

# THE CLINICAL PSYCHOLOGIST



A Publication of the Society of Clinical Psychology (Division 12, American Psychological Association)

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## PRESIDENT'S COLUMN

### Our Students, Our Future

Linda Carter Sobell

In 1945, with the support of Robert Yerkes, the American Psychological Association (APA) created a division of clinical psychology (known today as Division 12). Division 12, the second largest among 53 APA divisions, has grown from 787 members in 1948 when the first APA division membership figures were recorded to our current total of 4,712 members. This is a 600% increase in members in 50 short years. Obviously, the Society of Clinical Psychology has been successful in recruiting members and is in the enviable position of looking at the growth of clinical psychology in terms of the best of times.

Such a statement, however, begs the questions of how the growth happened and how it can be maintained.

The best of times is easily reflected by the growth of clinical psychology over the past half a century. These many historical changes have been summarized in a multitude of books, articles, and presentations. A foray through the historical corridors of the APA shows that the number of clinical doctoral psychology training programs and the number of licensed doctoral clinical psychologists has grown considerably from the time of the Boulder Conference in 1949. Besides the successful increase in members, Division 12 has had other notable successes that have helped maintain its membership. Interestingly, while our division has given birth to several other divisions, this situation is somewhat ironic. A consequence of the successful spawning of new divisions has been competition for membership. While we have been working to keep Division 12 strong by appealing to new clinical psychologists and graduate students, the fact is that there are 52 other divisions, many of which clinical psychologists find appealing.

This brings me to what I tongue-in-cheek describe as the worst of times. Joining a division provides new members with many perks, including journals, newsletters, access to listserves, mentoring, and special convention opportunities. With the growing number of clinical specializations (e.g., children, addictions, psychopharmacology), new graduates are faced with deciding which divisions to join as division membership, though rewarding, comes with a price.

In my last presidential column, I indicated that my next column would focus on "Our Future is Our Students." My concern is not unique, as many in the APA and our own division have become concerned about the future of our graduate students. For several reasons, I have become increasingly convinced that a large part of our division's future relates to how successful we will be at bringing clinical graduate students into the fold and providing them with a strong

**Inside:**  
Division 12  
Program for APA  
Convention!

(continued on page 2)

mentoring base. However, when I took office I learned that there was no way for graduate students to have more than a cursory experience in our governing structure. That is, there is no enduring way of having graduate student representatives at our Board meetings or other important division activities.

In June at our spring meeting, I brought the above concern to the Board for further discussion. The Board unanimously voted to create a meaningful and sustained type of involvement in our Division for graduate students and early career psychologists. Specifically, the vote was to establish

a Section on Graduate Students and Early Career Psychologists that would seek to (1) evaluate, organize and institute initiatives to increase the number of such affiliates who transition to full member status, as well as the number of early career psychologists joining the Division for the first time; (2) collaborate in the development and implementation of the recruitment and retention initiatives of the Membership Committee; (3) support the development of new mechanisms and the enhancement of existing mechanisms to increase participation of graduate students and early career psychologists in the Division; (4) promote greater awareness of the

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benefits of Division 12 membership for graduate students and early career psychologists and work to expand those benefits; and (5) represent the interests and concerns of graduate students and early career psychologists throughout the Division.

There are several advantages of having a section for graduate student and early career psychologists as opposed to current efforts (e.g., naming students to sit on standing committees). Sections have elected officers and as such have a sustained body of individuals committed to the goals of the section. Each section elects a Representative to the Society Board of Directors who attends the Board meetings as a voting member and whose attendance like other Board members is reimbursed. A section can also apply for funds from the Board for different initiatives as well as request from the Society's allocation an amount of program time at the annual convention to be determined each year.

As set out in our Division's bylaws, establish-

ment of a new Section shall be considered whenever petitioned for by at least two percent (2%) of the Fellows and/or Members of the Society. Once the requisite 2% signatures are obtained, the current Presidents will ask graduate students and early career psychologists to work together to create a set of proposed bylaws that can be forwarded to the Board for a vote. Once this new section is approved by the Board, then there will be announcements in the Society's publications and on its listserv inviting graduate students and early career psychologists to join, elect officers, appoint committees as needed, and adopt regulations for the conduct of its business.

Let me conclude by saying that if you agree that OUR FUTURE IS OUR STUDENTS, I would like to ask you to either fax (303-652-2723) or email (div12apa@comcast.net) Division 12's office your endorsement for establishing a Section on Graduate Students and Early Career Psychologists. □

## Continuing Education — Washington, D.C. — Pre-APA Convention

### APA Division 12 — Professional Development Institutes Washington Convention Center — August 17, 2005

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##### A - Psychological Services for Warriors During Combat and Combat-Related Missions

Col. (Ret.) Robert S. Nichols, Ph.D. (Army) (8:00am-12:00pm)

##### B - Child and Adolescent Anger Management

Eva Feindler, Ph.D. (12:30pm-4:30pm)

#### FULL-DAY WORKSHOPS WEDNESDAY August 17, 2005 7 CE CREDITS

##### C - Neurodevelopmental Assessment of ADHD and Executive Dysfunction Across the Lifespan

Jan L. Culbertson, Ph.D. (8:00am-4:00pm)

##### D - Understanding Frontal Lobe Function in Normal Behavior and Neuropsychiatric Disorders

Paul Malloy, Ph.D. (8:00am-4:00pm)

##### E - Analyzing Traditional Neuropsychological Tests Using Luria's Neuropsychological Theory

Charles Golden is, Ph.D. (8:00am-4:00pm)

##### F - Cognitive Processing Therapy for Posttraumatic Stress Disorders

Patricia A. Resick, Ph.D. (8:00am-4:00pm)

##### G - Recent Developments in MMPI-2 Interpretation: The Restructured Clinical Scales and Non-K-Corrected Profile

Yossef S. Ben-Porath, Ph.D. (8:00am-4:00pm)

##### H - Relaxation Training & Stress Management in Health Psychology Settings

William J. Kelleher, Ph.D. (8:00am-4:00pm).

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# Ten Things I Learned about Report Writing in Law School (and the Eighth Grade)

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The present paper seeks to add some ideas to the extensive literature on report writing. After 20 years of writing psychological evaluations, I went to law school and learned a few things about reports (and remembered a few things from junior high school). I have also attended roughly 10,000 clinical decision-making meetings and reviewed an estimated 20,000 psychological evaluations. I have observed hundreds of clinicians, social workers, lawyers, and administrators review these evaluations as well. The suggestions in this paper incorporate what I think I learned by watching end users struggle with reports: They include the following: Write an argument. Organize the report in a way that makes sense

## ***“...Follow the objective theory of contracts.”***

to the reader. Use topic sentences. Do not build suspense, and make

each paragraph self-contained. Identify hearsay. Do not commit libel. Be aware of prejudicial effect. Avoid wasting time. Character cannot prove a specific act. Follow the objective theory of contracts.

### **1. Write an Argument**

The main difference between good legal writing and good report writing is that in the former, the writer's opinion depends on who is being represented; in the latter, the writer's opinion is based on an objective assessment. Once the opinion is formed, however, its presentation should be an argument in its support. Webster's Dictionary defines an argument as "... a statement made or a fact presented in support of, or in opposition to a[n] ... opinion" and as "a coherent statement of reasons, statements, or facts intended to support or establish a point of view." Arguments, in this logical sense of mustering evidence for an opinion, need not be argumentative in the sense of verbally aggressive speech. The leading textbook for lawyers on trial methods (Mauet, 1996) begins the section on closing arguments by noting that they must "logically and forcefully present your side's themes, positions on the contested issues, and the reasons

your party should get a favorable verdict." This might be translated for psychologists writing reports as "logically and persuasively present your framing of the referral question, your opinion on the salient issues, and the reasons your opinion should be adopted by the reader."

A lawyer always has an opinion on every legal issue (whatever is judged to benefit the client most); a psychologist may not be able to form an opinion on a psychological issue. If the psychologist cannot form an opinion, the relevant data should still be presented, followed by an explanation of why no opinion is possible or why no opinion was formed. The psychologist should still try to be persuasive, explaining why "no opinion" is the correct choice.

In cases where the psychologist was able to form an opinion, there are basically three good ways to structure a report: *procedure by procedure*, *issue by issue*, and *point by point*. Whichever format is selected, there will be a section in the report where the psychologist should present an argument supporting the opinion (i.e., the answer to the referral question).

In the procedure-by-procedure format, the heart of the report presents data organized by the method in which it was obtained. There may be sections on record review, clinical interview, behavioral observations, collateral interviews, and each test discussed separately. This format tends to allow readers to make up their own minds about what the data mean. In my experience of watching people read reports in case conferences, this potential advantage is moot, as nearly everyone skips to the end. It would not be surprising to learn that the detailed presentation of information in procedure-by-procedure reports is read virtually only by other psychologists (when they are doing updates, developing an independent opinion, or trying to understand the original opinion) and by attorneys preparing for trial.

The second good format for report writing is to go issue-by-issue. By *issue*, I mean relevant, standard psychological constructs such as intelligence, impulse control, risk of reoffense, and the components of the



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Five Factor Model of personality. I also mean idiographic psychological constructs such as “his view of women,” “identification with violent solutions to conflict,” or “how he manages sexual frustration.” In this approach, each relevant psychological issue should be discussed in a manner that cites the salient data that would have been included in a procedure-by-procedure report. Relevant data are still presented, but only in the context of describing the individual’s psychology.

An issue-by-issue report will present a clearer picture of the individual’s psychology than a report that merely answers the referral question. This may be preferable if the individual’s psychology might later be of interest for new referral questions. A report to a school answering the question why Johnny can’t read will be more useful to a subsequent psychotherapist if it is organized around his psychology than if it is organized around the opinion that his poor reading is due to anxiety and not dyslexia.

The third good option is to answer the referral question point-by-point. By *point*, I mean a statement in the argument that answers the referral question. If this approach is used, each point should be contextu-

alized with the salient psychological issues, which in turn should be supported by the data that would have been included in a procedure-by-procedure report. The disadvantage of going point-by-point is that it minimizes the readers’ abilities to make up their own minds; the advantage is that it maximizes the psychologist’s impact. Point-by-point reports are shorter than the other kinds, which is a disadvantage if the reader associates length with credibility (or with monetary value), but which is an advantage with readers who only read the last three pages anyway. I write three-page reports to control what is read.

More information is presented in a procedure-by-procedure format, but all three formats present all the most salient data. The formats differ in emphasizing the presentation of data, the individual’s psychology, and the referral question.

Viewing a report as an argument may be controversial. There is a fine line between advocating for one’s opinion and advocating for a party to a lawsuit or for a member of a family or for a culture-bound model of health. One should be concerned about the temptation of crossing that line. Even riskier is the possibility of overstating one’s opinion in an effort to

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## Ten Things I Learned about Report Writing in Law School (and the Eighth Grade)

argue it. This, too, is quite manageable in my experience, as long as the psychologist does not engage in arguing until after the opinion is formed. It is quite common to argue forcefully for an opinion that is highly qualified. Indeed, this is often the essence of rebuttal work in the forensic arena, where we may argue not that we know what is going on but that the other psychologist cannot possibly know what is going on.

Another risk with argumentative reports is that the psychologist may be tempted to omit contradictory evidence. Again, the solution is not to argue until the opinion is formed. Contradictory evidence can be cited to limit the scope or certainty of the opinion. Indeed, one may forcefully argue that one's opinion is "likely" but "far from certain." The strength of the argument need not reflect the certainty of the opinion.

### 2. Organize the Report in a Way that Makes Sense to the Reader

I advise students and supervisees to ask referral sources for sample reports that they especially liked. I

*"...the psychologist may be tempted to omit contradictory evidence."*

got this idea when, in law school, my writing teacher said that almost all judges are alike when they read briefs. She meant that they do not read

them from start to finish, but scan them for the discussion of the legal issue most pertinent to their own thinking about the case or motion. This explanation of why the writing in briefs should be repetitive and simplistic was convincing to me. It was not that my teacher wanted me to write for children; she wanted me to write for someone in a hurry.

### 3. Use Topic Sentences

In the eighth grade, we were taught (and then promptly forgot) that every paragraph should have a topic sentence. In a psychological report, the topic sentence should state a summary of data, an opinion about a psychological issue, or a point in the expert's answer to the referral question. The remainder of the paragraph should then either present the data or cite supporting evidence for the summary, issue, or point.

Topic sentences align nicely with the tried and true method of legal writing called IRAC, an acronym for Issue, Rule, Application, and Conclusion. Even when there is no clear rule, the IRAC model can be

useful. The Issue might be the individual's methods of coping when angry. The "Rule" might state the usually implicit but preferably explicit algorithm for deciding if the subject's coping strategies are problematic or deviant or pathological either generally or in some particular way. This is a good way to introduce and define psychological terms such as "passive-aggression," "pseudo-hostility," and "narcissistic rage." The Application cites specific data supporting or opposing the description or classification. The Conclusion states the psychologist's opinion on this Issue with appropriate qualifications.

