

THE CLINICAL PSYCHOLOGIST



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

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By Mark Sobell, Ph.D., APBB
Nova Southeastern University, FL

PRESIDENT'S COLUMN

The Multi-Tentacled Society

Even during my year as President-Elect, I did not have a full appreciation for the complex and multi-faceted organization that is the Society of Clinical Psychology, Division 12 of the APA. Since I found that to be the case, and I had good reason to be interested in the various components of our organization, it seems reasonable to think that others may find a brief overview of our component parts to be valuable. One way to think about the Society is as a mothership that provides the umbrella under which our various sections, committees, and other entities reside. But what does a mothership do besides providing a place to stay? Our by-laws describe our *raison d'être* as follows: "The mission of the Society of Clinical Psychology is to encourage and support the integration of psychological science and practice in education, research, application, advocacy and public policy, attending to the importance of diversity." A nice mission, but it could apply to most of psychology. Fortunately, the by-laws go a step further to define what clinical psychology encompasses: "The field of Clinical Psychology involves research, teaching and services relevant to the applications of principles, methods, and procedures for understanding, predicting, and alleviating intellectual, emotional, biological, psychological, social and behavioral maladjustment, disability and discomfort, applied to a wide range of client populations." No wonder we have many tentacles, but at least we are limited to "understanding, predicting, and alleviating...maladjustment, disability and discomfort."

Viewing the Society as a whole rapidly leads to looking at the component parts, namely our sections and committees. The sections reflect interest groups, and more about them in a moment. The committees are intended to help the division conduct its mothership activities, the things that tie the Society together. Some of these functions have limited scope. The Awards committee, for example, annually solicits nominations for Society awards and makes recommendations to the Board of Directors. Other committees have an ongoing and essential role for the vitality of the organization. Primary among these is the Membership Committee. Declining and aging membership is a major issue throughout APA, and we are no exception. Why should people become members of the Society? One obvious binding feature is that most members have a background in clinical psychology, and an interest in advancing clinical psychology within APA. That in itself, however, would be unlikely to sustain membership. Advancing knowledge, especially following our academic training, provides a more tangible

(continued on page 2)

INSIDE: Biographies of Division 12's **Award Winners** (Page 7 for details)

President's Column (*continued*)

benefit, and many members, as licensed psychologists, have an obligation to complete continuing education (CE) credits. This is an area where the Society can provide very meaningful benefits to its members, and the Society is approved by the APA to award CE credits. In this regard, the Society recently embarked on a major initiative to develop and provide a vastly expanded array of CE offerings to members. Another aspect of the Society's overall role has to do with publications, ranging from *The Clinical Psychologist*, in which you are reading this column, to our well-received journal *Clinical Psychology: Science and Practice*, to an increasing number of offerings on the Internet, such

as the Clinician's Toolkit, expansion and elaboration of our website on research-supported treatments (<http://www.psychologicaltreatments.org/>), and a forthcoming very valuable addition, *Principles for Training in Evidence Based Psychology* which will include suggestions for graduate clinical psychology curricula. Finally, another important Society-wide function is planning for the next year's convention. Each year the President-Elect appoints a Convention Program Chair who is responsible for organizing Society efforts at the next year's APA convention. For example, this year President-Elect David Tolin appointed Olubunmi Olatunji as Program Chair for the our 2014 convention

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offerings. This is a Society level function for several reasons, including the fact that APA allots each division a specific number of hours for convention programming. At the division level, we then have to decide on our convention theme and how to allocate our hours centrally (e.g., invited speakers) and across sections (i.e., interest groups). In addition, there is an increasing emphasis on presentations that are cross-divisional. This sort of planning takes an enormous amount of effort and must be coordinated at the Society level. A program committee has to be assembled to review competitive submissions, and we also try to find ways to highlight the work of our sections, and of early career psychologists and graduate students, the future of our field. The payoff is tremendous, as you will see from the excellent program for the 2013 convention put together by our present Program Chair, Katie Witkiewitz.

Whereas the committees and convention programming occur at the Society level, our eight sections (<http://www.div12.org/sections/>) unite persons with shared interests, and this sometimes goes beyond clinical psychology. For example, Section 8, the Association of Psychologists in Academic Health Centers, has broad appeal, especially as the movement toward integrated health care gains momentum. In cases like this it is not unusual for persons to join a section but not the division, or even APA, for that matter. For example, a psychologist pursuing a career path in health administration might join Section 8, but not be a clinical psychologist and therefore not join the Society. In addition to being a mothership, the Society is also a proud parent. If you explore the Society sections, you will notice that two sections are missing; namely, Section 1 and Section 5. They were not always missing. Section 1 matured to be a division of its own, Division 53, the Society of Clinical Child and Adolescent Psychology, and our previous Section 5 matured to become Division 54, the Society of Pediatric Psychology. That explains why none of the current sections focus on children or adolescents, although many division members have that as their main interest. It also exemplifies the "proud parent/mothership" concept, as the small section or interest group was nurtured to become a division in its own right. This is a good example of the broad appeal of our division.

Taken as a whole, the Society of Clinical Psychology is an important part of the APA. An example of this was recently brought to our attention by Irv Weiner, a former Society President and presently one

of the Society's representatives to the APA Council of Representatives. He found that in the 66 years since 1947, 16 APA Presidents have been former Division 12 Presidents, and an additional 12 were Division 12 members. Thus, since 1947 42.4% of APA Presidents have also been Division 12 members, an astounding proportion when one considers the total number of Divisions (56 at present, but several fewer in 1947). One of my reasons for bringing these examples to your attention, is that opportunities for involvement abound, especially in terms of the sections. So if you haven't done so, or haven't done so for a while, look them over and join those that are in your area of interest. And if you are interested in being more active in the Society itself, contact me (sobellm@nova.edu) or our administrator, Lynn Peterson (div12apa@comcast.net) and we will link you up with colleagues. We are a multi-tentacled organization, and all are welcome. So whether you are just launching your career, or are a seasoned researcher and/or clinician, there is a niche for you. No formal invitation needed. ■■

The Clinical Psychologist

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Closing the Science-Practice Gap with the DSM-5 Cultural Formulation Interview (CFI)

Neil Krishan Aggarwal, MD, MA

 Publication of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) in 2013 offers a moment to examine cultural competence among psychologists. In 2002, the American Psychological Association published Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists to “address U.S. ethnic and racial minority groups as well as individuals, children, and families from biracial, multiethnic, and multiracial backgrounds” (American Psychological Association, 2002, p. 2). Culture is defined as “the belief systems and value orientations that influence customs, norms, practices, and social institutions, including psychological processes (language, care taking practices, media, educational systems) and organizations” (p. 8). Guideline 1 asserts: “Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves” (p. 17). Guideline 2 states: “Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals” (p. 25), including culture’s effects on symptom presentation, illness meanings, help seeking, and social support networks. Psychologists are advised to learn about psychological models for “Mestizos,” Latinos/Hispanics, and Native Americans, among others. Guideline 3 records: “As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.” Guideline 5 calls psychologists to “strive to apply culturally-appropriate skills in clinical and other applied psychological practices” (p. 43) by “tak[ing] into account how contextual factors may affect the client worldview” (p. 46). Though meant to expire in 2009, the Guidelines have not yet been updated. How

have the science and practice of cultural competence since changed?

