

THE CLINICAL PSYCHOLOGIST



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

CONTENTS

- 1 President's Column:
Evidence-Based Practice -
Three-Legged Stool or
Filter System?
- 4 Bringing the EST List to
the 21st Century
- 6 The Challenge of Bridging
the Research-to-Practice
Gap - The Promise of
Implementation Science
- 9 Diversity Column: Student
Spotlight on Diversity -
Interviews with Kathryn
Wagner and Amy Rapp
- 11 Ethics Column:
Forgiveness and Restitution
in Evaluating Stigmatized
Peers and Students
- 13 Student Column:
Adrenal Fatigue
- 15 Section Updates
- 23 APA Annual Convention
Division 12 Program
Summary

EDITORIAL

Editor: **David F. Tolin, Ph.D., APBB**
david.tolin@hhchealth.org

Are you attending this year's
APA Annual Convention in
Washington, DC?

In this issue: APA
Annual Convention
Division 12 Program
Summary

See page 23 for a full listing.



By David F. Tolin, Ph.D., APBB

PRESIDENT'S COLUMN

Evidence-Based Practice: Three-Legged Stool or Filter System?

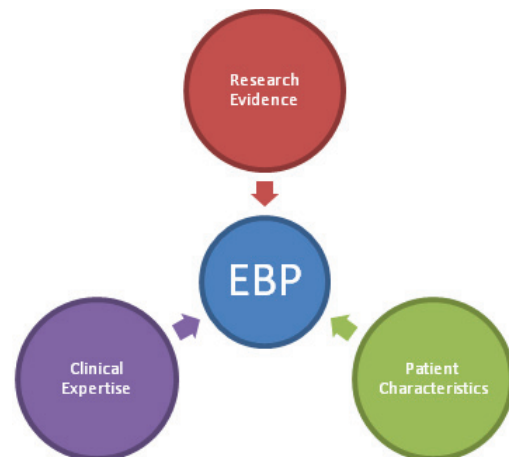


The concept of evidence-based practice (EBP) in mental health has become more influential than ever over the past decade. The APA Presidential Task Force on Evidence-Based Practice (2006) defined EBP as consisting of three components of information: best available research evidence, clinical expertise, and patient characteristics. This definition, borrowed from the Institute of Medicine (2001), seems quite reasonable at first glance, but, as is often the case in our field, much is left open to

interpretation. Therefore, one psychologist's EBP might not resemble another's.

In many cases, the three components of EBP are treated equally, as shown in Figure 1. In this "three-legged stool" conceptualization (Spring, 2007), research evidence, clinical expertise, and patient characteristics are all weighted equally, and are expected to have comparable effects on the overall outcome. One significant problem with this conceptualization is the fact that the three components often don't line up—for example, my clinical experience might be different from the best research evidence—and the practitioner is given little guidance about how to make appropriate treatment decisions in such cases.

*Figure 1. A Model of
Evidence-Based Practice
Giving Identical Roles to
Research Evidence, Clinical
Expertise, and Patient
Characteristics.*



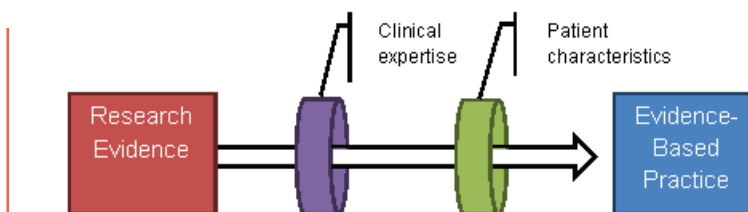
I suggest that these three components (all of which are important) play different critical roles in clinical decision-making (see Figure 2). The basis of clinical decisions is the best avail-

(Continued on page 2)

President's Column (*continued*)

able research evidence. Clinical expertise and patient characteristics serve as filters through which the research evidence is interpreted, adjusted, and implemented.

Figure 2. Differing roles of research evidence, clinical expertise, and patient characteristics in evidence-based practice.



DIVISION 12 BOARD OF DIRECTORS

OFFICERS (Executive Committee)

President (2014) David F. Tolin, Ph.D.*
President-Elect (2015) Terence M. Keane, Ph.D.*
Past President (2013) Mark Sobell, Ph.D., ABPP*
Secretary (2014-2016) John C. Linton, Ph.D., ABPP*
Treasurer (2012-2014) Barbara Cubic, Ph.D.*

COUNCIL OF REPRESENTATIVES

Representative (2014) David A. Smith, Ph.D.*
Representative (2013-2015) Danny Wedding, Ph.D.*
Representative (2014-2016) Guillermo Bernal, Ph.D.*

MEMBER AT LARGE

Cheryl A. Boyce, Ph.D.* (2013-15)

SECTION COUNCIL (Chair)

Marc Hillbrand, Ph.D. (2014)

EDITORS (Members of the Board without vote)

The Clinical Psychologist:

Editor (2014) David F. Tolin, Ph.D., APBB

Clinical Psychology—Science and Practice:

(2014-2018) J. Gayle Beck, Ph.D.

Web Editor: (2012-2015) Damion J. Grasso, Ph.D.

DIVISION 12 CENTRAL OFFICE

Lynn G. Peterson, Administrative Officer (not a Board member):

PO Box 1082, Niwot, CO 80544

Tel.: 303-652-3126

Fax: 303-652-2723

Email: div12apa@comcast.net

* = Voting Members of Board

SECTION REPRESENTATIVES TO THE DIVISION 12 BOARD

Section 2: Society of Clinical Geropsychology
(2013-15) Michele J. Karel, Ph.D.*

Section 3: Society for a Science of Clinical Psychology
(2012-14) Doug Mennin, Ph.D.*

Section 4: Clinical Psychology of Women
(2014-16) Elaine Burke, Psy.D.*

Section 6: Clinical Psychology of Ethnic Minorities
(2014-16) Frederick T. L. Leong, Ph.D.*

Section 7: Emergencies and Crises
(2013-15) Marc Hillbrand, Ph.D.*

Section 8: Association of Psychologists in Academic Health Centers
(2013-15) Sharon Berry, Ph.D.*

Section 9: Assessment Psychology
(2013-15) Paul Arbisi, Ph.D.*

Section 10: Graduate Students and Early Career Psychologists
(2014-16) Natalia Potapova*

* = Voting Members of Board

EDITORIAL STAFF

EDITORS

Editor: David F. Tolin, Ph.D., APBB david.tolin@hhchealth.org

COLUMN EDITORS

Early Career Column: Cynthia Suveg, Ph.D., University of Georgia

Ethics Column: George J. Allen, Ph.D., University of Connecticut;
and Allison N. Ponce, Ph.D., Yale School of Medicine

Federal Advocacy Column: Donna Rasin-Waters, Ph.D.,
Independent Practice and VA New York Harbor Healthcare System

History Column: Donald Routh, Ph.D., University of Miami

Student Column: Megan Reuter, M.A.

SECTION UPDATES

2: Michele J. Karel, Ph.D. michele.karel@va.gov

3: Doug Mennin, Ph.D. dmennin@hunter.cuny.edu

4: Elaine Burke, Psy.D. eburke23@hotmail.com

6: Frederick Leong, Ph.D. fleong@msu.edu

7: Marc Hillbrand, Ph.D. marc.hillbrand@po.state.ct.us

8: Sharon Berry, Ph.D. sharon.berry@childrensmn.org

9: Paul Arbisi, Ph.D. arbisi001@umn.edu

10: Natalia Potapova natalia.potapova@email.wsu.edu

GRAPHIC DESIGN

Jason Crowtz

That is, a skilled evidence-based practitioner will first identify the treatment with the strongest scientific evidence base for the problem most closely matching that of the patient or client. That treatment may subsequently be adapted or augmented, based on patient characteristics such as comorbid psychopathology, situational factors, patient preferences, or demographic features. Such selection, adaptation, and augmentation procedures derive from the expertise of the clinician.


Importantly, in this model clinical expertise and patient characteristics do not trump the best available research evidence, nor are the three factors to be considered an “either-or” selection. That is, skillful EBP does not involve selecting a treatment based on research evidence or the clinician's expertise or on patient characteristics. Rather, the best available research evidence forms the basis of clinical judgment, with additional selection and modification based on clinical expertise and patient characteristics.

EBP is rapidly evolving from an option to an obligation for practitioners as the Affordable Care Act (“Patient Protection and Affordable Care Act,” 2010) influences treatment considerations. However, clinical psychology may be behind the curve in this process: Many clinical psychologists practice what they learned in graduate school, rather than being informed by research findings (Cook, Schnurr, Biyanova, & Coyne, 2009). Indeed, our use of research findings lags markedly behind that of physicians (Carlsen & Bringedal, 2011), including psychiatrists (Mullen & Bacon, 2004). A better understanding of EST, and how research, clinical expertise, and patient characteristics can inform practice decisions, will help psychology lead the way to 21st century mental health care.

I'd love to hear your comments about EBP. Write

in to the Division listserv (div12apa@lists.apa.org), or email me directly at david.tolin@hhchealth.org

References

- APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285.
- Carlsen, B., & Bringedal, B. (2011). Attitudes to clinical guidelines—do GPs differ from other medical doctors? *BMJ Qual Saf*, 20(2), 158-162.
- Cook, J. M., Schnurr, P. P., Biyanova, T., & Coyne, J. C. (2009). Apples don't fall far from the tree: influences on psychotherapists' adoption and sustained use of new therapies. *Psychiatric Services*, 60(5), 671-676.
- Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- Mullen, E. J., & Bacon, W. (2004). A survey of practitioner adoption and implementation of practice guidelines and evidence-based treatments. In A. R. Roberts & K. R. Yeager (Eds.), *Evidence-based practice manual: Research and outcome measures in health and human services* (pp. 210-218). New York: Oxford University Press.
- Patient Protection and Affordable Care Act, 42 U.S.C. § 18001 et seq. (2010).
- Spring, B. (2007). Evidence-based practice in clinical psychology: what it is, why it matters; what you need to know. *Journal of Clinical Psychology*, 63(7), 611-631. doi: 10.1002/jclp.20373. 

The Clinical Psychologist

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

ISSN: 0009-9244

To subscribe, contact:

Lynn Peterson, Administrative Officer

Division 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082, USA


Tel: 303-652-3126 / Fax: 303-652-2723 / E-mail: div12apa@comcast.net



Bringing the EST List to the 21st Century

Evan M. Forman

Chair, Committee on Science and Practice

 Twenty years ago, Division 12, under the leadership of David Barlow, engaged in one of its most important endeavors: it formulated criteria by which psychological treatments could be considered to have empirical support. In a series of reports and papers by Diane Chambless and others serving on the Division 12 Committee on Science and Practice, specific categories of “empirically supported treatments” (ESTs) were created and defined, including “well-established” (at least two independently conducted well-designed studies or by a large series of well-designed and

carefully controlled single case design experiments) and “probably efficacious” (one well-designed study or a small series of single case design studies must support a treatment’s efficacy). Thus was born the “EST List” of treatments passing these respective bars that existed first in print and later on a Division 12 website psychologicaltreatments.

org under the editorship of David Klonsky.

This work had a tremendous and immediate impact on the field (both the manuscripts and the website have been cited thousands of times), including on clinicians, consumers, treatment developers, clinical psychology training programs, insurance companies and policy makers. It also has generated extensive debate. Arguments have been made against the very term “empirically supported treatment” (e.g., that we should be identifying underlying principles rather than treatments), that the EST categorization system suffered in comparison to a treatment recommendation or guideline system, that ESTs were overly reliant on treatment manuals and/or outmoded DSM-style diagnostic entities, that ESTs were divorced from the “messiness” of everyday practice, and that treatments were allowed

on the EST list even when the purported mechanism for which they were named had no evidence to support its specific efficacy. The EST definitions have been criticized for ignoring the effect sizes and clinical significance (or lack thereof) of supposedly supportive evidence, for focusing on psychiatric outcomes to the exclusion of quality-of-life outcomes, for counting supportive evidence but not contrary evidence, and for setting too low a bar and thus allowing treatments on the list that were of dubious efficacy.

