

**For Teachers:** Please have the students read the sentences one at a time and correct their pronunciation of each sentence then have them repeat after you. Wait until after they read the sentence (use the number in place of the missing word) to have the students choose the correct answer to fill in the blank. When the students finish the article, move on to the further questions  
 日本語訳なシタイプBもごさいます。スクロールダウンするとごさいますのでお好きな方をご利用下さい。

3[C] – **Clinical Psychology** eTOC のレッスン以外で使用禁止 AP1E 10-3

- 最近 (さいきん) 研究 (けんきゅう)
- A recently study led by University of Wisconsin Professor of Medicine
  - Timothy Baker shows that many clinical psychologists do not consider
  - scientific research relevant to their work. According to the report ,
  - the majority of clinical psychologists “give more weight to their
  - personal experience than to scientists,” which can result in mistaken
  - diagnoses and ineffective treatments. Baker compares the current
  - state of clinical psychology to the practice of medicine before the 1900s.
  - Until that time, most doctors viewed medicine as an art , not a science,
  - and relied on intuition rather than proven scientific methods. This led
  - them to apply treatments that were not only ineffective but also harmful to
  - patients.

**Further Questions&A**

\*Ask student to answer the question on their own at first. If the student can't answer correctly, have him look at the last page and read the "example answer" for the question. Have the student try to memorize the answer, if it's too long or difficult, you should divide the sentence into 2 or 3 parts to make it easier to remember. Once they have memorized the answer, the teacher should ask the question one last time so that the student can practice answering. Also if you find any mistakes, please mark the page and let me know ASAP.

- 1) What do clinical psychologists give the most weight to when diagnosing and treating patients?
- They give more weight to their personal experience than to scientific results.
- 2) What does Baker compare the current state of clinical psychology to?
- Baker compares the current state of clinical psychology to the practice of medicine before the 1900s.
- While current psychological therapies are less damaging than those
- early medical treatments, Baker believes many are equally
- ineffective. Clinical psychologists practice an array of questionable
- therapies—ranging from dolphin-assisted therapy to meditation
- therapy—with little concrete evidence of their merits. Baker and his
- colleagues blame this state of affairs partly on mistaken assumptions by

23. clinical psychologists. About a third of patients improve no matter what  
患者 (かんじゃ) 改善 (かいぜん) する  
 24. therapy they receive, but psychologists assume these “successes” result from  
治療 (ちりょう) さらに 不足 (ふそく)  
 25. their treatments. Furthermore, Baker points to the lack of sound scientific  
学識 (がくしき) 大学院 (だいがくいん) の  
 26. education for clinical psychologists; many postgraduate psychology programs  
試 (こころ) み  
 27. neither offer scientific training nor attempt to teach students the  
価値 (かち) 質問 (しつもん)  
 28. value of scientific inquiry. This means many clinical psychologists are not  
訓練 (くんれん) された 管理 (かんり) する 認識 (にんしき) の 行動 (こうどう)  
 29. trained to administer treatments—such as cognitive behavior therapy,  
和 (やわ) らげる うつ 精神 (せいしん) の 混乱 (こんらん)  
 30. which eases depression as well as many other mental disorders—that  
科学的 (かがくてき) に 根拠 (こんきよ) あるものとする 試 (こころ) み  
 31. have been scientifically validated through clinical trials.

### Further Questions&A

32. 3) Why does Baker believe that psychological therapies are ineffective?  
 33. なぜ Baker は心理学の治療は効果がないと思うのですか。  
 34. *Clinical psychologists practice an array of questionable therapies with little concrete evidence of their merits.*  
 35. 4) What does Baker point to as at fault for psychologists’ lack of attention to science?  
 36. Baker は心理学者の科学への注意不足による失敗を何と指摘していますか。  
 37. *Baker points to the lack of sound scientific education for clinical psychologists.*

