

Assessing Characteristics of Clinical Psychologist for Effective Counseling

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Abstract: All we get are often subject to problems due to the limited knowledge and experience we need to consult with others. You know, sometimes people not immune to emotional crises. Developments and changes that occur in life. Such a pass in college, getting married, moving away from family and friends, illness and loss of our loved ones. Sometimes we experience anxiety, doubt, fear, conflict, and even makes the crisis. When adapted to the new environment and a new experience, these feelings are normal, but if these negative feelings far more than normal, which can reduce the physical, mental focus and relaxation. Effective counseling requires a good knowledge and understanding of the characteristics, needs and potential clients and situations in which they see themselves. This process is also influenced by beliefs, value system and attitude of the consultant, his worldview, psychological schools of current theoretical frameworks and assumptions are accepted. Its not counselors, clients can change lives, but they can gain a better understanding, confidence, self-efficacy and problem-solving skills to support and help.

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Introduction:

Clinical psychology is an integration of science, theory and clinical knowledge for the purpose of understanding, preventing, and relieving psychologically-based distress or dysfunction and to promote subjective well-being and personal development. Central to its practice are psychological assessment and psychotherapy, although clinical psychologists also engage in research, teaching, consultation, forensic testimony, and program development and administration. In many countries, clinical psychology is a regulated mental health profession.

The field is often considered to have begun in 1896 with the opening of the first psychological clinic at the University of Pennsylvania by Lightner Witmer. In the first half of the 20th century, clinical psychology was focused on psychological assessment, with little attention given to treatment. This changed after the 1940s when World War II resulted in the need for a large increase in the number of trained clinicians. Since that time, two main educational models have developed—the Ph.D. scientist–practitioner model (requiring a doctoral dissertation and therefore research as well as clinical expertise); and the Psy.D. practitioner–scholar model.

Clinical psychologists are now considered experts in providing psychotherapy, psychological testing, and in

diagnosing mental illness. They generally train within four primary theoretical orientations—psychodynamic, humanistic, behavior therapy/cognitive behavioral, and systems or family therapy. Many continue clinical training in post-doctoral programs in which they might specialize more intensively in disciplines such as psychoanalytic approaches, or child and adolescent treatment modalities. Clinical psychologists can offer a range of professional services, including:

- Administer and interpret psychological assessment and testing
- Conduct psychological research
- Consultation (especially for multi-disciplinary teams in mental health settings, such as psychiatric wards and increasingly other healthcare settings, schools and businesses)
- Development of prevention and treatment programs
- Program administration
- Provide expert testimony (forensic psychology)
- Provide psychological treatment (psychotherapy)
- Teach

Assessment:

An important area of expertise for many clinical psychologists is assessment, and there are indications that as many as 91% of psychologists utilize this core clinical practice. Such evaluations are usually conducted in order to gain insight into, and form hypotheses about,

psychological or behavioral problems. As such, the results of these assessments are often used to clarify a person's diagnosis and assist in planning treatments or arranging for services. Methods used to gather information include formal tests, clinical interviews, reviews of past records, and behavioral observations. There exist literally hundreds of various assessment tools, although only a few have been shown to have both high validity (i.e., test actually measures what it claims to measure) and reliability (i.e., consistency). These measures generally fall within one of several categories, including the following:

- **Intelligence & achievement tests** – These tests are designed to measure certain aspects of cognitive functioning (often referred to as IQ) in comparison to a group of people with similar characteristics (such as age or education). These tests, including the WISC-IV and WAIS-IV, attempt to measure traits such as general knowledge, verbal comprehension, working memory, attention/concentration, logical reasoning, and visual/spatial perception. Several of these tests have been shown to accurately predict scholastic achievement and occupational performance, and help to identify a person's cognitive strengths and weaknesses.
- **Personality tests** – These tests aim to describe patterns of behavior, thoughts, and feelings, and generally fall within two categories: objective and projective. Objective measures, such as the MMPI-2 or the MCMI-III, are based on forced-choice responses—such as yes/no, true/false, or a rating scale—and generate scores that can be compared to a normative group. Projective tests, such as the Rorschach inkblot test, use open-ended responses, often based on ambiguous stimuli, to reveal non-conscious psychological dynamics such as motivations and perceptions of the self and the world.
- **Neuropsychological tests** - Tests in this category are often used to evaluate a person's cognitive functioning and it's relationship to a person's behavior or psychological functioning. They are used in a variety of settings, for purposes such as clarifying a diagnosis (especially in distinguishing between psychiatric and neurological symptoms), better understanding the impact of a person's neurological condition on their behavior, treatment planning (especially in rehabilitation settings), and for legal questions, such as determining if a person is faking their symptoms (also referred to as malingering) or if they are capable of standing trial.
 - **Clinical interviews** – Clinical psychologists are also trained to gather data by observing behavior and collecting detailed histories. The clinical

interview is a vital part of assessment, even when using other formalized measures, as it provides a context in which to understand test results. Psychologists can employ a structured format (such as the SCID or the MMSE), a semi-structured format (such as a sequence of questions) or an unstructured format to gather information about a person's symptoms and past and present functioning. Such assessments often include evaluations of general appearance and behavior, mood and affect, perception, comprehension, orientation, memory, thought process, and/or communication.

Clinical Psychology - one of the Registered Practitioner Psychology Professions

Psychology is the scientific study of human thought and behaviour. Many people are interested in psychology, and in fact it is one of the most popular degrees that can be studied at university. But having a degree in psychology is not the same as being a Registered Practitioner Psychologist. A Registered Psychologist is a legally regulated professional who has a postgraduate qualification in the application of psychological science to a particular issue.

