

60 years of clinical psychology in Puerto Rico

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Abstract

This article examines the history of clinical psychology in Puerto Rico since its beginnings in 1946, summarizing the events that led to the field's emergence and looking closely at the sixty years of its subsequent development. The information presented is based on a review of publications, theses and dissertations, and interviews with professionals working in the field. The objective of this article is to raise awareness and interest in the many chapters that make up the history of psychology. Clinical psychology in Puerto Rico can reach new heights if its practitioners are aware of its history. Such awareness enables the creation of a socially informed discipline, firmly and conscientiously placed within the rich contexts of Puerto Rico.

Keywords: history, clinical psychology, Puerto Rico

60 años de psicología clínica en Puerto Rico

Resumen

Este artículo examina aspectos de la historia de la psicología clínica en Puerto Rico a partir de sus inicios en 1946. El escrito presenta el surgimiento en el 1946 y resume los hechos en los sesenta años de su desarrollo. El trabajo se documentó a base de publicaciones, tesis y disertaciones, y entrevistas con profesionales del campo. Este trabajo pretende estimular el conocimiento y el interés por conocer y aportar a las "historias" de la psicología. La disciplina puede alcanzar mayor madurez si conoce su historia y así, se logrará la construcción de una disciplina socialmente informada y responsable de su entorno.

Palabras Claves: historia, psicología clínica, Puerto Rico

The history of clinical psychology in Puerto Rico is reviewed. Its emergence is situated in 1946 and a detailed account of its development over the next six decades is presented. It is worth noting that this historical work is incomplete. I found during my research that the more information I gathered, the more questions emerged. My method was first to create a timeline of the key events that fostered or influenced the emergence of the field of clinical psychology in Puerto Rico, then analyze the time line, identify patterns, and, finally, weave together a story. To do this, I used published documents (magazine and journal articles, books), unpublished theses and dissertations, and interviews with professionals in the field. Finding documents about the history of the discipline was challenging, due in part to a lack of information on where to find the documents and difficulties with accessing original

materials. Although this project is far from finished, I hope to share the information gathered thus far, in hopes that it will stimulate interest, encourage dialogue, and foster collaboration with other colleagues who perhaps will contribute to the many stories that comprise the history of our profession.

What is Clinical Psychology?

There is no agreed upon definition of in this scientific field (Nietzel, Bernstein, & Milich, 1994). Some authors choose to define it based on the specific type of work practices performed by clinical psychologists. Such practices, however, are inevitably framed by each practitioner's own historical context, as well as economic, political, and social development, degree of clinical practice, and knowledge of the discipline (Nietzel et al., 1994; Pickren, 2005).

In 1981, the American Psychological Association (APA) defined clinical psychology as a profession that uses psychological principles and procedures in order to understand, predict, and improve a person's emotional, intellectual, psychological, and behavioral problems (Nietzel, Berstein, & Milich, 1996). The current definition offered by the APA's Division of Clinical

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Psychology suggests that the field is an integration of science, theory, and practice with the objective of understanding, predicting, and alleviating malaise, incapacity, and poor adjustment, as well as promoting human adaptation, social adjustment, and personal development. Thus, clinical psychology focuses on the intellectual, emotional, biological, psychological, social, and behavioral aspects of human functioning over a lifetime, within diverse cultures and at all socioeconomic levels (Society of Clinical Psychology, 2012).

In other words, clinical psychology is an area of specialty in the field of psychology, the breadth of which goes beyond the limits of psychology, to include psychological evaluation and assessment, treatment of psychological problems, and scientific research. Clinical psychology incorporates scientific research, aimed at generating new knowledge and clinical practice, aimed at offering psychological services (Plante, 2005). Bringing both clinical practice and research experiences together enables each component to compliment and enrich the other.

Towards a History of our Clinical Psychology

For the purposes of outlining a historical analysis of clinical psychology in Puerto Rico, this work identifies four historical periods: 1) historical antecedents (1822-1945); 2) the beginnings of Clinical Psychology (1946-1965); 3) Consolidation (1966-1979); and 4) the evolution and maturation of Clinical Psychology (1980 - present). However, due to space limitations this report will only include the last three periods. The historical antecedents is available from an earlier report (Bernal, 2006).

Beginnings of Clinical Psychology in Puerto Rico (1946-1965)

The end of World War Two set in motion the first steps in the development of clinical psychology. The GI Bill, approved by the United States Congress in 1944, laid part of the foundation for the creation of this field by offering resources to war veterans to become educated and trained (GI Bill, 2005).

At the Río Piedras campus of the University of Puerto Rico, Dean of Students José Gueits created an orientation program for war veterans who were enrolled in the University (Albizu Miranda, 1985). Juan B. Picart directed the program with a team of 10 counselors (Vásquez, 1987). The program later became a center for professional, educational, and personal orientation (CODE Spanish acronym) for all students (CODE, 2005). The creation of this center marked the beginning of clinical psychology in Puerto Rico (Albizu Miranda, 1985).

World War II also facilitated the expansion of the professional work of psychologists, whose role in the Psychiatric Hospital of Puerto Rico previous to the war had been limited to giving intelligence tests. In 1946, they began to conduct psycho-diagnostic evaluations through the use of projective tests that evaluated personality and intrapsychic conflicts (Hernández, 1985)

Due to the many war victims and the high demand for human resources in social work-related fields, psychologists in the United States armed forces began to be incorporated in the process of hiring and training staff, as well as performing psychological evaluation and diagnosis and conducting individual and group therapy. The high costs and the time it took to complete psychiatric training forced US government agencies to start up training programs for other health professionals, particularly clinical psychologists (Farreras, 2005). The Veterans Administration, with the support of the American Psychological Association (APA) and psychologists from within academia, developed a program specifically for training clinical psychologists (Pickren, 2005).

The post-war era brought intensified needs and crises. There were problems with the use of the intelligence tests. In response to the growing social issues, the Bureau of Institutions referred 181 children to take the intelligence tests and found an inverse relationship between intelligence and delinquent behavior. The children who obtained an Intelligence Quotient (IQ) of 70 or higher were admitted to the *Hogar Insular de Niños* (Insular Home for Boys) or the *Hogar Insular de Niñas* (Insular Home for Girls). Children with an IQ of less than 70 were returned to their communities (Vásquez, 1987).

Further psychological assessment efforts included a project to measure the intelligence of residents of public welfare institutions, among which were the *Escuela Industrial de Niños y Niñas* (Industrial School for Boys and Girls) and the *José Gautier Benítez Elementary School* (Vásquez, 1987). More than 50% of the children tested obtained a score that corresponded to mental deficiencies, which necessitated a reduction in the required IQ (50) for admission to the Insular Home of Boys and Girls. None of the tests administered followed the norms for assessment in Puerto Rico (Vásquez, 1987). This was one of the first indicators that psychological assessment models developed in the United States were not appropriate for use with Puerto Ricans. Such discrepancies later lead to efforts to develop, normalize, and standardize instruments more in line with the specific social and cultural realities of Puerto Rico.

In 1948, a book called *Psicología del matrimonio* (The Psychology of Marriage) was published (Mercado

de Dimas Aruti, 1948). The author, Colita Mercado, examined pathological principles within couples (for example, the selfish man and the slave woman, marital indifference, women incapable of performing the duties of wife and mother), and presented educational material that aimed to help people better their marriages through the domination of instincts and the use of moral values. This was possibly the first published text in Puerto Rico that applied psychological principles to romantic relationships. In the same year, Carlos Albizu Miranda became director of the Office of Counseling and Rehabilitation at the Veteran Hospital in Mayagüez, after having completed his military service (Virginia Miranda, personal interview, 9/7/2005).