Social scientists have identified limitations pertinent to the Guidelines. For example, the Guidelines refer to the beliefs and practices of minority and multiracial patients, but this may obscure structural conditions of poverty, discrimination, and illiteracy that limit service access (Gregg & Saha, 2006). The focus on minority and multiracial patients may also assume that Euro-American Caucasians do not have cultural values relevant for care (Aggarwal, 2010). Guideline 1 calls for psychologists to be aware of themselves as “cultural beings” with “attitudes and beliefs” toward other groups, but ethical self-reflection shifts attention on health disparities to “cultural differences” rather than to socioeconomic inequalities (Shaw & Armin, 2011). The behavior-based definition of culture around customs, norms, and practices overlooks newer, process-oriented definitions emphasizing shared meanings resulting in and from interpersonal interactions (Carpenter-Song, Schwallie, & Longhofer, 2007). Text for Guideline 2 provides examples of psychological models for minority groups (“Latino/Hispanic”), but race- and ethnicity-based cultural competence may stereotype individuals without attending to intra-group variation (Kleinman & Benson, 2006) and may also take bounded cultural groups for granted without asking how these identities are socially produced (Jenks, 2011). Guideline 3 calls for greater multicultural education, but such education typically assumes that trainees want to engage publicly in personal reflection, leading to participant resistance, resentment, and hostility (Willen, Bullon, & Good, 2010). Finally, Guideline 5 focuses attention to the role of culture in psychological practices, but cultural competence initiatives may not interrogate the assumptions of service delivery (Fox, 2005; Taylor, 2003).

None of these critiques take away from the challenges of service provision for multicultural populations. However, they indicate that cultural competence practices may lag behind the science. Psychiatrists have contended with similar issues. For example, recognizing that culture envelops all aspects of care, the NIMH Workgroup on Culture and Diagnosis—psychiatrists, psychologists, anthropologists, and sociologists—created the Outline for Cultural Formulation (OCF) for DSM-IV. The OCF draws from anthropo-

logical theories and divides the clinical encounter into four domains: (1) cultural identity of the individual, (2) cultural explanations of illness, (3) cultural levels of psychosocial support and functioning, (4) cultural elements of the patient-physician relationship, with a fifth domain to summarize information influencing diagnosis and treatment (Aggarwal, 2012; American Psychiatric Association, 2000). Case studies have reported criticisms that it does not include operational questions, explanations of social science theories, or clear instructions, leading to multiple questionnaires that confuse well-intentioned, busy clinicians (Aggarwal, 2013). Consequently, experts in the DSM-5 Cultural Issues Subgroup have conducted literature reviews throughout 2010 and 2011 to revise the OCF into the Cultural Formulation Interview (CFI) with 16 tangible questions, explanations about question intent, and instructions for clinicians. The CFI has been tested in a field trial enrolling over 300 patients in six countries from November 2011 to October 2012 to examine feasibility (is it doable?), acceptability (do people like it?), and clinical utility (is it helpful?).

Data analysis is currently underway, and details on the field trial exist elsewhere (Aggarwal, 2013). Here, it is worthy to examine how the CFI responds to criticisms of cultural competence initiatives to close the science-practice gap. In the CFI, culture is defined as: “the values, orientations, knowledge, and practices that individuals derive from membership in diverse social groups” to emphasize behavior *within* interpersonal interactions (American Psychiatric Association, 2013). The CFI contains two text columns, one for instructions to clinicians and the other for questions with probes to clarify patient answers. The CFI promotes a person-centered approach to culture by asking patients about their most important aspects of identity, how they relate to health care, and how they cause other life difficulties [Questions 8, 9, 10] so that clinicians can avoid erroneous stereotypes. To focus on social and economic inequities, the CFI asks about financial and occupation barriers to care with probes for stigma, discrimination, and lack of culturally or linguistically competent services [Question 13]. Rather than make assumptions about appropriate services, the CFI asks patients about past treatments that were helpful and not helpful, current desired treatments, and treatments recommended by friends, family, and other key members of the patient’s social network [Questions 12, 14, 15]. Finally, to avoid clinician resistance among those

uncomfortable with revelatory self-introspection, the CFI asks patients if differences with clinicians and expectations from the health care system can cause barriers to care [Question 16]. The CFI has been written so that all clinicians can use it with all patients in all service settings.

The CFI offers one method of cultural assessment, but a comprehensive assessment may include other aspects of identity such as geographic origin, migration status, language use, religion, sexual orientation, and race/ethnicity. It is intended for situations when diagnostic assessment, symptom presentation, and treatment planning may present differences in understanding among patients and clinicians that would benefit from open communication. While its creation marks a positive first step in intervention development, its effects on key outcomes such as patient satisfaction, therapeutic alliance, quality of life, symptom improvement, and treatment adherence are untested and require further research. Future research can also examine clinical implementation outcomes and whether patients, clinicians, and administrators believe that it is helpful. In closing, the CFI, just like the American Psychological Association’s Guidelines, suggests concrete ways to practice cultural competence from a deep grounding in the scientific literature. The extent to which such cultural competence programming actually closes health disparities should now become an active area of investigation.

References

- Aggarwal, N. K. (2010). Reassessing cultural evaluations in geriatrics: Insights from cultural psychiatry. *Journal of the American Geriatrics Society*, 58, 2191-2196.
- Aggarwal, N. K. (2012). The psychiatric cultural formulation: Translating medical anthropology into clinical practice. *Journal of Psychiatric Practice*, 18, 73-85.
- Aggarwal, N. K. (2013). Cultural psychiatry, medical anthropology, and the DSM-5 field trials. *Medical Anthropology: Cross Cultural Studies in Health and Illness*, 32, forthcoming.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders, Fourth*



Edition. Arlington, VA: American Psychiatric Publishing, Inc.

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Publishing, Inc.

American Psychological Association (2002). *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*. American Psychological Association. Washington, D.C.: American Psychological Association.

Carpenter-Song, E. A., Schwallie, M. N., & Longhofer, J. (2007). Cultural competence reexamined: Critique and directions for the future. *Psychiatric Services*, 58, 1362-1365.

Fox, R. C. (2005). Cultural competence and the culture of medicine. *New England Journal of Medicine*, 353, 1316-1319.

Gregg, J., & Saha, S. (2006). Losing culture on the way


to competence: The use and misuse of culture in medical education. *Academic Medicine*, 81, 542-547.

Jenks, A. C. (2011). From "lists of traits" to "open-mindedness": Emerging issues in cultural competence education. *Culture, Medicine and Psychiatry*, 35, 209-235.

Kleinman, A., & Benson, P. (2005). Anthropology in the clinic: The problem of cultural competency and how to fix it. *PLoS Medicine*, 3, e294.

Shaw, S. J., & Armin, J. (2011). The ethical self-fashioning of physicians and health care systems in culturally appropriate health care. *Culture, Medicine and Psychiatry*, 35, 236-261.

Taylor, J. S. (2003). Confronting "culture" in medicine's "culture of no culture." *Academic Medicine*, 78, 555-559.

Willen, S. S., Bullon, A., & Good, M. J. D. (2010). Opening up a huge can of worms: Reflections on a "cultural sensitivity" course for psychiatry residents. *Harvard Review of Psychiatry*, 18, 247-253. 

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JOIN YOUR DIVISION 12 COLLEAGUES IN HONOLULU, HAWAII AT THE 121ST APA ANNUAL CONVENTION

The next annual meeting of the American Psychological Association will be July 31 – August 4, 2013 in Honolulu, Hawaii. The Society of Clinical Psychology's Program Chair for the 2013 convention is Katie Witkiewitz, Ph.D. She can be reached at the Department of Psychology, University of New Mexico, Albuquerque, NM 87131; (505) 277-4121; witkiewitz@gmail.com.

