

# THE CLINICAL PSYCHOLOGIST



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

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## DIVISION 12 CONVENTION PROGRAM: See page 22



**Irving B. Weiner,  
Ph.D., ABPP**  
University of South Florida  
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## PRESIDENT'S COLUMN

### Strength through Participation: A Further Blueprint for Division 12

Irving B. Weiner, Ph.D., ABPP

What I have said and written since first campaigning for the Division 12 presidency should make it clear that I have an agenda. My agenda is not a substantive one, however, even though I do not lack convictions about how assessments should be conducted, interventions provided, research designed, and a variety of issues in psychology resolved. It is rather that my division agenda as president is organizational, not substantive, and consists of strengthening the Society of Clinical Psychology by making it an enjoyable and rewarding professional home for all clinical psychologists, whatever their theoretical orientation, areas of specialization, or work setting.

In my previous president's column I stressed diversity as a source of division strength. I noted that bringing together clinical psychologists of differing persuasions broadens our appeal to current and potential new members, extends the scope and increases the value of what we accomplish, and enhances our capacity to influence events both within and outside of clinical psychology. In the present column I want to emphasize participation as a companion source of division strength, vitality, and impact. Participation consists of being involved in the division's activities and informed about what it is doing. Only with the involvement of informed members can the division reap the full benefits of its diversity. The more participation we have from our members with wide-ranging interests and areas of expertise, the better our prospects for making good decisions, identifying and succeeding in worthwhile projects, and providing effective advocacy for the science and practice of clinical psychology.

There are many ways in which members of our society can become involved in and informed about it. Consider running for office on the Board of Directors and do not hesitate to ask colleagues to nominate you. If being a candidate and serving on the Board do not appeal to you, nominate colleagues you would like to see in division leadership roles. If you opt not to participate in the nomination process, be sure nevertheless to cast your vote when the election ballots are distributed. Along with a Board of Directors, Division 12 has several active committees, the members of which are appointed mainly by the President. Identify some committees of interest to you and make known your wish to be appointed to one or more of them. If you prefer not to have any formal position in the division, you can still involve yourself by writing to me or my successors in the presidency about matters you would like to see addressed or projects pursued.

*(continued on page 2)*

## President's Column (cont.)

Division 12 has eight sections, which are listed in this newsletter. If you have not already done so, consider joining and becoming active in one or more of these sections that relate to your interests. To keep informed, read our journal (*Clinical Psychology: Science and Practice*), look at our newsletter (*The Clinical Psychologist*), and sign on to our listserv ([div12APA@lists.apa.org](mailto:div12APA@lists.apa.org)). If you are going to the APA meeting, make a special point

of attending our Division 12 Awards Ceremony and Social Hour, which are scheduled for Saturday, August 16, from 4:00 to 6:00 p.m., in Grand Ballroom B in the Westin Waterfront Hotel—and bring some friends and colleagues along with you. In addition to our offerings of workshops, symposia, papers, and posters, we have two addresses on the APA program: an invited address by Larry Beutler on “Why Science Matters to Clinicians,

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## President's Column (cont.)

Even If They Don't Know It," and my presidential address on "The Glamour of Assessment Psychology."

Let me conclude this column with some news about the recent work of three Division 12 task forces. Linda Sobell has chaired a task force concerned with clarifying the division's identity. Our By-Laws define and describe the field of clinical psychology, but they include only a general statement of our society's purpose. The identity task force has proposed several mechanisms for extending the division's outreach and impact and has also worked with the Board of Directors to develop a mission statement that reflects the full breadth of our goals and interests. This mission statement will soon be sent to the membership for approval as an addition to our By-Laws.

A second task force, appointed by Marsha Linehan and chaired by David Klonsky, has outlined various ways in which the Division can strengthen science in clinical psychology, including effective use of our website to disseminate information about evidence-based assessment and intervention practices. Third, I have appointed John Weinand to chair a task force on educational and conference planning. This task force has been charged with proposing procedures for promoting clinical practice and improving the division's services to its members, particularly with respect to (a) providing increased continuing education opportunities, both during and separate from APA meetings, and (b) reorganizing our scientific and social programs at APA meetings to enhance their appeal and information value. ■■

## Letter to the Editor

### Graduate Student's View of Evidence-Based Treatments

In Linehan's recent column in *The Clinical Psychologist* (Fall, 2007), she posed four fundamental questions about the dissemination of evidence-based treatments. As first year students in a rigorous scientist-practitioner program, we would like to respond to her questions. While inescapably naïve as beginning graduate students, we nonetheless hope our ideas will resonate with the reader.

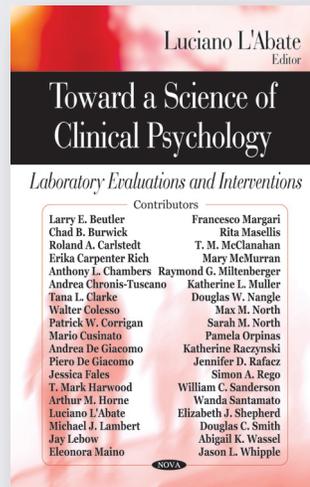
Linehan first asks, "How do we transfer highly effective treatments we develop to the professional community?" However, we would suggest that a more constructive question to ponder might be, "How do

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evaluations and interventions are going to be delivered in the not-too-distant future. The chaotic nature of evaluations and interventions in face-to-face practices (thousands of tests and 400 different psychotherapies) will become even more chaotic when practiced online. It is important, therefore, to rely more and more on standardized, uniform practices - SOPs that will assure that those practices go hand in hand with research. Rather than allowing research and practice to continue along two separate tracks, as has happened in the past and is still happening today, the laboratory method will allow both practice and research to go forward along the same track, hand in hand.

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researchers and clinicians work together to develop efficacious treatments?" The fundamental distinction is twofold. First, we the researchers should not be disseminating onto the clinicians but rather engaging in dialogues with the professional community as we create new interventions. We believe that if we continue to frame this issue as an "us" versus "them" predicament, we will perpetually be stuck where we are, and, even worse, may continue to grow further polarized rather than closer together.

The second caveat we raise refers to these "highly effective" treatments. The distinction between efficacy and effectiveness (Seligman, 1995) is particularly relevant, whereby a study can generate significant results yet have less utility in clinical practice. In some respects, this represents a catch twenty-two for researchers. To publish RCTs we are restricted to asking fine-grained questions with high exclusion criteria, despite the fact that clinicians are treating clients with comorbid or subthreshold diagnoses. Given this dilemma, it is our hope that as the field continues gaining methodological sophistication, we will continue developing research paradigms that have greater ecological validity for the practicing clinician. We feel that the heart of creating effective treatments rests in

the spirit of open communication between researchers and clinicians. Researchers should involve clinicians as consultants as early as the grant writing phase and as informants during data collection vis-à-vis practice networks (for example, see Westen & Shedler, 1999). And, of course, researchers should incorporate clinicians throughout the "dissemination" phase. To this end, we offer some practical suggestions.

We recommend implementing roundtable discussions at conferences comprised of both researchers and clinicians. For example, a researcher might first discuss his or her recent process or outcome study, after which would follow a critical analysis from the diverse members of the panel. The goal of this collaboration is perspective. The clinicians would give feedback regarding the merits and limitations of the treatment, helping the researcher in his quest for ecological validity. Simultaneously, the clinician would gain perspective into the nuance and tradeoffs a researcher must face when conducting methodologically rigorous research. It is our belief that greater perspective will breed tolerance and, ultimately, respect. Similar forums need not be relegated to conferences, and we think that universities could invest in a similar type of roundtable discussion such as a "Speaker Series on New

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Therapeutic Approaches.” This type of forum would not only foster collaboration between researchers and clinicians but would also cement this collaborative mindset into the future of our field: namely, graduate students.

Further, we propose dedicating special sections in journals annually or bi-annually to the practicing clinician. Articles would be free of extraneous jargon that so often muddies the true content of the intervention being discussed; ideally, theoretical orientation would be de-emphasized, and instead the rationale for and efficacy of the treatment would be the primary focus (Goldfried & Wolfe, 1998). Clinicians would be invited to impart their knowledge through editorial feedback, with special attention to issues in translating the intervention into actual clinical practice.

Assuming for a moment that clinicians are aware of the treatments, Linehan next asks, “How do we train new clinicians and experienced clinicians in [these] new treatments?” As she points out, the standard method for ongoing clinical training is that of brief clinical workshops. Although we cannot envision a way to circumvent this reality, we do have some suggestions about how these sessions should be conducted based upon the principles of motivational interviewing (Miller & Rollnick, 2002).

First, the training session should be sensitive to the various needs of the group. Participants in these sessions should be able to observe others simulating the intervention, to practice on client actors, and/or to present their own videos for feedback. Additionally, the session should address the different roadblocks that beginning versus more experienced clinicians may encounter; in addition to learning the new skill set, experienced clinicians may need to practice suppressing extant behaviors that are inconsistent with the new intervention. Most importantly, to achieve competency in an intervention, participants need to tape actual sessions and receive feedback. This might be implemented with follow-up feedback sessions over the phone, which would be cost effective, time efficient, and, ultimately, indispensable.

A comprehensive workshop needs to include more than skill training, however, and should address the integration of the intervention into current practice beliefs. If there is no context for the acquisition of the new behavior, there would be little motivation

for the clinician to adopt it. Thus, to answer Linehan’s third question, “How do we get clinicians to want to apply these treatments?” we think that trainers should explicate the principles of the intervention (e.g., maintaining a good therapeutic alliance), detailing the mechanisms of change that are involved (e.g., how to repair ruptures in the therapeutic alliance). Addressing the principles of the intervention helps to cut across theoretical boundaries, placing the intervention in a universal language that can be disseminated by any practicing clinician.

