

# THE CLINICAL PSYCHOLOGIST



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

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## EDITORIAL

Editor: Milton Strauss, Ph.D.  
Department of Psychology  
Case Western Reserve University

Associate Editor:  
Guerda Nicolas, Ph.D.  
Department of Educational and  
Psychological Studies  
University of Miami

### PRESIDENT'S COLUMN

## A new year, a new day



By J. Gayle Beck, Ph.D.,  
University of Memphis, TN



As my presidential term begins, I thank you for your vote of support. I am deeply honored to have been elected to serve the Society of Clinical Psychology and look forward to an interesting and exciting year ahead. In this column, I will summarize some of the initiatives and issues that were discussed at our mid-Winter Board of Directors meeting, as well as provide an overview of some of the past years' activities. The Board met January 6 through 8, 2012, in Memphis and worked through a very full agenda.

### Membership: Better and expanded services

As several past presidents have discussed in their columns, the Society has been facing a gradual loss of membership. This issue is not unique to us; in fact, many professional societies and organizations have experienced declining membership, following the national economic downturn of 2008. In an effort to serve our membership better and perhaps attract a broader cross-section of clinical psychologists, the Board engaged in creative and energetic brain-storming at the outset of our meeting. A number of highly interesting ideas were put forward, targeting how the Society could better reach the needs of its members and increase its visibility. Building on our existing efforts, we decided to develop the Society webpage further and expand materials that are available to Division 12 members. In keeping with this emphasis, the Board approved funding for the development of CE resources, including reading-based materials, webinars, and on-line workshops. A working group composed of Brian Carpenter, Ph.D. [Section 2 Rep], Marc Hillbrand, Ph.D. [Section 7 Rep], Larry Beutler, Ph.D. [APA Council Representative], and Tony Cellucci, Ph.D. [Outgoing Membership Chair] will be developing the resources for this idea. In addition to exploring specific content, they will help the Society to provide the needed tools for its implementation. If you have an idea for a CE resource that you would find useful, please send it to me ([jgbeck@memphis.edu](mailto:jgbeck@memphis.edu)). All of us on the Board of Directors welcome your ideas and will do our best to be responsive to input from you, the members.

An associated component of this initiative is to establish a "members only" section of the web page. As you may have noted, the Society provides a number of resources with unrestricted access on our website. The Board of Directors believes that the Society has a responsibility to continue this tradition, particularly in the maintenance of the list of Empirically Supported Therapies (ESTs) and the newly-developed Fact Sheets. However, additional resources will be moved onto a 'members only' section, reflecting increased value to membership. Once this section is established, we will provide a specific number of free CE hours for members, as an added benefit. In keeping with this initiative, the Board felt it was time to explore the development of

(continued on page 2)

## President's Column (*continued*)

downloadable apps for some of our existing resources, including the evolving list of ESTs, clinical toolkit forms, and fact sheets. This will require a bit of technological assistance, so stay tuned!

With increased emphasis on the Society's website, we will be searching for a Web Editor in the near future. Please consider this position, if you are interested in helping the Society to shape future benefits to our members.

### Sections and Committee activities

The Society has had a busy year, based on reports that were given at the Mid-Winter meeting. A few highlights include:

- The Committee on Diversity is currently working on developing a series of resources designed to help clinical psychologists function with sophistication in cultural diversity. Once finalized, these materials will be placed on the Society's web page.
- The Membership Committee has done a magnificent job in launching its campus representative initiative. In the past year, 20 new campus representatives have joined the program, bringing the total to 48. These individuals serve as the bridge between doctoral students in clinical psychology and the Society. If you are interested in serving in this role, please contact the Membership Chair, Katie Gordon, Ph.D. ([kathryn.gordon@ndsu.edu](mailto:kathryn.gordon@ndsu.edu)).

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**Section 4:** Clinical Psychology of Women (2011-13)  
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**Section 8:** Assoc. of Psychologists in Academic Health Centers  
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**Section 9:** Assessment Psychology (2011-13)  
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### SECTION UPDATES:

**II.** Brian D. Carpenter, Ph.D., Washington University in St. Louis  
**III.** David Tolin, Ph.D., Hartford Hospital  
**VI.** Gail Wyatt, Ph.D., University of California, Los Angeles  
**VII.** Marc Hillbrand, Ph.D., Connecticut Valley Hospital  
**IX.** Norman Abeles, Ph.D., ABPP, Michigan State University  
**X.** Brian Hall, M.A., Kent State University

### GRAPHIC DESIGN:

Jason Crowtz



- Section 2 (Clinical Geropsychology) is stepping up to support the development of an ABPP in geropsychology. This specialty will recognize individuals with expertise in work with older adults, the fastest growing sector of the population within the United States. This nicely ties the section with developing guidelines for this area of specialization.
- Section 3 (Society for a Science of Clinical Psychology) launched their Clinical Scientist Training Initiative, presenting three monetary awards to training programs to support efforts to adopt and utilize evidence-based treatments. What a creative initiative!
- Section 4 (Clinical Psychology of Women) are in the midst of developing a list-serve, designed to enhance communication among its members.
- Section 6 (Clinical Psychology of Ethnic Minorities) participated in the 2011 Caribbean Regional Conference of Psychology. As well, the Section has worked with the Committee on Diversity in the development of resources for members.
- Section 7 (Section for Clinical Emergencies and Crises) has collaborated with the APA Practice Directorate in creating resources for clinicians on patient-to-clinician violence and on clinician suicide, much-needed resources in light of current trends. You can download a handout from <http://www.div12.org/blog/minimizing-patient-clinician-violence>
- Section 8 (Association of Psychologists in Academic Health Centers) has worked tirelessly in the last year to revise the MCAT (Medical College Admissions Test). As a result of these efforts, 25% of the content in the revised test (to be released in 2015) will focus on behavioral science and psychology. Wow!
- Section 9 (Assessment Psychology) reports that its journal, *Assessment*, has flourished in recent years and is enjoying a climbing impact factor. If you publish assessment-related work, you may wish to consider this journal for your work.
- Section 10 (Graduate Students and Early Career Psychologists) has spent the year developing mentoring opportunities. With our increased emphasis on our Web presence, this Section will be exploring web-based mentoring options as well.

If you are interested in joining a section (or two), please check out their activities in more detail on the tab to the right. If you are interested in participating in a committee, I'd love to hear from you. As you can see, there is a lot of activity going on in the Society these days.

### August Convention Programming

Our program chairs, Meredith Coles, Ph.D. and Brandon Gibb, Ph.D. are working hard to develop an interesting program for the August convention. The Society program theme this year is "Multiple avenues to enhancing patient care". We will be treated to invited addresses by Edna Foa, Ph.D., Ricardo Munoz, Ph.D., and Lauren Alloy, Ph.D. Our Science and Practice committee has put together a panel discussion on emotion regulation. As well, we will have a high-profile symposium on dissemination of evidence-based treatments. Mark your calendars for August 2 through 5 to make the journey to Orlando.

### Rock the Vote

Division elections are on the horizon as I write this column. We have stellar candidates running for President (Barry Hong and David Tolin) and Council Representative (Jeff Magnavita and Danny Wedding). Did you know that since the Society switched to electronic voting, the number of our members who vote has dropped drastically? Although we are knee-deep into the electronic age, electronic voting seems to have by-passed many of us. I urge you to keep your attention turned to the email that is linked to the voting page. This is your Society – your vote helps to shape leadership and every vote counts!

In closing, it promises to be an interesting and exciting year! Clearly, the next steps for the Society will help to determine its shape tomorrow. I encourage all who are interested to join in these efforts. My next column will describe my presidential initiative for the year. ■■

## Ethics Update Section Editor Search

As is noted elsewhere in this issue, Jeffrey Younggren, Ph.D. has been elected president of Division 42 of APA, and stepped down as section editor for Ethics Update. We are seeking a **new editor** and welcome nominations including self-nominations to take over this column. Please send them to **[milton.strauss@gmail.com](mailto:milton.strauss@gmail.com)**. Thank you. - *The Editors*



## DIVISION 12 ELECTIONS: PRESIDENT-ELECT & APA REPRESENTATIVE

Milton Strauss, Ph.D., and Guerda Nicolas, Ph.D.—Editors

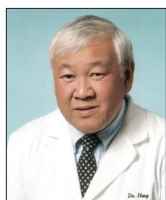
### Divison elections are coming!

*Shortly, each member of the division will have the opportunity to help select the next president-elect of Division 12 and a Division 12 representative to the APA Council of Representatives. The candidate statements follow. The Board of Directors of Division 12 encourages all members to participate in the selection of its leadership by returning the electronic ballot that will be distributed by APA.*

#### Candidates for President-elect:

Barry Hong

David Tolin



#### Candidate statement for President-elect: Barry Hong, Ph.D.

I am honored about being nominated to be President of the Society of Clinical Psychology. I am a professor at Washington University School of Medicine, St. Louis in Psychiatry and Internal Medicine. I treat patients, have funded research (NIH, NIAAA, HRSA), teach students/residents and serve on hospital and national committees. My experiences are not different from many of you who are in academic settings. However, in the last few years, I think less about my own career and more about the state of clinical psychology. My colleagues and I have had a wonderful career in a medical school with great opportunities often mentored by interested physicians. I worry that these opportunities may vanish and that medical settings will not continue to be a good environment for young clinical psychologists. There is a certain irony that present graduates are probably the best we have ever produced, excelling as clinicians and researchers. This is evidenced by the fact that many of our postdoctoral students compete successfully outside of psychology in genetics, neuroscience, developmental psychopathology, imaging, epidemiology and public health. This is a testament to the quality of our training programs which foster excellence in science and practice.

Unfortunately, our profession is at a crossroads with changes being made in the healthcare delivery system and in the funding of clinical research. I am concerned

also for all of us who still work and struggle under these emerging problems. As President of the Society of Clinical Psychology I cannot as one person prevent these problems or render solutions. What I can do is to be a strong and visible advocate for our profession within the APA, academia and to the wider community and ask all of you to share in this work. We must make a concerted effort to confront our challenges. We need to make it clear that our unique training as scientists/clinicians prepares us to be leaders in physical and mental health.