In 1949, the first Hygiene Clinic for Children was established in Puerto Rico (Vázquez, 1987), while in the United States, the National Institute of Mental Health (NIMH) was founded (Pickren, 2005). That same year, the American Psychological Association conducted The Conference on Graduate Education in Clinical Psychology, which later came to be known as The Boulder Conference. This event brought together the directors of psychology programs from 43 APA-accredited universities. During the 15-day conference, the “Scientist-Practitioner” training model was designed (Shakow, 1978). This model harmonized divergent perspectives within the field of psychology (i.e. the perspective that focused on scientific activity and the perspective that focused more on clinical work). Thus the model was an attempt to de-intensify the tensions (science vs. clinical practice) within the discipline.

The Boulder Conference marked the beginning of a concerted effort in the United States to forge an independent identity for clinical psychology within the growing field of mental health in the postwar era. Criteria were established for competent training, acceptance of students, accreditation of university programs, and recommendations for licensure and certification (which required a doctorate’s degree with one year of internship experience). The Scientist-Practitioner training model provided guidelines for clinical psychology training programs in Puerto Rico.

During the 1950s, there were significant developments in the clinical psychology field in Puerto Rico. Pablo Roca, an educational psychologist in charge of Pedagogical and Statistical Research in the Department of Public Instruction, instigated an important project to translate and culturally adapt the Wechsler Intelligence Scale for Children for use in Puerto Rico (Herrans, 1985; Roca, 1951). Roca also translated into Spanish the 1937 Stanford-Binet Intelligence Scale Revised Form L. Herrans (1985) asserts that, “the origins of the development of psychological testing in Puerto Rico can be traced to Pablo Roca, whose contribution

to psychological assessment in Puerto Rico should be recognized by all members of the field and profession of psychology.” (p. 273). Another significant contribution to psychological assessment was made by Miguelina Nazario de Hernández, who spearheaded the normalization of the Human Figure Drawing Test for boys and girls 5 to 11 years old (Roca de Torres, 1994b).

Attesting to the advances in psychological assessment, the annual report of the Psychiatric Hospital recognized the presence of a clinical psychologist on staff, whose role consisted of administering intelligence tests (Wechsler-Bellevue Scale, Stanford-Binet Scale) and personality tests (Rorschach Inkblot Test, Thematic Apperception Test, Sentence Completion Test, Draw-a-Person Test, and Bender Visual-Motor Gestalt Test) (Rosselló, 1988).

In 1953, Jorge Dieppa and Carlos Albizu Miranda received their PhDs in philosophy with a concentration in clinical psychology from Purdue University. In “The future of psychology in Puerto Rico” (1985), Carlos Albizu wrote that he completed his studies after Jorge Dieppa. Dieppa and Albizu are recognized as the first Puerto Rican clinical psychologists (Albizu Miranda, 1985). One year later, the *Asociación de Psicólogos de Puerto Rico* (APPR, known today as the *Asociación de Psicología de Puerto Rico* and using gender neutral language in its title - Psychology Association of Puerto Rico) was founded and Efraín Sánchez Hidalgo was elected as APPR’s first president (Roca de Torres, 1994a). The APPR had 25 founding members, nine of whom were clinical psychologists, seven were educational psychologists, five were counselors, two were psychometric psychologists, and two were social or industrial psychologists. The Association became affiliated with the American Psychological Association, and by 1956 its membership had grown to 56.

From 1954 to 1960, Ada Elsa Izcoa, who held a master’s degree in clinical psychology from Iowa State University, directed the Office of Evaluation and Orientation of the elementary and high schools at the Río Piedras campus of the UPR. There, a staff composed of a clinical psychologist, a social worker, and a reading specialist offered services to students (A.E. Izcoa, personal interview, 9/8/2005).

A significant event in the realm of clinical practice was that Jorge Dieppa became the Chief Psychologist at the Veteran Hospital. From 1946 to 1956, doctors Jorge Dieppa, Carlos Albizu, Sebastián Cabrer, and Rafael García Palmieri all worked at the Veteran Hospital. All of these men were clinical psychologists who had been trained in the United States, and some had received financial assistance from the Veterans Administration. Some of these first psychologists had not yet completed their PhDs when they began to work at the

Veteran Hospital. Their primary role at the Veteran Hospital was to conduct psychological evaluations in the Psychiatric Services Unit (Julio Rivera, personal interview, 8/8/2005).

Psychologist Mercedes Rodrigo Bellido made some very important contributions, at this time, at both Clínica Juliá and the Veteran Hospital (Ardila, 1988). Born in Spain, Rodrigo Bellido obtained a degree in psychology from the Juan Jacobo Rousseau Institute in Geneva in 1923, and proceeded to play a central role in the development of psychology in Colombia.

In 1956, Marion García de Ramírez, president of the APPR, coordinated the Fourth Interamerican Society of Psychology Congress in Puerto Rico. Hosting this event was an important milestone for psychology in Puerto Rico, as it transcended national borders and brought together the diverse community of psychologists from throughout the Americas.

Despite the many advances, however, the field of mental health underwent some serious challenges in the 50s and 60s. In 1957, the Psychiatric Hospital plunged into the first of many financial crises, and was forced to close its branch clinics in Ponce, Fajardo, Mayagüez, and Aguadilla (Hernández, 1964). One year later, the House of Representatives ordered a study to evaluate the needs and existing resources of the mental health program. The results revealed serious deficiencies in the infrastructure, the staff, and the treatments being administered at the Psychiatric Hospital (Vásquez, 1987).

During the 1960s, the government began to establish prevention programs. One such program was the Program for the Control of Alcoholism, initiated in 1960, which later came to be known as the Drug Addiction Program. Another program, the Forensic Psychiatry Program, was created in 1963 to offer services to people with mental illnesses who were living in institutions (Vásquez, 1987).

Meanwhile, important steps were being taken within academia. Between 1958 and 1962, Doctor Juan Nicolás Martínez headed up the Psychology Program in the Social Sciences Department at the University of Puerto Rico. This was the first time that a director held a post for a term as long as four years (Roca de Torres, 1994b). In 1958, the Counseling and Rehabilitation Program was founded at the Río Piedras campus of the University of Puerto Rico (Gaztambide Geigel, 2003). In 1963, the Psychology Department was deemed an independent department, and Doctor Abigaíl Díaz de Concepción was named the first director (Roca de Torres, 1995).

Interestingly, in 1961 the Psychiatric Hospital proposed a one-year training program in clinical psychology (Rivera & Maldonado, 2000), despite the fact that the initial proposal had not received any support. In

1962, the Psychology Department at the University of Puerto Rico began offering graduate level courses. These academic offerings laid the groundwork for the development of a graduate degree program (Rivera & Maldonado, 2000).

In 1962, Jorge Dieppa published two books. The first was a partial bibliography of all the theses that had been written in the School of Social Work that were related to problems in childhood education (Dieppa, 1962a), and the second was an analysis of the work of high school counselors throughout the island (Dieppa, 1962b). In the field of psychological assessment, Juan Nicolás Martínez (of the University of Puerto Rico, Río Piedras) and Russell Green (of the University of Rochester, New York) began an effort to translate, adapt, and normalize the Wechsler Adult Intelligence Scale (Herrans, 1985). According to Herrans, before this project, very literal translations of the English version had been used to measure intelligence. Carlos Albizu Miranda initially translated the Wechsler Adult Intelligence Scale into Spanish while he was working in the Psychology Department at the University of Puerto Rico.

