

“The third time is the charm¹.” Considerations regarding training in clinical psychology, awaiting the third reform on the regulation of universities.

by Viviana Langher*

I will skip the ceremonies and go straight to the point, or more precisely, to the points. The quality of training in clinical psychology depends on the way in which the following critical dimensions of the training offered are conceptualized and carried out:

1. the definition of the profession compatible with the labor market
2. the laboratory activities
3. the quality of internship training
4. the research

Definition of the profession and the labor market

Whether one likes it or not, the quality of university training in Italy has become a priority. It would be safe for me to say that, in the environment of psychology, the quality of university training has been a priority discussion for at least 20 years now: the law defining the psychology profession, the state law n. 56 of February 1989, has recently turned 20 years old, and it marks a clear point of reference in this field.

However, the fact that such topic of discussion has been a priority for twenty years certainly does not work to our favor. Is it really true that (excluding talks before the promulgation of the law, and in preparation to it) we haven't been able to find a shared scientific agreement based on the training of professionals in psychology? It seems rather so, considering that twenty years ago our community hoped for a major disciplinary integration, hoped to overcome the incompatibilities between science and clinics (a dilemma still present in the daily thoughts of psychologists), hoped for independence and a clear definition of the professional field. Today, if we were to look at the psychology training kaleidoscope offered in Italy, it would seem that we have not since moved from that point. Or almost.

The university reform known as “509”² has triggered a creativity in academic psychology that perhaps we never suspected to possess: three-year graduate degrees, specialization degrees, single modules that corresponded more to the needs of independent didactics of some of us than to the need to form professionals that can be assigned to the labor force.

It took the “270”³ in order to make us, the scientific-academic community, to renounce, to contract, to compress some form of offered training that isn't really very effective. Not everywhere, however.

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¹ “Treća sreća”, Serbian version –optimistic – of our “there is no two without three” which predicts instead, with a sigh of resignation, the certainty of the misfortune that will reappear after a series of unfortunate events.

² “Regulations on norms concerning the didactic training of universities,” Ministerial Decree 3 November 1999, n° 509, published in G.U. on 4 January 2000, n° 2.

³ “Modifications on the regulations on norms concerning the didactic autonomy of the universities,” approved with the decree of the ministry of university and scientific research and technology, 3 November 1999”, Ministerial Decree 22 October 2004, n° 270, published in G.U. of 12 November 2004, n° 266.

From the ministry, we are waiting for a re-dimensioning of the training pushed forward by the ministerial draft n. 160⁴ that would bring about an ulterior re-organization of the education offered aimed at a major simplification, both on the level of degree courses, of the curriculum within the degree course, as well as, possibly, on the level of instruction (that has even increased, with respect to the situation already proliferated by the “509”).

Will we be able to take advantage of this crisis in order to improve the quality of education in clinical psychology that we offer at our university?

Some Italian academic sectors are criticized because their products are not particularly concentrated on the ability to apply their knowledge and competence in the labor market. In psychology, alas, it seems to me that this distraction could very well reach disturbing heights.

If we were to apply the dictates of the law on professional psychology, all the degree courses in psychology are well within the theme. But the definition that the law 56/89⁵ (article 1) gives to professional psychology is necessarily generalized: “[...] the prevention, the diagnosis, the activities of rehabilitation and of support in the psychological field”. This then becomes tied to the reality of the work field for psychologists, who are in part evident and dependent on how our labor market is organized; in part foreseeable or desirable, in consideration of how the labor market might develop.

The graduates of psychology are, for the most part, employed "socially" for at least the first ten years after graduation (with collaboration contracts per project or per term), a tendency clearly put into evidence by the association of the psychologists of Lazio in one of its recent inquiries (Bosio & Lozza, 2008). It is a tendency that is also related to the way in which our Italian society has organized the institutional responses to the demand for social support, and therefore of the psychological intervention specific to our country. For example: a huge number of "social associations" that work to promote the socialization of disabled people. Of course! We have (the only example in the world, and avant-garde extraordinaire underestimated primarily by us) a complex normative system that ensures the right of the disabled to social inclusion. It sustains and increases the demand of the disabled (and of their families) to social inclusion. Therefore, it is consequential that the cited structures and associations be activated, be cultivated, more institutions like them be opened, and that these organizations be a slice of the market pie wherein psychologists find work. This works in Italy. If we were to visit the rest of Europe or other parts of the Atlantic, the situation is very different. Of course! The majority of these countries doesn't have such provision in their laws, or such an advanced demand for social inclusion from the disabled people (and their families). There are not a lot of these support associations among the social integration of disabled people, therefore this part of the labor market that absorbs the psychologists doesn't exist (and when they are concerned with disability in contexts different from the Italian one, they are usually involved in the evaluation of damage, or, in the best of the hypotheses, in remaining resources).