As President of the Society of Clinical Psychology, I would make the future of our profession my top priority. I respectfully ask for your confidence, your support and your vote.



#### Candidate statement for President-elect: David Tolin, Ph.D.

I am honored to be nominated for President of Division 12. In my dual position on the Division 12 and Section III boards, I witnessed firsthand the divisiveness that can characterize our profession, as well as the amazingly productive results that can be obtained when those divisions are bridged. Thus, our diverse perspectives provide us with both crisis and opportunity. As President of Division 12, I will emphasize training, dissemination, and implementation of evidence-based practice in clinical psychology. This initiative extends and expands those from our recent Presidents, including Marv Goldfried's creation of a two-way bridge between scientists and practitioners, Gayle Beck's initiative to emphasize doctoral training in empirically-grounded forms of therapy, and Mark Sobell's planned initiative to have practitioners become integral partners in the conduct of clinical trials.

The fact that I relish bridging the science-practice divide is evident in my choice of careers. After leaving an academic position at the University of Pennsylvania School of Medicine over a decade ago, I made the rather unusual choice to start a clinical and research program at the Institute of Living, a venerable facility in Connecticut that was not previously known for its embrace of evidence-based practice or research. I'm

proud to say that the Institute now has a multimillion-dollar research infrastructure and is the recipient (for the first time in its history) of multiple research grants from the National Institutes of Health. I also initiated a training program within the hospital for all clinical staff to achieve basic competence in evidence-based treatment. Since arriving at the Institute, I have received both the Award for Distinguished Contribution to the Science of Psychology and the Award for Distinguished Contribution to the Practice of Psychology from the Connecticut Psychological Association.

The average Division 12 member is a 61-year-old white male who holds a Ph.D.—clearly a demographic that is out of sync with the future of clinical psychology. Furthermore, over the past ten years, our overall membership has decreased by 36%. We are losing members more rapidly than we are gaining them, and many of our members are retiring or nearing retirement age. If Division 12 wants to remain one of APA's strongest and most influential divisions, we will have to reach out more vigorously to our younger, often Psy.D.-holding colleagues. As a member of the Division 12 board, I led initiatives to make greater use of our Facebook page, and to develop products that would be useful to beginning psychologists such as the Clinician's Toolkit and a set of fact sheets, all available for download on the Division 12 web page. As President, I would make recruitment of student and early career psychologists, including those from Psy.D. programs, a top priority by establishing a working group that would survey the needs and interests of these colleagues, identify

best practices for recruiting, and develop products and activities that would provide these colleagues with tangible, practical benefits of membership.

### **Candidates for APA Council of Representatives:**

*Jeffrey J. Magnavita*

*Danny Wedding*



### **Candidate statement for APA Council of Representatives:**

**Jeffrey J. Magnavita, Ph.D.**

I am honored to accept the nomination for Council Representative for Division 12 of which I am a Fellow. I have been in full-time clinical practice for almost 30 years prior to which I completed an APA internship in clinical psychology and worked as a staff psychologist on an in-patient unit of a private psychiatric hospital. Other professional duties include service as an Adjunct Professor in Clinical Psychology at the University of Hartford where I have taught a variety of courses and serve on doctoral dissertation committees. I am board certified in Clinical Psychology and served as President of the Division of Psychotherapy in 2010. More recently my work has been as a member of the APA Treatment Guidelines Advisory Steering Committee. I have served on the D12 committee for student paper awards, chaired the Fellows committee for two years, and served as chair of program committee for two years for

## ANNOUNCEMENT

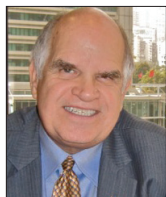
**Eastern Kentucky Appalachian Regional Healthcare, Inc.** is seeking a **Clinical Psychologist** for its ARH Psychiatric Center located in Hazard, Kentucky.

The Clinical Psychologist is a member of the direct patient care team and is responsible for providing patient assessments and programs for the treatment of mental and emotional disorders. Will prepare psychological evaluations, interview and observe patients, confers with family members and study medical and social histories, select, administer, and interpret psychological tests to diagnose disorders and formulate treatments. Candidates must possess PhD in Clinical Psychology and licensed or eligible for KY State Licensure in Clinical Psychology.

Send resume to: G. Smock, ARH, Inc. 2285 Executive Drive, Suite 400, Lexington, KY 40505 or email to: [gsmock@arh.org](mailto:gsmock@arh.org) EOE

## Division 12 elections (*continued*)

D29. I have authored and co-edited seven professional volumes in the field and have been featured in two APA videotapes, as well as having published extensively in the treatment of personality disorders, personality theory, and psychopathology. One of my initiatives while president of D29 was developing a video series called Psychotherapists Face-to-Face where I interview some of the leading psychologists-psychotherapists at [www.divisionofpsychotherapy.org/face-to-face/](http://www.divisionofpsychotherapy.org/face-to-face/). During my Presidential term a Task Force was established to review the literature on psychotherapy effectiveness and the findings have been posted on the website, inspiring the development of a \$20,000 research grant. I have been active in APA and spent time serving as an interim council representative, so have some understanding about the process and importance of this role. I believe that we are in a time of radical change in health care and research in clinical science so believe we must have a strong voice.



Candidate statement  
for APA Council of  
Representatives:  
**Danny Wedding, Ph.D.**

It was a genuine honor to serve as Division 12 President in 2011, and I hope to continue to work for the Division as one of your Council Representatives. Division 12 has always been my APA “home,” and I take great pride in being a clinical psychologist. I graduated from the

clinical program at the University of Hawaii in 1979, where I trained with Roland Tharp, Leonard Ullmann and Tony Marsella. I’ve coauthored or coedited a dozen books, received research grants from the National Institutes of Health (NIDA and NIMH) and have taught at three different medical schools. In 1989 I was the first psychologist ever selected to participate in the Robert Wood Johnson Health Policy Fellowship Program; following a year as a RWJ Fellow in the Senate, I worked as an APA Congressional Science Fellow in the House of Representatives. I directed the Missouri Institute of Mental Health (MIMH) for nineteen years; after retiring from the University of Missouri I became the Associate Dean for Management and International Programs for the California School of Professional Psychology (CSPP), where I have some responsibilities for all six California campuses and direct responsibility for CSPP programs in Tokyo, Hong Kong and Mexico City. I currently edit *PsycCRITIQUES: Contemporary Psychology—APA Review of Books*. I’m especially proud of the series on *Advances in Psychotherapy: Evidence Based Practice* that I co-edit for the Division along with Larry Beutler, Linda Sobell, Ken Freedland and David Wolfe. Twenty-four volumes have been published to date, six others are in various stages of production, and this series generates a substantial revenue stream for the Division at the same time that it provides current reviews of clinical science. I hope this history of service to the profession and the division warrants your support for the position of Council Representative. ■■

### INSTRUCTIONS FOR ADVERTISING IN THE CLINICAL PSYCHOLOGIST

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:**

SPRING issue: January 3

Spring issue: April 1

Summer Issue: July 1

Fall issue: October 1

#### **Editor:**

Milton Strauss [milton.strauss@gmail.com](mailto:milton.strauss@gmail.com)


### Cognitive and Behavioral Therapies for Diverse Populations: A “Report Card” Regarding Research Activities

Arthur M. Nezu, Ph.D., ABPP

Lauren M. Greenberg, M.S.

Drexel University

Philadelphia, PA

 According to the 2010 census, ethnic minority populations, particularly individuals of Hispanic and Asian backgrounds, are growing considerably, whereas the non-Hispanic white population is growing at the slowest rate of all ethnic/racial groups (Hermes, Jones, & Ramirez, 2011). Overall, ethnic minority groups increased from constituting about 30% of the total U. S. population to close to 45% in 2010. Among multiple other implications, relevant to clinical psychologists, the public health significance is clear—it is important to develop and evaluate psychosocial interventions that can help meet the health and mental needs of such individuals, especially given existing health care-related disparities related to minority status.

Unfortunately, ethnic minorities continue to be underrepresented in evidenced-based research (Eap & Hall, 2008). Given that a major cornerstone of one particular psychotherapy orientation, cognitive-behavior therapy (CBT), is its heavy reliance on a scientific perspective, evidence (C. M. Nezu, Martell, & Nezu, in press), we wondered if this underrepresentation of ethnic minorities was also true of the CBT literature. Horrell (2008) conducted a search of randomized controlled trials (RCTs) in PsychINFO and MEDLINE between 1950 and the end of 2006 in order to identify studies that examined CBT interventions for the three largest ethnic minority groups in the United States: African Americans, Asian Americans, and individuals of Hispanic/Latino descent. Only 12 studies were identified. Despite the positive results for several of these interventions in terms of clinical outcome, the number of studies are so few that definitive conclusions are difficult to make.

Given that increased calls for such research have been repeatedly voiced (e.g., Eap & Hall, 2008; Hayes

& Iwamasa, 2006), we sought to go beyond the Horrell (2008) investigation and conduct a brief study to determine if such calls have led to more recent interest and activities specifically regarding CBT and certain diverse populations. As such, we focused on five major mainstream psychology journals that typically publish clinical trials of interventions, as well as other types of CBT-related research. Specifically, the following journals, published during the decade encompassing the years 2000 through 2009, served as the database: *Journal of Consulting and Clinical Psychology*, *Behavior Therapy*, *Cognitive and Behavioral Practice*, *Behavioral Research and Therapy*, and *Cognitive Therapy and Research*. We sought studies, via PsychINFO and Medline, that evaluated the efficacy of any type of CBT intervention with any of four ethnic minority groups (i.e., Blacks, Asians, Latinos, and Native Americans). In addition, because we were interested in determining whether the same state of affairs existed regarding another diverse population, that of lesbian, gay, bisexual, or transsexual (LGBT) individuals, we also focused on studies involved these individuals as well.

