

Counseling Psychology in Israel: Successful Accomplishments of a Nonexistent Specialty

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This article discusses the status of counseling psychology in Israel in the context of its unique characteristics. Despite the respected status of psychology as a profession in Israel and its overall acceptance and involvement in numerous social issues, counseling psychology as a separate specialty is nonexistent, especially because of resistance to the clinical psychology specialty. In addition to general subjects where counseling may be applied, special problem areas—including continuous security threats, massive immigration, non-Jewish minorities, issues concerning religiosity, and effects of the Holocaust—create the necessity for counseling psychology interventions. Nevertheless; actual, successful, professional accomplishments make this either unnecessary or call for a change in the counseling-related training of clinical psychologists.

Israel is a unique society characterized by mixtures and polarities. It includes ethnic groups from all over the world; it is characterized by very old traditions and quite a few antiquated customs although it is on top of the newest technology; it is rooted in an ancient people who keep biblical, religious laws, but its legal system is modern and secular in nature; and it constantly aims at peace with its neighbors although it is continually—since its establishment—in a state of war.

Psychology has continuously been a highly prestigious profession in Israel, actively involved in numerous areas and significantly contributing to society (Ben-Ari & Amir, 1986). Psychology is offered as an undergraduate major in five universities and several regional colleges. Graduate programs in various specialties are offered in six universities. Vast counseling applications have taken place in various local populations and settings, featuring general counseling theory, research, and practice, which have been adjusted to fit indigenous needs and norms. These include diverse areas, such as elementary and high school guidance and counseling (Israelashvili, 1993; Karayanni, 1996; Klingman, 1986), university counseling (Israelashvili, 1996), genetic counseling (Shiloh, Reznik, Bat-Miriam-Katznelson, & Goldman, 1995), family therapy (Good & Ben-David, 1995; Levy-Edelman,

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1995), and vocational guidance to new immigrants (Sardi, 1983). The purpose of this article is to review the role and status of counseling psychology in Israel as a unique society, from legal and functional perspectives, and to consider its necessity as a separate psychological specialty in light of this review.

To organize the mental health professions in general, and psychological specialties in particular, the Law of Psychologists was legislated in 1977 and amended several times thereafter. The law recognized five distinctive areas of specialization, including clinical, educational, social/vocational, rehabilitation, and developmental psychology (a sixth specialty, medical/health psychology, is currently undergoing legislative procedures). Counseling psychology was not legally recognized as a specialty, although, in fact, many of the psychological applications (as exemplified above) were counseling related and counseling focused in nature. The specialty of vocational (combined with social) psychology functions as an area for psychologists who specialize in vocational behavior, organizational and industrial psychology, testing and psychometrics, and human engineering. Members of this specialty practice various forms of career counseling but are restricted to handling personal concerns that are strictly career related. In the case of a personal concern that is not of a directly vocational nature, a career counselor is expected to refer the client to a psychologist with another specialty, commonly a clinical psychologist.

Attempts to change the law and add counseling as a specialty were made in the late 1980s and early 1990s but failed because of strong opposition, headed by the specialty of clinical psychology. From the formal perspective, clinical psychology has exclusively been granted the legal mandate, as explicitly defined in the Law, to offer "psychotherapeutic treatment," whereas other specialties were granted activities that were restricted to special populations or problem areas (e.g., brain injuries, career indecision). Thus, what are accepted and defined as activities normally and globally practiced by counseling psychologists in many countries, such as Great Britain (Clarkson, 1995) and the United States (Fretz & Simon, 1992), have been assigned in Israel exclusively to clinical psychologists. Absurdly, however, nonpsychologists in the mental health field (e.g., social workers, psychiatrists) have been allowed to practice counseling activities that are strictly forbidden to psychologists who are not registered in the clinical specialty (Levy, 1992; Mester, Mendel, Gonen, Becker, & Adelsberg, 1995). Moreover, the Law of Psychotherapy, currently in legislative procedures, will limit psychotherapeutic activities to certain professionals (i.e., clinical psychologists, psychiatrists, clinical social workers) and will forbid others (including counseling psychologists) from practicing them.