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).

AWARD WINNERS 2013: BIOGRAPHIES

Guerda Nicolas, Ph.D., and Roxanne Donovan, Ph.D.—Editors

Division 12 Award Winners, 2013: Biographies



Award for Distinguished Scientific Contributions to Clinical Psychology

presented to *Terence M. Keane, Ph.D.* for distinguished theoretical or empirical contributions to clinical psychology throughout their careers.

BIO: **Terence M. Keane, Ph.D.** is Director of the National Center for PTSD-Behavioral Sciences Division and Associate Chief of Staff for Research & Development at VA Boston Healthcare System. He is Professor of Psychiatry and Assistant Dean for Research at Boston University School of Medicine. The Current President of the Anxiety & Depression Association of America (ADAA), Dr. Keane has published thirteen edited volumes and over 275 articles and chapters on the assessment and treatment of PTSD. For the past 33 years the VA, the National Institutes of Health, Department of Defense, and Substance Abuse Mental Health Services Administration (SAMHSA) have continuously supported his program of research on psychological trauma. His contributions to the field have been recognized by many honors including the Lifetime Achievement Award (2004) and the Robert Laufer Award for Outstanding Scientific Achievement (1996) from International Society of Traumatic Stress Studies (ISTSS), a J. William Fulbright Scholar Award (1993-4), Distinguished Research Contributions Award from the Association for Behavioral & Cognitive Therapies (ABCT; 2004); an Outstanding Research Contributions Award (2000), the Distinguished Service Award (2002), and the Harold Hildreth Award for Distinguished Public Service from the American Psychological Association (APA) and the Weisband Distinguished Alumnus Award (1998) from Binghamton University (SUNY). In 2011, Dr. Keane received an Honorary Doctor of Science degree from Binghamton University, SUNY and in 2013 he received an honorary doctorate from the Massachusetts School of Professional Psychology for his major contributions to opening the field of psychological trauma to scientific inquiry. Dr. Keane is a Fellow of the American Psychological Association

and the Association for Psychological Science. He is Past President of the Division of Trauma Psychology of the APA and the ISTSS. He has consulted, lectured, and conducted workshops internationally on topics related to psychological trauma.



Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology

presented to *Edward A. Wise, Ph.D.* for distinguished advances in psychology leading to

the understanding or amelioration of important practical problems and outstanding contributions to the general profession of clinical psychology.

BIO: **Ed Wise** received his Bachelor's degree with Honor's from Washington University, St. Louis, in 1975. He completed his Ph.D. in Clinical – Community Psychology at the University of Wyoming and his internship at the University of Tennessee Internship Consortium at UTCHS in Memphis in 1980. Following internship, Dr. Wise was employed at the Frayser Millington Mental Health Center in Memphis. There, he carried a therapy caseload, conducted psychological evaluations, supervised interns as well as the adolescent day program and adult day treatment program. He began his private practice working with inpatient and outpatient adolescents and adults.

During his 30+ years in private practice, Dr. Wise worked on numerous inpatient units treating adults and adolescents with severe mental illness, substance abuse, eating disorders, dual diagnosis disorders, and mood disorders. He has maintained an active forensic practice, serving on the Capital Defense Team, consulting with the Attorney General's Office, and performing hundreds of court ordered psychological evaluations. Throughout his career he has worked with medical colleagues in med-surg hospitals, provided consultation services to a pain management program, an extended care hospital, a local PPO, and regional as well as national MCO's. In 1996, he developed the first free standing psychiatric intensive outpatient program (IOP) in Memphis and added a substance abuse / dual diagnosis IOP in 2006. Both IOP's are based on manualized treatment protocols developed by Dr. Wise and have been the subject of six outcome and satisfaction studies. He has published over 30 peer reviewed publications related to practice, served as con-



Award Winners 2013: Biographies (*continued*)

sulting editor for the Journal of Personality Assessment, and a reviewer for many prestigious journals. He is a Fellow of the APA, SPA, Distinguished Practitioner in the National Academies of Practice, and past recipient of the APA Award for Distinguished Contributions to Independent Practice in the Private Sector.



Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology presented to *Joseph P. Gone, Ph.D.* for 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.

BIO: Joseph P. Gone, Ph.D., is an Associate Professor in the clinical area of the Department of Psychology at the University of Michigan. His major research interests include cultural influences on mental health status, as well as the intersection of evidence-based practice and cultural competence in mental health services. Gone has published more than 40 articles and chapters exploring the cultural psychology of self, identity, personhood, and social relations in American Indian community settings vis-à-vis the mental health professions, with particular attention to therapeutic interventions such as psychotherapy and traditional healing. He has served on the editorial boards of six scientific journals, and reviewed manuscripts for an additional 40 journals in the behavioral and health sciences. A former Ford Foundation Postdoctoral Diversity Fellow, W. K. Kellogg Fellow in Health Disparities, and Katrin H. Lamon Fellow at the School for Advanced Research on the Human Experience, Gone most recently completed a residential fellowship at the Center for Advanced Study in the Behavioral Sciences at Stanford University. In addition, he has received two early career awards for emerging leadership in ethnic minority psychology.



Toy Caldwell-Colbert Award for Distinguished Educator in Clinical Psychology presented to *Martin M. Antony, Ph.D.*, *C. Psych*, *ABPP* for excellence in mentoring clinical psychology graduate students, interns, postdoctoral fellows, and junior faculty.

BIO: Martin M. Antony, Ph.D. is Professor and Chair in the Department of Psychology at Ryerson University, where he was also founding Graduate Program Director for the MA and PhD programs in Psychology. He also holds faculty appointments at McMaster University and the University of Toronto, and he is Director of Research at the Anxiety Treatment and Research Centre at St. Joseph's Healthcare Hamilton. In 2009-2010, Dr. Antony was President of the Canadian Psychological Association.

Dr. Antony has published 28 books and more than 175 scientific articles and book chapters, mostly on the assessment and treatment of anxiety-based problems such as obsessive-compulsive disorder, panic disorder, social anxiety disorder, specific phobia, generalized anxiety disorder, and perfectionism. He is currently collaborating on a 5-year study of motivational interviewing and cognitive-behavioural therapy for severe generalized anxiety disorder. Dr. Antony trains and supervises numerous students in psychology, psychiatry, social work, and other disciplines in the area of cognitive-behavioural therapy for anxiety disorders, and has received a number of career awards for his contributions to research, training and education. He is also a fellow of the American and Canadian Psychological Associations and the Association for Psychological Science. Dr. Antony has given more than 200 workshops and presentations to health care professionals from across North America, Europe, and Australia. He has also been interviewed, featured, or quoted more than 300 times in various print, radio, and television media outlets, including the CBC, *Chatelaine Magazine*, CTV, *Globe and Mail*, *National Post*, *O (Oprah) Magazine*, *Reader's Digest*, *Scientific American Mind*, *Washington Post*, and many others.



The American Psychological Foundation Theodore Millon Award presented to *Steven K.*

Huprich, 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.

