

South Korea

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Clinical Psychology in South Korea

Korean clinical psychologists recently celebrated the 52nd anniversary of establishing clinical psychology in Korea. Like many other disciplines in Korea, clinical psychology experienced compressed growth in the past 52 years, adapting to the boundless and rapid changes in Korean society. Although clinical psychology in Korea began as it was introduced from the Western culture, the search for its own unique identity is constantly evolving in the context of dynamic Korean culture.

The Korean Clinical Psychology Association (KCPA) defines clinical psychology as an academic discipline that is aimed to aid conceptualization and treatment of clinical conditions, particularly in the context of psychological disorders. Clinical Psychology guides assessment of the psychological disorder and development of its treatment. Licensure in clinical psychology is the highest level of acknowledgement provided by the KCPA. The central roles of licensed clinical psychologists are assessment and psychotherapy along with consultation and education. Licensed clinical psychologists in Korea have the authority to perform clinical practice, administer assessment, and supervise trainees in medical settings and other clinical settings.

Currently, mental health care in Korea consists of the practice of five main types of professionals: psychiatrists, clinical psychologists, counseling psychologists, social workers, and counselors (art therapists and general practitioners, etc.). Clinical psychologists emerged later than other groups and still remain a relatively small professional group in Korea (about 1,000 master's level licensed clinical

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psychologists as of 2015 and 6,133 members in the KCPA as of 2016). However, as described in the next history section, Korean clinical psychology has developed with great intensity, diversifying its roles and areas.

This chapter aims to provide history and systems of Korean clinical psychology, the general ideas on where Korean clinical psychology currently stands, and where it should be headed for the future development. In the next section, we will briefly review the history of clinical psychology in Korea. Next, we will describe the licensure, training procedure, and clinical assessments in Korea. Then, the current status of Korean clinical psychology will be presented followed by challenges and future direction.

History of Clinical Psychology in South Korea

The Western concept of clinical psychology was introduced into Korea as early as the 1940s (Rhi, 1985), however, psychotherapy was not widely practiced until the 1950s after the Korean War (1950–1953). The use of various psychological assessments by Korean and American psychologists during the Korean War had promoted the need for an advancement in applied psychology, which had consequently increased research and practice in clinical psychology. Interest in clinical psychology as an academic field also increased during this time. Several major universities established psychology department along with formal courses in clinical psychology. In the 1960s, several Korean psychiatrists completed psychoanalytically oriented training from foreign institutions, mainly from Germany, Japan, and the United States and brought with them the concept of psychotherapy when they returned to Korea. They later became pioneers of psychotherapy in Korea and then became leading supervisors and teachers of psychotherapy for succeeding professionals in the field including clinical and counseling psychology.

As Korean clinical psychologists gradually consolidated their position in mental health institutions throughout the 1960s, the need for education and training for the qualification of clinical psychologists also became a critical concern. The Korean Psychological Association (KPA) (established in 1946) created a subdivision entitled the Society of Clinical Psychology in 1964, which is active until the present day under the name Korean Clinical Psychology Association (KCPA). The association has been publishing the Korean Journal of Clinical Psychology since 1967 and has shared various clinical and theoretical findings in the field. To continue its efforts to produce professional clinical psychologists, the association also enacted a qualification exam in 1971 and has been holding annual licensure examinations until the present day.

Clinical psychology in the 1970s was marked by an establishment as a distinguished field. As public interest in clinical psychology somewhat increased, more effort was put into training and practicing psychotherapy. Psychologists with doctoral trainings (mostly obtained in the United States) also returned to Korea and collaborated with home-trained psychologists in advancing clinical psychology as a professional field. Various internship programs were also

developed during this time, and clinical psychology became firmly grounded in the combination of scientific basis and clinical services. From 1974, the KCPA began to issue clinical psychology license to produce more psychology professionals in mental health field.

Practice of psychodynamically focused psychiatry declined in the early 1980s due to a rising popularity of biological psychiatry and psychopharmacology. Korean psychiatrists began to perceive psychotherapy by psychologists as a threat to their position in the field of mental health, especially after they witnessed the growth of clinical psychology in the United States. Consequently, the demand for psychotherapy by psychologists began to plummet in psychiatric institutions, but the primary role of clinical psychologists remained to be administration of psychological assessments. It was not until 1996 that psychiatrists were the only group of mental health professionals who had the privilege to legally practice psychotherapy in South Korea (Kang, 2002). The Mental Health Act was enacted by the Ministry of Health and Welfare in 1997 to ensure fair treatment for individuals with mental illness, and the Ministry started to provide the national license to clinical psychologists. Other governmental (i.e. Ministry of Employment and Labors) and private organizations (e.g., Ministry of Employment and Labors and the KCPA) also began to issue clinical psychology licenses to produce more psychology professionals in mental health. Given that pioneers of psychotherapy were largely psychoanalytic in orientation, early generations of clinical practice received training primarily in psychoanalysis. Nevertheless, Korean therapists who are trained in more recent years receive training in a variety of theoretic approaches.

Types of Licensure in Clinical Psychology

Currently, there are three types of licensure in clinical psychology that one can obtain in Korea. These types can be broadly categorized into government-issued certifications and KCPA-issued certification. Categorization of these licensures and institutions that mediate these qualifications are summarized in Fig. 1.

