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CONTENTS

01 President's Column
05 Letter to the Editor
06 And the Band Played On: Science, Pseudoscience and the Rorschach Inkblot Method
08 Once More Around the Park: Correcting Misinformation about Rorschach Assessment
10 Mirror Me: Is this the Message Graduate Students in Clinical Psychology Get from their Graduate School Faculty?
19 Student Forum: Preparing for a Position in Clinical Psychology: Part 2
27 Board Meeting Minutes
28 Book Reviews

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PRESIDENT'S COLUMN

Best Practices with Special Populations

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It gives me great pleasure to assume the reins of President of the Society of Clinical Psychology, thanks to the support of many of our members. It also humbles me to follow in the footprints of such wonderful and notable past presidents of the Society. Given my long career as a pediatric and clinical child psychologist, working with thousands of children and families at Children's Hospital of Oklahoma, it is reasonable that my focus over the coming year would be on special populations. Having been a pioneer in establishing many programs for children at our Children's Hospital and the Child Study Center, as well as across the State of Oklahoma, I am enthusiastic about the possibility of new challenges during this presidential year within the Society of Clinical Psychology.

My experiences in recent years have led me to explore new applications of psychology and new areas of program development in work with special populations. In 1999, the Chief of the American Indian Programs Branch in the Head Start Bureau, U.S. Department of Health and Human Services (DHHS), suggested that I be recruited to help establish some of the first Early Head Start Programs, serving infants from birth to three years and their families, in Indian Country. The University of Oklahoma American Indian Institute (AII) had a training/technical assistance grant to help develop these programs, and the Director of AII invited me to work with their program and assist with this process. The American Indian Institute contracted with the Department of Pediatrics at the Health Sciences Center for a percentage of my time initially, but the work was so challenging and rewarding that I took early retirement from the Health Sciences Center to devote more time to this endeavor. The opportunity for early intervention and prevention of mental health problems in the lives of children and families appealed to me, as did the opportunity to help give these families support during the early years of their children's lives. Early Head Start programs recruit pregnant women and follow them and their infants and toddlers from birth to age three years. Thus, there is an opportunity to impact the early parenting skills and nurturing experiences provided for infants, and hopefully have an impact on the child's early brain development and important attachment relationships. The relationship between these early experiences and relationships and later child development is well established in our literature, but we have much to learn about the impact and special challenges among not only American Indian families, but also all low-income families whose children are enrolled in EHS.

With my recruitment to AII and the work with Early Head Start came a new phase in my life and career. Other opportunities led beyond program development to participating in setting the

(continued on page 2)

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research agenda for Head Start and Early Head Start. In the late1990s, the U.S. Congress provided funding for a Head Start Research Committee to set the direction for well-controlled national studies that would explore the impact of Head Start. Helen Taylor, Assistant Secretary of DHHS, appointed me to serve on this Research Committee to provide input on the research agenda for Head Start, and also develop the 'Call for Research' with Head Start programs across the nation. Soon after, the Head Start Bureau and the Zero to Three organization began a major new initiative to develop an emphasis on mental health issues in Early Head Start. As a psychologist who has steadily and quietly "beat the drum" about the importance of infant mental health, I was especially gratified to be a part of this initiative. The first step was a major conference on Infant Mental Health in Fall, 2000, after which I was asked to join several other consultants in a pilot project to develop mental health work plans for several selected Early Head Start programs across the U.S. This initiative is underway in 2002-03, and will involve consultation, training, and technical assistance to these programs on developing their mental health programs, as well as an evaluation component (by an external contractor) to assess the impact of these mental health programs on infants and families in the programs. The work done in this pilot program will hopefully serve as a model for helping Early Head Start programs across the nation develop effective mental health plans and train their staff to understand the critical aspects of a supportive mental health program. Finally, I was honored during the Summer of 2002 to be appointed to an Advisory Committee with Berry Brazelton, M.D. for his Touchpoints Institute in Boston, MA. Through this program, Dr. Brazelton hopes to work with several Early Head Start programs to enhance the social-emotional functioning of young children and their families. These various initiatives are already having an impact on the thinking of Head Start programs across the nation. Mental health issues that were not talked about openly in the past are now part of the active planning agenda of many programs. Over the next few years, as a result of the current initiatives, mental health should take its place as one of the core areas of emphasis in Head Start programs. As clinical psychologists, we all know the importance of supporting a nurturing early environment for young children to facilitate early social-emotional and cognitive development. The important elements of this optimal environment for all children, regardless of race or ethnicity, include such things as continuity of care for young infants and toddlers, nurturing and responsive caregivers, living in a family that

is non-abusive and has reduced levels of stress, having access to health care to support good health and nutrition, and opportunities to explore and learn in an environment that is safe and supports individual differences. Early Head Start programs facilitate the growth of these elements within families enrolled in their programs, and also in the center-based care provided to infants and toddlers who need child care while their parents work.

Now, what does this have to do with the Society of Clinical Psychology? As Bernice Lott (2002) discussed in a recent article, *psychologists in science and practice have made invisible those who are not middle class* believe the Society of Clinical Psychology has an important voice in addressing this issue and playing a leadership role in changing our practice and science. As a first step, I have asked Stanley Sue to chair the Society's Committee on Science and Practice. One of the initiatives of this committee will be to develop a book on best practices (including a challenge for more empirically supported treatments) with low income and/or ethnic minority populations. Dr. Sue enlisted G. Bernal and Ray Lorion as either co-editors or co-authors of this text with me. This book will be timely given the statistics on poverty in the U.S. and the plight of so many families in our country. The Center on Budget and Policy Priorities reported that, between 1979 and 1997, the income of the poorest fifth of U.S. households decreased from $10,900 to$10,800 while the income of the top 1% of U.S. households increased from $263,700 to $677,900. Over 12 million children live in poverty and the poverty rate for single working mothers is 19.4% (Lott, 2002). On one American Indian reservation in the U.S., the median income for families is $2,900 per year (Willis, 2002). Do we lack interest in doing research and therapy on lives different from our own? At least across the Nation, those low income children and families fortunate enough to be enrolled in Early Head Start might get a jump start in life, and supportive help for their families. However, psychologists have played, and continue to play, an important role in furthering the research and best practices among those who are impoverished and/or are from minority populations. Stanley Sue will have other initiatives as Chair of the Committee on Science and Practice that you will hear about later, but I am pleased that such a notable psychologist will be involved in the Society.

Second, Gary Melton, who is a champion of children and families, an expert in public policy and advocacy, and an internationally known psychologist, will chair the Fellows Committee and will also provide a book proposal for consideration of the Society. Gary

Applying for Fellow Status in Division 12

Fellows Applicants:

For those individuals who would like to apply to Division 12 as "new" Fellows (those who are not yet a Fellow in any other Division) should submit their application to the Division Central Office by December 1st of any given year. Notification will be in February of the following year. Ratification of the Fellows Committee's choices, however, must be done by APA's Membership Committee when they meet in August at the Convention. The Fellow status will begin the following January 1st.

For those who are already Fellows in another Division, but who would like to apply for this status in Division 12, applications should be sent to the Division Central Office by February 15th of any given year. Notification of outcome will be in April, with ratification by APA's Membership Committee in August.

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and his wife, attorney Robin Kimbrough-Melton, will submit a book proposal on incarceration and the impact on children and families. This is a little researched, but major national problem, in which there are large numbers of children affected. Statistics show that over 1 million children had a parent in prison in 1999, the female prison population has more than doubled since 1990 (Travis, Ward, & Solomon, in press), and one in every 32 adults in the U.S. was behind bars or on probation or parole by the end of 2001. More African Americans are in prison than enrolled in college, according to a paper presented by Angela Browne. In every State in the U.S. there is a need for clinical psychologists to work not only with children who are impacted by their parents' incarceration, but also with the incarcerated parents as well. Several prisons have APA accredited internship programs, but much more needs to be done to recruit psychologists interested in working with this population. Research opportunities are tremendous and clinical psychologists could have an important impact in preventing secondary incarceration. This very real problem in America needs members of this Society to get involved with very relevant research and treatment protocols that are effective.

Last, but not least, the Society is fortunate to have richly talented psychologists. Besides the new faces of Gary Melton and Stanley Sue, our members will get to know Dan McNeil, who is chairing the Program Committee. Dan moved from Oklahoma State University to the University of West Virginia, where he assumed the role of Clinical Training Director. John Robinson, when he is not off lecturing in Hawaii, is on the faculty in the Department of Psychiatry at Howard University Hospital. He will chair the Membership Committee. Asuncion "Siony" Austria, a past president of Section VI of the Society, and a valued friend from the Department of Psychology at Cardinal Stritch University in Milwaukee, will chair the Governance Committee. Members who are interested in working with John or having their name placed on an APA governance committee are invited to contact John or Siony directly. This is an excellent way to become involved in the work of the Society. Another new face is Elizabeth "Betty" King, a past president of the Society of Pediatric Society (now Division 54), and formerly at Emory Hospital in Atlanta. Dr. King is now in private practice and has developed pamphlets and videotapes used in hematology/oncology clinics to help those with health related disorders such as cancer. Because the Society is moving toward developing products that will enhance our public relations efforts, Betty will bring her expertise to help us think of new products useful to our membership and to the public we serve. Again, those members of the Society who would like to help in this area or who have good ideas to share are welcome to contact Betty or other members of the Executive Committee. Finally, Lahoma Schultz has been appointed as a special student representative this year. Lahoma is an American Indian student who is currently applying for internship for 2003-04. She is currently working on a research project involving American Indians residing in boarding schools. One of the Society's initiatives this year will be to look at the under-researched issues involving American Indians. We have a multitude of books and articles on African Americans, Hispanics, and Asians, but few articles or books on issues important to American Indians. Could we challenge and stimulate clinical psychologists to look at the health and mental health needs of this population? I certainly would like to see this happen during my presidential year, and will work to support this initiative.

In closing, thank you once again for the opportunity to serve as President of the Society of Clinical Psychology. I pledge my energy, time, and dedication to leading the important work that is ongoing in the Society, as well as to bring the new initiatives discussed in this article to the agenda for the coming year. We have a powerful team of leaders assembled to work on behalf of the Society, and I sincerely welcome your support and involvement as we look forward to an exciting year together.□

References

Loft, B. (2002). Cognitive and behavioral distancing from the poor. *American Psychologist, 57*, 100-110.

Travis, J., Ward, M., & Solomon, A. (in press). *The impact of incarceration and reentry on children, families, and low-income communities*. Washington, DC: Urban Institute.

Willis, D.J. (2002). Economic, health, and mental health disparities among ethnic minority children and families. *Journal of Pediatric Psychology, 27*, 305-314.

Letter to the Editor

Dear Dr. Antony

In their article defending the Rorschach, Weiner, Spielberger, and Abeles (2002, p. 9) wrote that Garb (1999) had called for a moratorium on the teaching and use of the Rorschach. They concluded their article by arguing that criticism of the Rorschach "bears a disturbing resemblance to burning the books" (p. 11). Perhaps if I really had called for a moratorium on the teaching of the Rorschach, I would be able to understand how Weiner et al. could draw a connection between criticism of the Rorschach and the burning of books. After all, we live in a free society, and no one should be able to ban the teaching of any subject. However, I have never called for a moratorium on the teaching of the Rorschach, nor have I advocated the burning of books.

It is true that I have called for a moratorium on using the Rorschach to assess clients in clinical and forensic settings (Garb, 1999). I do not mind if clinicians use the Rorschach to generate material for psychotherapy sessions, but I believe that the use of the Rorschach Comprehensive System for formal assessment and treatment planning can cause harm to clients. For example, problems with the Comprehensive System norms can routinely lead to the overperception of psychopathology. In one study (Hamel, Shaffer, & Erdberg, 2000), the Rorschach was administered to a group of 100 relatively healthy school children. If one used the Comprehensive System norms to interpret the results for these children, one would conclude that they are seriously disturbed. As noted by Hamel et al. (2000):

> If we were writing a Rorschach-based, collective psychological evaluation for this sample, the clinical descriptors would command attention. In the main, these children may be described as grossly misperceiving and misinterpreting their surroundings and having unconventional ideation and significant cognitive impairment. Their distortion of reality and faulty reasoning approach psychosis. (p. 456)

These results and others like them raise the possibility that psychologists are causing harm (Wood, Nezworski, Garb, & Lilienfeld, 2001).

It is unfair for Weiner and his colleagues to compare critics of the Rorschach to book burners. A more scholarly response would be to give serious consideration to the criticisms that have been made of the test. □

Garb, H. N. (1999). Call for a moratorium on the use of the Rorschach Inkblot Test in clinical and forensic settings. *Assessment, 6*, 311-318.

