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PRESIDENT'S COLUMN

Meeting Our Goals in 2015

Terence M. Keane, Ph.D.

 Headed by Gayle Beck, Ph.D. during her 2012 Presidency, a team of our members began the important initiative of adding webinars to our portfolio of continuing education opportunities for our members. The Memphis Meeting set out goals, objectives and timelines while

appointing a Committee of seasoned and accomplished members to head the effort. Deb Drabick, Ph.D. of Temple University was chosen as chair soon thereafter and in the early summer of 2014 the Society of Clinical Psychology (SCP) launched its first ever webinar on PTSD and offered APA continuing education credits. All at a remarkable price for members (\$15.00) and non-members (\$50).

Future presentations will include a focus on early career psychologists to include topics like understanding and applying for the NIH Loan Repayment Program, financial planning and management, establishing the business of a private practice, negotiation for the best outcomes, etc. For students, we will continue to provide support in multiple ways. Last Autumn's panel to assist advanced students who are applying for internships will be replicated on September 7th, 2015. Featured will be: Allisone Ponce from Yale, Mitch Prinstein from Chapel Hill, Randi Streisand of George Washington's Children's National Medical Center, and Risa Weisberg of the Boston Consortium of Clinical Psychology at Boston University. Last year's webinar panel sold out early, so please advise your students accordingly. Another suggestion might be for students in programs and laboratories to participate jointly to maximize the reach of the panel. It promises to be an outstanding briefing once again.

In October 2014, SCP hosted the first Graduate Student Summit at Boston University School of Medicine. Over 125 graduate students from virtually every graduate program in clinical psychology in New England who paid \$25 admission attended it. Also included was an added benefit of a full year's membership in SCP. This career development workshop presented recent updates in clinical science by the following speakers who volunteered their time on a Saturday in October: David Barlow, David Tolin, Denise Sloan, and Liz Roemer. A lecture on the importance of publishing (whether you are in a clinical or an academic position) was written by Gayle Beck, the editor of


Clinical Psychology: Science & Practice, and presented by Denise Sloan when Gayle's travel was cancelled due to equipment failure.

The summit also had two separate panels on internships and post-doctoral fellowships that focused upon the why's, where's, and what to do's in the interest of furthering one's career. Tracie Shea, Jennifer Vasterling, Steve Quinn, Throstur Bjorgvinsson all presented their perspectives while representing some of the top internship training programs in the country. The feedback from the students was sensational. Some said it was the best professional event they'd ever attended. An excitement permeated the entire day and made the entire event worth all of the effort expended.

Brad Karlin, President Elect of SCP, and I will be planning another Summit that will focus on leadership development in clinical psychology. This will be scheduled in the next year with, again, a focus on the needs of younger psychologists preparing to move to the next stage of their career. We will be looking for senior members to assist in the process. More will come on the details of this leadership training very soon. Be on the look out for announcements.

Finally, you will be receiving more about the APA convention from multiple sources and directions, but I am deeply grateful to Denise Sloan, our program chair for the Toronto meeting, for the amazing job she's done. With the help of Naomi Sadeh, Cassidy Gutner, and

Matt Gallagher of Boston University School of Medicine and VA Boston and Blair Wisco of University of North Carolina-Greensboro, they have assembled a terrific program for us all. With Stephen Hollon, David Barlow, Jonathan Comer, and Lauren Alloy as invited speakers the meetings will be nothing short of outstanding. The symposia, workshops, and posters are an impressive blend of clinical psychology's major strengths: institutional and independent clinical practice, the integration of science and practice, and translational clinical science. The meetings will surely be an outstanding array of the work of our members. I am very much looking forward to the events of the APA meetings. More to come on this as the details are finalized.

Finally, I do want to thank all the members who serve on Committees and programs for the enhancement of our Division. The breadth and depth of the efforts encourage me greatly. With our new administrative officer, Tara Craighead of Atlanta, we are moving in many directions in service of our members and our profession. Tara's presence is already strongly felt and her diligence is deeply appreciated. It's a very exciting time for us as a group. Concurrently, I thank Lynn Peterson for her two decades of service to SCP. Her warmth, wit, and knowledge of our group can only be replaced in time. She was a stalwart for us all and we benefited greatly from her conscientiousness and competence. Best of luck to Lynn, Brad, and their family in the next phase. 