Such a simple reflection should lead us to note whether it is opportune to harmonize our Italian university curriculums to the training models offered in high-level universal contexts, as they are in Anglo-Saxon universities. It is highly probable that the professional model of the psychologist that works in the North American context is useful locally, but it is not really applicable to a professional psychologist who is employable in Italy.

In the so-called Italian “third sector,” which is the part of the market between the public and the private ones, a good number of psychologists work: a study by Menna (2005a) shows

⁴ “Other interventions for the rationalization and qualification of the training offered in the prospective of accreditation in study courses”

⁵ “Law on the psychology profession”, Law 18 febbraio 1989, n° 56, published in G.U. in 24 February 1989, n°49

that in around 300 organizations in the third sector situated in the Lazio region work a thousand psychologists (without counting those who, despite being graduates of psychology, are placed under contracts – unfortunately – of another nature). Perhaps we were preoccupied with training our students thinking that a good number of them would probably find work in this field? To me, it doesn't seem like a priority of all degree courses in psychology, including the usual courses that use the fascinating term "clinical psychology" in their titles.

However, the data on employment should not lead to deception, making us feel satisfied with our teaching job, because these psychologists are, for the most part, underemployed.

One of the primary reasons for this is socio-economic. The third sector is not particularly profitable. It does not present "in its activities the maximization of economic returns as its primary goal" (Menna, 2005b, p. 25). The services supplied, therefore, could be considered "low cost" or "low profile," and provided by basic institutions regarding the provisions of the law on the demand for (free or almost free) social support. Furthermore, such resources don't always appear to fall under the aegis of quality, with the justification that the low cost and the controlled budget for the user does not allow an adequate investment on the quality of the service, however rarely verified by the socio-health structures that make use of the third sector for providing the services they are delegated to do. As a consequence, the type of demand-supply dynamics formed between clients and the structures of the third sector: the client claims the services at low cost but also complains about its low quality.

The existence of such structures, from the uncertain quality and from the substitutive connotation, is justified, as much as it concerns the demand for social integration and support existing in the Italian context. Therefore, the "low cost" and "low profile" dimensions of the provided services do not have to be taken for granted, but rather represent a critical indicator of the failure in the supply and demand dynamics in social services.

A clinical psychological approach to the aforementioned demand dynamic should allow us to understand that if a demand exists and if the response is not satisfactory, the demand would have to be understood better and provide a professionally competent action as a response that has a high possibility to positively encourage the process.

Unfortunately though, the psychologists present in the organizations of the third sector often do not create determining actions in the sense mentioned above, primarily because they haven't developed the competence necessary to carry out a recognized psychological function in these contexts. In fact, they are often mistaken for operators (but wasn't the emphasis on the unique social operator over in the 70s-80s?). And the lack in competence of the psychologists, in general, goes beyond the habits and motivations of individuals in reaching a good level of professionalism, but finds its clear place in the world in which psychologists are trained. This is the second reason for the underemployment of the psychologists in the third sector.

I am under the impression that as academics we continue to train students in clinical psychology thinking, deep down, and perhaps not completely consciously, that the psychologists work with individuals (come on, also with the families!). We still have in mind the psychologist that opens his private studio and receives patients (or with the more modern style, clients). Very 1980s indeed. Yet the psychologists that work primarily in this way (that is, those whose income from this type of work allows a decent way of living) are few in relation to a large number listed in the association, having the right to exercise the profession (around 63,000 in 2007, with the predicted absorption in the labor force of around 80,000 new psychologists within 2012).

The fact that in the health field there are almost no more publication competitions for psychologists, I will limit myself to citing it. To elaborate on it would require the production of a special text created by me that lies outside the objectives that I write in this contribution. I

will refer interested readers to an old contribution that Cassandra herself would've approved of⁶ wherein ten years ago the consequences of such irresponsible choices, that were naturally persecuted, in the careers of psychologists in the national health service were feared.