Hamel, M., Shaffer, T. W., & Erdberg, P. (2000). A study of nonpatient preadolescent Rorschach protocols. *Journal of Personality Assessment, 75*, 280-294.

Weiner, I., Spielberger, C., & Abeles, N. (2002). Scientific psychology and the Rorschach Inkblot Method. *The Clinical Psychologist, 55*, 7-12.

Wood, J. M., Nezworski, M. T., Garb, H. N., & Lilienfeld, S. O. (2001). The misperception of psychopathology: Problems with the norms of the Comprehensive System for the Rorschach. *Clinical Psychology: Science and Practice, 8*, 350-373.

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And the Band Played On: Science, Pseudoscience, and the Rorschach Inkblot Method

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We find ourselves alternately perplexed and troubled by Weiner, Spielberger, and Abeles' (2002) comments, many of which are not only empirically unsupportable but betray fundamental misunderstandings of the nature of scientific inquiry. We confront a difficult challenge in responding to Weiner et al., as we are forced to address assertions that we never made. The central premise of Weiner et al.'s critique is that we "cast…Rorschach assessment as a pseudoscientific procedure" (p. 7). Inexplicably, Weiner et al. overlooked the caveat in our article (Lohr, Fowler, & Lilienfeld, 2002) that:

> It is important to note that clinical techniques per se (e.g., the Rorschach Inkblot Test) are not pseudoscientific…we take issue here not with the validity of these techniques per se but rather with the marked disparity between the scientific evidence for these techniques and the extravagant claims sometimes made on their behalf (p. 5)

As a consequence, Weiner et al. miss the primary thrust of our article: what is pseudoscientific is not the Rorschach Inkblot Method (RIM), but rather the means with which the RIM and several other techniques have often been promoted and disseminated. We maintained that the RIM community has been prone toward exaggerated claims of validity, a charge that Weiner et al. deny. Ironically, however, many of Weiner et al.'s assertions concerning the RIM's psychometric properties betray the very propensity toward overstatement that they disavow.

We begin with one point of agreement with Weiner et al.: the RIM is valid for certain purposes, such as the detection of thought disorder and dependency and the prediction of psychotherapy outcome (Lilienfeld, Wood, & Garb, 2000). We have no quarrel with practitioners who use RIM scores that have been validated for these purposes. Indeed, we nowhere came even remotely close to recommending that the RIM "should be expunged and its practitioners expelled from psychology" (p. 07), and we are frankly at a loss to understand how Weiner et al. could have so seriously mischaracterized our position.

Weiner et al. are correct that global meta-analyses (e.g., Hiller et al., 1999) demonstrate that certain RIM indices possess validity for their intended purposes. But these meta-analyses say essentially nothing about which RIM indices possess such validity. Weiner et al. do not inform readers of a crucial fact: a mere handful of RIM indices have consistently exhibited validity in well-designed studies conducted by independent investigators (Lilienfeld et al., 2000). Because the Exner (2001) Comprehensive System (CS), the most widely used RIM system, contains over 100 indices, this paucity of independently replicated evidence is worrisome.

Weiner et al. dismiss the evidence concerning the RIM's lack of relation to most psychiatric diagnoses by asserting that "the RIM is not a diagnostic test" (p. 10). This admission is bewildering, because Weiner (1997) had elsewhere asserted that the RIM CS "provides indices for schizophrenia (SCZI) and depression (DEPI) that can prove helpful in identifying these conditions" and that "there are on the horizon adequately conceptualized and empirically valid Rorschach indices for bipolar disorder, borderline and schizotypal personality disorder, and acute and chronic stress disorder" (pp. 10-11). Moreover, although offering no evidence, Weiner et al. maintain that because of its validity in assessing personality traits, the RIM "assists in identifying depression…and anxiety disorder" (p. 10). Weiner and his colleagues cannot have it both ways: if the RIM helps to identify mood and anxiety disorders, it must contain indices that correlate nontrivially with these conditions. Yet the evidence for this assertion is negligible (Wood, Lilienfeld, Garb, & Nezworski, 2000).

Weiner et al. cavalierly disregard the mounting evidence that the CS norms overpathologize normal respondents (Wood, Nezworski, Garb, & Lilienfeld, 2001) on the grounds that this evidence is flawed by "small and unrepresentative samples of nonpatients, lack of systematic procedures, and use of inexperienced examiners" (p. 08). These *ad hoc* defenses are entirely unconvincing, because the evidence for the inadequacy of the CS norms is extremely consistent (a point that Weiner et al.'s explanations do not address), and derives from 32 studies encompassing a broad array of nonclinical groups and a groundbreaking study by Shaffer, Erdberg, and Haroian (1999). Among the authors and supervisors of these studies were several of the most prominent RIM experts, including Gregory Meyer, Donald Viglione, Philip Erdberg, and Barry

And the Band Played On: Science, Pseudoscience, and the Rorschach Inkblot Method

Ritzler. If these findings are attributable to "inexperienced examiners," their implications for the RIM's scientific status are even more disconcerting.

Weiner et al. echo uncritically the claim of the Personality Assessment Work Group (PAWG; Meyer et al., 2001) that the RIM and other psychological tests are as valid as medical tests. This assertion is refuted by even a casual examination of the literature on medical tests, which shows that several such tests (e.g., enzyme immunoassays for HIV infection) possess sensitivities and specificities higher than 95% (Garb, Klein, & Grove, 2002). Despite Weiner et al.'s assertion that they "do not know of a single instance in which a Rorschach teacher or scholar has recommended using the RIM to learn whether a child has been sexually abused" (p. 10), the PAWG authors themselves (!) concluded that "studies have demonstrated the ability of the Rorschach or TAT…to differentiat[e] patients who have experienced physical or sexual trauma from those who have not" (Kubisyn et al., 2000, p. 121) and went on to cite studies that purportedly demonstrated the RIM's utility in detecting child sexual abuse.

Weiner et al. conclude with a rhetorical question: "In what field of science are criticisms of procedures welcomed from persons who do not themselves use or study these procedures?" (p. 11.). Aside from the fact that the first author of this article has used and studied the RIM, Weiner et al. ignore the lengthy history of legitimate criticism of fringe techniques by mainstream scientists (e.g., Gardner, 1957). Weiner et al.'s insistence that only those individuals who use a technique are entitled to criticize it implies that the validity of astrology can be evaluated only by astrologers and that the efficacy of prefrontal lobotomy can be evaluated only by surgeons who have performed this procedure. Moreover, this injunction restricts scientific inquiry of techniques to those individuals most likely to be favorably disposed toward them. This restriction is a certain prescription for disaster, as it inhibits the self-correction that is essential to scientific progress. The RIM community will best be served not by confident pronouncements of validity that outstrip the research evidence or by exclusionary efforts to circle the wagons, but by a greater receptivity to outside scientific criticism. □

References

Exner, J.E. (2001). *A Rorschach workbook for the Comprehensive System* (5th ed.). Asheville, N.C.: Rorschach Workshops.

Garb, H. N, Klein, D. F., & Grove, W. M. (2002). Comparison of medical and psychological tests. *American Psychologist, 57*, 137-138.

Gardner, M. (1957). *Fads and fallacies in the name of science*. New York: Dover.

Hiller, J.B., Rosenthal, R., Bornstein, R.F., Berry, D.T.R., & Brunell-Neuleib, S. (1999). A comparative meta-analysis of Rorschach and MMPI validity. *Psychological Assessment, 11*, 278-296.

Kubisyn, T.W., Meyer, G.J. Finn, S.E., Eyde, L.D., Kay, G.G., Moreland, K.L., Dies, R.R., & Eisman, E.J. (2000). Empirical support for psychological assessment in clinical health care settings. *Professional Psychology: Research and Practice, 31*, 119-130.

Lilienfeld, S.O., Wood, J.M., & Garb, H.N. (2000). The scientific status of projective techniques. *Psychological Science in the Public Interest, 2*, 27-66.

Lohr, J.M., Fowler, K.A., & Lilienfeld, S.O. (2002). The dissemination and promotion of pseudoscience in clinical psychology: The challenge to legitimate clinical science. *The Clinical Psychologist, 55*, 4-10.

Meyer, G.J., Finn, S.E., Eyde, L.D., Kay, G.G., Moreland, K.L., Dies, R.R., Eisman, E.J., Kubiszyn, T.W., & Reed, G.M. (2001). Psychological testing and psychological assessment: A review of evidence and issues. *American Psychologist, 56*, 128-165.

Shaffer, T.W., Erdberg, P., & Haroian, J. (1999). Current nonpatient data for the Rorschach, WAIS-R, and MMPI-2. *Journal of Personality Assessment, 49*, 406-412.

Weiner, I.B. (1997). Current status of the Rorschach Inkblot Method. *Journal of Personality Assessment, 68*, 5-19.

Weiner, I.B., Spielberger, C.D., & Abeles, N. (2002). Scientific psychology and the Rorschach Inkblot Method. *The Clinical Psychologist, 55*, 7-12.

Wood, J.M., Lilienfeld, S.O., Garb, H.N., & Nezworski, M..T. (2000). The Rorschach Test in clinical diagnosis: A critical review, with a backward look at Garfield (1947). *Journal of Clinical Psychology, 56*, 395-430.

Wood, J.M., Nezworksi, M.T., Garb, H.N., & Lilienfeld, S.O. (2001). The misperception of psychopathology: Problems with the norms of the Comprehensive System of the Rorschach. *Clinical Psychology: Science and Practice, 8*, 350-373.

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Once More Around the Park: Correcting Misinformation About Rorschach Assessment

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We are pleased to note that Lilienfeld, Fowler, and Lohr (2003) have disavowed labeling Rorschach assessment as a pseudoscientific procedure, and we appreciate their acknowledging the scientific credibility of the Rorschach Inkblot Method (RIM) when it is properly used. We also agree with Lilienfeld et al.'s (2003) call for the RIM to be used appropriately, within limits justified by empirical data and reasonable clinical inference, and concur with the necessity for proper use of the RIM (see, e.g., Weiner, 2000). We are additionally pleased that they apparently no longer endorse Garb's (1999) call for a moratorium on Rorschach assessment. However, we firmly reject their allegation that the Rorschach community "has been prone toward exaggerated claims of validity" (Lilienfeld et al. 2003, p. 6), which exemplifies their persistent propagation of misinformation.

As a first example of a misleading allegation by Lilienfeld et al. (2003), they minimize the import of the Hiller, Rosenthal, Bornstein, Berry, and Brunell-Neuleib (1999) meta-analytic study in stating that it demonstrates the validity of "certain RIM indices," but does not indicate which ones. Regardless of what remains to be learned about the correlates of various Rorschach summary scores, the Hiller et al. study confirmed that the RIM has an abundance of such valid correlates. Otherwise the research studies examined by Hiller et al. would not have yielded an average effect size (.29) virtually identical to what was found for the MMPI (.30), which led them to conclude that Rorschach validity "is about as good as can be expected for personality tests" (Hiller, et al., 1991, p. 291).

Second, Lilienfeld et al. (2003) allege that we "cavalierly disregard" the mounting evidence that the reference norms for the Rorschach Comprehensive System (CS) "overpathologize normal respondents." They refer in this regard to a study by Shaffer, Erdberg, and Haroian (1999), and a summary of "32 studies encompassing a broad array of nonclinical groups" (Wood, Nezworski, Garb, and Lilienfeld, 2002). With respect to the Shaffer et al. (1999) study, they choose to dismiss cautions by Weiner (2001) that it may be premature to draw conclusions from their findings for at least three reason: (a) a nonpatient sample consisting of only 123 persons; (b) recruitment of 88 (71.5%) of these respondents from a central California blood bank; and (c) administration of the RIM entirely by graduate students in a research seminar. It is misleading for Lilienfeld et al. to suggest that this methodology is a desirable way of collecting representative nonpatient data for a complex assessment procedure that requires considerable training and experience to be administered properly.

The Wood et al. (2001) summary combines the responses of control groups participating in 32 separate Rorschach studies, none of which was designed to collect normative reference data. In addition to the questionable propriety of combining individual participant data from diverse studies, the samples in these studies do not qualify as representative groups of nonpatient adults. Sixteen of the 32 Wood et al. samples comprised college students or elderly persons, who commonly produce atypical test responses when used as volunteer participants in research studies. Five of the Wood et al. samples included current or former psychiatric patients, and 11 other samples were collected without any mental health screening. Participants in some of the Wood et al. samples were given the RIM under unusual conditions, such as being instructed to remain motionless during the testing. Lilienfeld et al. (2003) have chosen to gloss over these and other shortcomings of the Wood et al. samples, which were described in detail by Meyer (2001). By contrast, Exner's (1993) CS nonpatient sample consisted of persons with no history of mental health treatment and evidence of positive social or vocational functioning. Thus, in a misleading fashion, Lilienfeld et al. present the Wood et al. summary data as though it has a negative bearing on the adequacy of the CS norms for well-functioning nonpatient adults, and as demonstrating the overpathologizing of normal persons. It most assuredly does neither.