The Ministry of Health and Welfare first established a program in mental health clinical psychologist (“*jung-shin-bo-gun-im-sang-sim-li-sa*”) in the mid-1990s and currently issues two levels of licensure: Level 1 primarily given to a master-level psychologist and Level 2 mostly obtained by a bachelor-level psychologist. In order to become a mental health clinical psychologist, one must receive training at a government-designated site (e.g., public mental health institutions). The Ministry of Health and Welfare also strictly regulates a number of mental health clinical psychologist that are produced each year. Nonetheless, obtaining this licensure is greatly advantageous in that it is largely acknowledged by the government as well as various mental health institutions across the nation, and therefore is highly popular and competitive among graduate student trainees. In the mid-2000s, the Human Resources Development Services of Korea (a sector of the Ministry of Employment and Labor) initiated a program for licensure entitled ‘National



Fig. 1 Types of Licensure in Clinical Psychology

Technical Qualifications of Clinical Psychologists’ (“*im-sang-sim-li-sa*”) to train more mental health professionals and meet the needs of national policy that aimed to prevent various psycho-social problems. Similar to the mental health clinical psychologist, the clinical psychologist licensure has been issued in two levels (Level 1 and Level 2). However, the qualification issued by the Ministry of Employment and Labor is has been criticized for a lack of curriculum in training and less rigorous regulation in training sites. Therefore, it has lost popularity among newly trained clinical psychologists and is commonly viewed to be insufficient when applying for positions that require more expertise in psychotherapy.

Private licensure is issued by private institutes or associations and is categorized into registered licensure or government-certified licensures. The registered licensure requires a formal application procedure of associations and is a form of approval or permission to function as a licensing organization. The KCPA is a registered private institute, and therefore, autonomously issues private licensure in clinical psychology professional (“*im-sang-sim-li-jeon-moon-ga*”). The association is making efforts to conform the licensure program to a government-certified program, in which the qualification procedures will be recognized and respected as a national licensing system (Y. Lee, personal communication, October 17th, 2016). Although most of the training curricula have been adopted from the Western countries (particularly from the United States), there are key differences in the courses of training and degrees required to become a licensed clinical psychologist. The comparison between the education and training procedures between the U.S. and Korea are presented in Fig. 2.

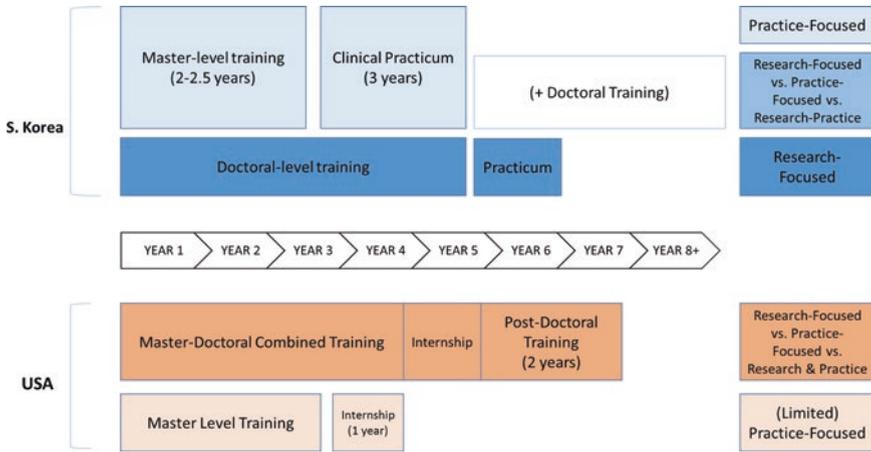


Fig. 2 Comparison of clinical psychology trainings in S. Korea vs. the United States (Note: This table was taken and translated from work by Korean Clinical Psychology Association (KCPA) Vision 50 Planning Committee (2016))

Qualifications of Clinical Psychologists

According to the KCPA regulations, licensure in clinical psychologist requires a graduate degree (master’s or doctoral degree) in clinical psychology and a completion of 3 years of clinical training under a KCPA-accredited psychologist’s supervision (2 years of training if the applicant holds a Ph.D. degree). In general, becoming a licensed clinical psychologist does not follow one general path. Applicants may follow specific guidelines based on their final degree in clinical psychology and previous attainment of licensure in clinical psychology from other institutions (e.g., certificate in community mental health psychology or licensure in the U.S.). Table 1 summarizes the standard procedures of qualifying as a licensed clinical psychologist, as suggested by the KCPA.

In order to be considered a KCPA-accredited clinical psychology major, one must complete ≥ 3 graduate courses (9 credit units) in clinical psychology or related field and ≥ 1 course(s) (3 credit units) in research methods. Completion of these courses must be approved by the KCPA Clinical Training Committee (“*soo-ryun-wui-won-hwe*”) after submitting a graduate transcript. The list of courses suggested by the KCPA as pertaining to clinical psychology or research methods is presented in Table 2. Courses that contain alternative titles should be reviewed and approved by the Clinical Training Committee after submitting the course syllabus and going through a review process.

Qualification and training components of the Level 1 mental health clinical psychologists are very similar to those of the KCPA-qualified clinical psychologists.