While the academic discussion is active (in alternating waves, actually) on what a clinical psychologist should do in professional life (and for such discussion training courses are organized), I would propose to start, instead, from the empirical data: where are the psychologists actually employed? Which expertise is requested of them? Which areas of potential professional development are requested? If, as a scientific community responsible for training professionals, we are looking for an articulated but coherent definition of clinical professional psychology, then we might find it in the reality of the labor market, in order to train psychologists that are ready (potentially) to negotiate their assignment to work contexts that require competent operators (and hopefully would also be happy to take in psychologists!) in order to offer quality services in response to the demand for social support; and not vice-versa, making decisions during academic meetings that are oblivious to the reality of the labor market.

A good window of opportunity that could be used by us academics to our advantage already exists, and is composed of bodies in which our students carry out their internship: beyond the social health structures that work in the area of mental health, a minority of private professional studies, and a minority of research structures.

Now, the problem is that often our students (whose stories we know very well, having systematically used the instrument of clinical reporting during the internship experience) are not fit to work in those contexts, and my advice for the problems are:

1. their training is not decisively oriented towards the labor market, as I underlined many times, therefore the students have imprecise ideas on what they have to/could do
2. the work of the authorities on the competence of the students are both very low and far from that which the students probably imagine to be able to do
3. frequently, the psychologists have an ill-defined and marginal position in such organizations, and they are confused with other operators

To avoid ambiguity I want to clarify: the fact that these three points are in strict causal relation to each other (point 1 influences point 2 that influences point 3 that in turn influences point 1) does not mean that this circularity could not be modified: if we as a scientific community propose the objective of training psychologists compatible with the labor market and capable (at least the better of them) of developing their potentialities, then the cited circular relationship would take on a positive meaning and we would have done a great thing.

Certainly, once approved it could solve the problem of planning the number of students on a national level that are worth giving a degree to. They face certain problems that are not banal:

- a) The conflict, by nature ethical or political, with the free choice of the youth to enroll in the faculty of their choice (a conflict widely resolved in certain disciplines that have taken the advantage of planning the number graduates – like in medicine, architecture, and pharmacy)
- b) The preoccupation with the fact that a program could activate resistance from the part of the students regarding a closed number (I would like to point out, in fact, that the actual programmed number in my Faculty of Psychology 1 in Rome is already being contested by

⁶ Cecchini M. & Langher V.: "The managerial functions of the Area of Psychology of the National Service under the light of the Ministerial Decree 16 May 1996 n° 413 and the Ministerial Decree 22 July 1996," *The Journal of Psychology*, 9/97. The Authors underlined the risks of the empirical liberation of private schools of psychotherapy, to the detriment of a serious investment on the university specializations in clinical psychology.

some students, seemingly laughable with respect to the excessive number of aspiring potential psychologists in the labor market of central Italy: 800 students admitted every year do not seem to be a true program)

c) The academic community's assumption of responsibility in the moment in which the opportunity to impose a restricted number of access to the degree in psychology: if we choose a few, then we would have to decide on the criteria for selection (not an easy operation... the actual ones already show that they are not related to the results of the academic career of the selected students); we need to offer them a promising training: if we choose them because the market asks for them, then we have to offer them a better preparation for a career.

d) A more mature and elaborate definition of the concept of autonomy of instruction that does not have to be put in discussion as a principle. However, it has to keep in mind the integration of the concept of instruction that would lead to preparation of professionally oriented students.

The laboratory

Nonetheless, something positive came out of the 509 reform: the introduction of laboratory as an integral and not facultative part of the training course.

The very term "laboratory" more than "seminar" or, how it was in the five-year course, "guided practical experience," leads us back to the testing of theoretical, methodological, and technical competence in protected contexts, of preparation for the actual work in the field; where the "seminars" reflect their academic character and the "guided practical experiences" insist on the dependence and immaturity of the subject that experiments in the practical dimension under the erudite guidance of an expert.

In the training offered by the post-graduate course that I have the pleasure of coordinating, the presence of the laboratory is consistent, and each laboratory has the goal of favoring the contact of students with different areas of intervention, for how it appears to us at the moment in the world of labor.

The laboratory of our course is organized in different contexts. Schools, companies, third sector, and disability are areas in which the graduate course offers a substantial quantity of CFU (18) to spend in laboratory activities, with the idea that the training of our students in the post-graduate level cannot be irrespective of a confirmation of the world in which they analyze the problems tied to these contexts and of the world in which they plan and confirm their intervention.

I consider decisive to opt that these laboratory activities be included in the training in clinical psychology, with equal emphasis on both theoretical and methodological material. In the meantime, with this organization, the unavoidability of the laboratory experimentation within the theoretical methodological training is demanded. Differently from the internship (on the other hand not included anymore in the study plan of reform 270), university teachers hold laboratories and, beyond carrying out their didactic functions, are also naturally researchers and therefore specifically (if not exclusively), draw out from their clinical and research experience the administration of laboratory activities, filling up the disquieting gap that exists between university research in psychology and training in the profession.

