

## Chapter 1 : Lightner Witmer and the beginning of clinical psychology

*Clinical Psychology is a science in the field of psychology that is concerned with understanding, evaluating, diagnosing and treating emotional and mental disorders. Historically, efforts were advanced in the literature concerned with individual behavior, and the biological bases of behavior.*

Lightner Witmer and the beginning of clinical psychology In , Witmer published the first edition of *The Psychological Clinic*. The lead article, "Clinical psychology," explained his work of the last 10 years and why the new term was needed. Three members of the Psychological Clinic at the entrance, ca. It was to perform little experiments on his cases the term he used , in order to understand the nature of their difficulty. As Witmer understood more, he would attempt educational experiments, evaluating their effectiveness over days or weeks. He implicitly assumed that the correct educational approach was to "teach to weakness. Test materials used in the psychological clinic. Here is a reproduction of the title page, table of contents, and lead article the same one as listed above of Volume 1. The journal ceased publication in , with a report on the status of clinical psychology in the United States. It reviewed the work of clinics, and it attempted to say something about how psychologists should be educated. Witmer as an older man. The reason for this is perhaps best summarized in an obituary in the *American Journal of Psychology* , v. The applied emphasis, the centering on the problem of the individual, the collaborative approach of specialists to the task at hand, the mingling of quantitative and qualitative findings about the person concerned, and the use of diagnosis and treatment as integral parts of the process, are all typical aspects of clinical psychology as we now know it. Two significant facets of clinical psychology, as we know it today, were, however, lacking then. The "dynamic approach," to use a convenient shorthand label, was almost completely ignored. He was little influenced by the French psychiatric thought of his day and not at all by Freud. This was a lack of clinical collaboration with "analytically oriented" psychiatrists. Instead, he turned to men who were primarily neurologists in working out the medical phase of his professional collaboration. As a result his major influence embodies a paradox. He had less influence upon that body of workers today called clinical psychologists, who in considerable number adopt a dynamic approach and work in psychiatric settings, than upon other psychologists. He was more influential with the workers in those other fields that use the method of clinical psychology but name their areas of endeavor differently. The lineal descendents of Lightner Witmer are found in the far-reaching application of basic clinical psychology to individual problems in education, in vocation and industry, in speech correction, in socio-individual adjustment, a span of interests affecting a wide range of human behavior. A clinical program is now an important part of the graduate program. In keeping with the tradition established by Witmer, this program has emphasized the application of the findings of experimental psychology to the study of psychopathology.

## Chapter 2 : EVOLUTION Clinical Psychology Service - Counselling, Therapy

*Introduction. Clinical Psychology, defined is the application of psychological principles to the assessment, treatment, prevention and understanding of the interaction of the psyche and the physical, social, and emotional world with the goal of enhancing psychological and physical health and well-being (Vallis & Howes, ).*

Organismic trait designed to solve an ancestral problem s. Shows complexity, special "design", functionality  
Adaptation that has been "re-purposed" to solve a different adaptive problem. Williams suggested that an "adaptation is a special and onerous concept that should only be used where it is really necessary. Obligate and facultative adaptations[ edit ] A question that may be asked about an adaptation is whether it is generally obligate relatively robust in the face of typical environmental variation or facultative sensitive to typical environmental variation. By contrast, facultative adaptations are somewhat like "if-then" statements. For example, adult attachment style seems particularly sensitive to early childhood experiences. As adults, the propensity to develop close, trusting bonds with others is dependent on whether early childhood caregivers could be trusted to provide reliable assistance and attention. The adaptation for skin to tan is conditional to exposure to sunlight; this is an example of another facultative adaptation. When a psychological adaptation is facultative, evolutionary psychologists concern themselves with how developmental and environmental inputs influence the expression of the adaptation. Cultural universal Evolutionary psychologists hold that behaviors or traits that occur universally in all cultures are good candidates for evolutionary adaptations. Basic gender differences, such as greater eagerness for sex among men and greater coyness among women, [36] are explained as sexually dimorphic psychological adaptations that reflect the different reproductive strategies of males and females. Human evolution Evolutionary psychology argues that to properly understand the functions of the brain, one must understand the properties of the environment in which the brain evolved. That environment is often referred to as the "environment of evolutionary adaptedness". More specifically, the environment of evolutionary adaptedness is defined as the set of historically recurring selection pressures that formed a given adaptation, as well as those aspects of the environment that were necessary for the proper development and functioning of the adaptation. Humans, comprising the genus Homo , appeared between 1. Because the Pleistocene ended a mere 12, years ago, most human adaptations either newly evolved during the Pleistocene, or were maintained by stabilizing selection during the Pleistocene. Evolutionary psychology therefore proposes that the majority of human psychological mechanisms are adapted to reproductive problems frequently encountered in Pleistocene environments. The environment of evolutionary adaptedness is significantly different from modern society. Because humans are mostly adapted to Pleistocene environments, psychological mechanisms sometimes exhibit "mismatches" to the modern environment. One example is the fact that although about 10, people are killed with guns in the US annually, [44] whereas spiders and snakes kill only a handful, people nonetheless learn to fear spiders and snakes about as easily as they do a pointed gun, and more easily than an unpointed gun, rabbits or flowers. The term was coined by Niko Tinbergen to refer to non-human animal behavior, but psychologist Deirdre Barrett said that supernormal stimulation governs the behavior of humans as powerfully as that of other animals. She explained junk food as an exaggerated stimulus to cravings for salt, sugar, and fats, [48] and she says that television is an exaggeration of social cues of laughter, smiling faces and attention-grabbing action. The human mind still responds to personalized, charismatic leadership primarily in the context of informal, egalitarian settings. Hence the dissatisfaction and alienation that many employees experience. Salaries, bonuses and other privileges exploit instincts for relative status, which attract particularly males to senior executive positions. One of the major goals of adaptationist research is to identify which organismic traits are likely to be adaptations, and which are byproducts or random variations. As noted earlier, adaptations are expected to show evidence of complexity, functionality, and species universality, while byproducts or random variation will not. In addition, adaptations are expected to manifest as proximate mechanisms that interact with the environment in either a generally obligate or facultative fashion see above. Evolutionary psychologists are also interested in identifying these proximate mechanisms sometimes termed "mental mechanisms" or