There are currently seven types of Practitioner Psychologists:

- Clinical Psychologists
- Counselling Psychologists
- Educational Psychologists
- Forensic Psychologists
- Health Psychologists
- Occupational Psychologists
- Sports & Exercise Psychologists

Clinical psychologists and psychiatrists often work in the same clinics and see people with similar problems, but there is a clear difference between them.

Clinical psychologists' key role is to consider what the science of psychology tells them about how to help with the problem. And psychiatrists' key role is to consider what the science of medicine tells them about how to help with the problem.

They are each able to do this because the first stage in training as a clinical psychologist is a degree in psychology, whereas the first stage in training as a psychiatrist is a degree in medicine.

So if you are depressed, for instance, a psychiatrist is best placed to help you think about whether a biological

treatment like antidepressant drugs may help. And a clinical psychologist is best placed to help you think about whether a psychological therapy like cognitive behavioural therapy may help.

Clinical psychologists will usually be able to help you see a psychiatrist if that would be helpful for your problem, and psychiatrists will usually be able to help you see a clinical psychologist if they would be more able to help you with your problem.

GRADUATE PROFESSIONAL PROGRAM

General Principles. The general principles which underlie the graduate program appear to us of primary importance -- in fact much more important than the details of the program. If clarity in the formulation of goals exists, there should be relatively little difficulty about agreeing on the means for implementing them. As has already been indicated, it is the opinion of the Committee that the setting up of a detailed program is undesirable. Such a step, if accepted generally, would go far in settling clinical psychology at a time when it should have great lability. Considerable experimentation with respect to the personality and background of students as well as the content and methods of courses will for a long time be essential if we are to develop the most adequate program. Our aims are rather to achieve general agreement on the goals of training and encourage experimentation on methods of achieving these goals and to suggest ways of establishing high standards in a setting of flexibility and reasonable freedom. We also hold that the goals should not be determined by special situations and special demands, but should be oriented toward the question of what is the best training for the clinical psychologist. Against this general background the principles which we consider important are the following:

1. A clinical psychologist must first and foremost be a psychologist in the sense that he can be expected to have a point of view and a core of knowledge and training which is common to all psychologists. This would involve an acquaintance with the primary body of psychological theory, research, and methods on which further training and interdisciplinary relationships can be built.

2. Preparation should be broad; it should be directed to research and professional goals, not to technical goals. Participants should receive training in three functions: diagnosis, research and therapy, with the special contributions of the psychologist as a research worker

emphasized throughout. Although many will probably tend to specialize in one or another of these areas after obtaining the degree, the Committee feels strongly that them should be training in each of these areas during the graduate period. We are particularly concerned that training shall be of such a quality as to eliminate the possibility that a technician, whether in the sense of a directive or nondirective counselor, a Multiphasic specialist, a Binet tester, a Rorschach specialist, or a remedial instructor, will be turned out as a clinical psychologist, and so depended upon for a range of work he will be unable to do.

3. In order to meet the above requirements the program calls for study in six major areas: a. General psychology; b. Psychodynamics of behavior; c. Diagnostic methods; d. Research methods; e. Related disciplines; f. Therapy. Such a program should go far towards reducing the dangers inherent in placing powerful instruments in the hands of persons who are essentially technicians, persons who from the standpoint of the academic group have no real foundation in a discipline, and who from the standpoint of the clinical group have no well-rounded appreciation of the setting in which they function.

4. The specific program of instruction should be organized around a careful integration of theory and practice, of academic and field work, by persons representing both aspects. Just as there is great danger, in the natural revolt against "academic" dominance, of ending up with a "practical" program, so is there danger in the continued dominance of the academy. It is important to break down the barriers between the two types of approach and through their smooth integration impress the student with the fact that he is taking one course of training provided by one faculty.

5. Through all four years of graduate work the student should have contact, both direct and indirect, with clinical material. This can be accomplished in the theoretical courses through the constant use of illustrative case material with which the instructor has had personal contact. The student should from the first year be provided with opportunities for actual contact with human material in naturalistic, test, and experimental situations in the setting of practicum, clerkship, and internship. Throughout, the effort should be made to maintain and to build upon that most valuable quality, the naive enthusiastic interest in human beings with which the student first comes into the program.

Conclusion:

Every day clinical psychologists help a wide range of people of all ages with all sorts of problems. Some have particular emotional or mental health problems, such as depression or schizophrenia. Others have difficulties with their thinking (also known as 'cognitive' problems). These can take many forms, such as problems with memory or perception after a head injury, a learning disability or dementia. There are many more areas of life where a clinical psychologist can help. These could include helping people manage and live with health conditions such as HIV, cancer or chronic pain, assisting people who have difficulties in maintaining relationships or providing advice about how to care for a child who has been abused.

Whatever the problem, the clinical psychologist will consider what scientific research says about its probable cause and what will be likely to help. Sometimes the clinical psychologist will be the one who then provides the help. Examples of this include seeing the person for a number of sessions to provide psychological therapy or giving advice on how to manage memory problems. And sometimes the clinical psychologist will recommend other people who can help, perhaps advising them on the best way forward for the client. Clinical psychologists are trained by the NHS, just like doctors and nurses, and most work there too.

Registered clinical psychologists have a degree in psychology plus an additional three to five years of postgraduate experience and university training in applying the science of psychology to clinical problems. It therefore takes six to eight years to qualify as a Registered clinical psychologist, and the qualification that Registered clinical psychologists now obtain is a doctorate in clinical psychology. However, not all of these people are registered to practise clinically; for example, some might be academics or teachers. If you want to check whether someone is registered to practise clinically, you need to check with the Health Professions Council.

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