The fact that the internship, with the "270 reform," goes beyond the theoretical-methodological training provided by the university makes the role of the laboratory even bigger, as it is an occasion for the students to experiment with themselves in the professional context, with comparison, verification, the reflection in the "meta" position together with the educator, which renders the educator himself a figure that is not only a source of information and relevant knowledge (according to a dynamic or asymmetric relationship of the "expert-layman" type) but is perceived as a professional among aspiring professionals, in a dynamic of relationship among peers, where the differences among the participants of the relationship are defined in terms of experience and competence, but

where it is possible to negotiate on a peer level the shared meaning of the psychological profession.

The internship

Pleasure and pain.

If the laboratory is the protected context in which the student experiments with his professional competence, the internship allows the first assumptions of professional responsibility. The student, or the ex 270 graduate, is faced with questions posed by the widest social context, where he will find work and experience the passage from theoretical methodological training, from the first forms of professional experimentation to the actual profession (because this is, or would have to be, the internship), it is nonetheless a delicate passage.

The first problem that I see is regarding students, that way I can get this issue out of the way first, and “the mentality of fulfilling requirements” that guides them.

I understand that the “509” courses attribute a certain number of CFU to the internship and that without the attainment of those CFU, nobody would graduate. I understand that to experiment with a professional relationship with the clients of a service is a nerve-wracking experience and therefore strategies that avoid this relationship (or better, the implications of this relationship) lie beneath the surface. I understand that certain structures in our social context and in which the students carry out their internship activities would not be known in history as examples of quality. I understand also that the other supervising psychologists of the interns are sometimes shallow due (also) to the shallow training from which they came from. I understand all of this. But the young in their blooming years dedicate precious hours of creativity to complain about their internship instead of making the effort to negotiate with their referring supervisors regarding the training project they participate in; that they accept, half-heartedly of course!, to spend time in noble activities such as making photocopies of clinical records (if it's okay with them), instead of refusing such offers and, if it were the case, to change the structure; that they spend their internship hours (and attain the aspired CFU!!!) making clay vases together with the crazies and then try to convince me of the usefulness of this type of training because “they were able to observe the relationships,” “they have had contact with mental disturbances,” “they have seen in practice what schizophrenia means after having studied it in DSM IV” not even stopping to think that they are wasting time; all of this pushing me, generally, to react inordinately, earning me a certain notoriety among the students. Girls and boys, you have studied little.

Nonetheless, we educators are not exempt from taking our responsibilities. When one of us, some years back, proposed that the students, in the thesis discussion, provide a report of their internship activities, many smiled. I was one of them. I thought: if the internship would've been of good quality, the effort of clinical reporting and critiquing of that experience would make sense, but if the internship were of bad quality, which is a possibility far from being remote, what is the point in doing so? A poor experience could not possibly be enriched by the act of reporting it.

And I was wrong.

In the first place, a poor internship experience that is substantially deprived of that professionalizing value for which the internship was conceived in any case represents a challenge for a professional; to propose the question: how could we do differently?

Secondly, whether the quality of the internship is good or bad, it is still an experience that, when reported, requires the elaboration of the representations of the clinical psychological profession which enabled this experience. It is therefore possible from two sides: the side of the structure or organization that absorbed the intern and, more importantly, on the side of the student that has undergone the internship. There lies the proof of that which was

produced: what criteria the intern followed, how he deals with complications, how he deals with the underlying hardships demanded by the intervention? How he resists colluding with the expectation of others (internship authorities, other operators, supervisors, and only lastly clients/patients)? Is he capable of obtaining a sense of satisfaction or dissatisfaction? Does he assume the responsibilities of making choices that a professional (also called “free”, and therefore responsible) takes on, or delegates to others, real or imaginary? Does he complain, in a passive-aggressive way, or in a vindictively aggressive manner, about his grandiose role? Is he ideological? Does he follow concepts of health and disease? Does he divide the world between good and evil? Does he perhaps bargain?

In the six years in which I have been the tutor of the bachelor dedicated to clinical reporting of internship activities, I have accumulated a rather valuable clinical experience, sustaining the students in re-thinking and re-conceptualizing their internship, using psychological-clinical categories of analyses. The experience in the laboratory has also become the subject of a thesis.