In the United States, the Community Mental Health Centers Construction Act was passed in 1963. This federal law had a strong impact on mental health practices in Puerto Rico. The vision for the Community Mental Health Centers (CMHCs) was to “deinstitutionalize” psychiatric hospitals. The act mandated that there be one CMHC for every 200,000 people, providing the community easy access to services such as hospitalization (prolonged or short-term), emergency services, branch clinics, and assessments and consultations (Hernández, 1985).

The CMHCs vitalized the work of community clinical psychologists and provided the resources needed to enable more training in psychology, professional counseling, and group dynamics. Due to the scarcity of professionals in the field of psychology in Puerto Rico, the Center for Applied Psychology was founded to train undergraduate students (Vásquez, 1987). Various psychologists and their assistants worked in the CMHCs. Thus, the Community Mental Health Centers Construction Act inspired the creation of graduate programs in both the public and private sectors of Puerto Rico.

In 1965, the government created the Correctional Psychiatry Program at the State Penitentiary, hiring psychologists and other human behavior professionals to work with inmates (Vásquez, 1987). Also in 1965, Puerto Rican sociologist Lloyd Rogler, together with August Hollinghead, published a classic work on schizophrenia in Puerto Ricans (Rogler & Hollingshead, 1965). Rogler had joined the *Centro de Investigaciones Sociales* (Center for Social Research) at College of Social Sciences at the Río Piedras cam-

pus of the University of Puerto Rico (UPR-RP) in the early 1960s, and it was at this facility that he conducted all of his research. His work on family and schizophrenia was a major contribution to the field of clinical psychology.

Another historically significant event in the 1960s was that Ada Elsa Izcoa became the first Puerto Rican woman to receive a doctorate's degree in clinical psychology (Loyola University in Chicago). Upon her return to Puerto Rico in 1964, Izcoa set up a private practice and rejoined the Department of Pedagogy at UPR-RP, where she became director of the graduate studies program.

In summary, the period I have identified here as the beginning of clinical psychology in Puerto Rico (1946-1965) was a time of unprecedented economic transformation (Dietz, 1989). A project called "Operation Bootstrap" (Operación Manos a la Obra) impelled the transformation from an agricultural economy based on monoculture to a higher degree of industrialization (light manufacturing). This resulted in a higher population density in the cities. In addition, school attendance became mandatory, which necessitated a social reorganization with a sharper focus on education.

It was in the midst of this industrialization process, and during Puerto Rico's shift to the political status of Commonwealth or Free Associated State (*Estado Libre Asociado*), that the field of psychology was created on the island. At the time, the discipline had a largely educational emphasis, placing psychological assessment at the service of educational institutions. Nevertheless, the realm of clinical psychology was still quite limited, primarily oriented toward hospital care, assessment, university courses, and private practice. There was also a notable incongruence with the use of United States (U.S.) assessment methods in the Puerto Rican context, and some researchers decided to adapt them into more culturally appropriate and applicable methods. University-level education became stronger and paved the way for the development of graduate programs in psychology.

Consolidation of Clinical Psychology in Puerto Rico (1966-1979)

During this period, three books on psychology were published in Puerto Rico. These texts were good indicators of the growing interest in this discipline. The publication *The successful retardate* (Albizu Miranda, Matlin, & Stanton, 1966) offered the first public condemnations of the uncritical importation of models developed in the United States. Albizu Miranda, Matlin, and Stanton pointed out that, if given intelligence tests developed in the US, almost a third of the adult population in Puerto Rico could be classified as "mentally

retarded." According to the authors, only two percent of the population should fall into this category, so it was imperative that norms be developed that responded more accurately to the specific social context of Puerto Rico. The problems with the use of these instruments in Puerto Rico had already been exposed in 1947, with the intelligence testing in the Insular Homes of Boys and Girls. What made the work of Albizu and his collaborators different was the well-documented way of addressing the issue.

In an article about psychology in Puerto Rico, Albizu and Matlin (1967) criticized the inadequate academic preparation offered at prestigious North American universities, citing that they did not consider any cultural divergences or different social contexts. In reference to psychological testing, these authors asserted, "Not only does the psychology manual itself resist being transplanted to the environmental climate of Puerto Rico; the very notions it espouses of what constitutes pathology seem out of context here." (p. 74).

The authors presented an in-depth examination of Puerto Rican cultural notions such as the importance of extended family and *compradazgo* (compaternity), the tendency of *jaiberia* (non-confrontation and evasion), and the values of dignity, *personalismo* (personalism), and *vergüenza* (shame), illustrating the fact that these values and lifestyles do not fit very well within the postures of North American clinical psychology and psychotherapy. Albizu and Matlin (1967) asserted that, simply put, "American psychology does not work in Puerto Rico" (p.78). This sentiment was later echoed by ethnic and racial minorities in the United States who confronted the same discrepancies when a psychology developed for the upper-middle class, primarily white Anglo Saxon population, was applied to marginalized, poor, and non-white groups, (Bernal, Trimble, Burlew, & Leung, 2003). Currently, this argument is focused on shifting the North American version of psychology so that it truly reflects multicultural diversity.

The book *A mis amigos de la locura* (Umpierre & Ruiz, 1970/1980), published in 1970, presented a critique of the common psychiatric and psychological practices in Puerto Rico, questioned the meaning of "craziness" and asserted the importance of placing clinical practice within a given social, political, and economic context. In short, the book called upon the professional class to work towards a more contextualized and less dehumanizing psychological practice. In 1978, the book *La madre y el aprendizaje del niño: La experiencia urbana puertorriqueña* (Guevara & Sessman, 1978) came out, presenting a portrait of mother-child relationships and dynamics in Puerto Rico. Yet another work that represented a significant contribution to mental health issues on the island was an article writ-

ten by Vélez-Díaz y Martínez (1975) about the state of psychotherapy in Puerto Rico.

In summary, several events supported the consolidation of clinical psychology in Puerto Rico. The first was the establishment of three psychology graduate programs, one counseling psychology program, and one clinical psychology doctorate program. Also notable was the incorporation of psychologists into almost all public sector scenarios, especially in the CMHCs, programs, and departments in state agencies for the provision of mental health services and the control of drug addiction. The private sector saw an emergence of psychological enterprises. At hospitals, clinical psychologists took positions of greater leadership, and, particularly at the Veteran Hospital, clinical psychology split off from psychiatry. Interestingly, during this period, there was increasing denunciation of the uncritical use of North American psychological models, and the foundations for a psychology firmly placed within the Puerto Rican historical, social, and cultural context were laid.

Evolution of Clinical Psychology in Puerto Rico (1980-2005)

This 25-year period brought maturity in almost all spheres of the discipline. What follows is an outline of developments in training programs, professional practices, research, publications, and professional and scientific forums.

Clinical Psychology Training Programs. The decade of the 80s brought encouraging developments within higher education institutions. In 1980, the Caribbean Center for Postgraduate Studies (now the UCA) opened a campus in Miami, Florida, becoming the first Puerto Rican institution to start up a doctoral clinical psychology program in the United States (Caribbean Center of Postgraduate Studies, 1989). Also in 1980, the Interamerican University of Puerto Rico established a Master's Program in Psychology, specializing in counseling psychology and school psychology, directed by doctor Edward Richardson (Rivera & Maldonado, 2000).

