

CLINICAL PSYCHOLOGY: A NATIONAL PERSPECTIVE ON ORIGINS, CONTEMPORARY PRACTICE, AND FUTURE PROSPECTS

P.E. Nathan

Department of Psychology, University of Iowa, USA

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Summary

This article traces the history of clinical psychology in the United States from its beginnings to its present status as a core mental health profession. It also considers the following current issues affecting clinical psychology that seem likely to impact on its future: (1) the division in professional activities and aspirations between clinical psychologists who function primarily as practitioners and those who work primarily as academic teachers and researchers; (2) the controversy over alternative training models in clinical psychology: those designed primarily to train practitioners and those designed to train academic clinical psychologists; (3) the impact of managed care on the practice of clinical psychology; (4) the effort by clinical psychologists to gain legislative authority to prescribe psychopharmacological agents; (5) the expanded practice opportunities created for clinical psychologists and other mental health professionals by behavioral telehealth; and (6) the possibilities and problems posed by the development since the early 1980s of evidence-based treatments and practice guidelines.

1. Introduction

This article traces the history of clinical psychology in the United States. Clinical psychology is a core mental health discipline, which means that, together with psychiatry, psychiatric social work, and psychiatric nursing, it is responsible in the United States for the study, assessment, treatment, and prevention of abnormal behavior or psychopathology. Historically, clinical psychology began in an effort to develop reliable methods for quantifying the intellectual and cognitive abilities in children. To these activities were gradually added responsibilities for the assessment of personality

and psychopathology, largely but not entirely by means of psychological test instruments. Coincidental to these developments, more and more clinical psychologists undertook research on the phenomenology, etiology, and treatment of mental disorders. More recently, they have added additional applied responsibilities in the treatment and prevention arena.

Most observers trace the beginnings of clinical psychology to Lightner Witmer's psychological clinic at the University of Pennsylvania, founded in 1896. From that modest beginning, as the article indicates, clinical psychology has grown to its present status as a core mental health profession, composed of more than 100 000 doctoral level clinical psychologists. The article also considers in detail several pressing current issues that seem likely to impact on clinical psychology's future. These issues include (1) the division in professional activities and aspirations between clinical psychologists who function primarily as practitioners and those who work primarily as academic teachers and researchers; (2) the controversy over alternative training models in clinical psychology: those designed primarily to train practitioners and those designed to train academic clinical psychologists; (3) the impact of managed care on the practice of clinical psychology; (4) the effort by clinical psychologists to gain legislative authority to prescribe psychopharmacological agents; (5) the expanded practice opportunities created for clinical psychologists and other mental health professionals by behavioral telehealth; and (6) the possibilities and problems posed by the development since the early 1980s of evidence-based treatments and practice guidelines.

While clinical psychology largely began and initially flourished most strongly in the United States, its current scope is worldwide. Many of the historical, professional, and clinical developments discussed below affected clinical psychology outside North America as deeply as they did clinical psychology in the United States, Canada, and Mexico. Nonetheless, each country in which clinical psychology has developed has its own distinct history, historical figures, and research and clinical traditions. While it is not possible to discuss those matters in this brief article, a recent comparison of clinical psychology training in the United States and Europe cited in the bibliography below suggests the existence of many points of comparison between the two.

2. Historical Foundations of Clinical Psychology

2.1. The Beginnings: 1896–1917

Most historians of clinical psychology trace its founding in the United States to Lightner Witmer, who established the first psychological clinic in 1896 at the University of Pennsylvania. The clinic treated children with learning problems and disruptive classroom behavior. Brought to the clinic by their parents or teachers, these children received both physical and mental examinations. The results of the examinations determined who would see them next: specialists in internal medicine, psychiatry, and/or learning remediation. Interestingly, while Witmer founded the first psychological clinic, taught the first specific course on the subject, and, in fact, named the infant field, he contributed no central theories or research findings. For that reason, modern day clinical psychology's debt to him is limited to his role as the first clinical psychologist.

In 1906, Harvard psychiatrist Morton Prince founded the *Journal of Abnormal Psychology*, which continues today as one of the leading journals in the field; in 1907, Witmer established the field's second journal, *The Psychological Clinic*. These two journals permitted applied clinically oriented psychologists to identify with the nascent field for the first time. During the same period, additional institutions that helped shape the young field were founded. They included the University of Iowa Psychological Clinic, founded in 1908; like the University of Pennsylvania Psychological Clinic, it too served the needs of children. A year later, William Healy established the Juvenile Psychopathic Institute in Chicago. It promoted a team approach to the remediation of what today we call juvenile delinquency, in contrast to the earlier concern in Philadelphia and the slightly later concern in Iowa with children's learning problems. Healy's commitment to Freud's psychodynamic theory and techniques, incidentally, helped shift the focus of clinical psychology from educational remediation to psychodynamic personality reconstitution.