Whereas clinical psychology in Israel has its own various professional and legal problems (Berman, 1981; Medini, 1988; Rosenbaum & Ronen, 1995),

it has totally overtaken psychological applications in nearly all subjects, including those traditionally (though not exclusively) assigned to counseling psychology (e.g., college students' personal difficulties, normal personality assessment). However, clinical psychologists in Israel receive training that is prominently psychodynamically and psychoanalytically oriented, with major emphasis on psychopathology and psychiatric problems. Moreover, much of clinical psychology training's practicum experience, as well as 4 years of internship, takes place in mental hospitals and mental health clinics. Issues and topics that generally have been recognized as related to counseling assessment and interventions, as well as regular counseling journals and textbooks, receive minor attention in both theoretical and practical training of Israeli clinical psychologists. Thus, it seems that in fact, psychological counseling in Israel has been conducted by many professionals who have only been partially trained to handle it.

As mentioned above, Israel offers a unique environment for counseling psychologists, involving numerous counseling-related issues that require special education and preparation or at least special on-the-job training and specialization. The following are a few examples that may illustrate the uniqueness of local social issues and their related psychological implications. The purpose of presenting these examples is to show how distinctive principles precisely characterize classic counseling psychology—that emphasizes personal health and well-being, normal development, strengthening inner positive powers, problem solving, self-actualization and accomplishment, and congruence with environment—which is, apparently, the specialty that is best suited to handle them.

SECURITY THREATS

Ever since Israel was established in 1948, the country has been under constant threat of both military attacks by its neighboring Arab states and interior terrorist activities. As a consequence of these threats, military service is compulsory at age 18, after completion of high school studies, for most Israeli citizens. Women serve for 2 years, and men serve for 3 years. Military veterans, mostly men, continue to serve on reserve duty for an average of 30 days per year until the age of 50.

Having young adults go through military service, postponing their higher education and career development for several years while going through unique social, professional, and personal experiences in military service, creates a very different psychological environment, from many perspectives. For instance, the education system has to adjust its programs to military recruitment: universities have to have flexible procedures to allow students to

make up studies and exams. In addition, all businesses in Israel have to take into account the fact that part of their personnel is constantly missing. During the military service itself, army psychologists are available to support soldiers with adjustment difficulties and other mental problems. Psychologists also play a major role in recruiting and selecting soldiers to various military occupations and units. Psychologists offer consultation to combat units about issues of morale, anxiety, interpersonal interactions, and the like (e.g., Gal, 1986; Greenbaum, Rogovsky, & Shalit, 1977). Whereas these professional activities are common to services in other countries, in Israel, it is considered a central mission and one of the main employment opportunities for psychologists.

Security tensions, highlighted during wars, highly affect the whole Israeli population in terms of stress and anxiety. This has to do with several factors, such as the active service of at least one member of most families and its related tensions and fears (Desivilya & Gal, 1996) and the great impact on school children of all ages due to fears (Desivilya, Gal, & Ayalon, 1996). This is also related to the use of psychological warfare, which makes use of psychological principles such as brainwashing, disinformation, stimulating emotions, and processing interpersonal negotiations in the context of war and security tensions (Merari & Friedland, 1985). Consequently, psychologists are actively and intensively involved in prevention as well as treatment programs, in the military, the school system, hospitals, counseling hotlines, emergency centers, and so on, in relation to security threats (e.g., Ayalon, 1979; Chetkow, Guttman, Reisner, & Rubin, 1984).

This reality of a constant state of war also has created the need for psychological intervention in cases of loss and bereavement (Dreman & Cohen, 1990; Malkinson & Dweck, 1989; Nahmani, Neeman, & Nir, 1989), rehabilitation of injured people with resultant disabilities (Katz, 1984), Combat Stress Response (CSR) and related Posttraumatic Stress Disorder (PTSD) (Gal & Mangelsdorff, 1991), psychological consequences for prisoners of war (Solomon, Neria, Ohry, Waysman, & Ginzburg, 1994), and vocational counseling and employment services needs of veterans (Elaad, 1993).

MASSIVE IMMIGRATION

The State of Israel was created on the premise that it would be a safe haven for the Jewish people who have suffered severely from anti-Semitism and persecution since the vast majority was expelled from biblical Palestine 2 centuries ago. The population of Israel has grown from approximately 870,000 at its establishment 50 years ago to approximately 6 million to date. A great portion of the population growth came as a result of Jews' immigrat-

ing to Israel from almost any country on earth. The proportion of immigration to the total population growth has been approximately 50%. Similar to effects in other countries that have absorbed immigrants (e.g., Australia, Canada, the United States) this has created severe social difficulties. However, unlike situations in other countries, the immigration has had extreme impact due to its relatively enormous size. For instance, from 1990 to 1991 alone, the number of Jews in Israel grew by more than 10% due to massive immigration from the former Soviet Union. In two other waves of immigration in the 1980s and the 1990s, much smaller in size but huge in their social, economic, and cultural effects, close to 50,000 Jews immigrated from Ethiopia to Israel.

