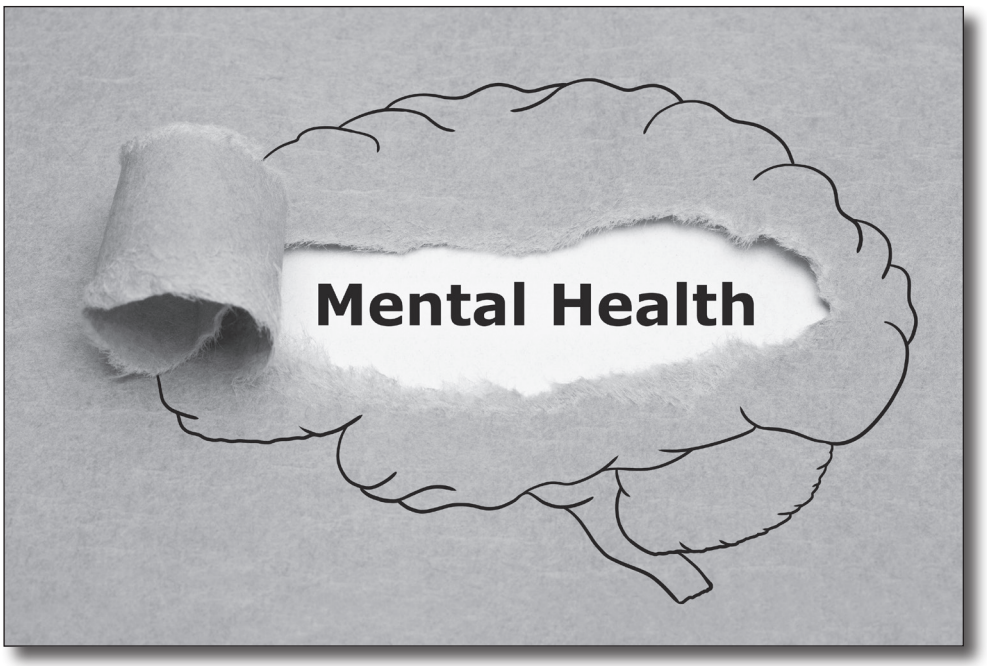
# PSYCHOLOGY: FIELDS OF SPECIALIZATION




## Major Fields in Psychology

Psychology is both a theoretical and an applied science with more than a dozen major fields. The American Psychological Association has more than fifty divisions, representing psychologists working in settings as diverse as community mental health clinics and large corporations, and with interests ranging from adult development and aging to the study of peace, conflict, and violence. Academic and research psychologists use observational and experimental methods to reach a greater understanding of the human mind and human behavior. Psychologists in the clinical specialties then use this knowledge to help people in their daily lives.

For example, children who are abused or neglected, or who experience difficulties as a result of being members of dysfunctional families, require the services of child psychologists, who evaluate, diagnose, and treat youngsters; this usually occurs in a clinical setting. Thus, child psychologists are considered clinical practitioners. More than one-half of the doctoral degrees awarded in 1999 were in either clinical or counseling psychology. In 2006 the National Science Foundation reported that, of all psychology doctoral degrees awarded between 1996 and 2005 in the United States, 37 percent were for clinical psychology and 14 percent were for counseling psychology.

- *Educational psychologists* develop and analyze materials and strategies for effective educational curricula.
- *School psychologists* design instructive programs, consult with teachers, and assist students with problems.
- *Genetic psychologists* study the activities of the human organism in relation to the hereditary and evolutionary factors involved; functions and origin play a central role.
- *Physiological psychologists* examine the biological bases of behavior. They are often interested in the biochemical reactions underlying memory and learning.
- *Engineering psychologists* design and evaluate equipment, training devices, and systems. The goal is to facilitate the relationship between people and their environment.
- *Industrial and organizational (I-O) psychologists* research and develop programs that promote on-the-job efficiency, effectiveness, challenge, and positive disposition. They study ability and personality factors, special training and experience, and work and environment variables, as well as organizational changes.
- *Personality psychologists* study the many ways in which people differ from one another; they are instrumental in analyzing how those differences may be assessed and what their impact is.
- *Criminal psychologists* study the complexities of a perpetrator's thought process. They are keenly interested in a criminal's habits, idiosyncrasies, and possible motives.
- *Developmental psychologists* study changes in people as they age and mature. Their work may be protracted over the span of an individual's life; their theories may be advanced several years after they were first conceived.
- *Social psychologists* study how people influence one another. They may be interested, for example, in the concept of leaders and followers.
- *Environmental psychologists* monitor the physical and social effects of the environment on behavior. They are interested in how elements such as heat, noise, health, and activity affect the human condition. Their contributions are in the areas of urban planning, architecture, and transportation.
- *Consumer psychologists* determine factors that influence consumer decisions, exploring such issues as the effect of advertising on purchasing decisions, brand loyalty, and the rejection or acceptance of new products.
- *Experimental psychologists* design and conduct basic and applied research in a variety of areas, including learning, sensation, attention and memory, language, motivation, and the physiological and neural bases of behavior.
- *Comparative psychologists* study the behavior, cognition, perception, and social relationships of diverse animal species. Their research can be descriptive as well as experimental and is conducted in the field or with animals in captivity.