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.div12.org/mentorship to become a mentor today.

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A Tribute to Lynn Peterson

 Lynn Peterson ran Division 12 as Executive Secretary for roughly 20 years. Across this time, she was truly the heart and soul—as well as the institutional memory and engine—of the Society of Clinical Psychology, and we could not be more indebted to her and her amazing work and dedication. As she begins her retirement and all of the exciting new adventures that retirement brings, she (and her terrific sense of humor) will be missed immensely.

Not surprisingly, when we moved to publish the first issue of *The Clinical Psychologist* after Lynn's formal retirement, we were flooded with well wishes and anecdotes from past and present leaders and Board members. To communicate exactly how indebted our Board feels to Lynn for her years of unparalleled service to the Division, we have collected these sentiments into a tribute to Lynn, and published them below.

Good luck, Lynn... We miss you already!

Norman Abeles: My working with Lynn goes back more than 20 years when I was President of Division 12. She is Great!! Always helpful, always on task. I think she is the best Executive secretary we have ever had. Best wishes for your retirement.

David H. Barlow: Lynn Peterson has been a tower of strength for the Society of Clinical Psychology for almost 20 years. With her strong sense of professionalism, her superb interpersonal skills, and her deep knowledge of the organization it is very difficult to see how we will get along without her. I remember being somewhat surprised when I learned that, in addition to running division 12, Lynn also had a small portfolio of additional organizations for which she provided administrative and organizational services. But I know that she never missed a beat for any of them and it was her broad and deep experiences with a number of organizations that made her so valuable over the years. Godspeed Lynn.

J. Gayle Beck: How can we ever say thank-you enough? For 20 years, you have kept the wind in the sails of SCP and our oars in the water. You have given heart, soul, and mind to our society and we are immeasurably better because of your efforts. I will miss you at Division meetings and am deeply grateful for everything that you have given us. Thank you!

Yossef Ben-Porath: I'd like to wish Lynn my heartfelt congratulations on the occasion of her retirement from her many years of productive service to Division 12. Having worked with her during my Section 9 presidency, and on numerous workshops and other projects for the Division I came to know and appreciate Lynn as the calm before, during, and after the storm. Best wishes for the your adventures, Lynn!

Larry Beutler: If you don't know, it was I who introduced Lynn Peterson to Division 12. She insisted on following her husband to Colorado, against my "best", "most selfish" advice. So, I introduced her to Ed Craighead at a point when he was taking on the tasks of "President" of this great association. This introduction worked out very well for all concerned—unless you happen to be me, who was feeling the pain of having to break in a new Journal Assistant for my final two years with JCCP.

Well, that aside—don't mind that it wrecked my career—this had not been the first time that Lynn and I had been confronted with a problematic, new introduction. In 1990, I was moving from the University of Arizona to the University of California, Santa Barbara. I was then the Editor of JCCP and at the U of A, I had had the luxury of having two secretary/assistants and now, except for the journal, I would have to share one with the entire Counseling/Clinical/School Psychology Program of which I was now the Director. It was not enough that many of the faculty looked with disapproval on my plan to expand the, then, Counseling and School Psychology programs to include a clinical track as well. Michael Mahoney, the previous Director of Training and the major source of support for my plans, had just announced that he would leave for Texas before I arrived.

Now there was Jeanne, the Departmental Administrative Assistant. She was given the responsibility of helping me make the transition, including making sure that I located a “good” (read, “compliant”) person to be my personal assistant. Several “good people” were interviewed, and so was Lynn. Wouldn’t you guess that she was the one I liked and she was the one that Jeanne most sincerely urged me to avoid—“she’d be a troublemaker.” And she was. We spent our days with me having deep thoughts about what articles to publish and her doing all the work. At 5:00 pm each day, we would always seem to conclude our work at the same time. And then came the Lynn and Larry Show (as it came to be called by all at our end of the hall). It was either an argument or a litany of humor, roughly resembling Edgar Bergen and Charlie McCarthy—assuming that you can remember that far back and you know who your favorite old comedians were. No, I won’t tell you which one I was, but my head still swells up when it rains.