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38. One way to improve the standard of treatment, according to Baker,  
方法 (ほうほう) 改善 (かいぜん) する 水準 (すいじゅん) ~によれば  
 39. is to establish a new accreditation system for institutions offering  
確立 (かくりつ) する 認可 (にんか) 機関 (きかん)  
 40. programs in clinical psychology. He specifically targets for-profit schools  
明確 (めいかく) に 営利目的 (えいりもくてき) の  
 41. that offer programs leading to a Psy.D., or Doctor of Psychology degree.  
心理学博士号 (しんりがくはくしごう)  
 42. Baker feels these programs—which usually have no connection to universities  
たいてい つながり 大学 (だいがく)  
 43.—do not offer enough scientific training. This, he says, explains why  
十分 (じゅうぶん) な 説明 (せつめい) する  
 44. graduates of Psy.D. programs are less likely to practice scientifically proven  
卒業生 (そつぎょうせい) 保持者 (ほじしゃ) 与 (あた) えられた  
 45. treatments than holders of a university granted Ph.D., or  
哲学博士号 (てつがくはくしごう)  
 46. Doctor of Philosophy degree, in clinical psychology. Again, there is a strong  
類似点 (るいじてん)  
 47. similarity to medicine prior to the early 20<sup>th</sup> century, when many doctors in the  
受 (う) け取 (と) った 資格 (しかく)  
 48. United States received their qualifications from  
マスプロ大学 (だいがく) (学位が簡単に取れる)  
 49. “diploma mills.” These were institutions that offered little scientific  
根本的 (こんぼんてき) に 医学 (いがく) の 学位 (がくい)  
 50. training and so were accused of basically selling medical degrees.  
結局 (けっきょく) 組織 (そしき)  
 51. In the end, a group of scientifically trained doctors formed an organization that  
改善 (かいぜん) 標準以下 (ひょうじゅんいかに) の  
 52. campaigned for the improvement of substandard medical schools and the  
導入 (どうにゅう) 厳 (きび) しい 認可 (にんか) 必要条件 (ひつようじょうけん)  
 53. introduction of a strict accreditation requirements, which were

結局 (けっきょく)

54. eventually put in place. Baker hopes the field of psychology will follow a

類似 (るいじ) した 道 (みち)

55. similar path.

Further Questions&A

56. 5) What is one way to improve the standard of treatment?

57. 治療 (ちりょう) の 水準 (すいじゆん) を 改善 (かいぜん) する 為 (ため) の 一つ (ひとつ) の 方法 (ほうほう) は 何 (なに) ですか。

58. One way to improve the standard of treatment is to establish a new accreditation system for institutions offering programs in clinical psychology.

59. 6) What is a “diploma mill”? “マスプロ大学 (だいがく)” とは 何 (なに) ですか。

60. “Diploma mills” were institutions that offered little scientific training and so were accused of basically selling medical degrees.

依然 (いぜん)

論 (ろん) じる

61. Still, some psychologists argue that Phys.D. programs should not become

支援者 (しえんしゃ)

62. more like Ph.D. programs. Supporters of the current Psy.D. programs

主張 (しゅちやう) する

有用性 (ゆうようせい)

正確 (せいかく) に

臨床 (りんしょう) の

63. insist their usefulness lies precisely in their focus on clinical

訓練 (くんれん)

64. practice rather than scientific training. They point out that even the Doctor of

非常 (ひじやう) に

65. Medicine degree is to a large extent practice oriented, and claim that Psy.D.

保持者 (ほじしゃ)

有能 (ゆうのう) な

66. holders are more competent in clinical settings than Ph.D. holders. John

教授 (きやうじゆ)

67. Norcross, psychology professor at the University of Scranton, believes there is

利点 (りてん)

奨励 (しょうれい) する

68. merit to both Psy.D. and Ph.D. programs, and encourages students

経歴 (けいれき)

認識 (にんしき) する

多様性 (たようせい)

69. considering a career in psychology to “recognize the diversity in training

必然的 (ひつぜんてき) な 交換取引 (こうかんとりひき)

70. and the inevitable tradeoffs” between them.

Further Questions&A

71. 7) Why do some psychologists feel that Phys.D. programs should not become more like Ph.D. programs?

72. 心理学者 (しんり がくしゃ) は なぜ (なぜ) 心理博士号 (しんり ほくしごう) プログラム (プログラム) は 哲学博士号 (ていがく ほくしごう) プログラム (プログラム) の ようになる (ようになる) べき (べき) ではない (ではない) と 思 (おも) っている (っている) の (の) ですか (ですか)。

73. They feel their usefulness lies precisely in their focus on clinical practice rather than scientific training.

74. 8) What does John Norcross think about Psy.D. and Ph.D. programs?