On the Río Piedras campus of the University of Puerto Rico, a graduate clinical psychology program was started up in 1986, under the direction of Doctor Edwin Fernández Bauzó. This program included four areas of specialty at the master's level, all of which are still offered (academic-research, clinical, industrial-organizational, and social-community). Another new development was the University Center for Psychological Services and Research (Spanish acronym CUSEP) in the Psychology Department, under the direction of Guillermo Bernal, which served as a place for clinical and research training for doctoral students (Bernal, Toro Alfonso, & Santiago, 2005).

In 1987, a master's program in counseling psychology was established at the San Germán campus of the Interamerican University of Puerto Rico, directed by Dr. Aurora Graniela (UIPR, 1987). Five years later, the Interamerican University opened the doors of its graduate program clinic at the Casa Sánchez to serve the public, under the direction of Doctor Ivonne Romero (ENDI, 1992). In 1994, the American Psychological Association accredited both clinical psychology programs (PhD and PsyD) at Carlos Albizu University (APA, 2004). Thus, UCA was the first institution in Puerto Rico to obtain and maintain APA accreditation.

In 1988, the Escuela Graduada del Sur (Graduate School of the South) opened in Ponce, receiving certification by the Council on Higher Education (CHE) to offer master's programs in clinical psychology and school psychology. Unfortunately, however, the school confronted serious challenges and the CHE cancelled its licensure in 1990 (Viviana Abreu Hernández, personal interview, November 6, 2005).

At the Ponce School of Medicine, a PhD program in Clinical Psychology (PsyD) began in 1998 with CHE approval, under the direction of Dr. José Pons Madera. Shortly thereafter, in 1999, the Pontificia Universidad Católica de Puerto Rico (PUCPR) began to offer a graduate degree in philosophy with a specialization in clinical Psychology (PhD), and a graduate degree in psychology with a specialization in Clinical Psychology (PsyD) (PUCPR, 1999).

At the dawn of the new millennium, the University of Turabo established a master's program in counseling psychology, coordinated by Dr. María López Pagán. Likewise, the Interdisciplinary Clinic of Community Services (CISC, Spanish acronym) was founded as part of the graduate psychology programs at the Pontificia Universidad Católica de Puerto Rico (PUCPR, 1999). In 2001, graduate programs in counseling psychology were established at the Interamerican University of Puerto Rico, on both the Metro Campus (coordinated by Dr. Gisela Álvarez) and the San Germán campus (coordinated by Dr. Gloria Asencio). Two years later, at the University of Turabo, the counseling psychology program's mental health clinic opened its doors.

In 2004, the clinical psychology program (PsyD) at the Ponce School of Medicine became the second program in Puerto Rico to receive APA accreditation (APA, 2005). The graduate psychology program of the School of Social and Human Sciences at the University of Turabo established a new PhD in Counseling, which received licensure from the Council on Higher Education.

Currently, six universities in Puerto Rico offer a total of nine programs in clinical and counseling psychology at the graduate level, with both PhD degrees

and PsyD degrees (UPR-Río Piedras, UCA, Ponce School of Medicine, Pontificia Universidad Católica de Puerto Rico, Interamerican University of Puerto Rico, and University of Turabo). This growth in academic programs has greatly strengthened the institutional foundations for clinical and counseling psychology, diversifying academic offerings and making room for further development of psychological theory and practice in Puerto Rico.

The Practice of Clinical Psychology. Overall, the many realms of practice—ranging from private settings, to hospital settings, to mental health centers—exemplify the growing institutional maturity of clinical psychology, though there are a few cases that would reflect an evolutionary regression in the field. Private practice has developed greatly, but it is quite difficult to document such development. A few in-depth interviews revealed that Puerto Rico has a rich and important history of clinical practice, but unfortunately this is a history that is hard to document and consequently the story we have to tell does not do it justice. In spite of this, there have been growing numbers of new psychologists entering into private practice over the last several years. One has only to flip through the psychological services section of the 2005 telephone book to see proof of this: 146 adds for services offered by clinical psychologists on the island. This is a vast improvement from the handful of professionals who announced their services in the early 80s.

Clinical practice has also been extended to government agencies. What follows is an overview of events that fostered the growth of clinical practices at the Veterans Hospital, the Psychiatric Hospital, and the San Juan Center of Mental Health.

In the 1980s, the implementation of the Mental Health Code of Puerto Rico (Public law #116, 1980) brought the recognition of clinical psychologists as an integral part of the team of collaborators who offer legally regulated mental health services. This was very significant for the profession, in that it legitimized the practice of clinical psychology.

Law 96, passed in 1983, aimed to regulate the practice of psychology in Puerto Rico by requiring an academic degree (master's or PhD) to be a psychologist. The law was later amended to require a PhD to practice clinical psychology. In addition, a Psychology Examining Board, a Code of Ethics, and a final exam were created (Rivera & Maldonado, 2000). This process of professional restructuring was arduous and divisive, but the challenges were eventually overcome.

Before the end of President Carter's term in the United States, Congress approved the Mental Health Systems Act (P.L. 96-398). This federal law emphasized case management services, comprehensive planning, and cooperation between mental health agencies

(Mental Health Systems Act, 1980; Shore & Manning, 2005) and expanded the reach of the CMHCs.

Following the installation of a conservative administration precipitated by Ronald Reagan's victory in the 1980 elections, Federal Law 97-35 was passed (Omnibus Budget Reconciliation Act, 1981). This law increased financing for mental health services and drug and alcohol abuse programs through block grants awarded to states and territories, and abolished the previous CMHC legislation (Omnibus Budget Reconciliation Act, 1981). This regulation dismantled nearly twenty years of advanced legislation in mental health and set the stage for the future privatization of psychological services.

Psychologists at the Psychiatric Hospital had been managed by the Department of Social Work, until 1980, when the Department of Psychology was established to organize psychological services under the direction of Dr. Max González, along with psychologist Norma Rosado and Dr. José Navas. Leadership shifted to Dr. José Felipe González from 1981 to 1984, and then Dr. José Cabiya took over from 1984 until 2000, when Dr. Jaime Grodzinski was named director. The number of psychologists working at the Psychiatric Hospital has steadily increased (José Cabiya, personal interview, 8/5/2005). Yet, in 1987, the Psychiatric Hospital was put into federal receivership due to failure to comply with the federal court's requirements (Rosselló, 1988).

In 1980, the San Juan Veteran Center opened its doors and Dr. Jorge González Villamil acted as the first clinical psychology consultant. Three years later, the first clinical psychologist with a PsyD, Ramón O. Rodríguez-Rodríguez, joined the clinical team at the Veteran Hospital. After Dr. García Palmieri's retirement in 1987, Dr. Luis Raúl Ríos-García assumed the role of Chief of Psychological Services at the Veteran Hospital.

In the late 1980s, the first counseling psychologists holding doctorate degrees entered the Psychological Services Unit at the Veteran Hospital. These included: Julio C. Ribera-González (1988), who worked in the Clinic of Brief Psychotherapy and the Family Program; Gloria C. Ortiz (1988), who launched the Health Psychology Clinic; and Beatriz D. Rivera Urrutia (1989), who worked for the Rehabilitation of Patients with Vision Impairment and later in the Spinal Cord Injuries Unit. The recruitment of these psychologists formalized the profession's entry into the field specialization of Health and Rehabilitation Psychology. Dr. Gloria Ortiz was also the first psychologist recruited to work in the Help Center for Vietnam Veterans (Julio Ribera-González, personal interview, 8/8/2005).