A good management of the laboratory activities and of the internship experience promotes critical demand from the part of the students, overcoming their tendency to be passive, the latter quality being incompatible with the profession of clinical psychology.

The research

And here follows my proposition:

Even if I do not contest the relevance of laboratory research for the scientific progress of our discipline, nonetheless I retain that a great effort has to be made by the researchers in clinical psychology in order to improve the quality of the methodology of clinical psychological intervention and in order to implement the progress of our profession in the labor market.

The basic research in psychology has the principal goal of identifying the psychological mechanisms due to which we function, and to find its natural context of existence in the research laboratory.

The research laboratory is a beautiful invention of enlightenment that has had a very important impact on western culture, emphasized in the height of positivism, becoming the very principal organizer of our representations, to the point of creating mythology.

The Research Laboratory is like a hermitage plucked from earth in which the researcher expresses his creativity, putting his ideas to test, discovering the nature of the world.

Nature exists in itself, and differently from us, it is an arcane object to discover. In these days, probably, the connotation of “arcane” attributed to nature could appear outdated: scientific progress has made our generations secure in our knowledge to the point that we now need results such as “first indications of bacteria on Mars” in order to surprise us a little, and perhaps then returning to routine, until another laboratory refutes the results of the literature that surprised us, so denying us the feelings of discovery.

Human beings are made up of structures and mechanisms of functioning regulated by general rules which are still to be discovered. Research conducted in the laboratory give a substantial contribution to this material.

Variables are isolated in the laboratory: a good researcher knows that, when he has to conceive an experiment, he has to have a perfect knowledge of the variables at play, and he has to reduce the complexity of nature, knowing which variable to manipulate in order to obtain the desired result, in such a way as to be able to conclude that his hypothesis is verified (or more subtly I would say: that the null hypothesis is not accepted).

Of course, when the subjects of the experiment are human beings, it becomes complicated to affirm beyond any reasonable doubt that all the variables are controlled: balanced groups by gender, balanced by age, same race and religion (same weight and same height, why

not?), standardized experimental proof and perfectly executed by the experimenter, and so on.

Everyone understands that the control of these variables (and let us say of other 50 thousand) do not guarantee that the participating subjects in the experiment are identical to each other, and therefore that which varies is surely the variable of behavior which we intend to study. A countermeasure exists: data is collected from a sufficient sample size and (and although the cut-off between a sufficient sample size and an insufficient one is, if not an arbitrary concept, at least a conventional one), in such a way as to randomly distribute all the variables that cannot be controlled in the laboratory (the spurious nature that every human being brings with himself a hermitage).

And what have we invented? Statistics! Even though the individuals maintain a quantity of individuality, nevertheless, if the hypothesis is correct, let's say that the case was tested on two groups (in the classic version of experimental group and control group), the experimental group will behave according to expectation, while the control group will not. And as long as we have the problem of individuality, we cannot expect that all the subjects of a group behave in the same manner, but that the results of the experimental procedure be within the group as much as possible near the average, that the averages between the two groups are different, and that we not be bothered by a value that is much higher than the standard deviation (emotional equivalent of individuality), a process synthesized in the value of " $p < .05$ "⁷.

And this satisfies us beneficiaries of scientific research.

The critical point is that, if we accentuate the meaning of the standard deviation and concentrate on it, we can perform that paradigm change that will shift us from laboratory research to clinical research.

The fact that subjects maintain an amount of individuality even when they enter the laboratory has been excessively simplified by the term "individual differences," implying that each one has his own way to behave. Let us elaborate on this. A theory is that of the temperamental differences: each individual, constitutionally, is genetically blessed with his own unique and unrepeatable style that determines his behavior. Despite the fact that this theory is accepted (or acceptable), it is nonetheless (taken for granted and) invoked to explain different styles or behaviors of the subjects in a given experiment. However, other, perhaps more interesting, more complex factors exist that could help explain the individual component of the behavior of the subject during an experiment. For example, the fact that they have high or low motivational levels during the experiment, that they are concerned with concentrating on the work, the availability to collaborate with the experimenter, and so on. Then there is another relevant component: if the researcher emotionally perceives the laboratory as a hermitage, it does not imply that the same thing is perceived by the subject involved in the experiment. The laboratory is a place packed with significance, where discoveries are made, where one works rigorously, but also where subjects are evaluated for their performance, where meanings are discussed wherein the experimental subject is often excluded (for example, he is told that "results will be communicated when we will have finished the data analysis"). And if in the relationship with a psychologically well-adapted adult subject, the experimenter could aim for a functional collusive level for the experiment (both are full of emotions of different natures, for the work that they are carrying out together, but both, based on an asymmetric logic, can agree that they are both contributing to the production of a culturally defined procedure), the relationship could even become more complex when subjects in developmental age are involved, that at the most do not accept the collusive level that sets the experimenter and the subject on the same complimentary level with respect to the experiment. With a child, in the best case scenario, one can pretend that it is a game, in order to put him at ease, and to familiarize him with the experiment, it is necessary to reassure him, maybe have his parents be present in the other