Lilienfeld et al. (2003) also ignore or appear unwilling to acknowledge Exner's (2002) ongoing replication of his original nonpatient data collection, in which experienced professional examiners are collect-

Once More Around the Park: Correcting Misinformation About Rorschach Assessment

ing Rorschach protocols from a demographically representative sample of well-functioning adults. We previously noted that findings for the first 175 nonpatients in the new sample closely resemble Exner's earlier reference data and do not show overpathologizing (Weiner, Spielberger, & Abeles, 2002). At the recent International Rorschach Congress, Exner (2002) reported that the new nonpatient sample has now increased to 300 persons and continues to show minimal changes from the earlier reference data, including little indication of overpathologizing in this substantial sample of carefully collected Rorschach protocols.

A third example of misleading information is Lilienfeld et al.'s. (2003) challenge of our assertion that Rorschach teachers and scholars have refrained from recommending use of the RIM to identify sexual abuse. They justify this challenge by saying that Kubiszyn et al. (2000) "cite studies that purportedly demonstrated the RIM's utility in detecting child sexual abuse" (p. 7). This is misinformation. Of the studies referenced by Kubiszyn et al., only one was concerned with child sexual abuse. In this one study, Leifer, Shapiro, Martone, and Kassem (1991) reported some Rorschach differences between groups of sexually abused and nonabused girls, but at no point in their article did they suggest using the RIM clinically for purposes of detecting child sexual abuse.

As examples of propagating misinformation, then, Lilienfeld et al. have persisted in demeaning the validity of Rorschach assessment for its intended purposes despite meta-analytic findings demonstrating an average effect size equivalent to the MMPI and valuable contributions of both measures to personality assessment. They repeatedly allege that the Rorschach Comprehensive System overpathologizes, while ignoring recent data indicating clearly that it does not. They continue to claim that informed Rorschach clinicians advocate using the RIM to identify victims of sexual abuse, when none have done so. Surely the time has come to replace biased rhetoric with reason based on empirical research findings.□

References

Exner, J. E., Jr. (1993). *The Rorschach: A comprehensive system. Vol. 1. Basic foundations (3rd ed.).* New York: Wiley.

Exner, J. E., Jr. (2002). A new nonpatient sample for the Rorschach Comprehensive System: A progress report. *Journal of Personality Assessment, 78*, 391-406.

Exner, J. E., Jr. (2002, September). *The new nonpatient sample: An update.* Paper presented at the XVII International Congress of Rorschach and Projective Methods, Rome, Italy.

Garb, H. N. (1999). Call for a moratorium on the use of the Rorschach Inkblot Test in clinical and forensic settings. *Assessment, 6*, 311-318.

Hiller, J. B., Rosenthal, R., Bornstein, R. F., Berry, D. T. R., & Brunell-Neuleib, S. (1999) A comparative meta-analysis of Rorschach and MMPI validity. *Psychological Assessment, 11*, 278-296.

Kubiszyn, T. W., Meyer, G. J., Finn, S. E., Eyde, L. D., Kay, G.G., Moreland, K. L., Dies, R.R., & Eisman, E.J. (2000). Empirical support for psychological assessment in clinical care settings. *Professional Psychology: Research and Practice, 31*, 119-130.

Leifer, M., Shapiro, J., Martone, M. W., & Kassem, L. (1991). Rorschach assessment of psychological functioning in sexually abused girls. *Journal of Personality Assessment, 56*, 14-28.

Lilienfeld, S. O., Fowler, K. A., & Lohr, J. M. (2003). And the band played on: Science, pseudoscience, and the Rorschach Inkblot Method. *The Clinical Psychologist, 56*, 6-7.

Meyer, G. J. (2001). Evidence to correct misperceptions about Rorschach norms. *Clinical Psychology: Science and Practice, 8*, 389-396.

Shaffer, T. W., Erdberg, P., & Haroian, J. (1999). Current nonpatient data for the Rorschach, WAIS-R, and MMPI-2. *Journal of Personality Assessment, 73*, 305-316.

Weiner, I. B. (2000). Using the Rorschach properly in practice and research. *Journal of Clinical Psychology, 56*, 435-438.

Weiner, I. B. (2001). Considerations in collecting Rorschach reference data. *Journal of Personality Assessment, 77*, 122-127.

Weiner, I. B., Spielberger, C. D., & Abeles, N. (2002). Scientific psychology and the Rorschach Inkblot Method. *The Clinical Psychologist, 55*, 7-12.

Wood, J. M., Nezworski, M. T., Garb, H. N., & Lilienfeld, S. O. (2001). The misperception of psychopathology: Problems with the norms of the Comprehensive System of the Rorschach. *Clinical Psychology: Science and Practice, 8*, 350-373.

Mirror Me: Is this the Message Graduate Students in Clinical Psychology Get from their Graduate School Faculty?

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Most doctoral programs in clinical psychology (and nearly all in university settings) report that they endorse the Boulder model of graduate training that emphasizes the scientist-practitioner approach to graduate studies (O'Sullivan & Quevillon, 1992). The Boulder conference delegates proposed that students, as well as faculty, should maintain "equal emphasis on both" research and practice (Raimy, 1950, p. 79) and that faculty should maintain on-going involvement in clinical practice. They suggested that "it is only logical that those persons engaged in the teaching of clinical skills should also be constantly engaged in work of this sort" (p. 130). Although most program descriptions highlight the Boulder model, do these programs actually support what they say they do?

Himelein & Putnam (2001) recently conducted a survey of 214 academic clinical psychologists teaching in PhD, master's, and undergraduate psychology departments across the United States to assess if these clinical psychologists "practice what they teach" (p. 537). Specifically, these authors were interested in the level of involvement that academic clinical psychologists actually participate in clinical activities. They found that participants "spent more than twice as much time in research as in clinical activity, with many (i.e., 44%) reporting no involvement in clinical practice" (p. 537). Compared with research conducted two decades earlier (Shemberg & Leventhal, 1978), the emphasis on research with little ongoing experience in clinical activity has increased significantly. Stricker (2000) humorously refers to this phenomenon as the "SCIENTIST-practitioner model" (p. 254). Of course, many graduate-training programs today may depend on local community practitioners who likely maintain a part-time, adjunct position with the training program to provide clinical training and supervision. This creates a situation such that graduate clinical training and supervision is either provided by full time faculty (who most likely have little if any clinical involvement or interest) or by part-time adjunct faculty (who likely have little if any research involvement or interest). If this is usually the case for most graduate training programs, then what happened to the integrated and balanced Boulder model? Does it truly exist? Is this a reasonable way to train future psychologists? What are some of the implications of this situation?

While it is clear that many academic clinical psychology faculty do not practice what they teach, what is less clear is the subtle or not so subtle messages they give to their students about the value of clinical work and various non academic career directions. Students entrust graduate faculty to train them in both the research AND practice of psychology embracing and supporting the Boulder model often highlighted in their brochures. When most graduate students begin their training, they are generally open to how their careers might unfold depending upon their likes and dislikes during the training process. What students do not necessarily agree to is for potential faculty bias to dictate or influence their career path towards research and academics.

For 12 years I have taught an ongoing seminar on ethical and professional issues for the child clinical psychology intern and postdoctoral fellows at Stanford University Medical Center (i.e., the Packard Children's Hospital at Stanford and the Children's Health Council). Furthermore, I have taught seminars and workshops for graduate students, interns, and postdoctoral fellows at several American Psychological Association Conventions as well as at several other university training programs. One message that students trained in both university based and free standing professional school graduate programs throughout the United States often privately report is that their faculty encourage them to "mirror" them in their career decisions and directions. Therefore, while faculty may be accepting or tolerant of clinical training during graduate studies, they often expect and prefer that their students follow an academic and research path (especially if they are from university programs). These students

report that this is mostly true of full time tenured and tenure track faculty but not from adjunct or part-time clinical supervisors and instructors. Curiously, I have heard frequent reports of this bias even from students enrolled in many free-standing professional schools that generally support the Vail or scholar-practitioner model of training. It is important to note that this impression is based on teaching and not on empirical research findings via surveys and other methods.

It is not surprising that faculty would want their students to follow in their footsteps. (After all, don't many parents wish the same for their children?). However, the subtle and sometimes not so subtle pressure to do so as well as the potential consequences of not following the prescribed and preferred academic/research plan could potentially approach unprofessional and unethical behavior among some faculty. A few illustrative case examples may prove useful. In speaking with a group of approximately 12 postdoctoral fellows at two separate university medical centers in recent years, every fellow reported that felt that they could not inform their mentors that they were not planning on accepting a tenure-track academic position at a top research institution. Most of the trainees reported that they did not want to move out of the area to secure an academic position. They also reported that they did not want the pressures of being dependent on grant funding. They also wanted to integrate clinical and consulting activities into their careers, and wanted to make more money than typical academic jobs provide. They stated that they felt that they could not disappoint or upset their mentors with this information and thus planned on waiting until the last possible moment (if at all) to let their true desires be known.

"It is not surprising that faculty would want their students to follow in their footsteps."

Several trainees reported that after informing their mentors about their desires to pursue clinical practice or other nonacademic endeavors, they were treated poorly, told that they were "selling out" or condescendingly deciding to pursue a "mommy track." They often felt rejected and abandoned by their previously attentive mentors. These impressions have been noted by other authors as well (Feshbach, 1987; Himelein & Putnam, 2001).

Ethical Issues

Several of the aspirational ethical principles of the American Psychological Association Ethics Code (APA, 1992) are relevant to this topic. Principle D (Respect for People's Rights and Dignity) states that psychologists "respect the rights of individual to …self-determination, and autonomy"(p. 1599) while Principle E (Concern for Others' Welfare) states that psychologists respect and "weigh the welfare and rights of their … students, supervisees…" (p. 1600). Therefore, students have the right to pursue career paths that they determine are best suited for them and should have their wishes respected by their faculty mentors. Under the Ethical Standards (Research and Publishing section) portion of the APA Code, it states that "when engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity" (6.03A, p. 1607) and "when engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees" (6.03B, p. 1607). Thus, faculty should maintain some degree of objectivity in discussing career options with students and recognize that their opinion, preferences, and biases are likely to be perceived as being very important to students. It is reasonable to expect that faculty should be careful with their biases and to assist students in finding their own path towards career fulfillment. It appears that faculty have some ethical responsibility to keep their biases in check.

Furthermore, do students get adequate informed consent before entering graduate school regarding the purpose and outcome of training? Do students enter their program thinking that faculty will have a neutral view regarding career directions? Do students understand the consequences of not following a research/academic track if this is the preference of some or all of the training faculty?

What Should Faculty Do?

First, clinical psychology faculty who teach courses relevant to diagnosing and treating people with psychological, emotional, and/or behavioral problems should find ways to stay active in the practice of clinical psychology. It is reasonable to expect that their teaching and research can both be enhanced if they are closely connected with the complexities of ongoing clinical activities. Many students frequently report that it is obvious when faculty haven't seen a clinical patient in years when they are engaged in their teaching, supervision, and research activities. In fact, a review of many of the textbooks in clinical psychology (generally written

by academics with little ongoing clinical experience) clearly reflect this problem. For example, in several textbooks (Compas & Gotlib, 2001; Trull & Phares, 2001), the authors seek to highlight the careers of clinical psychologists by focusing exclusively on researchers without focus on any practitioners. Furthermore, the focus on "clinical" psychologists actually often highlight many whom did not get their degree or training in clinical psychology. Curiously, academic researchers who have little if any ongoing clinical experience, are asked to comment on the current and future state of clinical practice in many of these books. This sends a message to students that only researchers (and certainly not practitioners or other non-academic clinical psychologists) are worth highlighting in clinical psychology college textbooks and that somehow academics are best able to comment on trends associated with nonacademic careers.

"One of the glories of clinical psychology is that there are so many different career paths available."