It is fitting that Witmer's pioneering psychological clinic defined the new professional identity of clinical psychology, because its focus was on assessment and evaluation, initially specifically of intelligence, even before it became separate from psychiatry, on the one hand, and philosophy, on the other.

Francis Galton, whose efforts during the last two decades of the nineteenth century to relate individual differences in reaction time and other psychomotor abilities to differences in intellectual and cognitive functioning, did not call himself a clinical psychologist. Nonetheless, his focus helped define and strongly influenced those who came later who did call themselves clinical psychologists. Another influence of the same sort came from James McKeen Cattell, an American psychologist who had studied with Wilhelm Wundt; Wundt, of course, is generally accorded primacy as the first psychologist and his laboratory in Leipzig, founded in 1879, the first psychological laboratory. Cattell also studied individual differences in reaction time and other perceptual and motor skills in hopes of capturing the essence of intelligence. He called his measures mental tests and developed a battery of 10 tests to select individuals for various work environments.

Despite this earlier work of Galton and Cattell, though, it is to French psychologist Alfred Binet that credit is generally given for founding the mental measurement movement that defined the infant profession of clinical psychology during its earliest decades; that movement has continued to bulk large in the activities of clinical psychologists to the present day. In 1904, Binet and his colleague Theodore Simon were asked to develop an instrument to differentiate degrees of mental "subnormality" among French schoolchildren for placement purposes. The result was the 1908 Binet-Simon Scale. Later, psychologist Henry Goddard arranged for the Binet tests to be brought to the United States, where psychologist Lewis Terman produced the first American revision in 1916. The Stanford-Binet tests subsequently became the principal means by which the intelligence of children was assessed in America for many years.

In the initial decades of the twentieth century, assessment was the principal activity of the small numbers of individuals who called themselves clinical psychologists, even though a few devoted themselves to research and a few others developed modes of

intervention. However, it was not until many years later, during and after World War II, that these other two bulwarks of the young profession began to be developed in earnest.

2.2. World War I Period: 1917–1919

Meanwhile, early in World War I, it became clear that some means needed to be developed to screen and classify the thousands of new recruits to the U.S. Army. To deal with this problem, a group of five members of the American Psychological Association (APA), chaired by Robert Yerkes, was asked by the Medical Department of the Army to create an instrument to classify men for assignment according to their mental abilities. The result was the Army Alpha, a scale of verbal ability, published in 1917. The Army Beta, a non-verbal scale, followed shortly thereafter. For further classification, psychologist Robert Woodworth developed the Psychoneurotic Inventory during the same period; it was the first questionnaire specifically designed to explore for the presence of psychopathology.

2.3. Further Development: 1919–1939

Building on its initial base of intellectual assessment of children, as well as its contributions to classification and diagnosis during World War I, clinical psychology continued to develop at a moderate pace during the years between the first and second world wars.

2.3.1. Professional Developments

A section of clinical psychology was established within the APA in 1919. It provided recognition for the new profession and a professional focus for its efforts to grow. Additional recognition from the APA came with the formation of a committee on training standards by the clinical section in 1931 and that committee's formal definition of clinical psychology in 1935 as "that art and technology which deals with the adjustment problems of human beings." The first textbook of clinical psychology was published in 1936 by C.M. Loutitt; a year later, the *Journal of Consulting Psychology*, later to be renamed the *Journal of Consulting and Clinical Psychology*, was founded. That journal continues to the present day to be the premier journal for the publication of assessment and treatment research in clinical psychology in the United States.

2.3.2. Developments in Intelligence and Diagnostic Testing

Considerable progress was made in both intelligence and diagnostic testing during this period. During the late 1920s and early 1930s, the Pintner-Patterson Nonverbal Intelligence Scale, the Arthur Point Scale, the Cornell-Coxe Test, and the Goodenough Draw-a-Man measure of intelligence were developed, thereby creating both individual and group tests as well as verbal and nonverbal tests. A bit later, Gesell's Developmental Scales of Intelligence and Doll's Vineland Social Maturity Scale appeared. Late in this period, in 1939, the initial Wechsler-Bellevue test of intelligence, the first individual (non-group) instrument for the measurement of adult intelligence, was created by psychologist David Wechsler. The Wechsler tests were destined to have

a major impact on the conceptual as well as professional aspects of intelligence testing by clinical psychologists.

