

# THE CLINICAL PSYCHOLOGIST



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

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

## PRESIDENT'S COLUMN Division Doin's

### Training in evidence-based practice: 2012 Presidential Initiative

Each year, the President of the Society is given the opportunity to focus resources on a presidential initiative. Historically, these initiatives have ranged from David Barlow's task force which examined how to identify treatments that are supported by the empirical literature (October, 1993 - see <http://www.div12.org/sites/default/files/InitialReportOfTheChamblessTaskForce.pdf>) to Marv Goldfried's initiative encouraging two-way communication between practitioners and researchers about factors that influence the use and effectiveness of specific empirically-supported treatments (August, 2010 - see [http://www.div12.org/sites/default/files/PanicDiscussionSurvey2010\\_0.pdf](http://www.div12.org/sites/default/files/PanicDiscussionSurvey2010_0.pdf)). Many of the efforts by former division presidents have played a notable role in on-going dialogs about best clinical practices, within both the larger American Psychological Association and other national organizations.

While recognizing how valuable these efforts have been, it seemed to me that we have missed an important step, namely identification and specification of the best practices to educate doctoral students in the principles and practices of evidence-based practice. With many organizations endorsing the concept of evidence-based practice within Clinical Psychology, most doctoral training programs have recognized the importance of structuring their curricula as well as clinical and scientific training around this concept. And yet, with considerably diversity in faculty expertise and philosophy, there continues to be significant individual differences across programs with respect to how training in evidence-based practice is implemented.

My presidential initiative involves the development of working guidelines for integrating training in evidence-based practice into graduate training in clinical psychology. The overarching mission of this initiative is to delineate specific principles to guide core doctoral training in psychopathology, assessment and treatment. As well, principles to focus foundational clinical supervisory experiences are included, in an effort to help doctoral programs set the stage for evidence-based functioning of their students during more advanced graduate training. In addition to myself, the committee members include: Louis Castonguay, Ph.D. (Professor, Department of Psychology, Penn State University), Lata McGinn, Ph.D. (Associate Professor of Psychology and Director of Doctoral Clinical Training, Yeshiva University), E. David Klonsky, Ph.D. (Assistant

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## President's Column (*continued*)

Professor, Department of Psychology, University of British Columbia), Andrea Chronis-Tuscano, Ph.D. (Associate Professor, Department of Psychology, University of Maryland) and Eric Youngstrom, Ph.D. (Professor, Department of Psychology, University of North Carolina at Chapel Hill). Our specific goals include:

1. To develop a collection of probably effective means of integrating training in the three core activities of evidence based practice, in particular 1) the development of a questioning approach to client care, leading to scientific experimentation, 2) careful observation and analysis replacing anecdotal case description, and c) reliance on the larger body of evidence to systematically guide decision-making.
2. To consider guidelines for beginning clinical supervision that will facilitate the integration of empirically grounded research, clinical expertise, patient characteristics, and cultural factors in training in basic assessment and therapy skills.
3. To consider alternative approaches to teaching doctoral students how to incorporate critical evidence-based thinking skills into their assessment and treatment work.

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#### GRAPHIC DESIGN

Jason Crowtz



4. To consider alternative approaches to teaching doctoral students how to incorporate clinical relevancy into the design of their empirical studies.
5. To gather a set of readings that will foster understanding and appreciation of the importance of evidence-based assessment and treatment practice.
6. To consider what methods of training best link the science and the practice of clinical psychology, with the goal of bridging the gulf between these two aspects of our profession.
7. Recognizing the essential role of academic freedom within the university setting, to consider how doctoral programs can encourage consistency in training in evidence-based practice that is largely free from theoretical differences.

We have been working hard on these efforts in the past year and have drafted a set of principles and recommendations. At the Annual Convention in August, my Presidential Address will involve a panel presentation with several of the committee members, outlining our recommendations and the process through which we arrived at them. This has been an interesting task, one that I am eager to share with those of you who are invested in graduate education in Clinical Psychology.

### **The Society announces its award winners!**

The Society of Clinical Psychology hosts a series of awards. I am pleased to announce our most recent award winners:

*Award for Distinguished Scientific Contributions to Clinical Psychology* presented to **Daniel N. Klein, Ph.D.** for distinguished theoretical or empirical contributions to Clinical Psychology throughout their careers.

*Toy Caldwell-Colbert Award for Distinguished Educator in Clinical Psychology* presented to **Christopher Peterson, Ph.D.** for excellence in mentoring clinical psychology graduate students, interns, postdoctoral fellows and junior faculty.

*Theodore H. Blau Early Career Award for Distinguished Professional Contributions to Clinical Psychology* presented to **George M. Slavich, Ph.D.** for professional accomplishments in clinical psychology.

*David Shakow Early Career Award for Distinguished Scientific Contributions to Clinical Psychology* presented to **Andrew M. Leventhal, Ph.D.** for contributions to the science clinical psychology by a person who has received the doctorate within the past seven years and who has made noteworthy contributions both to science and to practice.

*The American Psychological Foundation Theodore Millon Award* presented to **Edward C. Chang, Ph.D.** for outstanding mid-career advances in the science of personality psychology including the areas of personology, personality theory, personality disorders, and personality measurement. This award is given jointly by The American Psychological Foundation and the Society of Clinical Psychology.

*Samuel M. Turner Early Career Award for Distinguished Contributions to Diversity in Clinical Psychology* presented to **Joyce P. Chu, Ph.D.** for an early career psychologist who has made exemplary contributions to diversity within the field. Such contributions can include research, service, practice, training, or any combination thereof.

*Distinguished Student Research in Clinical Psychology Award* presented to **Thomas Armstrong** for exemplary theoretical or empirical contributions to research in clinical psychology.

*Distinguished Student Service in Clinical Psychology Award* presented to **Maria Espinola** for outstanding service contributions to the profession and community.

*Distinguished Student Practice in Clinical Psychology Award* presented to **Harpreet Kaur** for outstanding clinical practice contributions to the profession.

Hearty congratulations to all!!

### **Looking ahead to Orlando – Continuing Education**

Two continuing education workshops, initiated by the Society, have been accepted by APA for the Orlando convention. In keeping with our new tradition of rotating topics, we are pleased to announce two new workshops:

- A Cognitive Behavioral Approach to Weight Loss and Maintenance, presented by Judith Beck with Deborah Beck Busis
- Evidence-Based Comprehensive Psychosocial,

Pharmacological, and Combined Approaches to Treatment for ADHD in Children and Adolescents, presented by William Pelham and Andrea Chronis-Tuscano

Registration materials should be distributed soon. Please, support Division 12 by attending these workshops.

### Web Editor

The Society is searching for an individual who is willing to serve as Web Editor (see accompanying

announcement). This is an excellent opportunity for an early to mid-career person who wishes to expand their professional service while gaining more experience with Division 12. Please feel free to pass the announcement on to qualified individuals.