⁷ Careful, however, because with an improper simplification, we users of scientific research control whether the "p" is below at least "0.05" and we use that result as if it were true, (the more tactful would say: as reliable), but the stringent meaning of that " $p < 0.05$ " is that there is a less than 5% probability that the result occurred by chance.

room, and so on. But it is not said that it is enough to motivate a child towards the execution of an experimental procedure. One child could trust the adult who proposes the playing of a game with him, but another child may not, thus results may not turn out optimal. With the psychologically well-adapted adult, one could agree on the shared significance of the experimental procedure. With the child, one may hope that he finds within himself enough elements in the context that would motivate him to behave well. With the subject that is psychologically maladapted (the famous "clinical groups") this desirable collusive agreement could be even more difficult to reach because the fact that the experiment has something to do with his particular clinical condition is already evident. And every good clinical psychologist knows perfectly well that "reassurance" is not necessarily able to ease the emotions evoked by the participation in a test in an external context aimed to understand something related to elements of the subject's fragility.

The problem is that all this, in the experimental procedures of the psychological research in the laboratory, is not conceptualized enough. It is assumed that the laboratory is a place without history, an abstraction from the world that allows it to be outside the uncontrollable (in the methodological sense) complexity. Nevertheless, history enters as soon as the subjects enter the experiment, but, history is nonetheless forgotten. Experimenters behave "as if" the experimental subjects were perfectly comparable. I am not saying that there is a viable alternative, rather I am saying that the experimenter should not be contented with just the "p" value. Probably, the experimenter should never be satisfied, or should learn to always live with the torment of doubt. The cultural system of science, with the power that it emanates, gives relief to the researcher and the expression "the result is acceptable until no other more acceptable result emerges" becomes a pure formality, because if " $p < .05$ " the result is "true" even if other publications result in a p value demonstrating the opposite. What wins is the editorial context: a result published in a prestigious international journal, better if with an elevated impact factor, is "truer" than a result that contradicts it, but is published in a non-prestigious local journal. And this I say with no offense to scientists: culture wins over nature.

And so as the laboratory research is emotionally perceived as scientific, serious and rigorous, clinical research has an all together different appeal; it is more of an empirical practice, not very systematic, or difficult to systematize, that leaves space for interpretation more than measurement, to intuition more than the logical rational comprehension of phenomena. And it is perceived as "weak," even if it is not so in the moment in which it is able to conceptualize a good number of variables, and when it is able to face complexities with a minimal need for reductionism.

Of course, the paradigms appear different: while basic research in the laboratory is aimed at identifying general mechanisms common to humans (in such cases also to animal species) that explain their behavior, and therefore its principal goal is to generalize the knowledge obtained in the laboratory through discoveries or experiments; clinical research is mostly aimed at understanding problems and strategies for solution to problems that are related to human behavior, problems that emerge in such moments in which they transgress mechanisms of adaptation that are historically, culturally, and socially perceived. And here, while the objective of a generalization of the methodology of analysis and intervention on the problem remains reachable, the objective of generalization of results becomes reduced. For example, in the school inclusion of disabled persons, treating it as a system that is specifically Italian.

Let us say that my goal as a researcher is that of analyzing the quality of school inclusion of children diagnosed with ADHD. I could plan a large program of activities such as:

1. I identify subjects with the diagnosis of ADHD in the school age, and to try to control the variables at play as much as possible, I choose subjects aged 8-13 years, enrolled in the fourth and fifth grade of the primary school and in the low secondary school.

2. I define the quality of school inclusion using criteria that the Italian law provides for me, summarizing: functional diagnosis, planning of educational activities in an individualized perspective for subjects, collaboration between regular and support teachers, educational activities carried out with peers in the class.

3. I also define a subjective level of the quality of school inclusion (the ADHD subject would also be glad, no?) to measure with special instruments, interviews or questionnaires (and in the case of interviews I would have to dedicate either a lot of time or a good number of interviewers, or I would have to reduce the number of subjects – and that would mean bye-bye to the generalization of results), for example: feelings of acceptance in the class (by peers and teachers) and I may also add scholastic results.