There are two primary advantages to using topic sentences. One, they allow the reader to skim the report to locate a particular paragraph, where the argument and evidence supporting a particular point are located. Two, they allow the reader to discern the entire argument by reading the topic sentences for each paragraph.

### 4. Do not Build Suspense

Good writing, like good storytelling, creates a sense of anticipation about what will be next. Few people are as gifted as Scheherazade, who kept herself alive with 1001 cliffhangers, but all of us aspire to keep the listener or reader interested. A major strategy we employ is to keep something aside, to be revealed later. Part of the enjoyment of listening to or reading a good story is the anticipation of what is to come. Good reports and good briefs, in contrast, hold nothing back. The goal is not to build suspense, but to build an argument. Topic sentences need not coyly present the issue as if the opinion is still to be formed. "Mr. X's method of coping when angry is relevant to his employability" is less useful as a topic sentence than "Mr. X's occasional eruptions of narcissistic rage are relevant to his employability."

Try to make each paragraph self-contained. Lawyers are taught that judges are too busy to follow their prose, and that they should write in such a way that judges can quickly locate any aspect of the issue in the brief that interests them and read that section of the argument independently of the remainder. While not a perfect analogy, good report writing will cover a topic in such a manner that the section on it will stand alone.

### 5. Identify Hearsay

Informally, hearsay refers to statements asserting facts of which the speaker does not have personal knowl-

## Ten Things I Learned about Report Writing in Law School (and the Eighth Grade)

edge. When the subject of a psychological evaluation tells us her birthday, she is technically uttering hearsay, since she only knows what she was told (but see below for why it is okay to report birth dates). Careful listening for hearsay and care in evaluating hearsay statements can improve psychological report writing.

Most of us are already aware of the Rashomon phenomenon. Different people can witness an event and develop wildly discrepant narratives as to what happened. We take this into account in our report writing by trying to be as circumspect as possible. We sometimes don't listen for whether the subject of the evaluation even witnessed the event in the first place. Clinically, circular questions (Selvini, Boscolo, Cecchin, & Prata, 1980) can be useful in nailing down what is hearsay and what is not. For example, when a client tells us his father was an alcoholic, we might ask how the client happens to know this. We may find that he has no direct knowledge, but that his mother told him.

There are exceptions to the general inadmissibility of hearsay statements in court. These exceptions

***“Different people can witness an event and develop wildly discrepant narratives as to what happened.”***

are based on courts' experiences with what kinds of statements tend to be reliable enough to allow in testimony. Data

about personal or family history (important dates and number of siblings, for example) qualify for a hearsay exception. Similarly, a psychologist who carefully must attribute a subject's version of what happened at his last job to the subject's self-report seems entitled to report the subject's date of birth without qualification.

Consideration of hearsay can attune psychologists to the question of who and how credible the source was and what the circumstances were in which the statement was made. A 14-year-old boy told me that his anxiety about urination was related to his mother having abused him as an infant by tying a string around the base of his penis to keep him from wetting the diapers she could not afford. The string had cut off his circulation and almost had permanently injured the boy's penis. Embedded in this account is an unnamed source, who turned out to be the boy's father. All separated parents are suspect sources of information. Old hospital records docu-

mented the very first mention of this abuse, when the father had taken the baby to an emergency room on a visit, accusing the mother of having done this. The ER doctor's note stated that she could find no indication whatsoever of any trauma, bruise, or injury to the boy's penis, despite the father's contemporaneous assertions that there was an injury.

Lawyers are taught to distinguish between hearsay, which asserts a fact, and statements that are of legal interest merely because they were said. Imagine a statement by a two-year-old child to her mother, “Daddy bit me on the arm because he was mad at me for taking a cookie.” This statement would not be admissible through the mother's testimony to prove that Daddy bit the girl, but it might be admissible to prove that the two-year-old has above-average verbal intelligence (since the statement is complex and well-crafted). Similarly, when a child accuses an adult of abuse, good work in family therapy can often begin with the problem on which everyone can agree, namely, that something must be wrong for such an accusation to have arisen, deferring the question of what actually happened.

In report writing, the distinction can be a useful one between statements quoted to prove their truth and statements quoted because they were made. A commonplace, but potentially far-reaching example, is the depressed woman who describes her father as overbearing. The *description*, with its implications for how she sees herself, what voice she hears when she seeks guidance, and how trapped she feels, may be more relevant to her depression than her father's actual conduct.

A less commonplace example of distinguishing the truth of the matter asserted from the fact that it was said occurs in some kinds of screening evaluations, such as employment situations or parenting assessments. For example, a man accused of having his six-year-old daughter manipulate his penis to the point of orgasm said that what really happened was that she initiated the entire incident, and that he had not been sexually aroused so much as he had undergone a completely physiological response to her manipulation. Regardless of what happened that day between them (i.e., regardless of the truth of his assertions), the fact that he believed these statements constituted an adequate defense to the charge of unfitness were, to me, evidence of a severe impairment in his expectations regarding father-daughter relationships and in his understanding of conven-

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tional standards of conduct (at least with me if only inferentially with her).

### 6. Do not Commit Libel

Libel is basically a written statement that is false and defamatory. Many reports contain libelous statements, usually because psychologists are not always careful about hearsay. When a psychologist accepts and reports the subject's characterization of her father as alcoholic, abusive, or promiscuous, these adjectives imply factual conduct or a factual status which, if false, would be libelous.

Libel is less frequently, but rather more famously, committed when psychologists go out on a limb and claim they know what happened. "[In my opinion,] Mr. X sexually abused his daughter." If false, I doubt that qualifying this statement as an "opinion" would insulate the writer from a libel suit. Calling someone "overbearing" is intrinsically an opinion and not an assertion of fact; a professional opinion that a man is a child molester is an assertion of fact.

Psychologists tend to make such statements because

***"The problem arises when information whose effect is prejudicial finds its way into psychological reports."***

they are repeating something they read elsewhere, because they think they know something about psychology that confirms the fact

("children don't lie" and "compulsive masturbation is a definitive sign of sexual abuse" both come to mind from reports I have read), or because they think they know something about the individual situation that confirms the fact ("Melissa wouldn't lie about something like that" or "his way of giving her gifts is creepy").

More important than not subjecting oneself to a libel suit, perhaps, is the avoidance of false statements for professional reasons. One should try to avoid libel not so much as a risk management technique, but as a way to ensure that one's reports are truthful and therefore more accurate and useful. I suppose one of the worst examples I have read involved a psychologist who diagnosed atypical psychosis in a woman he had never met based on her husband's description of her (he was evaluating the husband). This psychologist even listed as one of the report's recommendations that the wife receive antipsychotic medication. This is not just libel but bad psychology.

Another sometimes libelous source of statements can be described as speculations that, once attached to an individual, seem never to be put to rest. A six-year-old boy in the child welfare system was, perhaps not unreasonably, referred for a firesetter's evaluation because he so much enjoyed burning things in the foster family's fireplace. The evaluation came back utterly negative. Nevertheless, five years later, after a failed reunification, he was having trouble getting placed in foster care because of his history of "firesetting concerns" (which consisted only of his being evaluated and found not to have a problem). Merely repeating old, disproved material can be quasi-libelous since it implies a factual basis where there is none.

### 7. Be Aware of Prejudicial Effect

All evidence offered in a trial is screened by Federal Rule 403 (or its state equivalent), which says in pertinent part that "evidence may be excluded if its probative value is substantially outweighed by the danger of unfair prejudice, confusion of the issues, or misleading the jury...." Evidence is relevant if it has any tendency to prove a fact that matters, but such evidence may also be so inflammatory or misleading that it should be excluded.

As psychologists, we can often define "prejudicial effect" and "probative value" in terms of predictive value and hit rates. A sign or fact that has some positive association with a condition—say, for example, enhanced sexual curiosity in a child and having been sexually abused—may have probative value if its presence tends to indicate the condition, but so many children have the sign without the condition, and so many children have the condition without the sign, that its probative value is low. Since people seem to overreact to sex in children, its prejudicial effect is great. We all see this in case conferences where mentioning the child's enhanced sexual curiosity always leads someone to speculate as to whether the child was sexually abused. Since there is never a way to disconfirm the speculation, it tends to remain attached to the child's case. One option is not to mention the child's sexual curiosity.

There is nothing wrong with speculating in case conferences, or within one's own imagination in mulling over data. The problem arises when information whose effect is prejudicial finds its way into psychological reports. Virtually any mention of a parent's sexual proclivities has a prejudicial effect,



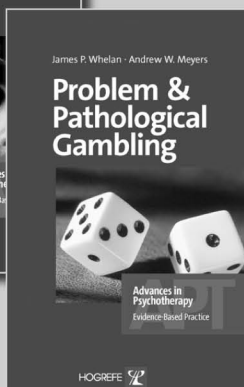
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Developed and edited in consultation with the  
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## Ten Things I Learned about Report Writing in Law School (and the Eighth Grade)

which is why I think the focus on sexual practices should emphasize how the psychologist heard about them rather than on the practices themselves. A relatively healthy teenage boy assaulted his mother under circumstances, as clearly as I could make out, that were understandable and not a reflection on his personality (she broke into the bathroom while he was on the commode to berate him for not doing a chore; he pushed her out). The information about his subsequent arrest needed to be managed very carefully in my report so as not to mislead the reader into thinking that he was abnormally impulsive or aggressive.

A common source of prejudicial effect for psychologists is in the reporting of *Minnesota Multiphasic Personality Inventory* (MMPI) scores. The "Lie Scale," for example, should only be discussed as the "L Scale." The "Psychopathic Deviate Scale" should be discussed as "Scale 4" or as "a scale associated with rebellious aggression" or, perhaps, "Scale 4-Pd." Many psychologists seem to write as if "F" stands for "faking" rather than "frequency."

The well-discussed Daubert standard for expert testimony comes up at hearings under what

***"It should not take nearly as long to read the report as it did to conduct the psychological evaluation."***

might broadly be described as a 403 objection. Improperly qualified expert testimony is likely to have a prejudicial effect on the

judge or jury that substantially outweighs its probative value. The analogy in report writing is that the report itself may stand for a level of certainty that the data do not warrant. In my opinion, it is the writer's responsibility to take reasonable steps to protect against the reader's glancing over the last two pages and divining the psychologist's opinion. The psychologist is not entitled to argue that the opinion and its logic are carefully stated in the body of the report when it is known that end users do not read the reports. Uncertainties attached to the psychologist's opinion or to aspects of the opinion must follow their every iteration throughout the report to avoid a prejudicial effect.

### 8. Avoid Wasting Time

Federal Rule 403 concludes by allowing the exclusion of evidence if its probative value is substantially outweighed "by considerations of undue delay, waste

of time, or needless presentation of cumulative evidence." The judge has a trial to run and is entitled to move it along. If 100 eyewitnesses can identify the defendant, the judge can and should make the prosecution choose three or four of them, say. Here, "probative value" is similar to the psychological construct, "incremental validity." Cumulative evidence has low incremental validity because the point has already been proven, or as proven as it can be.

My problem with long reports, besides the fact that they are not read, is that much in them is redundant. It should not take nearly as long to read the report as it did to conduct the psychological evaluation. Recitations of data obtained from various sources are occasionally required by local custom or court practices, but otherwise data should be cited only to support or weaken a point related to answering the referral question. The same datum may be cited numerous times to support numerous ideas, but then at least each time it is mentioned it is with an aim in mind. There is no reason to note the dates of birth of all the subject's brothers and sisters in a report on parental fitness or dyslexia.

Answer the referral question with a clear argument and support or qualify each statement in the argument by marshalling salient data. Lengthy test descriptions, explanations of the difference between the reported IQ and the "true IQ" along with means, standard deviations and definitions thereof, and descriptions of what each subtest measures are, in my opinion, a waste of time.

### 9. Character Cannot Prove a Specific Act (Except Under Special Circumstances)

Another special example (besides expert testimony) of prejudicial effect outweighing probative value occurs in law when one side tries to prove that a specific act did or did not occur by offering evidence of the individual's character and arguing that such a person would or would not have behaved thusly. Our legal system learned long ago that evidence of character may be a good indicator of how someone typically behaves, but it is not a good indicator of how an individual behaved on any given occasion. Character evidence is seen as prejudicial since it overly sways jurors into believing that unusual behavior is unlikely. There are certain exceptions not relevant here, including the admissibility of character evidence when character itself is on trial (as, say, in custody cases); also the equities in criminal law allow a defendant to

## Ten Things I Learned about Report Writing in Law School (and the Eighth Grade)

prove his or her good character by calling character witnesses. Generally, though, the rules are designed to keep the trial about what happened and not about the kind of people involved or about which side one would prefer to win.