Knowing Lynn has been an often wonderful and always surprising experience. She’s one of a kind, and the kind is funny, smart, rebellious, serious, and wonderfully accomplished. I’ve been angry at her, loved her, disliked her, rejected her, sought her out, but always admired just how well she got any job you gave her done. Thanks, Lynn

Barbara Cubic: I had the good fortune of meeting Lynn for the first time over a decade ago at an APA convention social event for psychology graduate students when we both were there trying to provide students with information about Division 12 (D12) and increase their interest in D12. We immediately hit it off. It was apparent from the start that she can work with folks of all kinds of different types of personalities. She is a warm, funny, genuinely down to earth person. Our bond with each other strengthened when I served as Program Chair for D12 for the 2009 APA Convention in Ontario, Canada and again in 2011 for the APA Convention in Washington DC. During this time period it was undeniable that she was a great asset for our division. Her work ethic and organizational skills were outstanding. If I had a question, needed guidance, or required administrative support she was always

there. It was clear she truly wanted D12 to be as strong as possible. From 2012-2014 in my role as D12 Treasurer Lynn and I had to converse multiple times a month, often about difficult matters related to the division’s budget. Lynn always respected my opinion and was so meticulous in her accounting. She could laugh about the dilemmas she often had to help address and was a real joy to work with on the Board. Lynn has been the heart and soul of D12 for many years and has kept the division moving forward and solid. She will be great missed.

Doug Mennin: Lynn is simply wonderful. Lynn is one of those unique ones. Someone who is kind and caring yet completely organized and highly effective. When no one on the board knew, Lynn knew. She’s been the eyes and ears of SCP forever. It’s hard to imagine the organization without her. We can just do the best we can to carry out the great legacy she has helped build for us. Thank you, Lynn, and do take good care.

Nadine Kaslow: I had the good fortune to meet Lynn when she first assumed her position. I was the Chair for Division 12 Postdoctoral Institute, which was a major pre-convention undertaking, and her first major responsibility in her new role was to assist with this endeavor. So we were like the blind leading the blind. We had two choices, either the whole event would become a disaster or we would become a team and figure it out and make decisions and it would be a success. Fortunately, we forged a wonderful partnership and that year’s institute was a huge success. It was through that experience that I came to appreciate how smart, resourceful, affable, and creative Lynn is. I also valued her persistence, assertiveness, and openness to team work. One of the highlights of my service to the division in the presidential cycle was to have the opportunity to once again work closely with Lynn. I truly grew to trust her not only professionally but also personally, and we forged a friendship that I value a great deal. She did an amazing job supporting the board and me in all of our undertakings. She was always on top of things and made sure that the Society of Clinical Psychology always ran smoothly. Responsive, conscientious, and responsible, she was always available and willing to lend a helping hand. When

the board would go through rocky times, she would remain strong and committed to her job and our mission. For 20 years we relied on her to keep communication flowing, provide motivation and support, handle problems and challenges competently, and have great customer service. Intensely self-motivated, Lynn always carried herself professionally and demonstrated a very high level of integrity. Her optimism was refreshing and her capacity to remain calm in the face of countless storms was essential to the effective functioning and forward progress of the division. In her role, Lynn was a great collaborator and team player. I have enormous respect and admiration for her, both professionally and personally.

John Norcross: An Ode to Ms. Lynn Peterson

It was my honor to work with Lynn and serve as president of the Society of Clinical Psychology in 2009. But my interactions with Lynn go back further than that: We first met when she was working with my long-time collaborator Larry Beutler on the JCCP and on a psychotherapy research grant. She was the stellar coordinator of several interrelated projects.

If memory serves, Lynn was in her late teens at the time, but she has retained her youthful appearance and her awe-inspiring energy level. Must be her gym workouts and caring for her two rambunctious boys (now, young men). Anyway, imagine my surprise and jealousy now that Lynn is about to retire!

Let me join the chorus of congratulations and tributes, Lynn.

I distinctly recall my first Division 12 Board meeting. It was characterized by considerable antagonism and dominated by, shall we say, strong personalities. I looked helplessly at Lynn, and during a break, she reassured me that the tone would calm down and eventually improve. It did. Lynn was the steady, adult presence in the room.

Indeed, she has been the steady presence for Division 12 for many years now. An expert organizer, super-reliable, and unfailingly graceful despite the succession of, shall we say, strong personalities in the SCP governance.