BIO: Dr. Steven Huprich holds an appointment as Professor of Psychology at Eastern Michigan University,

Award Winners 2013: Biographies (continued)

where he teaches in the clinical psychology doctoral and masters programs. Presently, he is an Associate Editor for the *Journal of Personality Disorders* and is the Incoming Editor for the *Journal of Personality Assessment*. Dr. Huprich also serves on a number of other editorial boards. Dr. Huprich has published five books on the assessment and treatment of personality disorders, psychodynamic therapy, and clinical psychology, and has co-edited a number of special series for the *Journal of Personality Assessment*, the *Journal of Personality Disorders*, and *Personality Disorders: Theory, Research, and Treatment*. He currently is compiling an edited book for the American Psychological Association entitled, *Personality Disorders: Assessment, Diagnosis, and Research*. He has published over 70 articles on the assessment and theoretical underpinnings of depressive personality disorder, along with the assessment of interpersonal dependency, borderline personality, pathological narcissism, and malignant self-regard. Besides his academic work, Dr. Huprich has a private practice in Northville, Michigan. He is married and has two daughters.



David Shakow Early Career Award for Distinguished Scientific Contributions to Clinical Psychology presented to *Lara A. Ray, 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.

BIO: Dr. **Lara Ray** received her Ph.D. in Clinical Psychology from the University of Colorado at Boulder in 2007. During her graduate degree she completed interdisciplinary training in behavioral genetics and neuroscience. Dr. Ray completed a predoctoral clinical internship at Brown University Medical School where she stayed for a postdoctoral fellowship at the Brown University Center for Alcohol and Addiction Studies. After her postdoctoral fellowship in 2008, Dr. Ray joined the faculty at the UCLA Clinical Psychology Program where she remains as an Assistant Professor. Dr. Ray also has academic appointments in the UCLA Department of Psychiatry and Human Behavior and the UCLA Brain Research Institute. Dr. Ray has an active program of research on clinical neuroscience of addiction. Her laboratory combines experimental

psychopharmacology with behavioral genetic and neuroimaging methods to ascertain the mechanisms underlying addictive disorders in humans and applying these insights to treatment development. Dr. Ray has over 90 peer-reviewed publications and book chapters. Her program of research is funded by the National Institute on Alcohol and Abuse and Alcoholism (NIAAA) as well as the National Institute on Drug Abuse (NIDA). Dr. Ray's current interest centers around the clinical science informed translation of neurobiological models of addiction to clinical samples



Samuel M. Turner Early Career Award for Distinguished Contributions to Diversity in Clinical Psychology presented to *John E. Pachankis, 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.

BIO: **John Pachankis, Ph.D.** is an Assistant Professor of Psychology at Yeshiva University in New York City. He received his Ph.D. in clinical psychology in 2008 from the State University of New York at Stony Brook and completed his clinical psychology internship at Harvard Medical School / McLean Hospital. His research program seeks to identify the psychosocial mechanisms linking stigma-related stressors to adverse health outcomes within lesbian, gay, bisexual, and transgender (LGBT) populations and to develop and disseminate effective health interventions to improve the health of the LGBT community. He has published widely in the areas of stigma, LGBT mental health, and LGBT health intervention development. This work appears in journals such as *Psychological Bulletin*, *Clinical Psychology Review*, and the *Journal of Consulting and Clinical Psychology*. He currently serves as Principal Investigator on a grant from the National Institute of Mental Health to develop an evidence-based psychosocial intervention specifically tailored to the unique stressors faced by gay and bisexual men over the life course. He also serves as Co-Investigator on five additional NIH grants, all involving the development and dissemination of effective LGBT health interventions. John is currently a Consulting Editor for two APA journals, *Psychotherapy* and *Professional Psychology: Research and Practice*, and the chair of the Education and Training Committee of



Award Winners 2013: Biographies (continued)

APA's Division 12. In addition to his academic training and research experience, throughout his career John has been actively involved in the development and delivery of health initiatives within LGBT community-based settings. In 2013, John will join the faculty of the Social and Behavioral Sciences division of the Yale School of Public Health where he will continue his research on LGBT health interventions



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

BIO: **Dorian Lamis** is completing his predoctoral psychology internship at the Emory University School of Medicine based at Grady Health System in Atlanta GA. He graduated cum laude from the University of Georgia, received his M.A. in Clinical Psychology from East Tennessee State University, and completed his doctoral work in Clinical Psychology at the University of South Carolina (USC). His research focuses on risk and protective factors for suicidal behaviors in a variety of populations including adolescents, young adults (e.g., college students), and African American women. He has published over 40 peer reviewed articles on suicide and related topics. He is also senior editor of the book, *Understanding and Preventing College Student Suicide*, published in 2011, by Charles C. Thomas Publishers.


Dorian has been the recipient of several awards for his work on suicide, including the American Association of Suicidology's Morton M. Silverman Award, the SOPHE/CDC Injury & Violence Prevention Fellowship, and multiple awards from USC. He hopes his research will inform suicide intervention and prevention programs. Dorian also has a strong interest in clinical work, especially with populations who are at-risk for suicide and other self-harm behaviors.



Distinguished Student Service in Clinical Psychology Award presented to *Kathryn L. Humphreys* for outstanding service contributions to the profession and community.

BIO: **Kathryn L. Humphreys** is a doctoral candidate in clinical psychology at University of California, Los

Angeles (UCLA). Her primary research interest is in developmental psychopathology, particularly in the development, correlates, and consequences of ADHD and trauma. Her graduate training has been generously funded by UCLA and the National Science Foundation. Prior to attending UCLA she received a B.S. in Child Development and Cognitive Studies from Vanderbilt University and an Ed.M. in Risk and Prevention from the Harvard Graduate School of Education. She previously served as President of the Graduate Student and Early Career Psychologist Section of the Society of Clinical Psychology (Division 12, Section 10) and as Editor for the Student Forum of *The Clinical Psychologist*. She authored a number of articles related to professional development in clinical psychology. Kate is currently on the advisory board for Psychology in Action (psychologyinaction.org), an organization formed by UCLA psychology doctoral students whose aim is to communicate psychological research to community members and other interested parties outside of psychology. She will begin her clinical internship in Infant Mental Health at Tulane University School of Medicine this summer.

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

Join us at this year's
Division 12 award ceremony at the
APA 2013 Annual
Convention in Hawaii!

Please join us for the 2013 APA Annual Convention in **Honolulu, Hawaii** this summer. The Convention will be held from **July 31 to August 4**. See the web site **www.div12.org** for further information as we get closer to the date!