And finally, I encourage you, our members, to contact me with ideas for future initiatives. The Executive Committee is working hard to develop improved benefits for our members and your input is valuable. I can be reached at [jgbeck@memphis.edu](mailto:jgbeck@memphis.edu). ■■

## A New Survey: Clinical Experiences in Treating OCD

This is a new survey in a series of surveys on clinical experiences in using empirically supported treatments (ESTs) in practice. If you have recently taken the survey on treating PTSD, thank you for your input. We would now appreciate it if you could take 10-15 minutes to complete our survey on obsessive compulsive disorder (OCD).

Here is the rationale for our surveys: Much in the way that the Food and Drug Administration (FDA) provides physicians with a method for giving feedback on their experiences in using empirically supported drugs in clinical practice, the Society of Clinical Psychology (Division 12 of the American Psychological Association) and Division 29 (Psychotherapy) of the American Psychological Association, have created a mechanism whereby practicing therapists can report on their clinical experiences using ESTs. In essence, this collaborative initiative on Building a Two-Way Bridge Between Research and Practice has established a procedure for practicing therapists to disseminate their clinical experiences. This is not only an opportunity for clinicians to share their experiences with other therapists, but can also offer clinically based information that researchers may use to investigate ways of improving treatment.

This collaborative initiative has already completed surveys of practicing clinicians on the use of CBT to treat panic, social anxiety, and general anxiety disorder, and these findings will be published shortly. We are now conducting clinical surveys on the use of CBT to treat OCD, and would very much appreciate your input. It should take between 10 and 15 minutes to complete, which you can do online at:

OCD: <https://www.psychdata.com/s.asp?SID=147366>

If the link does not bring you directly to the site, you may need to use control+click, or copy and paste it in your browser.

We clearly recognize that your time is valuable, but believe that this is sorely need information that will benefit clinicians and researchers alike.

Thank you.

—Marvin R. Goldfried, PhD for Divisions 12 and 29 of the American Psychological Association

# CALL FOR AWARD NOMINATIONS

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The Society of Clinical Psychology invites nominations for its 5 psychologist awards, 3 early career awards, and 3 graduate student awards. These awards recognize distinguished contributions across the broad spectrum of the discipline, including science, practice, education, diversity, service, and their integration. The Society and the American Psychological Foundation encourage applications from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

Nominations must include a CV and at least one letter of endorsement. Self-nominations are permitted and should include at least one external endorsement. Candidates can be simultaneously considered for multiple awards, although a psychologist may receive only one Division 12 award in any given year. No voting members of the Division 12 Board of Directors will be eligible to receive awards from the Division while serving their term. Nominees must be current members of Division 12.

Please submit nomination materials electronically to Awards Committee Chair at [div12apa@comcast.net](mailto:div12apa@comcast.net). The deadline is November 1st. Inquiries should be directed to the Division 12 Central Office at 303-652-3126 or [div12apa@comcast.net](mailto:div12apa@comcast.net)

## SENIOR AWARDS

### **Award for Distinguished Scientific Contributions to Clinical Psychology**

Honors psychologists who have made distinguished theoretical and/or empirical contributions to clinical psychology throughout their careers.

### **Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology**

Honors psychologists who have made distinguished advances in psychology leading to the understanding or amelioration of important practical problems and honors psychologists who have made outstanding contributions to the general profession of clinical psychology.

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

Honors psychologists who have made remarkable contributions to the understanding of human diversity and whose contributions have significant promise for bettering the human condition, overcoming prejudice, and enhancing the quality of life for humankind.

### **Toy Caldwell-Colbert Award for Distinguished Educator in Clinical Psychology**

Honors psychologists who display excellence in mentoring clinical psychology graduate students, interns, postdoctoral fellows and junior faculty. It will recognize those individuals who have been outstanding in supporting, encouraging and promoting education and training, professional and personal development, and career guidance to junior colleagues.

## MID CAREER AWARD

### **American Psychological Foundation Theodore Millon Award**

The American Psychological Foundation (APF) Theodore Millon, Ph.D. Award will be conferred annually to an outstanding mid-career psychologist engaged in advancing the science of personality psychology including the areas of personology, personality theory, personality disorders, and personality measurement. A review panel appointed by APA Division 12 will select the recipient upon approval of the APF Trustees. The recipient will receive \$1,000 and a plaque. Nominees should be no less than 8 years and no more than 20 years post doctoral degree.

## EARLY CAREER AWARDS

### **David Shakow Early Career Award for Distinguished Scientific Contributions to Clinical Psychology**

Given for contributions to the science clinical psychology by a person who has received the doctorate

*Continued on next page*





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within the past seven years and who has made noteworthy contributions both to science and to practice. Up to \$500 for travel to the APA Convention is awarded.

**Theodore Blau Early Career Award for Distinguished Professional Contributions to Clinical Psychology (given jointly with APF)**

Honors a clinical psychologist for professional accomplishments in clinical psychology. Accomplishments may include promoting the practice of clinical psychology through professional service; innovation in service delivery; novel application of applied research methodologies to professional practice; positive impact on health delivery systems; development of creative educational programs for practice; or other novel or creative activities advancing the service of the profession. Nominees should be no more than seven years post doctoral degree. Amount of the award is \$4000.

**Samuel M. Turner Early Career Award for Distinguished Contributions to Diversity in Clinical Psychology**

This award will be conferred annually to an early career psychologist who has made exemplary contributions to diversity within the field. Such contributions can include research, service, practice, training, or any combination thereof. Nominees should be no more than seven years post doctoral degree.

**GRADUATE STUDENT AWARDS**

Recipients of the Division 12 graduate student awards must be matriculated doctoral students in clinical psychology (including predoctoral interns) who are student affiliates of Division 12. Nominations should include a copy of nominee's curriculum vitae and at least one letter of support detailing the nominee's service contributions to the profession and community. Recipients of the awards receive a plaque, a \$200 honorarium contributed jointly by Division 12 and Journal of Clinical Psychology, and a complementary two-year subscription to JCLP. The Division 12 Education & Training Committee will determine the award recipients.

Please submit nomination materials electronically to Education & Training Committee Chair, Dr. John Pachankis at [john.pachankis@einstein.yu.edu](mailto:john.pachankis@einstein.yu.edu). The deadline is November 1st.


**Distinguished Student Research Award in Clinical Psychology**

Honors a graduate student in clinical psychology who has made exemplary theoretical or empirical contributions to research in clinical psychology. Clinical research contributions can include quantity, quality, contribution to diversity, and/or innovations in research.

**Distinguished Student Practice Award in Clinical Psychology**

Honors a graduate student in clinical psychology who has made outstanding clinical practice contributions to the profession. Clinical practice contributions can include breadth and/or depth of practice activities, innovations in service delivery, contribution to diversity, and/or other meritorious contributions.


**Distinguished Student Service Award in Clinical Psychology**

Honors a graduate student in clinical psychology who has made outstanding service contributions to the profession and community. Service contribution can include development of creative educational programs or other novel activities in the advancement of service, contributions to diversity, working to increase funding for agencies, volunteer time, working on legislation regarding mental health, general mental health advocacy; as initiating outreach to underserved communities or substantive involvement in efforts to do such outreach. 