Linehan’s Dialectical Behavior Therapy (DBT) serves as an excellent example. Not only has DBT yielded great success for borderline patients, but it has also been modified for the treatment of other disorders such as depression (Stone, 2007) and PTSD (Becker & Zayfert, 2001). The underlying mechanism of acceptance remains intact, but the specifics of the intervention are modified for the varied populations. As such, clinicians may be more willing to learn and integrate this intervention into their current practice because of its wide utility. DBT clinicians are able to apply one treatment to many different types of clients, illustrating the fundamental value in, and continued need for, melding effective and efficacious treatments so that they are one and the same.

We thus believe that in order to get clinicians to want to apply these treatments, workshop trainers should address the participant’s motivation to change by increasing their self-efficacy that they can learn these new skills vis-à-vis client actors and feedback, explaining to them why and how this new intervention could be more effective than their status quo, and addressing subsequent ambivalence toward the new intervention. As motivational interviewing and DBT have taught us, only when you validate the client’s (or, in this case, the clinician’s) ambivalence and accept them for who they are (or how they currently practice therapy), can you hope for them to make a change.

Finally, if the first three points are all achieved, how then, Linehan posits, can we “create environments where the application of evidence-based treatments is encouraged and supported?” It is a poor reflection on the state of the field that our greatest impetus to bridge the gap between research and clinical practice might be our fear of HMOs and the issue of accountability. Perhaps, however, if we take a stance of “the enemy of my enemy is my friend,”



we will be more likely to increase communication and build respect for one another in the joint goal of creating and utilizing parsimonious and efficacious treatments.

Still, clinician motivation to adopt new treatments must incorporate issues beyond reimbursement. To create an environment where application of evidence-based treatments is encouraged and supported, we reference the theme of perceived control. Just as people with panic disorder need to feel that they can control their reaction to symptoms of physiological arousal, so too do clinicians need to feel that they can successfully deal with a patient's pathology. A primary and reinforcing motivator needs to be in the belief that this new treatment will benefit their client and be consistent with their view of how to ethically conduct therapy; it is then that clinicians may become willing to titrate their intervention accordingly. As such, we believe that evidence-based treatments will only be utilized when the motivation to change comes from within the clinician.

### Concluding remarks

As fledgling members of the psychological community, the challenges that loom ahead are somewhat daunting. However, as one of our professors invariably emphasizes, "But that's what's so exciting – think about how much you can contribute!" And so, it is with a pioneering spirit that we write this response to Linehan, thinking critically (yet optimistically) about the gap between research and practice.

We will keep this issue close in mind, and make every attempt to practice what we preach, as we sharpen the tools we will need to eventually emerge as our own scientist-practitioners.

Rachel Hershenberg and Jill Malik  
Stony Brook University

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## 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.  
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## “On the call for civility on list servers”

Simon A. Rego, PsyD

 In July 2007, I decided to gather data for my TCP column on “Automatic Mailing List Pet Peeves” (Volume 60, Number 3) by posting a request on several list servers, asking subscribers to send me a note (“back channel”, of course!) detailing some of the things that they found annoying about list servers. As expected, many people sent similar complaints, lead-

### ***Do list servers need rules and monitors to enforce them?***

ing me to call for list server etiquette. What I failed to consider, however, were the intricacies involved in who should determine the rules governing socially acceptable behavior on list servers, and how fine the line can be between maintaining etiquette and engaging in censorship. I invited anyone with strong opinions on this matter (for or against) to submit comments to me and James C. Coyne, Ph.D., Professor of Psychology in the Department of Psychiatry at the University of Pennsylvania School of Medicine kindly took me up on my offer. I want to thank Dr. Coyne for his thought-provoking response, and invite you all to continue to submit your comments to me at [dr.rego@gmail.com](mailto:dr.rego@gmail.com).

#### **On the Call for Civility on List Servers**

James C. Coyne, PhD

*Professor of Psychology in Psychiatry,  
University of Pennsylvania*

In *The Language War*, Robin Lakoff provides the tools for looking behind the insistence that postings on list servers be civil. First, this call is likely to arise in contexts where views have become polarized, where the basic assumptions do not allow for compromise and where there is no common ground to be found. Second, it is likely to be made by those in power or those who most identify with these views and who share a sense of threat to that power: “So the reasonable-sounding critique of “incivility” (and who is for incivility?) masks a fear that they are taking over, that the neutral status

quo will be revealed to be partisan and arbitrary.”

Noam Chomsky takes issue in *Power and Terror* with the Quaker admonition of “speaking truth to power,” arguing it is highly overrated. Those in power do not need to be told the truth, they probably already know it. They are mainly interested in suppressing and distorting it, and similar to Lakoff’s analysis, committed to convincing us that their view is neutral, rather than partisan and arbitrary. When people in power are given the option of deciding what is civil, it becomes too tempting to them to use it to enforce the appearance of the righteousness of their views and of the lack of dissent

Do list servers need rules for civility and monitors to enforce them? The membership of the Society for a Science of Clinical Psychology list server (SSCPnet) has a number of times considered and rejected rules for civility. It remains one of the liveliest and most interesting list servers going. Occasionally exchanges get heated, and sometimes – we not know how commonly, because it is typically done back channel – members counsel each other to cool down.

I like to think about incivility as the yellow zone on my tachometer. I do not drive with the needle constantly in the yellow zone, but once in awhile I let it slip into it when I am accelerating. I would not want a limit set on the engine revving into the yellow zone, even if I appreciate that it is not a good way to drive.

Some list servers do have codes of civility. Almost without exception, these list servers tend to be dull and without a lot of activity, beyond requests for referrals or official announcements. And enforcement of the rules on these list servers is also not usually content neutral: board members typically warn and even threaten the posters of messages that take issue with the leadership’s actions or otherwise offer dissenting views. But even when threats and warnings are not so blatantly politically motivated, they are thoroughly dulling more generally of free, thoughtful expression.

A lot of what is judged “uncivil” on list servers and in other public forums is generating only heat, not much light. But having to be overly concerned about generating heat does not usually lead to very enlightening discussions. Being uncivil does not seem to be necessary for intelligent discussion, but then why is it that critical, intelligent discussion seems to disappear from list servers where civility is enforced? ■■

Katherine L. Muller, PsyD—Section Editor

### Political “Psy-ence”

Katherine L. Muller, PsyD

 Sorry election-watchers, no scoop on primaries, debates, or superdelegates here. Just a dose of information and education, sometimes hard-earned, from the political minefield that is the workplace. In this column, seasoned experts weigh in on coping with employment-related expectations, emotions, and egos. Some of this advice may go against the ever-so-empathically-honed grain that is our field, but this is the real-life, classified “intel” for early career psychologists from experienced sources that shall remain nameless.

#### Slogan 1: We Are a Team

Many jobs in the field of psychology tout the fact that they enjoy a “team environment”. This selling point is also referred to as a “multi-disciplinary team approach” or, in some cases, “a big happy family”. What this really means is that you become part of a group that may include any, and sometimes all, of the following: administrative and clerical staff, medical doctors, other psychologists, social workers, counselors, research assistants and trainees of all sorts. At best, everyone gets along and respects each other. At worst, hierarchies become obvious, personalities clash, and resources are competed for. My sources suggest that you “observe the dynamics of the group” and learn how you fit into the system. Working within the existing system, rather than “bucking the system”, is highly recommended. Another veteran of office politics reminds us that, “you will not get along with everyone”. I’ll add that, in fact, you may even dislike some of the people you work with. This is okay, and may not even warrant a “mediation”. One of the nuggets of insight experience imparts is that “not everything needs to be processed”, despite what you may have learned in that group therapy class.

#### Slogan 2: Express Yourself

No matter how “warm and fuzzy” your workplace seems to be, some displays of emotion are better left at home. I don’t mean to be a cynic, but working in a field where affect is typically encouraged does not mean you should

display your emotions or talk about your personal problems willy-nilly. A number of insiders recommended “using discretion” when sharing the trials and tribulations of your own life with co-workers. One contributor “learned the hard way” after sharing with a superior that she had not been sleeping well because of marital problems, tearing up as she explained the troubles at home. She was appalled when, during a group supervision session, the supervisor referred to her “relationship woes” in front of the other four supervisees. My two-cents here is that you should not assume that the powers-that-be will sympathize with you when you are going through a rough spell. I recall not being allowed to miss my weekly intake slot even when a family situation required me to leave early. The weekly clinic census had to be met, regardless of my personal concerns. We may be in the “helping business”, but it’s still a business!

#### Slogan 3: Read My Lips...

...but don’t necessarily believe everything I say. An insider advises early careerists to “ask about expectations” both early and often. The story goes that a psychologist accepted a position and reviewed the “on paper” expectations in detail with the new employer. Upon leaving the position a few years later, the employee faced a significant backlash from the employer for “not staying for five years”, a little tidbit that was not in the contract. Co-workers told the psychologist that they had found out about this “unspoken obligation” by asking questions and listening closely to statements the boss had made about research expectations and grant writing. The tip here is to ask the supervisor/director about expectations and also to talk with co-workers about the “culture” of the workplace you are entering. In addition, don’t get too comfy and assume you know the deal because you’ve been working somewhere for a while. One source suggested setting up yearly “feedback meetings” with your superior to not only review your progress, but also to check in on expectations and note any changes therein.