"psychological adaptations" and what type of information they take as input, how they process that information, and their outputs. Evolutionary psychologists use several strategies to develop and test hypotheses about whether a psychological trait is likely to be an evolved adaptation. Buss [53] notes that these methods include: Characteristics that have been demonstrated to be cross cultural human universals such as smiling, crying, facial expressions are presumed to be evolved psychological adaptations. Several evolutionary psychologists have collected massive datasets from cultures around the world to assess cross-cultural universality. Function to Form or "problem to solution". The fact that males, but not females, risk potential misidentification of genetic offspring referred to as "paternity insecurity" led evolutionary psychologists to hypothesize that, compared to females, male jealousy would be more focused on sexual, rather than emotional, infidelity. Form to Function reverse-engineering or "solution to problem". Morning sickness, and associated aversions to certain types of food, during pregnancy seemed to have the characteristics of an evolved adaptation complexity and universality. Margie Profet hypothesized that the function was to avoid the ingestion of toxins during early pregnancy that could damage fetus but which are otherwise likely to be harmless to healthy non-pregnant women. Evolutionary psychology and cognitive neuropsychology are mutually compatible – evolutionary psychology helps to identify psychological adaptations and their ultimate, evolutionary functions, while neuropsychology helps to identify the proximate manifestations of these adaptations. In addition to evolutionary models that suggest evolution occurs across large spans of time, recent research has demonstrated that some evolutionary shifts can be fast and dramatic. Consequently, some evolutionary psychologists have focused on the impact of psychological traits in the current environment. Such research can be used to inform estimates of the prevalence of traits over time. Such work has been informative in studying evolutionary psychopathology. Survival and individual level psychological adaptations[ edit ] Problems of survival are clear targets for the evolution of physical and psychological adaptations. Major problems the ancestors of present-day humans faced included food selection and acquisition; territory selection and physical shelter; and avoiding predators and other environmental threats. However, even voluntary behavior involves unconscious mechanisms. Many cognitive processes take place in the cognitive unconscious, unavailable to conscious awareness. Some behaviors are conscious when learned but then become unconscious, seemingly automatic. Learning, especially implicitly learning a skill, can take place outside of consciousness. For example, plenty of people know how to turn right when they ride a bike, but very few can accurately explain how they actually do so. Sensation psychology and perception Many experts, such as Jerry Fodor, write that the purpose of perception is knowledge, but evolutionary psychologists hold that its primary purpose is to guide action. Homing pigeons, for example, can hear very low-pitched sound infrasound that carries great distances, even though most smaller animals detect higher-pitched sounds.

**Chapter 3 : Chapter 01 - The Evolution of Psychology | CourseNotes**

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At its simplest level, diabetes mellitus type 2 can be envisaged as the response of the individual to a nutritional environment that gives them a metabolic load beyond their capacity to cope. While there are developmental and genetic factors that influence the adaptive metabolic capacity of an individual, ultimately, it is the exposure to high glycemic foods and a very different mix of macronutrient intakes, which is thought to be the basis of the diabetes epidemic. Even in populations such as the Pima Indian, for which it has been argued that genetic factors are critical for the high incidence of diabetes mellitus type 2, maintenance of higher energy expenditure and more fundamental nutrition in those villages that maintain a traditional subsistence lifestyle is associated with a lower incidence of diabetes Schulz et al. Scurvy can be considered as another example of mismatch. Only some primates, including humans, have lost the capacity to synthesize vitamin C Chatterjee et al. It is assumed that the enzyme responsible for its synthesis, L-gulonolactone oxidase, underwent neutral mutations in a frugivorous ancestor and that it was only with exposure to environments without access to fresh fruits—such as extreme famine and sailing ships—that our inability to make vitamin C is exposed. Myopia, or short-sightedness, is caused by the inappropriate growth of the eyeball in its sagittal dimension, leading to the light being focused in front of the retina. Eyeball growth occurs in childhood and is regulated by growth factors that are induced by light exposure, so that the growth can be affected by the dominant focal length of vision. While there may be a genetic predisposition to myopia in some populations, exposure of children in those populations to the outdoors leads to a lower incidence of this condition Dirani et al. Thus, myopia can be seen as a mismatch between the environment in which we evolved—outdoors in natural light—and the modern day largely indoor life. Robin Dunbar proposed, from the association between neocortical size and group size across different species of primate, that humans evolved to live in social groups of ~ Dunbar There is indeed much evidence in support of that proposition. But humans now live in much larger groups than in the Paleolithic—groups that rely predominantly on verbal or even electronic communication, with less emphasis on the bonding effect of body language. If we add to that the complexity of modern society and its structures compared to those of the Paleolithic or even the modern hunter-gatherer social organizations, it is reasonable to speculate that some forms of mental illness simply reflect individuals living in a social environment beyond their evolved capacity to cope. With the development of animal husbandry and agriculture and the associated shift to a more concentrated way of living following the invention of agriculture, humans became much more exposed to parasitic loads from each other and proximity to animals. Pandemic influenza outbreaks generally arise from this association. Other infectious patterns reflect the changing environments: Similarly, increased irrigation following the development of canals in Africa led to a considerable increase in schistosomiasis Steinmann et al. The implications of the development of antibiotics are discussed later. Life history factors This category combines several related evolutionary concepts that account for how the evolved human life course strategy and changed way of living have led to increased susceptibility to disease. There is necessarily some overlap with the other pathways discussed in this paper, and it includes multiple possible mechanisms such as life history trade-offs and antagonistic pleiotropy; however, we find it a useful heuristic for considering a number of evolutionary explanations. In life history, there are two basic kinds of trade-off that may arise as a result of adaptive developmental responses to environmental influences. The first occurs when such responses are made to confer immediate advantage, such as the early metamorphosis of the tadpole of the spadefoot toad in response to pond desiccation, which promotes immediate survival but results in smaller adult size that is more susceptible to predation. The second type of trade-off arises from responses that result in an advantage that is manifest later, such as the presence of predators inducing the young of the water flea to develop defensive armor in adulthood, the trade-off being a decrease in resources for reproduction. In humans, where intrauterine growth restriction may be viewed as an immediate adaptive response of the fetus for surviving maternal ill-health or placental dysfunction, the fetus