The ongoing immigration to Israel from many countries, with many languages and cultures, has been a continuous professional challenge to Israeli professionals in the social sciences. Immigration from different countries caused a variety of problems, depending on the cultural gap between the country of origin and Israel. Immigrants who came to Israel from Ethiopia, for example, experienced extreme culture shock because they had to face a completely different culture in terms of language, customs, food, weather, residence, community relationships, technology, and even the practice of religion, in addition to their visible skin color difference. Immigrants who came from the former USSR faced a great shock in terms of living in a true democracy and an advanced, mostly capitalistic, Western economy. Another problem faced by Soviet immigrants was that for many of them, their occupational training and certification has not been recognized in Israel, and they have had to either reenter training programs in their specialty field or work in nonprofessional jobs. For instance, many physicians and engineers were offered jobs as school custodians or, at best, as lab technicians. These limited options created much frustration and related personal and social tensions. As another example, immigrants from the United States had to cope with differences that were related to very different social behaviors.

Difficulties for immigrants have been numerous, related to education, community relations, politics, health behavior, residence and accommodation habits, work and occupations, economics, and so forth (Baider, Kaufman, Ever-Hadani, & De-Nour, 1996; Ben-David & Lavee, 1994; Horowitz, 1979; Iram, 1992; Naon, King, & Habib, 1993). Naturally, psychologists have been engaged extensively in many of those subjects. The amalgamation of many immigrant groups—especially those of recent decades—into Israeli society and customs has been very problematic, as reflected by social tensions (Weinstein, 1985), emigration away from Israel (Barrett, 1987), crime rate (Amir, 1985; Sebba, 1983), education dropout (Rich, Ben-Ari, Amir, & Eliassy, 1996), suicide rate (Arieli, Gilat, Aycheh, 1996; Friedmann & Santamaria, 1990), unemployment and misemployment (Shuval & Bernstein, 1996), tensions within families (Levy-Edelman, 1995), and health indicators

of distress (Zilber & Lerner, 1996). Psychological intervention and research have constantly been in place, in attempts to minimize personal distress and develop prevention programs (Abbink, 1984; Bardin & Porten, 1996; Edleson & Roskin, 1985; Mirsky, 1990).

NON-JEWISH MINORITIES

In addition to the Jewish majority, the State of Israel contains several minority populations: Israeli-Arabs (mostly Muslims, but some Christians), Bedouins (who are a special, cultural group of the former one), and Druze and Circassians (who are unique ethnic and religious groups)—a total of approximately 20% of the whole population. Although all these groups carry Israeli citizenship and, hypothetically, have identical rights and duties to the Jewish population, in practice, they experience lower standards of living, receive reduced public services, and experience slower social development than the majority, Jewish population. The latter issue is considered to be of major influence on feelings of discrimination and frustration because members of the minority groups permanently complain about limited education, restricted job opportunities, and inadequate social and community services. Many of them feel ambivalence with regard to their national identity and experience other personal conflicts related to identification with Palestinian Arabs and with Arabs in other countries that officially and publicly are considered enemies of Israel, and sometimes are in an actual state of war with Israel (Cnaan, 1987).

The Israeli minority groups not only face political and economic problems, but experience great cultural conflicts. Many of the indigenous customs and social norms that members of the Muslim religion and Arabic culture are told to maintain are significantly different from those prevalent in Israel: Whereas the latter generally represents a modern, Western-like society, Arab culture is considered basically very conservative and traditional in nature. The differences include basic attitudes and values, such as those toward sex roles, marriage and divorce, family relations, hospitality, raising children, and so forth.