4. I identify operative criteria that would allow me to distinguish between subjects who are a situation of “good quality integration” and those with “insufficient quality of integration,” in the latter case, for example: absence of functional diagnosis, and/or absence of an individualized educational plan, and/or absence of collaboration among teachers, and/or by the ADHD subjects, and/or low scholastic results. The stricter my definition of “insufficient quality of integration” will be, the less indicators of “bad quality” would have to be present in order to define the subjects as not sufficiently integrated; vice versa, the wider my concept of “insufficient quality of education” will be, the more indicators of bad quality would have to be present in order for me to define my subjects as insufficiently integrated.

5. I measure subjects with delineated parameters, and I identify some recurrent negative configurations, for example: prevalence of isolated individual activities from the rest of the class and feelings of being unaccepted by the subjects, and bad scholastic results.

Clean design, and if I control (balancing among subjects) further variables, elegant design: equal number of male and females in the sample, well distributed by age, control group consisting of different disabilities, scholastic contexts from different places (periphery, center, big cities, small cities), and so on. Nevertheless, also the elegant version of this design would have some intrinsic difficulties in becoming generalizable: if we say that the results of the survey could construct points of references in the national literature on school integration of the subjects with ADHD diagnosis, their generalization on the international plane would nevertheless be impossible. Decisive parameters for our research include: existence of an individualized educational plan, obligatory school attendance in regular schools for subjects diagnosed with ADHD, collaboration among regular and support teachers, are all measurable parameters exclusive to Italy (in other countries, in fact, different systems for teaching ADHD subjects are enforced; even those systems that are more clearly inspired by inclusive principles are organized in a different way). The research, nonetheless, without hope and *a priori*, is a research of the local type, with results that are not generalizable.

Furthermore, in Italy, it is impossible to collect data from a control sample made up of subjects with ADHD that do not take advantage of a regular educational system, but instead attend special schools: in Italy special schools do not exist, therefore, the inclusion variable versus non-inclusion is not measurable *a priori*. Another difficulty for generalizability of the results (other than the possibility of publishing such a contribution in an international journal: the use of such contribution would be useful only to Italians. And so what is the use of publishing it in an international journal? Of course! For the impact factor...)

The true applicability of my research resides in the question that I posed. If I decide to analyze the quality of school integration of children with ADHD, it is because I capture its relevance within the context in which I live. I know the characteristics of this disturbance. I have studied a sufficient quantity of research that demonstrate the recurrence, among these subjects, of running into problems in the school. I gather the potential failure of a

constellation of behaviors (summarizing: little capacity to focus attention for prolonged periods, intense motor activity, possible aggression towards others) that cannot transgress the implicit rules in class. I cannot conclude, however, that "because of the coexistence of individual activity isolated from the rest of the class and the subject's feelings of not being accepted," a student with ADHD could be in a situation of bad inclusion, because the lack of a good inclusion could be determined by many other factors. I could say that the configuration that I revived may recur, and coherently with the definition of school inclusion given by our normative system, this configuration goes in a direction opposed to that of the social context, codifying it under a system of laws, we have defined "school inclusion." A clinical psychologist that works in the school environment, and would take into consideration my results, could use this configuration as an indicator to better understand the context in which he works. But we cannot exclude that a school wherein this configuration isn't present might have a problem of inclusion of students with ADHD, and that the problem is affected by factors that are different from those that are among my results. However that does not take out the goodness and validity of my research. I want to stress the limits in the terms of generalizability of results. But I want to highlight the generalizability of the demand, even if limited to a defined context. The true contribution of clinical research could be this last aspect: applying a strong analytical model of the relationship between individual and context, it may be possible to predict (I venture) some elements that have a certain possibility of rendering this relationship a failure. Problems that, regarding the sphere of "living together", being anchored in history, are destined to appear and disappear, not because they are resolved once and for all, but because sometimes they are relevant, other times no. ADHD is a social problem in the United States (where its incidence is estimated at 12%) and it is not so in Italy (where the estimated incidence is lower than 1%). In the United States, pharmacological therapy has been largely employed to deal with this problem, and in Italy the Ministry of Health has posed severe constraints to the use of drugs (in 2008 only 800 children were treated with Ritalin; Langher et al. 2009). In the United States, there has been a huge controversy on the use of pharmacological treatment for ADHD. A prestigious British journal, *The Lancet*, in an editorial in 2008, has launched an attack against pharmacological therapy for children with ADHD, accusing them of representing a pathologizing attitude and social irresponsibility towards the problems of behavior in subjects in the developing age. In Italy, this problem is not present. Different contexts, different cultural aspects have different ways of perceiving the problem.