may also make anticipatory responses to more subtle nutritional or hormonal cues to adapt its developmental trajectory to the type of environment in which, according to its prediction, it will live postnatally. These ideas, and the adaptive nature of developmental plasticity, have been expounded extensively Gluckman et al. Anticipation is common across taxa, but becomes more obvious in a long-lived species such as the human. Whereas the strategy of bet-hedging is used by species with very high reproductive outputs Beaumont et al. Situations when different strategies between mother and offspring will emerge have been modeled Marshall and Uller Humans are at one extreme, and the situations in which maternal fitness will dominate as in some other species do not occur in humans. Even in famine, fecundity is maintained to a degree. Prediction need not be accurate to be selected Lachmann and Jablonka , and biases may exist in prediction. Because the consequences of predicting a high-nutrition environment and ending up in a low-nutrition environment are worse than the converse, there is a bias towards predicting a lower nutrition environment and, consequently, towards human susceptibility to disease in modern obesogenic environments. This argument is supported by the observation that under conditions of severe undernutrition, children of lower birth weight are more likely to develop the more benign syndrome of marasmus than those of higher birth weight, who develop kwashiorkor Jahoor et al. We argue that the marasmic children are better adapted to low nutrition by virtue of their lower birth weight and thus tolerate undernutrition better. This hypothesis is supported by the finding that the marasmic children as adults have a bias in their appetite towards carbohydrate and possibly fat consumption T. Forrester, unpublished data , analogous to the preference observed in rats that have been prenatally undernourished. In considering life course factors, it is important to recognize that a cue acting in early life may have different effects from cues acting later. For example, in rats, prenatal undernutrition shortens life while postnatal undernutrition prolongs life Jennings et al. Similar biphasic effects are seen for the influence of nutrition and possibly stress on the age of puberty Sloboda et al. There is increasing evidence for the role of developmental plasticity in influencing the susceptibility to developing disease in a particular environment. Offspring born in the hungry season had the same infant and juvenile mortalities as the children born in times of plenty, but after the age of 20 they started to show an increase in mortality such that their average life expectancy was 15 years shorter. David Barker Hales and Barker and many others showed that size at birth, which can be taken as a proxy measure of intrauterine conditions, was associated with altered risks of metabolic and cardiovascular disease, mood disorders, and osteoporosis in later life. We view this phenomenon as a classic example of developmental plasticity operating to ensure survival to reproduce but resulting in antagonistic pleiotropic disadvantages in later life. It is argued that constraint of fetal growth, lower maternal nutrition Gale et al. The developmentally plastic fetus may make responses incurring either immediate or delayed trade-offs and adjust its physiological development accordingly. A threatening world implies less nutritional security, and thus, an appropriate phenotype is based on a nutritional adaptive capacity to a plane that is lower than that of fetuses who anticipate a more benign world. Thus, the fetus exposed to a low-nutrition environment may or may not be smaller depending on the severity of the limitation , but either way as an adult it may reach the threshold of metabolic load to which it can respond healthily, leading to diabetes and other metabolic conditions at a lower nutritional level than an individual who, early in life, shifted to a developmental trajectory more appropriate for a higher nutrition environment Gluckman et al. Evidence to support this hypothesis includes epidemiological studies on humans prenatally exposed to famine, who have a higher risk of coronary heart disease and obesity in adulthood Painter et al. Experimental studies have also shown that rats that experienced fetal undernutrition have higher body fat and are more sedentary compared to their counterparts that received adequate fetal nutrition Vickers et al. They subsequently develop a constellation of symptoms similar to the human metabolic syndrome, such as obesity and hypertension, in adulthood, and these effects are exacerbated by a high-fat postnatal diet. However, if leptin, a satiety hormone made by fat, is administered to these rats neonatally thus artificially shifting their perception of their environment from low to high nutrition, neonatal weight gain, caloric intake, locomotor activity, and fat mass in these infant animals are normalized for the rest of their lives despite exposure to a high-fat diet Vickers et al. Pleiotropy describes how a single gene can influence several different physiological and phenotypic characteristics. Antagonistic pleiotropy refers to genes that confer an advantage in early life, but that result in

ill effects later in life. We find utility in employing this term to encompass phenotypic traits that involve life course-associated trade-offs; for example, because human fitness depends primarily on survival to reproductive age Jones , a potential adaptive advantage in early life may become disadvantageous later on and manifest as obesity, diabetes, and cardiovascular disease in middle age. High levels of insulin growth factor-1 IGF-1 promote infant and childhood growth and presumably were selected for their consequent fitness advantage, but in later life are associated with higher rates of prostate and breast cancer. Importantly, these mechanisms operate in all pregnancies and are a reflection of the role of developmental plasticity in ensuring adaptability to a changing environment on a timescale of change between that of selection many generations and homeostasis minutesâ€”days. There is a growing body of experimental and clinical data showing that epigenetic processes are involved. Cues that induce plastic responses must be distinguished from those that disrupt the developmental program: For this reason, we would suggest that terms such as metabolic teratogenesis Freinkel are not particularly helpful. The human pregnancy is a co-adaptive compromise. The human fetus is born in a more altricial state than other closely related primates, because the human upright posture determines that the fetus must pass the pelvic canal that is narrower than in other primates Rosenberg and Trevathan Brain growth must continue for a long period after birth to reach the disproportionately larger brain size of the hominin clade. Fetal growth in mammals is not solely genetically controlled, otherwise the outcome would be fetal obstruction in every case where pregnancy followed a female mating with a larger male. Indeed, human fetal growth can be shown to be largely determined by the maternal environment Gluckman and Hanson In pregnancies where the egg has been donated, birth size is more closely related to the recipient than to the donor size Brooks et al. The constraining mechanism on fetal growth is likely primarily a consequence of the utero-placental anatomy of mother and her ability to deliver nutrients to the placental bed. Further, the placenta, at least in sheep, is able to clear excessive concentrations of growth factors such as IGF-1 from the fetal circulation. Other studies, primarily in mice, raise the possibility of a role for parentally imprinted genes in regulating fetal growth. From studies of the IGF-2 system in mice, David Haig has developed the concept of maternal-fetal conflict to explain the evolution of imprinting Haig However, imprinting appears in marsupials and possibly monotremes, and Eric Keverne and colleagues have made a good case for considering imprinting in terms of maternal-fetal co-adaptation rather than conflict Curley et al. Given the long life course of our species, this emergent field of developmental plasticity will become a major part of clinical medicine. As our understanding of epigenetic mechanisms including DNA methylation, histone modifications, and small noncoding RNAs grows, this area is likely to play a major role in clarifying disease causation and treatment. A major challenge for studies in contemporary evolution is the role of epigenetic inheritance. While epigenetic marks have long been established to transfer across mitosis, there is increasing evidence that some epigenetic marks transfer across meiosis. The most well-demonstrated mechanisms are via small RNAs in sperm that can transfer between generations inducing phenotypic effects on pigmentation and heart development in mammals reviewed in Nadeau Transgenerational genetic effects on body weight and food intake have also been shown to be passed through the mouse paternal germline for at least two generations Yazbek et al. There is inferential evidence of environmentally induced epigenetic inheritance in experimental animals. Similarly, there is some inferential evidence in humans of male line-mediated environmental influences Hitchins et al. In addition to direct epigenetic inheritance, epigenetic marks may be induced in the F1 generation as a result of maternal effects as discussed in the DOHaD example earlier, or via grand-parental effects where the F1 generation is female. This is because the oocyte that will contribute genetic material to the F2 offspring is formed by the F1 female fetus while in the uterus of the F0 generation and is therefore exposed indirectly to the F0 environment. Similarly, male-line germ cells that will form spermatogonia are sequestered in the testis when the male is itself a fetus. Indeed, in the grandchildren of women who became pregnant in the severe Dutch famine of 1944-45, where the exposed fetus was female, their children are more likely to be obese Painter et al. A further form of indirect epigenetic inheritance may be seen in those cases where the environmental niche inducing the epigenetic change leading to the phenotype is recreated in each generation. The best demonstration is in rodents, where altered maternal care has been shown to induce epigenetic changes in the brain, resulting in behavioral changes and, in the next generation,

