

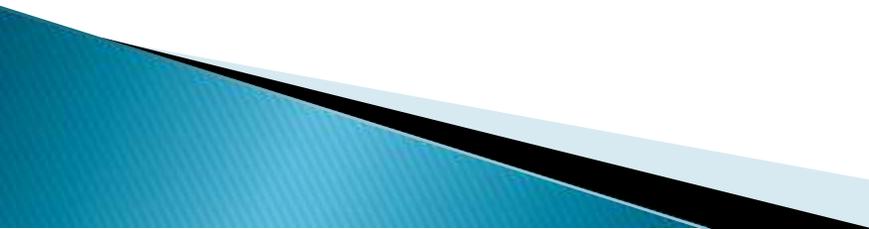
**CLINICAL PSYCHOLOGY EC-1
M.A SEMESTER-4
TOPIC: EDUCATION AND TRAINING OF CLINICAL PSYCHOLOGISTS**

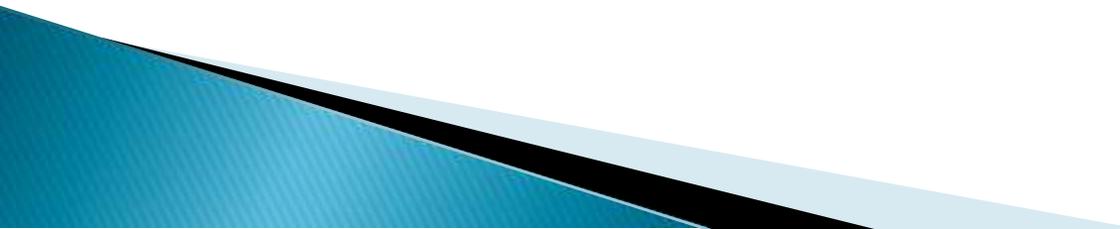
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▶ **Education of Clinical Psychologists-** The road to becoming a clinical psychologist is a long one divided by a number of distinct stages and phases that include college, graduate school, clinical internship, postdoctoral fellowship, licensure, and finally employment, continuing education, and advanced certification. Graduate school in clinical psychology takes at least five years to complete. It includes training in assessment, research, diagnosis, and therapeutic skills, along with an internship. A student interested in obtaining a doctorate in clinical psychology can choose between two types of degrees: the traditional **PhD (Doctor of Philosophy)** or the **PsyD (Doctor of Psychology)**. Although the APA recommends a core curriculum of courses and activities (APA, 1987b), each program maintains its own unique orientation based on the faculty and traditions of the program. In India, a two years M. Phil program is necessary for becoming a Clinical Psychologist. After completion of the program, it is essential to get the license from Rehabilitation Council of India (RCI) for practice as a Clinical Psychologist.

Training of Clinical Psychologists- There are four models of training in Clinical Psychology:

1. The Scientist-Practitioner (Boulder) Model- In 1949, the first conference on graduate training in clinical psychology was held in Boulder, Colorado. At this conference, training directors from around the country reached an important conclusion that is- Training in clinical Psychology should jointly emphasize both practice and research. In other words, to become a clinical psychologist, graduate students would need to receive training and display competence in the application of clinical methods (assessment, psychotherapy, etc.) and the research methods necessary to scientifically study and evaluate the field. The term scientist-practitioner model was used to label this two-pronged approach to training (McFall, 2006; Norcross, Sayette, & Mayne, 2008).

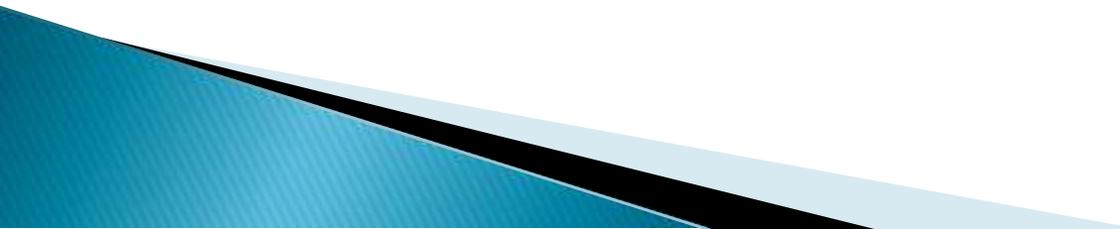


- ▶ This model saw a profession comprised of skilled practitioners who could produce their own research as well as consume the research of others. Those at the conference also agreed that coursework should reflect this dual emphasis, with classes in statistics and research methods as well as classes in psychotherapy and assessment. The Boulder vision was of a systematic union between clinical skill and the logical empiricism of science. The scientist-practitioner model is just as applicable to clinical researchers as it is to practicing clinicians. Clinical psychologists are split into two groups: those interested primarily in clinical practice and those interested primarily in research. Some people believe that the scientist-practitioner model is a good and successful model, but others conclude that it is a poor educational model.
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2. The Practitioner-Scholar (Vail) Model- There was another conference of Clinical Psychology was held at Vail, Colorado in 1973. In this conference, many aspiring Clinical Psychologists pointed about the extensive training as a scientist for practice. So the Practitioner-Scholar model of training was born, along with a new type of doctoral degree, the PsyD. Since the 1970s, graduate programs offering the PsyD degree have proliferated. In fact, in the 1988 to 2001 time period alone, the number of PsyD degrees awarded increased by more than 160% (McFall, 2006). Compared with PhD programs, these programs typically offer more coursework directly related to practice and fewer related to research and statistics. The number of PsyD programs is actually quite small in comparison with the number of PhD programs, but the typical PsyD program accepts and graduates a much larger number of students than the typical PhD program.

3.The Clinical Scientist Model- According to this view, many of the methods that practitioners employ in their treatment has not been demonstrated to be effective in controlled clinical studies. Clinical psychologists were urged to help build a *science* of clinical psychology by integrating scientific principles into their own clinical work, differentiating between scientifically valid techniques and pseudoscientific ones and focusing graduate training on methods that produce clinical scientists. The “call to action” for clinical scientists appeared in 1991, in the “Manifesto for a Science of Clinical Psychology” formed by **Richard McFall**, a professor of psychology at Indiana University. In this document, McFall argued on three points-

- (a) “Scientific clinical psychology is the only legitimate and acceptable form of clinical psychology” (p. 76).
- (b) “Psychological services should not be administered to the public (except under strict experimental control) until they have satisfied some criteria.
- (c) “The primary and overriding objectives of doctoral training programs in clinical psychology must be to produce the most competent clinical scientists possible” (p. 84).

- ▶ A conference of prominent leaders of select clinical psychology graduate programs took place at Indiana University. From this conference, the **Academy of Psychological Clinical Science** was founded. The academy consists of graduate programs and internships that are committed to training in empirical methods of research and to the integration of this training with clinical training. The academy is affiliated with the Association for Psychological Science (APS). The primary goals of the academy are: Training, Research and Theory, Resources and Opportunities, Application and Dissemination.
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4. Combined Professional-Scientific Model- It involves a combined specialty in counseling, clinical, and school psychology. This model believes that these areas share amount of knowledge and the actual practices of psychologists who graduate from each of these specialties are quite similar. The curriculum in these combined training programs focuses on core areas within psychology and exposes students to each subspecialty of counseling, clinical, and school psychology. However Graduates from this type of training program may not develop a specific subspecialty or area of expertise by the end of their doctoral training. But it is suitable for future practitioner than for the future academician or clinical scientist.