Well, my early career peers, I hope that the only politics you encounter in the future on are on CNN. But should you bump up against some of this tricky business in the workplace, these suggestions may come in handy. Feel free to let me know how you’ve handled similar situations and contribute to the campaign fund of knowledge for future psychologists: [kmuller@montefiore.org](mailto:kmuller@montefiore.org). ☐☐

## Our Perennially Bifurcated Identity

Nicholas A. Cummings

1979 Division 12 President

Section Editor's note: *Now that I have essentially completed my survey of the history of Division 12 and its forbears, I began thinking of what to do for an encore. My solution, as approved by TCP Editor Sanderson, was to ask various former presidents of the Division from a few decades ago to give their own perspectives on the organization or the field. Here is the first one, by Nick Cummings:*

 The mid-1970s were a time of uncivil foment in Division 12 as practitioners, who had grown exponentially in number, were determined to wrest its control from the grip of academic clinicians. As defined by Theodore Blau (1977 APA president), “a clinical psychologist is one who unlocks the office door each morning not certain whether he or she will be able to earn enough to put food on the table.” In his view, academicians secure in tenure do not qualify as clinical psychologists, no matter what their activity. As contentious as this dichotomy may be, it was widely accepted by practitioners who were determined to alter Division 12's reputation as an academic club.

It was in this contentious atmosphere that in 1977 I was elected to assume in 1979 three presidencies:

***Academicians  
secure in tenure  
do not qualify  
as clinical  
psychologists,  
no matter what  
their activity***

I had been erroneously branded as a practitioner who was hostile to clinical science. Nothing could be farther from the truth. To be sure, I was and am a practicing professional psychologist, but my extensive research and practice careers began concurrently and continue to this day, having

Division 12, Division 29, and the APA itself. No sooner were the election results announced than the incumbent Division 12 president-elect mounted a drive to have me resign, stating that I could not possibly serve all three posts effectively. The real reason, however, was that

produced in my 65 professional years over 450 refereed journal articles and 46 published books. When one believes as I do that clinical research without extensive practice experience and expertise is stilted and limited, while practice without a foundation in random clinical trials is crippled, then one is branded an infidel by both camps. I did resign my elected office with Division 29, but incensed by the egregious attacks, I refused to relinquish my Division 12 elected office, and in 1979 I functioned as both APA and Division 12 presidents.

As its chief of mental health I was able to persuade Kaiser Permanente in 1959 to make psychotherapy a covered benefit. I literally designed and implemented the first comprehensive psychotherapy insurance benefit in the United States, as before that time psychotherapy was a stated exclusion in all health benefit policies. With my staff we embarked on years of ongoing research, altering the delivery system in accordance with successive findings. It was this research, and especially what NIMH named my “medical cost offset” studies that demonstrated targeted psychotherapy significantly reduced medical/surgical costs far above the cost of the behavioral interventions, that convinced the insurance industry to eventually make psychotherapy a covered health benefit.

When I assumed the Division 12 office I was already convinced that healthcare was about to industrialize, with profound changes in healthcare delivery in the offing as control passed from physicians to business interests. I was further convinced that mental health would also industrialize and psychology would lose control of its own practice if it did not address the need to train itself in both the design and implementation of delivery systems, as well as in what behavioral interventions work in natural settings. Outcomes research was big stuff in those days (e.g., Bergin, Luborsky, Strupp), but it was leading nowhere, and Seligman's (1995) distinction between laboratory (efficacy) and natural settings (effectiveness) was still fifteen years away. My warnings went unheeded, so I made the decision to provide a model that could be emulated by psychologists, thus saving our profession. Borrowing from my twenty-five years of experience at Kaiser Permanente I founded the first of what was later to be named a managed behav-

History Column cont. on page 11



## Perspectives on Professional Development in Psychology: An Interview with Elizabeth Kensinger

George M. Slavich, PhD

 Dr. Elizabeth Kensinger graduated *summa cum laude* from Harvard University, with a B.A. in psychology and biology, and received her Ph.D. in neuroscience from the Massachusetts Institute of Technology (MIT). Currently, she is an assistant professor in the Department of Psychology at Boston College, where she is a beloved teacher and successful early career scientist. Dr. Kensinger's scientific productivity is remarkable (e.g., she has published nine articles or chapters per year since 2003), and she is also the recipient of many grants and awards. In this column, I ask her to share with us her secrets for success while discussing her perspectives on professional development!

*GMS: First, congratulations on your many successes, and thank you for offering to share your thoughts on professional development with us!*

EAK: Thank you for inviting me. I think forums like this are very important because one of the hardest aspects of starting an independent career is the abrupt transition from having a large cohort of peers with whom you can discuss career development to being one of only a handful of junior faculty at an institution.

*GMS: What were your primary goals as a graduate student at MIT and why?*

EAK: Going into graduate school, I knew that I wanted to study human memory, but I had no particular research question and I wasn't sure at what analytical level I wanted to investigate human memory. This meant I really had two goals for myself when I entered graduate school. My first goal was to expand my knowledge of neuroscience methods and to gain a better appreciation for how multiple levels of analysis could be used to address a research question; my second goal was to focus my research interests. Dr. Suzanne Corkin's laboratory was an excellent fit with both these goals because I could study human memory using multiple approaches: by testing healthy individuals, interacting with patients with memory deficits, and conducting

functional magnetic resonance imaging (fMRI) scans. I also had the freedom to explore a number of research topics, and I had Sue's full support when I found the topic that I wanted to spend my career researching: emotional memory.

*GMS: Following graduate school at MIT, you returned to Harvard to post-doc with your undergraduate mentor, Dr. Daniel Schacter. What were the main benefits of this experience?*

EAK: I began doing MRI research fairly late in my graduate career, and I thought that gaining expertise with a wider array of MRI acquisition and analysis techniques would better prepare me for leading my own laboratory. I had enjoyed every moment in Dan's laboratory as an undergraduate, and so I jumped at the opportunity to return as a post-doc. For me, doing a post-doc was instrumental in facilitating a smooth transition to my junior faculty position. In addition to expanding my research skills, I gained more experience in grant writing, taught several undergraduate seminars, and served as an advisor for some undergraduate thesis projects. These experiences enabled me to tackle the teaching-mentoring-research triad required of a junior faculty member.

*GMS: It appears that you love to teach. How do you see this activity relating to your research in particular and your professional development in general?*

EAK: Teaching forces me to take a step back and to think broadly about the importance of my research and its relation to the field of psychological science. These abilities are essential when I'm writing a manuscript for a wide-reaching audience or when I'm putting together a grant application. More generally, teaching keeps me motivated by reminding me how many questions remain unanswered. It also emphasizes to me that we're not going to solve all the mysteries of the human mind in my lifetime, so it's essential that we teach the next generation well and lay as strong a research framework as possible upon which they can build.

*GMS: Obtaining major grants is often important for professional advancement. Acquiring such funding, however, has become increasingly difficult. What is your strategy for remaining successful during these times?*

EAK: First, I figure out what question I want to answer and then I look for funding to support that line of research. When I am looking for funding sources, I search grant databases at least once a month to learn about upcoming deadlines, and I often

## Student Column (cont.)

look beyond the obvious federal funding sources for opportunities from smaller agencies or private foundations. Second, once I've identified an agency whose goals seem to match up with my research interests, I spend time researching that agency: What are their motivations in funding the type of research that I do? Who reviews the grant applications, and do they have expertise in my field? Who has received awards from this agency in the past and what has been the scope of their projects? I use this knowledge to tailor my research proposal so that it clearly describes how my research fits with the agency's goals. Third, I try to view grant writing as a way to clarify my thinking on a topic rather than as a way to secure funding. Trying to anticipate the critiques of grant reviewers helps me to think critically about my own ideas, so I benefit from the grant writing process even if the grant is not funded.

*GMS: What does the future of psychological science look like from your standpoint?*

EAK: I think that psychological science will increasingly place emphasis on individual differences and on the use of multiple levels of analysis to understand human behavior. The line between psychology and neuroscience will blur, with laboratories researching how individuals' genes, brain structure, brain function, gender, and personality influence behavior.

*GMS: What can students do to be better prepared for this future?*

EAK: It is critical for students to gain broad training in psychological and neuroscience methods. For example, even if students aren't planning to use MRI or other neuroimaging techniques in their own research, they should understand how those methods work and how to evaluate how well a neuroimaging study was conducted.

*GMS: Finally, what is the best professional development advice that you ever received?*

EAK: To keep searching until I found a tractable research question to which I had to know the answer. Once I found that question, everything fell into place for me. There are Saturday mornings when I wake up with the sun to analyze data, not because of an approaching deadline, but because I cannot wait a moment longer to know whether or not my hypothesis has been supported.

*GMS: On behalf of the student members of Division 12, thanks for your time!*

EAK: Thanks, my pleasure.

**Note: To hear more about Dr. Kensinger's perspectives on professional development, come to her invited address on Saturday, August 16th, 2008, from 10:00am to 10:50am, during the upcoming APA Convention. ☞**

## History Column (cont. from page 9)

ioral health organization (MBHO). This was offered as a laboratory, and I invited colleagues to come and spend as much time as needed to learn how to meld delivery design with both efficacy and effectiveness. In this way we could weather the industrialization of healthcare with psychology firmly in control of its own practice, but no one came and I couldn't even give the technology away. But business types, looking for a model to industrialize mental health now that it had been accomplished with healthcare, came in droves. The company grew in twelve years to be a billion dollar delivery system, employing 10,000 clinicians, and encompassing 25 million covered lives in 39 states. By then I grew weary of being demonized by my own colleagues, and finding myself well into my seventies, I sold the company in 1992. To this day American Biodyne remains the first and only MBHO totally driven by psychologists, where not only all

decision-makers were psychologists, but the necessary business types as well as medical directors reported to psychologists.