the same pattern of maternal care Weaver et al. Cross-fostering and pharmacological agents both reverse the epigenetic change and associated phenotype. The potential implications of direct and epigenetic inheritance, as well as maternal and grand-parental effects, are likely to be particularly important in human medicine, where we must focus on a single generation. This has theoretical implications for the use of traditional genotype-phenotype interactive models. Contemporary evolutionary studies need to develop models that focus on phenotype-environment interaction. In these models, the phenotype at any point in time should be seen as a consequence of the cumulative effects of early environmental influences inducing epigenetic change, extending back to conception where the phenotype is determined by inherited genetic and epigenetic information. Demographic change, acting through these developmental processes, may also play a role in the changing patterns of disease. First-born children are smaller because of the processes of maternal constraint Gluckman and Hanson , and they have higher risk of obesity Reynolds et al. Their smaller size reflects greater maternal constraint and has also been interpreted in life history terms Metcalfe and Monaghan There are other dimensions to life course pathways to disease. The progressive loss of oocytes from the ovary is an inherent property and explains the decline in fertility in women from the beginning of the fourth decade of life. However, cultural changes mean that women can and do delay their pregnancies, and then, because of lower fertility in their later reproductive years, have a much greater requirement for medical intervention to treat infertility. Here is another example of how cultural developments have impacted on human biology; this phenomenon has arisen because of the interaction between prolongation of life course resulting from technological developments in medicine and public health, and shifting of reproductive timing caused by the social changes associated with the development of contraceptive technologies. Adolescence is an illustrative example of the changing nature of the human life course and the interaction with a changing social context. The age at menarche, the best documented sign of reproductive maturation, in Paleolithic times was probably around the ages of seven to 13 Gluckman and Hanson ; full reproductive competence would have been achieved in concert with the psychosocial maturation required for function as an adult within society.

**Chapter 4 : Evolution of cognitive behaviour therapy - Oxford Clinical Psychology**

*The evolution of the field of clinical psychology after Lightner Witmer can be best understood through an examination of how clinical psychologists came to be involved in each of four different activities.*

The long-term consequences of sexual assault, harassment and rape, and many, many other topics. The study of differences between individuals on psychological tests and measurements began with the work of Sir Francis Galton in England in the late 1800s. Galton was fascinated by the work of his cousin Charles Darwin on differences in characteristics both between and within species, and in the process of natural selection that is influenced by these differences. Galton focused on the concept of individual differences between people, especially in various aspects of perception and mental abilities. As a result of these early influences, one strong thread through the history of clinical psychology is the development of tests and other procedures to assess and measure characteristics of individuals. In 1870, the Minister of Public Instruction in Paris wanted to ensure that children with limited intellectual skills were still provided with an education. Alfred Binet and Theodore Simon were commissioned by the French government to develop a tool to aid in decisions about the appropriate educational programs for French schoolchildren. Binet was a French researcher trained in both law and medicine. In order to study individual differences, he felt it was necessary to sample a wide range of complex intellectual processes so that the spread of scores obtained by different individuals would be broad. Binet's original simple test had been expanded into an instrument composed of 59 tests grouped at age levels from three to thirteen years according to the percentage of children of a particular age who passed a given item. Binet's test was eventually accepted by the U.S. Army. Physicians were enlisted in the task of conducting physical evaluations of these draftees to determine whether they were physically fit to serve during the war. But the military recognized the need to also evaluate the mental and intellectual qualifications of these potential soldiers. Physicians could not fill this role, because the evaluation of mental functioning was not within their realm of expertise. Based on their knowledge of human learning and memory and the measurement of individual differences in human intelligence, psychologists were called on to fill this role. The psychological tests that were available and in use at the time were impractical for use with the large number of recruits involved in the military. Therefore, Yerkes and his colleagues set about the task of developing a quick and efficient test of intelligence that could be administered to large groups of individuals simultaneously. Their effort yielded two tests, 1. The Army Alpha a test of verbal skills and 2. The Army Beta a test of nonverbal skills. The enduring consequence of this work is that it established psychologists as experts in the measurement of individual characteristics in ways that were practical and useful. This opportunity for psychology to contribute to the war through the application of psychological tests increased the status and visibility of psychologists and of psychological testing. It is unlikely that this first large-scale application of scientific psychological knowledge and methods would have occurred without strong pressure from external sources, in this case the U.S. Army. A testing development occurred, such that by over 1000 psychological tests had been produced. These tests included both verbal and non verbal intelligence tests, career interest, personality and vocational skills tests. Tests were available for children of all ages and abilities as well as for adults. For example, the publication of the Minnesota Multiphasic Personality Inventory MMPI by psychologist Starke Hathaway in 1943 represented a major change in the way that psychologists measured personality and psychopathology. The MMPI relies on statistical comparisons of the test responses of an individual to those of a large sample of other people who have already been tested. These comparisons are used to determine the degree to which the individual is similar to a group of people with known personality characteristics, or