CALL FOR AWARD NOMINATIONS

Guerda Nicolas, Ph.D., and Roxanne Donovan, Ph.D.—Editors

Division 12: Call for Award Nominations



The Society of Clinical Psychology invites nominations for its five psychologist awards, three early career awards, and three 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. The deadline is November 1st, 2013. Inquiries should be directed to the Division 12 Central Office at 303-652-3126 or 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 within the past seven years and who has



Call for Award Nominations (*continued*)

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. 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. 🏆

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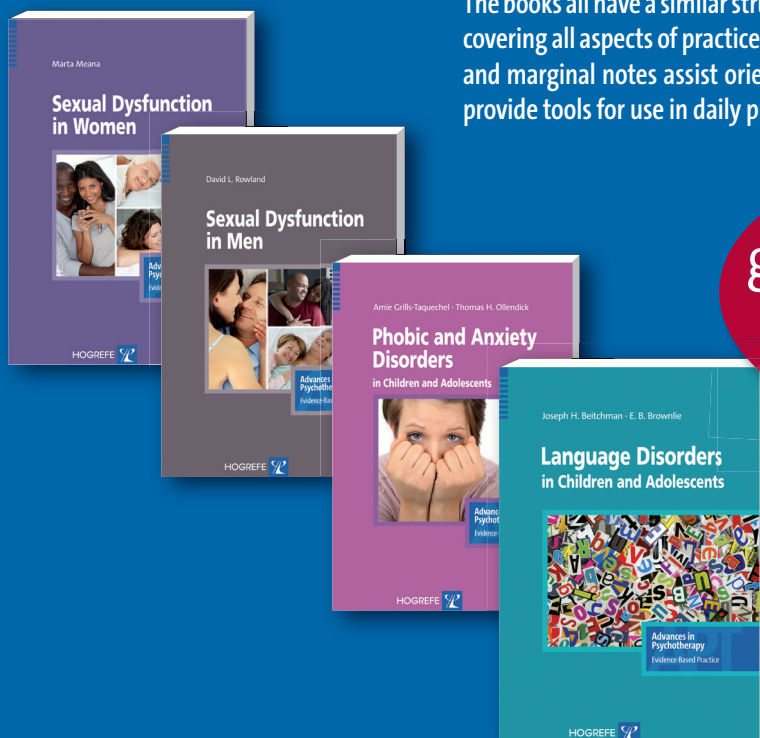
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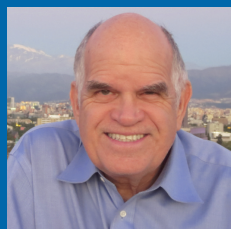
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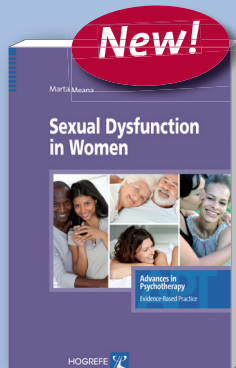
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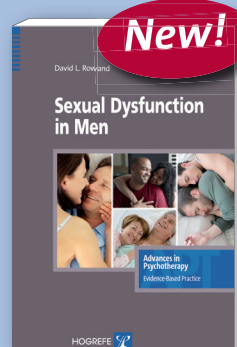
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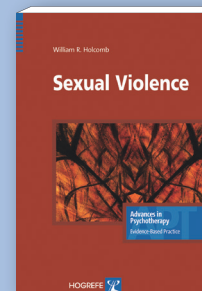
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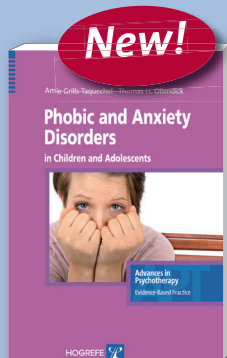


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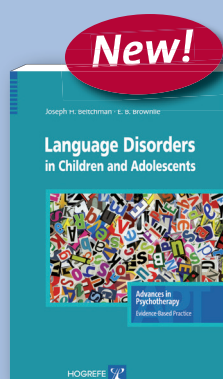
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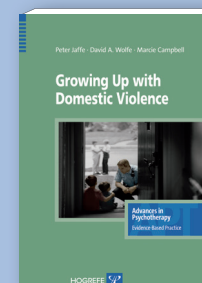
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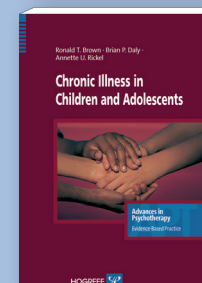


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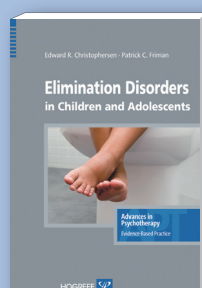
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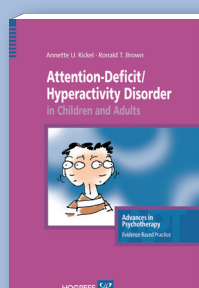
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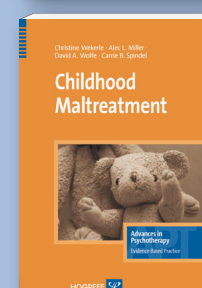
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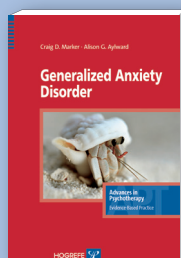


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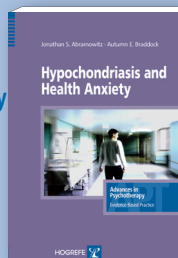


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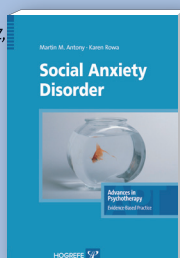
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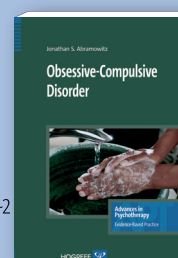
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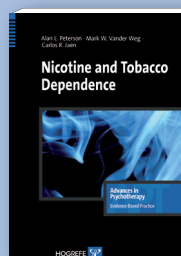


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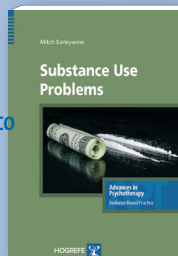


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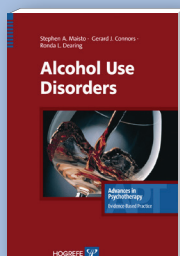
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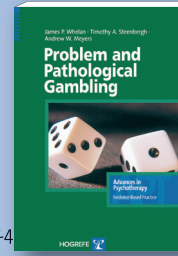
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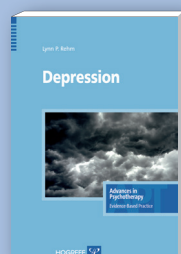


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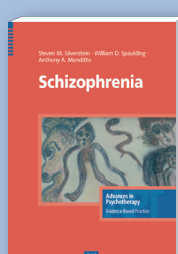


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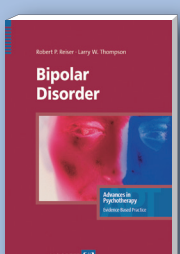
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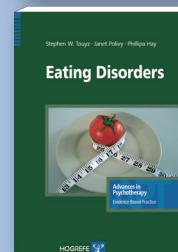
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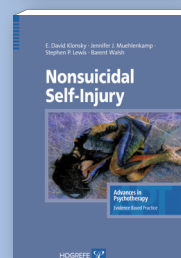
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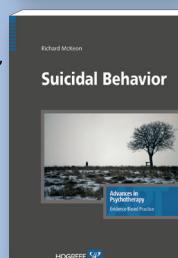
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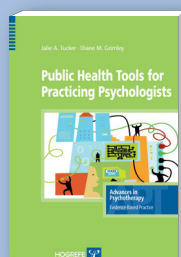
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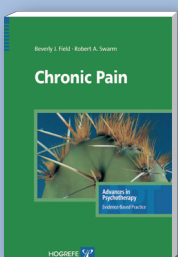
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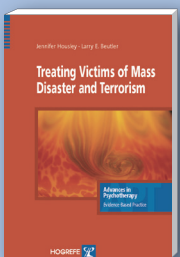
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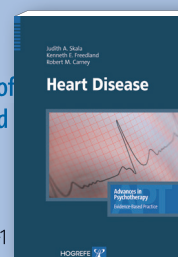
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Tales of Multiple Relationships

George J. Allen, Ph.D.