Under Dr. Rios-Garcia's direction, the Psychological Services Unit recruited psychologists to put together independent ambulatory clinics. The following

clinics were established: Sexual Dysfunction (now called Sexuality and Health), created and directed by José Pando; Neuropsychology, created and directed by Dr. Jorge Montijo; and Brief Therapy, created and directed by Dr. Henry Agostini (Julio Ribera-González, personal interview, 8/8/2005).

In 1993, Law 67 was passed, which created the Substance Abuse and Mental Health Services Administration (*Administración de Servicios de Salud Mental y Contra la Adicción*, Spanish acronym ASSMCA). Later that year in September the passing of Law 72 set in motion the Medical Card health services program, the Health Insurance Administration (*Administración de Seguros de Salud*; Spanish acronym ASES), and the Puerto Rico Health Reform (1993-2000).

The Puerto Rico Health Reform spurred a change in the Department of Health's public health hierarchy, transferring the rendering of services to the private sector through managed care. The regionalized health care system was therefore dismantled and health promotion and illness prevention programs were attenuated (Rivera Mass, Fernández Cornier, Torres Rivera, & Parrilla Cruz, 2003). Despite the anticipated drop in expenses, however, costs gradually increased. The Reform's impact was felt sharply throughout the field of psychology; several important and innovative programs disappeared, and clinical psychologists with doctorate degrees saw their roles becoming increasingly undermined as managed care companies hired professionals with less academic training to provide treatment services.

In the realm of community mental health clinics, in 1988 the San Juan Mental Health Center began to offer services at the Dr. Gualberto Rabel Fernández Center for Integral Health (CDT Hoare). The director, clinical psychologist Iriz Zavala, implemented innovative treatment and prevention programs, continuing the tradition of community programs (Iriz Zavala, personal interview, 9/8/2005).

According to Dr. Zavala, "since its beginning, the Center (San Juan Mental Health Center) was a place of innovation, commitment, and social responsibility; a place where a psychological praxis based in reality was put into practice in order to promote creative and alternative methods. Therefore, those who came to the center were not referred to as patients or clients, but rather as *participants*, in an effort to foster the empowerment brought about by the therapeutic process. The assessment process was not just performed by the therapist, the participant took part in his or her own assessment and was encouraged to ask pertinent questions" (I. Zavala, personal interview, 9/8/2005).

The Center used multiple methods of psychotherapy, such as art therapy, psychoanalytical game therapy,

and psycho ballet for the "participants" with serious conditions. Other expressive methods, such as dance, theatre, forum theatre, and video were employed in psychotherapeutic activities. This organization also established an internship program in clinical psychology to train psychologists to work with various programs (adult, child, and adolescent psychosocial care, services for the homeless, education, and consulting) (I. Zavala, personal interview, 9/8/2005).

The San Juan Mental Health Center exemplified an innovative, creative, and socially informed clinical practice. It was an environment created with the explicit objective of promoting the "vision of a democratic and participatory therapeutic praxis" in the public sector of mental health. It aimed to introduce a public service vision "of quality and commitment, where merit, solidarity, respect, health promotion, and the biopsychosocial and interdisciplinary model are promoted, and where the scientific, academic, artistic, and practical are interwoven for the wellbeing of our people" (I. Zavala, personal interview, 9/8/2005). Dr. Zavala continued to run these programs until the Health Reform in San Juan closed them down.

Conversely, the psychological clinic at the Veteran Hospital was expanding in unprecedented ways. In 1991, the Employee Assistance Program (Programa de Asistencia al Empleado; Spanish acronym PAE) was established under the direction of Dr. Ramón O. Rodríguez-Rodríguez. The PAE offered psychological services to the employees of the Veterans Hospital.

In 1999, the Veteran Hospital became the first institution in Puerto Rico to grant clinical privileges to its psychologists. This put psychologists on equal par with doctors and psychiatrists, by granting them such privileges as the ability to prescribe non-medical treatments and direct interdisciplinary work teams. The second medical institution to award its psychologists such clinical privileges was the San Pablo Hospital (J. Ribera-González, personal interview, 8/8/2005).

According to Ribera-González, the Mental and Behavioral Healthcare Service (MBHS) of the Veteran Hospital emerged early in the twenty-first century under the direction of Luis Raúl Ríos-García. This new administrative structure offered all mental health services (psychology, psychiatry, and social work) and aimed to improve access to services, minimize duplication of services, and promote interdisciplinary work. The MBHS protected the professional identity of the three groups involved by designating a leader for each discipline. There were five areas of patient services, each with its respective coordinator: (1) acute care, (2) substance abuse, (3) primary mental health care, (4) psychosocial care, and (5) specialty care (J. Ribera-González, personal interview, 8/8/2005).

The implementation of a clinical and counseling psychology internship program at the Veteran Hospital, initiated by Dr. Julio Ribera-González, received accreditation from the American Psychological Association (APA) in June 2000. This was the first and, thus far, the only APA-accredited internship program in Puerto Rico.

Gradually, eminent psychologists at the Veteran Hospital have managed to increase the number of positions for other psychologists to join the professional team. Between 2000 and 2005, nine psychologist positions were created in the hospital's medical (non-psychiatric) service unit. In 2003, the MBHS began to hire the first psychologists who held doctorate degrees from a local university (Carlos Albizu University). In short, since 1993, the profession has expanded its psychology positions from eight to eighteen. The program continues to expand the number of clinical and counseling psychologists on staff at the Veteran Hospital (J. Ribera-González, personal interview, 8/8/2005).

Another important area of practice was the incursion of clinical psychologists in health and psychological services through non-governmental community organizations. *Fundación Sida de Puerto Rico* (Puerto Rico Aids Foundation) was one such organization that developed direct health and psychological services and primary prevention programs for vulnerable populations. José Toro Alfonso, a PhD clinical psychologist was its executive director from 1983 to 1998.

Clinical Psychology Research. A marked development in research projects being conducted at several academic institutions throughout the island affirms the theory that the field of psychology has fully matured here, with a strong community of scientists and professionals collaborating in the creation and application of disciplinary knowledge. What follows is an overview of key events and historic activities that fostered the growth of clinical research in Puerto Rico.

In 1988, the EWIN-R Project of Puerto Rico was launched, directed by Leticia Herrans (educational psychologist) and Juana Rodríguez (clinical and school psychologist), with support from the Department of Health. The focus of this project was to adapt and normalize the Wechsler Intelligence Scale for Children – Revised (WISC-R) for use in the Puerto Rican context (Herrans & Rodríguez, 1992; Rodríguez Arocho, 1994). Herrans and Rodríguez conducted this project in line with the work done by Pablo Roca and Miguelina Nazario in the 1950s. The EWIN-R Project and its predecessors are models of exceptional research in Puerto Rico.

Also in 1988, Margarita Alegría (clinical and school psychologist) assumed the role of director at the Center for Sociomedical Research and Assessment (Centro

de Investigación y Evaluación Sociomédica; CIES) at the Graduate School of Public Health on the Medical Sciences Campus of the University of Puerto Rico's (LRPP, 2005a). Under her leadership, an interdisciplinary team of researchers was formed to research various issues, such as the mental health needs of low-income people in Puerto Rico (Alegría et al., 2001), substance abuse (Alegría et al., 2004), use of mental health services through probability samples (Alegría et al., 1991; Vera et al., 1998), and the health reform's impact on the usage patterns of these services (LRPP, 2005b).