## Tests and Measures of Individual Differences

The professionals who work in these areas strive to help people know, understand, and help themselves. To accomplish this, psychologists use numerous tests to help them ascertain specific information about an individual, a group of people, or a particular population. Ability tests measure multiple aptitudes, creativity,

achievement, and intelligence levels. Psychologists may perform occupational and clinical assessments. Also included in the area of assessment are personality tests, which encompass self-report inventories, measures of interests, attitudes and values, projective techniques, and performance and situational evaluations.

Achievement tests, which differ from aptitude tests, measure the effects of specific instruction or training. Aptitude instruments, on the other hand, make recommendations about future skills. Intelligence tests measure forms of intelligence; however, the scores are only part of a big picture about any given human being and should be evaluated accordingly.

## Psychology and Society

Psychology as a formal discipline is still relatively new; of its many specializations, some have found their way to maturity, while others are still in their early stages. The development of diverse fields has been justified by the changing nature of social and psychological problems as well as by changing perceptions as to how best to approach those problems. Several divisions of the American Psychological Association reflect the diverse groups that interest psychologists: the Society of Pediatric Psychology, the Society for the Psychological Study of Ethnic Minority Issues, and the Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues.

Economic conditions require most parents to work—whether they are single parents or parents in a two-parent family—thus depriving children of time with their parents. This has created a need for daycare centers; the care and nurturing of young people is being transferred, to a significant degree, to external agents. Moreover, older children may be expected to assume adult responsibilities before they are ready. All these issues point to an increasing need for family counseling.

Educational institutions demand achievement from students; this can daunt students who have emotional or family problems that interfere with their ability to learn. The availability of school counselors or psychologists can make a difference in whether such children succeed or fail.

Businesses and organizations use psychologists and psychological testing to avoid hiring employees who would be ineffective or incompatible with the organization's approach and to maximize employee productivity on the job.

The specialized fields of psychology have played both a facilitative and a reflective role. Therapists and counselors, for example, have enabled individuals to look at what they have previously accomplished, to assess the present, and to come to terms with themselves and the realities of the future. The future of psychology itself will hold further developments both in the refining of specializations that already exist and in the development of new ones as inevitable societal changes require them.

by Denise S. St. Cyr, Allyson Washburn, Ursula Goldsmith

# *Conversation With . . .*
# *AMY MAROUN SMITH, LPC*

Program Director
LVPG Adult and Pediatric Psychiatry Cedar Crest
Allentown, Pennsylvania
Behavioral Health, 26 years

**1. What was your individual career path in terms of education/training, entry-level job, or other significant opportunity?**

When I was 15, my father unexpectedly passed away. Sometimes life experiences change the course of your plans. I knew the benefit of being able to talk to someone while going through this experience. My entire life I wanted to go into the medical field but was not sure what direction. I started college pre-med and I took a psychology class and really enjoyed it. As my interest grew, I changed my major to psychology.

I received my BA in psychology in 1994 from Muhlenberg College and my MS in counseling psychology with a specialization in children and adolescents from Chestnut Hill College. During my senior year of college I began working part time with a community behavioral health residential program for adults with severe and persistent mental illness. I worked there for six years and became a director early in my 20s, then I provided drug and alcohol counseling for teenagers in an intensive outpatient program at a hospital in New Jersey. I was able to provide drug and alcohol counseling without a master's degree. Once I received the degree, I worked in a school system in New Jersey and then in Florida. I have worked in hospital-based, residential, intensive outpatient, schools, private practice, and outpatient settings in both clinical and administrative roles.

I really enjoyed community behavioral health but it's challenging environment due to suffering lack of funding on a national level. I started looking for work in a hospital setting several years ago when I moved back to Pennsylvania because hospitals typically have larger budgets to support necessary programs and resources. In 2013 I received a job as a clinical coordinator and I was a manager as well as a therapist. About four years ago, I was promoted to director of the program.