## Loving Day: Remembering, in Order to Not Forget

Arthur M. Nezu, Ph.D., ABPP

 June 12th is a special day in American history. It also happens to be my wedding anniversary (this year it will be 29 years being married to my best friend and closest professional colleague, Christine Maguth Nezu, Ph.D., ABPP, also a clinical psychologist). But (alas), that's not why it is an important day in American

history (only in my personal history). It's important because June 12th, 1967, was the day the United States Supreme Court ruled in favor of Loving vs. Virginia. In this case, Virginia's existing statute that prevented marriages between persons exclusively on the basis of racial classifications was found to be in violation of the Equal Protection and Due Process Clauses of the 14th Amendment. So, June 12th is "officially" Loving Day to celebrate this momentous decision.

So why is this a topic relevant to clinical psychology? On a very personal level, as stated above, what is now nationally known as Loving Day in the U.S. (Richard Loving is the name of the

white male who married Mildred Jeter, a black woman) is my anniversary (go to [www.lovingday.com](http://www.lovingday.com) for more information about how to celebrate this day and for additional background). Coincidentally, my marriage is also an interracial marriage (I am of Japanese background and Chris is of white European background, half German and half Slovakian/Roma). But that's not why I am writing this particular column; rather, what is important about Loving Day is not about me,

but about racial discrimination and the importance of accurately understanding our history, regardless if at times it involves events we would rather forget.

There is a common expression about history repeating itself if we don't properly remember it. It was the Spanish philosopher, George Santayana (1863-1952), who, in his book, *Reason in Common Sense*, actually wrote "those who cannot remember the past are condemned to repeat it." Forgetting the past is one thing, remembering an inaccurate past is yet another! When both occur, it can be devastating.

One of my favorite books of all time is by James Loewen, a professor emeritus of sociology at the University of Vermont and a Ph.D. from Harvard. It is entitled "Lies My Teacher Told Me: Everything Your American History Textbook Got Wrong" (2007). The main thesis of the book (which is neither politically conservative or liberal, but objective) is that the 18 most frequently used high school history textbooks in America frequently include outright lies about our past, tending to omit events and interpretations of such events that are controversial, ambiguous, and represented by conflict. Much space is devoted to creating heroes, as well as "covering" up times in our past that are shameful. For example, one of the titles of a chapter in this book is "'Gone with the Wind': The Invisibility of Racism in American History Textbooks." In this chapter, Loewen suggests that "...when textbooks make racism invisible in American history, they obstruct our already poor ability to see it in the present" (p. 171). In other words, what is being taught to high school students is a simplistic and inaccurate picture of race relations in the U.S.

So, one of the major reasons why I am writing about Loving Day is to help us to remember, and to remember accurately, our past, in order to prevent us from making future mistakes. As such, here's the rest of the story...

The Lovings each grew up in Caroline County, Virginia, where they fell in love and decided to get married. Unfortunately, interracial marriages in Virginia in 1958 were illegal, but, they were legal in Washington, DC, where Richard and Mildred decided to get married. However, not only was it illegal for interracial couples to get married in Virginia, but it was illegal for such individuals to get married elsewhere and return to Virginia, which they did. One night

***The 18 most frequently used high school history textbooks in America frequently include outright lies about our past, tending to omit events and interpretations of such events that are controversial, ambiguous, and represented by conflict.***

while they were asleep, the police came into their bedroom to arrest them and took them to jail—solely for being “married.”

The presiding judge found them guilty and sentenced them to one to three years. However, they were also given the option to leave Virginia and not return for 25 years. If they did so, their sentence would be suspended. Given this choice, the Lovings moved to Washington, DC to live. Unfortunately, although their marriage was legal, they faced harsh discrimination and racial taunting. Wanting to move back to Virginia where their friends and respective families lived, but feeling very desperate, Mildred wrote a letter to Robert F. Kennedy, then the Attorney General of the U.S. for help. This letter was forwarded to the ACLU, where two lawyers, Bernard Cohen and Philip Hirshkop took up their case for free.

Their case went through multiple appeals all ending in subsequent denials. To provide a picture of the court’s thinking at the time, here is an official statement by one of the presiding judges, Judge Bazile of Caroline County, VA— “Almighty God created the races, white, black, yellow, Malay, and red and placed them on separate continents, and but for the interference with his arrangement there would be no cause for such marriages. The fact that he separated the races shows that he did not intend the races to mix” ([www.lovingday.org](http://www.lovingday.org)).

This story does have a happy ending. After nine years of struggles, the Lovings finally won their day in court—the U. S. Supreme Court unanimously decided in their favor. As Chief Justice Warren put it—“ under our Constitution, the freedom to marry, or not marry, a person of another race resides within the individual and cannot be infringed on by the State” ([www.lovingday.org](http://www.lovingday.org)).

So, do we think Virginia is the “bad guy” in this story? Sad to say, but at the time of the Loving decision, 16 other states in the U.S. had laws banning interracial marriages. The Loving decision made such laws illegal for states to enforce. Over the course of American history, 42 states had such laws. Although 1967 to some may seem like light years in the past, allow me to continue to provide additional facts—it was only in 1998 in South Carolina and in 2000 in Alabama that similar laws were actually removed from their respective State Constitutions.


This column at first glance may appear to be more political in nature as compared to a “piece on psychol-

ogy.” But I am reminded of the lectures I provide to graduate students in clinical psychology about the need to understand a client’s history, especially if he or she is “different” in some way (e.g., from the perspective of ethnicity, culture, age, sexual orientation, religion, physical handicap, etc.) from the mainstream, in order to best be of therapeutic aid. At times, unfortunately, one’s history (both past and current), involves discrimination. As such, I wanted to be mindful of reminding us all of the recency of such laws and how Loving Day has significant implications these days regarding various controversial issues, such as gay marriage, racial profiling, and a women’s right to make choices about contraception and abortion. I am not trying to convince the reader to take a particular stand (even though I am very opinionated about where I stand). Rather, very similar to one aspect of my self-definition as a clinical psychologist—I need to be data-based. Being data-based sometimes means having to deal with uncomfortable facts about ourselves and our country’s history, such as slavery and discrimination.

To end on a more optimistic note, here’s a quote from Mildred Loving herself, who on the 40th anniversary of the Loving vs. Virginia decision (June 12, 2007), stated that she is “...not a political person, but I am proud that Richard’s and my name is on a court case that can help reinforce the love, commitment, the fairness, and the family that so many people, black or white, young or old, gay or straight seek in life. I support the freedom to marry for all. That’s what Loving, and loving, are all about” ([www.freedomtomarry.org](http://www.freedomtomarry.org)).

Similar to how our childhood experiences influence our thoughts, emotions, and behavior later in life, so can a country’s earlier years affect its future. Hopefully this is a thought worth remembering.

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### Thinking Out of the Box: Non-traditional Career Opportunities for Clinical Psychologists

Cynthia Suveg, Ph.D.



