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**Clinical Psychology: An Introduction.** Alan Carr. New York: Routledge, 2012, xviii + 395 pages, \$39.95 paperback, \$150.00 hardcover.

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Alan Carr directs the clinical psychology training program at University College Dublin. He wrote *Clinical Psychology: An Introduction* to introduce undergraduate students to clinical psychology as a profession, covering psychological assessment, the leading models of psychotherapy, a selection of topics within psychopathology, and the scientific evidence supporting current interventions. One of the five learning objectives for the first chapter, “What is Clinical Psychology?,” is to enable students to plan their careers so as to increase the likelihood that they will qualify for admission to a clinical psychology graduate program. Carr focuses upon the 30 doctoral programs in England, Scotland, and Wales and the five in the Republic of Ireland and Northern Ireland. These are three-year training programs that lead not to a PhD but to a doctorate in clinical psychology, such as the D Clin Psych. Gaining admission to such programs is presented as a daunting process that typically requires a background in both clinical and research experience, including already-earned graduate degrees. Concerning the academic qualifications of successful applicants, Carr writes: “[C]andidates with better secondary school results, higher undergraduate grades, master’s and PhD degrees, more favourable academic references and greater research achievements and publications are more likely to be admitted to clinical psychology programmes” (p. 13). Each of these 35 three-year programs involves a partnership between a university and a public health service unit. The training philosophy is most commonly that of the scientist–practitioner.

Because of its emphasis on training and practice in Ireland and the United Kingdom, this book will have only limited relevance to American or Canadian students, who will be likely to find the specific material on training programs irrelevant and the coverage of public health settings in the British Isles unfamiliar. Yet the substantial presentations on psychopathology and diagnosis follow American and international classifications (American Psychiatric Association, 2000; World Health Organization, 1992), and the detailed material on assessment and psychotherapy draws from a common knowledge base shared by researchers and practitioners on both sides of the Atlantic.

Carr has not described the entire range of psychopathology, and the book’s compass would have seemed arbitrarily limited if this had been a book on abnormal psychology

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— which, in many respects, it resembles. For example, the chapter on childhood disorders describes only attention-deficit/hyperactivity disorder (ADHD), conduct disorder, and oppositional/defiant disorder. Neither the specific or general learning disabilities nor the pervasive developmental disorders are reviewed. The rationale for focusing entirely upon the disruptive behavior disorders is that clinical psychologists are more often called upon to deal with them than with other disorders. Furthermore, Carr notes that the emotional disorders (e.g., anxiety and mood disorders) are considered elsewhere in the book. Nonetheless, the depth of Carr's presentations compensates for the limited scope. The section on ADHD includes a case illustration with family history, psychological and developmental assessment, formulation, and therapy; detailed information on epidemiology, definitions and diagnostic criteria, and theories of etiology, encompassing genetics, neuro-anatomical irregularities, neurotransmitter dysregulation, diet, hypo-arousal, and executive function; and assessment, cognitive-behavioral treatment, and family systems interventions. Under each heading a wealth of information is presented in considerable depth. Familiarity with such concepts as the dopamine transporter gene (DAT1), the dopamine D4 receptor gene, frontostriatal circuitry, the ventral tegmental areas of the brain, and the locus coeruleus is assumed; none of these appears in either the Glossary or the Index.

Other areas of psychopathology such as eating disorders, drug misuse, anxiety, mood disorders, and schizophrenia receive a similar level of attention in the succeeding chapters. Each chapter describes representative disorders and their diagnostic criteria, epidemiology, risk factors, biological and psychological theories of etiology, and empirically supported methods of assessment and treatment. These chapters are richly detailed, up-to-date, and carefully researched, and could serve as valuable resources for advanced undergraduates, graduate students, and practicing professionals. The concluding chapters survey in depth the most influential models of the etiology and treatment of disorders, and appraise the significant literature on the effectiveness of psychological therapy.

Carr acknowledges the different training emphases in other English-speaking countries such as Australia, Canada, South Africa, and the United States, and notes that there are well-developed doctoral training programs in clinical psychology in these countries as well. In some cases, he writes, earning a doctorate abroad might require one to complete additional training to conform to British and Irish standards. Carr completed his clinical psychology PhD in Canada, and had to take an additional placement before qualifying to work in the British National Health Service. In programs such as the one that he now directs in Ireland the academic coursework is limited to practice-focused material; there are no courses purely devoted to the traditional curricula of psychological science — perception, learning, and cognitive neuroscience, for example — possibly explaining his recommendation that clinical psychology program applicants prepare themselves by earning other graduate degrees first. But undergraduate psychology students in Britain follow an advanced curriculum leading to an honors degree, a curriculum that is almost entirely devoted to psychology courses. Traditionally, these courses seemed very similar to the graduate courses taken in American doctoral programs, at least from the perspective of a reviewer who, in the 1960s and 1970s, earned undergraduate and graduate degrees in Britain and an American PhD. A traditional British PhD program in psychological science requires no further courses; the sole basis for the degree is the doctoral dissertation, the product of intensive research supervised by a mentor. Coursework of the kind that Carr describes is specific to the clinical psychology graduate programs.

Those geographic and cultural differences notwithstanding, clinical psychology is presented in this book as a research-based enterprise undertaken by scientist-practitioners

who apply fundamental psychology in their work, a characterization that is likely to be congenial to Carr's North American colleagues. In that context, one of his statements jars somewhat. On the subject of taking advanced psychology degrees in order to increase one's chances of admission to a clinical program, he writes: "PhDs conducted in university laboratories with non-clinical participants or animals are not a useful preparation for clinical psychology training" (p. 15). The impressions given by this statement could be either that basic research is irrelevant to practice, or that clinicians apply the work of others rather than advancing the field themselves. But in the history of behavior therapy, for example, research in the animal laboratory settled some basic controversies about how to extinguish, or hasten the extinction of, conditioned fear (Baum, 1970; Wilson, 1973), with profound implications for practice. Hullian theory and clinical folklore had predicted that anxiety must be attenuated by a countervailing emotional state before a lasting response decrement could occur, but the work of Baum, Wilson, and others on response prevention in the extinction of avoidance behavior not only improved clinical outcomes for anxiety disorders such as obsessive-compulsive disorder but also spared clients from time-consuming, and unnecessary, procedures. Similar examples of basic research informing applied interventions abound from the 1970s to the present (e.g., O'Donohue and Fisher, 2009). It is true that clinical researchers have to confirm the applicability of such innovations to clients in mental health settings (e.g., Meyer, 1966; Brown, Stanley, and Bjorgvinsson, 2012), but such scientist-practitioners would hardly recommend their prospective clinical students avoid studying psychological science!

In recommending this book to psychology undergraduates in the English-speaking community the chief caveats would be the focus on training and practice in Ireland and the United Kingdom, and the limited — though scholarly and well-researched — coverage of psychopathology. The scope of the book will be viewed by some as a narrowly defined clinical psychology that excludes, for example, health psychology and forensic mental health applications; Carr classifies those areas as "related professions" and "other types of applied psychology" (p. 27). Yet this is nonetheless a valuable book that comfortably reaches its goal of providing an authoritative introduction to many aspects of clinical psychology for an advanced undergraduate readership.

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