University of Connecticut

 I frequently receive inquiries from former students and colleagues regarding multiple relationships with clients [e.g., should I ...attend the funeral of a client's parent? ...send a gift (or attend) a client's family celebration such as a birthday or Bar Mitzvah?]. These inquiries always trigger memories of two psychotherapeutic encounters. The first was a circumstance where I attended the wedding of one of my clients. At our first psychotherapy meeting, she was divorced and in an extended relationship with a married man. She recently had met an older widower who seemed interested in pursuing a long-term relationship. This possibility triggered considerable ambivalence and fear about losing what she had with her current lover. Throughout our discussions, I maintained that, in her extra-marital relationship, she was invariably settling for "second best" and that she might find a more lasting and fulfilling commitment by pursuing this new relationship. She and the widower eventually fell in love and decided to marry. She asked me to "give her away" in a wedding ceremony that consisted of six people; bride, groom, the couples' best friends as bridesmaid and best man, best man's wife, and me. We had a celebratory dinner afterward and argued about who would pay the bill. The best man and I lost to the groom.

Sometime later, I described this story (with my ex-client's permission) to a graduate ethics class I was teaching. The students first sat in stony silence, then the Ethical Eagles took flight with stunning vehemence; one shrieked accusingly that she had lost confidence in me because I had violated the ethical rule of avoiding multiple relationships. The chirping subsided a bit when I pointed out that my client and I had discussed numerous aspects of my potential involvement and that my presence was witness to honor the entry of a woman I cared about into a beneficial relationship. My free celebratory dinner was offset by providing an expensive bottle of wine as a present to the couple.

The APA Ethical Standards (2002) mention 11 instances of "multiple relationships" but provide only general guidance about how to handle inherent nuances that arise when these relationships develop. The term

encompasses an incredibly complex cobweb of issues that include boundary issues, confidentiality, therapist self-disclosure, and increasingly, contact via e-media, and many others. There is virtually unanimous agreement on only one reality; it is impossible for psychologists to avoid multiple relationships, especially in rural communities (Gillespie & Redivo, 2012) and localized networks involving specialty expertise (e.g., Graham & Liddle, 2009).

Nuances of multiple relationships represent a convergence of client characteristics, therapist attributes, quality of the psychotherapeutic relationship, and circumstance (e.g., intentional versus accidental). These factors require careful consideration both prior to, during, and after psychotherapy. Existing research offers some more specific insights about ways to deal with this confluence.

Cochran, Stewart, Kiklevich, Flentje, and Wong (2009) surveyed the responses of 763 undergraduates under four different scenarios of meeting their psychotherapist in either a casual (street) versus more intimate (wedding reception) setting when therapy was going well versus poorly. Respondents reported that they preferred, in general, to be acknowledged, although this preference was significantly lower for Asian-American respondents. Respondents reported being likely to experience more awkwardness and discomfort in such encounters if therapy was not going well. They also expected that their therapist would safeguard their confidentiality and also would want to discuss the encounter in future sessions. These outcomes also were mirrored in the responses of a smaller subsample who indicated having had such encounters with their real-life therapists.

Graham and Liddle (2009) obtained 109 critical incidents from 52 lesbian or bisexual therapists. The authors clustered responses into three broad categories; decision-making (e.g., whether to accept a client or refer elsewhere depending upon an analysis of the network of interpersonal connections, clients' abilities to manage boundaries appropriately, and availability of other therapists in the area), prevention (e.g., laying out pre-existing rules about how the therapists deal with chance encounters or assessing clients' desires for how they wish to be acknowledged or not), and coping (e.g., discussing afterward the consequences of the encounter).

Gillespie and Redivo (2012) reported that dealing with multiple relationships was a frequently encoun-

tered challenge noted by rural mental health personnel. These same respondents reported that prior education and training on this topic were generally insufficient. In the absence of such formal training, it is important to be aware of many excellent sources of information about this complex topic (e.g., Herlihy & Corey, 2006; Reamer, 2012). Younggren and Gottlieb (2004) offer an excellent decision-making model for guiding our choices about level of involvement with clients. Their model begins with clearly articulated assumptions (e.g., that good care equates to protective risk-management) that devolve into a series of questions for therapist consideration. Most generically, we need to be aware that we are members of multiple communities, which are connected, not only geographically, but also relationally, via information threads that rapidly can carry facts, rumor, and innuendo. How we act potentially can have reverberations beyond our immediate surroundings.

My second tale involved my work with a wealthy man who suffered a horrendous history of abuse. At the end of our second session, he offered me a rare (and I am sure expensive) gem as an expression of his gratitude. I refused the present as gently as I could, explaining that it was too much to give so early in our relationship. I indicated that I would consider a smaller present if he chose to offer one near the end of our work together so long as he could clearly articulate his motives for making such a gesture. This transaction became the centerpiece for dealing with his feelings of hurt and rejection, poor sense of self-worth, and need to please. Over time, he grew more assertive and proactive. We both viewed his psychotherapy as successful. He never made the offer again.

References


- American Psychological Association. (2002). *Ethical Principles of Psychologists and Code of Conduct*. Washington, DC, Author.
- Cochran, B. N., Stewart, A. J., Kiklevich, A. M., Flentje, A., & Wong, C. C. (2009). The impact of extratherapeutic encounters: Individual reactions to both hypothetical and actual incidental contact with the therapist. *Professional Psychology: Research and Practice*, 40(5), 510–517. DOI: 10.1037/a0016146
- Gillespie, J. & Redivo, R. (2012). Personal–professional boundary issues in the satisfaction of rural clinicians recruited from within the community: Findings from an exploratory study. *Australian Journal of Rural Health*, 20, 35–39. doi: 10.1111/j.1440-1584.2011.01249.x
- Graham, S. R., & Liddle, B. J. (2009). Multiple relationships encountered by lesbian and bisexual psychotherapists: How close is too close? *Professional Psychology: Research and Practice*, 40(1), 15–21. DOI: 10.1037/a0013904
- Herlihy, B. & Corey, G. (2006). *Boundary issues in counseling: Multiple roles and responsibilities (2nd ed.)*. Alexandria, VA: American Counseling Association. ISBN: 1-55620-245-8.
- Reamer, F. G. (2012). *Boundary issues and dual relationships in the human services (2nd ed.)*. New York, NY, US: Columbia University Press, 249 pp. ISBN: 978-0-231-15701-8.
- Younggren, J. N., & Gottlieb, M. C. (2004). Managing risk when contemplating multiple relationships. *Professional Psychology: Research and Practice*, 35(3), 255–260. DOI: 10.1037/0735-7028.35.3.255

Looking for back issues of The Clinical Psychologist?

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Diagnostic Controversies and the Changing Face of Clinical Psychology

Christopher Conway

 Current clinical psychology students are experiencing a shift in the definition of mental disorders for the first time. The last major diagnostic revision came in 1994 with the release of DSM-IV. As we prepare for the publication of DSM-5 in May 2013, I use this column to share several observations about the revision process from a trainee's perspective. I also look through recent DSM literature for clues about trending topics in clinical psychology that may be of interest to students choosing career paths in clinical care or research.