Last, to determine if the research was more focused on non-RCTs (which can be expensive in terms of time, money, and effort), we further included CBT-related studies that were (a) quasi-experimental in nature (e.g., open trial assessments), (b) evidenced-based case studies (e.g., studies that provided some data to support a hypothesis), (c) meta-analyses of CBT-related RCTs, (d) theoretical papers (e.g., articles that described guidelines regarding how to tailor a CBT intervention for a given ethnic minority group), and (e) correlational studies (e.g., studies assessing the relationship between a CBT-related construct and psychopathology among a certain population). In the event that a question arose whether an article was (a) CBT-related, (b) focused on an ethnic minority population, and/or (c) focused on an LGBT sample, significant discussion occurred between the two authors and if a disagreement resulted, the paper was included by default in the database in order to prevent an underestimate.

#### Results

Table 1 provides for a summary of the results. Essentially, the number of articles published in a given year across five major CBT-related journals focusing on ethnic minority populations ranged from 7 (in 2001) to 14 (in

## Diversity Column (*continued*)

Table 1. Articles focused on either an ethnic minority or sexual orientation minority population across five journals from 2000-2009.

Year	Total # of Articles	Total #/(Percentage) Focused on Ethnic Minorities	Total #/(Percentage) Focused on Sexual Orientation
2000	372	12 (3.2)	3 (0.8)
2001	360	7 (1.9)	3 (0.8)
2002	344	11 (3.2)	3 (3.2)
2003	334	10 (2.9)	2 (0.1)
2004	342	12 (3.5)	1 (0.3)
2005	393	14 (3.6)	4 (0.1)
2006	377	12 (3.2)	0 (0.0)
2007	428	11 (2.6)	3 (0.1)
2008	377	8 (2.1)	2 (0.1)
2009	397	11 (2.8)	4 (1.0)

2005); mean = 10.8. The range for LGBT-related papers in these journals ranged from 0 (in 2006) to 4 (in both 2005 and 2009); mean = 2.5. The largest percentage of articles that were published that addressed either ethnic or sexual orientation diversity was 4.6% (18 of 393 papers) in 2005. A quick glance at this table suggests that it remained rather flat in slope across the decade.

### Implications

This simple study suggests that despite dramatic changes in the ethnic landscape of the U. S., as well as calls for increased research on psychological treatment of ethnic and sexually diverse groups, little such research appears to have been published, even in the evidence-based perspective of cognitive-behavioral therapy. Moreover, whereas the overall means were low, even more discouraging was the fact that the slope across the 10 years was virtually flat.


One major criticism of this conclusion might involve the limited number and type of journals we surveyed. In other words, it is possible that if we looked at journals that specialized in ethnic minority or sexual orientation populations, we might have found a significantly higher number of targeted papers. However, that is part of our point. Psychologists and other mental health professionals who read these specialty journals already are sensitized to the importance of these issues. If a particular news story is not presented via a major news program or channel, it is almost as if it never happened. Similarly, if such research is not published in mainstream journals, the vast majority of professionals are

unlikely to ever read such research (Nezu, 2005).

Given that we found that little change has occurred regarding the number of studies published that are devoted to ethnic and sexual orientation minority populations, we found ourselves wondering— Why? Is it lack of interest on the part of the profession? Is it a lack of interest by ethnic minority populations to participate in such studies? Is it minimal resources, such as funding, available? Is setting the bar at cultural competence sufficient to increase both awareness and increased attention (Nezu, 2005)? Perhaps asking these types of questions in future research is especially crucial and can help identify specific challenges to overcome in order to lead to an increased database of


relevant treatment outcome and process research. The negative consequences of not having a larger database upon which to make program and clinical decisions can be significant, as for example in increasing health care disparities.

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### Life-Work Balance: Tipping the Scale Toward a Piece of Mind

Cynthia Suveg, Ph.D.

 As a graduate student and postdoctoral research fellow I rarely thought about or struggled with “life-work” balance. I reveled in the demands of graduate school and my postdoctoral training. In many ways the challenge of meeting paper deadlines, learning new statistical analyses, and thinking about potential research topics was exciting. On postdoc, there were so many wonderful experiences to gain that I hardly ever thought of how much time I spent doing them. It actually was not until after my postdoc training that I began to really consider life-work balance when students asked me about it during individual meetings. Though I continue to ponder these issues myself, in this column I share with you some considerations for finding a satisfying balance that come from observations throughout my training and career to this point.

#### **Find what works for you.**

Perhaps the most challenging aspect to finding a satisfying balance is first figuring out what that balance is for you. Everyone varies in their desires and needs for work and play. Maybe you are comfortable working 65 hours a week or maybe the traditional 40 hour work week is enough for you. It is easy to compare work hours to others around you but what may be right for one person may not be for another. Find what works for you given your current circumstances as well as your professional and personal goals.

#### **Consider your personal and professional goals.**

Thinking about your aspirations will help you to figure out realistic expectations. Many individuals have both professional and personal satisfaction – engaging in many pleasant activities outside of a productive career. However, if your goal is to be on the fast track to editorship of a leading journal or develop a thriving private practice in short time, then you will likely be devoting a meaningful proportion of time to your career. On the otherhand, maybe you have significant personal goals that you want to achieve within a particular timeframe. Depending on the magnitude of

the personal endeavors, you may find yourself focused more so on those rather than on your work. Many individuals probably fall somewhere in-between and strive for a balance. In such cases, think about ways to meet both work and personal goals. For instance, if your goal is to pick up your child each day after school but you cannot finish your work by that time, consider completing your work in the evening if you have flexibility in your hours. Likewise, if your goal is to not work past a designated time in the day, then be sure to get an early start so you can get a full workday in and not feel an obligation to do additional work after hours. It is very important, however, that your combined professional and personal goals are realistic. Otherwise, you may find yourself feeling unproductive and frustrated.

#### **Talk with others whom you admire.**

I had the great privilege of having mentors who were accomplished professionally, had families, and also had outside interests. I admired their ability to meet the challenges of a demanding career while raising families and finding time for outside interests. Though I am certain they felt stress at times juggling those demands, my mentors served as strong role models for how to create a sense of balance. There are also plenty of other opportunities to observe others who you aspire to be like. For instance, you could talk to colleagues who are at the same stage of their careers for small tips. You could also talk with colleagues who are farther along in their careers to obtain their advice for balancing work-life demands. One of the most important pieces of advice I received over the years is to engage in at least some self-care activities on a daily basis rather than get caught up in tallying the exact number of hours I am spending at work or in other activities. Turns out, this was solid advice that is gaining visibility within our field. Roger Walsh published a paper entitled, “Lifestyle and Mental Health” in the American Psychologist this past October. Walsh describes “therapeutic lifestyle changes” (TLCs) that include variables such as exercise, nutrition, religious/spiritual involvement, and recreation. Drawing on theory and empirical literature Walsh argues that TLCs are important for all individuals, including mental health professionals, and society. Walsh’s full article can be read here: <http://www.apa.org/pubs/>

## Practical Ethics

Jeffrey N. Younggren, Ph.D.



Since this is my last column in the Clinical Psychologist, I would like to take a little liberty with the subject area and discuss a series of suggestions I have for clinical psychologists who are struggling with ethical issues. I think that this might be a helpful summary of what I have tried to address over the past two years in my quarterly column. I also know that it is a summary that might generate some controversy, which is fine with me. Ethics should not always be easy and ethicists do not always agree.

### 1. Avoid getting stuck on rules.

It appears to me that psychologists are more and more concerned with finding the “right answer” to an ethical question. While the attempt to do this likely comes from laudable intentions, this is not always a wisest approach to problem solving when one is confronted with an ethical dilemma. I would advise my colleagues to pay attention to ethical fundamentals when confronting a professional dilemma and try to generate answers to problems based upon an understanding of these principles. This will usually lead to the solution. It seems to me that it is very unwise to spend endless hours searching for the “right answer” to complex questions that have unclear answers. I tend to believe that if you find a concrete “right answer” to an

ethical question, someone else will find the exception. So, when you are confronting an ethical question, examine the fundamental principles of beneficence, nonmaleficence, autonomy, fidelity, and justice and try to come up with the solution. Finding an answer to a dilemma based on this approach is harder for sure, but I believe it is a better way to problem solve than just looking for a rule to a complex question.

### 2. Be aware that some problems do not have good answers.

Every so often you will be confronted with a situation that does not have a good answer because it pits moral principles against each other. For example, taking action to prevent someone from engaging in self-harm violates that individual’s autonomy and confidentiality rights. Or, you might find yourself having to report child abuse on a patient with whom you have a very positive relationship, an uncomfortable state of affairs that pits confidentiality against social policy designed to protect children. So, because a solution causes you some discomfort, does not mean that your answer is wrong. It just means that you have been forced to make a compromise between completing ethical and moral principles a circumstance that almost always creates discomfort in those who have to deal with it.

### 3. Because something is not in the Ethical Principles of Psychologists or a part of some policy does not make it right.

The Ethical Principles of Psychologists and Code of

## Early Career Column (*continued from page 9*)

[journals/releases/amp-66-7-579.pdf](#).

Finally, accept that at some points in life the scale might tip more to one side than the other but it will not last forever.

Sometimes you may find yourself spending more time in one area of life than another. For example, during a major life change, such as having a child or needing to care for an ill family member, you may take time off from work completely. Following other major life events you may find yourself needing to spend less time at work to fulfill family or other personal obligations. On the otherhand, you may spend increased hours

working while preparing a grant application or manuscript that has a firm deadline. Though some of these events may be by choice, others may not. Events that are out of your control may feel the most daunting and taxing. During these times, remember that it will not last forever. Your perseverance through “unbalanced” times may be greatly facilitated by engaging in at least some of the TLC’s reviewed by Walsh (2011).

I hope some of these tips are helpful to you as you seek to find your own sense of balance. For comments or suggestions for future columns, please email me at [csuveg@uga.edu](mailto:csuveg@uga.edu). ■■

Conduct are not comprehensive. University policies are not comprehensive. Laws and ethics evolve. Throughout your career you will be confronted with dilemmas that have unclear answers. For example, power differentials that occur in therapy do also occur elsewhere in the world. Patients and students and colleagues and friends and employees can be exploited. Just because somebody has failed to tell you not to do something, does not make it ok. Just because there is not a concrete policy about it does not make it ethical or the right thing to do.