Table 1 Qualification of a licensed clinical psychologist

A. Individual who holds (1) a master's degree in clinical psychology and (2) a 1st level licensure in community mental health counseling and received 3 or more years of supervised clinical practice in a KCPA-approved institution is eligible to apply for the "Professional Clinical Psychology (Im-sang Sim-li Chun-mun-ga)" licensure examination. The licensure will be issued if the individual passes the oral portion of the licensure exam (Note: These individuals are waived from the written exam)
B. Individual who is in the course of a Ph.D. degree in clinical psychology (e.g., Ph.D. candidate) and has received 2 or more years of clinical supervised training under a licensed psychologist can apply for the "Professional Clinical Psychology (Im-sang Sim-li Chun-mun-ga)" licensure examination. The licensure will be issued if the individual passes both oral and written portions of the examination
C. Individual who has received a Ph.D. degree in clinical psychology and completed ≥ 1 year of supervised clinical training can apply for the "Professional Clinical Psychology (Im-sang Sim-li Chun-mun-ga)" licensure examination. The licensure will be issued if the individual passes the oral portion of the licensure exam
D. Individual who received a master's degree in clinical psychology and obtains a clinical psychology license issued by a professional clinical psychology society in a foreign country can apply for the "Professional Clinical Psychology (Im-sang Sim-li Chun-mun-ga)" licensure examination. The licensure will be issued if the individual passes the oral portion of the licensure exam

Note: Summary of material available at the Korean Clinical Psychology Association (KCPA) website (http://www.kcp.or.kr/sub02_5_1.asp?menuCategory=2)

Table 2 Suggested courses in clinical psychology

Clinical psychology courses	Research methods courses
• Advanced clinical psychology	• Statistics in psychology
• Psychopathology	• Research design
• Clinical diagnosis (assessment)	• Data analysis
• Psychotherapy	• Multivariate analysis methods
• Clinical practicum	
• Neuropsychological assessment	
• Behavioral examination	

There is also a large overlap of clinical settings in which the two types of licensures are acknowledged. Individuals who obtain master's or higher degree of education and complete 3+ years of practicum at a KCPA-accredited training site may qualify for the two licensures simultaneously. While both types of licensure certify one's qualification as a professional clinical psychologist, the mental health clinical psychology licensure enacts stricter training and supervising curriculum that predominantly focuses on mental illness, and therefore, some government or state mental health centers mandate this qualification when hiring clinical psychologists. Further explanations on the mental health clinical psychologist are presented in the KCPA website (<http://www.kcp.or.kr>).

Training Procedures

Graduate Education in Clinical Psychology

Although there are several models that describes the current educational training models of Korean clinical psychology, it is generally agreed that professors who train graduate students employ the scientist-practitioner model that follow the training model of the United States. However, given that the majority of the students entering clinical psychology pursue clinical practice at the end of their training, many leading psychologists are becoming increasingly aware of the need to expand training opportunities in the practitioner-scholar model, (Korean Clinical Psychology Association (KCPA) Vision 50 Planning Committee, 2016). The most recent suggestions made by the Korean Clinical Psychology Association (KCPA) Vision 50 Planning Committee (2016) state the following:

The KCPA and its members should first consider the establishment of education-training model. This model should serve to meet the current objects and roles of Korean clinical psychology, and this work should consider needs and opinions of trainees. Ultimately, the education training model needs to be diversified, separating models that focus on practical field work from models that will emphasize medical-academic settings. Sufficient discussion should be made with clinical supervisors, another large part of educational training. (p. 4).

A limitation in the current education and training model is a lack of doctoral level trainees. According to a recent report published by the KCPA, only 14 out of 525 registered trainees (2.7%) in 2014–2015 academic year consisted of individuals who obtained doctoral degree in clinical psychology (Korean Clinical Psychology Association (KCPA) Vision 50 Planning Committee, 2016). These numbers indicate that the current system is heavily focused on master-level clinicians who primarily conduct clinical work. Nonetheless, a large number of multi-disciplinary projects and lead supervisory positions require doctoral-level psychologists, and a modification in the current training system should be made to reflect an increasing demand for more doctoral level clinical psychologists in the field. While there is no combined masters and doctoral program in Korean clinical psychology, establishment of such curriculum may enhance simultaneous certification as a clinician and attainment of a doctoral degree.

Clinical Practicum

Formal clinical training comes after the attainment of graduate degrees in clinical psychology or related majors (master's level or doctoral level). This process begins with one's registration to the KCPA as a trainee at a KCPA- approved practicum site. Such training sites provide supervision by a licensed clinical psychologist professional and commonly include medical centers that contain psychiatry or

neuropsychiatry department, student counseling centers within college setting, counseling centers, and public mental health centers. Trainees are required to receive supervised clinical training for 3 years (2 years for doctoral level trainees). At least 1 year of this process (≥ 1000 training hours) must be carried out in one of the critical training sites (“*pil-soo-soo-ryun-gi-gwan*”), a KCPA-approved site that can provide direct and consistent supervision by at least one full-time licensed clinical psychologist or supervision by two full-time associate clinical psychologists who could provide some supervision. The critical training sites must be able to provide sufficient training opportunities in areas pertaining to research, didactics, practicum, and supervision. These sites traditionally included medical settings with psychiatric divisions, but have expanded to include educational settings, adolescent clinics, addiction centers, and business corporations in the past 10 years. Forensic sites, such as the federal court, prisons, and juvenile courts, have also offered trainings to clinical psychology trainees by becoming critical training sites. A detailed list of requirements needed to pass clinical training is presented in Table 3.