**Chapter 5 : A Student of Psychology: A Walk Through the Human Mind: Examination of Clinical Psychology**

*A historic conference in Boulder, Colorado, of directors of graduate training in clinical psychology from which the Boulder model of graduate training emerged Dementia Praecox Emil Kraepelin's term for a cluster of psychological symptoms similar to what is currently known as schizophrenia.*

Evolutionary Psychotherapy Resources Below I have attempted to compile a complete list of publications and other resources pertaining to the field of evolutionary approaches to clinical psychology, since I am unaware of any other such compendium. Needless to say, I do not necessarily endorse all the views presented below. This is always under construction, and please let me know if I am missing anything! Origins of Anxiety and Depression -- Jeffrey P. Fairbanks, Evolutionary Psychiatry: Pearce, Genes on the Couch: Exploration in Evolutionary Psychotherapy -- Eds. Paul Gilbert, Kent G. Bailey, Gestalt Therapy and Human Nature: Wakefield, The Madness of Adam and Eve: Classic Readings in Evolutionary Psychopathology -- Ed. Simon Baron-Cohen, Maladapting Minds: Evolution and Pathology -- Eds. British Journal of Psychiatry, , The evolutionary turn in psychiatry: History of Psychiatry, 21 2 , Alexander Leighton and the evolutionary perspective. Transcultural Psychiatry, 43 1 , Defense mechanisms in EP? Neoteny, psychiatric disorders and the social brain: Hypotheses on heterochrony and the modularity of the mind. Anthropology and Medicine, 7 3 , Evolutionary fallacies of Nazi psychiatry: Implications for current research. Perspectives in Biology and Medicine, 44 3 , Toward an integration of interpersonal and biological processes: Evolutionary psychiatry as an empirically testable framework for psychiatric research. Psychiatry 65 1 , The crisis of psychiatry: Insights and prospects from evolutionary theory. World Psychiatry, 11 1 , Australian and New Zealand Journal of Psychiatry, 43 11 , Toward an evolutionary taxonomy of treatable conditions. Genetic and evolutionary perspectives on individual differences and psychopathology. Neuroendocrinology Letters Special Issue, Suppl. Adaptationist and nonadaptationist conceptualizations. The ethology of psychiatric populations: The ethology of psychiatric populations II: Nine variations and a coda on the theme of of an evolutionary definition of dysfunction. Journal of Abnormal Psychology, 3 , Fanatical about "harmful dysfunction. Biopsychosocial approaches and evolutionary theory as aids to integration in clinical psychology and psychotherapy. Clinical Psychology and Psychotherapy, 2 3 , Evolutionary approaches to psychopathology: The role of natural defences. Australian and New Zealand Journal of Psychiatry, 35 1 , Evolution theory and cognitive therapy. Journal of Cognitive Psychotherapy: An International Quarterly, 16 3 , Evolutionary approaches to psychopathology and cognitive therapy. Old and new ideas on the evolution of mind and psychotherapy. Clinical Neuropsychiatry, 3 2 , An evolutionary approach to psychiatry. Australian and New Zealand Journal of Psychiatry, 34 1 , The evolutionary persistence of genes that increase mental disorders risk. Current Directions in Psychological Science, 17 6 , Resolving the paradox of common, harmful, heritable mental disorders: Which evolutionary genetic models work best? Behavioral and Brain Sciences, 29 4 , Evolutionary psychology and psychopathology. Current Opinion in Psychology, 16, The problem of defining psychopathology and challenges to evolutionary psychology theory. Culture and context in the evolutionary concept of mental disorder. Harmful dysfunction, disorder, disease, illness, and evolution. The challenges of a Darwinian approach to psychological disorders. Evolutionary Psychology, 10 4 , How useful are evolutionary accounts? Evolutionary theory and the concept of mental disorder. Lancet Neurology, 2, A basic science for psychiatry? Acta Psychiatrica Scandinavica, 18, Mental disorders in an evolutionary context. Ethology and Sociobiology, , Altruism and mental disorders. Behavior Research and Therapy, 39 3 , Can evolution explain insanity? Biology and Philosophy, 20, Darwin in the madhouse: Evolutionary psychology and the classification of mental disorders. Modularity, Language and Meta-Cognition pp. The harmful dysfunction analysis of mental disorder. Evolutionary explanations of emotions. Human Nature, 1 3 , What good is feeling bad? A basic science for psychiatry. World Psychiatry, 1 1 , Evolutionary psychology and mental health. Evolution, Emotions, and Emotional Disorders. American Psychologist, 64 2 , Time for truly biological psychiatry. The British Journal of Psychiatry, , Towards a genuinely medical model for psychiatric nosology. BMC Medicine, 10 5. The dominance hierarchy and the evolution of mental illness. The Lancet, 2 , Darwin

on the emotions of the insane. *Australasian Psychiatry*, 18 4 , The abduction of disorder in psychiatry. Attachment, ethology and adult psychotherapy.

## Chapter 6 : Evolution of clinical psychology | Psychology Student

*Hippocrates was the ancient Greek founder of medicine, always a close professional cousin of clinical psychology and a scientific model for psychology in general. Theodule Ribot led the development of psychology as an academic discipline in 19th-century France, as one primarily focused on clinical issues.*