#### **4. Make use of the myriad of resources available to you for guidance.**

This profession is filled with professionals who can assist you when you are dealing with an ethical dilemma. While some few individuals are prone to hang their colleagues out when they disagree with them, most professional psychologists are not that way. Make use of these resources but also do not assume that everybody will agree with your reasoning regarding an ethical decision. Seek out qualified colleagues, consult with them and, if you disagree with their position on an issue, continue to consult until some level of clarity begins to surface regarding the answer to your dilemma. Oh, by the way, be sure to write these consultations down since this is a strong defense should someone choose to officially question your conduct in a matter.

#### **5. Good therapy can have a bad outcome.**

A psychologist can provide the best treatment in the most ethical of ways and still things can go wrong. This does not mean you have made a mistake. Simply put, good psychotherapy can have a bad outcome. What this reality teaches is that you must engage in good risk management when you provide professional services in complex cases. Doing good risk management will help you prove to others that you did the best you could and that your conduct was consistent with professional standards. A reality here is that a bad outcome can create administrative and legal problems, but that is the cost of doing business. However, if you practice good risk management and conduct yourself ethically, you will prevail if someone questions your conduct.


#### **6. Do not be surprised if you get sued or if your licensing board investigates you.**

The data are pretty compelling that sometime throughout your career you will find yourself confronting a legal action that questions your professional conduct. This is simply likely to happen. This is also why you have insurance. The good news here is that most psychologists prevail when this happens to them, and the ones that do not prevail, probably should not. One important thing to remember when this happens is that this is an adversarial legal matter and you should never try to resolve this yourself. Retain competent legal assistance and follow your lawyer's advice.

#### **7. Be aware that patients have responsibilities in the treatment setting.**

One of my major objections to where we currently find ourselves is that many psychologists believe that the only person in treatment setting that has duty and responsibility is the psychologist. This is simply wrong. Patients have duties too and when they violate those duties, your obligations to them are reduced. Moral treatment of each other is good for both sides of the desk, if you will. So, patients cannot do whatever they want to you and expect you to stay loyal to the psychotherapy. Examples of these include boundary violations on the part of the patient, threats to you, nonpayment of fees and lack of compliance with a treatment plan, to name a few. Bringing these types of impasses and problems to the attention of the patient is most appropriate but, if this does not resolve the matter, termination and referral are in order.

This is my list. While many of the issues I raise here might seem somewhat unrelated, I am convinced that if psychologists would adhere to them, their professional lives would be much more secure let alone happier.


*I thank Dr. Younggren for his thoughtful columns over the past two years. They have been a service to the members of Division 12 and reflect his commitment to the profession and his colleagues. I served with Jeff on the Committee on Accreditation and learned there of his incisive ability to get to the heart of an issue from first principles. I was pleased that he added this column to an already busy schedule for as long as he did. His service continues as President of Division 42: Psychologists in Independent Practice. Please join me in wishing him well in this new role. —Milton Strauss, Ph.D., Editor* 

Donna Rasin-Waters, Ph.D.—Editor

### Health Care Reform Begins to Take Shape With or Without Psychologists: You Choose

By Donna Rasin-Waters, Ph.D.

Division 12 Federal Advocacy Coordinator

 In the Summer 2011 edition of *The Clinical Psychologist*, Division 12 (Section 8) Leaders Barry A. Hong, PhD, ABPP and William Robiner, PhD, ABPP, APAHC eloquently laid out both the value of psychologists as health providers and the consequences psychologists may face if we do not get a seat at the table in Accountable Care Organizations (ACOs). I urge all of our members to read the article if you haven't already. In addition to outlining the ways in which the American Psychological Association (APA) and the APA Practice Organization (APAPO) are currently addressing health reform for psychologists, I hope to enlighten our members about how psychology has been "overlooked by policy makers" (p. 4), as noted by Drs. Hong and Robiner.

The APA has long been involved in advocacy through the Science, Education and Public Interest Directorates. Congressional briefings and visits occur so lawmakers have access to psychological science and input. The APAPO has a longstanding history of advocacy for the inclusion of practicing psychologists into various bills and developments in health care. Paying the practice assessment dues is critical for the APAPO work to continue seamlessly throughout health reform.

The APA and the APAPO also know that ultimately all regulatory issues for psychologists play out in the states. Therefore, if we are not active at the state psychological association level in educating the public, our professional co-workers, decision-making boards and politicians about the value of our contributions to population health – who would necessarily think of us? Our national organization cannot step into each and every state and monitor what we as psychologists should be doing in conjunction with our state psychological associations. Hence it is easy to end up overlooked and with other professions, namely medical doctors and nurse practitioners, having a greater say in health reform than we do.

It remains to be seen whether ACOs will truly be embraced as the future of health reform in the United States. However, psychologists need to get busy about getting a seat at the reform table whether it turns out to be the ACO or simply the Patient-Centered Medical Home model of care. It is time for us to put money and energy into our own advocacy by educating others about what psychology can offer in health reform.

In my opinion, here is what we can all do to assist state psychological associations and hopefully secure a seat at the reform table:

- Follow developments in Medicaid reform.
- Contact the mental and behavioral health decision makers in health reform demonstration grants in your state.
- Find the decision makers on committees and boards involved in health reform.
- Begin a dialogue by educating board and committee members, and individuals involved in decision making about psychological services. Such education needs to include evidence based practice, cost containment, population health and wellness, and specialty practice.
- Assist with efforts to shape integrated mental and behavioral health in demonstration grants for your community.

So again, how can it be that given all the scientific and professional contributions psychologists make we were left off the list of potential providers in the Centers for Medicare and Medicaid Systems (CMS) proposed ACO model of health care delivery released earlier this year?

I saw a very savvy membership brochure for a psychology organization that has both state chapters and a national association. It read as follows:

"A member in good standing has paid BOTH local and national dues" (brochure back fold).

Please remember that while the APA, the APAPO and our own Division 12 can advocate to the CMS about inclusion in the ACO model, health reform is truly going to be fought and hopefully won by psychology at the state level. Join your state association today and take part in the growing movement to shape health

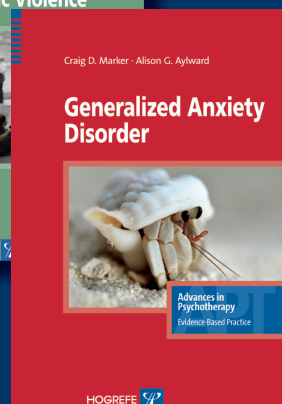
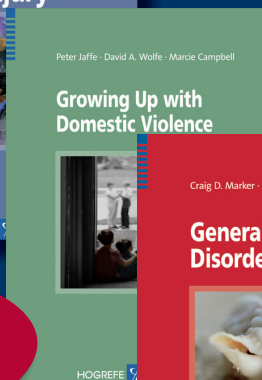
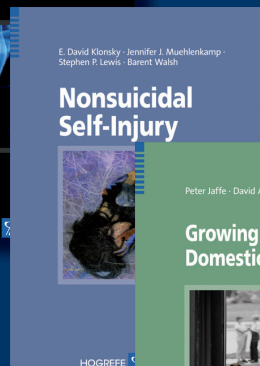
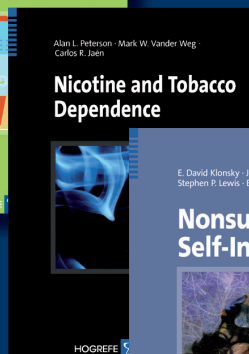
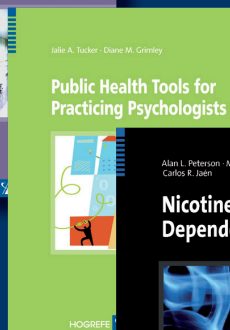
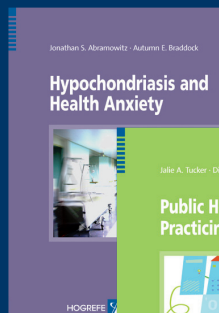
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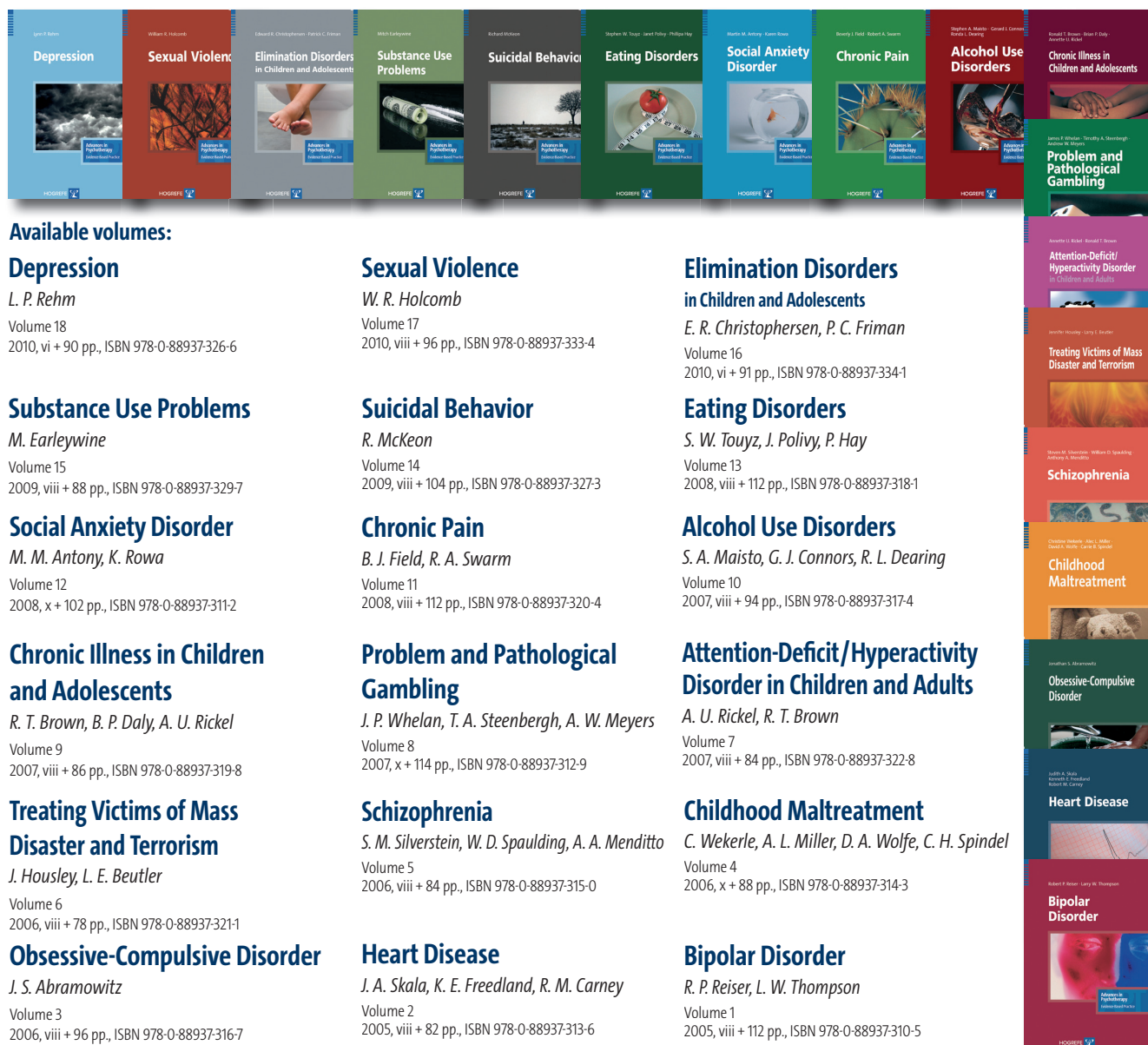
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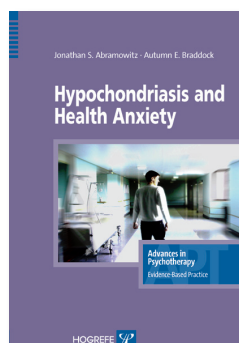
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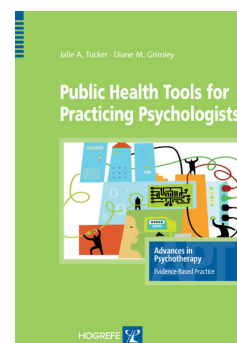
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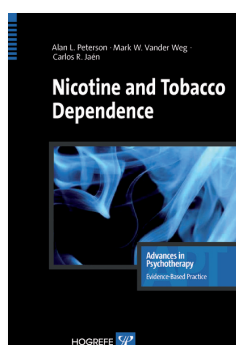
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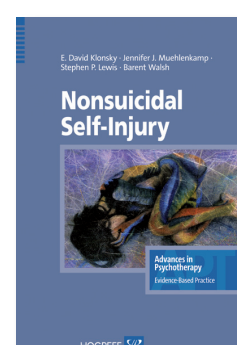
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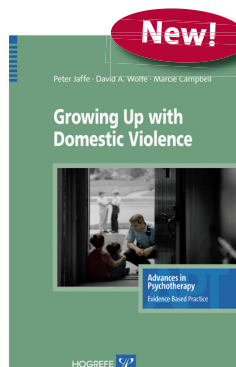
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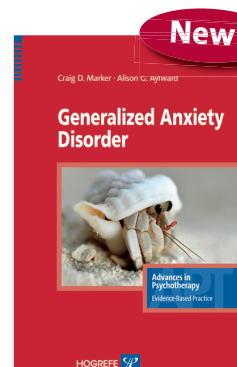
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### Helen Woolley: A Neglected Pioneer in Clinical Psychology