When clinical training is complete, trainees go through a formal evaluation process (Training Completion Evaluation; “*soo-ryun-wan-ryo-sim-sa*”) based on their training notes that were constructed throughout their practica. These notes contain all activities during clinical training (e.g., assessment and treatment) along with signatures of their supervisors. The Clinical Training Committee of the KCPA reviews the training notes and determines whether the trainee has completed all curricula successfully. A passing score on this evaluation is a requirement that the

Table 3 Training requirements for licensure exam in clinical psychology

Psychological assessment	300 or more hours during the 3-year training period (30 or more must be a comprehensive assessment accompanied by a written report)
Psychological treatment	300 or more hours during the 3-year training period (50 or more hours of supervision)
Case presentation	2 publications/presentations (a total of 4 or more hours) 1 publication/presentation can be substituted by oral or poster presentations at an academic conference
Manuscript publication	1 manuscript as a first author <ul style="list-style-type: none"> If the manuscript is a portion from a master’s thesis, publication in a Level A Korean journal (e.g., APA, SCI, and SSCI journals) would be acknowledged. Publication in the KCPA-recognized journal may qualify during the training period
Conference attendance	20 or more hours of attendance in an academic conferences and 10 or hours of attendance in case conferences
International/extra institutional collaboration projects	30 or more hours of the training period
Ethics training	1 or more attendance to an ethics course at the KCPA or other academic conference

applicant must fulfill before taking the licensure exam and therefore is conducted in December of every year, prior to the written portion of the license exam (held in February).

Licensure Exam

The licensure examination is conducted in two parts, the written and the oral exams. The basic course in the written exam is consisted of a wide range of psychology topics, including personality psychology, cognitive psychology, biopsychology, and research methods. In contrast, topics included in the clinical course of the written exam are more specific to clinical psychology and include psychopathology, clinical assessment, and psychological treatment. Passing of the license exam is determined by an average score of 60 or greater on the total written exam and an average of 40 on both basic and clinical sections. The oral exam is conducted in an interview format, with members of the licensure examination committee. After all exam procedures are completed, test results are reviewed by the committee members, and the licensure is issued when more than half of the committee agrees on the passing of the applicant.

Theoretic Orientation in Training

Korean therapists tend to experience difficulty in directly applying a Western theoretical orientation in the Korean setting, and therefore turn to more flexible approaches. The most widely reported orientation is eclectic approach, where a combination of familiar traditions are incorporated to the Western concepts and theories in order to better attune to uniqueness of Korean clients (Rhee, 1995; Rhi, 1985). According to comparative data of therapists from various ethnic backgrounds, Korean therapists were less likely to engage in a strong endorsement of theoretical orientations. The eclectic approaches of Korean clinical psychologists may be also due to clinical psychologists' exposure to multiple theoretic orientations during their training period. For example, most of the curriculum in academic settings is determined by professors who received education from foreign institutions, particularly from the United States, and trainings during graduate education is likely focused on cognitive-behavioral therapy (CBT) or acceptance and commitment therapy (ACT). Students who are trained to use these skills later proceed to external training in medical or counseling settings and are commonly exposed to alternative theoretic orientations (e.g., psychodynamic approach) by their licensed supervisors. Therefore, a lack of continuity or consistency in theoretic orientation could make it difficult for trainees to adhere to one particular orientation, and they consequently develop more mixed, eclectic approaches to treatment by the end of their training.

Clinical Assessments

The function of clinical assessment is to analyze an individual's functioning in various domains (e.g., occupational, interpersonal, and self-development). Administration of psychological assessment is a privileged and specialized role of clinical psychologists, and a wide range of tests enable clinicians to evaluate an individual's performance on multiple domains. Similar to the Western clinical psychologist, clinical psychologists in Korea administer various types of clinical assessments, ranging from a comprehensive psychosocial assessment, intelligent test, aptitude test, neuropsychological evaluation, dementia screening, and learning disability tests. Most commonly used tests include mental status evaluations, personality tests, neuropsychological batteries, and behavioral observations. Clinical psychologists skillfully select and utilize various assessment tools to aid their clinical judgment on the diagnoses of complex and subtle clinical presentations that cannot be obtained solely from medical interviews or imaging techniques. While a large portion of assessment inventories were adapted from Western countries, many of the currently used tools were developed by Korean mental health professionals and have been standardized in the Korean population. Broadly, the types of assessments that are conducted by clinical psychologists can be categorized into personality, intelligence/cognition,