She kept me and my fellow governance officers on task. She got the Division 12 business done,

while also enjoying some splendid dinners and occasional parties. I recall fondly several social hours and interpersonal antics at select SCP presidents' homes. But what happened at those festivities should stay our little secrets.

Thank you, Lynn, for all that you have done for the Division and for promoting Clinical Psychology through the central office, the website, the PDI workshops, the convention program, the publications, and your expert care.

We cherish you, friend, and are in your debt. Bon voyage!

Donald Routh: Lynn Peterson has been synonymous with my idea of the Society of Clinical Psychology for many years. Her friendly voice was always there a phone call away. We have been most fortunate in having her as our administrator for so long.

Linda and Mark Sobell: For those not involved in the governance of the Society, Lynn Peterson may just have appeared to be someone who helped with the business side of the organization, but those charged with managing the Society quickly got to know Lynn as an indispensable partner in overseeing a hugely complex group. Officers come and go, and they typically have Society governance as only one of many responsibilities they are juggling in their lives and only for a short tenure. Lynn, as Administrative Officer, provided continuity and knowledge. She was manager of day-to-day activities, historian (who else knew what had gone on eight years before?), parliamentarian (reading an organization's by-laws is a sure cure for insomnia), chief scheduler and reminder, travel agent and convention room organizer, accountant, and on and on, and she performed these tasks in an exemplary manner. But above all, she was and is a good person and a good friend. Have a great retirement Lynn, the Society will really miss you.

Dick Suinn: some names become synonymous with organizations and yours will forever be linked with Division 12... especially for those many whom you have touched. For the general membership you have presented the Division in such a positive light, with your ability to make members feel welcome and

valued. For the Board, you have gifted us with being a most efficient resource - always available, always knowledgeable, always helpful.

I shall always remember the woman with the ready laugh from the little town of Niwot in Colorado! Thanks for your two decades of service. It has been a pleasure knowing you.

Danny Wedding: Lynn Peterson is a remarkable woman who successfully dealt with the numerous perturbations that have confronted the Society of Clinical Psychology over the past two decades. Presidents come and go, but Lynn was always there. She provided much needed continuity, and her good humor and high spirits cut through the inevitable tension that sometimes arose in board meetings. Her happiness was contagious, and all of us looked forward to board meetings in part because we knew we would be seeing Lynn again. She established great rapport and an excellent working relationship with Rob Dimpleby, the editor of the Society's book series with Hogrefe, and she quietly but effectively promoted the series. Twenty-five volumes later, these books continue to generate revenue for the Society. Lynn was also able to

establish good working relations with all of our Section leaders, and she provided the institutional memory that was so essential to continuity of effort. I'll miss her musical laughter, her wonderful friendship and her commitment to SCP, but I hope she will occasionally take time to call or write. Fair winds and following seas, Lynn!

Sheila Woody: Boards in professional psychology generally do not pay their Directors (as some Boards in the private sector do). Most Boards express their appreciation for the Directors' time and effort by holding meetings in desirable locations or making sure to feed the Directors delicious meals while they are meeting. I always thought the best perquisite about being on the D12 Board was being able to spend time with Lynn. Regardless of what city we were meeting in, I knew I would be able to count on a vigorous walk or a cocktail in a pub with Lynn. I really enjoyed those chat-fests, especially Lynn's bright disposition, her eagerness to laugh, and her total attention to our conversation - as though nothing else mattered while we were talking. What a delightful person she is! 🍷

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

Response to the NIMH Strategic Plan



The Society of Clinical Psychology (Division 12, American Psychological Association) represents the interests of clinical psychologists in the United States. Its mission is to encourage and support the integration of psychological science and practice in education, research, application, advocacy and public policy.

We thank NIMH for the opportunity to respond to the 2015 Strategic Plan draft. In many respects, we are in agreement with the basic aims of the plan. However, we wish to express concern about what appears to be deficient focus on psychosocial/behavioral factors underlying mental illness. The Strategic Plan appears largely biomedical in nature; while we do not disagree that more research in that area should be done, we wish to remind the Institute that there is a wealth of scientific evidence regarding environmental, psychological, and behavioral mechanisms as well, and much more such research is sorely needed. We are also concerned about the restrictive approach to funding treatment research, which appears to eliminate funding for the sorts of investigator-initiated clinical trials that have led to enormous advances in our ability to successfully treat mental disorders with psychosocial approaches.