75. John Norcross は 心理博士号 (しんり ほくしごう) と 哲学博士号 (ていがく ほくしごう) プログラム (プログラム) について (について) どんな (どんな) 考え (かんがえ) を 持 (も) っています (もっています) ですか (ですか)。

76. He feels that there is merit to both and encourages students considering a career in psychology to “recognize the diversity in training and inevitable tradeoffs” between them.

\*Choose the correct answer from these choices.

比較 (ひかく)

77. (38) Why does Timothy Baker make a comparison between medicine over a century ago and current psychological therapies?

78. Timothy Baker は なぜ (なぜ) 一世紀 (いっせいき) 以上 (いじょう) 前 (まえ) の 薬 (くすり) と 最近 (さいきん) の 心理学 (しんりがく) の 治療 (ちりょう) を 比較 (ひかく) する (する) の (の) ですか (ですか)。

説明 (せつめい) する

治療 (ちりょう)

79. 1 To illustrate how today’s psychological treatments cause just as much

医療 (いりやう) の

harm to patients as medical treatments before the 1900s.

論証 (ろんしょう) する

重要 (じゅうよう)

80. **2** To demonstrate that scientific research is becoming more important to

心理学者 (しんりがくしゃ)

81. most modern clinical psychologists

示 (しめ) す

似 (に) ている

82. **3** To show that many clinical psychologists today are similar to doctors in

過去 (かこ)

お粗末 (そまつ) な

the past in that they make poor decisions.

支援 (しえん) する

進歩 (しんぽ) する

83. **4** To support his claim that clinical psychology will not progress without

協力 (きょうりょく)

cooperation from medical doctors.

84. **(39)** According to Baker, what is one reason clinical psychologist use some of the therapies they do? Bakerによれば臨床心理学者が治療を利用する理由の一つは何ですか。

方法 (ほうほう)

責任 (せきにん) がある

肯定的 (こうていてき) な 結果 (けっか)

85. **1** They believe their methods are responsible for any positive results they see in their patients' mental health.

精神 (せいしん) の

患者 (かんじゃ)

改善 (かいぜん) する

再三 (さいさん)

86. **2** They think their patients will improve only if repeatedly subjected to the same treatments.

管理 (かんり) する

実際 (じっさい) 効果的 (こうかてき)

87. **3** The treatments they are able to administer are in fact effective at treating a few common psychological disorders.

病気 (びょうき)

88. **4** The scientific training and research experience they gain as school can be difficult to apply when dealing with patients.

難 (むずか) しい

89. **(40)** The author of the passage notes that in the early 20<sup>th</sup> century

筆者 (ひっしゃ)

90. 20世紀初頭にこの文章の筆者は以下のことを言及した...

努力 (どりょく)

不幸 (ふこう) な

91. **1** efforts by a group of doctors unhappy with the high price of medical schools led to cheaper schools, enabling more people to become doctors.

より安 (やす) い

合法化 (ごうほうか) する

92. **2** pressure from doctors concerned about the standard of training for medical school students resulted in greater regulation of medical schools.

心配 (しんぱい) する

水準 (すいじゅん)

規則 (きそく)

93. **3** university medical schools in the United States attracted criticism for including clinical psychology training in their curricula.

魅了 (みりょう) した 批評 (ひひょう)

カリキュラム

94. **4** The quality of training given at university medical schools dropped,

質 (しつ)

低下 (ていか) した

増加 (ぞうか)

causing an increase in the number of medical students attending

マスプロ大学 (だいがく)

“diploma mills.”

95. **(41)** Why do some psychologists believe Psy.D. programs should remain unchanged?

変 (か) わらず

残 (のこ) る

96. 心理学者の何人かはなぜ心理博士号プログラムは変わらずに残るべきだと思っているのですか。

心理学者 (しんりがくしゃ)

何人 (なんにん)

心理博士号 (しんり ほんしごう)

変 (か) わらず

のこ

残 (のこ) る

おも

事実 (じじつ)

準備 (じゅんび) する

実際 (じっさい) の

97. **1** The fact that the programs prepare students for actual clinical

効果 (こうか) のある 代替案 (だいたいあん)

practice makes them a valuable alternative to science-based programs.

防 (ふせ) ぐ

98. 2 Changing the curricula of such programs would prevent psychologists with a Psy.D. from being able to compete with holders of a Ph.D.