These are all exceptionally thorny and complicated issues, with no easy resolution. However, a consensus has formed that we need to take action and update the EST definitions as well as the EST website. As such, several parallel efforts are underway. First, David Tolin, Dean McKay, David Klonsky, Raymond DiGiuseppe and I have submitted a manuscript for peer review in which we lay out recommendations for revising EST definitions. For example, the manuscript takes the position that we must evaluate strength of treatment *effect* separately from strength of *evidence* for an effect. We also suggest specific ideas for raising the bar on what counts as a “well-established” treatment including requiring two randomized controlled trials by at least two independent investigational teams and demonstration of functional or quality of life outcomes, high proportion of treatments reaching remission or clinically significant improvement, real-world effectiveness. We also discuss ways to incorporate findings across diverse populations, non-DSM conceptualizations of disorder such as research domain criteria (RDoC), and clinical practice guidelines.

Second, the Committee on Science and Practice (David Albert, Joyce Chu, Peter Norton, Denise Sloan, Sarah Silverman, Eric Wagner, and I) have begun a formal consideration of the changes proposed in this manuscript. Once a specific and operationalized set of definitions has been accepted by the Committee, we will begin the long process of reconsidering treatments under the new definitions and using the currently-available efficacy data. As such new treatments will be added to the list, and some treatments will be re-categorized or possibly even dropped from the list altogether.

Third, the Committee, in conjunction with Division 12 web editor Damion Grasso, are working to make the EST website more appealing aesthetically and function-

A consensus has formed that we need to take action and update the EST definitions as well as the EST website.

ally. Most centrally, for each of the treatments on the EST list, we are collecting clinical resources that help clinicians practice empirically-supported treatment. Examples include videos of treatment demonstrations, videos of prominent treatment developers discussing a treatment, treatment manuals and outlines, session transcripts, and chapters describing a treatment in detail. The larger intent is to build appreciation and understanding of empirically-supported treatments among clinicians, and help close the evidence-practice gap. We are being assisted in this effort by Division 12 campus representatives who are being organized by Marc Hillbrand (TITLE), and of course by the generos-

ity of leaders in the field of treatment researchers who have begun to donate materials. An auxiliary effort is also underway to link a Division 12 practitioners database to the EST list website so that it will be easy for a consumer seeking a particular empirically-supported treatment to locate a clinician who has expertise in that specific treatment. As overhauls of the EST website, along with the parent Division 12 website, take shape, we will begin a campaign to promote it to clinicians, the public, and policy holders.

No doubts our efforts will only intensify the debate around empirically-supported treatments. As it should! ■■

COMING IN AUGUST AT THE APA ANNUAL CONVENTION:

JOIN US FOR THE SOCIETY OF CLINICAL PSYCHOLOGY AWARD CEREMONY & SOCIAL HOUR



.....
AUGUST 7, 2014 6:00-7:50 P.M.
RENAISSANCE HOTEL, BALLROOM WEST B

RENAISSANCE WASHINGTON D.C. DOWNTOWN HOTEL: 999 NINTH STREET NW, WASHINGTON D.C.
.....

Please join us to congratulate the 2014 Award Winners!*

- | | | |
|------------------------------|----------------------------|-----------------------|
| • Anke Ehlers, Ph.D. | • Randy P. Auerbach, Ph.D. | • Priscilla Lui, M.A. |
| • Barry A. Hong, Ph.D., ABPP | • Bunmi O. Olatunji, Ph.D. | • Casey Calhoun, M.A. |
| • Hector F. Myers, Ph.D. | • Alinne Z. Barrera, Ph.D. | |
| • Richard G. Heimberg, Ph.D. | • Jonathan P. Stange, M.A. | |

**Section Award winners will be displayed via Power Point*

Celebrate the Society! Award ceremony at 6 p.m., followed by cocktails and appetizers! Student posters will be on display. Come mingle with SCP Fellows and Past Presidents! **We hope to see you there!**

For more details, contact:

Lynn Peterson

Tel: 303-652-3126

E-mail: div12apa@comcast.net

APA DIVISION 12:

THE SOCIETY OF CLINICAL PSYCHOLOGY

PO Box 1082, Niwot, CO 80544

WWW.DIV12.ORG



The Challenge of Bridging the Research-to-Practice Gap: The Promise of Implementation Science

Rinad S. Beidas, Ph.D.,

University of Pennsylvania

and Philip C. Kendall, Ph.D., ABPP,

Temple University



Although much has been written regarding the research-to-practice gap in mental health services, a less than desirable amount of progress, to date, has been made. However, the task is less amorphous and more clearly delineated than in previous years. The challenge facing the mental health field today is the dissemination and implementation

(DI) of evidence-based practices (EBPs) from research to community settings (McHugh & Barlow, 2010). EBPs refer to “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (American Psychological Association, 2006, p. 1).

Using established criteria (Chambless & Hollon, 1998), evaluators have determined that there are many EBPs for both children (see Kendall, 2012) and adults (see Hollon & Beck, 2013) suffering from psychologi-

cal difficulties. Unfortunately, these treatments are not widely available in the community settings where the largest percentage of individuals receive services (President’s New Freedom Commission on Mental Health, 2003). Implementation science, defined as the “scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice to improve the qual-

ity and effectiveness of health services” (Eccles & Mittman, 2006) has emerged as a promising means of reducing the research-to-practice gap. To achieve the greatest public health value from our established mental health interventions, it is important that researchers move from treatment development to understanding how to implement EBPs in community settings. This needed shift is underscored by the National Institute of Mental Health strategic objectives.

A growing corpus of work has focused on the transportation of EBPs into community settings. However, much of the work (we are guilty ourselves) has assumed that if community therapists knew how to do the evidence-based treatments, that the research-to-practice problem would be largely solved (e.g., ‘training and hoping’; Beidas, Barmish, & Kendall, 2009). The facts are less optimistic: training alone may not solve this complex problem, no matter how thoughtfully the training is conducted. What else is needed? We hope that this editorial directs you to some innovative ways to study how to close the research-to-practice gap.

Moving beyond training as an implementation strategy

Given the less-than-preferred results from EBP training alone (Beidas & Kendall, 2010; Herschell, Kolko, Baumann, & Davis, 2010), we encourage researchers to move beyond training as an implementation strategy. Implementation strategies refer to “a systematic intervention process to adopt and integrate evidence-based health innovations into usual care” (Powell et al., 2011). Examples of implementation strategies include training and ongoing support, but also more complex strategies, such as the use of community development teams (Saldana & Chamberlain, 2012) and the Availability, Responsiveness, and Continuity (ARC) organizational implementation strategy (Glisson et al., 2010). From the DI research perspective, more quality studies testing the effectiveness of various implementation strategies in combination with EBPs are sorely needed.

Focus on system-level change

To date, many studies investigating the implementation of EBPs have focused on the implementation of one particular EBP for one disorder (e.g., for child anxiety, the Coping

To achieve the greatest public health value from our established mental health interventions, it is important that researchers move from treatment development to understanding how to implement EBPs in community settings.

Cat) (Kendall & Hedtke, 2006). Little guidance exists to support system-wide change where multiple EBPs across an entire system of care would be implemented (Beidas et al., 2013). Given that many states, counties, and cities are interested in building evidence-based systems of care (e.g., Washington State, New York State, Los Angeles County, Philadelphia), empirical research is critical in this area. One potential solution to this difficult undertaking is the implementation of continuous quality improvement (CQI) models, an approach that allows systems to constantly innovate and improve (Rotheram-Borus, Swendeman, & Chorpita, 2012). A component of the CQI model includes ongoing outcome monitoring (Bickman, Kelley, Breda, de Andrade, & Riemer, 2011), which is a critical component of implementation of EBPs.

Fidelity and adaptation

One of the most challenging aspects of implementing EBPs in community sectors is the fidelity problem (Schoenwald, 2011). In randomized controlled trials (RCTs), careful attention is paid to quality assurance – in other words, sticking closely to the protocol with low tolerance of off-protocol adjustments. Often, fidelity assessment includes coding recorded sessions for key treatment components. Because fidelity has been prioritized and measured this way in RCTs, there has been an assumption that this is the way that fidelity is to be measured in community settings. This assumption can lead to an overvaluation of fidelity and an undervaluation of adaptation. Put simply, context matters (Tomoaia-Cotisel et al., 2013), and a dialectic between adaptation and fidelity can be a way to move forward. Adaptation refers to “deliberate or accidental modification of the program, including deletions or additions of program components, ... changes in the manner or intensity of administration, ... or cultural and other modifications required by local circumstances” (Aarons et al., 2012). Although adaptations cannot be so extreme that the treatment no longer has fidelity, (i.e., ‘flexibility within fidelity’; Kendall & Beidas, 2007), understanding which components of EBPs can be adapted (i.e., peripheral components) and which components are core to our EBPs (i.e., core components) seems essential and critical (Damschroder et al., 2009). Empirical guidance to the core components of many EBPs is needed (Rotheram-Borus et al., 2012).

Marketing EBPs – creating consumer pull

An understudied implementation issue pertains to how EBPs are presented in the marketplace. Thus far, a

primary approach has been a unidirectional process from treatment researcher to service practitioner. As Rotherum-Borus and colleagues (2012) point out, “Creativity, attractiveness, accessibility, demand and utilization are basic prerequisites for products that create sustained habits and loyalty over time in the private enterprise world...our <EBPs> must share these attributes” (p. 470). More time must be spent and more knowledge must be generated around how to create consumer pull for EBPs, which will drive demand.

The next decade has the potential to be an exciting time for the dissemination and implementation of EBPs in mental health. There are EBPs available, and there are growing communities interested in the bridge. We encourage researchers and practitioners interested in these issues to be innovative. We must not do the same thing over and over again and expect a different result, as Einstein noted.