We recommend that NIMH to fully support both biological and psychosocial/behavioral research in mental illness. Research on psychological factors has played a leading role in reducing morbidity and mortality associated with both physical and mental illnesses, and scientific findings suggest a recursive relationship between environmental factors and biological determinants. This strongly suggests that fully supporting psychosocial research will promote greater efficacy of interventions for the full scope of mental illnesses.

NIMH has a long and rich history of supporting research on the development, refinement, implementation, testing, and dissemination of psychological treatments. Depression, anxiety disorders, schizophrenia, bipolar disorder, and personality disorders have all been the targets of very successful trials of psychological treatment, yet there is clearly more work that needs to be done in this area in order to adequately serve the public and reduce the national burden of mental illness. Failure to continue funding for this important work is not, in our opinion, in the public's best interest.

In summary, psychological science has made dramatic strides in reducing the burden of mental illness, and it is imperative that such work be allowed to continue. We do not downplay the importance of biological mechanisms of illness; however, a nearly exclusive focus on such mechanisms ignores decades of valuable research, deprives the next generation of psychological scientists of a viable way to continue their work, and does not serve the needs of the public.

Sincerely,

David F. Tolin, Ph.D., ABPP on behalf of the Executive Board of the Society of Clinical Psychology (Division 12, American Psychological Association) 

Affirming Our Ethical Responsibilities

Adam Fried, Ph.D.
Fordham University



I am honored to take the reins as the new editor the Ethics Column and excited to explore topics central to the responsible conduct of clinical psychology. I would like to first begin with a question, which I believe will help frame this introductory column and ones to follow: How does one become (or remain) an ethical psychologist? Unfortunately, there is no easy answer, but I would like to begin to address this question by describing three moral responsibilities that guide my approach to professional ethics: commitment, awareness and knowledge.

Commitment. Ethics requires a commitment to do what is right. It may sound silly to begin deliberating an ethical dilemma with what many perceive to be an obvious starting point (and often the initial step for many ethical decision-making models), but I find this pledge helps to remind us that the best ethical solution to any dilemma should not be determined by the option that requires the least personal effort, inconvenience, or hardship. That said, relying solely on our own moral compass and simply doing what we believe is right can sometimes lead us to the wrong ethical conclusion, as the desire to do good is a necessary but insufficient requirement to ethical decision-making. Rather, asking oneself, “What makes this the right decision?” and “How well does this solution conform to the profession’s ethical principles and standards, laws, guidelines, and our professional responsibilities to those whom we serve?” may help us discern the most appropriate course of action.

The ethical principles of our profession also stress a commitment to serve those with whom we work in our various professional capacities (clinician, assessor, evaluator, teacher, researcher, consultant, etc.), which requires adherence to the ethical principles and standards that guide our profession (American Psychological Association, 2010). These standards are not only useful in times of ethical indecision but may inform a wide range of professional decisions. For example, although not commonly considered an “ethical dilemma”, determining a course of treatment for a particular client/patient carries important ethical implications. The APA Ethics Code General Principles (Beneficence and Nonmaleficence, Fidelity), Ethical Standards (2.04 Bases for Scientific

and Professional Judgments) and guidelines stress that treatments should demonstrate effectiveness in terms of the problem and population (American Psychological Association, 2006). This protects patients/clients from potentially harmful interventions that have not been tested or are otherwise ineffective. In order to fulfill our ethical responsibilities, psychologists should keep abreast of research findings on empirically-supported treatments and consider how this information may be used to inform treatment and other professional decisions (see Falzon, Davidson and Bruns (2010) for an informative article on accessing such research. In addition, Division 12 maintains a website on research-supported treatments: <http://www.div12.org/psychological-treatments>). In addition to evidence-based treatments, empirical research findings provide psychologists with critical information that can inform ethical decision-making. For example, research findings describing informed consent capacity among individuals diagnosed with severe mental illness or developmental disability may help guide clinician decisions about the best methods of gaining consent/ assent and ensuring that consent remains informed, voluntary and rational throughout the professional experience. In future columns, I hope to highlight current research findings that may be used to inform evidence-based ethical practices.