In addition, during this time, aptitude and vocational interest tests made their initial appearance, in the form of the Seashore tests of musical ability, the Strong Vocational Interest Blank, and the Kuder Preference Record. Moreover, clinical psychologists began to develop tests of personality, including Woodworth's Personal Data Sheet, the Pressey X-O Test for Emotions, the Downey Will-Temperament Test, and the Allport-Vernon Study of Values.

Greatest attention was paid by clinical psychologists devoted to testing to the development of projective tests during this time. These tests were heavily influenced by psychoanalytic theory, reflecting the attention then given by both psychiatry and clinical psychology to psychoanalytic theory and practice. While word-association studies had earlier been conducted by Galton, Jung, and others, the major event in the development of projective tests took place in 1921, when Swiss psychiatrist Hermann Rorschach published *Psychodiagnostik*, his pioneering inkblot test. The text stemmed from psychoanalytic theory, which posited that when presented with ambiguous stimuli like inkblots patients would impose their own order on the stimuli and, in so doing, reveal unconscious determinants of behavior. In 1937, clinical psychologists Beck and Klopfer published separate manuals proposing scoring systems for the Rorschach Test, thereby enhancing its clinical utility. In 1935, Morgan and Murray published the Thematic Apperception Test (TAT), a projective instrument requiring subjects to look at pictures portraying ambiguous scenes and provide their own interpretations of the scenes; in doing so, they were thought to reveal unconscious, hidden motives and desires. The Rorschach and the TAT ultimately became the most widely used projective techniques. The projective testing movement no longer commands the excitement and support from clinical psychologists it once did, due both to the inability of researchers to report adequate reliability and validity for the instruments and to the declining influence of psychodynamic theory. Nonetheless, the several decades following publication of these two instruments produced a great deal of intellectual and clinical ferment around the whole idea of projective assessment.

2.3.3. Developments in Treatment and Research

During these decades, only a small number of clinical psychologists developed, wrote about, or practiced treatment, in large part because psychiatrists of the psychoanalytic persuasion pretty much controlled that enterprise. Most intervention, of course, focused on efforts, which were largely unsuccessful, to control the behavior of the severely disturbed patients committed to state hospitals; relatively few non-psychotic ("neurotic") persons sought treatment and when they did they generally sought psychoanalysis or psychoanalytic psychotherapy. A few psychologists did move from assessment activities in the child guidance clinics where they worked to play therapy and, in a few instances, group therapy, but psychosocial treatment did not become part of the armamentarium of clinical psychologists until the demands of World War II so markedly changed the profession. Similarly, clinical research was not a major activity of clinical psychologists during this period, although some test development research was published.

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Biographical Sketch

Peter E. Nathan received the A.B. in Social Relations with Honors from Harvard College in 1957 and the Ph.D. in Clinical Psychology from Washington University in 1962. After seven years on the faculty of Harvard Medical School, he moved to Rutgers University in 1969 as professor and director of clinical psychology training in the Department of Psychology. He was named Henry and Anna Starr Professor of Psychology and assumed the directorship of Rutgers' Center of Alcohol Studies in 1983. In 1987, on a leave of absence from Rutgers, he served as senior health program officer for the MacArthur Foundation in Chicago. On January 1, 1990, he became vice president for Academic Affairs, dean of Faculties, and University of Iowa Foundation Distinguished Professor of Psychology at the University of Iowa. On July 1, 1993, he became provost and, on July 1, 1995, he became acting president of the University. On January 1, 1996, he stepped down from the acting presidency to join the Department of Psychology.

Dr. Nathan has served as member and chair of a number of NIAAA, NIMH, NIDA, and V.A. research review committees. In 1988, he joined both the Work Group to revise the diagnostic criteria for the Substance Use Disorders for DSM-IV and the core DSM-IV Task Force itself. In 1990, he began a four-year term on the National Advisory Council on Alcohol Abuse and Alcoholism. He has written or edited many books, journal articles, and book chapters dealing with such diverse issues as alcohol abuse and dependence, syndromal diagnosis, and psychotherapy outcomes. In 1989, Dr. Nathan received the Board of Trustees Award for Excellence in Research from Rutgers University; in 1992 he was awarded the Alfred M. Wellner Memorial Award from the National Register of Health Service Providers in Psychology; and in 1999 he received the APA Award for Distinguished Professional Contributions to Knowledge. He has been president of the American Psychological Association's Division of Clinical Psychology and is the current president of the National Register of Health Service Providers in Psychology.