First of all, nosology can be *dramatic*. A number of high-profile feuds through the course of revisions revealed the human side of psychological science. Most notably, Allen Frances—the chairperson of the DSM-IV Task Force—culminated his years-long social media attack on DSM-5 by blogging, “It is not official. It is not well done. It is not safe” (Frances, 2013). APA’s Division of Humanistic Psychology also issued a (slightly less inflammatory) letter opposing a variety of diagnostic changes that collected over 14,000 signatures (see <http://www.ipetitions.com/petition/dsm5/>). Both Frances and Division 32 expressed concern that lower thresholds for diagnosing mental illness in the new manual inappropriately blur the line between disorder and normality.

Adding to the controversy, Roel Verheul and John Livesley protested plans for radical changes to personality disorder (PD) diagnoses by publically withdrawing from the Personality and Personality Disorders Workgroup. Publishing their dissenting opinions in popular blogs and professional outlets, they argued that the proposed PD revisions were fundamentally flawed and impractical for everyday clinical use (see, e.g., Verheul, 2012). (It was ultimately decided that the PD section from DSM-IV would be reprinted verbatim in DSM-5.)

Second, “expert consensus” is no longer accepted as sufficient justification for making changes to the classification system. Public and academic audiences

demanding more rigorous vetting of proposed diagnoses than ever before, possibly due to the accessibility over the past few years of DSM revisions in real time on www.dsm5.org. Instead of trusting the experts to make the right decisions, observers called for scientific data to support inclusion of new diagnoses and omission of old ones. This was particularly so for the cases of Somatic Symptom Disorder, Attenuated Psychosis Risk Syndrome, and Mixed Anxiety-Depressive Disorder. The latter two disorders did not make the cut after demonstrating substandard reliability and construct validity in DSM-5 Field Trials.

The expert consensus tradition is also typically associated with treating disorders as natural kinds, distinct from each other and from normality. This *a priori* assumption about the nature of psychopathology has been challenged by a wealth of research on the dimensional (versus categorical) structure of mental disorders over the past two decades (see Widiger & Samuel, 2005). The DSM Task Force acknowledged, to some extent, the scientific utility of the dimensional approach, judging by the inclusion of Autism Spectrum Disorders in the main text and a hybrid dimensional-categorical model of PDs included as an Appendix.

The forthcoming DSM also broke tradition by switching from Roman to Arabic numerals so that it can be updated—like a working document (e.g., DSM-5.1, -5.2, and so on)—as science advances (Kupfer & Regier, 2011). In my view, this represents a departure from the expert consensus, armchair psychologist approach and an increased reliance of DSM on scientific evidence as the criterion for diagnostic decision making.

Third, a paradigm shift in how we conceptualize mental disorders may be on the horizon. Researchers at the National Institute of Mental Health recently launched an initiative called the Research Domain Criteria (RDoC) that they hope will lead to a neuroscience-based classification system that bypasses limitations of the DSM system. The main impetus for RDoC is that DSM-defined disorders are too heterogeneous to exhibit reliable, one-to-one relationships with genetic and neurobiological factors thought to be associated with mental illness. RDoC proponents argue that studying the neural circuitry linked with mental disorder, rather than traditional disorder cat-

egories, will allow more rapid advances in the genomics and neuroscience of psychopathology (Insel, 2010). A major objective of RDoC is for new diagnoses to be identified according to disruptions in particular biological mechanisms of illness (e.g., anhedonia secondary to mesolimbic dopamine dysregulation; see Miller, 2010). In theory, using pathophysiology (and not clinical observation) as the primary means of codifying disorders would bring psychiatric diagnosis into closer alignment with medical diagnostic practices. At the moment, RDoC is more relevant to researchers than practicing clinicians (who, in the US, will follow the DSM), but the NIMH hopes that an RDoC-like nomenclature eventually will be able to guide assessment and treatment decisions in many mental health settings.

The transition to DSM-5 presents lots of novel training opportunities for students (and more senior psychologists too). The field will need to know how newly minted or modified diagnoses function in real-world settings. Assessing for the presence of these disorders and their relationships with other clinically relevant events could be accomplished at students' clinical training sites, whether as a part of a formal research project, program evaluation, or on a single-case basis. A prime example would be comparing the assessment of PD using DSM-IV criteria versus the hybrid model recommended in DSM-5 for further study. Is the new PD assessment model—including ratings of 25 personality traits and 6 PD types—feasible in everyday training settings (given time constraints, prior knowledge about patients, etc.)? This type of feedback is directly relevant to efforts to refine our classification system.

It may also benefit trainees who are interested in research careers to learn the “language” of RDoC (<http://www.nimh.nih.gov/research-funding/rdoc/index.shtml>). The NIMH plans to prioritize RDoC-consistent studies for funding. Indeed, the recent trend for Psychology departments in academia to add “Neuroscience” and “Brain Science” to their titles (Jaffe, 2011) is a further indication that neurobiology is assuming a privileged status across many areas of psychology. It may therefore be helpful for interested students to expand their training curricula to include experiences with genetic, neural, or other biological methods in clinical and research settings. In general, more of an emphasis on (psychological or biological) mechanisms of psychopathology, rather than tradi-

tional disease categories per se, may be recommended for most students in light of the field's evolving views on diagnosis and mounting frustration with the limitations of DSM.

I am interested in hearing how the debates leading up to DSM-5 have influenced other Division 12 members on Section 10's (Graduate Students and Early Career Psychologists) Facebook page (<https://www.facebook.com/groups/div12sec10/>). Feel free to contact me at div12sec10@gmail.com with any suggestions for future columns or to continue the conversation about DSM-5.

References


- Frances, A. (2013). Does DSM-5 have a captive audience? Huffington Post. Retrieved from http://www.huffingtonpost.com/allen-frances/does-dsm-5-have-a-captive_b_3080553.html.
- Insel, T., Cuthbert, B., Garvey, M., Heinssen, R., ..., & Wang, P. (2010). Research domain criteria (RDoC): Toward a new classification framework for research on mental disorders. *American Journal of Psychiatry*, 167, 748-751.
- Jaffe, E. (2011, September). Identity shift. *Observer*, 24(7), 1-10.
- Kupfer, D., & Regier, D. A. (2011). Neuroscience, clinical evidence, and the future of Psychiatric classification in DSM-5. *American Journal of Psychiatry*, 168, 672-674.
- Miller, G. (2010). Beyond DSM: Seeking a brain-based classification of mental illness. *Science*, 327, 1436-1437.
- Verheul, R. (2012). Personality disorder proposal for DSM-5: A heroic and innovative but nevertheless fundamentally flawed attempt to improve DSM-IV. *Clinical Psychology and Psychotherapy*, 19, 369-371.
- Widiger, T. A., & Samuel, D. B. (2005). Diagnostic categories or dimensions? A Question for the Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition. *Journal of Abnormal Psychology*, 114, 494-504. ■■

SECTION UPDATES

Guerda Nicolas, Ph.D., and Roxanne Donovan, Ph.D.—Editors

Section II: Society of Clinical Geropsychology

Submitted by Michele J. Karel, Ph.D.

 **GeroCentral:** The Society of Clinical Geropsychology is excited to announce that the “GeroCentral” website is now on-line at <http://gerocentral.org/>. GeroCentral is a website clearinghouse of practice and training resources related to psychology practice with older adults. The site includes tools to help evaluate one’s competencies for professional geropsychology practice, a clinician’s toolbox with evidence-based assessment and intervention resources, links to training and mentoring opportunities, and – when ready – webinars. The site remains under development and its creators welcome any ideas you may have for resources to include at the site – see the home page for contact instructions.