The contribution of clinical psychological research has to render clinical psychologists capable of seeing the existence of a problem in the context in which they belong, if not being able to predict its appearance (the only level of predictability that we could aspire for), and to provide the methodological capacity, serious and rigorous, that guides the interventions on the said problem, hopefully solving them. Or, more subtly, we could say: trying to render the context in which the problem is immersed, and being able to solve it.

Let us move forward. From the results of my research I could then try to improve the quality of school inclusion of ADHD subjects. I might want to make my research more applicable. The applicative value of my research will happen, however, only when there will be a demand for my research. I will explain further, through the exemplification of some possible situations that are more or less realistic.

1. I will focus on the schools with ADHD subjects that are not well-integrated and I propose an intervention. But if the school, in its fundamental components: direction, teaching bodies and students, does not perceive the problem? I can nevertheless propose my analysis, but from here on affirm that I could allow, with my results, the construction of a finalized intervention in order to improve the quality of integration of subjects with ADHD—but that is not easy. I hope that we all agree on the fact that my analysis, despite its elegance, cannot lead to the mobilization of the director, teachers, and students by default into an intervention of improving their educational conditions. In the absence of a demand for intervention, it is

considerably improbable that it would happen (and if it were to happen, as a clinical psychologist, I would be worried)⁸.

2. I create a protocol of self-evaluation of schools, in which I would then send in order to demonstrate, in a summary, which parameters should be kept under control in order to understand whether it is about a well-functioning school (“virtuous”, as we Italians adore saying these days) or an insufficiently functioning one (“non virtuous”, see above). How, in the case of point 1, in the absence of the critical variable “demand for intervention” (that cannot be conceived as a variable in the design described in the example), the results of the research, even if utilizable, remain, in fact, un-utilized.

3. If instead an excessive case of generalization of results occur: a school with no ADHD subjects with little school integration asks for an intervention for the improvement of the quality of integration of ADHD subjects. I would probably have to conclude that the requesters of the intervention have not understood my study? Or perhaps I haven’t clearly accentuated the objective of my work, that is, that of identifying factors that would improve the quality of school inclusion among ADHD subjects, and therefore if the school does not present with these internal dysfunctions, is wrong and is betraying the system by asking an intervention for improvement? Or perhaps, more sensibly, I should try to understand the significance of that demand and consequently decide on an action to take. Again, it is the presentation of a demand of intervention that would render my research applicable and possibly useful.

The research in clinical psychology is much more significant when it is permeated by criteria regarding its social utility. The research in experimental psychology, if useful socially, would be so as a secondary effect, also thanks to some clinical psychologist that studies general psychology.

In conclusion

The training finality of our relationship with the students is not incidental but rather an essential element that gives sense to that relationship: if we do not have the goal of training the students, giving ritual lectures, or referring to ourselves, or a fulfillment of requirements. To be educators in a course in clinical psychology demands that we face the question of professional training that students are asking of us, in particular when the course is trademarked by a strong professional identity. It requires that we respond to this demand with efficiency and with consideration of our two essential interlocutors: the students on one part, and the professional contexts on the other. Lastly, it requires that we concentrate our efforts in research towards the methodology of intervention that reinforces our profession’s credibility.

Furthermore, we cannot abstain from verifying whether we have reached the goals we have set for ourselves. We could begin by staying away from the process of self-evaluation that the 270 reform requires of us. Precious data limited to graduation theses that serve as an evaluation of the internship; then there is the experience of our professors involved in the laboratory activities, experience that we could use and organize in order to share it with others.

⁸ This dynamic is typical of the cooperation among developing countries, or with those that have to reach the standards in order to join the European Union. They are often required to make important institutional changes that usually have direct effects on the social, political, and economic organizations of those countries and, naturally, of the people who live there. The principal failure of the programs (generously financed) of cooperation with these countries is that there is not much of an internal demand for change from the local contexts, which is otherwise induced by other countries (the “developed” ones), so that the local context opposes by resistance, exhausting stalls, or sabotages, aimed to maintain the status quo.

If, as it seems, we need to face a further re-organization of the training of university studies, it would be a good occasion to take another step towards synthesis and integration, losing a few grams of academic pedantry. It wouldn't hurt.

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