A doctoral degree in clinical psychology affords many career opportunities, with academics and clinical practice being among the most traditional. But there are also non-traditional career paths to consider. A while back I heard Dr. Gary Sperduto give a very interesting talk about his career path in corporate consulting. Dr. Sperduto is the Chief Executive Officer

of Sperduto & Associates, Inc. He received a Ph.D. in Clinical Psychology from the University of Georgia and then started a corporate consulting firm. Comprised of Clinical psychologists and management consultants, Sperduto and Associates “is focused on helping organizations select, develop, understand, and organize...people” ([www.sperduto.com](http://www.sperduto.com)). The company offers many services including psychological assessment for selection and leadership development, mediation and conflict, and merger and acquisition services. Intrigued about how a degree in clinical psychology could be

helpful in corporate consultation, I asked Dr. Sperduto the following questions about this potential career trajectory.

#### **How did you come to integrate your interest in business with your degree in Clinical Psychology?**

Because of a university policy put forth while I was a student, I had to take a “co-major” after my Masters Degree had been conferred. I had a lot of friends in the

business school and just thought it would be fun and interesting to take my co-major in a different set of topics. I learned we psychologists are very competitive with those in the business school when working on business issues even though we may come at problems from a different perspective. This intrigued me about the possibility of a way to make a living bringing the best ideas from psychology to bear on issues in business.

#### **What is the most rewarding aspect(s) of your position?**

Client care, problem solving, watching people (in clients and in S&A) grow and prosper

#### **What are some of the greatest challenges of your position?**

I am a “player-coach”. I have a book of clients with whom I consult (about 12 corporations) as well as being responsible for driving the success of our firm, leading other psychologists and support staff, providing the best set of tools available, providing a setting that is conducive to productivity and comfort, and handling all the administrative details including, salary, benefits, etc. This keeps me hopping!

#### **Please describe some of the primary responsibilities that a consultant in your company might have.**

Pre-hire psychological assessment for goodness of fit, developmental assessments, coaching and other executive development, team building, contributing input on organizational structure, vocational guidance activities, studies of the psychological status and functioning of companies to gain a baseline as we begin our work.

#### **Are skills beyond those acquired in a solid APA-accredited Ph.D. Clinical Psychology program required to work as a consultant?**

In my experience, this is the most difficult issue for clinically trained psychologists to get their arms/minds around. I found that my training coming out of the University of Georgia clinical program translated extremely effectively to the skills necessary to be an excellent corporate consultant. There is certain knowledge about companies and how they function that must be picked up once in the field, but this is knowledge to provide a context for one’s work, not a skill set. This knowledge is acquired in on-the-job experiences and mentoring by colleagues. Companies

*If one enjoys and demonstrates proficiency in problem solving, dealing with variety, meeting new people, action oriented settings, [...] being a generalist, and not being beholden to insurance carriers, corporate consulting might be for you.*



hire us because we are excellent psychologists, not because they think we know more about business than they do and can therefore somehow help them with business variables.

### **How might someone know that a career in consulting is for them?**

If one enjoys and demonstrates proficiency in problem solving, dealing with variety, meeting new people, action oriented settings, working with a high-functioning population using interpersonal skills to teach and influence, being a generalist, and not being beholden to insurance carriers, corporate consulting might be for you.

### **During uncertain economic times, is a career in consulting stable?**

Most people do not understand that times have changed. Small businesses with good track records are less likely to over hire and less likely to subsequently lay off people. Consulting companies that are large or small follow the same idea. There are stable consulting opportunities and there are also consulting opportunities that are more tenuous. Our firm is celebrating 30 years of caring for and serving corporate clients. On the other hand, we have seen large psychological-product companies lay off huge numbers of people and we have seen some smaller firms fold. If you are thinking of a career in consulting, do your homework on each specific opportunity and don't be categorical in your thinking. Currently, just to

name a few, we have psychologists with tenures of 25, 20, and 13 years, and this old geezer has been loving this work since 1978.

### **How could a psychologist advance within your company?**

Our firm is purposefully flat. A psychologist who comes in day one is treated with the same respect as one who has been around for 25 years. Because we all carry the same respect and prestige from day one, "advancing" happens more in terms of compensation and opportunities to lead clients. This form of advancement occurs based on demonstrated positive outcomes with clients and the experiences necessary to handle increasingly complex assignments. In our culture, we are all called "consultants", we eschew titles and tend to think of them as pretentious and unnecessary. If you need a title to feel good about yourself, ours might not be the firm for you. New psychologists function within a fast-paced, collegial apprenticeship model and gain independence as they demonstrate mastery of specific services we provide. For the right person, ours is an incredibly fulfilling and lucrative career.

Many thanks to Dr. Sperduto for sharing information on one potential non-traditional career path for Clinical psychologists. Good luck in finding the right career path for you! For questions, comments, or ideas for future columns please email Cindy Suveg at [csuveg@uga.edu](mailto:csuveg@uga.edu). ☐☐

## **GeroCentral.org: Centralizing Geropsychology Resources**

Access to geropsychology educational materials and training opportunities for psychologists and trainees is critical now, to ensure a more adequate workforce pipeline to treat the fastest growing and most complex segment of the population. The four major geropsychology organizations in the US (APA Divisions 12/II and 20, Council of Professional Geropsychology Training Programs [CoPGTP], and Psychologists in Long Term Care [PLTC]), in consultation with the APA Committee on Aging (CONA), are endeavoring to develop an internet clearinghouse website, GeroCentral.org, to bring together existing resources, organize them into useful whole, and collaboratively create a few new ones. We intend for GeroCentral.org to provide education about geropsychology competencies and resources to achieve them, increase access to resources that can be used to educate generalists and prime the pipeline of geropsychology students including the development of a webinar series, and create collaborations that can facilitate the development of effective care models for older adults, including the use of technology. The development of this website is anticipated to be the first step in a nationally collaborative process of geropsychology training development and dissemination. We are grateful to the APA Committee on Division/APA Relations (CODAPAR) for a \$5000 grant to create this critical resource hub. For more information, please contact Erin Emery, [erin\\_emery@rush.edu](mailto:erin_emery@rush.edu).

# Advances in Psychotherapy

## Evidence-Based Practice

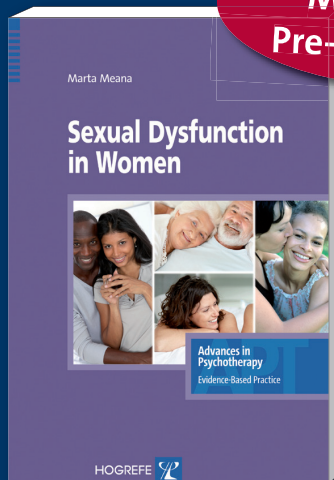
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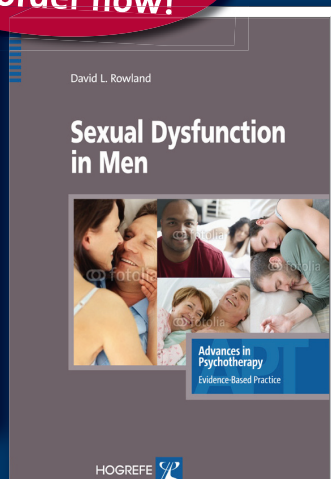
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**Danny Wedding, PhD, MPH**, is Professor of Psychology, California School of Professional Psychology / Alliant University, San Francisco, CA

Danny Wedding trained as a clinical psychologist at the University of Hawaii. He is currently Associate Dean for Management and International Programs at the California School of Professional Psychology / Alliant University. For many years he was Professor of Psychiatry, University of Missouri-Columbia School of Medicine and Director of the Missouri Institute of Mental Health (MIMH). Dr. Wedding is the author or editor of 12 books and is editor for *PsycCRITIQUES: Contemporary Psychology / APA Review of Books*.