Obviously, an Israeli, Jewish psychologist would face enormous difficulties in attempting to help an Arab client: There might be not only an initial lack of trust, some tension, and even contempt, but also a cultural gap that makes empathy and understanding of important issues almost impossible. This situation necessitates either a special, cross-cultural education or the training of indigenous psychologists. An increase in the awareness of psychological services among the Arabs (Gorkin, Masalha, & Yatziv, 1985) has led them to seek professional help. Although, in some cases, intercultural

dyads may work effectively (Savaya, 1995), in many others, failure is inevitable. Cultural differences are significant and make communication and understanding almost impossible; the continuous security and political situation, as well as the feelings of oppression and discrimination, make therapeutic relationships very complicated. However, in terms of Arab-Jewish personal attitudes and consequent behaviors, there are indications that heterogeneous group work may prove an effective vehicle for creating tolerance and mutual trust (e.g., Goldberg, Kestenbaum, & Shebar, 1987).

THE KIBBUTZ

A *kibbutz* refers to a living style in a relatively small, rural, basically communal settlement that is conceptually based on extensive cooperation and a maximally egalitarian society, offering equal opportunities to its members, regardless of gender, age, ethnicity, and so on. There are approximately 200 *kibbutzim* (plural of kibbutz) in Israel that are affiliated with three main political streams that differ from one another in terms of their conservatism as to the original kibbutz ideas as well as to religiosity. Several psychological factors make the kibbutz unique and quite different from the standard way of life. First, equal opportunities make women's roles, development, and positions much more nontraditional than in the rest of Israeli society. Second, in many kibbutzim, children generally are raised together with their age group, by special personnel and not at home. Although this matter has been in the process of change in recent years, the structure of the kibbutz makes child rearing by parents very different from that in other Israeli families. Third, career development and occupational choice, as well as specific jobs held in the kibbutz, are different in the kibbutz than in the general society in that they are mediated and influenced by the needs of the kibbutz as well as by available resources and opportunities. Fourth, in general, there is no personal income, and the kibbutz treasury receives all revenues and covers all personal as well as public needs. Although these principles are common, many kibbutzim are currently going through a social change in adjusting to more accepted Israeli social norms. For instance, many kibbutzim now have children sleeping with their parents instead of in special residence halls. However, the kibbutzim have kept basic values, equal opportunities, and personal equity throughout the years (Ben Rafael, 1988; Palgi, 1980).

The special kibbutz community has attracted numerous social studies to examine how it differs from regular Israeli society in terms of its effects on various factors, such as mental health (Nathan, Frenkel, & Kugelmass, 1993), children's attachment (Sagi, Van-Ijzendoorn, Aviezer, Donnell, & Mayseless, 1994), the elderly (Leviatan, 1989), happiness and psychological

well-being (Elizur, 1995), divorce (Kaffman, Elizur, Shoham, & Gilead, 1992), work productivity (Warhurst, 1996), education (Kaffman, 1993), and sexual harassment (Barak, Pitterman, & Yitzhaki, 1995). Psychological services have been offered extensively to kibbutz members in special centers specializing in work with kibbutz members and kibbutz-related problems. In addition to general psychological counseling training, practitioners in these centers ought to be acquainted with the unique kibbutz culture and special problems (e.g., Kaffman, 1995).

ISSUES CONCERNING RELIGIOSITY

A common conception of Israel is that it is a religious state, that is, that the Jewish religion is a fundamental and ruling factor in terms of culture, social norms, and governing laws and standards. However, to be Jewish basically means to belong simultaneously to a certain people, to a certain nation, and to a certain religion. Whereas most Jews admit their belonging to the Jewish people and nation, there is considerable variance in relation to their level of religiosity. In Israel, one can identify four differentiated groups in terms of religiosity: (a) *Haredim* (divided into numerous sects and streams), which believes in totally observing the old Jewish traditions and religious Hebrew laws of the Old Testament (approximately 4% to 5% of the population); (b) Orthodox Jews, who observe old Hebrew laws and keep most traditions but are open to the modern lifestyle and to change (approximately 10% of the population); (c) traditionalists, who usually do not pray, do not observe most Jewish laws, and visit synagogue rarely (usually on Yom Kippur) but keep basic Jewish traditions such as lighting candles on Friday nights and eating kosher food (estimated to be 20% to 30% of the population); and (d) secular Jews, who do not observe Jewish laws and only sporadically keep Jewish traditions, except those enforced by civil law such as marriage or divorce laws (estimated to include 50% to 60% of the population).