Today Division 12 is making great strides in promoting evidence based treatment, but the decisions of how, when and whom we treat have passed out of our hands and into those of solely business interests. The sharp difference between clinical trials composed of randomized but single diagnosis patients and natural settings where co-morbidities abound is finally taking hold. But still escaping clinical psychology is the need to design, innovate, and implement behavioral health delivery systems that would enable us to take back our practices. Entrepreneurship in clinical psychology is still a dirty word, or at best elusive. As long as psychological practice continues to decline, the dichotomy between research and practice will continue as each side blames the other for the plight of practice. ☞



## Ethical Considerations in Discussing Medications with Clients

Timothy J. Bruce, PhD

 Whether trying to inform a client's treatment selection by discussing options, or fielding a question about whether a particular sensation is a known side effect of a particular medication, psychologists are routinely faced with decisions about when and how to interact with their clients regarding medications. Some authors have identified common roles and responsibilities that non-prescribing mental health service providers are routinely asked to assume regarding medication use by their clients (e.g., Bentley & Walsh, 2000; King & Anderson, 2004). They include the following:

- Educating: providing clients and family members with information relevant to medication use including, for example, empirical support relative to other options, common side effects, and how the medication may interact with other interventions;
- Consulting and collaborating: determining a client's possible needs for medication, making referrals to physicians, and regularly working with the physician and client;
- Advocating: assisting clients and family members in working with their physicians;
- Monitoring and reporting: evaluating positive and negative effects of the medication on the client and communicating these to the physician and client.

Adopting any of these roles and responsibilities requires a psychologist to understand the applicable ethical guidelines. So, what principles and standards of the American Psychological Association's Ethics Codes (APA, 2002) apply? Although, perhaps surprisingly, there is not a wealth of information on this topic in the literature, what does exist shows common themes and recommendations. This column begins a series in which these major themes are discussed and invites interested readers to contribute. In this edition, we start with the issue of professional relationships.

Responsibilities such as consulting, collaborating, monitoring, and advocating around a client's medi-

cation options ask psychologists to form relationships with prescribers. Principle B: Fidelity and Responsibility, of the APA guidelines is relevant to this action. It states, "...Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct." The ethical standard relevant to this principle is 3.09: Cooperation with Other Professionals. It states, "When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately." Of course, prescribers and psychologists use different interventions, often guided by different therapeutic models, and sometimes targeting different outcomes. The potential is there for any of several undesirable outcomes, from confusing the client to diminishing the potential benefit of either intervention.

Key to the principle and standard guiding professional relationship development is that the relationship is formed to serve the client's best interest. It would seem clear that this is the intent of any psychologist who would advance good communication and coordination among all providers involved in a client's care. It gets more complicated when a disagreement between providers arises out of differences of opinion about what is "best" for the client.

One example of this issue from the literature was a situation in which a psychologist had a client who was on phenelzine sulfate (Nardil) and failing to follow the dietary restrictions. As many know, patients on Nardil are asked to maintain a diet free of tyramine or risk a potentially fatal hypertensive reaction. If the physician is informed about the patient's behavior but determines that the risk is low and that the Nardil prescription should be continued, does the psychologist have an independent ethical duty to warn the client? The ethical standard on professional relationships would suggest that the psychologist should do what is in the best interest of the client's welfare, which would seem to be to inform the client. But, there are clearly additional considerations to determining what the ethical course of action is here. For example, is the psychologist competent to assess this risk and act upon the assessment?

*Psychopharm Update cont. on page 13*

## The Connection between Language and Culture

Anne F. Nicolas

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 Language is culture (Duranti, 2004) and thus an individual's culture is understood by its language. Language on the hand is a set of rules for generating speech (Gao, 2006). The language's words represent the cultural attitudes and values that are used in the proper setting. Thus, an individual's cultural identity may be created and expressed through the use of language (Jandt, 2003). Language is a vehicle through which the meaning of culture is expressed and thus the understanding of the language of a particular group may involve greater comprehension of the culture of that group (Gao, 2006). As pointed by Taylor (1979), "An individual language speaker's effectiveness in a foreign language is directly related to his understanding of the culture of that language" (pp. 61). Thus, the teaching of language should be integral to the culture from which the language is taken.

For example, imagine that a little girl is taught to associate the word, "birthday," with cultural values that develop the meaning for the term. Some of these associations to the term "birthday" may be love for life, family, friends, parties, and gifts. The meaning that this girl creates for "birthday" may sound like this: *birthday (n.) — an occasion that celebrates the anniversary of a person's birth with parties, gift-giving, family and/or*

*friends.* A culture that celebrates a birthday this way, particularly, in western cultures, may, to some, resemble Rousseau's description of the "culture of the South." The archetype of this culture is reminiscent to western societies because they are prosperous. These cultures are bountiful with resources that are attainable to everyone in order to have such an experience, concerning the meaning surrounding the word — *birthday* (14-17). Thus the words within language may be connected to the culture that creates the concepts.

Language, a basic environmental survival tool, shares through a desire to communicate with others the happenings of their surroundings. Language is an interaction that shapes and sustains relationships. Ludwig Wittgenstein (1984) believes language trains a person about a culture, teaching the values of that particular culture (pp. 87-88). The power of one single thought from an individual can influence the environment and the community. The environment affects the behavior by influencing ideas in the mind. These ideas become words that will convey shared experiences within the environment. These words are shared and expressed through cultural activities. Other individuals share their thought processes and perceptions. They influence other people's cognition.

Language supplies the means of conveying these thoughts. Culture is, then, reshaped. It is communicated and preserved. Through language, culture is passed on to the next generation. How do we utilize language to connect or disconnect with individuals to whom we pro-

Diversity Column cont. on page 17

## Psychopharm Update (cont. from page 12)

The APA Ethical Standard 2.01 regarding Boundaries of Competence comes into consideration here, and in the bigger question of the ethical considerations involved in addressing medication issues with clients (cf. Littrell, & Ashford, 1995). To be continued...

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## BOOK RECOMMENDATIONS

Lata K. McGinn, PhD—Section Editor

### **The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder**

By Allan V. Horwitz & Jerome C. Wakefield  
(2007). Published by Oxford University Press,  
New York, NY. ISBN: 978-019-531304-8

Recommended by Keith S. Dobson, Ph.D.  
Department of Psychology, University of  
Calgary, Canada

 *The Loss of Sadness* is a treatise on the distinction between sadness and clinical depression. The authors argue that there has historically been a distinction between normal responses to loss or deprivation, and more severe depressive syndromes which are out of step with environmental triggers, and which reflect a true disorder. They argue that whereas earlier models of depression embraced this distinction, there has been an unfortunate lack of distinction in nosological models since the inception of the DSM-III. They further suggest that the theoretical and causal neutrality of the current DSM system has enabled the mistaken idea that there is a spectrum of depression, which ranges from “subclinical” at one end, to mild and extreme at the other. This medicalization of depression, in their view, has eroded the conception that some sadness or depression is natural and self-limiting, rather than simply a minor variant of a clinical disorder.

The authors of *The Loss of Sadness* are a sociologist and social worker, and a theme of the book relates to the social context of depression. The authors suggest, and provide considerable evidence to argue that depression often results after negative life events, especially loss. They suggest that by de-contextualizing

depression, the developers of the DSM and non-contextual approaches to treatment (e.g. psychopharmacology) tend to also trivialize the human condition. The authors criticize the tendency to view sadness as a problem to be reduced as quickly as possible, rather than a consequence of being an empathic, caring and invested person.

Not surprisingly, the authors suggest that models of depression need to re-capture the distinction between normal sadness and true clinical depression. They argue that treatments, when offered (and they suggest that treatment is offered too readily), should be contextualized. What was surprising to me, however, was the fact that the authors never grapple with the potential value of psychosocial models and treatments of depression (e.g. interpersonal therapy; cognitive-behavioral therapy; behavioral activation), and whether or not these treatments might meet their criterion of being contextually embedded and evidence-based treatments for clinical depression. I was also somewhat surprised that they essentially maintained the validity of the distinction between sadness and melancholia. Historians of depression will know that this distinction has failed, in that sadness and melancholia may not readily be distinguished by symptom patterns, treatment responses or by the presence or absence of a clear psychological stressor prior to an episode of depression. The earlier distinction between “reactive” and “endogenous” depression, as seen in DSM-II, was dropped precisely due to a lack of predictive validity.

On balance, I found this to be an invigorating challenge to resist simplistic models of depression, to recall the fact that much depression can be explained within the psychosocial context, and to bear in mind that the medicalization of human experience carries with it certain risks. While there are some areas of the field which I wish the authors had explored, there is much here to commend the book to students of psychopathology. ■■

### *The Clinical Psychologist*

Past issues of *The Clinical Psychologist* are available at  
[www.apa.org/divisions/div12/clinpj.html](http://www.apa.org/divisions/div12/clinpj.html)



Donna Rasin-Waters, PhD—Section Editor

## Tired of Seeing APA Action Alert Messages? Please Read On.

Donna Rasin-Waters, PhD,  
Division 12 Federal Advocacy Coordinator

 Whether student member, early career or seasoned psychologist, probably the most effective way to advocate is to do so consistently and tirelessly, despite how busy we all tend to be. One of the greatest lessons I have learned in my role as Federal Advocacy Coordinator for Division 12 is to persist in the grassroots effort for psychology on Capitol Hill. It is not unusual for legislation to take many years to pass. As an example, the road to Mental Health Parity has been long and winding for the past 10 years. We are optimistic that success will finally come this year, once the differences between the Senate and House mental health parity bills are worked out in conference.

On another front, the APA Practice Organization has been advocating non-stop since 1996 on Medicare issues. Once again it has been a long and hard road

### *How can we encourage each other to advocate for our profession?*

with our most critical battles ahead of us. It is essential to sustain and increase present reimbursement rates, as well as increase future rates for psychological services. In addition, it will be important to gain mental health parity for Medicare copayments since this year's bill is unlikely to include Medicare parity. It is critically important for all of us, whether researcher, educator or practitioner, to understand that if we do not have a viable Medicare insurance reimbursement system we will have difficulty negotiating insurance reimbursement with private insurance carriers because Medicare sets the benchmark in the industry.