I definitely prefer outpatient to the intensity of inpatient care. I like the ambulatory practice level of care and I like being able to work with people long term over their journey. It's nice see people grow and change over time and become more autonomous.

**2. What are the most important skills and/or qualities for someone in your profession?**

A desire to help others, listen attentively, remain calm and confident, be culturally sensitive, a willingness for ongoing personal growth, empathy and compassion, resiliency, just to name a few.

**3. What do you wish you had known going into this profession?**

I wish that I had had a better understanding of the various career paths and settings you may choose to work in. You're extremely limited until you get a master's degree and had I known that, I would have gone right into grad school. It would have been nice to have had exposure to the various settings while making job decisions.

**4. Are there many job opportunities in your profession? In what specific areas?**

There is a national crisis of shortage of providers in psychiatry. Referrals far exceed the workforce. Therapists are needed in all settings.

**5. How do you see your profession changing in the next five years? How will technology impact that change, and what skills will be required?**

Telebehavioral health is a positive and growing change to help patients who have issues such as access, mobility or financial. We piloted a teletherapy site-to-home program here. We usually have people come in for a face-to-face visit, make that critical connection, and make sure the client is appropriate for this service. I do feel face-to-face interation is important. We've had patients who have been coming a long time, and they find the platform is really convenient.

**6. What do you enjoy most about your job? What do you enjoy least?**

As an administrator, I am most passionate about growing practices to serve more people in our community. I enjoy the creativity in finding new ways to improve access and reach those most in need. As a therapist, I feel fortunate to continue to serve patients in my current role. I enjoy assisting patients in growth and insight into their problems and witnessing their transformation and change.

It's disturbing to me that so many people out there need help and we don't have the workforce to meet their needs. My office alone gets up to 200 referals a week and we can only take about 10 percent. It's very frustrating for people, and turning them away is saddening for me.

**7. Can you suggest a valuable "try this" for students considering a career in your profession?**

This summer we had the fortune of having a high school student employed with us for a summer work experience. She knows she is interested in our field and wanted exposure to an outpatient setting. My suggestion is to find opportunities to explore the various settings while on your educational journey.

# PSYCHOTHERAPY AND COUNSELING: TYPES AND APPROACHES

Individual, family, couples and group psychotherapy each consist of a trained professional assisting a client who seeks to change through the process of conversation ("talk therapy"). Within individual therapy, psychodynamic and cognitive behavioral approaches are most dominant, whereas within family therapy, systemic approaches are most widely practiced. Many clinicians synthesize two or more schools of thought into an "eclectic" or "integrative" approach to therapy. Research has not demonstrated the overall superiority of any one form of psychotherapy over any other.

There comes a time in many people's lives when they seek psychotherapy or counseling. Approximately 25 percent of the American population will receive specialized mental health services at some point in their lives. People enter counseling for various reasons; perhaps they are experiencing a difficult event or time in life, or struggling with a psychological problem such as depression, anxiety, or an eating disorder, or want assistance in changing who they are and how they relate to others. The choice of what sort of psychotherapy to enter into is an important one, whatever the reason may be.

Many types of psychological help are available today, including self-help groups. For example, in self-help groups such as Alcoholics Anonymous (AA) and other 12-step programs, individuals with the disorder in question help each other through group discussions and "sponsorship" (individual mentoring). Such groups are peer-facilitated, and do not have a professionally trained leader. This entry will only discuss forms of counseling in which a trained professional provides assistance to a person seeking help. In addition, while medication often proves helpful to people suffering from psychological disorders, this entry will address only psychologically based (talk) therapies.

Many forms of counseling share in common a format in which the client and professional meet in an office approximately once a week for 45–50 minutes to talk about the client's thoughts, feelings, and behaviors. Such meetings may take place for a relatively brief number of sessions (12–16) or may continue indefinitely, until the client and therapist agree to stop meeting. The cost of psychotherapy sessions is often covered partly or wholly by the client's health insurance plan. Low-cost or "sliding scale" clinics also exist that provide free or reduced fee counseling for those who otherwise cannot afford it.