References

- Aarons, G. A., Green, A. E., Palinkas, L. A., Self-Brown, S., Whitaker, D. J., Lutzker, J. R., . . . Chaffin, M. J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science*, 7, 32. doi: 10.1186/1748-5908-7-32
- American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285. doi: 10.1037/0003-066X.61.4.271
- Beidas, R. S., Aarons, G., Barg, F., Evans, A., Hadley, T., Hoagwood, K., . . . Mandell, D. S. (2013). Policy to implementation: evidence-based practice in community mental health--study protocol. *Implementation Science*, 8, 38. doi: 10.1186/1748-5908-8-38
- Beidas, R. S., Barmish, A. J., & Kendall, P. C. (2009). Training as usual: Can therapist behavior change after reading a manual and attending a brief workshop on cognitive behavioral therapy for youth anxiety? *The Behavior Therapist*, 32, 97-101.
- Beidas, R. S., & Kendall, P. C. (2010). Training Therapists in Evidence-Based Practice: A Critical Review of Studies From a Systems-Contextual

The Challenge of Bridging the Research-to-Practice Gap (*continued*)

- Perspective. *Clinical Psychology: Science and Practice*, 17, 1-30. doi: 10.1111/j.1468-2850.2009.01187.x
- Bickman, L., Kelley, S. D., Breda, C., de Andrade, A. R., & Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youths: results of a randomized trial. *Psychiatric Services*, 62, 1423-1429. doi: 10.1176/appi.ps.002052011
- Chambless, D. L., & Hollon, S. D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66, 7-18. doi: 10.1037/0022-006X.66.1.7
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4, 50. doi: 10.1186/1748-5908-4-50
- Eccles, M. P., & Mittman, B. S. (2006). Welcome to Implementation Science. *Implementation Science*, 1. doi: 10.1186/1748-5908-1-1
- Glisson, C., Schoenwald, S. K., Hemmelgarn, A., Green, P., Dukes, D., Armstrong, K. S., & Chapman, J. E. (2010). Randomized trial of MST and ARC in a two-level evidence-based treatment implementation strategy. *Journal of Consulting and Clinical Psychology*, 78, 537-550. doi: 10.1037/a0019160
- Herschell, A. D., Kolko, D. J., Baumann, B. L., & Davis, A. C. (2010). The role of therapist training in the implementation of psychosocial treatments: a review and critique with recommendations. *Clinical Psychology Review*, 30, 448-466. doi: 10.1016/j.cpr.2010.02.005
- Hollon, S., & Beck, A. T. (2013). Cognitive and cognitive-behavioral therapies. . In M. Lambert (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (pp. 393-442). New York: Wiley
- Kendall, P. C. (2012). *Child and adolescent therapy: Cognitive-behavioral procedures* (Vol. 4th edition). New York: Guilford.
- Kendall, P. C., & Beidas, R. S. (2007). Smoothing the trail for dissemination of evidence-based practices for youth: Flexibility within fidelity. *Professional Psychology: Research and Practice*, 38, 13-20. doi: 10.1037/0735-7028.38.1.13
- Kendall, P. C., & Hedtke, K. (2006). *Cognitive-Behavioral Therapy for Anxious Children: Therapist manual*. Ardmore, PA: Workbook Publishing.
- McHugh, R. K., & Barlow, D. H. (2010). The dissemination and implementation of evidence-based psychological treatments. A review of current efforts. *American Psychologist*, 65, 73-84. doi: 10.1037/a0018121
- Powell, B. J., McMillen, J. C., Proctor, E. K., Carpenter, C. R., Griffey, R. T., Bunger, A. C., . . . York, J. L. (2011). A compilation of strategies for implementing clinical innovations in health and mental health. *Medical Care Research and Review*, 69, 123-57. doi: 10.1177/1077558711430690
- President's New Freedom Commission on Mental Health. (2003). *Report of the President's New Freedom Commission on Mental Health*. Washington, DC.
- Rotheram-Borus, M. J., Swendeman, D., & Chorpita, B. F. (2012). Disruptive innovations for designing and diffusing evidence-based interventions. *American Psychologist*, 67, 463-476. doi: 10.1037/a0028180
- Saldana, L., & Chamberlain, P. (2012). Supporting implementation: the role of community development teams to build infrastructure. *American Journal of Community Psychology*, 50, 334-346. doi: 10.1007/s10464-012-9503-0
- Schoenwald, S. K. (2011). It's a Bird, It's a Plane, It's ... Fidelity Measurement in the Real World. *Clinical Psychology: Science and Practice*, 18, 142-147. doi: 10.1111/j.1468-2850.2011.01245.x
- Tomoaia-Cotisel, A., Scammon, D. L., Waitzman, N. J., Cronholm, P. F., Halladay, J. R., Driscoll, D. L., . . . Stange, K. C. (2013). Context matters: The experience of 14 research teams in systematically reporting contextual factors important for practice change. *The Annals of Family Medicine*, 11 (Suppl 1), S115-S123. doi: 10.1370/afm.1549

Student Spotlight on Diversity: Interviews with Kathryn Wagner and Amy Rapp



Part I—Interview with Kathryn Wagner

Autobiography:

Kathryn Wagner is a fifth-year graduate student in clinical psychology at Duquesne University in Pittsburgh. Her clinical interests include psychotherapy with minority populations, personality disorders, and feminist approaches to treatment. Her research explores the clinical dyad between able-bodied patients and therapists with disabilities. She currently lives in Washington DC.

1. Where are you currently in the process of completing your dissertation?

I am currently interviewing participants for my research on therapists with apparent disabilities, especially those who identify as blind or d/Deaf. It is my belief that psychotherapy is the purview where commonly held assumptions about disability (and disability in conjunction with other identities) can be challenged and denaturalized, as it provides a unique insight into the nuances of interpersonal communication, non-verbal dynamics, and unconscious processes. I am still interviewing participants and would love to hear from graduate students in training and licensed professionals.

2. How has your identity and experience of a “disabled therapist-in-training” impacted your choice of dissertation topic?

Initially I didn’t want to write about disability and psychotherapy, thinking I might focus my dissertation on personality disorders. But in the last year of my coursework, as my clinical practice deepened with my long-term clients, I became aware of how my deafness subtly impacts the therapy relationship and client’s ability to tolerate difficulty. For example, asking clients to repeat themselves did not result in negative interactions, as I had feared before starting my PhD. Repetition is a natural process of therapy, and when clients repeat themselves they are forced

to slow down and consider the meaning of their words. Also, my need to lipread clients challenges the psychoanalytic notion of the blank slate – an important concept in its own right but one that invites a different understanding when the therapist (or client) is othered in some way.

3. What motivated you to specifically conduct a phenomenological analysis?

My training at Duquesne University is rooted in qualitative analysis, specifically the phenomenological method. Phenomenology, as a whole, seeks to understand human experience by illuminating experiential accounts of individual experiences; as a methodology, it aims for each participant’s truth rather than offering general insights. Because I am interested in the lived experience of my participants – both their stories and how they interact with me during the interview – this particular method works well for my study. Additionally, my dissertation will



Kathryn Wagner

include an autoethnographic section that chronicles my own experiences with clients. I plan to critique and question my methodology by asking the question, “How might I be imposing my experience onto my interpretation of my participants’ experience?”

4. What are the implications for future research and clinical practice?

There is little research on therapists with disabilities, especially in terms of how disability impacts the clinical dyad. Although some studies suggest that clients prefer therapists with disabilities because they believe the therapist can better empathize with their own problems, the interviews I’ve done suggest this

is only partially true. More often than not, the therapist's disability forces the client to confront their own fears of vulnerability and prejudices and quickens the transference process. It is my hope that this study will further highlight aspects of the clinical dyad not previously explored and benefit all clinicians in private practice.



Part II—Interview with Amy Rapp

Autobiography:

Amy Rapp received a B.A. in English and American Literature from Middlebury College in 2011. Following graduation, she was the research coordinator for a youth anxiety and mood disorders lab at Columbia University/New York State Psychiatric Institute under the supervision of Drs. Moira Rynn, Laura Mufson, and Anne Marie Albano. Currently, Amy is a second year graduate student in the Clinical Psychology program at the University of California, Los Angeles and a member of the Culture and Anxiety Lab for Mental Health Advances, directed by Dr. Denise Chavira. Her research is focused on examining the influence of culture on the expression of anxiety and mood disorders in youth, with a specific focus on Latino youth and families. As a native of New York, Amy is enjoying exploring her new city of LA and adjusting to west coast life!

1. Please describe the purpose and/or goals of your research study.

The goal of this research was to investigate cultural risk factors for Social Anxiety Disorder (SAD) in a sample of rural, Latino youth. There is evidence to suggest that there are ethnic differences in expression of SAD and this research sought to identify variables that might account for this.

2. How did you decide to study this specific topic?

The investigation of the cultural and contextual factors associated with expression of SAD may be of relevance to a Latino youth population, given the emphasis of Latino cultural values on interpersonal relationships, particularly within the family. We chose to focus on acculturation in part because there are some inconsistent findings in the literature regarding the influence of cultural orientation on social anxiety. In addition, one of my primary research interests is understanding the influence of the family on onset and expression of youth internalizing psychopathology, especially because centrality of family is often cited as

being one of the most important values to Latinos. For these reasons, we decided to investigate acculturation in the context of the parent-child relationship.

3. What was the most challenging part of conducting your study?

These analyses were performed using data collected by my mentor, Dr. Chavira, from families residing in Imperial County, CA. Our lab is currently in the process of developing and implementing a school-based protocol assessing risk and resilience in this same community. The process of selecting measures for this new protocol has been influenced by Dr. Chavira's conversations with community partners about information that the schools might be interested in. Not only are we considering measures of variables that are of investigative interest, but also, we are thinking about how our research can benefit this underserved community in a meaningful way.




Amy Rapp

4. What are the implications for future research and clinical practice?

I plan to continue to investigate cultural factors that may be of etiological relevance to models of youth anxiety with the hope of identifying modifiable processes that can be targeted for treatment. Research that investigates cultural risk factors, as well as those that promote resilience, is important in guiding treatment adaptation and development. I also plan to apply these findings to my current research on the relationship between SAD and suicidality in Latina adolescents, a high risk group for suicidal thoughts and behaviors. Understanding how cultural variables operate is helpful in building a theoretical model of suicidality in this population and developing testable predictions. ■■

Forgiveness and Restitution in Evaluating Stigmatized Peers and Students

George J. Allen, Ph.D.,
University of Connecticut,
and Allison N. Ponce, Ph.D.,
Yale University Medical School

 In our last column (Allen & Ponce, 2014), we speculated about whether our collective helping orientation predisposes us toward unwarranted credulousness. In this column, we raise the opposite specter of being unduly skeptical and unforgiving. The following scenario led us to reflect on this issue:

In October 2013, the Connecticut Parole Board granted clemency to Bonnie Forshaw, a 66-year old woman who spent 27 years in prison for killing a pregnant woman in 1986. Ms. Forshaw claimed that the shooting was accidental; a consequence of her efforts to defend herself against a companion of the victim who she believed was threatening her. Members of the parole board cited Ms. Forshaw's severe abuse and trauma history, not as an excuse for the murder, but, rather, as influential in leading her to make a terrible choice. Members of the victim's family protested the decision, arguing that Ms. Forshaw had not served enough jail time or shown enough remorse to compensate for the loss of

their loved one (Hartford Courant, October 9, 2013; NBC News, 2013).

This story led us to reflect on stigma, forgiveness

and restitution in promoting human rehabilitation. Our society seems increasingly oriented toward punishment of those who transgress against its members. Mercy and reconciliation appear to be in ever shorter supply, in part, because our society has very few rites for promoting them. In addition, most people engage in a fundamental attribution error (Samuels & Casebeer, 2005) in assigning causes of (im)moral behavior to all too easily dichotomized personal attributes rather than situational influences. As one recent example, Fox News (June 3, 2014) conducted a viewers' poll to determine whether Bowe Bergdahl, the soldier swapped for Taliban prisoners, was a "hero" or a "traitor." "Confused young man in the midst of deadly conflict" was not an available choice.

In contrast, clinical psychology is a profession dedicated to plumbing the depths of human misery, anguish, and despair, with the aim of supporting and challenging others to improve their lives through acceptance, forgiveness, and restitution. Psychologists have been instrumental in determining that ethical behavior is less determined by dispositional attributes than from complex cost-benefit analyses that emphasize situational characteristics (Trautmann, van de Kuilen, & Zeckhauser, 2013). What has emerged recently is an increased awareness that ethical and moral decisions are affected by an enormous array of situational and interactive factors that often operate below the conscious awareness of the actors involved. People are more likely to lie and cheat in the afternoon than the morning (Kouchaki & Smith, 2014), with time differences in deceitful behavior being most pronounced for individuals who are more likely to behave more ethically in general. Ethicality can also be enhanced by priming using time-related as opposed to money-related frameworks (Gino & Mogilner, 2014). In addition, a bitter taste in one's mouth (Eskine, Kacirik, & Prinz, 2011) or asking people to complete a questionnaire near a hand sanitizer (Helzer & Pizarro, 2011) lead people to render harsher moral judgments.

We wonder, however, whether we psychologists bring the same situational emphasis to the selection and evaluation of our graduate students and colleagues, especially given an increased tendency to require self-attestation about prior life difficulties.

Fox News (June 3, 2014) conducted a viewers' poll to determine whether Bowe Bergdahl, the soldier swapped for Taliban prisoners, was a "hero" or a "traitor." "Confused young man in the midst of deadly conflict" was not an available choice.