Download this Term Paper in word format. Clinical psychology refers generally to both social science research and application of that research to achieve specific clinical goals related to mental health. Since its inception in the 1800s, the field has changed and evolved dramatically Benjamin, Earliest forms of clinical psychology included working with asylum patients, which often entailed using a variety of techniques that are now deemed unethical or harmful. Research on different models of talk therapy has informed best practices in general. However, recent changes to the field of clinical psychology attempt to distinguish between the types of quantifiable evidence that can be gained from empirical research using psychopharmacological interventions on the one hand and less tangible, less measurable means like counseling on the other hand. Clinical psychology seeks to establish itself as a social science, which is why research and statistics play a major role in the field. Clinical psychology distinguishes itself from other social science professions in a number of ways. The field of clinical psychology is also broad. Generally, clinical psychology emphasizes research and evidence-based practice. The field has considerable overlaps with other fields including psychiatry and counseling psychology. As clinical psychology is focused on individual or micro-level variables of analysis, the field is clearly distinguished from that of social work. Clinical psychology also relies on both qualitative and quantitative research methods. Unlike psychiatry, clinical psychology does not necessarily depend on medical interventions but does include medical interventions when they are indicated by research. As clinical psychologists are not medically trained as psychiatrists are, they are not legally permitted to prescribe pharmacological interventions. Therefore, clinical psychologists frequently work with other members of a healthcare team including psychiatrists or social workers. Some clinical psychologists remain dedicated to scientific research or academia, whereas others are practitioners. Researchers inform practice, but often clinical data is gathered not from real-world interventions but with targeted clinical trials. It is difficult to bridge the gap between research and practice, as professional clinical psychologists who only see clients and who do not perform research may become disconnected from emerging science and not providing clients with the most effective or cutting-edge interventions. Just as lobotomies and other invasive procedures characterized some of the early foibles of the field, pseudoscientific therapies remain an issue affecting both the credibility of the field and client outcomes. Ideally, clinical psychologists remain ethically and professionally committed to evidence-based practice. Clinical psychologists are, however, entitled to recommend or even perform therapeutic interventions not necessarily rooted in evidence but which may nevertheless be beneficial to the client so long as professional ethical standards are being maintained Barlow, It is important to note that even some of the most established trends in the field of clinical psychology may not be scientific in nature. For example, Freudian psychoanalysis, long a standard talk therapy.

**Chapter 7 : History and Evolution of Clinical Psychology**

*Evolutionary clinical psychology provides a non-arbitrary definition of psychological disorder--when an evolved mechanism fails to function as it was designed to function. It also sheds light on common afflictions such as depression, anxiety disorders, eating disorders, and sexual disorders.*

Saturday, June 14, Examination of Clinical Psychology As a major field of psychology, clinical psychology focuses on understanding, the assessment, and treatment of behavioral and psychological disorders and problems. It makes an attempt at using the principles of psychology to alleviate, predict, and understand behavioral, social, psychological, biological, emotional, and intellectual components of human functioning Plante, Clinical psychology has a vast history and evolving nature. Research and statistics hold a significant role in regard to this major field of psychology. As a field of psychology, clinical psychology shares some similarities with and other professions; such as school psychology, psychiatry, and social work, but numerous differences do exist that distinguish it from these and other disciplines. The History of Clinical Psychology Clinical psychology as a field developed from the discipline psychology, which in turn developed from philosophy. The thoughts and ideas of numerous philosophers such as one of the most influential thinkers ever, Sigmund Freud, in regard to the human mind and behavior, sparked the foundation of what is known as psychology today. However, psychology did not develop into a discipline distinct from philosophy until At this point, at the University of Leipzig in Germany, German philosopher Wilhelm Wundt, also known as the father of experimental psychology developed the first psychological laboratory, which resulted in the formation of psychology as a discipline distinct from philosophy Plante, Also, what contributed to psychology becoming a distinct discipline occurred in , with the formation of the American Psychological Association APA. Four years after this development at the University of Pennsylvania, in Philadelphia, Pennsylvania, American psychologist Lightner Witmer opened the first psychological clinic Watson, Hence, this resulted in the emergence of clinical psychology as a field of psychology. In regard to specialty areas of psychology, clinical psychology is the more so popular area. The Evolving Nature of Clinical Psychology Despite the APA lacking an interest in clinical psychology because of a primary interest in scientific research occurring in an academic setting and not of clinical applications, clinical psychology still grows at a rapid pace in the twentieth century during the first two decades Plante, At this point, clinical psychology grew rapidly in spite of the rejection of the APA. However, this is not the determining factor of the evolving tendency of clinical psychology. Although, clinical psychology instinctively has an evolving nature because of its concern to understand, assess, and treat behavioral and psychological disorders and problems. Therefore, clinical psychology continually uses research and the scientific method to develop a better understandings, assessments, and treatments of such disorders and problems. Applied and basic research enables clinical psychology to answer questions in regard human behavior, treatment, and diagnosis of psychological disorders and problems Plante, Fundamental to the practice and science of clinical psychology is research. In regard to statistics, it is an aspect of the scientific method used in research that enables clinical researchers to collect statistical data that enables them to determine if significant information is relative to human behavior, diagnosis, and treatments of psychological disorders and problems. Both research and statistics play a significant role in clinical psychology. Clinical Psychology and other Professions Numerous differences exist between clinical psychology and other professions, like psychiatry, social work, and school psychology. However, they differ as far as clinical activities, professional training to become a clinical psychologist or psychiatrist, and various other respects, such as for beliefs about the treatment, etiology, and nature of mental illness. However, researchers with psychology and psychiatric backgrounds commonly collaborate and publish with each other, but the journals that they publish in remain set apart by disciplines. In regard to social work, unlike in psychology, social workers do not obtain an education as extensive as that of clinical psychologists and are not as extensively trained in performing research or the use of testing instruments of psychology as with clinical psychologists Plante, In regard to school psychology, school psychologists usually only obtain an MA in psychology, and few obtain a Ph. Also, school psychologists extensively work in special education,

secondary, and elementary schools; whereas, clinical psychologists work in varying education fields, private and public practices, teach and perform research in clinical settings. Conclusion Focusing on assessing, treating, and understanding behavioral and psychological disorders and problems is the nature of clinical psychology. Research and statistics have held a critical role; whereas, enabling clinical psychology to maintain the focus of assessing, treating, and understanding behavioral and psychological disorders and problems. Numerous differences exist between clinical psychology and related fields, but the major difference is the nature of clinical psychology being an integration of clinical knowledge, theory, and science.