In 1990, the Behavioral Sciences Research Institute (BSRI) was set up on the Medical Sciences Campus of the University of Puerto Rico under the direction of Glorisa Canino (counseling and school psychologist). The central core of researchers was an interdisciplinary team made up of clinical psychologists and various other health professionals. The institute has made the important contribution of performing fundamental epidemiological studies in adult and child psychopathology (Canino et al., 1987; Canino et al., 2004; Canino et al., 2003). The institute's staff has also translated, adapted, and evaluated several diagnostic instruments, taking into consideration Puerto Rican culture and the psychometric methods employed in research (Bravo, 2003; Canino & Bravo, 1999). The studies carried out at this center have helped to estimate the prevalence rates of mental health conditions on the island, so that prevention programs can be designed based on the data collected.

The University Center for Psychological Services and Research (Spanish acronym CUSEP) of the University of Puerto Rico, Río Piedras Campus, formally created a research unit. This was made possible through an NIMH grant awarded to Dr. Guillermo Bernal (clinical psychologist) for the development of a research infrastructure centered on mental health and HIV/AIDS. The research unit carried out the first clinical trials of psychological treatment methods in Puerto Rico (Rosselló & Bernal, 1999), and has developed instruments to evaluate the efficacy of various interventions (Bernal, Bonilla, Padilla-Cotto, & Pérez-Prado, 1998; Bernal, Maldonado-Molina, & Sharrón del Río, 2003; Bernal, Padilla, Pérez-Prado, & Bonilla, 1999; Bernal, Rosselló, & Martínez, 1997; Bonilla, Bernal, Santos, & Santos, 2004).

CUSEP conducted studies on various mental health issues, such as depression (Rosselló & Bernal, 2005), hyperactivity in children, (Bauermeister et al., 2005), HIV/AIDS prevention (Ortiz-Torres, Serrano-García, & Torres-Burgos, 2000; Varas-Díaz & Toro-Alfonso, 2003), and cognitive processes (Rodríguez Arocho, 1994). The center's researchers also carried out studies on the effectiveness and efficacy of psychological

treatments for specific disorders in children, adolescents, and adults. CUSEP's research unit (Bernal, 2009), now the *Instituto de Investigación Psicológica* (Institute for Psychological Research) is the only center in Puerto Rico where the psychologists in training are given the practical experience of conducting research and offering psychological services (Bernal, 1993).

In 1999, the Latino Research Program Project (LRPP) was created, funded by five-year NIMH grant. This was made possible thanks to the collaboration of clinical psychologists from three research centers (CIES, BSRI, and CUSEP): Dr. Margarita Alegría, Dr. Guillermo Bernal, Dr. Glorisa Canino, and Dr. Mildred Vera. The LRPP was the first mental health research center in Puerto Rico to be funded by the NIMH (LRPP, 2005b).

The Institute of Scientific Research (Spanish acronym IIC) at the UCA, founded in 1978, joined with the BSRI at the University of Puerto Rico's Medical Sciences Campus in 2002. Under the direction of José Cabiya, the IIC received a substantial grant from the National Institute of Minority Health and Health Disparities for the development of a research infrastructure, and has since begun to develop studies revolving around clinical intervention (José Cabiya, personal interview, 8/5/2005).

There are other centers that, though not directed by clinical psychologists, are generating important investigations. For example, the Center for Addiction Studies (el Centro de Estudios de la Adicción; CEA) led by Dr. Rafaela Robles, founder of CIES, has made important contributions to the field of drug addiction and prevention (Colón, Rivera, Marrero, Robles, & López, 2003). The CEA collaborated with other universities on a project backed by the National Institute of Drug Addiction (NIDA) to evaluate the impact of family therapy on adolescent drug users.

The Filius Institute of the University of Puerto Rico, directed by Dr. Nicolás Linares, has also conducted important studies, particularly with autistic children (Filius, 2005). In addition, the Ponce School of Medicine has carried out projects of a neuro-scientific nature (among them, Gregory Quirk's study on fear conditioning) with important implications for clinical and research practice.

Publications, Professional and Scientific Forums in Clinical Psychology. In my historical research, I found 32 publications written by clinical psychologists dealing with subjects related to clinical and counseling psychology. In 1981, the Puerto Rico Psychological Association published the first issue of the *Revista Puertorriqueña de Psicología* (*Puerto Rican Journal of Psychology*) edited by Dr. Manuel Vitoria (Martínez Taboas, Castro Díaz, Pagán, & Coca, 2001). That same year, Dr. Norman Matlin published *La práctica de la*

terapia de realidad para Puerto Rico (*The Practice of Reality Therapy for Puerto Rico*) (Matlin, 1981), a guide for psychotherapeutic practice in a Puerto Rican cultural and social context. Alba Nydia Rivera also expanded on this subject in her book *Hacia una psicoterapia del puertorriqueño* (*Toward a Puerto Rican Psychotherapy*) (Rivera Ramos, 1984). In 1985, Leticia Herrans published the now classic book on psychological assessment, *Psicología y medición: El desarrollo de pruebas psicológicas en Puerto Rico* (*Psychology and Assessment: The development of psychological tests in Puerto Rico*) (Herrans, 1985). Later, José Navas-Robledo published a piece on rational-emotive therapy titled *Cómo tomar decisiones y solucionar problemas racionalmente* (*How to Make Decisions and Solve Problems Rationally*) (Navas-Robledo, 1985).

In 1985, a group of psychologists from the Interamerican University organized and put on the First Conference of Puerto Rican Psychology and Mental Health. Lester Nurse, Irene Sumaza, Aline Frambes Buxeda, and Juana M. Rodríguez compiled the papers presented at the conference and put together an extraordinary volume of the biannual publication *Homines*. Also in 1985, another psychological journal was published in Puerto Rico, *Ciencias de la Conducta* (*Behavioral Sciences*), sponsored by the Carlos Albizu University and edited by Pedro Vales (Martínez Taboas et al., 2001).

In 1988, the Psychology Association of Puerto Rico (Spanish acronym APPR) held the First Symposium of Psychological Assessment. The APPR published a chronicle of the conference, consisting of eleven clinical psychologists' papers (APPR, 1988). The event was a milestone for psychological assessment in Puerto Rico. The papers presented detailed the many impressive advances in clinical psychology in Puerto Rico.

In the late 1980s, various texts of importance to clinical psychology were published. José Navas-Robledo (1988) published *Proceso e innovaciones de la terapia racional emotiva: Una visión cognitiva conductual* (*Process and Innovation of Emotive Rational Therapy: A Cognitive Behavioral Vision*). Edwin Fernández-Bauzó and Marya Muñoz Vázquez (1988) published *El divorcio en Puerto Rico* (*Divorce in Puerto Rico*). Leticia Herrans and Juana M. Rodríguez (1989) collaborated on the publication of *Dos modelos psicométricos para el diagnóstico diferencial: Dibujo de la Persona y Bender Gestalt* (*Two Psychometric Models for Differential Diagnosis: Draw-a-Person and Bender-Gestalt*). Carlos Guevara (1989) published a book on psychotherapy titled *El Edipo o la constitución de la subjetividad a través del lenguaje y la comunicación: Desde Lacan a Vygotsky* (*The Oedipus or the Constitution of Subjectivity through Language and Communication: From Lacan to Vygotsky*). Many of

these texts suggest a clinical psychology that is wholly Puerto Rican; shaped by the uniqueness of the Caribbean cultural context, while at the same time reflecting a political and social critique of the Puerto Rican reality.