For instance, the APPIC Application for Psychology Internships (AAPI) contains several such questions, including one that asks whether a candidate has “ever been convicted of an offense against the law other than a minor traffic violation?”. Given the continuing imbalance between the supply of potential interns and available training positions (<http://appic.org/MatchStatistics>), it may simply be easier to dismiss from consideration any with a blemished record.

Colleagues over almost four decades have also demonstrated that individuals with stigmatized identities are doubly damned. They present less favorable impressions and perform more poorly if they believe that evaluators are aware of their blemished backgrounds (Farina, Gliha, Boudreau, Allen, & Sherman, 1971; Quinn, Kahng, & Crocker, 2004). Conversely, attempts to conceal stigmatized identity have been negatively associated with a variety of health and well-being characteristics (Quinn & Chaudoir, 2009).

We have no easy solutions to this issue. We simply wish to heighten awareness that we psychologists may fall prey to the fundamental attribution error when we evaluate peers and candidates. We also encourage peers and applicants who have stigmatized backgrounds to be transparent in discussing them, acknowledging responsibility and highlighting attempts to make restitution and/or promote reconciliation. Awareness of these subtle issues can help us treat one another with justice and compassion.

References

- Allen, G. J., & Ponce, A. N. (2014). Skepticism and credulousness among scientist-practitioner psychologists. *The Clinical Psychologist*, 67(2), 9-10.
- Farina, A., Gliha, D., Boudreau, L. A., Allen, J. G., & Sherman, M. (1971). Mental illness and the impact of believing others know about it. *Journal of Abnormal Psychology*, 77(1), 1-5.
- Eskine, K. J., Kaciniak, N. A., & Prinz, J. J. (2011). A bad taste in the mouth: Gustatory disgust influences moral judgments. *Psychological Science*, 22(3), 295-299. DOI: 10.1177/0956797611398497
- Gino, F., & Mogilner, C. (2014). Time, money, and morality. *Psychological Science*, 25(2), 414-421. DOI: 10.1177/0956797613506438.
- Hartford Courant, (http://articles.courant.com/2013-10-09/news/hc-bonnie-foreshaw-clemency-preview-1009-20131008_1_parole-board-bonnie-jean-foreshaw-clemency).
- Helzer, E. G., & Pizarro, D. A. (2011). Dirty Liberals!: Reminders of physical cleanliness influence moral and political attitudes. *Psychological Science*, 22(4), 517-522. DOI: 10.1177/0956797611402514
- Kouchaki, M., & Smith, I. H. (2014). The morning morality effect: The influence of time of day on unethical behavior. *Psychological Science*, 25(1), 95-102. DOI: 10.1177/0956797613498099
- NBC News. Clemency granted in 1980s Murder Case. Retrieved from <http://www.nbcconnecticut.com/news/local/Clemency-Hearing-for-Bonnie-Foreshaw-227055181.html>
- Quinn, D. M., & Chaudoir, S. R. (2009). Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology*, 97(4), 634-651. DOI: 10.1037/a0015815
- Quinn, D. M., Kahng, S. K., & Crocker, J. (2004). Discreditable: Stigma effects of revealing a mental illness history on test performance. *Personality and Social Psychology Bulletin*, 30(7), 803-815. DOI:10.1177/0146167204264088
- Samuels, S. M., & Casebeer, W. D. (2005). A social psychological view of morality: Why knowledge of situational influences on behaviour can improve character development practices. *Journal of Moral Education*, 34(1), 73-87. DOI: 10.1080/0305724050049349
- Trautmann, S. T., van de Kuilen, G., & Zeckhauser, R. J. (2013). Social class and (un)ethical behavior: A framework, with evidence from a large population sample. *Perspectives in Psychological Science*, 8(5), 487-497. DOI: 10.1177/1745691613491272

Adrenal Fatigue

Jazzmin Cohen, M.A., MFTI

and Alyse Scarmozzino, M.A.

American School of Professional Psychology
at Argosy University, San Francisco Bay Area



Graduate school is a demanding and daunting process with high expectations, which conjures up a significant amount of stress. Upon entering graduate

school students are taught the importance of attaining a degree while developing a skill set to establish a successful career within the field of psychology. Oftentimes, students are not informed of the numerous obstacles they will need to overcome in order to balance their school, personal, and professional lives. Whether it is reading, studying, writing papers, time management or field placements, the pressure and expectancy to perform is overwhelming and exhausting. The inability to withstand these challenges can cause students to rely on ineffective coping styles to manage high levels of stress and unnerving requirements. As a result, the authors reviewed the literature to

determine the relationship between graduate school requirements and the long-term effects of high levels of stress.

Adrenal Fatigue and Graduate School

Stress is the body's way of responding to positive and negative experiences of everyday life. It is defined as a normal physical response to events that cause a person to feel threatened or unbalanced; this presents a detrimental effect to a person's overall health (Carlson, 2013). For this

reason, fatigue often occurs when a person is unable to cope with the stress of their external environment (Nelson, Dell'Oliver, Koch, & Buckler, 2001). As a result, stress can affect your physical, emotional, and psychological well-being. Symptoms that can arise from these areas are depression, lack of energy and motivation, excessive fatigue, insomnia, decreased ability to handle stress, and reduced productivity (Wilson, 2001).

Prolonged exposure to the previous stress provoking situations causes the body to reach a tipping point of over-stimulation. This excessive exertion produces an onset of fatigue and the depletion of hormone secretion from the adrenal glands, known as adrenal fatigue. The adrenal glands are expected to mobilize your body's response to physical, emotional, or psychological stress through hormones that regulate energy, immune function, muscle tone, heart rate, and other ways individuals cope with stress. Therefore, an individual's adrenal glands are required to respond to stress in order to maintain homeostasis (Wilson, 2001).

Clinical Psychology graduate students are amongst many that encounter a range of financial, educational, and individual challenges in pursuit of a higher degree. Graduate school emphasizes stressors that can lead to burnout and/or psychological distress (El-Ghoraoury, Galper, Sawaqdeh, & Bufka, 2012). Obligations, such as academic responsibilities, financial debt, burnout, compassion fatigue, and interpersonal issues can cause graduate students to become susceptible to providing ineffective care, use of poor clinical judgment, and potentially engage in unethical practices (Barnett et. al., 2007; El-Man and Forest, 2007). The authors believe this is linked to high demands placed on students by their program, insufficient sleep, depleted adrenal glands, procrastination and an influx of stress. Those that experience, a progression of adrenal fatigue symptoms due to stress, often rely on caffeine, over-eating, avoidance, and other ineffective coping styles to counteract the low level of energy and lack of motivation caused by the depletion of the adrenal glands. (Wilson, 2001). Therefore, it is imperative for graduate students to develop a self-care routine to ensure their adrenal glands are functioning properly to combat the effects of long-term stress.

Treatment and Coping Techniques

The stress related diagnosis, known as adrenal fatigue,


Obligations such as academic responsibilities, financial debt, burnout, compassion fatigue, and interpersonal issues can cause graduate students to become susceptible to providing ineffective care, use of poor clinical judgment, and potentially engage in unethical practices.

is becoming more recognized within the medical field. As clinical psychology graduate students, it is important to become aware of this illness in order to assist oneself as well as one's clients with the management of daily stressors. As mentioned previously, the effects of long-term stress can cause fatigue, which is difficult to heal once the adrenal glands have become depleted. By engaging in self-care techniques, this will trigger a decrease in stress and replenish the adrenal glands causing the symptoms of fatigue to disappear over time. Therefore, it is important to understand and recognize where the stress is coming from in order to avoid decreased productivity through poor time management. For graduate students, learning to take a break while writing a paper or working on an assignment and taking a five-minute walk to de-stress is very valuable. An emotional practice to wellness is being able to identify negative sources of energy and remove them from your life, as well as making your physical and mental health a priority. Sources of environmental practices are relieving stress by being active and getting energy from the sunlight (10-15 minutes a day), mindfulness meditation, deep breathing, and de-cluttering your home and life. Using your intellectual knowledge to help you explore new information and discover new things, outside of the field of psychology, can also relieve stress. Additionally, it is important to sustain your overall physical health. One way to do this is by getting sufficient sleep (6-8 hours per night; individual needs may vary) along with cardiovascular type exercise.

Stress can also come from student life. Subsequently, it is important to understand why you chose the field of psychology and what makes you happy about doing it to discover your passion and purpose. Another coping skill is to create meaning in life and having a spiritual

connection can also be beneficial in stress-free living. Finally, accepting your financial situation and having a strong social support system to help push and encourage you on your journey, is essential to maintaining a life of happiness.

References

- Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 38, 603–612.
- Carlson, N. R. (2013). *Physiology of behavior*. (11th ed.). Upper Saddle River, NJ: Pearson Education Inc.
- El-Ghoroury, N., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology*, 6(2), 122-134. doi:<http://dx.doi.org/10.1037/a0028768>
- El-Man, N. S., & Forrest, L. (2007). From trainee impairment to professional competence problems: Seeking new terminology that facilitates effective action. *Professional Psychology: Research and Practice*, 38, 501–509.
- Nelson, N., Dell'Olive, C., Koch, C., & Buckler, R. (2001). Stress, coping, and success among graduate students in clinical psychology. *Psychological Reports*, 88(3), 759-767.
- Wilson, J. L. (2001). *Adrenal fatigue: The 21st century stress syndrome*. Petaluma, CA: Smart Publications. 

SOCIAL MEDIA AT THE SOCIETY OF CLINICAL PSYCHOLOGY

Follow Division 12 on **Twitter**:
twitter.com/SCPdiv12

Like Division 12 on **Facebook**:
www.facebook.com/pages/Society-of-Clinical-Psychology-Division-12-of-APA/155569667748



SECTION UPDATES

David F. Tolin, Ph.D., APBB—Editor

Section II: Society of Clinical Geropsychology

Submitted by Michele J. Karel, Ph.D.



In this column, I will repeat a few updates that bear repeating!

Awards

SCG is pleased to announce the winners of our three annual awards:

- M. Powell Lawton Award for Distinguished Contributions to Clinical Geropsychology: **Forrest Scogin, Ph.D.**, Professor, University of Alabama.
- Distinguished Mentorship Award, 2 awardees this year: **Rebecca Allen, Ph.D.**, Professor, University of Alabama, and **Heather Smith, Ph.D.**, Lead Psychologist and Director of Interprofessional Fellowship in Palliative Care, Milwaukee VA Medical Center, and Assistant Professor, Medical College of Wisconsin.
- Student Paper Award: **Jon Gooblar, M.A.**, Washington University. Paper entitled: *The influence of cerebrospinal fluid (CSF) on clinical dementia evaluations* (advisor: Brian Carpenter, Ph.D.)

Updated website

Under the leadership of Dr. Norman O'Rourke, who also serves as SCG Treasurer, the SCG website has had a significant functional and aesthetic update! Links to resources on practice, training, and policy are available. See www.geropsychology.org.

Public policy

The SCG Public Policy Committee (PPC), co-chaired by Drs. Margaret Norris and Mary Lewis, continues its productive work on behalf of SCG membership and the field. New PPC member Dr. Kelly Carney is spearheading a recent collaboration between geropsychology and the Centers for Medicare & Medicaid Services (CMS) *Partnership to Improve Dementia Care in Nursing Homes*. Please see the recent blog we contributed to the SCP website about this initiative: <http://www.div12.org/national-partnership-to-improve-dementia-care-in-nursing-homes-how-can-psychoogists-get-involved/>

APA Convention: Convention promises to have many excellent offerings related to geropsychology. Among these will be President Brian Yochim's address, "*Emerging from our Infancy: Recent Advances in Clinical Geropsychology and Directors for Growth*," on Friday, August 8, 9:00-9:50, and a SCG symposium, "*Those Who Can Do, Teach: Competence in Clinical Geropsychology and Geropsychology Supervision*." The symposium is co-chaired by Drs. Brian Yochim and Jennifer Moye, and will be held on Saturday, August 9, 10:00-10:50.