Psychologists, in my experience, are susceptible to the notion that character can prove a specific act. The *Practice Standards and Guidelines for Members of the Association for the Treatment of Sexual Abusers (ATSA)* recognize this by admonishing: "9.03 Members should recognize that there is no known psychological or physiological test, profile, evaluation procedure, or combination of such tools that can be used to prove or disprove whether the client has committed a specific (sexual) crime." Nonetheless, one ATSA member wrote in a report, "It is my professional opinion that his pattern of responses showed no consistent factors associated with child molestation" and also wrote that the subject was not "the type of person" "who perpetrate[s] sexually or physically abusive behavior towards children." Although the psychologist did not quite come out and say that the subject was innocent, his writing would be reasonably taken as such a statement by a juror or judge (see #10 below).

Even in parenting evaluations, where character is relevant and legally admissible, psychologists often wrongly infer bad behavior from personality types. The law requires a nexus of misconduct between a diagnosis or condition and parental unfitness that is sometimes overlooked by report writers. Thus, parental heroin use may alert the psychologist to the possibility of neglect, but it does not prove neglect. Neither does mental retardation, borderline personality disorder, or schizophrenia. The psychologist should ensure that the articulation of personality traits in the report is being used to contextualize and understand specific acts of misconduct reported by others, and not to imply that they occurred. It is useful to write something like, "If she tried to poison her foster mother, it was likely the result of a persecutory delusion consistent with her paranoia; if someone else put the lighter fluid in the apple juice, then the foster mother likely blamed her because her paranoid delusions have facilitated animosity between them." In contrast, the report I read said that her paranoia caused her to try to poison the foster mother. While most likely this hostile, irritating girl did put the lighter fluid in the apple juice, it was certainly possible that one of the natural siblings did it to get her kicked out of the house.

### 10. Follow the Objective Theory of Contracts

Interpretation of contracts is *objective*, which in law means that language should be construed as the reasonable reader would understand it rather than as intended. The main exception occurs when both parties to the contract have a special understanding of a word or phrase that the reasonable reader would not know. For example, if both parties think the Buick is an Oldsmobile and both sign a contract for the sale of an Oldsmobile, then the fact that a reasonable reader would understand it as void because there is no Oldsmobile to sell is irrelevant. This exception relates to report writing because it justifies the use of jargon, which is essentially a special understanding between reader and writer as to the meaning of terms. All professional jargon should ideally be explained in a report, but such is the nature of jargon that we cannot always recall which words have special meanings and which do not. In my opinion, we are entitled to use a word like "paranoid" in a report without several paragraphs of explanation, especially when the report recipient is someone who ought to know that "paranoid" and "suspicious" are not the same.

Report writers are responsible not for the meaning they intended, but for the meaning gleaned by a reasonable reader. A psychologist who writes that the subject is "not the type of person" to do something should be held accountable for saying that the subject did not do the deed in question, since that is what the reasonable reader will infer. In general, a good lawyer drafts a term of a contract and then reads it as if she were the judge or jury trying to understand what it says, editing it accordingly. Psychologists would be well-advised to follow a similar practice, re-reading and re-writing reports according to how they sound. □

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Samuel M. Turner, Ph.D.

## In Memory of Samuel M. Turner

Samuel Mathew Turner, Ph.D. was born and raised in Macon, Georgia on September 19, 1944. Following high school graduation and service during the Vietnam war in the United States Air Force, he received his B.A. in psychology at Georgia

State University in 1971. He received his Ph.D. in Psychology (clinical) from the University of Georgia in 1975 under the mentorship of the late Henry Adams. He was the first African American to receive a Ph.D. in Psychology from that institution. From 1975-1992 he was on the faculty at Western Psychiatric Institute and Clinic (WPIC) Department of Psychiatry, University of Pittsburgh rising through the faculty ranks to Professor of Psychiatry. In addition to research and clinical activities, along with Michel Hersen, Sam founded the Psychology Internship Program at WPIC in 1976. In 1986, he established one of the first combined predoctoral internship/postdoctoral fellowship training programs, funded by NIMH. The program had two unique emphases: training of ethnic minority psychologists to conduct clinical research and training in conducting research with racial or ethnic minority populations, regardless of the investigator's majority or minority status.

From 1992-1998, Sam was Professor of Psychiatry and Behavioral Sciences at the Medical University of South Carolina (MUSC), Charleston, SC where he founded the Anxiety Prevention and Treatment Research Center. In 1998, he joined the faculty at the University of Maryland, College Park as Professor of Psychology and Co-Director of the

Maryland Center for Anxiety Disorders (MCAD), a clinical research center for the study of anxiety in adults and children. From 1998-2003, he was Director of Clinical Training for the Program in Clinical Psychology, substantially revising the program from a clinical-community psychology model to one that reflected the scientist-practitioner (Boulder) model of training.

Sam held ABPP Diplomate status in Clinical Psychology and in Behavioral Psychology. He was a Fellow of the American Psychological Association, the American Psychological Society, and the American Psychopathological Association. Sam was the 1997 recipient of the American Psychological Association's Award for Distinguished Contributions to Professional Knowledge and the 1998 recipient of the Distinguished Scientist Award from the Association of Medical School Psychologists. His long and distinguished career of service to APA included Senior Associate Editor (2000-2001) and Associate Editor in Chief (2002-2003) of *The American Psychologist*. He was a member of the Minority Fellowship Program Advisory Committee (1983-1987), the Council of Representatives (Representative from Division 12, Clinical Psychology; 1987-1989), the Board of Educational Affairs (1988-1992), the Board of Scientific Affairs (1995-1997), the College of Professional Psychology (1998-2001) and Co-Chair, Task Force on Test User Qualifications, American Psychological Association (1996-2001).

Sam's research career was extraordinary. Initially focused on rape victims and chronic schizophrenic patients, his primary academic, research, and clinical interests were in the anxiety disorders, including behavioral theories, behavioral assessment

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## In Memory of Samuel M. Turner

and behavioral treatment. His research included studies designed to delineate the phenomenology of anxiety disorders, their etiological and developmental parameters, and development and evaluation of behavioral treatments. Other areas included clinical methodology, measurement, scale development, and racial, ethnic, and cultural factors in the etiology and treatment of anxiety disorders. Two of his assessment instruments (the *Social Phobia and Anxiety Inventory* and the *Social Phobia and Anxiety Inventory for Children*) have each been translated into 10 different languages. Sam viewed research as a collaborative endeavor, believing that the best work came from investigators working together. Over his career, he collaborated with many psychologists and psychiatrists, most notably, Ellen Frank, Alan Bellack, Michel Hersen, Rolf Jacob, Melinda Stanley, Chris Frueh, and Deborah Beidel. He authored over 200 journal publications, 50 book chapters and 18 books. Several of his books have become staples of graduate education in clinical psychology (*Diagnostic Interviewing - 3rd.ed.*, and *Adult Psychopathology and Diagnosis - 4th.ed.*, both co-edited with Michel Hersen).

Sam's clinical skills were equal to his research proficiency. Friends and colleagues often sought him

out to provide insight into difficult diagnostic issues and to determine the best course of treatment. He spent many hours treating patients and many additional hours carefully evaluating the outcome of his efforts. Long after they no longer needed his professional services, many of his patients kept in touch with him. His mentorship of other psychologists was well-known and not limited to those with whom he worked formally. Sam was never too busy to help out anyone who asked. He was a colleague and friend in the truest sense of the words.

In October 2003, Sam was diagnosed with anaplastic astrocytoma but he continued to work as he underwent various treatments. Despite his valiant fight and the heroic efforts of his physicians, he succumbed to complications from the brain tumor on March 12, 2005. He is survived by his wife, Brenda, his son, Marquette and daughter-in-law Misha, his two granddaughters, Morgan and Mikaela, and a host of family, friends and colleagues who will be forever impacted by his scientific intellect, generous heart, gentle grace and Southern elegance. □

*Deborah C. Beidel*

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## CANDIDATES FOR FELLOWS WELCOME!

Any member who has made outstanding contributions to clinical psychology is eligible. **Members who are Fellows of other APA divisions are also encouraged to apply and the application process is much less demanding.**

As a guide to determine if you or somebody you are thinking of nominating fit the criteria for "Fellow" status, here is a list that APA, as well as our Division, considers when going through applications. Note that these are minimum standards under the APA Bylaws so one must meet all of these criteria:

- The receipt of a doctoral degree based in part on a psychological dissertation, or from a program primarily psychological in nature
- Prior membership as an APA member for at least one year and a member of division 12
- Active engagement at the time of nomination in the advancement of psychology in any of its aspects (for our division, the aspect would be clinical psychology)
- 5 years of acceptable professional experience subsequent to the granting of the doctoral degree
- Evidence of unusual and outstanding contribution or performance in the field of clinical psychology; this requires evidence or documentation that the person nominated has enriched or advanced the field of clinical psychology on a scale well beyond that of being a good practitioner, teacher, researcher, administrator or supervisor. The nominee's contributions have to be unusual, innovative or of seminal nature. Fellowship status is simply not conferred based on seniority or competence.
- More specifically, criteria for Fellowship can have a broad range, including direct therapeutic services, consultation, administration, research and involvement in national, regional, state and local professional governance activities. Outstanding service to APA Boards or Committees, or to Division 12 Committees meet the criteria for fellowship, provided that such services can be shown to have had a positive impact on the field of clinical psychology as a profession or science.
- For nominees in predominately clinical practice, there is a need to specify how their therapy or practice represents an innovative application with, for example, a difficult disorder or an atypical patient population. Endorses for a candidate will need to specify clearly how the nominee has made a visible impact on the field of clinical psychology. Based on experience, the person should already be on a clear career path, typically with a substantial number of publications

Applicants need to complete the Uniform Fellows Blank and provide a self-generated written statement setting forth the justification that they believe exists for election to the status of Fellow. Self-nominations are welcomed. Lastly, part of the application requires letters from three fellows. Materials are due December 1st.

**If you are already a Fellow of another division, approval by the Division 12 Committee is sufficient to make you a Fellow of Division 12.** To apply, please send a letter of achievements and 2-3 letters of recommendation from those who are members and fellows of Division 12. Applicants who are already APA Fellows should send their materials to the Fellows Committee no later than March 11, 2005. In addition, a statement of accomplishments outlining your contributions to the field would be helpful.

Any applicant needing additional information or if you have questions concerning criteria or the steps involved in the nomination process, please contact Charles Golden, Ph.D. Chair Fellows Committee, Society of Clinical Psychology Central Office, P.O. Box 1082, Niwot, CO 80544-1082, [div12apa@comcast.net](mailto:div12apa@comcast.net).

## Challenges in the Predoctoral Internship Application Process, Part II

The following is the second part of a series of contributions from students who have overcome personal challenges in the already-complex predoctoral internship application process. In the first part of the series (Winter Spring 2005 issue of *The Clinical Psychologist*), graduate students shared their experiences in dealing with the couples match, getting a no-match result, and navigating the application and interview process with a physical disability. In this second part of the series, we examine issues related to sexual orientation and geographic limitations. Two graduate students offer the knowledge and perspective that they gained in meeting these challenges, as a resource for future students facing these and other complex issues. □

**Torrey Creed, M.S.Ed.**  
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### GLBT Concerns and the Internship Process

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Navigating the internship process is a trying experience for anyone. For those of us who identify as gay, lesbian, bisexual, or transgendered (GLBT), making the decision of whether to come out to internship sites and when and how to go about doing so can be exhausting. Add to this the reality that making decisions about internship sites may be affected by such considerations as location and how this impacts upon the general attitude toward GLBT individuals, ability to be out not only at an internship, but in the community you live in, and the opportunity to be part of an established and vibrant GLBT community, and the internship application process can quickly become rather complicated.

Perhaps the best thing to do when you begin to think about internships is to ask yourself a few questions about the importance of your identity as a gay, lesbian, bisexual, or transgendered individual. Some important considerations may include:

- Location of internship site in an area that is GLBT-friendly
- Location of internship site in a community that offers GLBT-friendly places to hang out

and meet people

- Availability of specific training about GLBT issues
- Opportunity to work with GLBT clients
- The chance to work with supervisors who identify as GLBT or have expertise in working with GLBT clients
- Accessibility to benefits for a partner, such as healthcare
- Ability to come out to staff at internship site, should you decide to do so, and the general comfort level of staff members with GLBT interns

These are just a few of the considerations to take into account when beginning to navigate the selection of potential internship sites. At a fundamental level, the relative importance of these questions in determining the list of potential internship sites will vary widely, given individual differences. Additionally, it is important to realize that these concerns may take a backseat to the standard list of questions to ponder when deciding on an internship, including the type of site, the population with whom you wish to work, cost of living, prestige of the site, theoretical orientation of supervisors, opportunity to do research, amount of stipend, and number of hours are in a typical work week, just to mention a few.

Finding answers to the questions enumerated above (and others) may take hard work and extra time — a good thing to know in advance.