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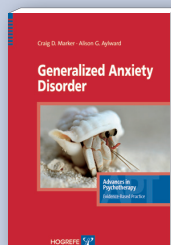
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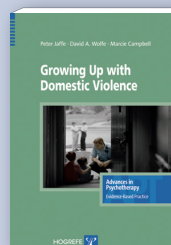
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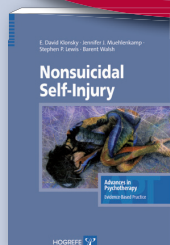
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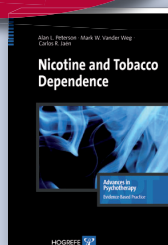
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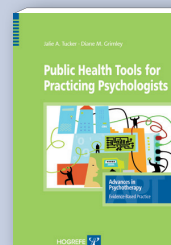
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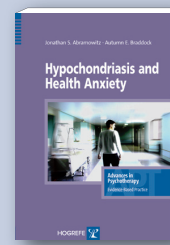
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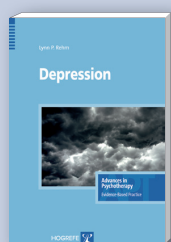
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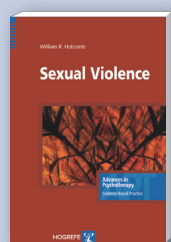
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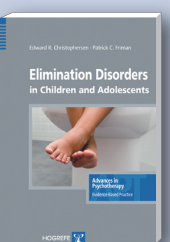
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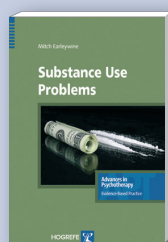
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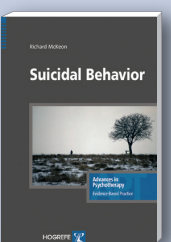
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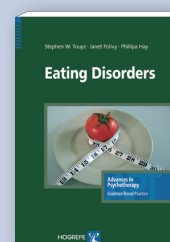
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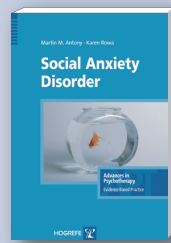
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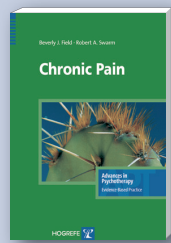
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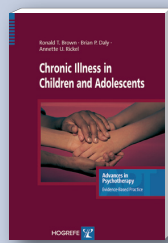
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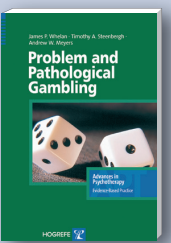
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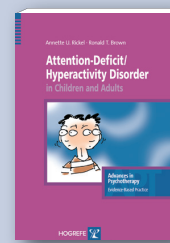
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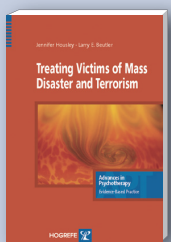
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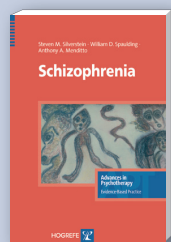
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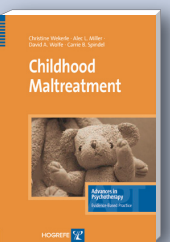
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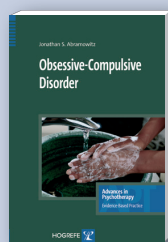
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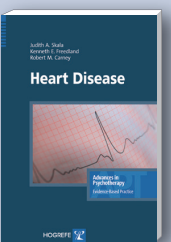
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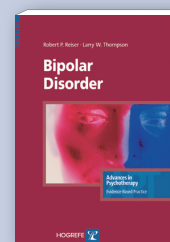
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### Learning How to Be a Clinician

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



“Learning is experience. Everything else is just information.” - Albert Einstein

This past summer I supervised first year clinical psychology graduate students as each engaged in their first few initial therapy sessions. The beginning students evidenced many admirable qualities, including intelligence, concern for the client, and an interest in preparing for unexpected events during the session. Each expressed concerns about starting to work with clients, including ‘exactly’ what to say at the beginning of the session, when to follow-up with difficult issues regarding child abuse reporting and suicidal ideation, and how to do move forward if they cannot think

of anything else to say. However, in trying to provide the students with answers I realized that at one point not too long ago, I also had these concerns, and that learning via experience can provide much more than simply providing information.

As a fourth year student planning to apply to internship in the Fall, I have begun to reflect on the process of becoming a clinician. Though access to texts on therapy techniques and theoretical orientations are plentiful, experience is

essential for gaining the type of knowledge required for actual learning. These beginning students were provided the information on how to handle the concerns listed above and many others. Yet, it was not until each were able to see the usefulness of various skills in session that learning occurred, and through each new client the students gained confidence in their abilities.

Gaining experience with a variety of clients, including of various developmental levels, with differing

kinds of presenting problems, and diverse racial, financial, and educational backgrounds can be extremely helpful in building a knowledge base. Time spent in the room with clients leads to being comfortable with silence and results in flexibility for what needs to be covered during each session. Working in placements with different models of how therapy should be delivered, with theoretical orientations different than that of your training institution, and with interdisciplinary treatment teams with expertise in complementary areas provides an opportunity to define yourself and your interests as a practitioner of clinical psychology. Without a diversity of experience in both patient mix and treatment setting, a student may have greater difficulty in determining what training they hope to gain during internship. Importantly, listen to supervisors, especially those that ask you to handle a case somewhat differently than your last supervisor might have. Learning that there are multiple routes to achieving the same goal is essential in gaining perspective as a burgeoning clinician.

The wisdom acquired by your supervisors during their years of training and experience are concentrated and hand dispensed during supervision, and as a student you have the opportunity to take that wisdom and incorporate it into your own theoretical framework. Flexibility in training provides the opportunity to understand the importance of ‘common factors’ and that regardless of the evidence base for varying therapies, without a therapeutic-alliance, success in therapy may be difficult. But also, learning evidence-based practices, whether in the form of specific manuals, modules, or techniques, is essential for being an informed practitioner. So, what are the important factors for your training as a clinical psychology student prior to internship? Learning through varied experiences. Although working in the same department clinic for multiple years in a row may result in a greater number of clinical hours, yet it dampens the ability to gain diverse perspectives and find your area of interest, whether it is behavioral medicine, trauma-focused work with children and adolescents, couples therapy, or a multitude of other options.