So how can we encourage each other to persist in advocating for our profession, particularly when the battles can seem so endless that we may want to tune out and stick our heads in the sand? Overall, we have to recognize and take seriously that we have everything to lose if we do not work together effectively on issues that involve our future as a profession. Medicare

has lost ground in reimbursement rates for over more than a decade, with some small restorations won back instead of larger percentage decreases over the years from 1996-2006. Then in 2007 we sustained a 7% cut. This cut to Medicare was made to offset increased payments the Centers for Medicare and Medicaid Services (CMS) made for Evaluation and Management codes to physicians following the "5-year review". While the cuts were not aimed at psychology, the impact was greater due to how psychological services are weighted more heavily toward work values in the reimbursement formula. Last December, Congress blocked another 10.1% annual cut that would have again impacted psychological services for 2008, but this block is temporary and only effective through June 2008. We must continue to advocate through grassroots efforts to prevent the 10.1% cut from going into effect July 1st.

Other changes by CMS caused reimbursement rates to be lower in January 2008 despite the action taken by Congress. In addition to some remaining adjustments under the 5-Year Review, CMS also continued to impose changes in practice expense due to its use of a new methodology. Practice expense changes will continue with psychological services expected to lose 2% each year through 2010.

So even if you get tired of the APA Action Alert messages that are posted on the listserv please advocate for psychology by opening the email and taking a moment for advocacy. It is easy to follow links from listserv notices I post concerning when and how to take action, to the Practice Organization site which allows one to personalize and send letters to Congress. Of note is that personalizing your letter to representatives increases the effectiveness of that letter by a significant percentage—from about 3% to 60-70% in effectiveness. This difference is due to the fact that the internet has made letter writing to Congress so simple. The staff in any given representative's office will view a letter that has been personalized as actually coming from a constituent that really knows and understands the issue. So take a moment to add a few lines to the APA letter by noting how the issue at hand effects your practice and the clients you serve and remember, we must often be the voices for the persons we help or conduct research with given how the stigma of mental illness may hinder their own ability to voice an opinion.

Contact: [drrasinwaters@aol.com](mailto:drrasinwaters@aol.com) 



### Section II: Society of Clinical Geropsychology

Deborah A. King, Ph.D.

 The Society of Clinical Geropsychology has been working on the following initiatives under the leadership of President Suzanne Meeks, whose presidential theme is “the branding of clinical geropsychology.” The Board approved submission of the outcomes of the 2006 APA Task Force on Evidence-Based Practice in Geropsychology to the National Guidelines Clearinghouse. We are also working on enhancing our website to expand the “Members Only” section and allow more flexible online payments. We are grateful

*Section II continues to support a variety of advocacy initiatives, including the use of the media platform ProfNet to connect psychologists with the media in their areas of expertise.*

for the efforts of our Website Coordinator, Rachel Rodriguez, who will be retiring from the position this year. The Board has also been working on the re-invigoration of our Diversity Committee under the leadership of Diversity Chair, Angela Lau. Angela is committed to developing a resource page on the Society website for diversity information and to expand outreach

to diverse early career professionals in geropsychology. The Society continues to support a variety of advocacy initiatives, including the use of the media platform ProfNet to connect psychologists with the media in their areas of expertise. Donna Rasin-Waters leads this and other advocacy efforts on behalf of Division 12 and the Society.

Previously I reported on the work of 2007 APA President Sharon Brehm’s Task Force on Integrated Health Care for Older Adults. The Task Force report, *A Blueprint for Change: Achieving Integrative Health Care for an Aging Population*, was recently approved by the APA Council of Representatives and is now available on the APA website: <http://www.apa.org/pi/aging/blueprint.html>.

Visit our website at <http://www.geropsych.org/>

to join our Section or get more information on clinical geropsychology!

### Section III: Society for the Science of Clinical Psychology

E. David Klonsky, Ph.D.

Lee Anna Clark is SSCP President, Dan Klein Past-President, Howard Garb President-Elect, Elizabeth Hayden Secretary-Treasurer, and David Klonsky Representative to Division 12. We would like to update the Division 12 membership on two developments.

We are making a major push to increase student involvement in our section. Our board has recently expanded to include two positions for students. Frank Farach (Yale University) and Ashley Pietrefesa (Binghamton University) were elected by our student membership to be the first students to fill these positions. They have worked to develop several student-oriented initiatives including a student social to be held at the APA convention and a regular student-oriented column to appear in the SSCP newsletter *Clinical Science*. Annual student membership in SSCP costs only \$10.

SSCP plans several events at the upcoming APA convention. The SSCP Distinguished Scientist Award Address will be delivered by Connie Hammen on *The Social Context of Depression*. The SSCP Presidential Address will be delivered by Lee Anna Clark and is entitled: *Trait Vulnerability + State Symptoms + Dysfunction: A New Formula for DSM-V Diagnoses?* Finally, Leonard Simms is chairing an SSCP symposium on *Clinical Science Perspectives for DSM-V*. The symposium will feature an ‘all-star’ lineup of prominent researchers, including Roger Blashfield (personality disorder), Terence Keane and Mark Miller (PTSD), Dan Klein (depressive disorders), Ken Sher (alcoholism), Eric Youngstrom (pediatric bipolar disorder), and Robert Krueger (discussant).

Additional information about SSCP can be found on our website: [www.SSCPweb.org](http://www.SSCPweb.org).

### Section VI: The Clinical Psychology of Ethnic Minorities

Anabel Bejarano, Ph.D.

The recent and first national conference on *Culturally Informed Evidence Based Practices: Translating Research*

## Section Updates (cont.)

and Policy for the Real World, held in March 2008 was a success. This conference was co-led by Section VI and was sponsored by 25 APA Divisions, making it the largest sponsored conference in the history of APA aside from the Annual APA Convention. Power point slides of conference presentations are now available on line at <http://psychology.ucdavis.edu/aacdr/ciebp08.html>. In conjunction with this conference, the Executive Committee (EC) of Section VI held a retreat, during which several initiatives were agreed upon. Of significance, we are developing mentoring opportunities for students as a focal benefit of student membership. Stay tuned via the section website and newsletter for detailed information.

Section VI will offer an array of didactic programming at the APA Convention in Boston. The following

**Section VI is developing mentoring opportunities for students as a focal benefit of student membership. Stay tuned via the section website and newsletter for detailed information.**

is a list of programs.

Chair, Eduardo Morales, PhD, Discussant Cheryl A. Boyce, PhD, presenters are Drs. Alfiee M. Breland-Noble, Melanie Domenech - Rodriguez, Courtney Ferrell, Elizabeth P. MacKenzie, and Guerda Nicolas in Infusing Evidence-Based Practice Into Clinical Science, Teaching, Supervision, and Practice on Friday 8/15 from 2:00 - 2:50 PM at the Boston Convention

and Exhibition Center in meeting room 254A. Our Social networking hour is on Friday, 8/15 from 3:00 - 5:00 PM.

On Saturday, 8/16 from 11:00am - 12:50pm we will host Research and Training Funding: Discussions with Representatives from Federal Agencies at the Boston Marriott Copley Place Hotel in the Simmons Room. Please note this session is not listed in the APA Convention Program and participation should be confirmed by contacting Leslie Cameron at [lcameron@apa.org](mailto:lcameron@apa.org) or 202-336-6044 by August 3rd. The following agency staff members will meet to address pathways to funding and provide feedback in small-group format to participants regarding their proposed research plans, therefore participants should bring their specific ideas or proposals. National Institute on Drug Abuse: Lula A. Beatty, PhD and Harold Perl, PhD; National Institute of Child Health and Human Development: Lisa Freund, PhD; Substance Abuse and Mental Health Services Administration: Charlene E. Le Fauve, PhD and Jorielle Brown, PhD; National Institute of Mental Health: Courtney Ferrell, PhD; National Institute on Aging: Miriam Kilty, PhD; Office of Research on Women's Health, NIH: Joyce Rudick; and Centers for Disease Control and Prevention: Janet Saul, PhD. On Sunday, 8/17 from 8:00 - 9:50 AM at the Boston Convention and Exhibition Center in meeting room 104B, Dr. Breland-Noble will chair a symposium on Evidence-Based Practice With Diverse Populations, Discussant Cheryl A. Boyce, PhD, presenters are Drs. Breland-Noble, Domenech-Rodriguez, and Huey. We look forward to seeing all of you at the APA Convention.

### Section VII: Clinical Emergencies and Crises

**Marc Hillbrand, Ph.D.**

Section VII is continuing to generate resources for

## Diversity Column (cont. from page 13)

vided services to is a question that requires some critical analysis and self reflections.

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clinicians on diversity issues in clinical emergencies. Upcoming documents that will be available on the Section website include a fact sheet on early psychological response to mass disaster, developed by Morgan Van Epp, a fact sheet on minorities and suicidal behavior, developed by Liliana Cordero, and a link to the updated Directory of APPIC Internship sites that offer training in behavioral emergencies.

Several Section members presented at the 41st Annual Conference of the American Association of Suicidology in Boston. AAS has strong links to Section VII. Over the years, several AAS presidents have been Section VII members, including current AAS president, Peter Gutierrez, and president-elect James Rogers. The conference theme was "Advancing Suicidology: Embracing Diversity". Topics of presentations by Section members included suicidality in veterans, a surveillance system for patient self-injuries, physicians' understanding of "black-box" warnings, the National Violent Death Reporting System, and electronic medical records in suicide risk assessments. There were many poignant moments in this conference, including a moving tribute to John Kalafat, whose loss is deeply felt by the many colleagues he inspired.