Regarding the specific attributes of a given location, websites such as [www.planetout.com](http://www.planetout.com) may provide information on how GLBT-friendly the area is, as well as whether there are places to meet and spend time with other GLBT individuals. In terms of the training opportunities and benefits offered at a given internship, make sure to read the brochures offered by each internship site. If it is not clear from the brochure, ask training directors, staff, or current interns during or after your interviews. Though the site's comfort level with sexual orientation issues may be difficult to gauge, asking current interns for their perspective may be particularly helpful, in addition to the information that you are able to glean from your interactions with staff members during interviews.

Once you have generated your list of potential internship sites, GLBT applicants are faced with a question that we often confront in our personal and professional lives: whether or not to come out.

### ***"Should you come out in your AAPI application?"***

Ultimately, decisions about coming out are highly personal and necessarily dependent on the individual applicant, his or her needs and comfort level. For those of us who have been out for a long time and are out to most people we know, not coming out may feel at odds with how we understand ourselves and our identities. For those of us who are not out to many people or for whom being out is less important as an aspect of our professional life, coming out may feel unnecessary. Wherever you fall in this continuum, some questions to consider may include:

- \* How comfortable are you with sharing your sexual orientation or identity with individuals in your professional circle, and how have you handled this in the past?
- \* How important is it for you to be out at your place of work, considering that you may be spending upwards of 50 hours per week there for an entire year?
- \* If you are not comfortable or do not want to come out before you start your internship, is it possible that you may change your mind during internship about coming out? If so, is it important to know in advance the general comfort level of staff and supervisors?
- \* If you have a partner, is access to healthcare a consideration? If so, is this something you will

want to know about sites in advance?

- \* Regardless of whether you decide to come out, is it important for you to work at a site that places importance on awareness and attention to GLBT issues in therapy or research?

Again, these questions may be more or less relevant for each individual applicant. Whether the answers to these questions or others help you to make decisions regarding coming out during the internship process, it is important to devote some time to making such an important decision. Further, providing yourself with enough time to think about this issue, particularly given that there is so much to consider when applying for internship, will help you to settle upon a course of action that works for you and your individual needs.

If you do decide to come out during the internship process, the next major considerations become when and how. Should you come out in your AAPI application? After you accept and interview, but before you meet with interviewers? During the interview? After you match? There will likely be advantages and disadvantages to each approach. One possibility is to incorporate your sexual identity and your experiences of being a member of the GLBT community into your essays. For example, I wrote about the process of dealing with my realization that I was a lesbian and the impact that this experience had upon my decision to pursue clinical psychology as part of my autobiographical statement. I also incorporated my experiences as a lesbian into the discussion of my approach toward multiculturalism and the specific biases and challenges that being a gay woman working with primarily heterosexual (and sometimes homophobic) clients has presented. Essentially, it is possible to incorporate your experiences into any of the essays in the AAPI, provided that you are able to do so in a meaningful, relevant, and genuine manner. For others, it may make more sense to wait until the opportunity presents itself, such as in response to the combination of a comfortable environment and a particular question to which such a response would be appropriate during interviews. During one of my interviews, I was asked to discuss what I do in my spare time and whether or not this impacts upon my clinical work. I talked about spending time with my partner and learning in graduate school that the precarious balance of work and personal life can be a constant battle, though a



worthwhile one. Some may decide to wait until they have matched with a site or have started working at the site and have a good gauge of the environment before deciding to whom to come out and how.

When all is said and done, identifying as a GLBT individual who is navigating the internship process raises unique challenges and concerns. No matter which decisions you make, it is important

to acknowledge that contemplating some of the issues raised in this article and achieving not only resolution, but a plan, may require additional effort and complicate the already difficult task of securing an internship. Do your best to be true to yourself throughout the process and you will most likely find an internship that suits you, your individual needs, and your goals for the future. □

### Refusing to be Limited by Geographic Limitations in the Internship Application Process

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In the beginning of the internship application process, our faculty members encouraged us to think of internship as a chance to broaden our horizons. We were told to consider internships with training that built upon our past experiences while fostering growth and new expertise, and that the physical location of a program was an important, though secondary, consideration. This may have been the best approach for many of my peers, but as a wife and mother, finding an internship within a reasonable commute from my house was essential. Rather than seeing this as a limitation, I approached the application process optimistically and with an open mind toward new training and professional opportunities. The following questions highlight my approach toward successfully finding a geographically feasible match.

#### **How far from home would be acceptable to me?**

I first had to decide about how tightly I was actually tied to a geographic area. Would I relocate away from my family for a year? Was I willing to take a position where I would spend the week in another city, then drive home each weekend? How far could I realistically commute each day, considering the hours I anticipated working at my internship? Could I find childcare that would be open long enough each day to accommodate the hours I

would be gone? Maximizing the number of places to which I would apply was my goal at this point in the process. I decided that anything within a two-hour commute would be in the realm of possibility, and used a map to find all of the areas within a two-hour radius of home. Using the APPIC directory ([www.appic.org](http://www.appic.org)) to search for all internships within that area, I made a list of every site in reach.

#### **What are my non-negotiables?**

Once I had a list of all of the internship sites in reach, I thought about characteristics that I felt absolutely must or must not be in my internship. My doctoral program requires students to go to an APA-accredited internship, so I eliminated non-accredited sites. Applicants may have other non-negotiables, such as guaranteed vacation days for religious holidays, immediate access to health insurance, or a minimum stipend amount. Careful consideration of non-negotiables will help you to rule out sites that clearly do not meet your needs, and save unnecessary work for you and those sites. I viewed all of the remaining sites as opportunities worth exploring.

#### **What are my priorities?**

Next, I considered the internship characteristics that were important to me. With which client populations do I want to focus? Is there a theoretical orientation that I strongly prefer? Is there a particular type of setting (e.g., university counseling center, medical school) in which I feel a strong need to work? How important to me are research opportunities in the internship year? I then went through the list of internship programs and identified the degree to which each site could meet these

priorities, thinking as flexibly as I could about how this could be done at each site. Being clear on these questions helped me to rank my initial interest in all of the sites on my list. Sites that seemed to be a good fit for my internship priorities were high on my list. Sites with a weaker fit were lower on my list, but I did not rule any sites out completely if they met my non-negotiables. An advantage of thinking about the different programs in a proactive, flexible framework of, "How can I meet my needs at this site?" was that I ended up discovering ways of meeting my training needs at sites that I might not have otherwise considered.

### How do I best tailor my application to each site?

With a clear picture of the ways in which my training experience and needs could fit into each training program, it was time to write my applications. Some

***"...I did not rule any sites out completely if they met my non-negotiables."***

sites were great fits for me, some were weaker fits, and several fell into the middle-ground. For sites that were not an obvious fit, my site-specific essay focused on

the new experiences that would be valuable at that site. I also tried to find some common ground between my current training and the training offered at every site, even if those commonalities were small. I remained true to my needs and future goals, but I also worked hard to find creative ways to propose meeting those needs and goals at very different types of training sites.

### Do I reveal to sites that I am geographically stable?

I was originally unsure about whether to indicate my location needs in my applications or interviews. Would this communicate to a site that I was only applying to their program out of convenience? Might some sites actually see this as a strength in my application? I decided to include a brief mention at the end of my site-specific essays, where I framed my strong commitment to developing a professional career in the local area as another facet of my fit with each site. I hoped that sites might see my geographic stability as a sign that an investment in my training offered the potential for a longer-term professional relationship. I did not raise the issue of my geographic ties in interviews, but several inter-

viewers commented on the long-term potential as a positive aspect of my written application. Although no sites mentioned my geographic ties as a negative point, this may have been simple politeness, or perhaps it was considered to be negative by sites where I was not offered an interview. Regardless, my ratio of interviews to applications was similar to my peers, suggesting that revealing my geographic stability may not have had a negative effect.

### What is the best way to approach interviews?

I found myself surprised by my final list of internship interviews. I received interview offers from some sites where I had perceived the fit to be a stretch, and did not receive offers from a few sites that I had seen as a great fit. Although this is probably not very different from applicants without geographical limitations, it reinforced for me that applying to sites that were not obvious fits had been worthwhile.

During the interview process, I reviewed my notes about the degree of fit I had perceived with each site before meeting with them. I prepared to explain why I had applied to the training program, particularly for sites where the fit was not obvious. Areas of clear fit were framed as chances for me to refine my current training, and areas that were not an exact fit were framed as opportunities to broaden my training. I also prepared myself to highlight any creative or flexible ways in which I had found a way to relate my current training or future training needs to the proposed training.

Overall, I approached the interviews in the same way that any other applicant might: I was honest with myself about my training wants and needs, I gave the interviewers an honest representation of who I am and what I was looking for in an internship, and I looked for the best possible fit with an internship site.

### How should I rank sites?

At this point in the process, I was only considering sites that were within my geographic boundaries, met my non-negotiables, and had a strong enough degree of fit to have merited an interview. For the most part, I went through the same types of difficult decisions that every other applicant makes during ranking. However, two exceptions stood out. First, I interviewed at a site that seemed to be a great fit

for me, but where the drive would have been on the outer edge of my range. I decided to weigh in the additional drain on my time and energy that would come from this commute, and ranked the somewhat site lower than I would have, based on fit alone. Being realistic about these more logistical issues was important, but the reality of moving a great site lower on my rankings was difficult. Second,

***“...stay honest with yourself about your training needs and wants...”***

I decided not to rank a site that was clearly a poor fit for me. With the pressure to find a site within my restrictions, it was hard to intentionally further limit myself by reducing the number of sites with whom I could match. However, being realistic about fit remained extremely important.

**Drum roll, please... Match Day!**

Match Day is a stressful day for any applicant, regardless of geographic limitations! In the end, I matched with a wonderful site, and I could not be

happier. The site with which I matched was not an obvious fit in the early stages of my decision process, but through brainstorming about flexible ways to meet my training wants and needs, they emerged as an exciting, rich opportunity to take my training in a direction that was everything I wanted in an internship. The fact that the site is well within my geographic restrictions is the icing on the cake.

**A few final words.**

Being geographically stable does not mean that you have to settle for an internship that is anything less than what you really want and need. Challenge yourself to determine how geographically tied you really are. Keep your options as open as possible, while being realistic about your non-negotiables. Approach sites in a framework of finding flexible and creative ways to meet your needs. Stay open to a wide range of training opportunities. Overall, stay honest with yourself about your training needs and wants, be equally honest with the training sites, and you will find an internship that can be an excellent capstone to your years of graduate school. □



## **New Editor Appointed**

**William C. Sanderson, Ph.D.**

Professor of Psychology,  
Hofstra University

Hempstead, NY 11549

Tel: 516-463-5633

E-mail: [william.c.sanderson@hofstra.edu](mailto:william.c.sanderson@hofstra.edu)

Upon recommendation of the Publications Committee of the Society of Clinical Psychology, the Executive Board of the Society has appointed William Sanderson as Editor-elect of its newsletter, the *Clinical Psychologist*. Dr. Sanderson has published 7 books and over 80 articles and chapters, primarily in the areas of anxiety, depression, personality disorders, and cognitive-behavior therapy. Dr. Sanderson has participated on numerous national committees, including the American Psychiatric Association's DSM-IV Anxiety Disorders Workgroup.

Dr. Sanderson will commence activities as Editor-Elect immediately and will receive manuscripts effective September 1, 2005. Official duties as

Editor of the journal begin in January 2006 and run through December 2009. Manuscripts should be sent to Dr. Sanderson at his Hofstra University address.

We are extremely delighted that Professor Sanderson has accepted this assignment for the Society of Clinical Psychology. We are confident that Dr. Sanderson will follow in the able footsteps of our current editor Dr. Martin Antony who has done a superb job at delivering the Society's news articles and other information in a timely and competent manner. We encourage you to submit ideas and manuscripts to Dr. Sanderson so that we can continue to receive information about the activities of our members, as well as what is happening in clinical psychology in a timely manner. □

## Call for Nominations

### Three Awards for Distinguished Contributions in Clinical Psychology

#### Distinguished Scientific Contribution Award

This award honors psychologists who have made distinguished theoretical or empirical contributions to basic research in psychology.

#### Florence Halpern Award for Distinguished Professional Contributions

This award honors psychologists who have made distinguished theoretical or empirical advances in psychology leading to the understanding or amelioration of important practical problems.

#### Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology

This award shall be given to a psychologist who has made remarkable contributions to the understanding of human diversity and whose contributions have significant promise for bettering the human condition, overcoming prejudice, and enhancing the quality of life for humankind. Other contributions may be broadly conceived as advancing knowledge through research; developing innovative approaches to service delivery, teaching or consultation; or providing mentoring and active promotions of people of color.

### Two Awards for Early Career Contributions in Clinical Psychology

#### David Shakow Award for Early Career Contributions

This award shall be given for contributions to the science and practice of Clinical Psychology. The awardee will be a person who has received the doctorate within the past seven years and who has made noteworthy contributions both to the science and to the practice of Clinical Psychology.