## Chapter 8 : The Origin And Evolution Of Clinical Psychology Term Paper - Words

*Clinical Psychology - Takes a non-Medical approach to treatment of psychological problems and disorders. Psychology Major Research Areas Developmental Psychology - Looks at Human development across the life span.*

A field of psychology that continues to evolve, clinical psychology spans back to the ancient Greeks and continues to add to the field of psychology today. Through the use of research and statistics, prevention, intervention, and treatment of mental dysfunction have added to the evolutionary nature of this subfield of psychology. History and Evolution Before psychology became a science and philosophy existed to become the gateway to psychology, mental illness existed. The roots of psychology are grounded in the Greek philosophers who studied the interconnectedness of the human mind and body and its influences on physical illness, however, mental illness was noted as early as the ancient civilization. During the ancient times, mental illness was believed to be the demonic possession of the human body which required brutal and sometimes fatal cures such as trephining and exorcism. Greek philosopher Hippocrates developed a theory in which he believed that mental illness is naturally occurring within the pathology of the brain that resulted in an ailment of the soul. Other philosophers such as Aristotle and Plato concurred and believed that healing would come from repairing the spirit. The Renaissance brought about the need for scientific exploration and reasoning rendering the Greek philosopher theories as unscientific and inaccurate. Aquinas recovered the Greek philosophical theories staking claim that the spirit is a collaborative of the body, and the physical organs became ill, and the spirit is the union of the mind and body. However, it operates separately from the physical body. Thinkers such as Sigmund Freud brought with them the explanations that were lacking to explain the human behavior. Freud was in tune with the original philosophical thinkers and their ideas on the interconnectedness of the mind and body and the separation of the soul. Freud theorized that the unconscious thought triggered conscious behavior that is responsible for a physical ailment. Freud believed the mental was separate from the conscious, therefore, could not be liable for a valid explanation of behavior, rather insights of the self. His theory followed the philosophical footsteps of Descartes, who believed objects could not be explained by rationality, rather irrational movements through space. The Evolving nature of clinical psychology spans from the opening of the first clinical psychology lab by Witmer in despite the discredit and lack of support of the American Psychology Association. Witmer proposed the idea of applying psychological principles to a human ailment that would lend insight the psyche has on the physical body that was not welcomed by the APA until after the temporary separation of clinical psychology from the Association. Wartime proved to benefit from clinical psychology as assessments and testing were developed to place soldiers correctly to produce the most efficient outcome of the war. At the close of the wars, psychologists were necessary to treat soldiers suffering from the psychological effects the wars imposed upon them. These events led to the Boulder Conferences, which developed new training guidelines for the education of clinical psychologists and an acceptance of the field. Today, clinical psychology encompasses the scientific advances in conjunction with the deeper understanding of the psyche and spirit that is the context of the evolving human condition. Science has a consistent advancement of the development of new technology that enhances the field of psychology. As treatment is tailored to meet the needs of the individual rather than steadfast in a single uniform treatment, new developments are established, and the rate of success heightens. As science continues to develop and new technological advances developed, the effort of clinical psychology maintains its evolutionary nature. Role of Research and Statistics All Psychology fields gather its base through research and testing. The scientific aspect of clinical psychology evolves from the research and experimentation to develop testing and implement treatment procedures to establish the most effect treatment plan. Statistical data is collected throughout the process of treatment and analyzed to decipher the most accurate and reliable information is being shared and utilized in the future. Using the most precise and reliable data provides the most dependable information that holds the potential to further research and create innovative treatment procedures such as the use of medications. Clinical

Psychology versus Other Mental Health Professions Clinical Psychology significantly overlaps with other mental health professions. For Instance, social worker focuses on case studies over a particular period, but do not attain the extensive biological component training and research methods Plante, Clinical psychology is most closely related to counseling psychology as both receive very similar training. Conclusion Mental illness dates back before the development of psychology and has evolved to include the most advanced research and treatment while continuing with its evolving nature. Assessment, treatment, and understanding the human psyche in conjunction with human behavior and physical ailment are the main facets of clinical psychology. As science and technology continue to evolve and advance, the field of clinical psychology develops further and establish definitive and reliable treatment plans. The use of research and statistics determine consistency among the various treatment and assessments. Although mental health professions all hold some overlap, clinical psychology is different from other fields in that it delves into the research aspects in conjunction with experimentation to find the best route to take. PPP, 20 3 , , Contemporary Clinical Psychology 3rd ed. Counseling Psychology vs Clinical Psychology. The field of clinical psychology: Arriving at a definition. Canadian Psychology, 37 2 ,

**Chapter 9 : How evolutionary principles improve the understanding of human health and disease**

*Clinical psychology is the branch of psychology concerned with the assessment and treatment of mental illness, abnormal behavior, and psychiatric problems. This field integrates the science of psychology with the treatment of complex human problems, making it an exciting career choice for people who are looking to work in a challenging and rewarding field.*

Essay on Vegetative-Vascular Dystonia It is known that our life is full of stresses and unexpected events which can easily damage the psychological equilibrium of any individual. However, it is easy to avoid the serious consequences of stresses and terrifying events as well as mental disorders and illnesses, abnormal behavior and psychiatric problems if an individual uses the services of the clinical psychologist. Today clinical psychology is considered to be one of the most important subfields of psychology. There are some situations when an individual suffers from some psychological disorder and needs some helpful advice to solve this or that problem. Of course, family and friends can give some advice, but in most cases it does not help to solve the existing psychological problem. In this case, the assistance of a professional in the sphere of clinical psychology is of great necessity. The history of clinical psychology dates back to the late nineteenth century. My goal in this paper is to address the developmental history of clinical psychology and to explore some significant ideas of the outstanding researchers in this field of psychology. This field of medical science not only integrates the science of psychology with the appropriate treatment methods that help to solve some complex problems, but also it helps to find some preventive measures which will help individuals to feel confident in different life situations. It is known that this term clinical psychology was first introduced by the American psychologist Lightner Witmer in . In his psychological research, Lightner Witmer gave the following definition of this field of medical science: It is known from the historical data on clinical psychology that the practical application of psychological knowledge was effectively used when the main principles of animal and human perception were first implemented in educational practice by Lightner Witmer. He was the first psychologist who opened the first psychological clinic in . The initial practical application of psychological methods was developed into application of special treatment methods to help patients with various mental health disorders. The development of clinical psychology was greatly influenced by different treatment principles of psychoanalysis where the unconscious functioning played an important role. Of course, there were great changes in clinical psychology, for example some new forms of clinical treatment appeared in the th century, and psychoanalysis was turned to psychotherapy. It is known that the evolution of clinical psychology as a branch of science and profession dates to the post-WWII period, However, the specialists of the first psychological clinic did not pay much attention to the special treatment methods. It is known that the development of both diagnosis and treatment methods is related to the post-World War II period because most of the soldiers who took part in the war actions needed effective psychiatric treatment. It is interesting to notice that the early clinical psychology was based on the effects of some elements of human body on the mind, for example different facial features, shape of the head, structure of hair and so on. Moreover, it is known that the work of clinical psychologists was not highly appreciated in society of the th century. Some people even disfavored this science because they considered that inexact science should not be developed. The major reason was concluded in the fact that it was impossible to duplicate the experiments. The work of clinical psychologists became of great importance as thousands of soldiers needed effective treatment. What is more interesting is that the female clinical psychologists were suspended from work with those soldiers who returned from war. They were engaged in another sphere of activity. The female clinical psychologists concentrated their attention on the effects of war for those stayed at home and did not take part in war actions. They organized the National Council of Women Psychologists. So, this branch of science has been continuously developing in order to meet the needs of a changing society and provide psychological assistance in a proper way. Purpose of clinical psychology It is known that the main purpose of clinical psychology is to promote the efficiency of life and the happiness of the individuals who need the assistance of clinical psychologist. Traditionally, in clinical psychology much attention has been paid