Recent publication from Section VII members include "Suicidal behavior and self-injury" by Richard McKeon, published by Hogrefe & Huber (2008).

Section VII looks forward to excellent programs at the 2008 Convention in Boston. James Rogers will deliver the Presidential address entitled "Diversity perspectives on early psychological response to mass disasters". Peter Gutierrez, Lisa Brenner, Beeta Homaifar, and Jennifer Olson-Madden will provide an update on research on and clinical efforts at suicide prevention targeting veterans. Israeli psychologist Ariel Merari will present on the psychology of suicide terrorism with Bruce Bongar and Brad Belsher. Section founder Phil Kleespies, David Rudd and Dean Kilpatrick will give a half-day continuing education workshop on at-risk adolescents.

### **Section VIII: Association of Psychologists in Academic Health Centers**

**Ronald T. Brown, Ph.D.**

The Association of Psychologists in Academic Health Centers has been quite busy preparing for the annual convention in Boston. Over the past several months, we have

worked particularly hard in preparing a balanced program including areas of public health primary prevention, funding opportunities in both training and research, issues regarding the politics of health care reform, and behavioral pediatrics all of which directly impact both scientists and practitioners in academic health science centers.

Our presenters will include both physicians and psychologists. Herbert Benson, M.D. will present a program of the relaxation response to counteract the harmful effects of stress. Dr. Benson who is the Director Emeritus of the Benson-Henry Institute and the Mind/Body Medical Institute is Associate Professor of Medicine at Harvard Medical School. Dr. Benson is widely acknowledged as a pioneer in the fields of behavioral medicine and mind/body studies, as well as in spirituality and healing medicine. As psychologists continue to investigate psychosocial issues in the area of complimentary and alternative medicine, this presentation promises to be especially informative and enlightening. The presentation undoubtedly will aid in the care of the clients we serve as well as managing our own stress that is associated with working in academic health sciences centers.

Over the years, behavioral sciences research and funding opportunities have become an increasing challenge for psychologists in academic health sciences centers. Thus, we are fortunate to have Ronald P. Abeles, Ph.D., provide an insider's view of the National Institutes of Health that will include specific keys to navigating research and training opportunities in behavioral sciences research and training. Dr. Abeles serves as a special assistant to the Director of the Office of Behavioral and Social Sciences Research at the National Institutes of Health. Dr. Abeles has been instrumental in fostering behavioral and social research throughout the National Institutes of Research and also served as the Executive Secretary and Acting Chair of the ad hoc National Institutes of Health Working Group on Health and Behavior. This one hour presentation promises to be especially informative as psychologists in academic health sciences centers are challenged to ascertain external resources to cover their salaries as well as sustaining clinical and training operations.

Robert G. Frank, Ph.D., ABPP, Senior Vice President for Academic Affairs and Provost received the 2007 Association of Psychologists in Academic Health Centers 2007 award for Distinguished Achievement in Teaching. Dr. Frank has a long history in administration, academic service and professional practice. His presentation on the politics of health care reform and the reform of psychological practice at the annual convention promises

to be of particular interest as well as provocative during this election year. As practicing psychologists negotiate issues of health care reform in receiving reimbursement from third party payers as well as from various federal insurance programs such as Medicaid and Medicare, this is a presentation that all clinical psychologists will want to attend.

Finally, Edward R. Christophersen, Ph.D., ABPP who received the 2007 award for Distinguished Achievement in Research from the Association of Psychologists of

***The Association of Psychologists in Academic Health Centers looks forward to your participation in the various symposia in Boston, and your thoughts about this year's program.***

Academic Health Centers, will present a perspective of behavioral pediatrics after three decades of successful collaboration with pediatricians. As the American Academy of Pediatrics seeks the expertise of the American Psychological Association on a number of important initiatives including assessment and treatment guidelines, Dr. Christophersen's presentation promises to be especially enlightening as

well as potentially and hopefully provide a framework for collaboration between psychologists and other medical specialties.

We invite your attendance and participation at each of these thought provoking programs. We have assembled a diverse group of distinguished speakers across a broad range of areas including complimentary and alternative medicine, behavioral pediatrics, public health and the National Institutes of Health. We look forward to your participation in these symposia and your thoughts about this year's program. Our best wishes for a relaxing and enjoyable summer and we look forward to seeing you in Boston.

## **Section IX: Assessment**

### **Norman Abeles, PhD.**

At the 2007 convention the board of our section voted an affiliation between the Sage quarterly journal *Assessment* and the section. This went into effect this January. As many of you know our section is dedicated to the promotion of quality assessment in the practice and science of psychology. That is the first sentence of our mission statement. Our statement also points out that clinical assessment is the unique contribution that psychologists make to the field of mental health. We also support and aim to promote quality assessments, assessment training and supervision at the graduate, internship and postdoctoral level.

Our president this year is Radhika Krishnamurthy and Steven Smith is president-elect for 2009. He is our current treasurer. Our treasurer for 2009-11 will be Martin Sellborn.

Our secretary is Mary Louise Cashel. Our student representative for 2008 is Lisa Nowinski. For 2009-2011 Katherine Gifford will be our student representative. Our membership chair for 2009 will be Sharon Jenkins. You are welcome to look at the Division 12 website for our section where you will find sample syllabi of assessment courses by distinguished members including Steven Smith, Robert P. Archer, Yossef Ben-Porath, J.D. Ball and John R. Graham. Come see us at the section business meeting and presidential address at the convention in Boston this summer.

In other business the American Board of Assessment Psychology is continuing its work of granting diplomate status in assessment to individuals who have completed their applications and who have successfully passed their examination for the diplomate in assessment. In late breaking news we are pleased to announce that section IX members will now receive the journal *Assessment* as a benefit of membership. The journal is edited by Dr. Yossef Ben-Porath. 

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## **Society of Clinical Psychology Board of Directors Minutes Austin, Texas January 26, 2008 Submitted by Danny Wedding, PhD, MPH Secretary, Society of Clinical Psychology**

### **Participants**

Irving B. Weiner, Ph.D., *President*  
John Norcross, Ph.D., *President-elect*  
Marsha Linehan, Ph.D., *Past President*  
Danny Wedding, Ph.D., *Secretary*  
Robert Klepac, *Treasurer*  
Larry Beutler, Ph.D., *APA Council Representative*  
Nadine Kaslow, Ph.D., *APA Council Representative*  
Lynn Rehm, Ph.D., *APA Council Representative*  
Linda Sobell, *APA Council Representative*  
Deborah King, Ph.D., *Section 2 Representative*  
David Klonsky, Ph.D., *Section 3 Representative*  
Lynn Collins, Ph.D., *Section 4 Representative*  
Toy Caldwell-Colbert, Ph.D., *Section 6 Representative*  
Marc Hillbrand, Ph.D., *Section 7 Representative*  
Norman Abeles, Ph.D., *Section 9 Representative*  
Brian Hall, *Section 10 Representative*  
Asuncion Miteria Austria, Ph.D., *Diversity Chair*  
Barry Hong, Ph.D., *Membership Committee Chair*  
Jon Weinand, Ph.D., *Educ. & Training Committee Chair*  
Lynn Peterson, *Administrative Officer*

Guests from Section 4:

Elizabeth Davis-Russell, Ph.D.  
Dorothy Tucker, Ph.D.

Those unable to attend: Toy Caldwell-Colbert, Ron Brown

Call to Order, Dr. Irving Weiner, President

The Minutes of the September 2007 Board meeting were approved.

The September, 2008 Board meeting will be September 12 – 14 in Jacksonville, Florida.

President Elect John Norcross anticipates holding the

Fall 2009 Board meeting in Chicago or Philadelphia depending on the cost to the Division.

President Weiner has appointed Committee Chairs and Task Force members for his presidential year. There is an earnest desire to have more student representation on committees and task forces.

Treasurer's Report (Bob Klepac): Although the Division has lost members and dues over the past two years, the budget is currently \$30,500 in the black. The Treasurer predicts a \$12,450 gain in our budget for 2008.

The Division loses money on the Postdoctoral Institutes, but considers them an important member benefit.

The Division saves \$11 per member per year for every member who subscribes to *The Clinical Psychologist* online.

Dr. Barry Hong gave a membership report; we lost approximately 150 members in 2007.

Dr. Weiner gave an APA program update for Dr. Molinari: Larry Beutler will give a keynote address in Boston titled "Why Science Matters to Clinicians, Even If They Don't Know It." The Presidential address will be titled "The Glamour of Assessment Psychology." Any sections desiring time in the Division suite should notify Lynn Peterson of their needs.

Dr. Linehan reported on a tentative slate of officers for the 2008 Election on behalf of the Nominations and Elections Committee.

The Board voted to rescind the rule that anyone who has served two consecutive voting terms on the BD must take three years off before returning to the BD. The Board also charged the Nominating Committee to make every effort possible to nominate individuals who have not previously served on the Board of Directors.

Dr. Linehan noted that there is a real need for the members to submit more nominations for Division 12 awards.

The Board approved a motion to establish a subcom-

## Abbreviated Minutes (cont.)

mittee of the Science and Practice Committee to maintain, update and improve the website on research supported psychological treatments.

The final report of the Taskforce on Strengthening and Promoting Clinical Practice was accepted with gratitude.

Division 12 saves \$9 per issue of *Clinical Psychology: Research and Practice* when our members subscribe only to the online version. The Board approved a motion to develop incentives for members to subscribe online and to devote 50% of any resulting savings to Section X of Division 12 (our student division).