Geropsychology ABPP: Section 2, along with other geropsychology organizations, has supported an application to the American Board of Professional Psychology (ABPP) for geropsychology to become an ABPP specialty. The process is moving ahead and interested individuals will soon be able to apply to take the Geropsychology ABPP examination. We anticipate initial oral examinations to be offered at the Gerontological Society of America conference in New Orleans, at the end of November of this year. Announcements will be made soon on various geropsychology listservs regarding the submission process.

Convention. Several Section 2 highlights include:

- A co-sponsored symposium (12-2 and Division 20): *Training for Integrated Care with Older Adults: Real World Implementation and the Path Forward*. Presenters include Patricia Areán, PhD, Erin Emery, PhD, Brian Carpenter, PhD, and Richard Zweig, PhD. The Chair is Jennifer Moye, PhD, and the Discussant is Antonette Zeiss, PhD. Thursday, August 1, 8:00-9:50.
- Section 2 Presidential Address and M. Powell Lawton Award: Friday, August 2, 8:00 – 9:50
- Social hour co-sponsored with Psychologists in Long-Term Care (PLTC), Thursday, August 1, 5:00-7:00. Please contact Michele.Karel@va.gov if you’d like more information.

Section III: Society for a Science of Clinical Psychology

Submitted by Doug Mennin, Ph.D.

 SSCP (Section 3) recently held elections for 2013. We heartily congratulate Bethany Teachman, our new President-Elect; and Lauren Alloy, our new Member at Large. They will be joined on the 2013 board by current President, Michelle Craske, Past-President Rick Heimberg, Secretary/Treasurer Stew Shankman, Student Representative Sara Stasik, and Sherryl Goodman, Member at Large. Rotating off the board in 2012 are Past-President Tom Ollendick, Division 12 Representative David Tolin, Member at Large Bethany Teachman, Lea Dougherty, Newsletter Editor, and Student Representatives Victoria Smith and Kristy Benoit. We also thank outgoing Secretary/Treasurer Dave Smith for all of his efforts in the role over the past few years. Dave will be transitioning to membership chair.


Our membership remains strong with 597 members. Of these, 242 are professional affiliates, 354 are student affiliates, 178 are Division 12 Members, and 345 are APA members. SSCP was pleased to give its Distinguished Scientist Award to Richard Bootzin. SSCP was pleased to give a number of Dissertation Awards this year. It was truly an impressive set of dissertation projects, and a very difficult decision for the Committee. The winners (in alphabetical order) are: Dylan G. Gee, University of California, Los Angeles (Advisor: Tyrone D. Cannon), Evan Kleiman, George Mason University (Advisor: John H. Riskind), Jessica Ribeiro, Florida State University (Advisor: Thomas Joiner), and Donald J. Robinaugh, Harvard University (Advisor: Richard J. McNally).

Our program at the APA annual conference in Hawaii includes an invited address from Bruce Chorpita on “Dissemination in the context of designing effective mental health systems” and a panel discussion on “Top 10 Lessons Learned from Disseminating Evidence-Based Interventions in Real World Settings” chaired by Joanna Arch and with panelists, Shirley Glynn, Steve Hollon, Art Nezu, Terry Wilson, and Robyn Walser. We hope you can join us.



Section IV Clinical Psychology of Women Update

Submitted by Elaine A. Burke, Psy.D.

 We would like to take this opportunity to introduce you to our section which is dedicated to addressing women's concerns in the field of clinical psychology. Members of our section are very interested in issues related to women from a variety of diverse backgrounds, particularly multicultural and global women. We are also very passionate about what we think are important and cutting-edge concerns related to women psychologists and/or the clinical treatment of women. In the past several years we have sponsored programming during the APA conventions including: various perspectives on the treatment of women with trauma, global women's issues, domestic violence, the trafficking of women domestically and internationally and clinical treatment, women in the military, and balancing being a professional woman psychologist and caretaking responsibilities. This summer our programming will include two symposia. The first one will discuss the role of indigenous women in maintaining and preserving the culture in their communities, and the second one will address the challenges that women in leadership encounter in professional organizations.

We have a very active section with a number of ways to interact with our members. The section publishes a newsletter with two issues per year in which the activities of the section are described as well as articles of interest to the membership. Our members were invited to a social hour sponsored by our section in the Division 12 hospitality suite last summer at the APA conference in Orlando. Members and potential members had an opportunity to chat and network while enjoying drinks and snacks. The section has incorporated various forms of technology in order to assist our members in connecting with each other including a listserv, a website, a Linked-in group and Facebook. Executive board members have been utilizing Skype and phone conferences to communicate and plan for the section. We have been collaborating with other groups who are interested in women's issues, including Division 35 (Psychology of Women). Our executive board members in the Chicago area, who are also members of the Illinois Psychological Association, have sponsored two exciting events with a speaker and dinner. We are pleased that these events have resulted in a number of new members.

We would like to cordially invite you to the symposia sponsored by Section IV and Division 12 at the APA Conference in Honolulu, Hawaii this summer. The first symposium will include some Hawaiian music and an introductory hula lesson.

Title: Hawaiian, Alaskan and Native-American Women's Voices: Preserving Culture Following Trauma

Thursday, August 1, 2013, 10:00-12:50 p.m.

Hawaii Convention Center, Room 306B

Title: Women in Leadership Across the Cultural Spectrum


Saturday, August 3, 2013 10-10:50 a.m.

Hawaii Convention Center, Room 313B

If you are interested in learning more about our section or to become a member please contact me at eburke23@hotmail.com.

Section VII: Emergencies and Crises

Submitted by Marc Hillbrand, Ph.D.

 Section VII recently contributed to the Division 12 Clinician Toolkit a document entitled Assessing Violence Risk in General Practice (available to D12 members exclusively at <http://www.div12.org/member-login/toolkit/>). It summarizes the extant literature on the assessment of violence risk in the outpatient, non-forensic population. It was developed by a Section VII workgroup consisting of David Drummond, Ph.D., Lisa Firestone, Ph.D., and co-chaired by Phillip Kleespies, Ph.D., and Marc Hillbrand, Ph.D. It contains sections on risk and protective factors (broken down into psychological, social and biological factors), workplace violence, selected approaches to risk assessment (which covers several leading assessment tools: HCR-20, WAVR-21, SAVRY, SARA), and treatment planning with the potentially violent patient. The document joins the Suicide Risk Assessment resources prepared last year by the same work group in collaboration with Lanny Berman, Ph.D.

Section VII contributed a number of programs to the 2013 APA Convention in Honolulu that include a symposium entitled "The Challenge of Bullying & Suicide in American Youth" by Bruce Bongar, Ph.D., and colleagues, a joint symposium with representatives

from the APA Committee on Rural Health on “Rural Suicide”, and a Presidential Address by James Werth, Ph.D.

The psychological community recently lost longtime Section VII member James Rogers, Ph.D., most recently from the University of Akron. He was Past-President of both Section VII and the American Association of Suicidology. He made numerous contributions to the

field of suicide risk management and mentored several generations of graduate students. His warm smile, easy-going manner and sharp wit will be missed by many. At the Honolulu Convention, he will posthumously receive the Section VII Career Achievement Award. Lisa Firestone, Ph.D., wrote a moving tribute to him in the upcoming Section VII newsletter, *Behavioral Emergencies Update*. ■■

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

To learn more about the
Society of Clinical Psychology,
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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 editor
Guerda Nicolas at: nguerda@miami.edu.

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.