Donald K. Routh, University of Miami



Helen Woolley was the first woman to lead the Clinical Section of the American Psychological Association, the predecessor of Division 12. She served with David Mitchell as co-chair of the Section in 1925-26.

Helen Thompson was born in 1874. She received a B.A. degree from the University of Chicago in 1897 and a Ph.D. there in 1900, for an innovative study of the abilities of men and women, later published as a book. This research was important for providing information about the comparable intellectual development of men and women, useful in supporting the 19th Amendment to the U.S. Constitution favoring female suffrage. It also formed part of the background of the research by Leta Stetter Hollingworth, another early clinical psychologist and women's advocate. Thompson's dissertation received higher praise from the faculty at Chicago than did that of a subsequent student, John Watson, the founder of behaviorism. Watson was jealous of her stellar performance. She later studied in Paris and Berlin. During her lifetime she taught at Mount Holyoke College, the University of Cincinnati, and Teachers College of Columbia University, despite her marriage to Paul Woolley and becoming the mother of two children. In Cincinnati, she directed an important longitudinal study of 750 children who left school for employment at age 14 and a comparison group of 750 who stayed in school and graduated.

Those who stayed in school had better outcomes, a fact that was used to support legislation requiring compulsory schooling for a longer time.

It was in 1921 that she joined the staff of the Merrill-Palmer Institute in Detroit, the place where she was co-developer of the Merrill-Palmer Scales, for which she became well known. The Merrill-Palmer Institute later became a part of Wayne State University and continues in existence today.

The Merrill-Palmer Scales of Mental Development was an early instrument for the clinical evaluation of children aged 18 months to four years. Revised versions of these Scales continue in use today and are important in the early evaluation of developmental problems in children. During those early years before World War II, there was no such thing as standard training in clinical psychology. One of the main activities of clinical psychologists in practice was administering intelligence tests. The field, as conceptualized by its founder, Lightner Witmer, was more concerned with children than with adults and more with cognitive than emotional functioning.

In the mid 1920s, Woolley moved from Detroit to New York, where she was director of Columbia University's Institute for Child Welfare Research and was a professor at Teachers College. She later received a divorce from Paul Woolley, suffered a mental breakdown in 1926, and beginning in 1930 lived in her daughter Eleanor's home in Pennsylvania until her death in 1947. Her brilliant career had been frequently interrupted by the need to accommodate to her physician husband's various moves all over the world (to the Philippines, Japan, and Thailand) and ended rather sadly. ■■

### Federal Advocacy Column (*continued from page 12*)

reform as it evolves on the local level. You choose. We can all partake in strengthening the voice of psychology and advocacy in the states by being members "in good standing."

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*Donna Rasin-Waters, PhD, is also the past President of the New York State Psychological Association. You can reach her at [drasinwaters@aol.com](mailto:drasinwaters@aol.com) and follow her health reform remarks on Twitter @rasinwaters.* ■■

## Making an Impact: How Clinical Psychology Students Can Foster Positive Change

Kathryn L. Humphreys, M.A., Ed.M.



The field of clinical psychology, an exemplar of the health and helping professions, prepares graduate students to make a positive impact through their careers. From providing direct clinical services to writing policy statements that affect state and national government, clinical psychologists use their knowledge and training to foster change. In a time when government run services reach fewer individuals in need, funding agencies reduce research support, and universities rely on fewer professors to support a greater number of students, the role of services and pro-bono work provided by clinical psychologists is increasingly important. Described below there are many ways in which graduate students (as well as individuals at all levels in their career) are making a difference.

*Direct service* – Providing services to clients is perhaps the most obvious example of how clinical psychology graduate students can serve others directly. These services can consist of empirically supported treatments to individuals, groups, and families, running parenting classes or psychoeducation groups in hospitals, or providing crisis intervention to individuals in need.

*Supervision of other students* – Advanced graduate students often have the option to provide supervision and training to students in the beginning stages of training. These experiences allow for an indirect impact on clients, the development of supportive relationships with trainees, and time to reflect and mature in one's own clinical perspective.

*Teaching and mentoring* – In addition to receiving clinical training, at many institutions, clinical psychology graduate students are encouraged, and may receive funding, to teach. At both the undergraduate and graduate level, teaching provides the opportunity to encourage students to be thoughtful consumers of psychological knowledge, and perhaps to consider a career in psychology. Teaching also allows for an impact at a broader level, as excellent teachers have the ability to impact a full auditorium of students a semester at a time. Mentoring students provides the opportunity to share the excitement and enthusiasm

of psychological knowledge and the research process, and provides individual attention and professional development for that student. The majority of prominent psychological scientists and practitioners point to their mentors as a source of their success. Becoming a mentor to others allows graduate students to pass on the wisdom gained via their training and experience with a new generation of future clinical psychologists.

*Research* – Research in clinical psychology is extremely broad, ranging the span of psychological disorders, relationships, health, etc. Some is focused on basic research, and others the development and testing of intervention and prevention programs, as well as the dissemination and implementation of efficacious treatments. Each of these steps provides an important step on the ladder from translating science into real world applications. The dual focus of research and practice in many training programs allows for students to both guide research questions garnered from clinical experience, as well as allow for the gold standard practices acquired from research to reach clients.

*Administration* – A substantial portion of graduate students attend the annual conferences of professional organizations in psychology, including the American Psychological Association. Taking the next step, and becoming involved as active members and leaders within professional organizations, has the potential to making more sweeping changes within the field. For example, in Division 12 of APA, members have conducted initiatives to compile empirically supported treatments for easy access, establish the professional competencies for a license in clinical psychology, and many others.

*Volunteer and informal experiences* – Graduate students are busy individuals, yet there are many volunteer organizations that provide worthwhile services. Volunteers trained in clinical psychology may be able to offer expertise on how to communicate with populations of interest, and provide insight into the importance of considering mental health in a variety of contexts. Student groups like Psychology In Action ([psychologyinaction.org](http://psychologyinaction.org)) provide a model for how sharing psychology-specific knowledge can be useful to the community. Volunteer groups speak to audiences large and small via blogging and newsletters, providing workshops to parents, high school students, and employees who work with difficult populations. Even during informal experiences, clinical psychology graduate students can make a difference by sharing knowledge, modeling acceptance of psychological disorders and nor-

### Invitation to a brief, web-based survey

Zeeshan Butt, University of Miami



Dear Colleagues,

Over the past several years, the Technology Update has featured columns on the various ways that technology intersects with the work of clinical psychologists. For example, some recent topics have included the HITECH legislation, social networking, and internet-based interventions.

I would like to hear from you to learn what other technology-related topics you would like to see in the newsletter and so I've created a very brief (5 mins) survey to get your valuable feedback.