#### Theodore H. Blau Early Career Award for Outstanding Contribution to Professional Clinical Psychology

This award will be given to a Clinical Psychologist who has made an outstanding contribution to the profession of Clinical Psychology. Outstanding contributions are broadly conceived as promoting the practice of Clinical Psychology through professional service, innovation in service delivery, novel application of applied research methodologies to professional practice, positive impact on health delivery systems, development of creative educational programs for practice, or other novel or creative activities advancing the profession. Given the difficulty of making such contributions very early in one's career, the award will be given to a person who is within the first 10 years of receiving his or her doctorate. This award is made possible through the sponsorship of Psychological Assessment Resources, Inc.

To nominate someone for any of these five awards, send nominee's name, recent curriculum vitae, and a concise (1-2 page) typewritten summary of his or her achievements and contributions to:

Linda C. Sobell, Ph.D.  
Chair, Division 12 Awards Committee  
P.O. Box 1082  
Niwot, CO 80544-1082

**Deadline: October 1, 2005**

The awards will be presented at the 2006 APA Convention in New Orleans, LA.

## Call for Nominations

### The American Psychological Foundation Theodore Millon Award

The American Psychological Foundation (APF) Theodore Millon, Ph.D. Award will be conferred annually (from 2004 through 2008) to an outstanding mid-career psychologist (doctoral degree received between 8 and 15 years ago), engaged in advancing the science of personality psychology including the areas of personology, personality theory, personality disorders, and personality measurement. A scientific review panel appointed by Division 12 of the American Psychological Association will select the recipient upon approval of the APF Trustees. The winner will receive \$1,000 and a plaque, to be presented at the 2006 APA convention in New Orleans, LA.

Nominations should include a cover letter outlining the nominee's contributions to the science of personality psychology in one or more of the following areas: personology, personality theory, personality disorders and personality measurement. Nomination materials should include an abbreviated curriculum vitae and up to two support letters. Self-nominations are welcome. APF and Div. 12 will notify the recipient after Feb. 10, 2006.

Linda C. Sobell, Ph.D.  
Chair, Division 12 Awards Committee  
P.O. Box 1082  
Niwot, CO 80544-1082

**Deadline (for the 2006 award year): Dec 1, 2005**



# American Psychological Association Convention Washington, DC Division 12 Program Summary, 2005

***Thursday, August 18, 2005***

**Paper Session: Self-Injury, Suicide, and Hope**

8/18 Thu: 8:00 AM - 8:50 AM

Washington Convention Center

Meeting Room 140A

*Paul R. Duberstein, Erin M. Polk, Marnin J. Heisel,  
Anthony Scioli*

**Section IV (Clinical Psychology of Women) Social  
and Business/Membership Meeting**

8/18 Thu: 8:00 AM - 9:50 AM

Division 12 Hospitality Suite, Grand Hyatt  
Washington Hotel

**Symposium: Multicultural Efficacy for Clinical  
Psychology Supervisors-Mentoring Cultural  
Competence**

8/18 Thu: 8:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 150B

*Janet P. Niemeier, Allen Lewis, Sonia R. Banks,  
Allen Lewis*

**Division 12 Invited Address: Stanley Sue Award  
for Distinguished Contributions to Diversity in  
Clinical Psychology**

8/18 Thu: 9:00 AM - 9:50 AM

Renaissance Washington DC Hotel, Renaissance  
Ballroom West A

*Linda C. Sobell (Chair), Beverly Greene*

**Symposium: New Developments in Psycho-  
diagnostic Assessment**

8/18 Thu: 9:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 146C

*Stephen Strack, Yossef S. Ben-Porath, James P. Choca,  
Robert F. Tringone, Irving B. Weiner*

**Poster Session: Topics in Psychopathology—  
Depression, Violence, and Personality Disorders**

8/18 Thu: 10:00 AM - 10:50 AM

Washington Convention Center

Halls D & E

**Section VIII (Association of Medical School  
Psychologists) Invited Symposium: IOM Report  
on Enhancing Behavioral and Social Science in  
Medical Education—Impact and Opportunities  
for Psychology**

8/18 Thu: 10:00 AM - 10:50 AM

Washington Convention Center

Meeting Room 209A

*Suzanne Bennett Johnson, Elena Reyes, John E. Carr,  
Anthony Errichetti, Eugene K. Emory*

**Symposium: Pioneering the Behavior Therapies—  
Lessons for the Future**

8/18 Thu: 10:00 AM - 11:50 AM

Washington Convention Center

Meeting Room 146C

*Arthur W. Staats, Nathan H. Azrin, Cyril M. Franks,  
Arnold A. Lazarus*

**Symposium (Co-Sponsored by Divisions 51  
& 12): Men and Depression—New Findings,  
New Questions**

8/18 Thu: 10:00 AM - 11:50

Washington Convention Center

Meeting Room 206

*Sam V. Cochran, Aaron B. Rochlen, Nicholas C.  
Larma, Christopher D. Chuick, William M. Liu,  
Michael E. Addis*

**Division 12 Invited Address: Distinguished  
Scientific Contribution Award**

8/18 Thu: 11:00 AM - 11:50 AM

Renaissance Washington DC Hotel

Renaissance Ballroom West B

*Linda C. Sobell (Chair), Sidney J. Blatt*

**Symposium: Hurricanes 2004—Disaster Impact  
on Residents, Providers, Residential Healthcare  
Facilities**

8/18 Thu: 11:00 AM - 11:50 AM

Washington Convention Center

Meeting Room 202B

*Lisa M. Brown, John A. Schinka, W. Michael Reid,  
Kathryn Hyer, Roxane Cohen Silver*

**Paper Session: Mental Health Issues with  
College Students**

8/18 Thu: 12:00 PM - 12:50 PM



# American Psychological Association Convention

## Division 12 Program Summary

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Washington Convention Center

Meeting Room 144C

*Mark E. Koltko-Rivera, Tina L. Whitaker, Kanika D. Bell, Jameson K. Hirsch*

### **Symposium: NIMH Measurement and Treatment Research to Improve Cognition in Schizophrenia**

8/18 Thu: 12:00 PM - 1:50 PM

Washington Convention Center

Meeting Room 146A

*Ellen Stover, Wayne S. Fenton, Keith H. Nuechterlein, Michael F. Green, Frederick J. Frese, III*

### **Symposium: Differentiating Normal and Abnormal Personality—Current Perspectives**

8/18 Thu: 1:00 PM - 2:50 PM

Washington Convention Center

Meeting Room 202A

*Stephen Strack, Robert R. McCrae, Aaron L. Pincus, Mark F. Lenzenweger, Theodore Millon*

### **Section VI (Clinical Psychology of Ethnic Minorities) Invited Panel Discussion: Advancing the Present, Preparing the Future—Valuing Our Strengths**

8/18 Thu: 2:00 PM - 2:50 PM

Washington Convention Center

Meeting Room 143A

*Asuncion M. Austria, Samuel M. Turner, Jennifer Manly, Gordon C. Nagayama Hall, Guerda Nicolas, Jean Lau Chin, Tawa M. Witco, Richard M. Suinn*

### **Symposium: Mindfulness, Meditation, Eating Disorders, and Obesity—Conceptual and Empirical Issues**

8/18 Thu: 2:00 PM - 3:50 PM

Washington Convention Center

Meeting Room 146C

*Jean L. Kristeller, Jennifer D. Lundgren, Ruth A. Baer, Ruth Quillian-Wolever*

### **Section VII (Emergencies and Crises) Invited Symposium: Assessment and Treatment of Adolescent Violence**

8/18 Thu: 2:00 PM - 3:50 PM

Washington Convention Center

Meeting Room 207A

*Alec L. Miller, Gina Vincent, Naomi E. Sevin Goldstein, Phillippe B. Cunningham*

### **Section VIII (Association of Medical School Psychologists) Business Meeting**

8/18 Thu: 3:00 PM - 3:50 PM

Grand Hyatt Washington Hotel

Constitution Ballroom C

### **Section VI (Clinical Psychology of Ethnic Minorities) Business Meeting: Presidential Awards Presentation**

8/18 Thu: 3:00 PM - 3:50 PM

Renaissance Washington DC Hotel

Meeting Room 16

*Asuncion M. Austria*

### **Symposium: Borderline Personality Disorder, Self-Injury, and Suicide**

8/18 Thu: 3:00 PM - 3:50 PM

Washington Convention Center

Meeting Room 202A

*Elizabeth L. Jeglic, Barbara Stanley, Hollie J. Levy-Mack, Michele S. Berk*

### **Symposium: Recent Research on ADHD in Adults**

8/18 Thu: 7:00 PM - 8:50 PM

Washington Convention Center

Meeting Room 146C

*Vera Joffe, Julie B. Schweitzer, Andrea M. Chronis, Kevin Murphy, Jeff B. Prince, Mariellen Fischer, Russell A. Barkley*

## **Friday, August 19, 2005**

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### **Paper Session: Assessment and Diagnosis in Children and Youth**

8/19 Fri: 8:00 AM - 8:50 AM

Washington Convention Center

Meeting Room 143A

*Rick Ostrander, Carlin J. Miller, Gregory R. Anderson, Shannon S. Egan*

### **Section II (Clinical Geropsychology) Invited Symposium: Clinical Geropsychology Training—Past, Present, and Future**

8/19 Fri: 8:00 AM - 8:50 AM

Washington Convention Center

Meeting Room 143B

*Sara H. Qualls, Gary R. VandenBos, Steven H. Zarit, Barry D. Lebowitz, John F. Santos*

# American Psychological Association Convention

## Division 12 Program Summary

### **Section VI (Clinical Psychology of Ethnic Minorities) Invited Symposium: Where Are the Black Men in Higher Education?**

8/19 Fri: 8:00 AM - 8:50 AM

Washington Convention Center

Meeting Room 144B

*John D. Robinson, Francis Terrell, Aletha R. Steward, Dawn Cannon, William D. Parham, Larry C. James*

### **Symposium: Firearms and Clinical Practice**

8/19 Fri: 8:00 AM - 8:50 AM

Washington Convention Center

Meeting Room 144C

*Dale E. McNeil, Bruce Bongar, Glenn R. Sullivan, Christopher Weaver, Randy K. Otto*

### **Invited Symposium (Co-Sponsored by Divisions 22 and 12): The 6 P's of Outcome Measurement**

8/19 Fri: 8:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 146A

*Charles D. Callahan, Mark T. Barisa, John E. Ware Jr., Brian J. Boon, John D. Hunsley*

### **Section III (The Society for a Science of Clinical Psychology) Business Meeting**

8/19 Fri: 9:00 AM - 9:50 AM

Renaissance Washington DC Hotel

Meeting Room 16

### **Paper Session: Research on Trauma**

8/19 Fri: 9:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 143B

*C. Richard Spates, Kirk O'Brien, Emily Crawford, Dean G. Kilpatrick*

### **Division 12 Invited Address: American Psychological Foundation Theodore Millon Lecture**

8/19 Fri: 12:00 PM - 12:50 PM

Washington Convention Center

Meeting Room 140A

*Gerald C. Davison (Chair), Robert F. Bornstein*

### **Poster Session: Topics in Clinical Assessment**

8/19 Fri: 2:00 PM - 2:50 PM

Washington Convention Center

Halls D & E

### **Division 12 Invited Address: Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology**

8/19 Fri: 2:00 PM - 2:50 PM

Washington Convention Center

Meeting Room 102B

*Nadine J. Kaslow (Chair), W. Edward Craighead*

### **Symposium: Childhood Bipolar Disorder—Best Evidence-Based, Empirical, and Clinical Practices**

8/19 Fri: 2:00 PM - 3:50 PM

Washington Convention Center

Meeting Room 202A

*Eric A. Youngstrom, David J. Miklowitz, Mark Sands, Douglas S. Faust*

### **Symposium: Clinical Geropsychology—Opportunities for Practice**

8/19 Fri: 3:00 PM - 3:50 PM

Washington Convention Center

Meeting Room 203

*Donna Rasin-Waters, Paula Hartman-Stein, Nicholas A. Cummings*

### **Section III (The Society for a Science of Clinical Psychology) Presidential Address**

8/19 Fri: 3:00 PM - 3:50 PM

Washington Convention Center

Meeting Room 204A

*Jack Blanchard, PhD*

### **Symposium: Perspectives on Clinical Research and Care with Adolescents of Color**

8/19 Fri: 3:00 PM - 4:50 PM

Washington Convention Center

Meeting Room 103A

*Elvia Y. Valencia, Guerda Nicolas, Alfiee M. Breland-Noble, Anabel Bejarano*

### **Section IV (Clinical Psychology of Women) Invited Panel Discussion: Women of a Certain Age—Developmental Issues and Clinical Considerations for Psychotherapy with Women in Their Later Years**

8/19 Fri: 4:00 PM - 4:50 PM

Washington Convention Center

Meeting Room 143A

*Ellen Smith Graff, Susann Girdwoyn Bauman*



# American Psychological Association Convention

## Division 12 Program Summary

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### **Section IX (Assessment) Invited Panel Discussion: Training Students for Assessment of Special Populations**

