degree, and after this, after he has finished medical school, then the major part of his training in psychiatry takes place. Obviously, the psychiatrist is interested in the abnormal, in mental illness, but also he deals with the problems of adjustment just as the psychologist does. And here is where there is a fair amount of overlap. And it depends upon which psychiatrist and which clinical psychologist one is talking about. There are clinical psychologists and psychiatrists who are almost indistinguishable in terms of what they do. There are clinical psychologists and psychiatrists who look like they come from different worlds who share not any activity with one another.

The place that they probably come the closest is when both the clinical psychologist and the psychiatrist set up some sort of practice in which they deal with problems of adjustment and see people who are sent to them, helping to change their behavior, and when they restrict their activities to these kinds of things.

Obviously, some psychiatrists do a lot more than this. They use all kinds of physical and medical kinds of procedures, including the use of drugs, the physical treatment such as shock, and so forth. Many of them, of course, work in institutions and are concerned with people who have also physical ailments. Obviously this type of psychiatrist would be doing things that a clinical psychologist would not. Many clinical psychologists are less interested in changing people than in understanding them and in doing research in understanding them.

Psychiatrists are a little less likely to be involved in that kind of activity.

So, in a way, what we are talking about is really one kind of psychologist, the clinical psychologist, comparing him to the psychiatrist, and, in addition, we have to make all kinds of qualifications, depending on which psychiatrist and which psychologist we are talking about.

I could go into more detail to describe the training of the clinical psychologist, whatever your wish is.

Mr. SISK. I appreciate very much the comments you have made, Dr. Meltzer.

I recognize that my question was quite comprehensive. But, as I understand it, there are certain areas where the clinical psychologist and the psychiatrist get, let us say, very close together in connection with the types of people that they may be dealing with and the types of problems that they are concerned about. That was the reason that caused some questions being raised in the mail that I received, and I wanted to get your understanding.

Let me ask you this further question, because, to some extent, it is along the same general line:

As patients or as individuals which call a licensed psychologist here in the city, assuming that we would pass this legislation, for an appointment, at what point or by what measurement would he possibly be referred to a medical practitioner—if I can use that term in its broadest sense as meaning a psychiatrist or a medical doctor?

Do psychologists have, as I assume you are dealing with this, certainly, they have many cases—At what point, under what set of circumstances and under what requirements generally would a psychologist refer a patient or an individual with whom they are counseling to a medical practitioner? Could you comment on that, because generally in these areas what are sometimes referred to as peripheral