There is no legal separation between state and church in Israel. Therefore, the existence of these groups, who hold different ideas concerning lifestyle, education, community structure and dynamics, politics, and almost everything else, is responsible for continuous social tensions (Tabory, 1991) and political and identity problems (Porat, 1992; Sharot, 1990). Nonsecular Jews, especially Haredim, experience personal conflicts with modern lifestyle and traditions (Fishman, 1995). A special example may be seen in attitudes and consequent decisions related to the status of women, which is a permanent issue of conflict and disagreement (Strum, 1989). Psychologists, as well as other helpers, regularly encourage dialogues between religious and nonrelig-

ious Israelis (e.g., Gurevitch, 1989) to foster mutual understanding and cooperation.

Many nonsecular Jews find their faith a source of mental help that may, in principle, assist them in coping with numerous problems (Anson, Carmel, Bonne, Levenson, & Maoz, 1990; Leyser, 1994). However, religious Jews, except for Haredim (who, in principle, prefer their rabbis' advice), usually use psychological services similarly to members of the traditional and secular groups. However, it is generally believed that religious clients would prefer religious psychologists, who might be more familiar with their problems and lifestyles and consequently offer more appropriate treatment.

EFFECTS OF THE HOLOCAUST

The attempt of Nazi Germany to exterminate the Jewish people during the Second World War, known as the Holocaust, has had much traumatic psychological impact on Israeli society as a whole and on many of its individual members, Holocaust survivors and their offspring in particular. Many Jews who were able to escape the Nazi military and many of those who were liberated from concentration camps moved to the land of Israel (then British-mandated Palestine), soon to become the State of Israel. In addition to obvious medical and financial problems, there was a severe psychological impact on Jews who had personally gone through the extermination of their families; experienced oppression and torture in camps and jails; witnessed death, torture, rape, and humiliation of their loved ones and others; and encountered hunger, fear, and other extreme miseries. Among those were single adults, parents with their children, and children who had lost their parents and siblings. Some of the survivors were able to locate family members and partially revive the family, whereas others have been able to establish new family life in Israel. Children born to Holocaust survivors have been raised in a very unique atmosphere, where a severe trauma affects family structure, habits, and relationships.

Holocaust survivors have suffered from numerous psychological difficulties including anxiety, nightmares, and depression and functional problems related to work, social interactions, or sex (e.g., Kav-Venaki, Nadler, & Gershoni, 1985; Mor, 1990; Nadler & Ben-Shushan, 1989). The second generation of the survivors has been characterized by various psychological symptoms as well, including various emotional and behavioral problems (Fogelman & Savran, 1980; Last, 1989; Newman, 1979).

Counseling Holocaust survivors or their children requires special knowledge of ethnicity, religion, and culture, in addition to mere psychological understanding. Therapy, in this case, is unlike common, cross-cultural coun-

seling, in which the therapist is only expected to be equipped with information and attitudes necessary for successful counseling bonding with a client. In this special case, the therapist is required to possess a very deep and thorough understanding of relevant historical events and processes, as well as their extreme psychological meanings, and to develop necessary empathic understanding of unusual situations and their consequences (Tauber & van der Hal, 1997). Episodes and dramas that are considered Hollywood's creations (e.g., *Sophie's Choice*, *Schindler's List*, *Shine*) for most people, including psychologists, happen to be real events and scripts in actual counseling.

As a result of personal distress or dysfunction, Holocaust survivors and their families have been one of the foci for counseling interventions in Israel since the late 1940s. Professional help has been offered in numerous cases, including family therapy (Muller & Yahav, 1989), marital counseling (Mandula, 1995), support groups (Fogelman & Savran, 1980), and various forms of individual therapy (Abramowitz, Lichtenberg, Marcus, & Shapira, 1994). Therapists have encountered unique difficulties in working with this special population, such as problems in building trust (Adams, Mann, Prigal, Fein, Souders, & Gerber, 1994) and extreme emotional difficulties within themselves due to dealing with such traumatic events (Weiss & Durst, 1994).

CONCLUSION

As shown above, Israel may be considered a nation that possesses a variety of social issues that reflect on people's well-being, where skills and background of psychologists could be of great use. Indeed, psychology is consistently a highly attractive study major and the number of registered psychologists per capita is one of the highest in the world. Involvement of psychologists in any area is considered obvious and is almost a social standard. In fact, Israeli psychologists have achieved much success in field practice as well as in scientific conduct.