Personality assessment: Objective personality assessments in Korea include the Minnesota Multiphasic Personality Inventory (MMPI), Sixteen Personality Factor Questionnaire (16PF), and the Personality Assessment Inventory (PAI). The MMPI has been used as a clinical assessment and research instrument since its translation in 1963, but it went through re-translation and validation in a large normative Korean population after the validity and reliability were significantly affected by mistranslation of the initial version (Cheung, Lee, & Jin, 1963; Kim et al., 1989). In 2005, the MMPI-2 was published and replaced the pre-existing MMPI (Han, Lim, Lee, Min, & Moon, 2005). Cattell's 16PF and the PAI were also standardized in the Korean population (Kim, 2002; Yum & Kim, 1990). The PAI is largely preferred and widely used and in the areas where forensic psychologist is in high demand (e.g., detention center, prison, court, etc.). Commonly used projective tests in Korea include the Thematic Apperception Test (TAT) and the Rorschach Test (Jun, 1972a, 1972b). The Korean version of Exner's Rorschach Comprehensive System and the Rorschach Workbook by Exner are widely used in the hospital and private clinic settings (Cheon, 1983; Kim, 1999a, 1999b).

Intelligence/neuropsychological assessments: Intelligence test was first introduced in Korea as the Wechsler-Bellevue Test was first translated in 1953. In 1963, the Korean Wechsler Intelligence Scale (KWIS) was validated and published and used until the K-WAIS was published in 1992. The Korean version of Wechsler Intelligence Scale for Children (K-WISC) was developed and standardized by Yum and colleagues in 1992. The utility of neuropsychological tests flourished in the 2000s, as they became largely embedded in clinical assessments. Rey-Kim Memory Test was developed based on Rey Auditory Verbal Learning Test and Rey Complex

Figure Test, and Kims Frontal-Executive Intelligence Test (EXIT) was developed and validated (Kim, 1999a, 1999b). The EXIT is consisted of complex figure memory tests and scales of behavioral checklist and comprehensively measures attention, language, visual-spatial functioning, and memory domains. In 2003, Kang and Na developed the Seoul Neuropsychological Scale Battery (SNSB) and enabled comprehensive evaluation of neuropsychological performance (Kang & Na, 2003). The 2nd Edition of the SNSB (SNSB-II) was also published and is currently widely used in clinical and research settings (Kang, Jang, & Na, 2012). Currently, Korean version of the Wechsler Adult Intelligence Scale, 4th Edition (K-WAIS-IV) and pediatric intelligent scale, the K-WISC-IV, are standardized and widely used in various clinical settings (Hwang, Kim, Park, Chey, & Hong, 2012; Kwak, Oh, & Kim, 2012). The Wechsler Memory Scale, 4th Edition (WMS-IV) was also published and has widely used as an adult intelligence test along with the WAIS-IV (Chey, Kim, Park, Whang, & Hong, 2011).

Diagnostic assessment: The development of Korean version of the Diagnostic and Statistics Manual of Mental Disorders, 3rd Edition (DSM-III) in 1980 heightened the general interest in clinical assessments and led to a KPA-organized symposium on “Theories and Application of the Development of Psychological Assessment.” Currently, the most recent and widely used diagnostic manual in Korean clinical psychology is the DSM-5, which was adapted with the U.S. and translated into Korean language (American Psychiatric Association, 2013; Kwon, 2015).

Current Status of Clinical Psychology in Korea

Public Sector

The Mental Health Act was established by the Korea Ministry of Health and Welfare in 1995, and the national licensure of Mental Health Clinical Psychologists began in 1997. The Mental Health Act defines the role of the Mental Health Clinical Psychologists as psychological assessment and psychological counseling of mental health patients and their families. Since then, the nationally licensed clinical psychologists have been expanding their fields from the traditional medical and mental health care settings to the more diverse settings in the public sector.

Around the year 2000, the nationally licensed Mental Health Clinical Psychologists were increasingly working in the various mental health related centers and departments established by or affiliated with the government. For example, the Mental Health Clinical Psychologists provide psychological assessment and psychotherapy for children, sexual violence victims, individuals with disability, and their family members in 34 *Haebaragi* children’s centers throughout the country. The Korean Office of Military Manpower Administration hired a group of licensed Mental Health Clinical Psychologists to provide personality and cognitive assessment as part of examination for conscription. Other Mental Health Clinical Psychologists are hired

by the Ministry of Education and provide psychological assessment, case management, development of mental health programs, and public relations service in hundreds of *Wee* centers throughout the country. *Wee* centers are established by government to manage and reduce school violence and mental health problems in primary and secondary schools in Korea. The Ministry of Justice also hired dozens of Mental Health Clinical Psychologists in their forensic and correctional facilities in 2006, and the number of the psychologist positions are increasing. Smile Centers are another place where the Korean Ministry of Justice hire Mental Health Clinical Psychologists. There are currently six Smile Centers altogether in six major cities in Korea. The Smile Centers were established to provide support, protection, psychological assessment and treatment for victims of crimes. A small group of Mental Health Clinical Psychologists are providing psychological assessment and counseling in the Smile Centers.

Psychological Assessment

Psychological assessment is a critical part of Korean clinical psychologists' professional identity especially when they work in a hospital setting. The current reimbursement system of the national health insurance in Korea makes it more lucrative for hospitals to employ clinical psychologists as providers of various psychological testing rather than as providers of any other psychological services such as psychotherapy, training, or consultation. Therefore, most clinical psychologists hired in hospitals spend a majority of their professional time administering psychological testing and writing psychological test reports as ordered by psychiatrists. Additionally, psychiatrists' reluctance to share the work of "treatment" with psychologists seems to play a role in limiting clinical psychologists' contribution only in the area of assessment in medical center settings. Some free-lancer, part-time psychologists take orders of psychological testing from individual clinics and get paid per psychological testing service. This type of set-up seems to be preferred by newly licensed young psychologists who try to balance between various roles of psychologists and other responsibilities in life.