## Types of Therapies

Psychotherapy is often classified as individual, group, or family psychotherapy, based on who attends the counseling sessions. Practitioners of each of these sorts of therapies are often categorized based on the theories that influence their clinical work. Two major forms of individual psychotherapy currently practiced are psychodynamic/psychoanalytic psychotherapy and cognitive-behavioral psychotherapy. Many

clinicians also integrate two or more different forms of psychotherapy into their treatment of a single client, or pick and choose different techniques from a variety of different therapies based on what they believe would be helpful to a given client. Such clinicians often describe their treatment orientation as "integrative" or "eclectic."

## Individual Therapy: Psychodynamic and Psychoanalytic Psychotherapies

In psychoanalysis, the client meets with the therapist multiple times a week. The client reclines on the analytic couch, reporting whatever thoughts and dreams come to mind in a process called "free association," while the therapist remains relatively quiet and neutral (sometimes referred to as "a blank slate") to permit the client's unconscious thoughts, wishes and fears to be articulated. The therapist assists the client in this process by making interpretations of the client's defenses, projections, resistance and transference. The goal of such treatment is to help the client to make unconscious thoughts and feelings conscious. Doing so permits clients to replace previously impulsive (id-based) behavior with more reality-based (ego-based) behavior, thus helping clients to know themselves better and have greater choice and flexibility regarding behavior. In contemporary psychodynamic psychotherapy, clients are more likely to attend therapy once a week, sitting face-to-face with the therapist, and the therapist is likely to be more forthcoming and talkative than in traditional psychoanalysis.

Theoretical orientations within psychodynamic psychotherapy include classical or drive theory, ego psychology, object relations, and self-psychology. Classical or drive psychotherapy traces its origins to the work of Sigmund Freud, and focuses on reducing intra-psychic conflict between the id, ego and superego and making thoughts that exist outside of awareness more available to the conscious mind. Ego psychology, as developed by Freud's daughter, Anna Freud, emphasizes the ways in which the ego works to reduce anxiety by protecting the conscious mind from becoming aware of anxiety-producing sexual and aggressive thoughts, wishes and fears using mechanisms of defense such as repression, denial, projection and sublimation. Object relations theory, first developed by Melanie Klein and Donald Winnicott, focuses on the ways in which the patterns laid down in early relationships (e.g. with parents) shape our responses to contemporary events in ways that we may be unaware of and that may be maladaptive in our current circumstances. Self psychology, developed by Heinz Kohut, emphasizes the need for the developing self to participate in adequate mirroring, idealizing and alter-ego/"twin-ship" relationships with primary caregivers (e.g. parents) in order to develop a healthy, well-modulated self that can flexibly and adaptively handle narcissistic injuries and challenges to self-esteem. Numerous other psychodynamic psychotherapies exist, including intersubjective, interpersonal and relational psychodynamic psychotherapies.

Together, the psychodynamic psychotherapies share a belief that events in the past, particularly those that occurred during childhood, have a formative effect on whom we become, and that we are not always aware of our thoughts, motives and causes of action. For that reason, all psychodynamic psychotherapies emphasize a therapeutic

goal of increasing self-knowledge, with the intention of helping us to become freer "to love and to work," as Freud put it.

## Individual Therapy: Behavioral, Cognitive and Cognitive-Behavioral Psychotherapies

Behavioral, cognitive, and cognitive-behavioral psychotherapies focus on the client's behaviors and thoughts in the present. Behaviorism originates in the work of Ivan Pavlov, John Watson, and B.F. Skinner on classical and operant conditioning. Contemporary behavior therapies generally focus on the environmental reinforcements that perpetuate maladaptive behavior in the present. In contrast, cognitive and cognitive-behavioral therapies emphasize the irrational thoughts that cause the client to engage in maladaptive behaviors in the present. In contemporary clinical practice, behavioral, cognitive and cognitive-behavioral therapies are often grouped together.

Many behavioral therapies are based on the belief that people engage in behaviors because the behaviors produce positive results, known as "reinforcement." People avoid behaving in ways that produce undesirable consequences, known as "punishments." By altering the probability of encountering desirable and undesirable consequences following a behavior, therapists can alter the probability that a person will perform that behavior. This insight, based on the principle of operant conditioning, forms the basis of a number of behavioral therapies, including token economies, which are often used in residential treatment programs and therapeutic schools, and applied behavior analysis, which is often used in work with autistic children. In such therapies, clients earn points, "tokens" or immediate rewards for engaging in behaviors deemed desirable. Tokens can then be exchanged for desirable objects or privileges.