Second, clinical psychology faculty who behave in this manner should "get over it." One of the glories of clinical psychology is that there are so many different career paths available. Graduates can pursue clinical, research, consulting, administrative, teaching, and other career directions in education, hospital, clinic, business, solo practice, and other environments. The diversity of career options for clinical psychologists is truly remarkable. In fact, the number of psychologists employed in academics has dropped from 55% in 1973 to 33% in 1999 (Ballie, 2001). What is in the best interest of students may not be in the best interest of their faculty mentors. Being respectful and even encouraging of students to find a career path that fits their needs and interests would be the ethically responsible thing to do for faculty. The vast majority of clinical psychology graduates do not ultimately pursue academic and research careers.

Third, when excellent students do pursue nonacademic career directions that best fit their talents and needs, faculty would be well advised to keep the potential narcissistic injury in check. While faculty might naturally be disappointed that their best students may not pursue a career path that mirrors them, they must be careful to not act out this disappointment by being rejecting towards their students.

What Can Students Do?

First, students may wish to learn all that they can about career options in psychology and not depend solely on their academic faculty to advise them. They may wish to interview or shadow psychologists in a variety of settings to learn about various career options and directions. Second, students may wish to attend conferences and conventions at the national and regional level to observe and potentially interview psychologists from a wide variety of career paths. Third, students must keep their feelings about disappointing their mentors in check to be sure that they follow career paths that are likely to be a good fit for them rather than those of their mentor. Years after graduate studies, students may find themselves in careers that are not as satisfying as they could be at least partially due to the pressures of pleasing their graduate faculty mentors. Finally, students may wish to investigate the agenda of faculty mentors before deciding to attend a particular graduate school or work with a particular faculty member.

What Can the Profession Do?

Perhaps the American Psychological Association and appropriate accreditation committees can be more sensitive to these issues and to look closely at career mentoring factors when they review training programs. *The APA Monitor* generally does an excellent job at highlighting different career paths in psychology and APA Books have been publishing helpful texts on these topics (e.g., Sternberg, 1997). However, APA might offer their help in a variety of ways to ensure that faculty behave professionally and ethically in this regard. *The Clinical Psychologist, Professional Psychology: Research and Practice*, and other quality professional journals might encourage manuscripts that address these professional and training issues.

Academic clinical psychology faculty have a professional and ethical obligation and duty to adequately train students to follow career paths of their choice in clinical psychology. Are they doing this now? If not, how can we encourage them to do so? While I am unaware of adequate research that has been conducted to best answer these important questions on a national level, the number of students who consistently bring this issue up in local and regional seminars and national workshops is concerning. □

References

American Psychological Association (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47*, 1597-1611.

Ballie, R. (2001). Where are the new psychologists going? *APA Monitor on Psychology, X*, 24-25.

Feshbach, S. (1987). Trends and issues in clinical psychology. *The Clinical Psychologist, 40*, 4-5.

Himelein, M. J. & Putnam, E. A. (2001). Work activities of academic clinical psychologists: Do they practice what they teach? *Professional Psychology: Research and Practice, 32*, 537-542.

O'Sullivan, J. J., & Quvillon, R. P. (1992). 40 years later. Is the Boulder model still alive? *American Psychologist, 47*, 67-70.

Raimy, V (Ed.). (1950). *Training in clinical psychology.* New York: Prentice Hall.

Shemberg, K. M., & Leventhal, D. B. (1978). A survey of activities of academic clinicians. *Professional Psychology, 9*, 580-586.

Sternberg, R. (Ed.). (1997). *Career paths in psychology: Where your degree can take you.* Washington, DC: American Psychological Association.

Stricker, G. (2000). The scientist-practitioner model: Gandhi was right again. American Psychologist, 55, 253-254.

Trull, J. T., & Phares, E. J. (2001). *Clinical Psychology* (Sixth Edition). Belmont, CA: Wadsworth.

Commentaries

Taking a Look in the Mirror: Evaluating One's Professional Development as a Colleague in Training

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Dr. Plante's article in this issue outlines a very important training issue encountered by many students at some point during their professional development, which is – "How to balance their own personal and professional needs against the requirements and needs of their program and faculty." Students should feel challenged by this article to evaluate their training and career goals, and in turn, to seek activities that advance these goals. There are several points from this article to underscore:

First, graduate students must be active consumers of their education. It is never too late, inappropriate, or unacceptable for a student to reevaluate the career path that best fits his or her needs and interests. While some faculty, and even other students, may find one's personal career goals objectionable, these issues are typically resolved when mentors and supervisors are approached tactfully with respect and acknowledgement of their concerns and responsibilities. Most faculty are open to discussion of a student's needs and interests, and are willing to help the student identify opportunities that will accomplish training goals as long as the student does not irresponsibly abandon existing duties and takes care to convey respect and appreciation for the faculty member's academic and/or clinical responsibilities.

Second, students have every right to shop for mentors, and (to carry the analogy further) to choose a variety of mentorship "styles." There are certainly advantages to remaining committed to a single mentor (e.g., publication and professional opportunities); but this does not outweigh the benefits students receive from obtaining input and feedback about their career opportunities and their own professional "style" from several different types of mentors. Additionally, it is critical that students find mentors with whom they feel comfortable discussing their skills and developing an independent, informed opinion of their own career trajectory.

Third, Dr. Plante rightly encourages training programs and the profession to address openly the ways in which a student's training and career goals are viewed and resolved by individual faculty members. The activities that lead to enrolling in graduate school often do not adequately prepare students for the graduate school experience, nor is it uncommon for students to be uncertain and uninformed of their career options and desires when they enter graduate school. Graduate school is an intense period in which students learn much about their priorities, their needs, their strengths and weakness, and their career goals and preferred work environments. Clearly some degree of flexibility is not only optimal, but also necessary to ensure that students embark on fulfilling and productive careers. Faculty will serve their students well to consider how their own biases and opinions affect the choices of students.

Fourth, it is important to acknowledge that both students and faculty share responsibility for resolving conflicts. This is difficult for many students to

Mirror Me: Is this the Message Graduate Students in Clinical Psychology Get from their Graduate School Faculty?

address because they struggle with how to be professionally assertive without incurring inappropriate or negative consequences. Programs should create an environment in which students feel enabled and encouraged to be upfront with their mentors regarding training needs and other concerns. Professional assertiveness, the topic of my recent Chair column for the APAGS Fall Newsletter, allows students to achieve the most from their graduate training experiences by helping them to appropriately balance their personal needs with their professional and academic responsibilities. To do so requires getting and giving respect, explaining one's needs in the context of another's, and leaving room for compromise when those needs conflict. While faculty may not always be supportive, an upfront discussion is generally the best place to begin when students are interested in renegotiating their training responsibilities and experiences with faculty.

> ***"Training in clinical psychology occurs over many stages..."***

Finally, students feeling restrained by current academic and practicum responsibilities may need to adopt a long-term view in order to accomplish their training goals. Training in clinical psychology occurs over many stages, from basic coursework to advanced and elective practica, from thesis and qualifying exams to dissertation, from graduate school to internship and, for many, to post-doctoral positions. Students should view each of these levels as an opportunity to choose training experiences that more closely match career goals as well as needs for particular work environments and mentorship styles. Evaluating and reevaluating one's training and career goals are part of the natural evolution that students must proceed through when transitioning from college-in-training to independent professional, a shift that is easier for some than others. Regardless of the number of years in the profession, all of us should continually reassess our level of professional development and seek out educational experiences that enrich and develop our identities as professional psychologists, whatever our chosen mix of research, administrative, or clinical activities.□

Clinical Psychology At Stony Brook: Are We in the Cloning Business?

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Like many programs with a primary goal of training graduate students for research jobs, at Stony Brook we endorse a variant of the scientist-practitioner model. In the article, "Mirror Me," Plante (2002) basically states that professors in clinical psychology do what they can to get their students to be clones of themselves, i.e., to "mirror" them. Further, he argues that such attempts violate an ethical code to respect the self-direction and autonomy of graduate students. In order to provide prospective graduate students with some "truth in advertising," at Stony Brook, we try to make our aforementioned goal apparent in program descriptions. Different programs will have different goals and means of obtaining them, and, in my opinion, a key factor is that the programs should provide truthful descriptions of their objectives and means of obtaining them. We do not propose that faculty or graduate students place equal emphasis on research and practice as did the Raimey (1950) and the Boulder conference delegates. In a research oriented institution, our faculty spend the majority of their time in research and teaching. Contrary to Plante's recommendation, we do not adhere to a model that advocates that all faculty should engage in clinical activity. However, five of our eight clinical faculty are involved in clinical practice, a new faculty member is starting a part-time practice, and the two who do not practice individual psychotherapy conduct and publish significant intervention research. Our supervision takes place in our own Psychological Center, and our supervisors are faculty who provide clinical services.

The majority of our graduates take jobs in academic and research settings. More specifically, 78% of our recent graduate students took such jobs (APA Site

Mirror Me: Is this the Message Graduate Students in Clinical Psychology Get from their Graduate School Faculty?

Visit Report, 1997). In addition, as noted in an article by Ilardi, Rodriguez-Hanley, Roberts, & Siegel (2000), Stony Brook's doctoral program in clinical psychology ranked first in the last decade in production of psychologists who took faculty positions in clinical psychology doctoral programs at other universities and second to the University of Illinois at Urbana-Champaign across the last 30 years. With our emphasis on research, do some of our students suffer from faculty pressure to be clones of their advisors? Yes, I believe that they may feel this pressure. Indeed, I know that one of my former graduate students, now a very respected researcher, told me that she would not have felt comfortable telling me that she was thinking of taking a clinical job. As Plante (2002) aptly states, graduate students need to feel better about how their mentors perceive them when they do not pursue careers that mirror their own. Professors should be more supportive of the need for clinical psychology to have a strong practice arm, and ways in which graduates can advance the profession through their practice.

> ***"I have advocated that students consider jobs in politics and that they consider non-traditional internships..."***

In considering respect for autonomy for and self-direction of graduates, one might ask what non-research and non-academic professional pursuits are held in high esteem by the Directors of Clinical Training and their respective faculty. For some years, I have advocated that students consider jobs in politics and that they consider non-traditional internships where they might spend a significant portion of their time shadowing the Director of Mental Health for the County or State. One of our students took advantage of this option. As we become more and more aware that research based findings do not necessarily inform clinical practice as much as political pressures, hopefully more clinical psychology graduates will take jobs in politics. As a follower and supporter of one of the two clinical psychologists in the United States House of Representatives, Dr. Brian Baird, I am certain that he would be accommodating of graduates who would like to spend some time in his office.

I do not believe that all faculty have to endorse and/or practice one model of psychology. In fact, such adherence could stifle creativity. Some need to question current models, especially the individual psychotherapy model, and advocate alternatives. Such alternatives might include provision of services through the internet and harnessing community resources to prevent problems. The majority of people in clinical psychology training programs are now women, and many of these women will likely chose not to be academic researchers. Further, part-time positions in academia and business with full benefits may be chosen for young women and/or men who have family care responsibilities. Finally, we need more psychologists who are active politically, and who contribute personally and financially to organizations that lobby for psychology. In short, our profession needs more than clones of ourselves.□

A Comment on Mirror Me

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Plante (2002) brings to our attention a multifaceted issue that was reported 15 years ago (Feshbach, 1987) and sadly, is still with us. Plante reports the devaluing and demeaning of students by faculty mentors for choosing nonacademic career tracks. While there is certainly nothing wrong with bolstering the confidence of talented students to pursue an academic career, insensitivity to the student's needs and aspirations, and punishment for alternative career choices are unacceptable behaviors.

Plante (2002) asserts that most clinical programs endorse a Boulder training model but questions whether program faculty actually practice what they teach. Plante issues a call to reevaluate the ways in which scientist-practitioner values are defined and operationalized within our programs, the manner in which these are conveyed to prospective and current students, and the checks and balances available to insure the integrity of program missions and objectives. We are challenged to examine the competencies of our faculty and how we utilize these competencies to best serve the program, the students, and the discipline.

The major clinical training models share essential features. Whether Boulder or Vail inspired, by definition, all clinical programs accredited by the American

Mirror Me: Is this the Message Graduate Students in Clinical Psychology Get from their Graduate School Faculty?

Psychological Association (APA) disseminate the scientific bases of psychology, the integration of science and practice, clinical competencies, the skills necessary to evaluate, utilize, and produce research, and a value of life-long learning. This is true for both "traditional" and "professional school" programs although emphases and implementations differ. The vast majority of faculty in both academic settings were trained in Boulder model programs and share the essential elements of this philosophy (c.f., Jones et al., 1997). One can certainly ask whether our training models are still the right ones, but that is a discussion for another day. This discussion concerns the discrepancies between training models and outcomes noted by Plante and others (Feshbach, 1987) that result from the way in which training models are interpreted and operationalized (Stricker, 2000). I am going to argue that most faculty appear to practice what they preach and that the onus is on the programs to ensure that faculty also practice what they teach.