to both the diagnosis and evaluation. Moreover, the psychological procedures of evaluation can represent invaluable information for the psychologist whose major goal is to understand and prevent the psychologically-based disorder of the patient and to promote his further personal development and well-being. In order to achieve the major purpose of clinical psychology, it is necessary to use psychological assessment and appropriate psychotherapy. Besides, clinical psychologists are engaged in research work, teaching practice, consulting services, forensic testimony, and program development. Among them are Johann Jacob Guggenbuhl, the famous Swiss theorist who made great contributions to the development of treatment methods of people with mental retardation, and William Tuke, the prominent English theorist whose contributions are connected with effective treatment of the insane. Theorist Johann Guggenbuhl and his contributions Johann Yacob Guggenbuhl is known as a founder of the first residential treatment facility at Abendberg, Switzerland for those patients who suffered from mental retardation. In , the young Swiss physician decided to help people with mental disabilities and opened a special training school for such patients. He believed that special health programs and training would help people with mental retardation to improve their mental health. He developed special educational programs for children with cretinism. Besides, there were also special programs of nutrition and physical exercises. It is known that the school was called Abdenberg. It was located on the mountain, about 4, feet above sea level. Johann Guggenbuhl was sure that the lower altitudes influenced the development of cretinism. The training school was a great success, but Guggenbuhl had no opportunity to continue his training. He travelled a lot and could not pay much attention to the patients that is why the school was closed. He founded a private mental hospital which was called the Retreat at York. His work influenced the further development of moral treatment. Moreover, his work affected the further activities and studies of many psychiatrics. His health institution the Retreat was focused on special treatment methods. William Tuke tried to make his patients feel free. He housed mentally ill patients in a pleasant environment with decent nutrition. Moreover, he adopted a special treatment program for the insane. The famous theorist adhered to the principles of Quaker testimonies to equality when the mentally ill people had the status of equal human beings and were treated with respect, gentleness and humanity. At that time, his treatment methods were considered to be revolutionary. William Tuke proved that The Retreat could help the insane to get the value of personal relationships. Besides, he proved the significance of useful occupation and physical environment for those people who suffered from mental disorders. All the above mentioned contributions are important for the treatment of mental health and delinquency in the twenty first century.

**Definition of the term clinical psychologist** The term clinical psychologist stands for the mental health specialist who is specially trained to diagnose and treat people with mental disorders. It is known that clinical psychologists use special psychological techniques in order to provide effective treatment. Among the most popular techniques are the following ones: It is clear that any qualified clinical psychologist should have enough knowledge in order to apply the best psychological technique in this or that case. Besides psychotherapy, clinical psychologists are engaged in researches, psychological testing and teaching practices. First of all, they work with individuals of different age groups including infants, children, adolescents, adults, and the elderly people. Secondly, clinical psychologists work with couples of different sex orientation. Thirdly, they work with families of different types including traditional, nontraditional. Fourthly, clinical psychologists work with working groups in organizations and systems. They include research, assessment, treatment and prevention. Clinical psychology research is considered to be an important area of psychological investigation which influences the well-being of individuals. Some significant results which are received from different psychological researches and studies help clinical psychologists to develop some new effective interventions and techniques in order to apply them into practice. The reliable results of researches help to improve lives of mentally ill people, to mend their troubled relationships with family and friends, to eliminate addictions, and to help with other mental health problems. Clinical psychology researches permit to combine science with practical knowledge. Assessments are represented in the form of tests which can have different trends and variations. For example, intelligence tests, achievement tests, vocational tests and others have the major goal " to assess aptitude of the individual, his skill levels for this or that job, to realize his career goals, his interests, and to determine his type of personality. A good assessment method helps clinical

psychologists to understand the effectiveness of their psychological treatments and interventions. The other two areas of clinical psychology include treatment and prevention. The most popular psychotherapies include cognitive behavioral therapy, family therapy, humanistic therapy, psychodynamic therapy. Prevention psychological techniques used by clinical psychologists help to prevent serious consequences of different mental disorders. Today, the most wide spread mental disorders are diagnosed as Schizophrenia and Bi-polar disease. Schizophrenia is a psychotic disorder which is included in the category of personality disorder. Those people who suffer from schizophrenia have some symptoms that last longer than six-seven months. These symptoms include delusions, and hallucinations. Moreover, this psychotic disorder can severely affect the brain and thinking processes of the individual. Those people who suffer from schizophrenia have problems in thinking rationally. They cannot evaluate the situation and their judgments and opinions are impaired. It is very difficult for them to perform their everyday duties in a proper way. However, there is an appropriate treatment for this disorder. As the most prevalent symptoms of schizophrenia are usually delusions and hallucinations, clinical psychologist use proper methods to treat this disorder. They use psychotherapy, medication treatment, and social support. Besides, there are some other symptoms, such as strange behavior of individuals, lack of personal hygiene, no interest in doing something, the use of strange speech patterns which are difficult to understand, constant mood swings and so on. Bi-polar disease is in the category of mood and anxiety disorders. This disorder can be so mild that other people might not even notice that the patient suffers from it. The major causes for this disease are some negative situations, such as traumatic events, sexual abuse, or genetic problems. The major symptoms are emotional instability, poor concentration, low self-esteem, loneliness and apathy. The treatment includes medication and counseling therapy. The total number of mentally ill people in both developed and developing countries is about million including million people who suffer from depression, 25 million people who suffer from schizophrenia, 91 million people who suffer from alcohol use disorder and 15 million drug use disorder. In the USA, a mental hygiene movement had the major goal "to prevent mental disorders. Besides, the International Classification of Diseases had a section on mental disorders. In addition, the term stress was applied to mental disorders. Due to the rapid deinstitutionalization which took place in the West, the isolated psychiatric hospitals were replaced with community mental health services.