To complete the survey, please visit:

<http://www.surveymonkey.com/s/L7D6WS7>

The survey will close one month after the first 2012 TCP issue is distributed and I hope to summarize your responses in a future column. Again, thank you for taking your valuable time to help shape the newsletter.

Best wishes,

*Zeeshan Butt, PhD*

*Northwestern University*

[z-butt@northwestern.edu](mailto:z-butt@northwestern.edu)

### Student Column (*continued from page 18*)

malizing the use of mental health services, and helping friends and acquaintances navigate the referral systems and seek treatment if needed.

For most students in clinical psychology, graduate training provides many opportunities to enact positive change in the world. I encourage the field to foster these

opportunities and to provide students with guidance on seeking out others. The empowerment of graduate students to identify themselves as helping professionals in the lab, the clinic, the classroom, and the community is likely to provide lasting change.

## BECOME A DIVISION 12 MENTOR


Section 10 (Graduate Students and Early Career Psychologists) has developed a **Clinical Psychology Mentorship program**. This program assists doctoral student members by pairing them with full members of the Society. We need your help. Mentorship is one of the most important professional activities one can engage in. Recall how you benefited from the sage advice of a trusted senior colleague. A small commitment of your

time can be hugely beneficial to the next generation of clinical psychologists.

For more information about the mentorship program, please visit **[www.div12sec10.org/mentorship.htm](http://www.div12sec10.org/mentorship.htm)**, and visit **[www.div12.org/mentorship](http://www.div12.org/mentorship)** to become a mentor today!

### Section II: Society of Clinical Geropsychology

**Brian D. Carpenter, Ph.D.**

 With its continued interest in supporting early-career geropsychologists, the Education Committee of Section 2 is surveying student training experiences in the USA, Canada, Australia, and New Zealand. The goal is to assess training opportunities and student competencies in geropsychology and determine the factors that influence students to pursue or not pursue a career in geropsychology. The survey, funded by an award from the Council of Professional Geropsychology Training Programs, is open to clinical/counseling graduate students, interns, and postdoctoral fellows and can be found at <http://psy.uq.edu.au/ger>

Current Section President Erin Emery is spearheading an effort to create a website that would serve as a clearinghouse for educational materials and training opportunities related to later life. Dubbed “GeroCentral,” the website would provide a comprehensive list of professional development resources from five major geropsychology organizations: APA Division 12/Section 2, APA Division 20 (Adult Development and Aging), APA’s Committee on Aging (CONA), Psychologists in Long Term Care, and the Council of Professional Geropsychology Training Programs. This effort is also designed to facilitate collaboration among these organizations to create new tools and resources, such as a set of geropsychology webinars based on the recent models sponsored by CONA this fall, “Mental Health Needs of Family Caregivers: Identifying, Engaging and Assisting,” and “New Alzheimer’s Guidelines: How Will Research and Practice be Affected?”

The Centers for Medicare and Medicaid Services (CMS) issued several recent updates of interest. In the first, CMS decided that empirical evidence was sufficient to support screening and behavioral counseling interventions in primary care to reduce alcohol misuse. This opens the way for Medicare beneficiaries with either Parts A or B to receive this service (and clinicians to bill for it). Specifically, CMS will cover annual alcohol screening and, for people who screen positive, up to four brief, face-to-face, behavioral counseling interventions per year.

In a second update, CMS decided it would support intensive behavioral therapy for obesity. This would

include screening for obesity, dietary assessment, and intensive behavioral counseling and behavioral therapy to promote sustained weight loss through high intensity interventions on diet and exercise. Unfortunately, under the current guidelines, psychologists are not eligible to bill for these services (only physicians, physician’s assistants, and nurses), though advocacy continues to add psychologists to the CMS definition of “physician.”

And in its third update, with brighter news for psychologists, CMS announced it will cover annual screening for depression in primary care settings that have staff-assisted depression care supports in place to assure accurate diagnosis, effective treatment, and follow-up. This opens up a role for psychologists in primary care to advise physicians about assessment results and to facilitate mental health treatment. Section 2 member Margie Norris has been keeping the section abreast of CMS policy changes of interest to psychologists.

Section 2 member Doug Lane, staff psychologist at the VA Puget Sound Healthcare System, has organized a popular reading group for geropsychologists interested in applying psychodynamic theory and principles in treatment. The reading group meets monthly via conference call.

The Section has experienced a number of recent leadership changes and would like to thank the following members in advance for their upcoming service: Erin Emery moved into the position of current president, Amy Fiske was elected President-Elect in a narrow election, Sherry Beaudreau is the new Secretary, Michele Hilgeman is the new Continuing Education Representative, Margie Norris is the new Public Policy Chair, and Jeffrey Gregg is our new Student Representative. Finally, the ever evolving and expanding Section 2 website ([geropsychology.org](http://geropsychology.org), in case you forgot it) includes new capability to accept membership applications and payments online!

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

**David F. Tolin, Ph.D., ABPP**

#### Leadership

SSCP recently held elections for 2012. We heartily congratulate Michelle Craske, our new President-Elect; Douglas Mennin, our new Division 12 Representative; Sherryl Goodman, our new Member at Large; and Kristy

## Section Updates (*continued*)

Benoit, our new Student Representative. They will be joined on the 2012 board by President Rick Heimberg, Past-President Varda Shoham, Secretary/Treasurer David Smith, At-Large Representative Bunmi Olatunji, and Student Representative Sara Stasik. Rotating off the board in 2012 are Past-President Tom Ollendick, Division 12 Representative David Tolin, Member at Large Bethany Teachman, and Student Representative Rebecca Brock.

We are also seeking a replacement for our newsletter Editor, Erika Lawrence. Past issues of the newsletter can be found at <http://sites.google.com/site/sscpwebsite/newsletters-1>.

### Membership

SSCP currently has 616 members. Of these, 252 are professional affiliates, 324 are student affiliates, and 40 are international affiliates.

### Finances

SSCP shows continued health in our treasury of approximately \$28,000. This amount includes income of \$2,212 from membership dues this year and expenses of \$600.00 for APS Affiliate dues of \$300 for each of 2009 and 2010.

### Awards

SSCP was pleased to give its 2011 Distinguished Scientist Award to Richard Bootzin. SSCP also congratulates the following five winners of the Dissertation Grant Award for 2011, each of whom received \$500 for their research. They are Rachel Bender (Temple University), Kristi Benoit (University of Vermont), Jessica Levenson (University of Pittsburgh), Theresa Morgan (University of Iowa), and Lindsay Stunn (University at Binghamton).

We had a record-breaking number of SSCP student posters at this year's APS Convention. We heartily congratulate Sacha Brown and Amelia Aldao, who received a \$200 prize and APS membership. In addition, six more posters were recognized for distinguished contributions, and received a \$100 prize and APS membership. The authors are Melinda Gaddy, E. Samuel Winer, Katherine G. Denny, Lori N. Scott, Nehjla Mashal, and Elissa J. Hamlat.

The Clinical Scientist Training Initiative Award, formed last year and spearheaded by Bethany Teachman, provides monetary awards to recognize the good efforts of predoctoral, internship, and post-doctoral training programs in their efforts to adopt and utilize evidence-based treatments. We had 35 applications this year.

Of these, awards of \$1500 each were given to the following programs: George Mason University (to fund graduate students to keep a database to monitor treatment outcomes), Tampa VA Medical Center (to conduct supervision in a more scientifically-supported way), and Northwestern Feinberg (to use two iPads in their clinic to gather data from clients).

### Student Issues

Our student website (<http://sites.google.com/site/sscpwebsite/students>), which was developed by our student representatives in 2009, contains student-related news, research awards and grant postings, links to professional development websites and online research tools, descriptions of current SSCP student projects, and SSCP membership information.

Student Representatives Rebecca Brock and Sara Stasik conducted a survey of SSCP student members. We used the results to guide several initiatives regarding the student listserv, including sending out invitations to join the listserv, revising membership materials, and introducing a new Student Listserv Facilitator.

SSCP has also partnered with APS to develop a database of mentors for students pursuing careers in psychology. This mentorship program is designed to help students connect with professionals who are working as psychological clinical scientists in non-traditional as well as standard academic roles. Bethany Teachman has taken the lead for SSCP on this project, which will continue into the coming year.

### Treatment Guidelines

SSCP is well represented on the APA committee for developing treatment guidelines. Currently, the committee is focused on establishing guidelines for the treatment of Posttraumatic Stress Disorder, Depression, Obesity, and Childhood Oppositional-Defiant Disorder.

### Conventions

The annual SSCP Member Meeting was held at the APS conference on May 28, 2010. Our Distinguished Scientist Address was delivered by this year's recipient, Richard Bootzin. His presentation was titled "If Sleep is so Important, Why Do We Get So Little of It? Advances in Understanding and Treating Insomnia." Varda Shoham also delivered her SSCP Presidential Address, titled "The Elusive Independent Variable in Psychosocial Intervention Research."

SSCP and the Academy of Psychological Clinical



Science will present an outstanding slate of presentations at this year's APS conference (May 24-27, Chicago). Presentations for the clinical track include William Pelham's Distinguished Scientist Award Address, "Are We Overmedicating America's Children? Psychosocial, Pharmacological, Combined, and Sequenced Interventions for ADHD;" Rick Heimberg's Presidential Address "Teach Your Students Well: Mentoring Doctoral Students to be Clinical Scientists in the 21st Century;" an invited address by David Barlow, "Science and Practice in Clinical Psychology in 2012 and Beyond;" an invited address by Joseph Gone, "Culture as Treatment for American Indian Mental Health Problems: Pursuing Evidence through Community Collaborations;" symposia entitled "Advances and Applications in Single Case Design," "Gene-Environment Interactions of Psychological Traits," "Current Directions in ADHD Research;" a workshop by Douglas Snyder entitled "Treating Couples Struggling with Infidelity;" and a panel discussion led by Lea Dougherty entitled "Organizational Efforts to Disseminate and Implement Empirically-Supported Interventions in Health Care."

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

Gail Wyatt, Ph.D.