A previous Board decision to make *The Clinical Psychologist* an online journal was rescinded. We will continue to publish a paper version three times per year.

There are currently 11 books in the D12/Hogrefe series, and about 10,000 copies of books in the series have been sold. The two best sellers to date have been *Bipolar Disorder and Obsessive-Compulsive Disorder*. Hogrefe paid the Division \$2,500 in advance royalties in 2007.

The following mission statement was approved:

*The mission of the Society of Clinical Psychology is to encourage and support the integration of psychological science and practice in education, research, application, advocacy and public policy, attending to the importance of diversity.*

The Board voted to eliminate the requirement for a Pro/Con statement for bylaws changes.

The Board voted to eliminate the word “mailing” each time it occurs in the context of voting in the bylaws (to make it clear that voting by email is permissible).

\$500 was approved to “Section Showcase” to highlight the research of the student and early career members.

The meeting adjourned.

Respectfully submitted,

Danny Wedding,  
Secretary. 

## 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:

February 1<sup>st</sup> (Winter/ Spring Issue – mails in early April)

May 1<sup>st</sup> (Summer Issue – mails in early July)

September 1<sup>st</sup> (Fall Issue – mails in early November);

### Editor (2006 – 2009):

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# DIVISION 12 PROGRAM: APA ANNUAL CONVENTION

By Victor Molinari, Ph.D., ABPP  
University of South Florida  
Tampa, Florida  
Email: [vmolinari@fmhi.usf.edu](mailto:vmolinari@fmhi.usf.edu)

 As the program chair for Division 12, I did not anticipate what I was getting into when I signed on for this hefty task. However, the amount of effort that it took to put this together is more than compensated by the good feelings that I have regarding the value of the program which has been assembled. I was very impressed with the quality of the symposia, paper, and poster submissions. Alas, some programs could not be accepted due to space constraints, but I hope that all those who submitted this year will continue with their scientific endeavors. Thanks to the Division membership for all the hard work in submitting such proposals that advance our science.

Although I believe that all of the Division 12 offerings are worthwhile and relevant, I just want to call the membership's attention to some items of broad interest presented by nationally known experts in our field. On Thursday 8/14 from 3:00 PM - 3:50 PM, Dr. Larry Beutler will give his invited address on "Why Science Matters to Clinicians Even if They Don't Know It". Dr. Beutler is a leader in the field of evidence-based practice in psychology, and I look forward to hearing his words of wisdom. I also would like to call your attention to Dr. Herbert Benson's talk on "Relaxation Response to Counteract the Harmful Effects of Stress"

on Friday 8/15 from 8:00 AM - 9:50 AM. It will be great to hear about current perspectives on this topic from a pioneer in the field of health psychology, and we thank Section VIII (Association of Psychologists in Academic Health Centers—APAHC) and Division 38 for joint sponsorship of this talk. We were gratified to learn that Drs. Sidun, Yakushko, Gopal, and Rice's symposium on "Girls, Women, Human Trafficking, and Its Aftermath" was chosen to be part of Dr. Alan Kazdin's presidential initiative on interpersonal violence. It will be held on Friday 8/15 from 9:00 AM - 9:50 AM. As a capstone to Friday's activities, Dr. Irving Weiner will be presenting his presidential address on "The Glamour of Assessment Psychology" from 2:00-2:50 PM. Dr. Weiner has made major contributions to psychological assessment over his many years of professional service, and it's great to know that he is still excited about a topic that he knows so well.

I would like to give special thanks to my graduate student in the School of Aging Studies at the University of South Florida, Whitney Mills, for all the time she took in doing the program grunt work and digging up the data to resolve matters. Kudos also go to Babara Cubic, assistant program chair; to Alec Miller and Samuel Fasulo (program chair and assistant for last year's program) who kindly shared their hard-won expertise; to Lynn Peterson (Division 12 program officer extraordinaire); and to Candy Won and Mary Ann Dornbusch (APA convention officers) who were graciously able to generate practical answers to my endless queries.



**Division 12 Program**  
**2008 APA Annual Convention**  
*Boston Convention and Exhibition Center,*  
*August 14 - 17, 2008*

**Program for THURSDAY, 8/14**

Paper Session: Serious Mental Illness  
*8/14 Thursday 8:00 AM - 9:50 AM*  
*Boston Convention and Exhibition Center,*  
*Meeting Room 104B*  
Alejandra Caqueo Urizar, Nicole F. Lawton, Nadine A. Chang, Caitlyn E. O'Loughlin

Symposium: Psychology of Suicide Terrorism  
*8/14 Thursday 8:00 AM - 9:50 AM*  
*Boston Convention and Exhibition Center,*  
*Meeting Room 208*  
Bruce Bongar, Ariel Merari  
Discussants: Larry James, Bruce Bongar

Symposium: Metacognition in Supervision – Implicit and Explicit Structure in Clinical Supervision  
*8/14 Thursday 9:00 AM – 9:50 AM*  
*Boston Convention and Exhibition Center,*  
*Meeting Room 156B*  
Edward P. Shafranske, Judith S. Beck, Hanna Levenson  
Discussant: Allen K. Hess, Carol A. Falender



## Division 12 Program (cont.)

Paper Session: Personality Disorders

8/14 Thursday: 10:00 AM - 10:50 AM

Boston Convention and Exhibition Center,

Meeting Room 158

Dawson W. Hedges, Prachi Kene, Steven K. Huprich,  
Anthony O. Ahmed

Symposium: African American Survivors of Suicide A  
Culturally Informed Family Intervention

8/14 Thursday 10:00 AM - 11:50 AM

Boston Convention and Exhibition Center,

Meeting Room 103

Asha Z. Ivey, Kameron J. Franklin, Felicia L. Berry  
Mitchell

Discussant: Nadine J. Kaslow

Symposium: Telemedicine and Ethics Across  
Psychology Policy, Clinical, and Research Perspectives

8/14 Thursday 10:00 AM - 11:50 AM

Boston Convention and Exhibition Center,

Meeting Room 104A

Kenneth Drude, Martha Barnard, Eve Lynn Nelson

Invited Address: [Slavich]

Navigating the Internship Application Process:

Applying, Interviewing, and Matching

8/14 Thursday 10:00 AM - 11:50 AM

Boston Convention and Exhibition Center,

Meeting Room 259B

George M. Slavich

Symposium: CPT Coding Update New Codes, Pay  
for Performance, Medical Necessity, and Voluntary  
Compliance

8/14 Thursday 12:00 PM - 12:50 PM

Boston Convention and Exhibition Center,

Meeting Room 156B

Antonio E. Puente, Paula Hartman Stein, Donna Rasin  
Waters

Discussant: James Georgoulakis

Discussion: Psychosocial Rehabilitation and Recovery  
An Inpatient Model

8/14 Thursday 12:00 PM - 12:50 PM

Boston Convention and Exhibition Center,

Meeting Room 156C

Delores Hendrix Giles, Paul A. Sloan, Laura H. Tolpin,  
Annapurni Teague

Discussant: Quang X. Nguyen

Invited Address: SSCP Distinguished Scientist Award  
Address

Social Context of Depression

8/14 Thursday 1:00 PM - 1:50 PM

Boston Convention and Exhibition Center,

Meeting Room 206B

Connie Hammen

Symposium: Eating Disorders – Psychology's Role in  
Enacting Change and Influencing Policy

8/14 Thursday 1:00 PM - 2:50 PM

Boston Convention and Exhibition Center,

Meeting Room 212

Ruth H. Striegel Moore, Margarita Alegría, Margo D.  
Maine, Michael P. Levine

Discussant: Stephen A. Wonderlich

Symposium: Adapting Interpersonal Psychotherapy in  
Novel Settings and With Underserved Populations

8/14 Thursday 1:00 PM - 2:50 PM

Boston Convention and Exhibition Center,

Meeting Room 213

Holly A. Swartz, Nancy L. Talbot, Sheree L. Toth,  
Helen Verdeli

Discussant: Ellen L. Poleshuck

Poster Session: Psychopathology

8/14 Thursday 2:00 PM - 2:50 PM

Boston Convention and Exhibition Center,

Exhibit Halls A and B1

Invited Address: [Beutler]

Why Science Matters to Clinicians Even if They Don't  
Know It

8/14 Thursday 3:00 PM - 3:50 PM

Boston Convention and Exhibition Center,

Meeting Room 258 A

Larry E. Beutler

### Program for FRIDAY, 8/15

Social Hour: Breakfast With Divisions 5 and 12

8/15 Friday 7:00 AM - 8:50 AM

Boston Marriott Copley Place Hotel, Arlington Room

Invited Address: [Benson]

Relaxation Response to Counteract the Harmful  
Effects of Stress



## Division 12 Program (cont.)

8/15 Friday 8:00 AM - 9:50 AM

Boston Convention and Exhibition Center,  
Meeting Room 258C  
Herbert Benson

Symposium: Girls, Women, Human Trafficking, and its  
Aftermath

8/15 Friday 9:00 AM - 9:50 AM

Boston Convention and Exhibition Center,  
Meeting Room 156 C  
Nancy M. Sidun, Oksana Yakushko, Kalyani Gopal,  
Discussant: Joy K. Rice

Presidential Address: [Meeks]

12 II Is You (and Me): A Salute to Our  
Accomplishments

8/15 Friday 10:00 AM - 10:50 AM

Boston Marriott Copley Place Hotel,  
Provincetown Room  
Suzanne Meeks

Business Meeting: Mentoring a Diverse Workforce  
[Membership Meeting]

8/15 Friday 10:00 AM - 10:50 AM

Boston Marriott Copley Place Hotel, Grand Salon C

Business Meeting: [Member's Meeting]