8/19 Fri: 4:00 PM - 4:50 PM

Washington Convention Center

Meeting Room 143B

*Janet R. Matthews, Jessica Foley, Jessica Garcia, Zoe  
Proctor-Weber*

### **Section II (Clinical Geropsychology) Business Meeting**

8/19 Fri: 4:00 PM - 5:50 PM

Grand Hyatt Washington Hotel

Independence Ballroom D

### **Symposium: Happiness and Well-Being in Models of Personality and Psychopathology**

8/19 Fri: 4:00 PM - 5:50 PM

Washington Convention Center

Meeting Room 202B

*Stephen Strack, C. Robert Cloninger, Lorna S.  
Benjamin, Sidney J. Blatt, Theodore Millon*

### **Division 12 Award Ceremony**

8/19 Fri: 5:00 PM - 5:50 PM

Grand Hyatt Washington Hotel

Independence Ballrooms B and C

### **Division 12 Social Hour and Section III (The Society for a Science of Clinical Psychology) Poster Session**

8/19 Fri: 6:00 PM - 7:50 PM

Grand Hyatt Washington Hotel

Farragut Square and Lafayette Park Rooms

## **Saturday, August 20, 2005**

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### **Section IX (Assessment) Business Meeting**

8/20 Sat: 8:00 AM - 8:50 AM

Renaissance Washington DC Hotel

Meeting Room 16

### **Section II (Clinical Geropsychology) Invited Symposium: Impacting Policy through Public Education Media Campaigns**

8/20 Sat: 8:00 AM - 8:50 AM

Washington Convention Center

Meeting Room 143A

*Donna Rasin-Waters, Peter S. Kanaris, Paula  
Hartman-Stein, Ellen McGrath*

### **Symposium (Co-Sponsored by Divisions 38 & 12): Psychology of Reproductive Traumas—Infertility and Pregnancy Loss**

8/20 Sat: 8:00 AM - 8:50 AM

Washington Convention Center

Meeting Room 102B

*David J. Diamond, Martha O. Diamond, Janet Jaffe*

### **Section IV (Clinical Psychology of Women) Invited Symposium: Controversies in Clinical Psychology—Should There Be a Diagnosis for Batterers? Toward a Multidimensional Model**

8/20 Sat: 8:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 152A

*Karen Jackson, Lenore E. Walker, Jeannie S. Brooks,  
Michael J. Kellen*

### **Symposium: New Trends in Mental Health Research in HIV+ Adults**

8/20 Sat: 8:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 202A

*Cheryl Gore Felton, Steven A. Safren, Nathan G. Smith,  
Laura M. Bogart, Mark A. Vosvick, David Spiegel*

### **Division 12 Presidential Address: Importance of Addressing Substance Use in the Treatment of Health and Mental Health Patients**

8/20 Sat: 9:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 207A

*Gerald C. Davison (Chair), Linda C. Sobell*

### **Symposium (Co-Sponsored by Divisions 38 & 12): New Frontiers—Psychology and Primary Care Medicine: Developing a Winning Team**

8/20 Sat: 9:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 102B

*Patricia L. Bach, Daniel Bluestein, Rita Klahr,  
Thomas Lynch*

### **Paper Session: Developments in Assessment and Treatment**

8/20 Sat: 9:00 AM - 9:50 AM

Washington Convention Center

Meeting Room 143A

*Glen I. Spielmans, Victor C. Wang, Marianne Brandon,  
Joel Weinberger*

# **American Psychological Association Convention**

## **Division 12 Program Summary**

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### **Poster Session: Intervention, Mental Health, and Well-Being**

8/20 Sat: 10:00 AM - 10:50 AM  
Washington Convention Center  
Halls D & E

### **Section VIII (Association of Medical School Psychologists) Invited Symposium: Distinguished Contribution Award Winner Lectures**

8/20 Sat: 10:00 AM - 10:50 AM  
Washington Convention Center  
Meeting Room 143C  
*Gerald Leventhal, Ann P. Streissguth, Susan H. McDaniel*

### **Symposium: Psychology of Terrorism and Fear Management—Theoretical and Practical Advances**

8/20 Sat: 11:00 AM - 11:50 AM  
Washington Convention Center  
Ballroom B  
*Bruce Bongar, Philip G. Zimbardo, Larry Beutler, James N. Breckenridge, Paul Stockton*

### **Section II (Clinical Geropsychology) Presidential Address**

8/20 Sat: 11:00 AM - 11:50 AM  
Washington Convention Center  
Meeting Room 152A  
*Barry Edelstein*

### **Symposium: First Steps—Training for Competence in the Psychology Practicum**

8/20 Sat: 11:00 AM - 12:50 PM  
Washington Convention Center  
Meeting Room 206  
*Robert W. Heffer, Phyllis Terry Friedman, Robert L. Hatcher, Lee D. Cooper, D. Kim Fuller, Sonia R. Banks, Erica H. Wise*

### **Section III (The Society for a Science of Clinical Psychology) Invited Symposium: Advances in Empirically Supported Treatments for Schizophrenia—What Can Clinical Psychology Offer?**

8/20 Sat: 12:00 PM - 1:50 PM  
Washington Convention Center  
Meeting Room 102B  
*Jack Blanchard, Alan S. Bellack, Eric Granholm, Dawn I. Velligan, Shirley M. Glynn*

### **Symposium: “Pragmatic Case Studies in Psychotherapy”—A New Journal and Knowledge-Model**

8/20 Sat: 12:00 PM - 1:50 PM  
Washington Convention Center  
Meeting Room 152B  
*Daniel B. Fishman, Ronald B. Miller, Stanley B. Messer*

### **Paper Session: Research on Depression**

8/20 Sat: 1:00 PM - 1:50 PM  
Washington Convention Center  
Meeting Room 156  
*Devin A. Byrd, Eleanor J. Murphy, Jim A. Haugh, Thomas J. Tomcho*

## **Sunday, August 21, 2005**

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### **Symposium: Creative Innovations Promoting Cultural Competence and Knowledge of Individual Differences**

8/21 Sun: 8:00 AM - 8:50 AM  
Washington Convention Center  
Meeting Room 140B  
*Benita Amedee, Maria Isabel M. Grieco, Jan Willer, James V. Wojcik, Liliana Freire-Bebeau*

### **Symposium: Safe and Sound Documentation—Understanding New Codes and Compliance**

8/21 Sun: 8:00 AM - 9:50 AM  
Washington Convention Center  
Meeting Room 151A  
*Antonio E. Puente, Donna Rasin-Waters, James M. Georgoulakis, Paula Hartman-Stein*

### **Symposium: Psychologists in Medical Schools—How to Succeed in Academic Medicine**

8/21 Sun: 9:00 AM - 10:50 AM  
Washington Convention Center  
Meeting Room 150A  
*John D. Robinson, Felicia Hill-Briggs, Laura Schopp, Doug Johnson-Greene, Deborah Koltai-Attix, John C. Linton*

### **Section IX (Assessment) Invited Symposium: Test Evaluation and Forensic Issues in Psychological Assessment**

8/21 Sun: 9:00 AM - 10:50 AM  
Washington Convention Center  
Meeting Room 150B  
*Janet R. Matthews, David Lachar, Irving B. Weiner, Robert P. Archer, Norman Abeles*



# **American Psychological Association Convention**

## **Division 12 Program Summary**

### **Section VII (Emergencies and Crises) Invited Address**

8/21 Sun: 10:00 AM - 10:50 AM  
Washington Convention Center  
Meeting Room 151A  
*Marsha Linehan*

### **Poster Session: Child, Adolescent, and Adult Psychopathology**

8/21 Sun: 10:00 AM - 10:50 AM  
Washington Convention Center  
Halls D & E

### **Symposium (Co-Sponsored by Divisions 50 & 12): Meeting Treatment Needs of Girls and Women with Co-Occurring Conditions**

8/21 Sun: 10:00 AM-11:50 AM  
Washington Convention Center  
Meeting Room 101

*Redonna K. Chandler, Deborah K. Padgett, Nabila El-Bassel, Hortensia Amaro, Nancy Wolff, Nancy Jainchill, Denise Juliano-Bult*

### **Symposium: Violence and Interpersonal Consequences—Information Processing in Revictimization and Perpetration**

8/21 Sun: 11:00 AM - 11:50 AM  
Washington Convention Center  
Meeting Room 145A

*Eileen L. Zurbriggen, Anne P. DePrince, Kathy A. Becker-Blease*

### **Section VII (Emergencies and Crises) Presidential Address**

8/21 Sun: 11:00 AM - 11:50 AM  
Washington Convention Center  
Meeting Room 145B  
*Dean G. Kilpatrick*

### **Division 12 Invited Address: American Psychological Foundation Theodore Millon Lecture**

8/21 Sun: 11:00 AM - 11:50 AM  
Washington Convention Center  
Meeting Room 150A  
*Nadine J. Kaslow (Chair), Paul R. Duberstein*

### **Paper Session: Responding to Challenges in Training and Intervention**

8/21 Sun: 12:00 PM - 12:50 PM  
Washington Convention Center  
Meeting Room 159  
*Nicole M. Taylor, Saundra Y. Boyd, Cherie L. Villano, Nancy L. Talbot*

### **Section VI (Clinical Psychology of Ethnic Minorities) Roundtable Discussion: CEMAs in Practice Divisions and How They Have Fared**

8/21 Sun: 12:00 PM - 12:50 PM  
Washington Convention Center  
Meeting Room 208

*Carole A. Rayburn, Milton A. Fuentes, A. Toy Caldwell-Colbert, Edward A. Delgado-Romero, Daniel E. Williams, Dolores Orinskia Morris, G. Rita Dudley-Grant, Bertha G. Holliday*

### **Symposium: Criminalization of the Mentally Ill? Inmates' Experiences of Mental Illness**

8/21 Sun: 12:00 PM - 1:50 PM  
Washington Convention Center  
Meeting Room 143C

*June P. Tangney, Amy L. Drapalski, Kerstin Youman, Parin Zaveri, Lori A. Roop, Alison C. Smith*

### **Symposium (Co-Sponsored by Divisions 50 & 12): Co-Occurring Substance Use and Mental Disorders: Moving the Field Forward**

8/21 Sun: 12:00 PM-1:50 PM  
Washington Convention Center  
Meeting Room 150A

*Charlene E. Le Fauve, H. Westley Clark, Stanley Sacks, A. J. Ernst, Michelle T. Lopez*

### **Section VIII (Association of Medical School Psychologists) Invited Panel Discussion: Salary Structures and Negotiation Opportunities in Academic Health Settings**

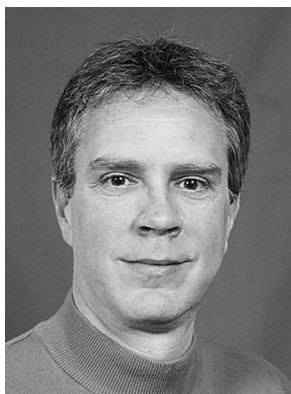
8/21 Sun: 1:00 PM - 1:50 PM  
Washington Convention Center  
Meeting Room 144B

*Cheryl A. King, Gerald Leventhal, Anne E. Kazak, Scott S. Meit, Doug Johnson-Greene*

# **American Psychological Association Convention**

## **Division 12 Program Summary**

*Thank you Division 12 APA Convention Program Reviewers!*



**John Hunsley**

Proposals to the Division 12 program of the 2005 APA convention were for symposia, papers, and posters. Each of the regular submissions was subjected to peer review by at least two reviewers, with the identity of the proposals' author(s) masked. Given the structure of APA convention programming, reviewers have a very short time line to review the proposals; the reviewers were outstanding in their timeliness and responsiveness. I am grateful to the numerous colleagues in Division 12 who offered their services to review for the convention and, especially, to the over 70 colleagues listed here who were kind enough to serve as reviewers this year. In addition to a number of reviewers who have served our Society of Clinical Psychology in this capacity year in and year out, several new professionals were invited and were willing to join the ranks of reviewers. I am very grateful to all of you for your expertise and important contributions to our Division.