For students in clinical psychology, getting to the last phase of training during the doctoral degree has become a particularly daunting feat. The recent 2012 match data from APPIC report that while 4,435 students

***Without a diversity of experience in both patient mix and treatment setting, a student may have greater difficulty in determining what training they hope to gain during internship.***

registered for the match, only 3,152 successfully did so. In the drive to make oneself competitive, students attempt to log ever greater hours during pre-internship clinical experiences. The balance for maintaining other responsibilities in graduate school can become overwhelming when the goal is to obtain direct clinical hours in order to make yourself a competitive applicant, all the while taking coursework, engaging in research, teaching, and mentoring. The current emphasis on clinical training prior to the internship is quite different from its inception, when this period was set aside specifically for clinical training and it

was often the first time students engaged in therapy with clients. Today, the clinical internship remains a time set aside for clinical training and professional development. Now, however, the opportunities for specialization are abundant. Carefully choosing which sites provide the type of training, whether generalist or specialized, is an important task given the need for 'fit' between student and site. As such, gaining a variety of pre-internship training may be essential for providing the experience needed for students to both gain initial therapy skills, and also to determine what steps are most appropriate for tailored future training. ■■

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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.

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### Arnold Gesell as a Clinical Psychologist

Donald K. Routh, Ph.D.

 Arnold L. Gesell (1880-1961) had credentials as a clinical psychologist as good as those of anyone in his time. He received his PhD from Clark University in 1906 under G. Stanley Hall and was a charter member of the American Association of Clinical Psychologists (AACP) in 1917. He made a presentation in 1918 at the only symposium sponsored by this organization (it was published the next year) and was the one who negotiated the transformation of

the AACP into the Clinical Section of the American Psychological Association. He was one of only 25 persons who were certified as qualified consulting psychologists by the APA. In 1924-25 he served as co-chair of the APA Clinical Section.

Yet Gesell is remembered mainly for his work on child development. In 1915 he received an MD from Yale and qualified as a pediatrician. He ran a child development clinic at Yale until his retirement in 1948. His father had worked as a professional

photographer in Wisconsin, and Gesell followed in his father's footsteps by using photography to document the motor development of infants and children in great detail.

Humans are distinct from other species in walking on two legs, but they are not born able to do this. Gesell chronicled the stages of the "prone progression" of infants toward walking, and the developmental norms he developed are still in use. Similarly, humans are distinctive in having an opposable thumb, but they are not born able to pick up objects. Gesell's photographic studies documented the development

of how the infant progresses toward the "fine pincer grasp." His developmental scales, borrowed by such measures as the Denver Developmental Screening Test, continue in use today. The book he co-authored with Frances Ilg, *Infant and Child in the Culture of Today*, published in 1943, was a precursor of later popular guides to childrearing such as that of Dr. Benjamin Spock.

Within the field of child development, Gesell was known for his emphasis on the importance of maturation and "readiness." Myrtle McGraw followed up his work with her twin studies in which one twin was given intensive training in a skill such as walking, while the other twin was not formally trained. In the long run, these pairs had equal performance at such basic developmental tasks. Gesell also emphasized the importance of developmental readiness in more advanced skills such as reading. In that case, however, many children never advance to literacy in the absence of training in the specific elements of the task, such as phonemic awareness.

After Gesell retired, he and his colleagues set up a clinic independent of Yale to continue his work, which the university then tended to ignore. For many years, the Yale Child Study Center was dominated by psychoanalysts who followed a contrasting tradition. Ultimately, however, Yale did establish an endowed chair of pediatrics in Gesell's name.

Within clinical psychology, Gesell's work led ultimately to the development of the modern subspecialty of pediatric psychology, introduced in a 1967 article by Logan Wright. Wright later served as president of APA Division 12. Wright and his colleague Lee Salk were also authors of popular guides to childrearing, such as Salk's 1972 book, *What Every Child Would Want His Parents to Know*. Although pediatric psychology has come to focus on the psychological aspects of chronic illness in children, as emphasized in the *Journal of Pediatric Psychology* and various editions of the *Handbook of Pediatric Psychology*, it also includes work with children with developmental disabilities, including the kind of delayed motor development studied by Gesell. Pediatric psychology originally developed as a section of Division 12 but later became an independent APA division, the Society of Pediatric Psychology. ■■

***Within clinical psychology, Gesell's work led ultimately to the development of the modern subspecialty of pediatric psychology, introduced in a 1967 article by Logan Wright.***

Donna Rasin-Waters, Ph.D.—Editor

### Become a Key Contact for Psychology!

By Donna Rasin-Waters, Ph.D.

Division 12 Federal Advocacy Coordinator




One of my many roles as Division 12 Federal Advocacy Coordinator is to find “key contact” psychologists for the division. Key contact psychologists are colleagues in the division who already have or are willing to establish a presence for psychology with their federal representatives.

Perhaps you already have a relationship with your representative to Congress. If so, please inform me of such and I will add you to my list of key contacts. The American

Psychological Association Practice Organization (APAPO) needs quality contacts to targeted Senators and representatives of Congress when a legislative issue critical to psychology is on the move. As a key contact you will be among those called upon to provide a quality interaction with your representative in the service of psychology.

If you do not know your representatives and would like to learn how to establish contact with one or more of them please contact me for information about how to do so.

The March 10-13, 2012 APAPO State Leadership Conference held in Washington, DC focused on bringing psychology to the table in health care reform. Let's be sure to do that.

Donna Rasin-Waters, PhD, can be contacted at [drasinwaters@aol.com](mailto:drasinwaters@aol.com), [LinkedIn](#) or [Twitter @rasinwaters](#). 

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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)





### Section II: Society of Clinical Geropsychology

Submitted by Brian D. Carpenter, Ph.D.



Tired of trolling around the web to find educational resources related to clinical geropsychology? Breathe easy, help is on the way. APA's Committee on Division/APA Relations (CODAPAR) awarded a \$5,000 Interdivisional Grant to the Society of Clinical Geropsychology and its partners to create a website clearinghouse for educational materials and training opportunities related to later life. Spearheaded by Society President Erin Emery, GeroCentral will offer a comprehensive list of professional development resources from five major geropsychology organizations: Society of Clinical Geropsychology (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. Representatives from these organizations on the GeroCentral Committee are currently developing structure and content for the site, with plans to include components such as a web-based version of the Pikes Peak geropsychology competencies assessment tool, links to geropsychology training and mentoring opportunities, a clinician's toolbox with access to evidence-based assessment and treatment resources, and geropsychology webinars.

In other on-line news, the Society is embracing social media, launching a new Facebook page (Facebook.com/ClinicalGeropsychology) where you can see posts of upcoming conferences, find links to recent research findings, and stay connected with other people interested in clinical geropsychology.

The Education Committee is continuing its survey of 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>.

Speaking of education, the APA webinar on Interpersonal Psychotherapy for Depressed Older Adults

by Gregory A. Hinrichsen, PhD, aired on March 16th and will soon be available on demand as part of its Clinician's Corner series (<http://www.apa.org/ed/ce/resources/clinician-corner.aspx>).