Other versions of behavioral therapy are based on classical conditioning. In classical conditioning, an originally neutral stimulus becomes paired with a novel stimulus through repetition so that eventually the novel stimulus produces the same reaction as the original stimulus. For example, in systemic desensitization, the client creates a mental hierarchy of distressing stimuli, and then is taught to progressively relax the muscles in the body while confronting (either in imagination or reality) the feared stimulus, with the end goal of being able to confront the stimulus (e.g. flying in an airplane) while remaining relaxed. Such therapies are often helpful for clients suffering from specific phobias.

Cognitive and cognitive-behavioral therapies seek to help clients to identify and dispute irrational thoughts that lead to distressing emotions and behavior in the present. One of the most widely practiced forms of such therapy is Aaron Beck's cognitive therapy for depression. Beck's cognitive therapy emphasizes the ways in which automatic thoughts and irrational core beliefs lead to and are maintained by "cognitive distortions" (e.g. overgeneralization, personalization and dichotomous thinking). Therapy proceeds with the therapist challenging the client to provide evidence for the irrational cognitions, with the goal of helping the client to eliminate cognitive biases leading to negative thoughts and maladaptive beliefs. Cognitive

therapy often involves techniques outside of therapy sessions, termed "homework," such as keeping a diary of distressing symptoms, when they occurred, the events that precipitated them, and the response to them. Numerous other forms of cognitive-behavioral therapies exist, including Arnold Lazarus's multimodal therapy, Albert Ellis's rational-emotive behavior therapy (REBT), and Donald Meichenbaum's version of cognitive-behavioral therapy.

In behavioral, cognitive and cognitive-behavioral therapies, therapists generally take a more active role than in psychodynamic therapy. The therapist tends to be more directive and to structure the therapy sessions. The therapy tends to be more didactic and psychoeducational, with the therapist's role resembling that of a teacher, and the treatment tends to be more problem-focused and less exploratory or relationship-focused than psychodynamic psychotherapy.

## Psychotherapy: Other Schools of Thought and Modalities

Many other forms of individual psychotherapy exist. Such therapies include client-centered psychotherapy (associated with Carl Rogers), Gestalt therapy (associated with Fritz Perls), existential/humanistic therapy (associated with a number of European figures in the history of existentialist philosophy including Jean-Paul Sartre and Soren Kierkegaard and more contemporarily in the U.S. with Irving Yalom), emotion-focused therapy (associated with Leslie Greenberg), and dialectical behavioral therapy (associated with Marcia Linehan), to name a few.

Other forms of psychotherapy involve a therapist interacting with more than one client at a time. Such therapies include family therapy, couples therapy, and group psychotherapy. Family therapy emphasizes the ways in which patterns of interaction between individuals serve to create and maintain what appear to be painful or maladaptive behaviors within or between family members. The assumption is that the family functions as a system, seeking homeostasis and equilibrium. Thus, an underlying problem within the family dynamics can be reflected if one family member experiences a psychological symptom. The sufferer is seen as the "identified patient," and relief depends on the family as a whole changing its interaction patterns through treatment. A number of different schools of thought within family therapy exist, including symbolic-experiential family therapy (associated with Carl Whitaker), structural family therapy (associated with Jay Haley), strategic family therapy (associated with Salvador Minuchin), and theories based on the work of Virginia Satir and Murray Bowen.

Group psychotherapy may take many different forms. For example, some groups explore the ways in which individuals interact interpersonally with each other and the leader in order to shed light on the psychodynamics of the members so that they may change. Other groups may be "supportive" in nature, with a goal of allowing members to share events going on in their lives and receive and provide support to one another. Some groups are explicitly psychoeducational, informing members about how to manage a psychological disorder they share in common. Other groups may seek to teach social skills so that individuals may be able to better function in everyday life.

Groups may be conducted in inpatient or outpatient settings, at college counseling centers, or at community mental health centers and may be highly structured or unstructured.

## Therapeutic Efficacy

Psychotherapy is effective. Research has demonstrated that "the average treated client is better off than 80 percent of untreated comparison control subjects." But which form of psychotherapy is best? Research has shown that no one form of therapy is better than any other for all disorders. Some therapies are better than other therapies for specific disorders; such therapies are sometimes termed "empirically validated therapies." Studies have shown that many therapies produce improvement through a set of so-called "common factors," shared by all therapies. Such common factors include the sense of connection with the therapist (sometimes called rapport or therapeutic alliance), the re-moralization or sense of hope that comes from the very act of seeking help, and the opportunity to reflect upon one's life in the company of another person. Thus, the differences between therapeutic orientations and modalities may be of less clinical importance than what they have in common.

—Elizabeth Davies