**John Hunsley**  
**2005 Program Chair**  
**Division 12, Society of Clinical Psychology**

Norman Abeles  
Timothy Anderson  
Frank Andrasik  
Martin M. Antony  
Asuncion Austria  
Barbara Beaver  
J. Gayle Beck  
Christie Befort Cardador  
Sheila Black  
Robert F. Bornstein  
Elisa Bronfman  
Tim Brown  
Kelly Brownell  
Jonathan Brush  
Simon H. Budman  
Mary Louise Cashel  
Laurie Chassin  
James C. Coyne  
Kenneth D. Craig

Carolyn Cutrona  
Florence L. Denmark  
Keith S. Dobson  
Barry Edelstein  
Jean Elbert  
Sheila Eyberg  
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Shelley Fleming  
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Sharon L. Foster  
Natara D. Garovoy  
Elizabeth Gifford  
Peggy Greco  
Jennifer Gregg  
Alex Harris  
Grayson N. Holmbeck  
Mark Ilgen  
Rick Ingram  
Bob Intrieri

Joan L. Jackson  
Jennifer E. Johnson  
Deborah Jones  
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Terence M. Keane  
Gerald P. Koocher  
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Daniel W. McNeil  
Robin Mermelstein  
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Debra A. Murphy  
Peter E. Nathan  
George Niederehe

Lynn P. Rehm  
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Kenneth J. Sher  
Karyn Skultety  
Adam Spira  
George Stricker  
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C. Eugene Walker  
Robyn Walser  
Irving Weiner  
Joel Weinberger  
Diane J. Willis  
Theodore P. Zahn  
Antonette Zeiss  
Robert A. Zeiss  
Michael J. Zvolensky

### ***Clinical Psychology Brochure***

The popular brochure "What Is Clinical Psychology?" is available from the Division 12 Central Office. It contains general information about Clinical Psychology, and is suitable for both the general public and high school/college students.

***The cost is \$15 per 50 brochures.***  
***Orders must be pre-paid.***

**For more information, contact:**  
**Division 12 Central Office,**  
**P.O. Box 1082,**  
**Niwot, CO 80544-1082.**  
**Tel: (303) 652-3126.**  
**Fax: (303) 652-2723**  
**Email: [div12apa@comcast.net](mailto:div12apa@comcast.net)**

# Crisis in Children's Mental Health Care: A Well-Kept Secret

Karen Saywitz & Laura Nabors

*"Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them."*

Report of the Surgeon General's Conference  
on Children's Mental Health, 2000



These are the words of former U.S. Surgeon General, David Satcher, who concluded that our system of delivering children's mental health care was in crisis and that a nationwide overhaul was necessary. Recently, President Bush appointed the New Freedom Commission on Mental Health to re-examine the issue. Preliminary reports referred to the situation as a public health crisis. In response, the American Psychological Association (APA) passed a resolution on children's mental health and funded two task forces to outline the role Psychology should play as a leader in a national reform effort. Both task forces concluded that the public, the policy-makers, and many professionals remain unaware of the problem, recommending that increased awareness both inside and outside of Psychology be a top priority.

In short, one in ten children or adolescents have a serious mental health problem, and another 10% have mild to moderate problems. However, less than half of children with mental health problems actually receive treatment or services. Even then, only one in five receive treatment from a professional

## Inter-divisional Task Force on Children's Mental Health

### Participating Divisions:

- Developmental Psychology
- Clinical Psychology
- School Psychology
- Child, Youth & Family Services
- Family Psychology
- Society for Community Research & Action
- Society for Pediatric Psychology
- Society of Clinical Child and Adolescent Psychology

specifically trained to work with children or teens. Moreover, there are grave disparities in identification and prevention of mental health problems as well as in access to services for families of color, in poverty, or who have children with special needs. Reform is even more urgent now that research indicates many mental health disorders in children and adolescents are treatable and even preventable.

The costs to our country are staggering. Untreated mental health problems in children can lead to tragic consequences, including suicide, substance abuse, inability to live independently, incarceration, lack of vocational success, and health problems. Not only are families affected but also communities, schools, employers and the nation as a whole.

### What is APA doing?

Eight APA Divisions have joined efforts in an Interdivisional Task Force on Children's Mental Health Care to promote the conceptualization and realization of a new national model for promoting, preserving and restoring our children's mental health. This model calls for a comprehensive, sustainable, collaborative system. Components include:

- Promotion of healthy social and emotional development for all children
- Prevention of mental health disorders in children
- Early screening and identification of warning signs in schools, daycare, health clinics, emergency rooms, and especially high risk settings such as juvenile justice and child welfare programs
- Early childhood intervention grounded in emerging research highlighting the role of environmental factors in brain development
- Universal access to a comprehensive range of treatments and services for children and families identified with mental health problems coordinated across agencies and service systems that are culturally, linguistically, and developmentally sensitive, individualized, family centered, home-school-and-community based, and evidence-based
- Sufficient funding and realignment of funding streams to create an infrastructure that supports a comprehensive array of services

### What can you do?

Spread the Word. The system is broken and needs repair.

- Educate others about the seriousness of mental health problems for children and the stigma that prevents families from seeking treatment

## ***Crisis in Children's Mental Health Care: A Well-Kept Secret***

- Inform others that children's mental health and social, emotional, and behavioral well-being are critical for "healthy" development
- Improve awareness of the early warning signs of mental health problems and the fact that there are effective treatments available
- Inform others about the shortage of mental health professionals trained to work with children, adolescents and their families using evidence-based treatments

### **How? Here are resources to help:**

The Interdivisional Task Force on Children's Mental Health is developing materials to provide members with the background information necessary to spread the word. We are creating a website to centralize information on children's mental health to be accessed by both the lay public and professionals. We have completed a set of Talking Points you can use to advocate for reform and a Fact Sheet on Early Signals

***"...psychologists are poised to make a meaningful difference in the lives of children and families nationwide."***

of Infant, Child, and Adolescent Mental Health Problems to help educate colleagues in other disciplines. Both can be found at <http://www.apa.org/ppo/>. We are organizing congressional briefings by experts and a national multidisciplinary summit to address child mental health policy.

### **Visit the website, peruse the links, download fact sheets and talking points. Then you'll be able to:**

- Educate colleagues, patients, parents, coaches, church, community and PTA members, school administrators, and school boards about this crisis in children's mental health services.
- Talk to a department head at a Psychology program near you. Let the chair know how important it is to train graduate students to work with children and families.
- Educate colleagues in other disciplines. Increase awareness of early warning signs, guideposts for referral, and effective treatments. Volunteer to train new providers -- supervise someone who wants to learn. Give an inservice presentation.
- Donate time to help a child in a high-risk group who lacks access to quality mental health services.
- Write and visit your local congressperson. Contact

state psychological associations or departments of mental health or write them a letter delineating these needs. Contact local mental health boards and advocate on behalf of children or families.

- Encourage pediatricians and nurses you know to take time for a "mental health check up" with the children and families they serve.
- Lobby managed care providers so that they will cover mental health services for all youth, and especially for children and adolescents who are likely to be underserved.
- Advocate for comprehensive mental health care plans for children, with supporting infrastructures.

Bringing these issues to the public will take effort, perseverance, and vigorous lobbying, but the crisis in children's mental health care cannot remain a well-kept secret. With two Presidential commissions recommending historic reforms and the science of Psychology at critical mass, psychologists are poised to make a meaningful difference in the lives of children and families nationwide. There is broad consensus that this is an ideal moment to for us to intensify our effort. □

### **To Learn More**

APA Working Group on Children's Mental Health, 2001

<http://www.apa.org/pi/cyf/dpnacmh.pdf>

Task Force on Psychology's Agenda for Child and Adolescent Mental Health, 2004

[http://www.apa.org/pi/cyf/child\\_adoles\\_mentalhealth\\_report](http://www.apa.org/pi/cyf/child_adoles_mentalhealth_report)

U.S. Surgeon General's Conference on Children's Mental Health, 2000,

<http://www.surgeongeneral.gov/topics/cmh/childreport.htm>

Child Mental Health and Fact Sheet on Early Signals of Infant, Child and Adolescent Mental Health Problems

<http://www.apa.org/ppo>

Inquiries about the Interdivisional Task Force on Child and Adolescent Mental Health can be directed to Karen Saywitz, Chair, at [ksaywitz@ucla.edu](mailto:ksaywitz@ucla.edu).

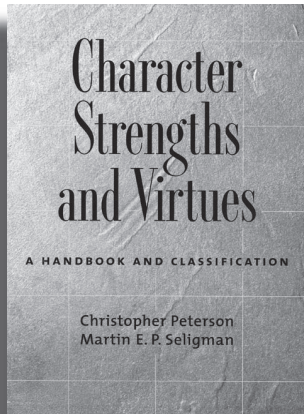


**Peterson, C., & Seligman, M.E.P. (2004)**  
***Character strengths and virtues:***  
***A handbook of classification.***

New York: Oxford.

ISBN: 0-19516-701-5 / \$75.00 (hardcover) US List

Reviewed by Kevin L. Rand and Hal S. Shorey,  
University of Kansas



Peterson and Seligman (2004) have undertaken a daunting task, which some view as essential for the field of positive psychology to take its place as a viable area of scientific inquiry. With the publication of *Character Strengths and Virtues*, the authors have provided a starting point for untangling and cataloguing the positive side of the human psyche. To create a useful clas-

sification system, two objectives must be reached: 1) a clear demarcation of the boundaries of the domain of study and 2) an exhaustive specification of nonoverlapping categories within that domain. Peterson and Seligman readily admit that their list of strengths is neither exclusive nor exhaustive. The manual is, however, a step in the right direction. In the spirit of positive psychology, we are optimistic that this work can serve as the fountainhead for a new way of looking at ourselves.

## General Comments

The handbook is divided into three sections: 1) background information on the process of creating the classification; 2) the classification of strengths; and 3) a brief conclusion discussing assessment using Values In Action Institute instruments and their application. The background section thoroughly describes the intentions and procedures used in creating the handbook. The authors explain their philosophical approach to devising the classification and the formulation of their inclusion criteria. In addition, a brief history of previous works on virtues is given, including philosophical musings and more recent attempts at systematically classifying human strengths. This section provides a solid foundation for understanding the rest of the text.

As well-written as the first section is, we take issue with the authors' premise that the classification is devoid of theory. We see the influence of theory throughout the work. For example, we are told that the classification is based heavily on the Linnaean system. Although Linnaeus was unaware of the theory of evolution, his grouping strategy implicitly suggested this theory. In a similar manner, Peterson and Seligman (2004) suggest theoretical assumptions based on their inclusion criteria and grouping strategies. For example, by focusing on universal human virtues, the authors imply that these strengths must emerge out of something that all human beings share innately (e.g., our species-specific biology). Hence, the search for ubiquitous character strengths may, in fact, involve a search for biological manifestations of virtue (i.e., neurological processes). It is interesting to note, however, that one element missing from the handbook is a discussion of possible physical instantiations of these virtues. Currently, only the strength of vitality seems to be directly connected to physical processes in the brain.

Related to this point, *Character Strengths and Virtues* risks the error of reifying the strengths it catalogues. Should we conceptualize strengths as "things" or as processes/systems? Peterson and Seligman (2004) clearly state that these are "psychological ingredients - processes or mechanisms" (p. 13). If indeed they are processes, then the use of theoretical assumptions might actually improve the classification. For example, bravery can be conceived as the process of overriding one's basic impulse to flee in the face of perceived harm. Self-regulation can be conceived as the process of exhibiting behaviors based on higher-level cognitions rather than basic impulses. Based on these conceptualizations, then, the process of courage is more closely related to self-regulation than to vitality or integrity. Indeed, the process paradigm fits with the empirical evidence collected by Peterson and Seligman, wherein exploratory factor analysis groups bravery with self-regulation and hope. These strengths can be conceived as processes of maintaining adaptive behaviors that are in opposition to one's innate impulses to withdraw. In spite of the theoretical and empirical impetuses for organizing the strengths based on their similarities as active processes rather than as entities, the authors maintain their classification system based on historical and traditional references. This is a curious decision for a system that is intended to be based on science.

The bulk of *Character Strengths and Virtues* involves the classification of 24 strengths of character, which are subsumed under six core virtues. Each virtue is introduced with a brief discussion of the constituent strengths in terms of what they have in common and the extent to which they meet the inclusion criteria. An illustrative vignette introduces each strength chapter and gives the reader a feeling for what the trait may look like in real life. The vignette is followed by a discussion of the theoretical background of the strength, extant assessment techniques and research findings, what remains unknown, and a brief reading list of seminal or summary works pertaining to the strength. These sections flow logically and are well-written, making them readily accessible to both scholars and neophytes in positive psychology. The handbook concludes with a brief synopsis of the work of the Values In Action Institute. The

***“Romantic love may be an attachment process, but attachment is not necessarily a process of love.”***

development and validation of several measures, including the Values in Action Inventory of Strengths, Values in Action Rising to the Occasion Inventory,

and the Values in Action Inventory of Strengths for Youth, are discussed.

### Specific Comments

With regard to the description of each strength, there seems to be a lack of clarity as to when consensus was used to create construct definitions and when theory was relied upon. This confusion appears to have created potential problems with labeling and defining the various constructs. Two cases stand out as exemplars. The first involves the choice to define love solely on the basis of secure adult romantic attachments.

Many theories of love have been put forth, and we understand that all of them could not be included. We were surprised, however, to find that attachment theory supplanted them all. This decision may have been based on the criterion of strengths having to be universally applicable across cultures. The leap from attachment to love, however, may not be supported by the data. Rather than secure attachment being love, it is more likely that secure attachment promotes the ability to initiate and then maintain loving relationships. Furthermore, we propose that

a person can have a secure style of attachment and not be inclined toward being physically affectionate or passionate about someone. Romantic love may be an attachment process, but attachment is not necessarily a process of love. Perhaps the character strength of love would be more properly labeled, “Interpersonal Security.”