Clinical geropsychology is represented by Cheryl Shigaki and Margie Norris on the Interdivisional Healthcare Committee, a collection of individuals from several APA divisions interested in common issues and concerns in healthcare. This Committee has been promoting psychology's perspective on a wide set of issues recently, including H&B code utilization, the development of Accountable Care Organizations and other collaborative practice models, development of treatment guidelines, and Medicare reimbursement. The Committee also has been vocal in expressing concern about Louisiana's Act 251, which places psychologists with prescription privileges (now referred to as "Medical Psychologists") under the jurisdiction of the LA Medical Board, not the LA Psychology Board.


In another nod to synergy, the Society joined forces with Psychologists in Long Term Care (PLTC) to create a combined Public Policy Committee, Co-Chaired by Margie Norris and Mary Lewis.

Finally, Society members have been closely following iterations of the National Plan to Address Alzheimer's Disease. The plan was drafted by the Department of Health and Human Services and its partners, the Interagency Group on Alzheimer's Disease and Related Dementias, and the Advisory Council on Alzheimer's Research, Care, and Services. An initial public comment period in 2011 garnered some feedback, and the revised plan was available for public comment until February. Deborah DiGilio reported that the APA Office on Aging, in collaboration with the APA Science Directorate and with the support of the Committee on Aging (CONA), prepared a response to the Plan. Opening comments emphasized psychology's contributions in basic and translational research; developing and implementing neuropsychological tests for assessment and diagnosis; developing evidence-based behavioral interventions to address age-related cognitive change, reduce caregiver stress, and manage challenging behaviors; assessing decision making capacity; and using psychotherapeutic approaches to help patients and caregivers cope with the illness and its associated consequences. A second round of comments are planned that will address the need to include neuropsychological assessment to mea-

sure changes in cognitive performance; the need for additional research to link the presence of biomarkers with cognitive declines and gains; and the importance of public education on modifiable risk factors, racial differences in prevalence rates, and the importance of informing the public that dementia is not a part of normal cognitive aging. Stay tuned for more on this important effort to ensure psychology is represented in future dementia research and practice.

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

Submitted by Douglas S. Mennin, Ph.D.

 Rick Heimberg is the current President and is joined on the board by Michelle Craske (President-Elect), and Varda Shoham (Past President), Bunmi Olatunji (Member at Large), Sherryl Goodman (Member at Large), Dave Smith (Secretary-Treasurer), Lea Dougherty (Newsletter Editor), Kristy Benoit (Student Representative), Sara Stasik (Student Representative), Howard Garb (Past President, SSCP Representative to the APS Program Committee), and me as the SSCP representative to Division 12.

We've had an active and exciting year at SSCP. We were very pleased to be able to grant a number of awards this year. First, we are proud to offer Bill Pelham a Distinguished Scientist Award. Further, we congratulate the recipients this year's Dissertation Awards:

Thomas Armstrong, Vanderbilt University  
Joanna Chango, University of Virginia  
Debra Glick, Suffolk University  
Amanda Morrison, Temple University  
Stephanie Rabin, Drexel University  
Matthew Rouse, Emory University  
Erin Ward-Ciesielski, University of Washington

Further, we are excited to be organizing great symposia at APA this year. Please join us.

Symposium: The Art of Clinical Science in Intervention Development - Moving From the Lab to the World Outside, Presenters: Adele Hayes, PhD (University of Delaware), Lizabeth Roemer, PhD (University of Massachusetts Boston), Bethany Ann Teachman, PhD (University of Virginia; Discussant: J. Gayle Beck, PhD (University of Memphis)

Invited Address at APA –Antonette M. Zeiss, PhD, VA Central Office, Washington, DC


Title: Evidence-Based Psychotherapy in the Department of Veterans Affairs: Successes and Challenges

Finally, our student representatives have done a wonderful job of reaching out to new student members via a new facebook page, a student listserv, a revamped website, and an internship survey.

We are excited to extend and expand our clinical science activities in the coming year!


### Section IV: Clinical Psychology of Women

Submitted by Elaine Burke, Ph.D.

 The members of Section IV of Division 12 would like to introduce ourselves. We are a culturally a very diverse group who focus on the concerns of women as related to clinical psychology, with an emphasis on multicultural and international women's issues as well as current problems for women. Some of our recent programming at the APA Convention has included women in the military, sexual perpetrators, international and immigrant women's issues, and treating trauma in women. During this summer's convention in Orlando, we will have presentations on sexual trafficking and balancing caretaking with being a psychologist. We encourage networking and support among our membership in order to increase our skills in the areas of scholarship, clinical applications and collaborative mentorship. We have a newsletter and are connected through LinkedIn, are completing our website, and are in the process of developing an online journal and listserv. We would like to invite you to learn more about our section and participate in our activities. Our section welcomes everyone interested in the issues of women in clinical psychology. We will be having a social hour in Orlando in the Division 12 Hospitality Suite. If you would like to know more about our section, please contact Elaine Burke (Section IV Division 12 Representative) at eburke23@hotmail.com or Kalyani Gopal (President of Section IV) at kgopalphd@gmail.com. We look forward to having you join us and participate in our activities!

### Section VII Clinical Emergencies and Crises


Submitted by Marc Hillbrand, Ph.D.

 At the 2012 APA Annual Convention, Section VII is planning a symposium entitled Multidisciplinary approach to assessment of violence in the health care setting. David Drummond's Presidential Address will focus on school violence. He will describe data on school violence collected by the Secret Service, the US Department of Education and the FBI. David Jobs will be awarded the Section VII Distinguished Career Award recognizing his pioneering work on the treatment of suicidal individuals. His presentation is entitled Suicidal Ambivalence: Research and Practice Considerations.

Section VII has assembled a working group at the request of the Division 12 Board of Directors to develop suicide risk assessment and management resources. These will be included in the recently created Clinician's Toolkit that can be found on the Division 12 web site. The working group consists of Phil Kleespies, past Section president and Section founder, Marc Hillbrand, Section representative (co-chairs), and past and current Section Presidents Lanny Berman, David Drummond, and Lisa Firestone. The group plans to develop a document that summarizes current thinking about risk and protective factors for suicide and suicidal behavior, list related training resources, and list best practices in the treatment of suicidal individuals.


### Section VIII: Update APAHC

Submitted by Rita Hauera, Ph.D.

 The Association of Psychologists in Academic Health Centers has had a busy quarter. Two task forces have been formed, one addressing diversity and health disparities led by Dr. Breland-Noble (Duke) and another looking at the implementing recommendations from the AAMC's Behavioral and Social Science Foundation for Future Physicians. The task force will focus on producing materials that would be helpful to those who teach in medical schools. The AAMC report reflects a greater awareness and need to better incorporate behavioral and social science into the MD curriculum. The task force is led by Drs. Brosig-Soto (Wisconsin) and Dr. Barbara Cubic (Eastern Virginia).

The APAHC Research Committee has made progress in several projects. The Committee, under the

leadership of Jerry Leventhal (New Jersey UMD), has asked the AAMC to have a more specific category for psychologists in their faculty survey. Clinical and research psychologists were not separated. Lacking this separation, salary guidelines are not comparable. They can be misleading as research psychologists may be paid more than their clinical colleagues. The AAMC is working with the APAHC committee on Workforce Issues looking at models of care and how many primary care physicians and specialists will be needed in the future. In this study, APAHC will be able to participate in the planning and analysis of the data. The question of how many and how psychologists will fit into these systems will be explored. This joint venture may be a very important task taken by AAMC with future implications.