"...are same-gender and same-ethnicity role models easily accessible to students?"

Do We Practice What We Preach?

If faculty are indeed encouraging students to "mirror" their career activities, what is it that faculty are modeling? In general, most faculty appear to integrate the science and practice of psychology in their activities. Data from APA self-studies indicate that two-thirds of faculty engage in the delivery of professional services and three-quarters of faculty disseminate their scholarly work in professional forums (APA Committee on Accreditation 2001). Note that these statistics combine faculty from all accredited doctoral programs across specialties, models, and settings. Statistics specific to the current activities of clinical faculty serving programs in different academic settings and with different organizing models are scarce and may not be representative.

Do We Practice What We Teach?

Although it appears that most faculty practice what they preach, it is also true that some faculty do not practice and some faculty do not contribute reliably to the literature (APA Committee on Accreditation, 2001). Do our current training philosophies mandate that all clinical faculty must produce research and clinical consultation? Or, do they mandate that faculty integrate the knowledge bases of science and practice in their professional activities and teach to their current strengths and competencies? There is little reason to assume that the balance between science and practice will be equal in any given program or individual. Our most talented scientists are rarely our master clinicians. Have programs matured sufficiently such that the contributions of talented clinicians and scientists are equally valued? How is this reflected in program curricula, faculty mentoring practices, and faculty evaluation policies?

Is the question of how many academic faculty engage in service delivery the right question? Might we profit more by examining the variety of ways we can insure substantive integration of the science and practice of psychology within our programs? For example, what checks and balances are in place to ensure that faculty teach and supervise primarily, if not solely, in their areas of current expertise? Is course content reliably integrated across knowledge bases? Are students exposed to an array of models that represent the numerous roles and contributions of clinical psychologists today? Relatedly, are same-gender and same-ethnicity role models easily accessible to students? This remains a critical issue given the balance of women (72.7%) and ethnic minority (22.8%) graduate students and women (41.8%) and ethnic minority (14.4%) faculty (APA Committee on Accreditation, 2001). How well are evidence-based practice and practice-based evidence articulated in field training sites? Because practitioners are more likely to read the research literature than are academicians likely to read the clinical literature (Beutler, Williams, Wakefield, & Enswistle, 1995), programs are especially challenged to develop mechanisms that ensure cross-fertilization of knowledge bases and competencies.

Program Goals, Objectives and Products

There are more career opportunities for psychologists today than ever before. Recent issues of the Monitor impart excellent examples of the range of activities in which our graduates are engaged. If the goal of clinical training programs is to produce critical-thinking, evidence-based graduates who can make valuable contributions to society, then faculty and the programs they implement are generally doing a great job. Students are "mirroring" multidimensional skills modeled by educators and demanded in today's marketplace. And, they are succeeding. They tell us that programs would do well to revisit the emphases placed on research and clinical training (Garfield & Kurtz, 1987; Kohut, 1996;

Mirror Me: Is this the Message Graduate Students in Clinical Psychology Get from their Graduate School Faculty?

Thelen & Rodriquez, 1987; Tyler & Clark, 1987), given that 92% of them select initial employment settings that demand direct service delivery (APA Committee on Accreditation, 2001). There are many ways to answer this call.

Plante reminds us that there are SCIENTIST-practitioner programs (Stricker, 2000), or at least program faculty, that aspire to prepare graduates primarily for research careers. The discipline is heavily reliant on these programs for a legacy of systematic research of great utility. But, it is important to remember that academia is neither the only nor necessarily the best vehicle for substantive contributions to society. Graduates choose to conduct research and/or practice in nonacademic settings for a multitude of reasons.

Conclusion

For many programs, the "gap" between scientist and practitioner training may be but a small fissure. Many faculty in many APA-accredited clinical programs appear to model competencies in research and practice and to value the reciprocal relationship between these activities. For others, the call is out to reexamine program philosophy, goals, and objectives, and they ways in which these are operationalized, implemented, and communicated to students. □

References

American Psychological Association (2001). Committee on Accreditation 2001 Annual Report.

Beutler, L. E., Williams, R. E., Wakefield, P. J., & Enswistle, S. R. (1995). Bridging scientist and practitioner perspectives in clinical psychology. *American Psychologist, 50*, 984-994.

Feshbach, S. (1987). Trends and issues in clinical psychology. *The Clinical Psychologist, 40*, 4-5.

Goldfried, M. R. & Wolfe, B.E. (1998). Toward a more clinically valid approach to therapy research. *Journal of Consulting and Clinical Psychology, 66*, 143-150.

Jones, S. L., Case, P.W., Chaddock, T.P., Compte, W. Knudsen, T.E., Monroe, P.G., Scammacca, N.K., & Wollin, E. L. (1997). Report of the "Meta-Study" of CSPP Member APA Self-Study Reports: Institutional Settings, Training Models, Students and Faculty. In *A Self-Study of Quality Assurance, Quality Enhancement, Quality Control and Standards in Professional Training*, 1993-National Council of Schools and Programs of Professional Psychology, unpublished manuscript.

Kohut,J. (1996). APA Research Office 1996 Doctorate Employment Survey. Found at http://research.apa.org/gen4.html.

Plante, T. G. (2002). Mirror me: Is this the message graduate students in clinical psychology get from their graduate school faculty? *The Clinical Psychologist*, this issue.

Stricker, G. (2000). The scientist-practitioner model: Gandhi was right again. *American Psychologist, 55*, 253-254.

Institutional and Personal Impediments to the Realization of the Boulder Model

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The article by Plante, "Mirror me: Is This the Message Graduate Students in Clinical Psychology Get from their Graduate School Faculty?" addresses an unspoken truth in many Boulder model clinical psychology programs—the fact that applied clinical work is considered a dirty word. From the time they apply to graduate school to the time they leave with their Ph.D.s, students in research-oriented clinical psychology Ph.D. programs are often discouraged from a career outside of academia. We agree with Plante that this may be the case partly because of research mentors' narcissistic tendencies. However, we believe that at the core of this problem lies the bias of university faculty against applied clinical work. Plante alludes to this point in his article and we would like to extend his argument (for a more detailed discussion of these issues, see Davison, 1997; Davison, 1998; Rayburn & Davison, in press).

Scientist-practitioner programs, especially those affiliated with the Academy of Psychological Clinical Science, take seriously the mission to provide their stu-

dents with first-rate research training. After all, the Boulder model's philosophy holds that clinical psychologists should be educated first as scientists and second as practicing professionals. However, current graduate curricula do not fully appreciate and take advantage of the *dialectical interplay* of science and practice that is at the core of the scientist-practitioner model (Davison & Lazarus, 1994). In pursuit of providing a scientific education, graduate curricula have become divorced from the other pole of the dialectic, the applied side of clinical work. One often gains the impression that only academic psychologists and researchers can be good clinical scientists. Consequently, students are encouraged to stay in academia. This is regrettable because a variety of developments, especially the movement to define and designate empirically supported treatments and assessments, have provided the contingencies for a successful integration of science and practice outside of academia as well. In other words, it is unfortunate that too often students are presented with a "choice" between science or practice as a career path, when in fact there is no reason why they have to choose between these options.

We agree with Plante that the divorced relationship between the clinical and the research aspects of training may have significant consequences for the types of practical experiences students obtain. He points out that graduate clinical training and supervision are provided either by full-time faculty who have little if any clinical involvement or by part-time adjunct faculty who have little if any research involvement. He wonders about some of the implications of this situation. We believe that this kind of arrangement denies students an important opportunity to learn about how to conduct scientific work outside of academia. For example, it is not entirely uncommon for students in programs that emphasize science-based clinical approaches in their theoretical class work not to get exposed to these treatments and assessment methods in their pre-internship clinical work and/or during their internships. Because many supervising clinicians from the community are unfamiliar with the research literature, they may insist on supervisees using "traditional approaches" that have little or no empirical foundation. More quality control in terms of supervisors' expertise with science-based methods could help bridge the gap between science and practice.

In addition, we agree with Plante that it may be a good idea to encourage greater faculty involvement in the clinical supervision of students. As the author notes, such an arrangement would allow faculty members, whose research often removes them from applied work, to "reconnect" with clinical practice. This could enhance their research efforts by keeping them grounded in clinical realities. Moreover, it would provide students with the opportunity to learn to integrate these scientific methods into their work early in their education and training.

We disagree with the author's impression that students do not get adequate information before entering graduate school regarding the purpose and outcome of training. Most Boulder model programs are quite open about advising only students who are genuinely interested in only a research career to apply. Of course, in an ideal case, it should not matter what shape or form this research career could take. Unfortunately —and this is where we agree with the author—it appears that for many programs academia represents the only valid research path.

Plante's paper addresses important issues that will hopefully encourage further debate. Changing the situation may be difficult because both students and faculty are under certain pressures to maintain the status quo. Students feel pressure to "please" their mentors for a variety of reasons, some of which were addressed in the paper. And faculty are aware that deans and provosts assess faculty merit primarily on the basis of their research and scholarship and a department's success almost entirely on how many students end up in academic positions. □

References

Davison, G. C. & Lazarus, A. A. (1994). Clinical innovation and evaluation: Integrating practice with inquiry. *Clinical Psychology: Science and Practice*, *1* 157-168.

Davison, G. C. (1997). The mutual enrichment of basic and applied research in psychological science and practice. *Psychological Science*, *8* 194-197.

Davison, G. C. (1998). Being bolder with the Boulder Model: The challenge of education and training in empirically supported treatments. *Journal of Consulting and Clinical Psychology*, *66*, 163-167.

Rayburn, N. R., & Davison, G. C. (in press). Curriculum reform in clinical psychology: Improving the integration of science and practice. *Applied and Preventive Psychology*.

A Note from the Editors of the Graduate Student Forum

In this Graduate Student Forum we bring you Part 2 of Dr. C. R. Snyder's advice on career planning. In this portion of his column, Dr. Snyder offers advice for the recent graduate who ready to apply and interview for jobs.

Zoë Peterson and Julia Woodward, University of Kansas, Lawrence
Student Forum Editors

Student Forum

Preparing for a Position in Clinical Psychology

Part 2—The Application, Interview, and Negotiation Stages for Obtaining a Position in Clinical Psychology

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Welcome Back

When I left you in the Part 1 article, you had been given tips about maximizing your chances of getting a job later when it came time to apply. In this Part 2, we will explore what happens when the proverbial "rubber meets the road" as you apply for jobs. In separate sections, I will describe what you need to do in the application, interview, and job negotiation stages. For each of these stages, I will discuss what you need to do to for various types of positions.

The Application Stage

Applied Positions

Leads for applied jobs come from several sources. First, there are monthly listings in the *APA Monitor* These applied jobs are not on the usual academic calendar and, as such, they may have start dates throughout the year. A second source of job advertisements involves the in-house publications of applied agencies (community mental health centers, medical centers, etc.). Obviously, to access these sources, you either will need to be in the geographical vicinity, or know someone who can send you such advertisements. Third, there is word of mouth conveyance regarding job information, which again necessitates your being in the geographical vicinity so that you would be in dialogue. Another approach is to identify places where you would like to work and then to write a letter of introduction, or perhaps make an appointment to visit the person who would know about hiring. Lastly, in securing job leads for students, the mentor can write to colleagues at various applied positions, including university-affiliated hospitals. This letter, of course, sings the praises of the student, thereby opening some potential doors. Perhaps your mentor may be willing to write a similar letter on your behalf.

In addition to providing your curriculum vitae, you also will be asked to complete the application forms that are particular to each agency. It is common in such forms to ask about your theoretical orientation, and competencies as related to different samples of clients. There also may be more general required essays about your major strengths and weaknesses. If the application form does not ask about "weaknesses" or "areas of needed improvement," do not volunteer such information.

Another part of such applied position applications is the possibility that you may be asked to forward one or two examples of your previous diagnostic workups, along with summaries of your therapy cases. Be sure to remove all information that might identify the client by using the "search and replace" operation in your word processing program.

Treat these written matters in your job application with the same care and thoroughness that you displayed previously for a required paper in one of your graduate courses. On this point, I recommend that you

Preparing for a Position in Clinical Psychology

Part 2—The Application, Interview, and Negotiation Stages for Obtaining a Position in Clinical Psychology

ask one or two people whom you respect to read over all of your application materials so as to give in-depth feedback. Remember, the people at the applied job settings may not have met you, and thus your written correspondence goes in your place. As was the case with your internship, job sites may want a copy of your graduate transcript. Be sure to give your university registrar's office as much lead time as possible because it has peak seasons where response time can be slow.