The second example of conceptual confusion occurs in the chapter on “Hope.” Peterson (2000) has argued elsewhere that hope is a special case of optimism. In *Character Strengths and Virtues*, he appears to be arguing that optimism is a special case of hope. In either case, it is clear that Peterson does not see a meaningful differentiation between the two. These constructs, however, have different operational definitions. Although they are similar, multiple studies have concluded that they are not the same. Hence, Peterson and Seligman’s (2004) new operational definition of hope is unclear because they have conflated constructs to define the strength. Related to this point, a great deal of information on convergent validity is presented throughout the handbook, but references to discriminant validity are all but lacking. If the goal of creating non-overlapping categories is to be realized, then understanding the discriminant validities of the strengths is essential.

### Conclusion

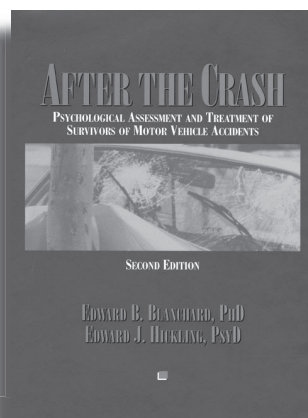
As a wide-ranging work, *Character Strengths and Virtues* will open the door to practitioners and scholars new to the positive psychology field. The work is accessible to a general audience, but detailed enough to stimulate research assessing the classification’s merits. Based on our initial reading, already we have exciting questions that beg for further research. How are these strengths related to general personality traits? Are there instances when a strength can become a weakness? Of course, there are specific points in the handbook with which experts on any particular strength will disagree. But the authors invite such disagreements. Indeed, such discourse is a major purpose behind the publication of such a classification system. □


### References

- Peterson, C. (2000). The future of optimism. *American Psychologist*, 55, 44-55.
- Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues: A handbook and classification*. New York: Oxford.

**Blanchard, E.B., & Hickling, E.J. (2004)**  
***After the crash: Psychological assessment and treatment of survivors of motor vehicle accidents (2nd Ed.).***  
**Washington, DC: American Psychological Association. ISBN: 1591470706 / US\$59.95 List**

Reviewed by Richard A. Bryant, Ph.D.,  
University of New South Wales



 Motor vehicle accidents (MVAs) arguably represent the major cause of posttraumatic stress disorder (PTSD). Understanding and managing PTSD following MVAs is a crucial issue from both clinical and public health perspectives. *After the Crash* deals exclusively with this topic, and in this sense is unique among the hun-

dreds of books dealing with PTSD and trauma generally. There are many features of PTSD after MVAs that are distinctive and this highlights the need for a book that is devoted to this important topic.

The first edition of *After the Crash* appeared in 1997, and my initial reaction to the appearance of the second edition seven years later was that it was too soon for another edition of this excellent text. Having read this edition, however, I am happy to conclude that my initial reaction was wrong and this new book represents a fresh and highly novel addition to our understanding of the psychological reactions to motor vehicle accidents (MVAs). As the authors state in their book, much has happened in the past seven years and our knowledge has grown enormously. In the context of an explosion of research into the psychological aftermath of motor vehicle accidents, this book represents a welcome synthesis of a broad range of research that is often difficult to digest.

The book is structured in three major sec-

tions. The first addresses the prevalence of psychological problems after MVAs, especially posttraumatic stress disorder (PTSD). The second section comprehensively details an array of psychological issues arising after MVAs. These topics include the course of adaptation after MVAs, the early markers of adaptation and remission, delayed-onset PTSD, the role of physical injury, the influence of litigation on adaptation, acute stress disorder, psychophysiological assessment, and malingering of PTSD. The third section focuses on treatment of MVA-related PTSD, which includes a review of available treatment studies and a detailed outline of the authors' own treatment manual.

A pleasing aspect of this book is the detailed focus of the authors' own studies on MVA-related PTSD. These authors are without doubt among the leading research teams internationally in the study of PTSD after MVAs. It is often difficult to grasp the totality of a research team's achievements through reading a series of journal articles. In this book we get a comprehensive and detailed understanding of the programmatic studies done by the Albany team of Blanchard and Hickling. The authors give us a clear and understandable account of the work they have done over the past decade in a way that tells an important story about how clinicians should assess and manage MVA-related stress. Their account of each of the topics they address is not focused on their own work, however. They sensibly consider their own findings in the context of other research from around the world, and this provides the reader with an invaluable synthesis of what we currently know about PTSD after MVAs.

Different sections of the book will be particularly appealing to different audiences. Academics and researchers will appreciate the concise summary of research findings, and detailed analysis of research methodologies, contained in the earlier chapters. In this sense, this book provides an unparalleled resource for accessing the current knowledge of the topic. Clinicians who deal with PTSD generally, and MVA-related psychological problems specifically, will be drawn to the later chapters that provide excellent outlines about assessing and treating PTSD. Perhaps the most useful resource for clinicians is the section outlining their treatment protocol. This outline provides a session-by-session guide

to treating PTSD with cognitive behavior therapy, including verbatim transcripts that clinicians will find useful in developing their own interventions. Finally, this book is also an invaluable resource for the legal community. As the authors note, PTSD fol-

***“...this book stands as the authoritative text on psychological reactions following MVAs.”***

lowing MVAs is a huge focus for compensation claims and there is a great need for accessible resources that allow attorneys to grasp the evidence base underpinning PTSD following MVAs. The information in this book provides legal professionals with an authoritative summary of the core issues that they need when dealing with PTSD in the courtroom.

In summary, this book stands as the authoritative text on psychological reactions following

lowing MVAs is a huge focus for compensation claims and there is a great need for accessible resources that allow attorneys to grasp the evidence base underpinning

MVAs. As one would expect from such internationally-renowned experts who also possess great clinical experience, it gives the reader an accessible account of what we know about PTSD after MVAs, how to assess affected people, and how to treat their condition. Exemplifying the user-friendly style of this book, the authors frequently insert “clinical hints” in which they suggest important points that highlight the application of research findings to practical clinical situations. Even if one has read the first edition of this book, I would thoroughly recommend reading this new edition. It is greatly expanded, much more detailed, and brings the reader up to date on critical developments that have occurred over recent years. Any clinicians, academics, or attorneys who will be dealing with people psychologically affected by MVAs should not be without this book. □

### JOIN A DIVISION 12 SECTION

**Division 12 has six sections that reflect the wide range of interests in the Division. These are separate memberships, and dues vary. If interested, contact the Division 12 Central Office.**

**Clinical Geropsychology (Section 2)**

**Society for a Science of Clinical Psychology (Section 3)**

**Clinical Psychology of Women (Section 4)**

**Clinical Psychology of Ethnic Minorities (Section 6)**

**Section on Clinical Emergencies and Crises (Section 7)**

**Section of the Association of Medical School Psychologists (Section 8)**

**Section on Assessment (Section 9)**



# ABBREVIATED MINUTES

Society of Clinical Psychology  
Alexandria Board Meeting  
February 11-13, 2005

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**2005 Meeting Year Update:** The Board will meet in Portland, Oregon on June 25-26.

**2006 Program Chair:** David Tolin

**Apportionment Results:** There will be no change in the number of Council Representatives. In 2006 the Society of Clinical Psychology will continue to have four representatives.

**2005 Budget:** A total of \$2,350 in expenses was added to the 2005 budget. This included raising the Section allocation from \$300 to \$400, fees for a TCP editors meeting, web page modification, and support for the Interdivisional Task Force on Child Mental Health among other expenses. The Board voted to pass a deficit budget of \$1,000 rather than project additional income from publications.

**The Clinical Psychologist:** William Sanderson will be the new editor of The Clinical Psychologist (TCP). Future suggestions for TCP include having more brief updates on issues, book reviews on topics that are psychologically related, but not written by psychologists, and having representatives from each Section on the Editorial board.

**Clinical Psychology, Science, and Practice:** Ed Craighead, the publications chair, reviewed proposal for the publication of the journal from four publishers. An extensive discussion was held regarding the pros and cons of each proposal. The division selected a publishing company and voted to move forward on a five-year journal contract.

**2005 APA Program:** The division will have 4 poster sessions, 7 paper sessions, and 23 symposia. The division is also involved in co-sponsoring an additional 3 symposia and is involved with several other divisions in a cross-cutting symposium.

**The Fellowship Committee:** Two new candidates are being reviewed as well as three others who are Fellows in another division.

**Hogrefe and Huber Book Series:** Danny Wedding was thanked for his work as the series editor. The series, *Advances in Psychotherapy: Evidence Based Practice* is to provide therapists with practical evidence-and research-based information in a "reader friendly" manner. The volumes are designed to be useful in daily practice and provide a basis for continuing-education.

**Brochure Update:** Linda Sobell will re-draft the brochure using suggestions from the Division Leadership Conference. The Board stressed the importance of including photos that have diversity.

**Public Policy Workgroup:** This group met at the APA Convention in Honolulu. Section 2 has been the most active with a public policy group that has been operating for over five years. This Section's plan for a public education media campaign using the media service ProfNet was discussed. This service costs \$500 per year and makes it possible for the media to have access to our members to contact them about timely issues. APA has resources that may be able to assist with supporting such activities. One goal of this group might be to promote evidence based treatments and help the public understand what they mean.

**Student Task Force:** The Board discussed a mechanism to have a student serve on the Board. One plan was to develop a Student Section which would then elect a Section Representative to the Board as in other Sections. The Student Section would also be eligible for an annual financial allocation, and convention hours. This discussion resulted in a motion (below) for a Student Section. A petition of 2% of the members will be sought as required by the bylaws to establish this section.

**Web Site Update:** Listserv etiquette was discussed. The Board will develop guiding principles to be sent out as a reminder periodically. The student award will be listed on the new student page.

**The following motions were made at the meeting:**

MOTION: The division will move forward on a five-year journal contract with the selected publishing company.

ACTION: PASSED

## ABBREVIATED MINUTES (cont.)

Society of Clinical Psychology  
Alexandria Board Meeting  
February 11-13, 2005

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MOTION: Awards will be given to the most deserving candidate with no requirement to attend the convention. However, if the candidate does not attend the Convention the year he or she receives the award, he or she forfeits the hour allocated to present an address at the convention. ACTION: PASSED

MOTION: To seek the signatures of 2% of the members of the division to establish a new section in the division. This will be the Section on Early Career Psychologists and Graduate Students. ACTION: PASSED

MOTION: An individual who has been selected to serve as a voting member of the Board of Directors for two consecutive three-year terms, in any office, shall not be eligible to hold a voting seat on the Board of Directors until three years have passed since vacating a seat on the Board of Directors. ACTION: PASSED (This will require a By-laws change in Article V, Section F. If this By-laws change is approved by the membership, it will become effective for the election of officers to begin their term in 2007).

MOTION: The division voted that By-laws changes can be done by email. ACTION: PASSED (An email will be sent to all division members telling them that a By-laws change will be voted on by email. There will be a 30 day turn around time for voting to allow for people who may be on vacation).

MOTION: To form a Task Force to consider the issues of cultural diversity within the division in a thoughtful, planned, and committed way. Members of the Task Force shall be: President, Past-president, President-elect, Toy Caldwell-Colbert, Asuncion Miteria Austria, Robert Klepac, Barry Hong, and Deborah King. ACTION: PASSED

MOTION: To add \$2,300 to the expenses in the budget. ACTION: PASSED (This will create a \$1,100 deficit).

MOTION: To add \$1,100.00 to line 9 (Income from Publications) in the budget. ACTION: NOT PASSED

MOTION: There will not be a balanced budget for 2005. ACTION: PASSED

## INSTRUCTIONS FOR ADVERTISING

Want ads for academic or clinical position openings will be accepted for publishing in the quarterly editions of *The Clinical Psychologist*. Ads will be charged at \$2 per line (approximately 40 characters).

Originating institutions will be billed by the APA Division 12 Central Office. Please send billing name and address, e-mail address, phone number, and advertisement to the editor. E-mail is preferred.

*For display advertising rates and more details regarding the advertising policy, please contact the editor.*

*Please note that the editor and the Publication Committee of Division 12 reserve the right to refuse to publish any advertisement, as per the advertising policy for this publication.*

### Submission deadlines for advertising and announcements:

November 1<sup>st</sup> (January 1<sup>st</sup> issue).

February 1<sup>st</sup> (March 15<sup>th</sup> issue)

May 1<sup>st</sup> (July 1<sup>st</sup> issue)

September 1<sup>st</sup> (November 1<sup>st</sup> issue);

### Editor:

Martin M. Antony, PhD, ABPP  
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## Instructions to Authors



*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 generally 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.

Inquiries may be made to the editor:

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**Articles published in *The Clinical Psychologist* represent the views of the authors and not those of the Society of Clinical Psychology or the American Psychological Association. Submissions representing differing views, comments, and letters to the editor are welcome.**

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