In the 1990s, a series of practical and applied texts strengthened the theoretical and investigative principles of Puerto Rican clinical psychology. Dr. Alfonso Martínez-Taboas (1990) published his clinical work, *Personalidad múltiple: Una exploración psicológica (Multiple Personalities: A Psychological Exploration)*, and Dr. Edwin Fernández-Bauzó, together with a group of psychologists, published *Reflexiones en torno a la ideología y vivencia masculina (Reflections on Masculine Ideology and Experience)* (Fernández Bauzó, Cruz Díaz, & González Armenteros, 1990).

At the University of Puerto Rico, Dr. Wanda Rodríguez Arocho (1991) published *Hacia una práctica reflexiva de la consejería psicológica en Puerto Rico (Toward a Reflective Practice of Counseling Psychology in Puerto Rico)*. Reynaldo Ortiz Colón and his colleagues edited *El SIDA en Puerto Rico: Acercamientos multidisciplinarios (AIDS in Puerto Rico: A Multidisciplinary Approach)* (Cunningham, Ramos Bellido, & Ortiz Colón, 1991). José Navas-Robledo (1991) published *Cómo controlar su ansiedad en situaciones de evaluación o examen (How to Control Your Anxiety in Exam or Evaluation Situations)*, which is directed toward clinical practice, and Elda Abrevaya (1992) published *El niño, su sufrimiento y la pobreza: Una experiencia del psicoanálisis en el centro de salud mental (Children, Suffering, and Poverty: An Experience of Psychoanalysis in the Mental Health Sphere)*.

Other publications focused on social, political, and methodological reviews of the diagnostic classification system, such as the book edited by Guillermo Bernal and Wanda Rodríguez Arocho (1992), *Clasificación diagnóstica en Puerto Rico: Problemas teóricos, metodológicos y sociopolíticos (Diagnostic Classification in Puerto Rico: Theoretical, Methodological, and Sociopolitical Problems)*. Leticia Herrans and Juana Rodríguez (1992) collaborated on the publication of the *Escala de Inteligencia Wechsler para Niños de Puerto Rico (the Wechsler Intelligence Scale for Puerto Rican Children)*. Alba Nydia Rivera (1992) concentrated on the subject of personality in her book *Personalidad puertorriqueña: ¿Mito o realidad? (Puerto Rican Personality: Myth or Reality?)*.

In 1995, a group of psychologists published their studies on violence in the compilation titled *La más casera de las violencias sociales: Violencia contra la pareja* (Ávila Rodríguez et al., 1995). Also in 1995, the English translation of Alfonso Martínez-Taboas's work, *Multiple Personalities: An Hispanic Perspective*, was released and Víctor Álvarez (1995) compiled and published a collaborative work titled *Psicología en*

Puerto Rico (Psychology in Puerto Rico) that included studies conducted by clinical psychologists on psychological assessment, evaluation of instruments, psychopathology, and the profession in general.

In 1995, Puerto Rico hosted the XXV Interamerican Congress of Psychology, put on by the following organizing committee members: Ana Isabel Álvarez, Guillermo Bernal, Frances Boulon, Astrid Calderón, José Cangiano, Maribel Figueroa, Gerardo López, Eduardo Rivera Medina, Irma Roca de Torres, and José Toro-Alfonso. Irma Serrano-García presided over the conference (Congreso Interamericano de Psicología, 1995). The event brought together nearly every sector of psychology in Puerto Rico and approximately 2,000 psychologists from all throughout the Americas. The conference reflected the advanced organizing and summoning abilities of the psychology profession in Puerto Rico.

Another significant event in 1995 was the founding of the Seminar on Analytical Discourse (el Taller del Discurso Analítico; TDA), based on Lacan's notions of discourse. The first symposium presented was titled *El Padre en el Psicoanálisis Infantil (The Father in Child Psychoanalysis)* (Cardona & Rivera Toro, 2001). Later, Elda Abrevaya (1998, 1999) published two books of a psychoanalytical bent: *Del espejo al otro: Un estudio sobre la constitución de la subjetividad infantil (From the Mirror to the Other: A Study on the Makeup of Child Subjectivity)* and *La locura como pasión: Freud, Winnicott, Lacan, Foucault (Insanity as Passion: Freud, Winnicott, Lacan, Foucault)*.

Several new publications on psychotherapy and assessment came out around the dawn of the new millennium. José J. Bauermeister published his manual on clinical work with Attention Deficit Disorder (Barkeley, Murphy, & Bauermeister, 1998). Guillermo Bernal (2000) published *Psicoterapia: El reto de evaluar la efectividad ante el nuevo milenio (Psychotherapy: The Challenge of Evaluating the Effectiveness in the New Millennium)*. Leticia Herrans (2000) published a second edition of *Psicología y medición: El desarrollo de pruebas psicológicas en Puerto Rico (Psychology and Assessment: The Development of Psychological Tests in Puerto Rico)*. From the psychoanalytical perspective, Edna Nazario (2001) disseminated her *Apuntes sobre la clínica (Notes on the Clinic)*. For guidance on behavioral disorders in children, José J. Bauermeister (2002) published *Hiperactivo, impulsivo, distraído, ¿Me conoces?: Guía acerca del Déficit Atencional para padres, maestros y profesionales (Hyperactive, Impulsive, Distracted, Recognize Me?: A Guide to Attention Deficit for Parents, Teachers, and Professionals)*.

Guillermo Bernal partnered with Janet Bonilla to publish *La depresión: Estudios psicológicos en Puerto Rico y Cuba (Depression: Psychological Studies in*

Puerto Rico and Cuba) (Bernal & Bonilla, 2003), and together with a group of co-editors, they published *Handbook of Ethnic and Racial Minority Psychology* (Bernal, Trimble, et al., 2003). In 2003, Rodríguez Lorenzo published the text *Psicología: Principios fundamentales (Psychology: Fundamental Principles)*, and a group of collaborators presented *Masculino que ninguno: Una perspectiva sociopersonal del género, el poder y la violencia (The Manly Man: A Sociopersonal Perspective of Gender, Power, and Violence)* (Román Tirado, González Armenteros, Fernández Bauzó, Cruz Díaz, & Ávila Rodríguez, 2003). The title in Spanish employs a pun “Masculino que ninguno” loses some of its meaning in my translation. In addition, Jeannette Rosselló joined forces with her Cuban and Puerto Rican colleagues in the publication of *Psicoballet: Teoría y práctica en Cuba y Puerto Rico (Psychoballet: Theory and Practice in Cuba and Puerto Rico)* (Fariñas, Hernández Simón, Rosselló, Rivera Orraca, & Servano Goytía, 2004).

In 2005, Guillermo Bernal and Alfonso Martínez-Taboas compiled and edited the textbook *Teoría y práctica de la psicoterapia en Puerto Rico (Theory and Practice of Psychotherapy in Puerto Rico)* (Bernal & Martínez Taboa, 2005), which contains twenty-five chapters and documents psychotherapeutic work in Puerto Rico. José Toro-Alfonso and Sheila Rodríguez-Madera (2005) wrote an important text on the subject of domestic violence among homosexual partners titled *Al margen del género: La violencia doméstica en parejas del mismo sexo (At the Edge of Gender: Domestic Violence in Same-Sex Partnerships)*. Recently, José Felipe González-Pabón published his notable work *El abordaje psicoterapéutico de las defensas: Arte del trabajo clínico con la resistencia al cambio (The Psychotherapeutic Response to Defensiveness: The Clinical Art of Working with Resistance to Change)* (González-Pabón, 2005).