And, reminders:

GeroCentral

The "GeroCentral" website is on-line at <http://gerocentral.org/>. GeroCentral is a website clearinghouse of practice and training resources related to psychology practice with older adults.

Geropsychology ABPP

Applications continue to be accepted for ABPP certification in Geropsychology. See the ABPP website, Applicant section, for more information, at www.abpp.org.

Section IV: Clinical Psychology of Women

Submitted by Elaine Burke, Psy.D.



Come join us during our two presentations at APA in DC!

Session Title: Leadership Panel—Focus on Women in Therapy

Date & Time: Thu 8/7/2014 10:00 AM - 11:50 AM

Location: Convention Center Room 156

Co-Chairs: Kalyani Gopal, Ph.D. and Elaine A. Burke, Psy.D.

- 1) Natalie Porter, Ph.D.-Social Inequities and Mental Health: Still Gendered After All These Years
- 2) Catherine Schuman, Ph.D.-Women's Health and the Role of Primary Care Behavioral Health
- 3) Elaine Burke, Psy.D.-Immigrant Women: Potential Issues and Strategies for Intervention
- 4) Lynn Collins, Ph.D.-Estrogen Power
- 5) Kalyani Gopal, Ph.D., HSPP-Advances in brain-based treatments with Women

Discussant: Lillian Comas-Diaz, Ph.D.



Section Updates (*continued*)

Session Title: Global Violence Toward Women—Interventions and Strategies for Change

Date & Time: Sun 8/10/2014 12:00 PM - 13:50 PM

Location: Convention Center Room 152A

Co-Chairs: Elaine A. Burke, Psy.D. and Kalyani Gopal, Ph.D.

- 1) Thema Bryant-Davis, Ph.D. and Gail Wyatt, Ph.D.- Sexual Assault in West and South Africa
- 2) Janet A. Sigal, Ph.D. and Lenore Walker, Ph.D. Global Domestic Violence
- 3) Nancy M. Sidun, Psy.D. ABPP, ATR Modern slavery: International sex trafficking of women and girls

Discussants: Kalyani Gopal, Ph.D. and Elaine A. Burke, Psy.D.

The section had our mid-winter meeting on March 30, 2014. The section is continuing with a discussion regarding collaboration with Section VI (Ethnic Minority) that was begun during the Division 12 meeting. Areas of collaboration include possible joint membership, as well as scholarship. The section President will be following up with the President of Section VI.

There will be a special Issue of the upcoming newsletter which will focus on issues in the clinical supervision of women. There was a call for proposals. Proposals were reviewed and articles will be submitted and edited during May/June for publication in early July.

The past president and her colleagues increased membership significantly in the Midwest, which is breathing “new” life into the Section. The past president is actively involved in Illinois Psychological Association and will continue to network for the Section with this psychological association. There is a need to make sure new members have something to look forward to once they join. It would be beneficial to have an improved website, and other ways to maintain an organization that not only attracts but maintains membership.

The section would like to assist in promoting the diversity in Division 12. Since the board wants to increase diversity our collaboration with Section VI may be beneficial to initiatives related to this endeavor. The section may develop a small group to develop ideas regarding this issue. Perhaps Division 12 might have a poster session during their social hour or in their larger poster sessions dedicated to women’s issues and other areas of diversity.

The members of the section would like to increase members’ involvement in our activities which would

help to keep them active in the section. The Los Angeles Alliant campus has been having events on the campus for students. The section would like to be more engaged in broader conferences and groups, such as the trafficking conference being organized by the past president, or participation in foster parenting organizations.

The section would like to develop mentoring projects. Possible ideas include some members leading discussions and answering questions on conference lines or during the APA annual conference (possibly in the hospitality suite). There has been some consideration of having a poster session during the Section Social Hour at the convention. The section would like to focus more on the needs of early career psychologists. There might be a newsletter column which focuses on early career issues.

The Section plans to focus on identifying APA internships with focus on women and the student members of the section might learn about these internships through the newsletter and list serve. The Section is working on obtaining more content for the website. There could be some content for students and early career psychologists.

There will be a Hospitality Suite and maybe a Social Hour sponsored by the section during the 2014 APA conference. Information about the section symposia and events at the social hour will be contained in the newsletter and on the listserv.

The section is co-hosting an international conference on sex trafficking (Fall, 2014). It was initiated during the Illinois Psychology Association Conference. There will be 4 psychologists and 5 survivors hosting this international conference. The website is Safechr.com

There may be the development of task forces for the section and some potential areas for the task forces might include health psychology of women, sex trafficking, and immigrant women.

The section is considering who we would want to join the section and the division, as well as the reasons that these people might join and how we could offer these areas to them. The executive committee is thinking about why potential members would want to join our section and division versus other alternatives. There will be continued discussion of these questions during our next meeting which is planned during the APA conference in Washington, D.C.

Interested in becoming a member of our section? We would welcome your involvement and ideas! Please contact me at eburke23@hotmail.com



Keep up with the

Advances in Psychotherapy

Evidence-Based Practice

Book series developed and edited with the support of the Society of Clinical Psychology (APA Division 12)

✓ Compact
format

✓ Easy to
read

✓ Reasonably
priced

✓ Practice-
oriented

✓ Expert
authors

The series *Advances in Psychotherapy–Evidence-Based Practice* provides therapists with practical evidence-based guidance on the diagnosis and treatment of the most common disorders seen in clinical practice – and does so in a uniquely reader-friendly manner. Each book is both a compact how-to reference for use by professional clinicians in their daily work, as well as an ideal educational resource for students and for practice-oriented continuing education.

In planning is a new strand dealing with methods and approaches rather than specific disorders.

The most important feature of the books is that they are practical and reader-friendly. All have a similar structure, and each is a compact and easy-to-follow guide covering all aspects of practice that are relevant in real life. Tables, boxed clinical pearls, and marginal notes assist orientation, while checklists for copying and summary boxes provide tools for use in daily practice.

Series Editor:

Danny Wedding

Associate Editors:

Larry Beutler, Kenneth E. Freedland,

Linda Carter Sobell, David A. Wolfe

**Advances in
Psychotherapy**

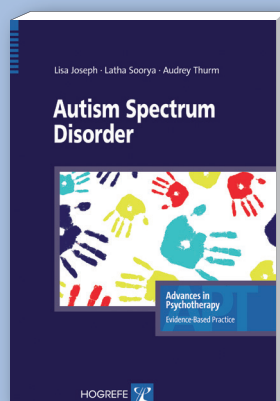
Evidence-Based Practice

HOGREFE



New volumes:

APA Division 12
members save
US \$5 on single
volumes! *



*Lisa Joseph, Latha Soorya,
& Audrey Thurm*
Autism Spectrum Disorder
Volume 29
September 2014, viii + 110 pp.,
ISBN 978-0-88937-404-1

This latest addition to the series is a straightforward yet authoritative guide to effective diagnosis and empirically supported treatments for autism spectrum disorder (ASD).

The book starts by reviewing DSM-5 and ICD-10 diagnostic criteria, current theories and models, and prevalence rates for ASD and related neurodevelopmental disorders. It explains the differences between the disorders and changes in criteria and names (such as Asperger's syndrome, childhood and atypical autism, pervasive developmental disorder, Rett's syndrome) over time. It then provides clear guidance on evaluation of ASD and comorbidities, with practical outlines and examples to guide practice.

The core of the book that follows is a clear description of current interventions and their empirical support, including psychosocial, pharmacological, educational, social skills, and complementary/alternative treatments. Clinical vignettes and marginal notes highlighting the key points help make it an easy-to-use resource, incorporating the latest scientific research, that is suitable for all mental health providers dealing with autism spectrum disorder.



*Todd A. Smitherman,
Donald B. Penzien, Jeanetta C. Rains,
Robert A. Nicholson, &
Timothy T. Houle*
Headache
Volume 30
September 2014, viii + 110 pp.,
ISBN 978-0-88937-328-0

This book describes the conceptualization, assessment, and evidence-based behavioral treatment of migraine and tension-type headache – two of the world's most common medical conditions, and also frequent, highly disabling comorbidities among psychiatric patients.

Headache disorders at their core are neurobiological phenomena, but numerous behavioral factors play an integral role in their onset and maintenance – and many health or mental health providers are unfamiliar with how to work effectively with patients to ensure optimal outcomes. This book, the first major work on the topic for 20 years, provides much-needed help.

The first part consists of a concise yet scholarly overview of relevant psychological factors and outlines the behavioral conceptualization of headache. The second part is a step-by-step, manual-type guide to implementing behavioral interventions within clinical practice settings, supplemented by a brief review of their efficacy and mechanisms of action. This evidence-based, structured approach to behavioral treatment of headache can be individually tailored to unique patient presentations and needs.

Mental health practitioners and trainees, as well as other healthcare professionals will find this book invaluable.

UPCOMING VOLUMES:

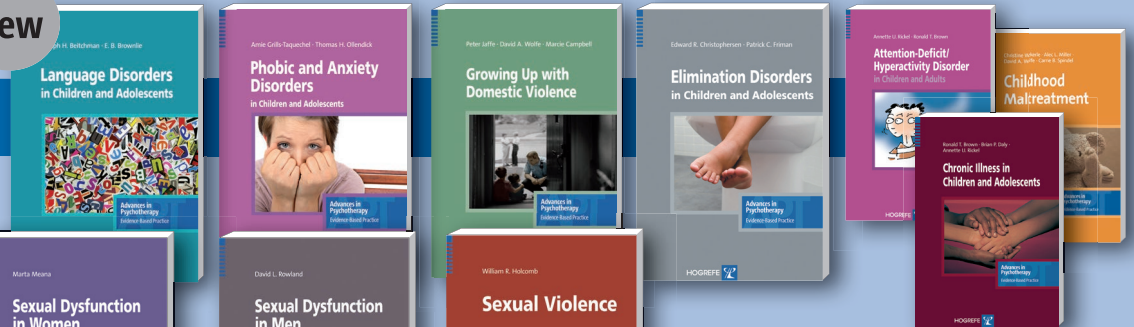
Grills/Holt: *Bullying and Peer Victimization* 978-0-88937-408-9 • Velasquez/Ingersoll/Sobell/Sobell: *Fetal Alcohol Spectrum Disorders* 978-0-88937-401-0 • Sher/Winograd: *Binge Drinking and Alcohol Misuse in Young Adults* 978-0-88937-403-4 • Werfel/Durán: *Multiple Sclerosis* 978-0-88937-409-6 • Rego: *Panic Disorder and Agoraphobia* 978-0-88937-405-8 • de Groot/Lustman/Wagner/Chipkin: *Diabetes* 978-0-88937-331-0 • Siev: *Hording* 978-0-88937-407-2 • Wilfley: *Childhood Obesity* 978-0-88937-406-5 • Witkiewitz: *Mindfulness* 978-0-88937-414-0

* Division 12 member price US \$24.80 instead of US \$29.80 (plus shipping and handling)

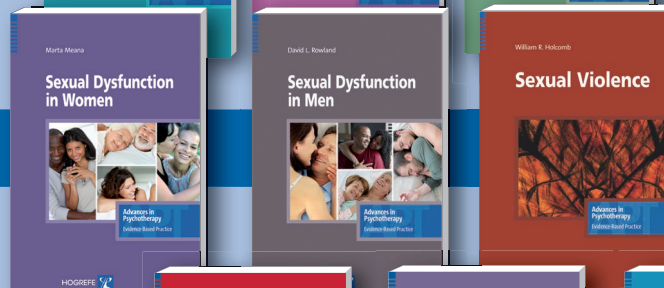
View all volumes at www.hogrefe.com/series/apt