Another potential item in your application packet is a reprint or two of your best publications on applied topics. These give the job selection committee members a more thorough sense of your thoughts about the applied field, and some applied settings such as university-affiliated hospitals may be favorably disposed to having a staff member who occasionally can bring visibility to their agency through publications.

Letters of recommendation also are usually required, and you should have one from the faculty member who knows the most about your clinical work. Also, it is advisable to have one letter from a faculty member at your internship (or postdoctoral) setting. The third letter can be from a professional who knows you very well based on interactions with you in graduate school, internship, or a postdoctoral position. Having lengthy letters written for you is crucial when applying for jobs. What is needed is a person who can craft a thorough and engaging narrative about you as a helper, along with who you are as a person. This latter information is important because potential employers will want to have some idea of how you will fit in with the other people at their work settings.

> ***"...it is advisable to have one letter from a faculty member at your internship..."***

Academic Positions

My suggestions for seeking applied jobs generally can also be used for academic positions. A few additional comments are in order, however. The academic job cycle is such that virtually all positions begin in the fall semester (August or September). For the larger psychology department positions at major universities (those with graduate programs), the advertisements appear in the preceding year in September, October, or November. Watch for the publication of such positions in the outlets of the American Psychological Association (*Monitor*) and the American Psychological Society (*Observer*). Likewise, academic position announcements will appear on the various APA division websites (e.g., Division 38, Health Psychology). Positions at smaller psychology departments or smaller colleges often appear in January through June of the same year.

The curriculum vitae of the student who is applying for an academic position should highlight research productivity by including published and in press articles, chapters, and perhaps even books. Additionally, presentations at various conventions should be listed. This research section of the curriculum vitae also contains paragraph descriptions of the student's major, programmatic, theory-based lines of research. I also suggest that there should be a section on design and methodology skills, along with skills pertaining to various advanced statistical analyses.

The student also should have a section on teaching experiences, including previous courses taught, and future courses in which the student has interest and competence. Additionally, include summaries of evaluations of courses taught while in graduate school, internship, etc.

Another part of the curriculum vitae should include any administrative experiences during the graduate school, internship, or postdoctoral training. Depending on the academic position, such committee-related work may be quite an important part of the position. At the very minimum, such administrative experience signals a willingness to help others, along with potential collegiality.

If the student has followed some of my tips offered in the previous Part 1 article, then there should be a small group of knowledgeable faculty members, headed up by the mentor, who can write at length about the student's qualifications for an academic job. These letters are addressed to the appropriate contact person or chair of the recruitment committee. It makes a student's application even more salient if the mentor writes to any colleagues with whom she or he has professional relationships at those schools where the student has applied. Because colleagues know and trust each other, these personal letters or e-mails can have some positive impact on the viability of the student's job application. Such letters to colleagues give the mentor an opportunity to discuss how well the prospective student will behave as a departmental citizen who gets along with others and helps in the not so glamorous activities that are part of being a member of

Preparing for a Position in Clinical Psychology

Part 2—The Application, Interview, and Negotiation Stages for Obtaining a Position in Clinical Psychology

a psychology department.

In addition to the curriculum vitae, the student should prepare a lengthy (three to four pages) adjunct document detailing his or her lines of research. This document should bring to life these research interests, and give the reader a good sense of why the student sees this research as being important. The student also will enclose copies of publications so that the recruitment committee members can attain an in-depth look at the research.

Lastly, the student should include any grants written as part of graduate school courses, or perhaps a grant that actually was submitted to obtain research support. These grants can give the recruitment committee members an idea of how the student constructs a program of research.

"...be sure to emphasize what new and useful research skills you would bring to your potential employer."

Research Positions

Research positions typically are advertised in the same places as the academic jobs. These positions may be in medical centers (often those that are university affiliated), university departments and institutes, private research organizations, etc. The nature of the application is largely the same as for the academic position, except that you would not include information about teaching. In your application, be sure to emphasize what new and useful research skills you would bring to your potential employer. Likewise, be sure to detail any grant-writing skills and experiences that you may have.

As with the applications for applied and academic jobs, I suggest taking a confident and positive tone about your talents and skills. Convey what you can do in concrete terms, but do not use superlatives in describing yourself - the superlatives most appropriately are left for your mentors' recommendation letters.

Entrepreneurial Positions

In finding entrepreneurial positions, by necessity the burden of the work is placed upon the student. This follows because the student best knows what creative application that he or she wants to make of the Ph.D. degree. Therefore, the means for searching for positions is wide open, including the approaching of selected people or organizations with an inventive idea as to how you can play a useful role. Although this may be the most risky of the various job approaches, those who are successful receive handsome rewards in terms of money and other perks.

The Interview Stage

Good news. Out of all the people who have applied for a position, you receive the word that you are a finalist who will be invited for an interview. Your interview may last anywhere from one to two days. If you need to travel, your prospective employee typically will pay all of your expenses. Go only on those interviews where you would seriously consider taking a job if offered. It is a waste of your and the employer's time if you interview where you would not take a position.

Before I describe the specific strategies for preparing for interview in applied, academic, research, and entrepreneurial positions, I will make a suggestion that works in all of these job arenas. Namely, once you have found out all you can about a particular employer, then write down a list of questions that you will take on the interview. You do not have to get all of these questions answered by the same person, but try to get through your list. Furthermore, for important questions, you can repeat them with different interviewers to see if there is a similarity in the answers.

Applied Positions

The first thing to do when you learn about the impending interview is to obtain as much information as you can about the agency. Likewise, ask if there is a web site. Learn the history of the agency, along with its strengths and areas of needed improvement. Think about how you would make the agency stronger. It also is important to learn the names and backgrounds of the staff/professionals whom you may meet on the interview. This latter suggestion is rarely followed, but if you do it, I can guarantee that it will make a very favorable impression. It is human nature to like it when another person has taken the time to know you, and this will be a big plus when you interview. A prospective job applicant who obviously has prepared for the interview makes a good impression.

Prior to the actual interview, go through several role-plays with your friends and colleagues. Be prepared for some probable questions, including the following: (1) "What are your major strengths, and what will you add to our agency?"; (2) "What are your weaknesses?"; (3) "What is your theoretical orientation, and

Preparing for a Position in Clinical Psychology

Part 2—The Application, Interview, and Negotiation Stages for Obtaining a Position in Clinical Psychology

how do you like to apply it in working with clients?"; (4) " What kinds of clients and problems are you most experienced in treating, and where are you less experienced?"; (5) "What is your style in interacting with colleagues?"; (6) "What makes you interested in this particular job?"; and (7) "Will you accept an offer of employment if offered?"

Another aspect of the interview may involve your making a case presentation of a previous client. Therefore, well ahead of time, you should obtain the permission of one or perhaps two former clients to use them as case examples when on an interview. Of course, you also must give the client a pseudonym; moreover, I recommend changing a few of the other descriptors about a client so that is makes it difficult for anyone to identify this person. This case presentation also should be a part of your role-plays, and ask your friends to pose tough questions.

> ***"...when you get back home, send a brief e-mail or regular mail thank-you to your contact person at the agency."***

Furthermore, I would be less than candid if I did not bring up the issue of what you wear on the interview. I suggest a simple, clean-lined outfit because it allows the interviewers to concentrate on you, rather than being distracted by flamboyant clothing. You have gone through a long and arduous training period to obtain your Ph.D., and do you really want to potentially jeopardize your chances at gaining a good job by asserting your right to dress however you want?

You now are on your interview. Listen to what your interviewers are saying. Everyone enjoys having a sense that another person is truly listening to them. If you are asked a question for which you do not have an answer, admit that you do not know the answer. You can dig yourself into a bigger hole by trying to fake an answer. If you have a hunch about a potential answer, frame your response as an educated guess. It is acceptable to not know things on an interview—this is not a quiz show. Likewise, do not feel pressured to respond to questions that you find invasive or insensitive (e.g., sexual orientation, relationships, religion, etc.). Federal employment practice regulations expressly prohibit such questions.

While you are on the interview, watch how people treat each other. One of my favorite detective approaches in finding out about the interpersonal atmosphere is to see how the very lowest status person in the agency is treated, along with what that person thinks about the agency. Remember here that an interview is a two-way street in which you are asked questions and you can and should ask questions. Try to talk with the people who are not on your schedule to get their views. Do not ask about anything related to money at this interview stage. Obviously, listen if this information if offered, but save all of these questions until they have made you an offer. You then have much more negotiation power because you know that the agency wants you.

When the interview is completed, thank people before you leave. Then, when you get back home, send a brief e-mail or regular mail thank-you to your contact person at the agency. If there were others with whom you especially enjoyed talking on the interview, also send these people a short thank-you note. At this point, you wait to hear back from the agency.

Academic Positions

The preparations for an academic position mirror those described for the applied position, except you probably will not be asked to give a case presentation. As with the applied interview, "Prepare, prepare, prepare." If possible, get your agenda for the two-day visit, and learn about the people whom you will be meeting. Go to the department and university web sites, and see what they emphasize about themselves.

A few words are in order about your presentations. In some interviews, they will ask you to give a lecture so as to get an idea of your teaching style. Obviously, polish this lecture to the point that you can give it easily. Most larger psychology departments will ask that you give a presentation about your research. In 30 years in academia, I probably have witnessed about 100 of these presentations. Although they should not be weighted so heavily, these talks are a major determinant of whether you will receive an offer. Therefore, at the risk of raising your apprehension, this may be the most important talk you have given to this point in your career. In preparation for this talk, it will be important to practice before a live audience of friends and faculty. Ask these audience members to give you candid feedback so that you can strengthen any areas in need of improvement.

These days, the norm is for candidates to give PowerPoint presentations. Although I am a fan of this

Preparing for a Position in Clinical Psychology

Part 2—The Application, Interview, and Negotiation Stages for Obtaining a Position in Clinical Psychology

approach and use it myself, a word of caution: Do not have too many slides or too many "bells and whistles" on each slide. This interferes with the content of the presentation. Also, about 20% of the time, there is difficulty in getting the PowerPoint to work, and this provides an awkward beginning to your talk. As insurance, I would suggest making transparencies so that you have a backup if the PowerPoint completely fails.

It is essential for you to have enthusiasm for your presentation. I have been alarmed over the years when top-notch candidates have given job talks at my own department, and they were not enthused about their own material. Not one of these latter candidates received an offer of employment. If you cannot be enthused about your own research, why should others be interested?

I also have some suggestions about how to respond to the questions that you receive during your job talk. Stay calm, and make sure that you understand the question before you try to answer. It is fine to ask the person to restate or clarify the question. Do not become defensive, however, and if you truly do not know the answer, ask the questioner what she or he thinks may be the answer (often the questioner does have an answer). In my experience, the great majority of audience members want you to succeed and their questions are merely of a clarification nature. In those infrequent instances in which you encounter a person who seems be hostile in questioning, hang in there and try to answer the questions. If that person goes overboard, I have seen colleagues defend the candidate, so realize that you have allies as long as you genuinely are trying to answer the questions.

Beyond the formal job talk, I also suggest that the student prepare and memorize a catchy five-minute summary of his or her research program—something that captures the essence of the research in non-jargon terms, and that can be used at a moment's notice during one-on-one interviews, car rides, meals, etc.

Before the actual interview, try to think about how you would respond to various questions. Here are some questions that you may hear in the interview: (1) "What would you like to teach?"; (2) "Can you describe your style as a teacher of undergraduate courses?" "And, how about graduate courses?"; (3) Why is your research important?"; (4) "What are the next steps in your research program?"; (5) "Have you thought about analyzing your data in other ways?"; (6) "Do you plan to prepare a grant to support your research program?"; (7) "What will you add to our department?"; and (8) "What is your approach or style in working with graduate students?"

You will have individual meetings with many of the faculty members in the department. Be sure that you get a chance to chat with the new assistant professors. Their perspectives are closest to yours, and they can give you very helpful comments about matters that more senior faculty members would not consider. It also is very impressive if a candidate knows something about the research of the person whom she is meeting. It is rare that a candidate learns about the people who are interviewing him or her—this makes it all the more to your advantage if you take this extra step.

I would encourage you to ask about the mentoring system in the department. The mentor is a senior person who has some professional interests that are similar to yours. In many ways, this mentor takes the role of your mentor in graduate school.

Research Positions

The research position interview is similar to the academic position interview, except that your potential employers will be less interested in your teaching skills. When talking with those persons who would be your superiors, ask about the criteria by which you would be evaluated. Also, try to get an idea of the space that would be available to you and how your equipment needs would be met, along with any support personnel who would be available. Likewise, ascertain the grant writing support services, because this often is a major part of such research positions.