In summary, the clinical psychology profession has matured greatly over this twenty-five year period. Training programs in clinical psychology continue to expand at the master's and doctoral levels, as well as in both public and private institutions. The profession has seen an increase in the number of programs and service centers directed by clinical psychologists. The Veteran Hospital, a federal institution, has undoubtedly undergone the greatest changes. Laws were created to regulate the profession, research centers with diverse lines of study emerged in universities, and publications cropped up in diverse circles. All of these developments enabled the expansion of the profession into various work spheres and led to greater institutional complexity. The community of clinical psychology grew rapidly, increased its conceptual diversity, and offered methodological and empirical resources in order to

meet and understand the challenges specific to the Puerto Rican population. Lastly, the profession's growth coincided with the historical period of an economy positioning itself more toward manufacturing high technology (pharmaceutical products, electronics, instrumentation) and prospering in the multi-sector field (manufacture, service, consumption, tourism, and agro-business) (Dietz, 1989; Dunning, 2002). This phenomenon, also known as the knowledge economy, requires an educated work force, free access to the transnational market, and the appropriate infrastructure for technological, scientific, and research development.

Conclusion

Psychology has a long and rich history in Puerto Rico. The profession's historical antecedents (from 1822-1945) paved the way for the first mental health institutions, the first professional circles, the beginnings of academic training programs, and the publishing of texts on subjects related to the field (Bernal, 2006). The beginnings of the professional field (1945-1965) emerged just after World War II, with the creation of psychological training programs and professional associations. Growth in the field (1966-1979) was evidenced by the founding of various graduate programs in clinical psychology and counseling at the master's and doctoral levels. The inclusion of psychologists in almost all areas of the public and private sectors was also a significant part of this period of development. Finally, a look at the profession's more recent history (1980-2005) reveals a diversity of programs and academic degrees awarded to its students, a firm basis of regulations and legal protection for the profession, increasing numbers of psychological service centers and research centers, and an impressive array of publications that have contributed to the scientific and professional realm.

No discipline emerges in a historical void, and clinical psychology, a subspecialty of psychology, is no exception. The historical outline I have presented clearly reflects that clinical psychology has endured—and continues to endure—a deluge of social, historical, political, and economic forces that determine its course and validity, according to the social priorities of the moment. Clinical psychology in Puerto Rico has grown rapidly in its methodological, empirical, and conceptual complexity. Thanks to all this growth, important resources are available to the Puerto Rican community, which can be tapped into to foster a better understanding and help meet the challenges faced by this society that is still, in the 21st century, tethered to its struggle for political sovereignty.

To fully grasp the development of clinical psychology in Puerto Rico, one must not dismiss the various legislative acts by the U.S. Congress that have af-

ected, for better or for worse, the field's expansion. Undeniably, the Serviceman Readjustment Act of 1944, better known as the GI Bill, and the National Mental Health Act, which led to the founding of the National Institute of Mental Health (NIMH), paved the way for this profession. On the other hand, the Health Reform of Puerto Rico came about because the Department of Health was forced to follow the Federal Government's guidelines, thus dismantling the regionalized health care system and bringing about serious consequences for the practice of clinical psychology.

Political and economical forces are apparent in the progression of a discipline in the context of subordinate country. Rivera Ramos (1984) states, "psychology in Puerto Rico has been dominated by North American influence" (p. 4). Ramos called for a return to the approaches of Albizu Miranda and Matlin (1966), who implored the search for a "Puerto Rican" model for practicing psychology. Nevertheless, the influence of North American psychology not only applied to Puerto Rico, but also to all of Latin America (Fernández Álvarez, 1992; De la Torre, 1995) and most likely Europe and other parts of the world as well.

This dilemma is due, in part, to the uncritical importation of curricula and models for evaluation, treatment, and training, with little or no consideration of cultural relevance. For longer than a century, clinical psychology practitioners in Puerto Rico imported U.S. models without question, while more recently in some sectors, the importation of European models has been noted (such as French psychoanalysis, by way of Mexico or Argentina). Nevertheless, and possibly due to the continued political colonization, psychology in Puerto Rico experienced setbacks as early as the 1940s. Two decades later, the crisis erupted when Albizu Miranda and Matlin's (1966) critique of the entire field of psychology on the island.

It is interesting to note how, from a subordinate political, social, and economical position, Puerto Rico has become a voice of critiques of the dominant U.S. psychology. Given the position of inequality and the discrepancies in education, and research clinical practices are rendered unsustainable. As a result, the models that inform the practice of psychology must be revised, modified, and adapted. Likewise, the subordinate position demands a raised awareness of the disparate conditions and a concerted effort to seek alternatives.

Today in Puerto Rico, the trends of the discipline are moving toward a clinical psychology that integrates the specific with the universal, the local knowledge with the general. Training programs offer a wide range of experiences, with graduate and undergraduate curriculum designs that are not just a replica of foreign models, but rather respond to the particularities of contemporary

Puerto Rican society. Research centers contribute to universal knowledge by becoming involved in debates on various subjects, such as psychiatric epidemiology, treatment efficacy, mental health services, and evidence-based psychological practice. These centers also aid in the understanding and efforts to overcome some of the challenges of mental health in Puerto Rico. Countless publications on research, practice, and instruction also reflect a Puerto Rican clinical psychology more rooted in its culture and context.

The Achilles heel of clinical psychology continues to be privileging the individual (or subjectivity) over the social and the community, and emphasizing pathology over fortitude. George Albee elaborated on this dilemma in his article that examined 50 years of clinical psychology in the U.S., asserting that it had sold its soul to the devil (Albee, 1998). His thesis started with an analysis of the development of psychology after World War II, in which clinical psychology adopted the medical model to explain mental disorders and was inclined to focus almost exclusively on individualist psychotherapies. Albee points out that in the history of the public health profession, "no mass disease or disorder has ever been eliminated or significantly reduced by attempts at treating the affected individual. One-to-one treatment doesn't cut it. Psychotherapy is futile" (Albee, 1998). He proposed the alternative approach of initiating primary prevention efforts and retraining clinical psychologists in prevention strategies, abandoning the medical model, teaching social justice, and fighting against a consumer society.

If clinical psychology in the U.S. sold its soul to the devil, then by contrast, in Puerto Rico, while some emulated that path, critical perspectives emerged and model adaptations (training, psychotherapy, and assessment) have been proposed and implemented to honor the values, culture, language, and context in Puerto Rico. One advantage of practicing clinical psychology from a subordinated position is that the issues of social justice and inequality become crystal clear. Many programs include this very subject in their curriculum in one way or another. Despite the fact that not all clinical psychologists in Puerto Rico have abandoned the medical model, many are questioning its effectiveness and validity in the realm of mental health. Hope for the field lies in efforts to incorporate additional strategies for public health and to focus more on prevention and the socio-economic environment and less on an exclusive vision of "subjectivity," which too often leads to an individualistic reductionism. The challenge will be to resist falling into false polarities, but rather to achieve the organization of psychological models historically situated that take into consideration the context and the person, social justice, inequality, and the empirical

evidence. If we can achieve this, we will continue to play a role in the creation of a clinical psychology that is socially informed, judicious, relevant, responsible and, consciously placed within its own environment.

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