Finally, the editorship of JCPMS will pass from Dr. Barbara Cubic to a yet to be appointed editor. Under Barbara's leadership, JCPMS has made great progress as a journal obtaining an impact factor of 1.5. 

## The Clinical Psychologist

Past issues of

*The Clinical Psychologist*

are available at:

**[www.div12.org/clinical-psychologist](http://www.div12.org/clinical-psychologist)**



### Candidate statements for President-elect Designate, APA Council Representative, and Member-at-Large/Chair of the Diversity Committee

#### Candidates for President

*Dr. Barry Hong*

*Dr. David Tolin*

#### Candidate statement for President:

##### **Dr. Barry Hong**

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:

##### **Dr. David Tolin**

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 multimil-

lion-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 Representative

*Dr. Jeffrey Magnavita*

*Dr. Danny Wedding*

### Candidate statement for APA Council Representative:

#### **Dr. Jeffrey Magnavita**

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 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 Representative:

#### **Dr. Danny Wedding**

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.

### **Candidates for Member-at-Large/Diversity Committee Chair**

*Dr. Cheryl A. Boyce*

*Dr. Alfiee Breland-Noble*

### **Candidate statement for Member-at-Large/Diversity Committee Chair:**

#### **Dr. Cheryl A. Boyce**

Cheryl Anne Boyce is currently the Chief of the Behavioral and Brain Development Branch and Associate Director for Child and Adolescent Research within the Division of Clinical Neuroscience and Behavioral Research, National Institute on Drug Abuse, National Institutes of Health (NIH), Department of Health and Human Services. For over a decade, she

has collaborated and consulted on issues of research and policy for child abuse and neglect, trauma and violence, early childhood, health disparities, mental health and substance use as a federal health scientist administrator. She completed her bachelor's degree cum laude at the Catholic University of America with University Honors in the Social Sciences and her doctoral studies in clinical psychology at the University of North Carolina at Chapel Hill. After clinical and research fellowships at the Children's National Medical Center and the Department of Psychiatry, University of Maryland, she began her federal career as a Society for Research in Child Development/American Association for the Advancement of Science Executive Branch Policy Fellow. As an expert in child abuse and neglect research, she has testified before Congress and led an expert consultation to South Africa. She has also completed special assignments to the White House Office of National Drug Control Policy and Office of the Director, NIH. As an American Psychological Association (APA) Fellow in Clinical Psychology, she is a licensed psychologist in the state of Maryland and DC. Her service to APA has included membership on APA's Board of Convention Affairs, Central Programming Workgroup for APA Convention and Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology (CEMMRAT). Her accomplishments and awards include: APA Minority Fellow; APA Meritorious Research Service Citation and Society for Clinical Psychology's Lifetime Award for Distinguished Contribution to Diversity in Clinical Psychology. She is a former president and current secretary and program co-chair of Division 12, Section VI, Clinical Psychology of Ethnic Minorities. Active in her local community she is currently serving an appointment as the co-chair for the Washington DC Mayor's Advisory Committee on Child Welfare (2009-2012) and Vice President of the board of Safe Shores: The DC Children's Advocacy Center.

### **Candidate statement for Member-at-Large/Diversity Committee Chair:**

#### **Dr. Alfiee Breland-Noble**

Dr. Alfiee M. Breland-Noble is an assistant professor in the Department of Psychiatry at Georgetown University

Medical School after spending 10 years on the faculty of the Department of Psychiatry and Behavioral Sciences (Medical Psychology) at the Duke University Medical Center. She is the principal investigator of The AAKOMA Project; a program of research examining depression treatment readiness for African-American adolescents via strategic, community engaged, Faith Based Health Promotion. Previously, she completed her residency training at Duke University and 2 post-doctoral research training programs in health services and interventions research at the Duke University School of Medicine. She received her doctoral degree from the University of Wisconsin-Madison, a Masters in Counseling from New York University and her

Bachelor of Arts in English from Howard University. She also recently completed a masters in Health Sciences (MHSc -- clinical trials focus) at the Duke School of Medicine. Her research interests include improving treatment engagement for psychiatric illness in African American and other children of color (using Community Based Participatory Research) and the diagnosis and treatment of adolescent depression. Dr. Breland-Noble is a well-regarded speaker and writer on issues of mental health disparities and strategic planning for diverse early career researchers. She consults with private and public institutions on issues of diversity in mental health clinical care and research. ■■

# VISIT THE SOCIETY OF CLINICAL PSYCHOLOGY AT THE 2012 APA ANNUAL CONVENTION

The 120th American Psychological Association Annual Convention will take place Aug. 2–5, 2012, at the Orange County Convention Center in Orlando, Florida. The convention will feature internationally known presenters on topics and programs highlighting the latest research findings. Programs and sessions will cover issues such as immigration, racism, eating disorders, clinical practice, social networking and psychotherapy.

For more information on the convention and the activities of the Society of Clinical Psychology, contact Lynn Peterson, Division 12 Central Office [Tel: 303-652-3126, E-mail: [div12apa@comcast.net](mailto:div12apa@comcast.net)].

# 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)*

# Call for Nominations: Division 12 Web Editor

The Society of Clinical Psychology has created the position of Web Editor. The Web Editor will be responsible for the content and maintenance of our website ([www.div12.org](http://www.div12.org)). The Web Editor needs to be intimately familiar with the content that our website should include. Content familiarity can be acquired on the job, with guidance from our Central Office and Board of Directors. The Society contracts for major changes to be made through a graphic design company. The role of Editor will be to continually review and update content, which includes coordinating with section heads.. A new major initiative, as mentioned in the most recent message from our current President, Dr. Gayle Beck, is development of a “members-only” section, designed to provide unique benefits to our members.

The position of Web Editor is open now and will be filled as soon as an appropriate candidate is identified. The anticipated term for this position is 3 years (start date a.s.a.p. - Dec 31, 2015).

The Division 12 website is an integral part of our publication program. The work of the Web Editor, like the work of our journal editor (Clinical Psychology: Science and Practice) and newsletter editor (The Clinical Psychologist), will operate under the oversight of our Publications Committee.

Serving as our Web Editor will provide excellent opportunities for involvement in Division 12 activities, collaboration with the division’s leadership, and use of professional skills in enhancing the utility of the website.

Nominations, including self-nominations, should be sent electronically to Dr. Frank Andrasik ([fndrasik@memphis.edu](mailto:fndrasik@memphis.edu)) and Ms. Lynn Peterson at [div12apa@comcast.net](mailto:div12apa@comcast.net). Persons interested in the Web Editor position should include an abbreviated CV, a brief description of their qualifications for the position, and any suggestions they may have for enhancing our web site.

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To learn more about the  
Society of Clinical Psychology,  
visit our web page:  
*www.div12.org*



## 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).

**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.**