Translation, validation, and standardization of major psychological testing instruments have always been strong in the history of clinical psychology in Korea. The DSM, MMPI, WAIS, and WISC have been translated and/or standardized for Korean population whenever updated versions were published in English. During the last two decades, the PAI (Personality Assessment Inventory), MMPI-2, WAIS-IV, and WISC-IV have been translated and standardized in Korea (Chey & Kim, 2016). The Korean version of the ASEBA (The Achenbach System of Empirically Based Assessment), and K-WMS-IV (Korean Wechsler Memory Scale IV) were standardized and marketed (Oh, Lee, Hong, & Ha, 2007). Additionally, Exner's Comprehensive system for the Rorschach Inkblot Test and Exner's Rorschach workbook were translated into Korean and published. The Rorschach Inkblot test is currently one of the most commonly used instru-

ments in Korea along with the WAIS, WISC and the MMPI (Refer to the “Clinical Assessments” section of this chapter for more details regarding Psychological Assessment in Korea).

Korean clinical psychologists not only translated/standardized but also developed new psychological testing instruments for Koreans. For example, Yeonuk Kang and his colleagues developed the SNSB (Seoul Neuropsychological Screening Battery) II, based on the 2003 version of the SNSB (Kang, Jang, & Na, 2012).

Psychotherapy

Clinical psychologists in Korea have been constantly expanding areas and settings for them to provide psychotherapy. Medical centers and teaching hospitals were their first work place, but their major role and probably the only role at that time was psychological assessment, more specifically administration of various psychological testing. Nowadays, more and more clinical psychologists are asked to provide psychotherapy in medical centers, although their time is still mostly occupied with psychological testing. The small number of supervising clinical psychologists in those medical centers agree that clinical psychologists should be able to provide more psychotherapy for the psychiatric patients because even well-trained psychiatrists do not usually have time to provide psychotherapy. With the current health insurance reimbursement system in Korea, hospitals cannot afford employing psychiatrists to provide psychotherapy routinely.

During the last two decades a great number of clinical psychologists established independent psychotherapy and counseling centers such as *Hoyeon* Counseling Center (2001), *Maumsarang* Institute for Cognitive and Behavioral Therapies (2001, expansion and reopening) and Seoul Acceptance and Commitment Therapy Center (2014). As of 2014, there were 87 counseling centers established by licensed clinical psychologists in Korea (Park, 2016). Clinical psychologists generally have more latitude when they work in their own counseling center rather than in hospitals because they can decide how they spend their professional time such as providing psychotherapy, consultation, assessment, training, and program development, as long as they can financially sustain. However, when clinical psychologists work independently outside of a medical setting, their psychotherapy cannot be covered by the national health insurance. Psychotherapy provided in those counseling centers is deemed “service” not “medical treatment” by the law in Korea. The clients should pay the entire fee personally if they choose to receive psychotherapy outside of psychiatric clinics or medical centers. Therefore, financial sustainability is a very critical issue for Korean clinical psychologists who work in independent psychotherapy clinics.

The most widely taught orientation of psychotherapy in clinical psychology graduate programs in Korea since late 1990s, is Cognitive Behavioral Therapy, which led to rapid introduction and dissemination of the third wave behavioral therapy such as Acceptance and Commitment Therapy, Dialectical Behavior

Therapy, and Mindfulness Based Stress Reduction during the last 10 years (Park, 2016). Introduction, training and dissemination of various Cognitive Behavioral Therapy methods in Korea has been one of the major accomplishments of clinical psychologists.

Positive Psychological approaches also drew a great deal of attention starting from the year 2000 or so. This field can appear especially relevant for Koreans who are well known to have the highest suicide rate and one of the lowest life satisfaction rates among the OECD member countries.

More recently, psychological support for victims of disaster, violence, and crime became a central societal and professional issue as a result of a series of tragic accidents in Korea such as the Sewol ferry incident and the collapse of Mauna resort in 2014. A variety of psychotherapy methods have been trained and used for those victims. Again, Cognitive therapy, Exposure based therapies, Acceptance and Commitment Therapy, Mindfulness based therapies have been the leading methods. As the professional group who introduced these therapy methods to Korea, clinical psychologists are playing a major role in providing psychotherapy for the trauma survivors.

Other psychotherapy orientations such as psychoanalysis, brief psychodynamic therapy, Gestalt psychotherapy, and humanistic/client-centered/Rogsonian therapy coexist with the newer Cognitive Behavioral Therapy orientation. These more traditional orientations have longer history in Korea especially with other mental health professionals such as psychiatrists and counseling psychologists. In addition, a number of supervising licensed clinical psychologists endorse eclectic approaches (Kwon et al., 2014). Therefore, when graduates of clinical psychology master's programs where they learn mainly Cognitive Behavioral Therapy, advance to hospitals or counseling centers to receive clinical training, they are likely to be supervised by clinicians who have various traditional orientations rather than cognitive behavioral. This can enhance diversity in their training while some students may feel that this stark discontinuity interferes with their consistent development.