#### "I am VI of 12"

After another successful year, Section VI, Division 12, The Clinical Psychology of Ethnic Minorities, has transitioned from the leadership of Dr. Beth Boyd (University of South Dakota), who focused on "Gathering our Resources", to Dr. Gail E. Wyatt (UCLA) who will focus on "Health Disparities in Research, Practice and Training." New initiatives for 2012 include strengthening the cadre of culturally competent researchers and practitioners. To achieve these aims the section is seeking to increase the membership of Section VI and Division 12 by involving culturally competent psychologists from diverse backgrounds who conduct research or provide services to the underserved. The section seeks to improve culturally congruent research in Clinical Psychology through the promotion of research education and training activities. Mentoring support for early and young research investigators is highly encouraged by the section and the new listserv will highlight funding sources to support travel and registration of young

investigators from diverse backgrounds to attend and present at conferences. Efforts this year will also target diversity in areas pertinent to global health, including the Caribbean and South Africa. Members of the section and all organizers and participants, including Dr. Guerda Nicolas (University of Miami, FL) and Dr. Guillermo Bernal (University of Puerto Rico), are to be congratulated for their efforts in the successful 2011 Caribbean Regional Conference on Psychology Conference held on November 15 -18, 2011 in Nassau, Bahamas ([www.crcp2011.org](http://www.crcp2011.org)).

It has been six years since the current president of Section VI, Dr. Wyatt, served as first chair of the Division 12 Committee of Diversity and submitted the report, "Recommendations for Increasing Diversity within the American Psychological Association (APA) Division 12: Society for Clinical Psychology" (2006). The ambitious goals of the committee have yet to be fully realized and continue to be implemented. Section VI supports the efforts of Division 12 and its Committee on Diversity and reaffirms their commitment toward actions to implement the committee's five recommendations which were adopted by the division:

#### Recommendation 1: Scientific Evidence and Dissemination

Increase the attention to and endorsement of culturally congruent, empirically validated treatment strategies. Increase dissemination of diversity throughout Division 12.

#### Recommendation 2: Journals and Publications

Increase the diversity of Division 12 sponsored publications and revise review criteria regarding the inclusion of diverse populations as standard operating procedure.

#### Recommendation 3: Membership

Adapt new strategies to attract and retain new members who are early in their career and those who represent diverse populations; and reclaim former members from diverse populations who are either inactive in status or participation.

#### Recommendation 4: Leadership

The face of Division 12 represented by its leadership should include diverse populations through active recruitment of clinical psychologists for top leadership positions within the Division, on committees, boards,

## Section Updates (*continued*)

council, and any other decision making group.

### **Recommendation 5: Awards and Recognitions for Excellence in Science and Practice**

Increase diversity in award recipients and in the research conducted.

The section reminds all members of Division 12 to be vigilant about addressing contemporary issues that affect the health, mental health and quality of life of diverse populations. We look forward to a year of growth, commitment and unity and remind section members of their commitment to racial and ethnic diversity in clinical psychology as a section of the division through this year's membership motto "I am VI of 12!"

## **Section IX: Assessment**

**Norman Abeles, Ph.D.**



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### **2011 Activities**

Section IX invited address was given by R. Michael Bagby and titled "Utility and Applicability of Psychological Tests in clinical and Research Contexts: The Case of the MMPI-2 RF". Yossef Ben Poreth, PhD gave a Pre Convention Workshop on "An introduction to the MMPI-2 Restructured Form (RF). He also chaired and participated in a symposium on Current Developments and Future Directions with Clinical Assessments Instruments. Virginia Brabender participated in a symposium on the Process of Recognition of Specialties and Proficiencies. Ginger Calloway, PhD participated in a symposium on Ethical Challenges in Psychological Assessment—Practical Perspectives from Across the Field. Norman Abeles, PhD represented APA's Communications and Publications Board at the Meeting of the Council of Representatives. Paul Arbisi, PhD, our President Elect was the discussant at a Symposium on the Use of the

MMPI/MMPI2 in Medical Settings. There were also a number of poster sessions where our student members participated.

In other news, we continue to work on increasing membership in our section under the leadership of Dustin Wygant, PhD, our membership chair. Our Journal, *Assessment* continues to be a benefit of membership and reports indicate that it is very well received by our members and by our Division.

Now for late breaking news: Here is the substantive program for The APA convention in Orlando in August 2012. Paul Arbisi, PhD will chair a symposium on "Trait Dimensions: Will existing instruments suffice? Participants will be Robert Krueger, PhD From the U of Minnesota, Allan Harkness, PhD from the University of Tulsa, Martin Sellbom PhD from the University of Alabama and Christopher Hopwood, PhD from Michigan State University. Learning objectives are: (1) Describe the role of Dimensional Models of Personality in the Development of DSM-5 Trait Specified Personality Disorder diagnoses. (2) Identify empirically supported instruments that demonstrate clinical utility in the Assessment of DSM-5 Trait Dimensions. (3) Evaluate the Ability of existing instruments (MMPI-2/MMPI-2 RF and PAI) to assess the DSM-5 Trait Dimensions. We hope to see many of you at the 2012 APA convention in Orlando. ☐☐

# The Clinical Psychologist

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 Member (2010-12) Adele Hayes, Ph.D.  
 Member (2011-13) Linda Sobell, Ph.D., ABPP  
 Member (2011-13) Katie Witkiewitz, Ph.D.  
 Member (2012-14) Frank Andrasik, Ph.D.  
 Member (2012-14) Jillian Shipherd, Ph.D.

## COMMITTEE ON APA

### GOVERNANCE

Chair – 2012 – Barry Hong, Ph.D., ABPP  
 Member (2010-12) Armand Cerbone, Ph.D.  
 Member (2011-13) Barry Hong, Ph.D., ABPP  
 Member (2012-14) David Tolin, Ph.D.

## COMMITTEE ON SCIENCE AND PRACTICE

Chair – 2012 – Deborah Drabick, Ph.D.  
 Member (2010-12) Deborah Drabick, Ph.D.  
 Member (2010-12) Barry Wolfe, Ph.D.  
 Member (2011-13) Cindy Suveg, Ph.D.  
 Member (2011-13) Dina Vivian, Ph.D.  
 Member (2012-14) Denise Sloan, Ph.D.  
 Member (2012-14) Peter Norton, Ph.D.  
 Student representative (2012) Bryan T. Forrester  
 Student representative (2012) Rachel Hershenberg  
 Subcommittee on Research-Supported Psychological Treatments  
 Subcommittee on Practitioner-Researcher Collaboration

## COMMITTEE ON DIVERSITY

Chair – 2010-12 – Arthur M. Nezu, Ph.D.  
 Member (2010-12) Arthur M. Nezu, Ph.D.  
 Member (2010-12) Debra Hope, Ph.D.  
 Member (2011-13) Evelinn Borrayo, Ph.D.  
 Member (2011-13) Tracy Neal-Walden, Ph.D.  
 Member (2012-14) Jan Mohlman, Ph.D.  
 Member (2012-14) Daniel McNeil, Ph.D.  
 Student Representative (2012) Lauren Greenberg

## MONITORS AND LIAISONS

(List to be reviewed and updated annually)

## DIVISION 12 BOARD LIAISONS/ MONITORS TO APA BOARDS AND COMMITTEES

Board of Convention Affairs (BCA)

– Barbara Cubic, Ph.D. (Successive Program Chairs to have seat)  
 Board of Professional Affairs (BPA)  
 – Irving B. Weiner, Ph.D.  
 Board of Scientific Affairs (BSA)  
 – Frederick T. L. Leong, Ph.D.  
 Committee on Ethnic Minority Affairs (CEMA) - Asuncion Miteria Austria, Ph.D.  
 Board for the Advancement of Psychology in the Public Interest (BAPPI) – Jean L. Chin, Ph.D.  
 Board of Educational Affairs (BEA) – Committee for the Advancement of Professional Practice (CAPP) – Irving B. Weiner, Ph.D.  
 American Psychological Association of Graduate Students (APAGS) – Brian J. Hall  
 Publications and Communications Board P&C) – Norman Abeles, Ph.D.  
 Committee on Accreditation – W. Edward Craighead, Ph.D.  
 Committee on Early Career Psychologists (CECP) – Samuel T. Gontkovsky, Psy.D.  
 Committee on Women in Psychology (CWP) – Asuncion Miteria Austria, Ph.D.

## DIVISION 12 LIAISONS TO APA COUNCIL CAUCUSES

Assembly of Scientist-Practitioner Psychologists –  
 Coalition for Academic, Scientific and Applied Psychology – Larry E. Beutler, Ph.D.  
 Women's Caucus – Asuncion M. Austria, Ph.D.  
 Association for Practicing Psychologists – Lynn Rehm, Ph.D.  
 Ethnic Minority Caucus – Richard Suinn, Ph.D.

## DIVISION 12 LIAISONS/MONITORS TO OTHER GROUPS

Council of University Directors of Clinical Psychology (CUDCP) – Linda Craighead, Ph.D.  
 Association of Psychology Postdoctoral & Internship Centers (APPIC) – Nadine J. Kaslow, Ph.D., ABPP  
 National Council of Schools and Programs of Professional Psychology – Jean L. Chin, Ed.D.  
 Committee on International Relations in Psychology (CIRP) – Norman Abeles, Ph.D., ABPP  
 International Society of Clinical Psychology – Danny Wedding, Ph.D.  
 Federal Advocacy Grassroots Network – Donna Rasin-Waters, Ph.D.  
 American Board of Clinical Psychology (ABCP) – Nadine Kaslow, Ph.D., ABPP

National Register of Health Service Providers in Psychology – John C. Norcross, Ph.D.  
 Clinical Specialty Council – Lynn P. Rehm, Ph.D.  
 Council for Training in Evidence-Based Behavioral Practice – E. David Klonsky, Ph.D.  
 Summit on Future of Psychology Practice – M. David Rudd, Ph.D.  
 Interdivisional Task Force on Child & Family Mental Health – Ronald T. Brown, Ph.D.  
 The Society of Addiction Psychology (APA Division 50) – Katie Witkiewicz, Ph.D.  
 Association of Psychology Training Clinics (APTC) – Tony Cellucci, Ph.D., ABPP

## AD HOC TASK FORCES

(“Sunsetted” after one year unless re-appointed by Board.)