Entrepreneurial Positions

In the review for the entrepreneurial positions, the major focus is you and what you would add to the agency. Because you have been creative in either searching out or proposing this type of position within the agency, a key issue is your vision about how the position—with you serving in it—benefits the agency. From your perspective, consider how well you would work with the people at this setting. Entrepreneurial positions, by their very nature, are new or unique in their content, and as such you should find out how the organization and its employees will support you. Likewise, check out what support services and personnel would be available to you to help foster success.

Preparing for a Position in Clinical Psychology

Part 2—The Application, Interview, and Negotiation Stages for Obtaining a Position in Clinical Psychology

The Negotiation Stage

Congratulations! You have received word that you got the job. All of your efforts have paid off. You naturally are elated and excited about your potential new job, but do not be foolish now and ignore your bargaining power. You have more bargaining power now than at any other time. My thoughts in this section are aimed at helping you to use this leverage. This need not, and should not, become an adversarial interchange, but I urge you to remember the mantra, "Firm and fair."

Applied Positions

Use the time after your interview to consider what financial remuneration you want. Ask your peers who have obtained applied positions to tell you what they received in terms of salary, perks such as insurance (health, dental, disability, and life), vacation, retirement program contributions, and so on. Either in personal meetings, telephone calls, or e-mails, begin a dialogue about what the employer is offering. Get a sense of how malleable your would-be employer will be in this negotiation process. Find out the histories of previous employees in regard to advancements. If people have been fired or let go, what have the reasons been?

Sometimes the non-monetary factors will weigh heavily in a person's decision. For example, if you really like your potential coworkers, or the physical work setting is a pleasant one, these definitely "count." If your preferred agency cannot match the salary offer at another agency, see if your desired agency can offer some other benefit. Perhaps this may involve a comfortable office, secretarial help, or travel money to attend psychology conventions. Perhaps they may offer stock or shares of some nature in the business itself. If you should have several offers, always continue to cut the offers to the two best ones, and immediately let the other agencies know that you will not be accepting their offers of employment. Remember that there are other applicants who would cherish the opportunity that you have declined.

Lastly, once the negotiations have been completed to your satisfaction, be certain to have a letter of employment in which all aspects of your negotiated job agreement are described. Although it is not necessary, an additional step for your own security is to have a one-hour consultation with a contracts lawyer about your letter of employment.

Academic Positions

Beyond my negotiation tips for applied positions, there are some matters to consider in negotiating an academic position. Regarding money, how soon can you be promoted to a higher paying associate professor rank? Also, what has been the recent success rate in the department for promotions? It is fairly common to offer beginning assistant professors two months of summer salary for their first two years. This often involves teaching. Ascertain the exact figures that apply to your insurance, as well as retirement. Regarding retirement, what percentage does the university or college add to your tax sheltered retirement program beyond what you contribute? This will add up to substantial amounts as they accrue over your career, so pay attention to this "hidden money."

Will there be some sort of position for your partner? Also, find out how much you will be paid to relocate. What sort of research start-up money will there be for your laboratory, and what will be your research space? Find out if there are small grant funds that are set aside for beginning assistant professors.

Preparing for a Position in Clinical Psychology

Part 2—The Application, Interview, and Negotiation Stages for Obtaining a Position in Clinical Psychology

Moreover, what arrangements are there either inside or outside of the department to help you in the preparation of grants? Inquire about paid graduate research assistants who will be available to help get your research program running.

Ask about your teaching load. On rare occasions, schools will allow for a one course teaching reduction in the new assistant professor's first two years. This is done to facilitate your getting acclimated and not getting swamped with too many new course preparations. Speaking of courses, what courses will you be teaching? Will you have the flexibility to teach the courses that you want at the undergraduate and graduate levels?

Where will your office be, and what funds will you have for computers, furniture, bookcases, etc.? Will you be getting a senior mentor? In this process, observe how your department chair and program director "go to bat" for you to get money and resources from the dean and the endowment association. Their behaviors tell you about the degree to which they want you. Consider all of these factors as you weigh your decision about a given position. Contact your graduate school advisor because she or he probably has experience with such negotiations. Your mentor wants the very best for you, and you can trust such input.

Research Positions

My tips for those of you who are negotiating for research positions are subsumed in the previous section on academic positions. Find a colleague somewhere who has such a research position, and to ask that person for advice. Beyond that suggestion, the only other idea would be to find out as much as you can about the job security of the position. In this regard, how financially stable is the agency, and for what reason has the agency ever previously dismissed a person.

Entrepreneurial Positions

Because you have played a major role in conceptualizing an entrepreneurial position, I would encourage you to carefully develop a document showing the financial and other benefits that you will bring to the agency. Then, translate such "worth" into a salary and perks. Potential employers may be reticent to pay for these nontraditional positions, but the newness and specialness also seem to contribute to an ambiguity that you can use to your advantage—assuming that you can make a convincing case as to what you will be giving the organization. In some of these nontraditional, entrepreneurial positions, however, there is a history of clinical psychologists contributing to the agency, and in these positions there may be firmer guidelines about the various aspects that fall under the rubric of "pay." My prediction for the 21st century is that clinical psychologists increasingly will be displaying their "worth" in such entrepreneurial positions, and with this change and accompanying increases in status, the pay levels also should rise.

On Hoping…Until We Meet Again

Just as I did at the close of Part 1, in this ending to Part 2, I would like to remind you how important it is to maintain a hopeful approach to these final stages of the job-hunting process. Your perspective should not be if, but rather when you will be successful in your job applications, interviews, and negotiations. My point is not to impart a false bravado, but rather to suggest that it is entirely reasonable for you to have a secure sense that you have done your best in preparing for and obtaining a position. If you feel as if you are unprepared and will not do well in your subsequent job search, this is precisely what you will convey throughout the application, interview, and negotiation stages. I do not need to tell you where this latter negative self-fulfilling prophecy will lead you.

As a member of the next wave of clinical psychologists, you should know that you are extremely important to those who hire you. As our best and brightest, you were carefully selected to receive graduate education in clinical psychology, and we have trained you with the very latest in knowledge and skills. We also have invested huge amounts of our resources and time in you. All this was done with great care and joy because we see you as the stewards of our field. As such, we predict that you will expand the knowledge and applications of clinical psychology. Furthermore, it is our fervent desire and strong belief that you will succeed magnificently, both as individuals and as a cohort. Remember these things as you go about securing a stimulating and satisfying career.

In closing, if you should see *"Error! Bookmark not defined"* on a badge of someone at a future psychology convention, please introduce yourself. I would enjoy hearing your story about getting a good job.□

Louis G. Castonguay, Ph.D., Penn State University

Society for Psychotherapy Research: An Invitation to Join and Collaborate

I would like to invite you to join the Society for Psychotherapy Research (SPR). Dedicated to the advancement of scientific knowledge about psychotherapy and behavioral change, SPR includes researchers and clinicians from a variety of theoretical orientations (e.g., cognitive-behavioral, humanistic, integrative/eclectic, interpersonal, psychodynamic, systemic) and professional backgrounds (e.g., psychiatry, psychology, social work).

Research conducted by SPR members involves a rich diversity of methodologies (quantitative and qualitative) and spans a variety of treatment modalities (individual, couple, family, and group therapies), client populations (children, adolescents, adults, older adults), and clinical problems (anxiety disorders, mood disorders, conduct disorders, eating disorders, personality disorders, substance use disorders, marital discord, grief and bereavement , and suicide—just to name a few).

The primary mission of SPR is to foster the development and dissemination of scientifically rigorous and clinically relevant studies related to the outcome of psychological interventions, process of change, and the characteristics of clients and therapists. Among the many therapeutic factors and issues that have been investigated at SPR are the working alliance, therapist's techniques and competence, inpatient psychotherapy, brief therapy, behavioral medicine, computerized treatments, empathy, expectations, transference and counter-transference, emotional expression, defense mechanisms, attachment, treatment length, diversity, gender, assessment and case formulation, supervision, and training.

For more than 30 years, SPR has provided an ideal forum to address questions such as:

- ❑ Does psychotherapy work?
- ❑ Is there a type of psychotherapy that is superior to all others?
- ❑ Are there forms of therapy that are particularly indicated for specific clients?
- ❑ Can we predict who will benefit from therapy, who will terminate treatment prematurely, and who might get worse during psychotherapy?
- ❑ Is client-therapist cultural-matching beneficial?
- ❑ Are there therapeutic factors that cut across different type of treatments, and if so, how significant are these common factors for the client's improvement?
- ❑ What is more important for change to take place, a good therapeutic relationship or the use of powerful techniques?
- ❑ Do expert therapists do what they say they do?

SPR has also fostered the discussion among leaders of the field about controversial issues such as, the link between research and practice, the pros and cons of treatment manuals and empirically-supported treatments, empirically-supported therapeutic relationships, and strengths and limitations of efficacy and effectiveness research.

Every year, researchers and clinicians from around the world attend SPR's international meetings. Regional chapters (e.g., North America, Europe) are also meeting regularly, as are local SPR organizations (e.g., Mid-Atlantic, Chicago, Ohio). In addition, SPR has its own official journal: *Psychotherapy Research*. Published by Oxford University Press, this highly respected peer-reviewed journal features exciting and influential articles aimed at improving our understanding of change and the beneficial effects of psychotherapy.

If you are a student, clinician, educator, or researcher and you are interested in psychotherapy, I strongly encourage you to join SPR. The dues are reasonable ($35 US/ $50 CAN for students or $75 US/$110 CAN for regular member), the meetings offer great opportunities to network with leaders and innovators in the field, and the journal will keep you abreast of cutting edge, clinically relevant, and sophisticated research.

To join, visit the SPR web site at www.psychotherapyresearch.org or e-mail me at naspr@psu.edu or lgc3@psu.edu.

I hope you will soon join us!

Louis G. Castonguay, Ph.D.
President, North American Chapter
Society for Psychotherapy Research

ABREVIATED MINUTES OF BOARD MEETING SOCIETY OF CLINICAL PSYCHOLOGY OCTOBER 19-20, 2002, St. Louis, MO

Divisions, Sections, and APA Relationships Guests Kurt Salzinger, Ph.D. and James McHugh, J.D. discussed with the board the issue of Section III advocating against the bill for prescription privileges for New Mexico. A major issue for the Section was the lack of training standards for those psychologists. At question for APA was whether or not the Section was acting contrary to APA policy, and how much responsibility the Division had over actions of its sections. The bottom line of the discussion was that it is clear that advocating against prescription privileges outside of APA is not permitted. The Council of Representatives voted in favor of prescription privileges for psychologists making it an APA policy. It was clarified that divisions and sections are not separate entities from APA and that all of APA is liable for whatever happens in its divisions and sections. Groups can dissent only within the structure of APA. That is, groups can convince their own boards, and then Council of Representatives, to take positions or adopt resolutions.

MOTION that Division 12 and its council members pursue changes in APA bylaws to remove all language proscribing divisions and sections from disagreeing publicly with APA policies. FAILED.

COMMITTEE REPORTS:

Membership: the number of members is dropping, 5004 this year is a 500 net loss.

Program: Some "big star" sessions were well attended at the APA Convention this summer in Chicago; business meetings/section addresses, etc. were less well attended.

The new Clustering with other divisions would be augmented by better coordination and more popular times. The Professional Development Institutes (PDIs) were not profitable, as they have been in the past. The Committee on Science and Practice is now disseminating materials on evidenced based treatments.

MOTION that the Task Force on public policies be converted to an ad hoc committee, called the Public Relations Committee. It would be commissioned to develop and implement a plan whereby the division can advance Clinical Psychology in science and professional development. PASSED. It was then stated that the Committee would be a subcommittee of the Publications Committee.

MOTION that Bob Woody will contact the list of persons interested in forming a Section on Clinical Psychology in the Schools for someone to take over the leadership by the next meeting. Otherwise, the issue of developing it into a Section will be dropped. PASSED.

MOTION that we endorse the letter of September 03, 2002, to Dr. Beutler from Ben Lahey requesting that Division 12 be co-signers of a letter regarding appointment of clinical psychologists as members of the National Academies of Science. PASSED.

FINANCE REPORT

The Budget is on target this year by going into reserves, but projections for subsequent years reveals dwindling revenues. Even with decreases in spending by no funded liaisons and reducing the number of attendees at meetings, major cuts need to be made. Lengthy discussion brought out possibilities of cutbacks in or alternate forms of publications (electronic?) and fewer, smaller, or no board meetings. Both raising dues and eliminating the journal were suggested.

MOTION to take a survey of the membership regarding raising dues in lieu of removing the journal. WITHDRAWN, TABLED, WITHDRAWN AGAIN.