New

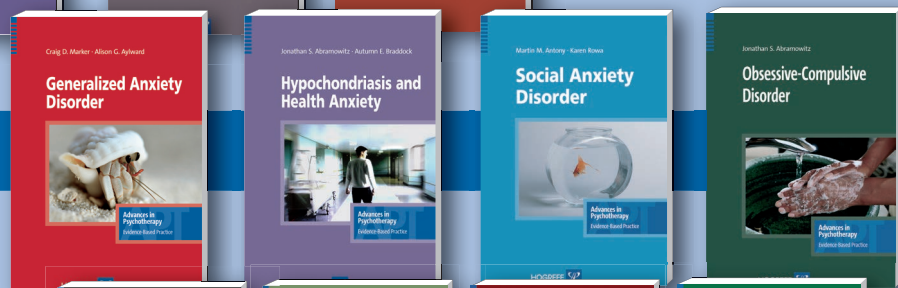
Children & Adolescents



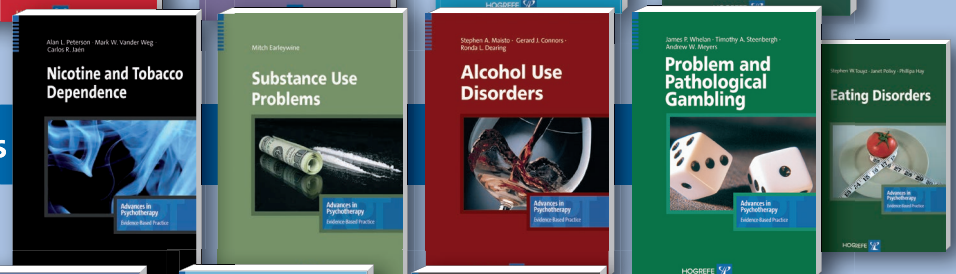
Sexual Disorders



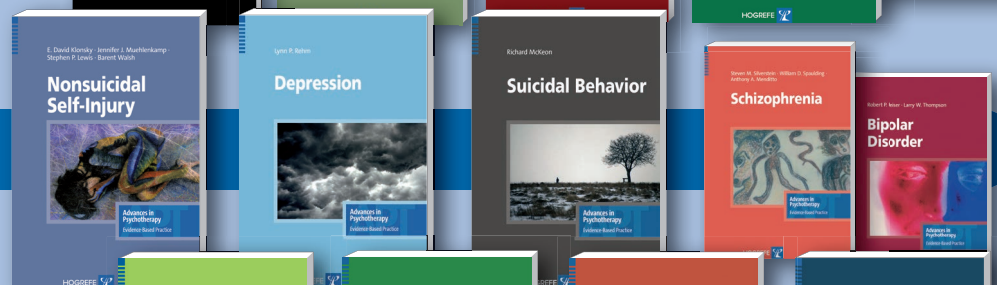
Anxiety and Related Disorders



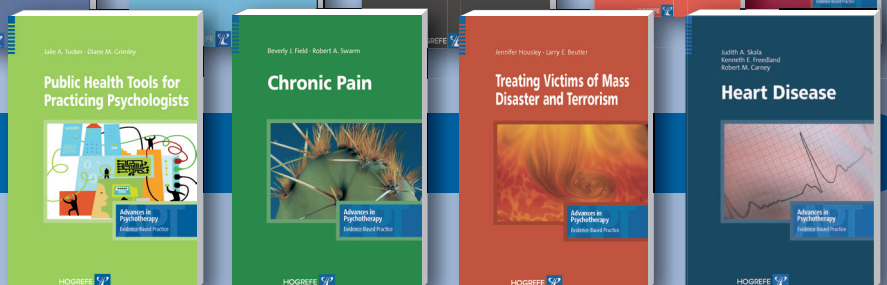
Addictions and Related Disorders



Other Serious Mental Illnesses



Behavioral Medicine and Related Areas



Also available as E-books. Search for

- "Hogrefe Advances" at amazon.com/kindle
- "Hogrefe Advances" at bn.com/nook
- "Hogrefe Publishing" in the iBookstore/iTunes

Special prices for members of APA Division 12: APA D12 members can purchase a single volume at US \$24.80, and only pay US \$19.80 per volume by Series Standing Order – saving US \$10 per book!

☐ **I would like to order all volumes released to date (vol. 1-28)** of the *Advances in Psychotherapy* series at the special price of US \$485.00 + postage & handling.

☐ **I would like to place a Standing Order** for the series *Advances in Psychotherapy* at the special price of US \$24.80 per volume, starting with volume no.
After a minimum of 4 successive volumes, the Series Standing Order can be cancelled at any time. If you wish to pay by credit card, we will hold the details on file but your card will only be charged when a new volume actually ships.

☐ **I am an APA Division 12 Member and would like to place a Standing Order** for the series at the special D12 Member Price of US \$19.80 per volume, starting with volume no. My APA membership no. is:

☐ **I would like to order the following single volumes** at the regular price of US \$29.80 per volume:

☐ **I am an APA Division 12 Member and would like to order the following single volumes** at the special D12 Member Price of US \$24.80 per volume. My APA membership no. is:

Quantity	Title / Author / ISBN	Price	Total
		Subtotal	
		MA residents add 6.25% sales tax	
Postage & handling: USA: 1st item US \$6.00, each additional item US \$1.25 / Canada: 1st item US \$8.00, each additional item US \$2.00			
		Total	

Order online at www.hogrefe.com or call toll-free (800) 228-3749

☐ Please send me the free Hogrefe Publishing Newsletter by email!

Check enclosed

Charge my:

VISA

MC

AmEx

Card #

CVV2/CVC2/CID #

Exp date

Cardholder's Name

Signature

Shipping address:

Name

Address

City, State, ZIP

Email

Phone / Fax



Hogrefe Publishing • 30 Amberwood Parkway • Ashland, OH 44805
Tel: (800) 228-3749 • Fax: (419) 281-6883
E-Mail: customerservice@hogrefe.com

Section VII: Emergencies and Crises Submitted by Marc Hillbrand, Ph.D.



At the APA Convention, Section VII is sponsoring two Invited Addresses. The Section will award Dale E. McNiel, Ph.D., the Section VII Lifetime Achievement Award. He will deliver an Invited Address entitled *Advances in Training in Assessment of Acute Risk of Violence to Self and Others* on August 7th, 2014 Time: 10:00 AM -10:50 AM. His presentation will discuss research on the relationship between level of training and the accuracy of risk assessment, describe the impact of a training program based on structured professional judgment on skill in risk assessment, and describe objective methods for evaluating the competency of individual clinicians in risk assessment for violence and suicide. Section VII President Anders C. Goranson, Psy.D., will deliver the Presidential Address on *The Myth of "Just Snapped": A Risk Assessment Overview of the Sandy Hook Elementary School Shooting* on August 7th, 2014 Time: 12:00 PM – 12:50 PM. Section VII will also offer a variety of programs on cutting edge scholarship in behavioral emergencies and crises.

Two programs focus on work done in the VA Healthcare System. Anders C. Goranson, Psy.D., will chair a symposium entitled *Veterans and Violence: Myths, Realities, and VA Innovations in Intervention* on August 8th, 2014 Time: 10:00 AM – 11:50 AM. The program will showcase the research on the connection between Veterans, mental illness, and violence, as well as findings from two recent pioneering projects looking at the relationship between Veteran status and violent crime and the clinical and demographic characteristics of Veterans seeking an Acceptance and Commitment Therapy-based treatment for anger and aggressive behavior. The presenters include Lynn Van Male, Ph.D., Eric Elbogen, Ph.D., John Donahue, Ph.D., and Connor Sullivan, B.A. Phillip M. Kleespies, Ph.D., will chair a symposium entitled *Suicide Risk in Soldiers and Veterans: Lessons learned from Iraq and Afghanistan* on August 8th, 2014, 8:00 AM – 9:50 AM.

Presenters include M. David Rudd, Ph.D., who will speak on "Assessing suicide risk in active duty military personnel", Peter M. Gutierrez, Ph.D., who will address the topic "Assessing suicide risk in U.S. military veterans", and David A. Jobes, Ph.D., whose talk is entitled "Active duty military and veteran suicide risk: Perspectives from a collaborative clinical approach". The discussant will be James Griffith, Ph.D.

Recent publications from Section VII members

These include: Carr, M., Goranson, A., & Drummond,

D. (March 2014). Stalking of the Mental Health Professional: Reducing Risk and Managing Stalking Behavior from Patients. *Journal of Threat Assessment and Management*, 1, 4-22; Donahue, J. J., Goranson, A. C., McClure, K. S., & Van Male, L. M. (In press). Emotion dysregulation, negative affect, and aggression in men and women: A moderated, multiple mediator analysis. *Personality and Individual Differences*; Hillbrand, M. (2014). Overlap between Self-Injurious and Violent Behaviors (pp. 431-443). In M.K. Nock (Ed.) *Oxford Handbook of Suicide and Self-Injury*. Oxford Press: NY; Kleespies, P. (2014). *Decision Making in Behavioral Emergencies: Acquiring Skill in Evaluating and Managing High-Risk Patients*. Washington, DC: APA Books. A brief summary of issues discussed in this book can be found in the SCP Section VII Summer 2014 Newsletter available on the Section website <http://www.apa.org/divisions/div12/sections/section7/homepage.html>. Shore, P., Goranson, A., Ward, M., & Lu, M. (In press). Meeting Veterans Where They Are @: A VA Home-Based Telemental Health (HBTMH) Pilot Program. *International Journal of Psychiatry in Medicine*.

Section VIII: Association of Psychologists in Academic Health Centers

Submitted by Sharon Berry, Ph.D.



APA 2014 Convention Programming: Washington, DC: Darrell Kirch, AAMC CEO and President will speak on the role of psychologists in medical education and Dr. Bob Archer, 2012 APAHC award winner, will present on past and future trends of testing in academic health centers.

2015 Conference Planning: Atlanta, February 5-7, 2015: Academic Health Centers in the Era of Interprofessionalism: Multifaceted Contributions of Psychology; the conference will also host the ever-popular Boot Camp for Early Career Psychologists in academic health centers. Featured speakers include Drs. Gene D'Angelo, Edward Craighead, and Nadine Kaslow.

The Diversity and Health Disparities Task Force (lead by Dr. Breland-Noble) has developed a webinar for Early Career Psychologists (FREE) scheduled for June 20, 2014 at 11 am EST: *Strategies for Obtaining Research Funding to Address Mental/Behavioral Health Disparities*, and have organized resource articles for the APAHC



Section Updates (*continued*)

website; APAHC Member, Dr. Ashley Butler will represent Section 8 on the Division 12 Diversity Committee; the Task Force developed a Tip Sheet for Racially Diverse Women Psychology Trainees and Early Career Psychologists.


Conference Call Series for Early Career and Trainee Members of APAHC included Dr. Laura Campbell from Geisinger Health Center in April 2014, presenting: "Is Work-Life Balance Really Possible?"

Journal (*Journal of Clinical Psychology in Medical Settings*) continues online, along with the APAHC Newsletter (*Grand Rounds*). The most recent newslet-

ter (Spring 2014, Volume 3(2)) was a Special Issue on Technology and Psychology with many pertinent articles related to virtual reality assessment, technology assisted interventions, social media, tele-behavioral health interventions, important apps, and the MedEdPORTAL.

APAHC has developed a publication for sale: *Promoting Career Advancement and Promotion Primer*.

Two APAHC Representatives routinely attend the AAMC Council of Academic Societies CAS Meeting.

We have a new trainee representative, Laura Daniels, who is working to increase student membership by enhancing benefits, and then sustain membership over time. 