Education and Academia

As of 2014, 40 universities in Korea have at least one professor who teaches clinical psychology and is licensed as a clinical psychology specialist by the KCPA. 16 out of the 40 programs are located in the Seoul metropolitan area. The number of clinical psychology professors in each department of those 40 universities range from 1 to 3, with only a handful of universities having more than one clinical psychology professor (Park, 2016). This is a major limiting factor for most psychology departments in diversifying courses, training and theoretical orientations offered for graduate students in their clinical psychology program.

Currently over 100 students graduate with a master's degree from those 40 universities each year. A small number (approximately one or less per year per doctoral program) of individuals receive a doctoral degree in clinical psychology in Korea as

well. Since a doctoral degree is not necessary to become a licensed clinical psychologist in Korea, a majority of graduate students in clinical psychology programs are master's degree seeking students. Those who pursue doctoral degrees are interested in working in academia, research or supervising psychologist positions. Although faculty positions in universities are extremely limited, owing to the recent boom of psychology in Korea, quite a few doctorates from Korean universities found academic positions during the last decade. Dozens of free standing clinical or counseling psychology programs have opened up during the last decade and hired new faculty members and educated a large number of students. Those free standing programs can be compared to the free standing Psy D. programs in the U.S. except that there is no accreditation system by the KCPA that can regulate the consistency of education and training.

The size of the KCPA increased exponentially during the last two decades: from 317 members in 1995 to 6133 in 2016. The KCPA academic journal (The Korean Journal of Clinical Psychology) which had published annually or biannually between 1987 and 1999, started regularly publishing four times a year from 2000 (Park, 2016). The KCPA also holds academic conventions twice a year and offers a major forum for research and clinical presentations, symposia, workshops, poster sessions, meetings and professional networking. Licensed and license seeking clinical psychologists can also receive education credits by attending the bi-annual conventions.

Industrial Sector and Entrepreneurs

A handful of large companies have in-house Employee Assistance Program (EAP) and hire clinical psychologists for their employees, but a more common form of the EAP in Korea is outsourcing. Currently the Korean Employee Assistance Program Association provides counseling and screening services for small to medium size companies on a contract basis. Clinical psychologists are one of the major providers of service along with psychiatrists and industrial counselors.

A number of Korean clinical psychologists with entrepreneurship ventured into the area of mental health related business. More traditional type is development of psychological assessment instruments, publishing, and education. One example is *Maumsarang*, Inc. This is a sister company of the *Maumsarang* Institute for Cognitive and Behavioral Therapies. This company develops or translates/standardizes various psychological testing instruments such as the MMPI and the TCI (Temperament and Character Inventory). They also provide psychological consultations and workshops. Some companies expand their businesses to more general psychological services such as consultation for education, career, and human resources management. An example for this type of enterprise is HUNO human and innovation, Inc. Their clients are not only individuals who seek psychological assessment but also universities, corporations, and parents who seek consultation and management service for their students, employees, and children.

Challenges and Future Direction

Clinical psychology in Korea made a dazzling development in the relatively short period of time since its beginning in the 1960's. Its development during the last three decades has been especially excellent in terms of quantity and quality. As of 2015, about 1,000 clinical psychologists are considered to have both licensures as Level 1 Mental Health Clinical Psychologist (issued by the Ministry of Health and Welfare) and Professional Clinical Psychologist (issued by the KCPA). This group is the clinical psychologists who have most education and longest training as they must have a master's degree in clinical psychology and minimum 3 years of post-graduate supervised clinical training. Currently there are approximately 1,700 Level 2 Mental Health Clinical Psychologists who are required to have a bachelor's degree and 1 year supervised clinical training (Park, 2016). These licensed clinical psychologists are now providing psychological services in government and semi-government agencies, medical centers, clinics, and enterprises. Training procedure and license regulations have been constantly improved and systematized.

Need for mental health professionals is ever increasing in Korea with steady decline of the stigma for psychiatric treatment and exacerbation of various mental health problems such as high suicide rates, high divorce rates and extreme competition throughout the life span. Clinical psychologists are well aware that they are not the only professional group who are expected to provide mental health services. Psychiatrists, psychiatric nurses, social workers, and counseling psychologists have been providing mental health service for a longer period of time in Korea. The strengths of clinical psychologists, compared to other mental health professionals, include focused training in psychotherapy and assessment and rigorous education in science in the graduate program (Kwon et al., 2014). As a relatively newly developed profession, Korean clinical psychologists face a daunting task of establishing their own place in the field of mental health care.

The consensus among Korean clinical psychologists is that a larger number of qualified clinical psychologists should be supplied to meet the increasing demand of the society and to become an influential professional group in the field of mental health. Several issues in educating and training of a larger number of qualified clinical psychologists are identified. First, there are not enough practicum sites for trainees. Second, the practicum sites should be diversified to include various governmental mental health centers, correctional facilities, schools, and primary care or rehabilitation departments in medical centers. Third, practicum trainees should be able to receive more psychotherapy training. Having a department clinic and offering in-house practicum during the graduate school time could be a way to ensure psychotherapy training. Fourth, accreditation procedures for clinical psychology programs and practicum sites should be established and enforced in order to achieve consistent quality in education and training. Fifth, in addition to training master's level clinical psychologists, fair attention should be paid to providing more qualified bachelor's level professionals as the demand is increasing.