8/15 Friday 10:00 AM - 11:50 AM

Boston Marriott Copley Place Hotel, Grand Salon B

Discussion: Infusing Evidence Based Practice Into  
Clinical Science, Teaching, Supervision, and Practice

8/15 Friday 2:00 PM - 2:50 PM

Boston Convention and Exhibition Center,  
Meeting Room 254A

Discussants: Cheryl A. Boyce, Alfiee M. Breland Noble,  
Melanie Domenech Rodriguez, Courtney Ferrell,  
Elizabeth P. MacKenzie, Guerda Nicolas

Presidential Address: [Weiner]

Glamour of Assessment Psychology

8/15 Friday 2:00 PM - 2:50 PM

Boston Convention and Exhibition Center,  
Meeting Rooms 151A and B  
Irving B. Weiner

Poster Session: Life Span Development, Professional,  
Health, and Ethnic

8/15 Fri: 3:00 PM - 3:50 PM

Boston Convention and Exhibition Center,  
Exhibit Halls A and B1

Symposium: Preparing for Clinical Practice in a Global  
Environment

8/15 Friday 3:00 PM - 3:50 PM

Boston Convention and Exhibition Center,  
Meeting Room 259A

Mary Beth Kenkel, Lynn H. Collins, Linda Garcia  
Shelton

Discussant: Judy E. Hall

Paper Session: Suicide

8/15 Friday 9:00 AM - 9:50 AM

Boston Convention and Exhibition Center,  
Meeting Room 160C

Prachi Kene, Jayoung Heo, Marnin J. Heisel, Jordan W.  
Edwards

Symposium: Personality Disorders in Older Adults  
Identification, Assessment, and Treatment

8/15 Friday 3:00 PM - 4:50 PM

Boston Convention and Exhibition Center,  
Meeting Room 257B

Lee Hyer, Daniel L. Segal, Richard A. Zweig, Victor  
Molinari

Discussant: Erlene Rosowsky

Symposium: Understanding, Practicing, and Teaching  
Therapeutic Assessment

8/15 Friday 3:00 PM - 4:50 PM

Boston Convention and Exhibition Center,  
Meeting Room 161

Constance T. Fischer, Stephen E. Finn, Deborah J.  
Tharinger, Radhika Krishnamurthy

Invited Address: [Abeles]

Insider's View of NIH: Navigating Your Way Through  
Behavioral Sciences Research and Training Funding  
Opportunities

8/15 Friday 4:00 PM - 4:50 PM

Boston Convention and Exhibition Center,  
Meeting Room 254B

Ronald P. Abeles

Symposium: VA VISN 19 MIRECC Research and  
Clinical Efforts at Suicide Prevention

8/15 Friday 5:00 PM - 5:50 PM

Boston Convention and Exhibition Center,



## Division 12 Program (cont.)

Meeting Room 152

Peter M. Gutierrez, Lisa A. Brenner, Beeta Y. Homaifar

Invited Address: 2007 APAHC Award for Distinguished Achievement in Teaching

8/15 Friday 5:00 PM - 5:50 PM

Boston Convention and Exhibition Center,

Meeting Room 258B

Robert G. Frank, Edward R. Christophersen

### Program for SATURDAY, 8/16

Symposium: Unveiling the WAIS IV

8/16 Saturday 8:00 AM - 9:50 AM

Boston Convention and Exhibition Center,

Meeting Room 153A

Susan E. Raiford, Xiaobin Zhou, Diane L. Coalson

Discussant: Donald H. Saklofske

Symposium: Innovations in Community Based

Psychology Education – Building a Marriage Between Science and Service

8/16 Saturday 8:00 AM - 9:50 AM

Boston Convention and Exhibition Center,

Meeting Room 153B

Richard B. Weinberg, Gail E. Wyatt, Kathryn A. Castle

Discussant: Jacqueline S. Mattis

Poster Session: Assessment and Diagnosis

8/16 Saturday 10:00 AM - 10:50 AM

Boston Convention and Exhibition Center,

Exhibit Halls A and B1

Paper Session: Anxiety

8/16 Saturday 10:00 AM - 10:50 AM

Boston Convention and Exhibition Center,

Meeting Room 152

Sigrun Doberenz, Stefan G. Hofmann, John A. Richey,

Paul F. Siegel

Invited Address: [Kensinger]

What to Do Once the Defense Is Through: Planning the Career Trajectory That's Right for You

8/16 Saturday 10:00 AM - 10:50 AM

Boston Convention and Exhibition Center,

Meeting Room 153A

Elizabeth A. Kensinger

Paper Session: Professional Development

8/16 Saturday 11:00 AM - 12:50 AM

Boston Convention and Exhibition Center,

Meeting Room 259B

Tracey E. Wright, Shawn E. Davis, Thomas G. Plante,

Adam M. Volungis

Paper Session: Depression

8/16 Saturday 11:00 AM - 12:50 AM

Boston Convention and Exhibition Center,

Meeting Room 259A

Thomas D. Meyer, Laura D. Kubzansky, Hal S. Shorey,

Joan A. Muir

Paper Session: Therapy

8/16 Saturday 11:00 AM - 12:50 PM

Boston Convention and Exhibition Center,

Meeting Room 204A

Carlos M. Grilo, Bei Hung Chang, Martin J. La Roche,

Katherine Lynch

Symposium: Current Directions in Psychological Assessment Practice, Research, and Training

8/16 Saturday 12:00 PM – 12:50 PM

Boston Convention and Exhibition Center,

Meeting Room 156B

Paul A. Arbisi, Robert P. Archer, Radhika

Krishnamurthy

Symposium: Feminist Practice in the New Global Context

8/16 Saturday 12:00 PM – 12:50 PM

Boston Convention and Exhibition Center,

Meeting Room 153B

Carol Enns, Ayse Ciftci

Discussant: Joy K. Rice

Business Meeting: APAHC Business Meeting

8/16 Saturday 3:00 PM - 3:50 PM

Boston Marriott Copley Place Hotel,

Dartmouth and Exeter Rooms

Presidential Address: [Clark]

Trait Vulnerability + State Symptoms + Dysfunction: A New Formula for DSM V Diagnoses?

8/16 Saturday 3:00 PM - 3:50 PM

Boston Marriott Copley Place Hotel, Grand Salons C and D

Lee Anna Clark



## Division 12 Program (cont.)

Presidential Address: [Rogers]  
8/16 Saturday 3:00 PM - 3:50 PM  
Boston Marriott Copley Place Hotel, Grand Salons J and K  
James R. Rogers

Invited Address: Awards  
8/16 Saturday 4:00 PM - 4:50 PM  
Westin Boston Waterfront Hotel, Grand Ballroom B  
Irving B. Weiner

Social Hour: [Social Hour]  
8/16 Saturday 5:00 PM - 5:50 PM  
Westin Boston Waterfront Hotel, Grand Ballroom B

### Program for SUNDAY, 8/17

Symposium: ADHD in Adults II – Clinical Management Approaches  
8/17 Sunday 8:00 AM - 9:50 AM  
Boston Convention and Exhibition Center, Meeting Room 103  
Kevin R. Murphy, Steven A. Safren, Lawrence Lewandowski, Russell A. Barkley

Symposium: Evidence Based Practice With Diverse Populations Treatment Engagement and Outcomes  
8/17 Sunday 8:00 AM – 9:50 AM  
Boston Convention and Exhibition Center, Meeting Room 104B  
Alfiee M. Breland-Noble, Melanie Domenech Rodriguez, Stan J. Huey  
Discussant: Cheryl A. Boyce

Symposium: Mediators and Moderators in Dialectical Behavior Therapy  
8/17 Sunday 9:00 AM - 10:50 AM  
Boston Convention and Exhibition Center, Meeting Room 153C  
Matthias Berking, Andrada D. Neacsiu, Noam Lindenboim, Nicholas Salsman

Poster Session: Clinical, Counseling, and Consulting  
8/17 Sunday 10:00 AM - 10:50 AM  
Boston Convention and Exhibition Center, Exhibit Halls A and B1

Symposium: New Developments in Millon Inventories Assessment  
8/17 Sunday 10:00 AM - 11:50 AM  
Boston Convention and Exhibition Center, Meeting Room 104B  
Seth D. Grossman, Robert F. Tringone, Sarah E. Minor, Carolyn Millon Niedbala, David Arribas  
Discussant: Theodore Millon

Invited Address: M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology  
8/17 Sunday 11:00 AM - 11:50 AM  
Boston Convention and Exhibition Center, Meeting Rooms 102A and B  
Margaret Gatz

Symposium: Treating Problematic Sexual Behavior in the Chronically Mentally Ill  
8/17 Sunday 11:00 AM - 12:50 PM  
Boston Convention and Exhibition Center, Meeting Room 156A  
Laurie L. Guidry, James Feldman, Matthew Robinson

Conversation Hour: Selective Mutism – Diagnosis, Multidisciplinary Treatment, Comorbidity, and Research Review  
8/17 Sunday 12:00 PM - 12:50 PM  
Boston Convention and Exhibition Center, Meeting Room 104B  
Chair: Vera Joffe

Symposium: SSCP Symposium  
8/17 Sunday 12:00 PM - 12:50 PM  
Boston Convention and Exhibition Center, Meeting Room 103  
Roger K. Blashfield, Terence M. Keane, Daniel N. Klein, Kenneth J. Sher, Eric A. Youngstrom  
Discussant: Robert F. Krueger

Symposium: Tribute to Thomas Borkovec's Influence on Clinical Psychology  
8/17 Sunday 1:00 PM - 1:50 PM  
Boston Convention and Exhibition Center, Meeting Room 156A  
David H. Barlow, Daniel O'Leary, Nicholas J. Sibrava





## 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.**

## THE CLINICAL PSYCHOLOGIST

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