy (psychology was generally regarded as a branch of philosophy at the time).

After graduation, Burt worked with McDougall on a national survey measuring mental and physical attributes of the general population (together with Charles Spearman). In the summer of 1908, Burt visited the University of Würzburg, Germany, where he first met the psychologist Oswald Külpe who had been an assistant to Wundt at Leipzig and further influenced Burt's interest in psychometrics.

In 1913, Burt took the part-time position of a school psychologist for the London County Council (LCC), with the responsibility of identifying 'feeble-minded' children, in accordance with the Mental Deficiency Act of 1913. The fact that some of his later work was discredited should not obscure the significance of his earlier contribution.

The first use of the term 'clinical psychology' is widely credited to Lightner Witmer in the USA, who founded the world's first psychological clinic in 1896 at the University of Pennsylvania. Witmer, whose first degree had been in economics followed by graduate studies in political science, had become interested in remediation of educational difficulties whilst working as a school teacher and where he had assisted a 14-year-old boy overcome specific language difficulties. He subsequently joined

the experimental psychology laboratory at Pennsylvania as an assistant to James Cattell, another former student of Wilhelm Wundt, and indeed Witmer himself also spent a year as a student of Wundt in Leipzig.

Subsequently Clifford Beers founded the mental hygiene movement in America as a result of witnessing and himself experiencing maltreatment while hospitalized because of depression and paranoia. Starting in the 1920s, mental hygienists promoted a therapeutic perspective toward the everyday problems of children with the aim of prevention and early intervention. The US National Committee was also instrumental in the establishment of Child Guidance clinics.

In the UK the children's department at the Tavistock Hospital was founded in 1926 and was staffed by doctors, social workers, and also psychologists whose role was 'the carrying out of psychological tests and the ascertainment of intelligence quotients'.

Shortly afterwards the Notre Dame Centre in Glasgow opened in 1931 and was the first Child Guidance Clinic to be directed by a psychologist, Sister Marie Hilda, and is still operating today. Child guidance clinics provided services for children with a range of problems, from bed-wetting and stammering to delinquent behaviour. In addition to conducting psychometric tests, psychologists used play therapy to understand the nature of the children's difficulties.

Despite these early steps towards applying psychology in practice, the discipline of psychology in the UK remained very small until after the Second World War: the number of members of the BPS stood at only 811 in 1941.

The focus of academic psychology was understandably drawn towards military issues during this period, particularly selection and support for the forces. However, in the aftermath of the war the National Health Service (NHS) was created and this presented an opportunity for psychologists to formally establish a new profession: clinical psychology.

1.4 Clinical psychology in the National Health Service

It was only after the war that UK psychologists began working in the field of adult mental health. An informal 'Committee of Professional Psychologists (Mental Health)' formed within the BPS, and held its first