MOTION that we accept the budget (that results in a total deficit of $44,193) PASSED.

There was an ovation for Tim Anderson for his job as Program Chair at the convention.

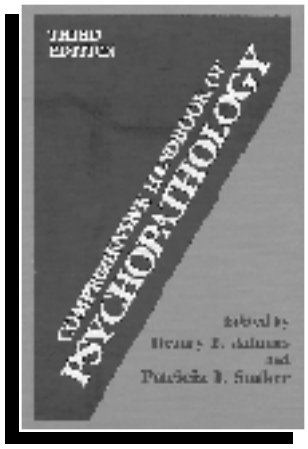
Larry Beutler thanked the board for the "rememorable experience of his presidency" and turned the gavel to Diane Willis, who promptly adjourned the meeting.

Respectfully submitted,
Annette M. Brodsky, Ph.D
Secretary

Book Reviews

Review of Adams, H.E., and Sutker, P.B. (Eds.) (2001) *Comprehensive handbook of psychopathology, 3rd Ed.* New York, NY, Kluwer Academic/Plenum Publishing.

Reviewed by Stefan Hofmann, Ph.D., Boston University



The third edition of Adams and Sutker "Comprehensive Handbook of Psychopathology" is indeed *comprehensive*. The breadth of this text and the amount of information it contains is impressive, to say the least. The 2.67 x 10.10 x 7.14 inch volume contains 948 pages with two text columns per page. The 83 authors and co-authors contributed a total of 32 chapters, which are classified into six parts: (1) issues in psychopathology, (2) neurotic and psychotic disorders, (3) personality disorders, (4) disorders associated with social and situational problems, (5) disorders associated with physical trauma and medical illness, and (6) disorders arising in specific life stages.

The choice of contributors is excellent. Most of them are well-published and senior scholars who provide thoughtful and in-depth discussions of their respective fields of expertise. All chapters, including the ones by more junior researchers, are very well written. The objective of this volume, which appeared in its first edition in 1984, was "to provide a comprehensive review of current clinical descriptions, research, and theories of psychopathology" (p. xiii). The third and current edition of this handbook meets this objective by placing particular emphasis on clinical description, research, and theory, rather than therapeutic procedures per se.

The first chapter by Henry Adams and colleagues sets the stage for this book. The authors provide a thought-provoking and scholarly overview of the definition and classification of abnormal behavior. This chapter alone may serve as an excellent supplement for courses on the psychopathology of abnormal behavior. Sol Garfield, the author of second chapter, discusses methodological problems related to research on abnormal behavior and diagnostic groups. Again, this is a superb chapter that psychology instructors will find most useful. The remaining three chapters of Part I cover behavior genetics (Chapter 3), psychobiology (Chapter 4), and the impact of culture/ethnicity on psychopathology (Chapter 5). Of those, Chapter 4 by Don Fowles seems to be particularly important because it provides an excellent theoretical basis for many of the subsequent contributions.

Part II (neurotic and psychotic disorders) includes chapters on anxiety disorders (generalized anxiety disorder, panic disorder, phobias, obsessive compulsive disorder, and PTSD), somatoform and factitious disorders, dissociative disorders, mood disorders, delusions, and schizophrenia. Social phobia, panic disorder, specific phobias and GAD are all covered in one chapter, whereas OCD and PTSD are discussed in two separate chapters. A more balanced coverage, or at least coverage that is proportional to contemporary research activities, would have been preferable.

Brendan Maher's chapter on delusions (chapter 12) provides an interesting and clear discussion on the various definitions of the construct. It is surprising, however, that neither this chapter nor the following one on biopsychological aspects of schizophrenia, also written by Brendan Maher and co-authored by Patricia Deldin, discussed the more recent work by Richard Bentall, Paul Chadwick, and other British authors on delusions and schizophrenia.

Part III covers some of the personality disorders, including antisocial, borderline, histrionic, dependent, and narcissistic personality disorders. Chapter 19 on paranoid, schizoid and schizotypal personality disorders was probably erroneously included in the next section (Part IV). This part covers substance use disorders, and disorders of sleep, eating, and sexual behavior. Other topics related to behavioral medicine are also covered in Part V (health psychology and psychological problems related to mental illnesses). Part VI consists of two chapters that specifically examine psychopathology in children and older adults, which is one of the very positive features of this book.

There are a few minor editorial problems with this text. The first page of each chapter lists Sutker first and Adams second as the editors of the volume. However, the front cover lists the two editors in reverse

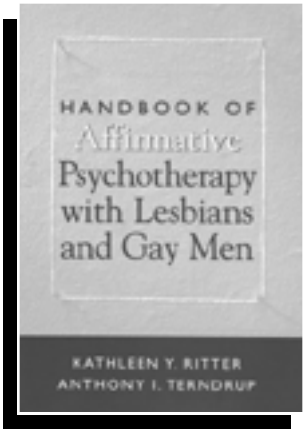
order (first Adams, then Sutker). This is only a minor mistake, but it may create confusion when referencing the chapters. Furthermore, given the size of the text, it would have been useful to include a separate Author Index in addition to the Subject Index that was provided. Finally, the Table of Contents lists "Schizotypical" (rather than schizotypal) personality disorder. These are relatively minor problems, but they could have easily been avoided.

More substantial problems relate to the manner in which the chapters were organized and labeled. As mentioned earlier, Chapter 19 ("Paranoid, Schizoid, and Schizotypal Personality Disorders") seems to belong in Part III (Personality Disorders) rather than Part IV (Disorders Associated with Social and Situational Problems). Part II includes "neurotic" disorders, a term that was eliminated from the DSM long ago. Moreover, the description of Part IV, "disorders associated with social and situations problems," which includes substance use disorders, sleep disorders, sexual problems, and personality disorder, seems a bit too general; most, if not all, mental disorders are associated with social or situational problems. Similarly, the title of Part V, "disorders associated with physical trauma and medical illness," does not seem to capture its content very well. The editors mentioned in the Preface that Parts IV and V could have also been labeled Behavioral Medicine 1 and 2. These labels might have, in fact, more adequately captured the content of these sections.

Despite these relatively minor flaws, this book is an excellent volume that will be a valuable resource for students and clinicians in training. I recommend it highly. The price of this book ($125) is high, but seems appropriate.□

Ritter, K.Y. & Terndrup A.L., (Eds.) (2002). *Handbook of affirmative psychotherapy with lesbians and gay men*. New York: Guilford Press.

Reviewed by Michelle C. Jacobo, Ph.D., & Steven A. Safren, Ph.D., Massachusetts General Hospital and Harvard Medical School, Boston, MA, and Fenway Community Health, Boston, MA



Ritter and Terndrup's *Handbook of Affirmative Psychotherapy with Lesbians and Gay Men* is a thorough review of a complex domain: providing psychotherapy to gay, lesbian, and bisexual individuals. This book provides psychotherapists from all disciplines (e.g., psychologist, social worker, psychiatrist, trainee) with important information necessary for providing responsible mental health care. The authors successfully balance the importance of developmental models, considering the individual as a whole, and sociocultural constructs (e.g., stigma and prejudice) that are particularly relevant to lesbians and gay men. In doing so, they acknowledge that constructs such as general identity development, homosexuality, and definitions of sexual orientation, are constantly evolving. They reiterate that the tenants of good psychological care for lesbians and gay men, are similar to the tenants of good psychological care in general. Through the provision of good psychological care, one can help individuals come to terms with their sexual orientation as one aspect of their identity, as well as cope with or resolve other psychological problems that might bring them in for treatment. The book is divided into four sections, which are reviewed below.

The first section introduces the reader to the social, developmental, and political context of life for the gay, lesbian, or bisexual individual from a historical perspective. It reviews the stigmatized world of the gay or lesbian individual through social constructs such as heterosexism and homophobia. Furthermore, this section addresses the historical shift from when homosexuality was considered nothing more than alternative behavior to "pathology" with the emergence of medical models of mental health. There is particular attention given to the traditional psychoanalytic models that pathologize gender and sexual development as they relate to homosexuality. The authors then present contemporary nonpathological psychoanalytic views of homosexual identity development influenced by social-construction theory. They point out that therapy based on traditional theoretical models regarding homosexuality had iatrogenic effects. Current affirmative theoretical models help therapists work with the gay, lesbian, or bisexual patients to come to terms with their sexuality as one aspect of their identity. The authors also present a current state of research regarding the complicated domain of sexual orientations, their origins and influences. Thus, there is a review of biological, familial, and psychosocial correlates presented. Lastly, there is an entire chapter dedicated to how sexual minority clients fair under the law.

The second section of this book is no less detailed. The authors present the reader with the current models put forth regarding identity formation and psychological development of the gay, lesbian, or bisexual individual. The overall message is again one of balance. These theory driven models of identity formation can be integrated into larger developmental models of psychological development. Overall, identity and "coming out" are presented here as dynamic, multidimensional, and ever evolving. These models offer good balance in helping patients understand their personal meaning of being a sexual minority and understand the influence of society on concepts such as homosexuality. This section also does justice to issues for sexual minority adolescents, the very real and worrisome risk factors of alienation, suicide, physical and sexual abuse as well as homelessness, prostitution and substance abuse. The authors poignantly portray the dilemma for sexual minority youth at a great disadvantage when it comes to sexual exploration and mastery of these identity concepts. Therapeutically, clinicians are cautioned regarding how and to what extent they focus on same-sex feelings and attractions in adolescent populations. Lastly, this section addresses mid-life and later life issues for sexual minority adults. The authors remind clinicians of the models of Erikson and Levinson while introducing culture specific concepts such as accelerated aging, isolation, and invisibility. Protective factors such as crisis competence and gender flexibility are also introduced. Ultimately, while older gay and lesbian individuals face many of the challenges of any aging population, there may be specific challenges such as

integrating sexual identity into domain of positive over the lifespan.

The third section of this book calls on and reminds the clinician to maintain ethical and diagnostic skills while adding the equally important domain of knowledge regarding sexual minorities. In other words, although one needs to be aware of the fact that sexual minorities, like anyone else, can have psychiatric disorders, they can also have symptoms reflective of stress or stigma that appear like psychiatric disorders, but are not. The authors portray several differential diagnoses, e.g., paranoia versus sexual orientation, hypomanic episode versus sexual identity crisis, and borderline personality disorder versus sexual identity crisis, which help clinicians assess current mental status of individuals in their practices. There is a section of phase specific psychotherapeutic interventions aimed to facilitate identity formation in gay, lesbian and bisexual clients. This section follows the identity theoretical models put forth earlier and offers helpful interventions at each theoretical stage. Consideration is given in later chapters to challenges regarding sexual minorities within other minority populations, issues related to career choice and development, health and medical as well as religious and spiritual domains of identity.

The fourth section of this book handles as thoroughly the challenges regarding coming out to families of origin and considerations regarding sex therapy with gay and lesbian couples. It appeared that the sections on couples therapy and gay and lesbian families were shorter with more focus on review of research and less dedicated to specific interventions. Nevertheless, the authors also contend that there is less research in these domains.

Overall, this text is a valuable introductory and exhaustive resource for clinicians with little or even no experience working with gay, lesbian, and bisexual clients. It is sufficiently up to date to serve as a review for clinicians more familiar with working sexual minority clients. It repeatedly encourages clinicians to balance the private lives of individuals with the effects of societal constructs on those private lives.□

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The Clinical Psychologist is a quarterly publication of the Society of Clinical Psychology (Division 12 of the American Psychological Association). Its purpose is to communicate timely and thought provoking information in the broad domain of clinical psychology to the members of the Division. Topic areas might include issues related to research, clinical practice, training, and public policy. Also included will be material related to particular populations of interest to clinical psychologists. Manuscripts may be either solicited or submitted. Examples of submissions include: position papers, conceptual papers, data-based surveys, and letters to the editor. In addition to highlighting areas of interest listed above, *The Clinical Psychologist* will include archival material and official notices from the Divisions and its Sections to the members.

Material to be submitted should conform to the format described in the Fifth Edition of the Publication Manual of the American Psychological Association (2001). It is preferred that a single electronic copy of a submission be sent as an attachment to e-mail. Alternatively, send four copies of manuscripts along with document file on computer disk for review. Brief manuscripts (e.g., three to six pages) are preferred and manuscripts should generally not exceed 15 pages including references and tables. Letters to the Editor that are intended for publication should be no more than 500 words in length and the author should indicate whether a letter is to be considered for possible publication. Note that the Editor must transmit the material to the publisher approximately two months prior to the issue date. Announcements and notices not subject to peer review would be needed prior to that time.

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