競争 (きょうそう) する

99. 3 It would be difficult to introduce a stronger research focus into programs because of the strict regulations controlling their content.

難 (むずか) しい

厳 (きび) しい

規則 (きそく)

中身 (なかみ)

補足 (ほそく) の

100. 4 Current Psy.D. programs provide a supplementary course of study that all students should complete in addition to their Ph.D.

~に加 (くわ) えて

## Review Questions

101. 1) What do clinical psychologists give the most weight to when diagnosing and treating patients?

102. *They give more weight to their personal experience than to scientific results.*

103. 2) What does Baker compare the current state of clinical psychology to?

104. *He compares the current state of clinical psychology to the practice of medicine before the 1900s.*

105. 3) Why does Baker believe that psychological therapies are ineffective?

106. *Clinical psychologists practice an array of questionable therapies with little concrete evidence of their merits.*

107. 4) What does Baker point to as at fault for psychologists' lack of attention to science?

108. *Baker points to the lack of sound scientific education for clinical psychologists.*

109. 5) What is one way to improve the standard of treatment?

110. *One way to improve the standard of treatment is to establish a new accreditation system for institutions offering programs in clinical psychology.*

111. 6) What is a "diploma mill"?

112. *"Diploma mills" were institutions that offered little scientific training and so were accused of basically selling medical degrees.*

113. 7) Why do some psychologists feel that Phys.D. programs should not become more like Ph.D. programs?

114. *They feel their usefulness lies precisely in their focus on clinical practice rather than scientific training.*

115. 8) What does John Norcross think about Psy.D. and Ph.D. programs?

116. *He feels that there is merit to both and encourages students considering a career in psychology to "recognize the diversity in training and inevitable tradeoffs" between them.*

解答: (38) 3 (39) 1 (40) 2(41) 1

## Type B 日本語訳なし

## 3[C] – Clinical Psychology

eTOC のレッスン以外で使用禁止 AP1E 10-3

117. A recently study led by University of Wisconsin Professor of Medicine Timothy  
 118. Baker shows that many clinical psychologists do not consider scientific research  
 119. relevant to their work. According to the report, the majority of clinical  
 120. psychologists “give more weight to their personal experience than to scientists,”  
 121. which can result in mistaken diagnoses and ineffective treatments. Baker  
 122. compares the current state of clinical psychology to the practice of medicine  
 123. before the 1900s. Until that time, most doctors viewed medicine as an art, not a  
 124. science, and relied on intuition rather than proven scientific methods. This led  
 125. them to apply treatments that were not only ineffective but also harmful to  
 126. patients.

## Further Questions&amp;A

127. 1) What do clinical psychologists give the most weight to when diagnosing and treating patients?
128. 2) What does Baker compare the current state of clinical psychology to?

129. While current psychological therapies are less damaging than those early  
 130. medical treatments, Baker believes many are equally ineffective. Clinical  
 131. psychologists practice an array of questionable therapies—ranging from  
 132. dolphin-assisted therapy to meditation therapy—with little concrete evidence of  
 133. their merits. Baker and his colleagues blame this state of affairs partly on  
 134. mistaken assumptions by clinical psychologists. About a third of patients  
 135. improve no matter what therapy they receive, but psychologists assume these  
 136. “successes” result from their treatments. Furthermore, Baker points to the lack  
 137. of sound scientific education for clinical psychologists; many postgraduate  
 138. psychology programs neither offer scientific training nor attempt to teach  
 139. students the value of scientific inquiry. This means many clinical psychologists  
 140. are not trained to administer treatments—such as cognitive behavior therapy,  
 141. which eases depression as well as many other mental disorders—that have been  
 142. scientifically validated through clinical trials.

## Further Questions&amp;A

143. 3) Why does Baker believe that psychological therapies are ineffective?
144. 4) What does Baker point to as at fault for psychologists’ lack of attention to science?