INSTRUCTIONS FOR ADVERTISING IN THE CLINICAL PSYCHOLOGIST

Display advertising and want-ads for academic or clinical position openings will be accepted for publishing in the quarterly editions of *The Clinical Psychologist*.

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:

Winter issue: January 3

Spring issue: April 1

Summer issue: July 1

Fall issue: October 1



APA Annual Convention 2014: Division 12 Program Summary

Thursday, August 7, 2014

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
<p>Symposium (A): Addressing Supervision Process and Outcomes</p> <p><u>Participant/1stAuthor</u></p> <p>Scott Fairhurst, PhD</p> <p>Chun-I Li, PhD</p> <p>Yuying Tsong, PhD</p>	8/07 Thu: 8:00 AM - 8:50 AM	Convention Center Room 102A
<p>Invited Address (A): Psychological Testing in the Era of Health Care Reform: Past, Present, and Future</p> <p><u>Participant/1stAuthor</u></p> <p>Robert Archer, PhD</p>	8/07 Thu: 8:00 AM - 8:50 AM	Convention Center Room 140B
<p>Paper Session (A): Novel Approaches to the Detection and Prevention of Suicide</p> <p><u>Participant/1stAuthor</u></p> <p>Yeunjoo Chung, MA</p> <p>David D. Luxton, PhD, MS</p> <p>Peter C. Britton, PhD</p>	8/07 Thu: 9:00 AM - 9:50 AM	Convention Center Room 206
<p>Invited Address (A): Advances in Training in Assessment of Acute Risk of Violence to Self and Others</p> <p><u>Participant/1stAuthor</u></p> <p>Dale E. McNiel, PhD</p>	8/07 Thu: 10:00 AM - 10:50 AM	Convention Center Room 102B
<p>Presidential Address (A): The Myth of "Just Snapped": A Risk Assessment Overview of the Sandy Hook Elementary School Shooting</p> <p><u>Participant/1stAuthor</u></p> <p>Anders C. Goranson, PsyD</p>	8/07 Thu: 10:00 AM - 10:50 AM	Convention Center Room 146B
<p>Symposium (A): Leadership Panel---Focus on Women in Therapy</p> <p><u>Participant/1stAuthor</u></p> <p>Natalie Porter, PhD</p> <p>Catherine C. Schuman, PhD</p> <p>Elaine A. Burke, PsyD</p> <p>Lynn H. Collins, PhD</p> <p>Kalyani Gopal, PhD</p>	8/07 Thu: 10:00 AM - 11:50 AM	Convention Center Room 156



Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
<p>Paper Session (A): The Psychology of Maximizing Health-Related Outcomes</p> <p><u>Participant/1stAuthor</u></p> <p>Joanna C.M. Cole, PhD</p> <p>Camilo Ruggero, PhD</p> <p>Francesco Pagnini, PhD</p>	8/07 Thu: 11:00 AM - 11:50 AM	Convention Center East Salon F
<p>Business Meeting (B): [Executive Meeting]</p>	8/07 Thu: 11:00 AM - 12:50 PM	Marriott Marquis Washington DC Hotel Gallery Place Room
<p>Invited Address (A): The Case for Combined Gender Norms in Clinical Assessment: Separate Equates but Is Still Not Equal</p> <p><u>Participant/1stAuthor</u></p> <p>Cecil Reynolds, PhD</p>	8/07 Thu: 1:00 PM - 1:50 PM	Convention Center Room 102B
<p>Symposium (A): Research in Graduate School---Why and How Should I Get Involved?</p> <p><u>Participant/1stAuthor</u></p> <p>Caryn R.R. Rodgers, PhD</p> <p>Irving B. Weiner, PhD</p> <p>Susan S. Woodhouse, PhD</p> <p>Cheryl A. Boyce, PhD</p> <p>Rachel Hershenberg, PhD</p> <p>Sarah A. Silverman, MS</p>	8/07 Thu: 1:00 PM - 2:50 PM	Convention Center Room 204C
<p>Paper Session (A): Contemporary Issues in Training and Assessment</p> <p><u>Participant/1stAuthor</u></p> <p>Anthony Scioli, PhD</p> <p>Tarek Kronfli, MA</p> <p>Brian A. Sharpless, PhD, MA</p>	8/07 Thu: 2:00 PM - 2:50 PM	Convention Center Room 156
<p>Paper Session (A): On the Maintenance and Treatment of Psychopathology Among Youth</p> <p><u>Participant/1stAuthor</u></p> <p>Joanna Herres, PhD</p> <p>Rebecca E. Ballinger, PsyD</p> <p>Rebecca E. Ballinger, PsyD</p>	8/07 Thu: 3:00 PM - 3:50 PM	Convention Center East Salon F

Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
Paper Session (A): Mechanisms of Risk and Treatment of Schizophrenia <u>Participant/1stAuthor</u> Kayla K. Gurak, BS, BA Giulia C. Suro, MS Amy Weisman de Mamani, PhD	8/07 Thu: 3:00 PM - 3:50 PM	Convention Center Room 140A
Social Hour (S): and Awards Ceremony	8/07 Thu: 6:00 PM - 7:50 PM	Renaissance Washington DC Hotel Ballroom West B

Friday, August 8, 2014

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
Paper Session (A): Assessment and Treatment of Psychopathology in Diverse Settings <u>Participant/1stAuthor</u> Faye M. Weinstein, PhD Marc S. Cottrell, PsyD Richard F. Sethre, PsyD	8/08 Fri: 8:00 AM - 8:50 AM	Convention Center Room 101
Symposium (A): Conceptualization, Evaluation, and Treatment of ADHD in Children, Adolescents, and Young Adults <u>Participant/1stAuthor</u> Leonard F. Koziol, PsyD Samuel T. Gontkovsky, PsyD Robert Nevels, PhD Arthur D. Anastopoulos, PhD	8/08 Fri: 8:00 AM - 8:50 AM	Convention Center Room 144B
Presidential Address (A): Emerging From Our Infancy: Recent Advances in Clinical Geropsychology and Directions for Growth <u>Participant/1stAuthor</u> Brian Yochim, PhD	8/08 Fri: 9:00 AM - 9:50 AM	Convention Center Room 204B
Paper Session (A): Enhancing the Measurement and Effectiveness of Psychotherapy <u>Participant/1stAuthor</u> Sean P. Grant, MS Marilyn S. Cabay, PhD Jonathan M. Adler, PhD	8/08 Fri: 9:00 AM - 9:50 AM	Convention Center Room 209A



Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
Paper Session (A): Contemporary Approaches to Depression and Well-Being <u>Participant/1stAuthor</u> Allison L. Winik, MA Frank Martela, PhD Anna Pinto, PhD	8/08 Fri: 10:00 AM - 10:50 AM	Convention Center East Salon F
Symposium (A): Innovating Clinical Psychology's Role in Integrated Care Within a Public Hospital System <u>Participant/1stAuthor</u> Jessie A. Fontanella, PhD Amber J. Landers, PhD Candice Crawford, PsyD	8/08 Fri: 10:00 AM - 10:50 AM	Convention Center Room 202A
Paper Session (A): New Directions in the Development and Treatment of PTSD <u>Participant/1stAuthor</u> Neeru Madan, MA Lillian A. Polanco-Roman, MA Ibrahim A. Kira, PhD	8/08 Fri: 11:00 AM - 11:50 AM	Convention Center Room 102A
Poster Session (F): Issues in Developmental Psychopathology and Psychopathology in Specific Populations <u>Participant/1stAuthor</u> Alina Feyder, PsyD Joy Zelikovsky, MA Mariann A. Howland, BA Ann C. Johnson, MA Junichi Sato, PhD Tyler R. Virden, BA Marcus Rodriguez, MS Sungwon Choi, PhD Zaiting Yeh, PhD Erin Y. Sakai, MA Matt P. Miceli, AA Julia L. Goldmark, MA	Erin Bateman, MA Julie Norman, MA, BS Erin L. Romanchych, BA Dragana Ostojic, MA Melanie Castillo, MA Stephanie M. Merwin, BA Catherine Pearte, MS Julia S. Feldman Mei-Chuan Wang, PhD, MA Jessica L. Grom Kelsey M. McLaughlin Caitlin Wolford-Clevenger, MS	Melissa McCall, PsyD Amanda G. Benedetto, MA Soumia Cheref, BA Gabrielle J. Nolin, BA Mathieu M. Blanchet, MS Allison T. Santilli, MSW Debra C. O'Connell, BA Christine T. Kozikowski, BA Kammy K. Kwok, MA Kate Touchton-Leonard, BA Phan Y. Hong, PhD Mark E. Johnson, PhD Brittany L. Allen, BA

Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
Skill-Building Session (A): Mindfulness-Based Trauma Treatment---A Clinician's Guide to Practice	8/08 Fri: 4:00 PM - 4:50 PM	Convention Center Room 143B
Invited Address (A): A Moment of Truth: Will Psychology Be at the Margin or the Epicenter of Health Care Transformation? <u>Participant/1stAuthor</u> Darrell Kirch, MD	8/08 Fri: 4:00 PM - 4:50 PM	Convention Center Room 145B
Symposium (A): Adolescence Brain Development to Prevention Policy <u>Participant/1stAuthor</u> Susan L. Anderson, PhD Deborah Yurgelun-Todd, PhD Daniel Romer, PhD	8/08 Fri: 4:00 PM - 5:50 PM	Convention Center Room 143A
Presidential Address (A): Empirically Supported Treatments: What's Working and What's Not <u>Participant/1stAuthor</u> David Tolin, PhD	8/08 Fri: 5:00 PM - 5:50 PM	Convention Center Room 145B

Saturday, August 9, 2014

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
Symposium (A): Optimizing Mental Health Care Through Ecological Assessment and Feedback <u>Participant/1stAuthor</u> Nidhi Goel, PhD Dana Darney, PhD Lindsay Borden, PhD	8/09 Sat: 8:00 AM - 8:50 AM	Convention Center Room 204B
Symposium (A): Diversity Considerations in the Treatment and Assessment of Suicidal Behavior <u>Participant/1stAuthor</u> Megan S. Chesin, PhD Lillian A. Polanco-Roman, MA Ana Ortin, MA Sadia R. Chaudhury, PhD	8/09 Sat: 8:00 AM - 9:50 AM	Convention Center Room 203



Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
<p>Symposium (A): Introducing the Minnesota Multiphasic Personality Inventory--Adolescent---Restructured Form</p> <p><u>Participant/1stAuthor</u></p> <p>Robert Archer, PhD</p> <p>Auke Tellegen, PhD</p> <p>Richard Handel, PhD</p> <p>Yossef S. Ben-Porath, PhD</p>	8/09 Sat: 9:00 AM - 9:50 AM	Convention Center Room 207B
<p>Symposium (A): Rising Stars in Clinical Science From the Society for a Science of Clinical Psychology</p> <p><u>Participant/1stAuthor</u></p> <p>Joanna Chango, PhD</p> <p>Evan Kleiman, PhD</p> <p>Dylan Gee, PhD</p> <p>Donald Robinaugh, PhD</p>	8/09 Sat: 9:00 AM - 10:50 AM	Convention Center Room 146A
<p>Symposium (A): Those Who Can Do, Teach--Competence in Clinical Geropsychology and Geropsychology Supervision</p> <p><u>Participant/1stAuthor</u></p> <p>J.W. Terri Huh, PhD</p> <p>Stephen R. McCutcheon, PhD</p> <p>Kyle S. Page, PhD</p>	8/09 Sat: 10:00 AM - 10:50 AM	Convention Center East Salon F
<p>Symposium (A): Raising Our Voices---Updates From Ethnic Minority Psychological Associations on the APA Ethics Code</p> <p><u>Participant/1stAuthor</u></p> <p>Liang Tien, PsyD</p> <p>Melinda A. García, PhD</p> <p>Melanie M. Domenech Rodríguez, PhD</p> <p>Linda James Myers, PhD</p>	8/09 Sat: 10:00 AM - 11:50 AM	Convention Center Room 156
<p>Skill-Building Session (A): The Benefits of Having a Clinical Psychologist in the Role of Attending Practitioner</p> <p><u>Participant/1stAuthor</u></p> <p>Jody A. Pahlavan, PsyD</p> <p>Nancy J. Goranson, PsyD</p> <p>Kristin L. Miles, PsyD</p>	8/09 Sat: 11:00 AM - 11:50 AM	Convention Center Room 143C

Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
<p>Symposium (A): Partnerships---The Medicaid 1115 Waiver Program, Training Programs, and Addressing Rural Mental Health</p> <p><u>Participant/1stAuthor</u></p> <p>Carly E. McCord, PhD</p> <p>Martha R. Crowther, PhD, MPH</p>	8/09 Sat: 11:00 AM - 11:50 AM	Convention Center Room 144C
<p>Conversation Hour (A): The Prescriptive Authority Movement for Psychologists Is Fatally Flawed---A Debate</p> <p><u>Participant/1stAuthor</u></p> <p>David F. Tolin, PhD</p> <p>Robert E. McGrath, PhD</p> <p>William Robiner, PhD</p>	8/09 Sat: 11:00 AM - 11:50 AM	Convention Center Room 146A
<p>Invited Address (A): Uses and Abuses of Neuroimaging: Implications for Clinical Psychology</p> <p><u>Participant/1stAuthor</u></p> <p>Scott O. Lilienfeld, PhD</p>	8/09 Sat: 12:00 PM - 12:50 PM	Convention Center Room 145B
<p>Symposium (A): What's the Evidence That Treatments Are Effective for Ethnocultural Groups? Progress and Challenges</p> <p><u>Participant/1stAuthor</u></p> <p>Alfíee Breland-Noble, PhD</p> <p>Guillermo Bernal, PhD</p> <p>Nolan Zane, PhD</p> <p>Beth Boyd, PhD</p>	8/09 Sat: 12:00 PM - 12:50 PM	Convention Center Room 159

BECOME A DIVISION 12 MENTOR

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

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

For more information about the mentorship program, please visit www.div12sec10.org/mentorship.htm, and visit www.div12.org/mentorship to become a mentor today!



Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
Poster Session (F): Issues in Clinical Practice, Training, Psychotherapy, Dissemination, and Implementation	8/09 Sat: 1:00 PM - 1:50 PM	Convention Center Halls D and E
<u>Participant/1stAuthor</u>		
Breanna L. Wilhelmi, BA	Christopher L. Smith, MA	Michael P. Murtagh, PhD
Rebecca L. Resavy, PsyD	Miranda N. Westbrook, MS	Tony Cellucci, PhD
Francesca S. Bahn, BA	Ja'net M. Seward, PsyD	Rebecca Janis
Gabrielle A. Poon, BS	Araks Akopyan, BA	Anthony P. Andrews, MS
Jeffrey A. Knight, PhD	Tessa S. Lundquist, MS	Scott Harcourt, MS
Paula J. Varnado-Sullivan, PhD	Wenceslao Penate, PhD	Nicole J. Peak, PhD
Sarah L. Desmarais, PhD	Jessica Gurley, PhD	Sandy Tadrous, MA
Michael Rollock, PhD	Catherine E. Campbell, PhD	Lillian A. Polanco-Roman, MA
Victoria L. Wekamp, BA	Jeffrey J. Gregg, MS	Shawnalee M. Criss, BA
Brian J. Newton, PsyD	Cortney B. Mauer, MA	
Caitlin M. Nevins, BA	Emmi Scott, MA	
Rachel M. Ranney, BA	David Heilman, MA	
Jennifer R. Wallach, MPH	Yolanda D. Perkins, BS	
Sarah M. Godoy, MA	Sean M. Robinson, MS, MA	
Soyoung Park, BA	Sean Coad, MS	
Symposium (A): Innovative Models With Evidence to Reduce Racial/Ethnic Health Disparities and Risk	8/09 Sat: 1:00 PM - 1:50 PM	Convention Center Room 140A
<u>Participant/1stAuthor</u>		
Gail E. Wyatt, PhD		
Velma McBride Murry, PhD		

Sunday, August 10, 2014

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
Conversation Hour (A): Transforming Suicide Prevention in Health Care Settings---What Is Zero Suicide?	8/10 Sun: 8:00 AM - 8:50 AM	Convention Center Room 208
Skill-Building Session (A): Introduction to WISC-V Administration, Scoring, Test Model, Reliability, and Validity	8/10 Sun: 8:00 AM - 9:50 AM	Convention Center Room 140A
Skill-Building Session (A): Obsessive Thinking---It's Not Just for OCD Anymore	8/10 Sun: 8:00 AM - 9:50 AM	Convention Center Room 156

Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
Poster Session (F): Current Issues in Psychopathology	8/10 Sun: 9:00 AM - 9:50 AM	Convention Center Halls D and E
<u>Participant/1stAuthor</u>		
Jared S. Link, BS	Erin K. Poindexter, MA	Nicole D. Seligman, BA
Hanjoo Kim, MA	Sandy Tadrous, MA	Catherine A. McGreevy, MA
Prachi Kene, PhD	Heather Kacos, MS	Hillary K. Morin, MEd
Sabrina Stark, BA	Julien Laloyaux, MS	Angela M. Termini, MA
Pauline Levy, BA	Julien Laloyaux, MS	Samantha K. Myhre, BA
Sarah Yassin, BA	Ari B. Deutsch, MA, BA	Michael P. Murtagh, PhD
Katie Herbster, BA	Hui Yu Chan, BA	Jessica A. Ramirez, MS
Stephen P. Joy, PhD	Kelly A. Coleman, BA	Lucas C. Waldburger, BA
Carmen T. Pitti, PhD	Wisaam A. Nubani	David J. Disabato, BA
Scott Perkins, PhD	Ji Sun Lee, BA	Mary E. Duffy
Kristalyn Salters-Pedneault, PhD	Sunkyoung Yoon, BA	Sonia B. Salas, PhD
Marissa A. Pifer	David P. Saunders-Scott, PhD	
Joshua M. Brosvic, BA	Nikaya Becker-Matero, PhD	
Gary M. Brosvic, PhD	Jessica L. Maura, BA	
Christine M. Dacey, PhD	Carolina C. Tauler, BA	
Paper Session (A): Cross-Cultural Considerations in the Assessment and Treatment of Psychopathology	8/10 Sun: 9:00 AM - 9:50 AM	Convention Center Room 103A
<u>Participant/1stAuthor</u>		
Gordon C.N. Hall, PhD, MA		
Marcus Rodriguez, MS		
Camilo Ruggero, PhD		
Skill-Building Session (A): The High Capacity Model of Well-Being and Resilience---A Better Way to Live	8/10 Sun: 10:00 AM - 10:50 AM	Convention Center Room 140A
<u>Participant/1stAuthor</u>		
Raymond D. Barclay, PhD		
Symposium (A): Preparation for Practicum---A Survey of Academic Training Directors	8/10 Sun: 10:00 AM - 11:50 AM	Convention Center Room 144C
<u>Participant/1stAuthor</u>		
Robert L. Hatcher, PhD		
Erica H. Wise, PhD		
Catherine L. Grus, PhD		



Division 12 program summary, 2014 (continued)

EVENT / TITLE / PEOPLE	DAY / TIME	FACILITY / ROOM
<p>Symposium (A): Therapy and Therapist Effects---What Might We Learn From Routine Practice?</p> <p><u>Participant/1stAuthor</u></p> <p>Dianne L. Nielsen, PhD</p> <p>Tyler R. Pedersen, PhD</p> <p>Stevan L. Nielsen, PhD</p>	8/10 Sun: 11:00 AM - 11:50 AM	Convention Center Room 140A
<p>Discussion (A): Townhall on the APA Presidential Opening Doors Summit</p> <p><u>Participant/1stAuthor</u></p> <p>Nadine J. Kaslow, PhD</p>	8/10 Sun: 11:00 AM - 12:50 PM	Convention Center Room 102A
<p>Symposium (A): Training the Competent Psychological Assessor---Changing Educational Nutriments</p> <p><u>Participant/1stAuthor</u></p> <p>Jed Yalof, PhD</p> <p>Radhika Krishnamurthy, PsyD</p> <p>Virginia M. Brabender, PhD</p>	8/10 Sun: 12:00 PM - 12:50 PM	Convention Center Room 143B
<p>Symposium (A): An Integrated Assessment and Administrative Supervision Model---Structure, Process, and Outcomes</p> <p><u>Participant/1stAuthor</u></p> <p>Lauren Nichols, PsyD</p> <p>Seema Saigal, PhD</p> <p>Douglas Whiteside, PhD</p>	8/10 Sun: 12:00 PM - 1:50 PM	Convention Center Room 156
<p>Skill-Building Session (A): Developing Lifelong Resilience---Personal, Professional, and Organizational Strategies</p> <p><u>Participant/1stAuthor</u></p> <p>Mira Brancu, PhD</p> <p>Jennifer J. Runnals, PhD</p>	8/10 Sun: 1:00 PM - 1:50 PM	Convention Center Room 143A
<p>Conversation Hour (A): Cultural Competence---Moving From Buzzword to Practice</p> <p><u>Participant/1stAuthor</u></p> <p>Usha Tummala-Narra, PhD</p>	8/10 Sun: 1:00 PM - 1:50 PM	Convention Center Room 158

Total Number of Sessions = 52



CALL FOR AWARD NOMINATIONS

.....
Deadline is November 1, 2014
.....

The Society of Clinical Psychology invites nominations for its four 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. 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, PhD 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 eight 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 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@yale.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.

JOIN A DIVISION 12 SECTION

Division 12 has eight sections covering specific areas of interest.

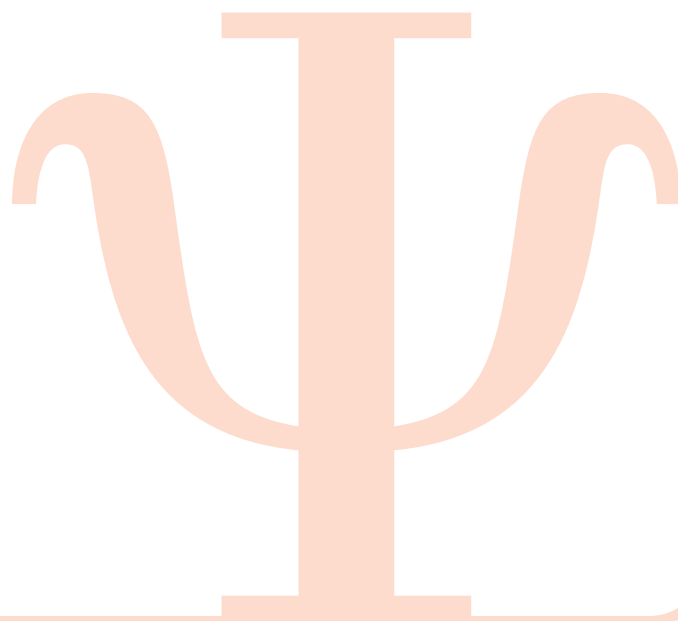
- Clinical Geropsychology (Section 2)
- Society for a Science of Clinical Psychology (Section 3)
- Clinical Psychology of Women (Section 4)
- Clinical Psychology of Ethnic Minorities (Section 6)
- Section for Clinical Emergencies and Crises (Section 7)
- Section of the Association of Medical School Psychologists (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,
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 is 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* includes 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
David F. Tolin at: david.tolin@hhchealth.org.

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.