There are three types of clinical psychology licensure that share similar framework in education and training principles (e.g., theory-based training in academic setting and practice-based training in clinical setting), but educational level (e.g., master-level vs. doctor level) and quantity and quality of training may differ by license type and the level of license (e.g., Level 1 vs. Level 2). Of the three, mental health clinical psychologist licensure and national technical qualifications are regulated by the government, and the clinical psychology professional licensure is issued by the KCPA. While clinical psychology as a field is making a progress to produce more clinicians and researchers, a lack of consensus on the education/training curricula obfuscates standardization of competency among clinical psychologists. The current qualification procedures are constantly reviewed by board members of each regulating branch to ensure that trainees obtain adequate clinical skills to become a qualifying therapist in the field.

The current training systems are also headed to advancement in education and clinical opportunities. At an educational level, graduate programs in clinical psychology may adopt a curriculum that combines master's and doctoral training in order to produce more research-focused doctoral level clinical psychologists. From a training perspective, diversification may happen by distinguishing practice-focused "practice-scholar" model from research-based "scientist-practitioner" model.

Many clinical psychologists in Korea agree that the roles and areas of clinical psychologists should not be limited to assessing and treating psychopathology in medical settings. All kinds of professional psychological services that can be offered by the clinical psychologist should be included in the area of clinical psychologists' work. Mental health assessment for hiring and human resource management, work place stress, psychological service in forensic settings, developing web contents relevant to mental health and adaptation, intervention for educational or career problems caused by maladaptation, family and marriage, reproductive health related issues, behavioral medicine, consultation, community intervention could be added to the more traditional role of providing psychological assessment and psychotherapy. Indeed, more and more clinical psychologists in Korea are venturing into new fields such as schools, police department, corporations, governmental agencies and consultation for business and educational institutes. The demand for clinical psychologists are also coming from diverse settings, as described in the previous section, current status of clinical psychology.

Accomplishing solid professional identity and originality has been an on-going task throughout the developmental history of Korean clinical psychology. Because establishing its own place in the field of psychology and mental health care in Korea has been most urgent, debates on training models or theoretical orientations have not been extremely active. A recent exploration among the KCPA members revealed that most graduate programs consider their training models to be the scientist-practitioner model, not unlike many programs in the U.S. However, some members raise questions about this implicit agreement, pointing out that the scientist-practitioner model may not be practical in Korea where most licensed clinical psychologists are master's level clinicians. Debates on theoretical orientations tend to

be inactive in Korea partially due to the small size of the clinical psychology community and the harmony oriented Korean culture. Also, Korean clinical psychologists may feel that having debates on imported knowledge and theoretical orientations is not the more significant task compared to developing original knowledge concerning Korean people and society. Indeed, many clinical psychologists agree that rather than simply importing European and American psychology, increased effort should be directed to conducting research on Korean populations and developing psychological assessment tools and therapy methods for Koreans.

With the recent revision of the Mental Health Act in 2016 and upcoming enforcement of it in 2017, Korean clinical psychologists are having active discussions about future directions of this field and changes to be made in the enforcement decree. Underlying philosophy of this revision is moving the focus of mental health care from the treatment of the mentally ill in the medical setting to general improvement of mental health in the community setting. The weight of mental health care is no longer solely on the medical professions. It is now distributed to multiple professions in numerous settings. This change is likely to be a positive one for Korean clinical psychologists, since they are already trained to work in and outside of medical settings, to work with diverse populations whether they are mentally ill or not, and to conduct research as well as psychotherapy and assessment.

Conclusion

Clinical psychology in Korea was established under the influence of the Western countries in the 1950s, but it has evolved and expanded to best serve the mental health of the Korean population through rigorous research and modifications. Although it is still in a time of transformation, clinical psychology in Korea is making its way to consolidate its distinction as a discipline that specializes in psychological assessment and intervention. Clinical psychologists in Korea are involved in a wide range of roles, which include assessment, diagnosis, intervention, and consultation. While they have traditionally worked in medical settings and private clinics, their field has been continuously expanding to multiple domains such as educational institutions, court systems, social service centers, prisons, and industry.

Historically, clinical psychology in Korea has been largely impacted by changes and movements in social issues, such as the Korean War or advancement of changes in healthcare dynamics. After economic collapse called the "IMF crisis" in 1997, the suicidal rate in Korea has been the highest among the OECD member countries. Furthermore, intermittent traumatic events such as the Daegu Subway Disaster in 2003 and the Sinking of Sewol ferry in 2014 have heightened public awareness in mental health, providing more weight and emphasis on psychological services. A steady rise in the suicide and divorce rates in Korea have also gradually contributed to public demand of more mental health professionals. Although it is uncertain how the current epidemics and the newly revised Mental Health Act (2016) will shape the future of Korea's clinical psychology, the roles of clinical psychologists are expected to expand to more diverse areas that cover human functioning across the lifespan.

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