146. One way to improve the standard of treatment, according to Baker, is to  
 147. establish a new accreditation system for institutions offering programs in  
 148. clinical psychology. He specifically targets for-profit schools that offer programs  
 149. leading to a Psy.D., or Doctor of Psychology degree. Baker feels these  
 150. programs—which usually have no connection to universities—do not offer  
 151. enough scientific training. This, he says, explains why graduates of Psy.D.  
 programs are less likely to practice scientifically proven treatments than holders

152. of a university granted Ph.D., or Doctor of Philosophy degree, in clinical  
153. psychology. Again, there is a strong similarity to medicine prior to the early 20<sup>th</sup>  
154. century, when many doctors in the United States received their qualifications  
155. from “diploma mills.” These were institutions that offered little scientific  
156. training and so were accused of basically selling medical degrees.  
157. In the end, a group of scientifically trained doctors formed an organization that  
158. campaigned for the improvement of substandard medical schools and the  
159. introduction of a strict accreditation requirements, which were eventually put in  
160. place. Baker hopes the field of psychology will follow a similar path.

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### Further Questions&A

161. 5) What is one way to improve the standard of treatment?

162. 6) What is a “diploma mill”?

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163. Still, some psychologists argue that Phys.D. programs should not become  
164. more like Ph.D. programs. Supporters of the current Psy.D. programs insist  
165. their usefulness lies precisely in their focus on clinical practice rather than  
166. scientific training. They point out that even the Doctor of Medicine degree is to a  
167. large extent practice oriented, and claim that Psy.D. holders are more  
168. competent in clinical settings than Ph.D. holders. John Norcross, psychology  
169. professor at the University of Scranton, believes there is merit to both Psy.D.  
170. and Ph.D. programs, and encourages students considering a career in  
171. psychology to “recognize the diversity in training and the inevitable tradeoffs”  
172. between them.

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### Further Questions&A

173. 7) Why do some psychologists feel that Phys.D. programs should not become  
more like Ph.D. programs?

174. 8) What does John Norcross think about Psy.D. and Ph.D. programs?

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### \*Choose the correct answer from these choices.

175. (38) Why does Timothy Baker make a comparison between medicine over a  
century ago and current psychological therapies?

176. 1 To illustrate how today’s psychological treatments cause just as much  
harm to patients as medical treatments before the 1900s.

177. 2 To demonstrate that scientific research is becoming more important to  
178. most modern clinical psychologists

179. 3 To show that many clinical psychologists today are similar to doctors in  
the past in that they make poor decisions.

180. 4 To support his claim that clinical psychology will not progress without  
cooperation from medical doctors.

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181. (39) According to Baker, what is one reason clinical psychologist use some of the  
therapies they do?

182. 1 They believe their methods are responsible for any positive results  
they see in their patients’ mental health.

183. 2 They think their patients will improve only if repeatedly subjected to  
the same treatments.

184. **3** The treatments they are able to administer are in fact effective at treating a few common psychological disorders.
185. **4** The scientific training and research experience they gain as school can be difficult to apply when dealing with patients.
186. **(40)** The author of the passage notes that in the early 20<sup>th</sup> century
187. **1** efforts by a group of doctors unhappy with the high price of medical schools led to cheaper schools, enabling more people to become doctors.
188. **2** pressure from doctors concerned about the standard of training for medical school students resulted in greater regulation of medical schools.
189. **3** university medical schools in the United States attracted criticism for including clinical psychology training in their curricula.
190. **4** The quality of training given at university medical schools dropped, causing an increase in the number of medical students attending “diploma mills.”
191. **(41)** Why do some psychologists believe Psy.D. programs should remain unchanged?
192. **1** The fact that the programs prepare students for actual clinical practice makes them a valuable alternative to science-based programs.
193. **2** Changing the curricula of such programs would prevent psychologists with a Psy.D. from being able to compete with holders of a Ph.D.
194. **3** It would be difficult to introduce a stronger research focus into programs because of the strict regulations controlling their content.
195. **4** Current Psy.D. programs provide a supplementary course of study that all students should complete in addition to their Ph.D.

### Review Questions

196. **1)** What do clinical psychologists give the most weight to when diagnosing and treating patients?
197. **2)** What does Baker compare the current state of clinical psychology to?
198. **3)** Why does Baker believe that psychological therapies are ineffective?
199. **4)** What does Baker point to as at fault for psychologists’ lack of attention to science?
200. **5)** What is one way to improve the standard of treatment?
201. **6)** What is a “diploma mill”?
202. **7)** Why do some psychologists feel that Phys.D. programs should not become more like Ph.D. programs?
203. **8)** What does John Norcross think about Psy.D. and Ph.D. programs?

解答: (38) 3 (39) 1 (40) 2(41) 1



English Teachers On Call