Subcommittee on Doctoral Training in EBP in Clinical Psychology  
 J. Gayle Beck, Ph.D., Chair, Andrea Chronis-Tuscano, E. David Klonsky, Ph.D., Lata K. McGinn, Ph.D., Louis Castonguay, Ph.D., and Eric Youngstrom, Ph.D.

Work Group to Develop Online CE  
 Brian Carpenter, Ph.D., Chair, Marc Sobell, Ph.D., ABPP, Tony Cellucci, Ph.D., Larry Beutler, Ph.D.

Work Group for Mentoring  
 Brian Hall, Chair, Douglas Mennin, Ph.D., Kathryn Gordon, Ph.D.

## DIVISION 12 SECTIONS – 2012

### SECTION II: SOCIETY OF CLINICAL GEROPSYCHOLOGY

President (2012) Erin E. Emery, Ph.D.  
 Past President (2012) Martha Crowther, Ph.D.  
 President-elect (2012) Amy Fiske, Ph.D.  
 Secretary (2012) Sherry Beaudreau, Ph.D.  
 Treasurer (2012) Norm O'Rourke, Ph.D., R. Psych  
 Section Representative (2010-12) Brian Carpenter, Ph.D.  
 Membership Chair (2012) Rebecca S. Allen, Ph.D.  
 Diversity Committee Chair (2012) Yvette Tazeau, Ph.D.  
 Mentoring Committee Chair (2012) Amy Fiske, Ph.D.  
 Awards Committee Chair (2012) David Coon, Ph.D.



Public Policy Committee Chair (2012) Margie Norris, Ph.D.  
 Newsletter Co-Editors (2012) Erin L. Woodhead, Ph.D. & J. Kaci Fairchild, Ph.D.  
 Nominations/Election Chair (2012) Jon Rose, Ph.D. & David Powers, Ph.D.  
 Web-Site Coordinator: Olga Rosito, Ph.D.  
 Student Representatives: Jay Gregg, MS, Joseph M. Dzierzewski, MS  
 Program Chair (2012) Martha Crowther, Ph.D.  
 Continuing Education Coordinator (2012) Michelle Hilgeman, Ph.D.  
 Interdivisional Healthcare Committee Liaisons: Margaret Norris, Ph.D. & Cheryl Shigaki, Ph.D.  
 Treatment Guidelines Task Force: Forrest Scogin, Ph.D. & Margaret Gatz, Ph.D.  
 Geropsychology Education Task Force: Erin E. Emery, Ph.D., Erin L. Woodhead, Ph.D.  
 Archivist: Sherry Beaudreau, Ph.D.

SECTION III: SOCIETY FOR A SCIENCE OF CLINICAL PSYCHOLOGY President (2012) Richard Heimberg, Ph.D.  
 Past President (2012) Varda Shoham, Ph.D.  
 President-elect (2012) Michelle Craske, Ph.D.  
 Secretary/Treasurer (2012) David A. Smith, Ph.D.  
 Division 12 Representative (2012-14) Douglas Mennin, Ph.D.  
 At-Large Member (2012) Sherry L. Goodman, Ph.D.  
 At-Large Representative (2012) Bunmi Olatunji, Ph.D.  
 Membership Committee Chair (2011) Douglas Mennin, Ph.D.  
 Program Committee Chair (2011) Mitchell Prinstein, Ph.D.  
 Nominations Committee Chair (2011) Bunmi Olatunji, Ph.D.  
 Liaison to APA Science Directorate (2011) Robert Brown, Ph.D.  
 Dissertation Awards Committee (2011) Denise Sloan, Ph.D.  
 Webmaster (2011) Frank Farach, Ph.D.  
 Student Representatives (2012) Kristy Benoit and Sara Stasik

SECTION IV: CLINICAL PSYCHOLOGY OF WOMEN  
 President (2012) Kalyani Gopal, Ph.D.  
 Past President (2012) Dorothy Tucker, Ph.D.  
 President-elect (2012)  
 Secretary (2009-11) Kalyani Gopal, Ph.D.  
 Treasurer (2011-13) Cristina Magalhaes, Ph.D.

Member-at-large/Membership Co-Chairs (2011-13) Theodore Bumes, Ph.D., Patricia Jones-Blessman, Ph.D.  
 Member-at-large/Book Reviews (2008-10) Cynthia Deutsch, Ph.D.  
 Division 12 Representative (2011-13) Elaine Burke, Psy.D.  
 Program Co-Chairs (2012) Elaine Burke, Psy.D., Kalyani Gopal, Ph.D.  
 Newsletter Editor (2011-13) Anna Karas, MA  
 Listserv Manager (2011) Lynn H. Collins, Ph.D.  
 Student Representatives (2011) Laetitia L. Cheltenham, Vivian Tamkin

SECTION VI: CLINICAL PSYCHOLOGY OF ETHNIC MINORITIES  
 President (2012) Gail E. Wyatt, Ph.D.  
 Past President (2012) Elizabeth Boyd, Ph.D.  
 President-elect (2012) Alfiee Breland-Noble  
 Secretary (2011-13) Jawana Ready, Ph.D.  
 Treasurer (2011-13) Louis P. Anderson, Ph.D.  
 Division 12 Representative (2010-12) Guillermo Bernal, Ph.D.  
 Program Co-Chair (2012) Cheryl Anne Boyce, Ph.D. & Alfiee M. Breland-Noble, Ph.D., M. H. Sc.  
 Membership Chair (2012) April Harris-Britt, Ph.D.  
 Mentoring Committee Chair: (2012) David Acevedo Polakovich, Ph.D.  
 Student Rep (2012) Cendrine Robinson, Jennifer Hsia

SECTION VII: EMERGENCIES AND CRISES  
 President (2012) Jennifer J. Muehlenkamp, Ph.D.  
 President-elect (2012)  
 Past President (2012) Lisa Firestone, Ph.D.  
 Secretary/Treasurer (2009-11) Lillian Range, Ph.D.  
 Division 12 Representative (2010-12) Marc Hillbrand, Ph.D.  
 Newsletter Editor (2011) Kim Van Orden, Ph.D.  
 Student Representative (2011) Daniel R. Zamir

SECTION VIII: ASSOC. OF PSYCHOLOGISTS IN ACADEMIC HEALTH CENTERS  
 President (2012-13) Barbara Cubic, Ph.D.  
 Past President: (2012-13) William N. Robiner, Ph.D., ABPP  
 President-elect (2012-13) Ronald T. Brown, Ph.D., ABPP  
 Secretary (2009-12) Kathryn Sanders, Ph.D.

Treasurer (2012-14) Kim Embleton Dixon, Ph.D., MBA, BSN  
 Division 12 Representative: (2010-12) Barry Hong, Ph.D., ABPP  
 Membership Chair (2012) John Wrybeck, Ph.D.  
 Program Chair (2012-13) Ronald T. Brown, Ph.D., ABPP  
 Conference Committee Co-Chairs (2011-13) Laura Shaffer, Ph.D., and Catherine Schuman, Ph.D.  
 Member-at-Large: (2009-12) Alfiee Breland-Noble, Ph.D.  
 (2012-14) Cheryl L. Brosig-Soto, Ph.D.  
 Ex Officio Member: (2007-12) Barbara Cubic, Ph.D., Editor JCPMS  
 Senior Advisor to the President: Cheryl King, Ph.D., ABPP  
 AAMC CAS Rep: (2010-12) Patrick Smith, Ph.D., and Cynthia Belar, Ph.D., ABPP  
 Research Committee: Gerald Leventhal, Ph.D.  
 Communications and Publications Committee: (2011-12) Melisa Moore, Ph.D., Co-Chair, Editor e-newsletter and John Wrybeck, Ph.D., Co-Chair, Webmaster  
 Special Projects: Catherine Schuman, Ph.D.  
 Student Member: (2012) Kelly Foran-Tuller

SECTION IX: ASSESSMENT PSYCHOLOGY  
 President (2011-2013) Yossef S. Ben-Porath, Ph.D.  
 President-elect (2012) Paul Arbisi, Ph.D.  
 Past President (2012) Virginia M. Brabender, Ph.D.  
 Secretary (2012) Ginger Calloway, Ph.D.  
 Treasurer (2009-2011) Martin Sellbom, Ph.D.  
 Division 12 Representative: (2011-2013) Norman Abeles, Ph.D., ABPP  
 Membership Chair: (2010-11) Dustin Wygant, Ph.D.  
 Student Representative: (2009-10) Katherine Ann Gifford

SECTION X: GRADUATE STUDENT & EARLY PSYCHOLOGISTS  
 President (2012) Chris Conway  
 President-Elect (2012)  
 Past President (2012) Kate Humphreys  
 Secretary (2011) Yuliana Gallegos  
 Treasurer (2011) Victoria E. Cosgrove, Ph.D.  
 Division 12 Representative (2011-13) Brian Hall  
 Communications Chair (2011) Jonathan Savant



# JOIN A DIVISION 12 SECTION

Division 12 has eight sections covering specific areas of interest.

- Clinical Geropsychology (Section 2)
- Society for a Science of Clinical Psychology (Section 3)
- Clinical Psychology of Women (Section 4)
- Clinical Psychology of Ethnic Minorities (Section 6)
- Section for Clinical Emergencies and Crises (Section 7)
- Section of the Association of Medical School Psychologists (Section 8)
- Section on Assessment (Section 9)
- Graduate Students and Early Career Psychologists (Section 10)

To learn more, visit Division 12's section web page:  
[www.div12.org/division-12-sections](http://www.div12.org/division-12-sections)

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To subscribe, contact:

Lynn Peterson, Administrative Officer  
Division 12 Central Office  
P.O. Box 1082, Niwot, CO 80544-1082, USA  
Tel: 303-652-3126  
Fax: 303-652-2723  
E-mail: [div12apa@comcast.net](mailto:div12apa@comcast.net)



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## Instructions to Authors



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

Material to be submitted should conform to the format described in the sixth edition of the Publication Manual of the American Psychological Association (2010). An electronic copy of a submission in Word format should be sent as an attachment to e-mail. 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 and submissions may be made to the editor at [milton.strauss@gmail.com](mailto:milton.strauss@gmail.com).

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