Given Israel's unique structure and situation and the psychologically related consequences—as exemplified above in several subject areas—an important question arises concerning adequate training for psychologists. Related to this question is the inevitable issue concerning psychological specialty. That is, given the nature of the Israeli, indigenous psychological problems, which are generally nonpsychopathological in nature, are clinical programs—traditionally psychopathologically oriented—appropriate for the preparation of psychologists who could handle these types of problems? If so, a classical clinical training program, oriented toward psychopathology and personality disorders, may not provide students with appropriate training, and special subjects should be added. These subjects, which normally

exist in counseling training programs, should include courses oriented toward the broadening of students' ability to deal with problems of coping and adjustment difficulties (e.g., adolescence, family and marriage, sexuality) of normal people and special courses about dealing with specific Israeli, psychological concerns (e.g., intercultural differences, psychology of religion, stress management). This option, which is rather expensive, would significantly inflate a clinical training program and actually would create a double-specialty program.

A constructive alternative is for clinical psychology to be limited to the practice of actual psychopathological problems and to leave professional space for counseling psychology, oriented toward health and normal personality development, as is commonly practiced in countries such as Australia, Great Britain, and the United States. In this case, general preparation for normal personality psychology and interventions (similar to typical, equivalent, American training programs) should be considered sufficient, and only the specific courses should be introduced to the training program. Unfortunately, Israeli psychological institutes have never dealt with these issues. The answers to questions with regard to specialty stem from mere tradition, namely, clinical psychology is prepared and responsible for practically all types of psychological concerns, and counseling psychology should not exist. At best, counseling psychology should be assigned the exclusive role of career counseling, though many clinical psychologists practice in this area too. To some degree, this conflict reflects a long-lasting debate on the definition of counseling psychology in the United States and its overlap with, and distinction from, clinical psychology (Fretz & Simon, 1992; Hendrick, 1987; Watkins, 1983, 1985).

An interesting question arises: What are the reasons for clinical psychology's resisting the establishment of a counseling psychology specialty? Beyond the obvious reasons concerning a competitive job market, financial resources, and the like, it seems that psychological processes concerning group identity and intergroup attitudes take place, as well. The argument for this latter contention is supported by descriptions of similar resistance in the United States (McKittrick, 1977; Weigel, 1977). In addition, support for the existence of psychological, not necessarily realistic, factors that apparently influence resistance stems from the fact that clinical and counseling psychologists generally express different professional interests and are employed in different settings (Fitzgerald & Osipow, 1988; Osipow, Cohen, Jenkins, & Dostal, 1979). The picture is similar in the United States and Israel. Several social psychological theories may be used to analyze the phenomenon: social identity theory (Tajfel & Turner, 1986), which argues that people favor in-groups (belonging to a successful professional group) over out-groups to maintain and enhance their self-esteem; realistic conflict the-

ory (Levine & Campbell, 1972), which explains hostility between groups in terms of competition caused by a perceived threat in regard resources that are valuable but perceived as limited; and self-categorization theory (Turner, Hogg, Oakes, Reicher, & Wetherell, 1987), which analyzes processes of group formation, identity, and cohesion as well as intergroup differences, stereotypes, and attitudes, in terms of group distinctiveness. In other words, it is not necessarily essential to analyze the actual similarities or differences between clinical and counseling psychology to understand or solve this conflict (Watkins, 1983); complex, psychologically based processes of the dynamics of intergroup relationships perhaps also need to be examined.

The successful accomplishments of Israeli psychologists in various problem areas that are traditionally considered related to counseling obviously raise two questions. First, do practicing psychologists need specific counseling psychology training if they can actually achieve professional goals without it? Second, could professional accomplishments become even better if a counseling psychology specialty (and related specific training) were to exist? It seems that the answers to these questions may not be provided until professional politics is dealt with. The only counseling psychology training program that exists in Israel (at Tel Aviv University) has consistently suffered from lack of recognition and resources, and its graduates have encountered practicum/internship, registration, and licensing problems. Although several attempts have been made to modify the law and the related professional structure, it seems that actual change is not in sight. Perhaps a possible and practical solution is to extend current clinical services and training programs to include broader training perspectives, as exemplified in a British counseling training program (Milton, 1995). This program considered heterogeneous clinical practice to include a wide spectrum of psychological applications with people in distress, departing from traditional definitions limited by specific content areas. This approach actually reflects the growing change in the counseling psychology profession (Tyler, 1992). However, it seems that constructive collaboration among Israeli psychological specialties could best serve actual societal needs and the need for excellence in professional conduct.

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