Awareness. Personal awareness means more than an understanding of one’s own preferences and personality quirks, but, rather, encompasses a critical self-awareness of our training, experience and knowledge to help us determine when we may lack the necessary competence to perform a certain task and when it may best serve a client/patient to make a referral to a professional with the appropriate training and skills. Personal awareness also requires us to acknowledge and address personal biases and blind spots, or, in specific cases, when personal problems may interfere with our ability to discharge our professional duties. Finally, psychologists should assess their own multicultural ethical awareness (Fisher, 2013), or understanding of one’s own beliefs, biases and prejudices as well as an appreciation of the ways in which cultural factors may affect our professional work.

As we assume professional roles and gain more experience, we begin to become more aware of the multiple perspectives, authorities and sources of information that inform ethical dilemmas. Quite simply, reliance on the APA Ethics Code alone may be insufficient to adequately address many ethical dilemmas. Depending on the nature of the professional activity, federal, state and local laws, as well as institutional rules, regulations and guidelines also inform our ethical responsibilities. The setting

or activity may also influence our professional ethical obligations. For example, school-based interventions may be governed by specific ethics principles and laws, such as the National Association of School Psychologists' Principles for Professional Ethics (2010), or the Family Education and Privacy Act (1974).

Knowledge. As my predecessors have astutely acknowledged in previous posts (Allen, 2013), ethical decision-making is not an easy task. The myriad of books, chapters, articles (and ongoing columns) on ethics are a testament to the challenging nature of ethical decision-making. While the APA Ethics Code is critical to informing the responsible conduct of psychology, it rarely offers cookie-cutter answers to what are most often complex and situationally dependent ethical dilemmas.

Although awareness and commitment are integral to resolving ethical questions, implicit within each of these imperatives is the assumption that our learning continues throughout our careers. The nature of and circumstances surrounding ethical quandaries are often dynamic and require that psychologists keep up-to-date about emerging trends in the science and practice of clinical psychology in order to fully appreciate the ethical implications of dilemmas. Examples may include promising but underresearched treatments, innovative technologies or new or evolving laws, rules and regulation governing the work of psychologists.

As column editor, I hope to discuss some of the most pressing ethical issues facing clinical psychologists and highlight particularly relevant and interesting research findings that inform practice, research and policy. Like my predecessors, I will attempt to give voice to those questions that may be most vexing. Some may relate to the changing landscape of the field of psychology, such as the appropriate use of new technologies (telehealth, social media, electronic communication). For example, what are the ethical implications of having a professional online presence and to what are the ethical questions associated with social media relationships with patients/clients. What are our ethical responsibilities to ensure data security in an increasingly digital, cloud-based world?

Many intriguing dilemmas focus on ongoing challenges related to the application of core ethical standards, such as confidentiality and consent, among increasingly diverse populations and settings. Even the challenging nature of the work of clinical psychologists itself is increasingly considered within an ethical context. For example, the growing recognition of the emotional toll, including stress, burnout and impaired job performance, associated with clinical work among psychologists working with vulnerable

and at-risk populations raises important ethical questions for all clinical psychologists with respect to the moral mandate to engage in self-care strategies to ensure that professional duties are discharged in a competent and responsible manner.

Although we may not always be able to anticipate every possible ethical dilemma that may come our way, affirming and applying these ethical responsibilities to our professional work may serve as good preparation. I look forward to exploring key ethical questions relevant to clinical psychology in the coming issues and invite you to contact me (afried@fordham.edu) with any topics you think should be discussed in future columns.

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Notes to a Young Clinical Psychologist: Words of wisdom from Phil Kendall



Who were some of your most important mentors in clinical psychology, and what was special or unique about their impact on your professional development?

Peter J. Mikulka, who taught me learning, statistics, and ethology as an undergraduate, gave me a kick-start in psychology research. I learned the ins and outs of tight research methodology. In graduate school at Virginia Commonwealth University (VCU), both Don Kiesler and Al Finch were influential. Don encouraged the possibility of my submitting an F31 application—which turned out to be my first NIMH-funded project (early 1970s) and my first randomized clinical trial. Kiesler's (1966) oft-quoted statement (sometimes without proper attribution to him) that the goal of treatment outcome research is to determine "what type of treatment works for which patients" had a very powerful impact. Al provided other research opportunities and guidance, and a social support network that both stimulated and facilitated a program of active research. At the University of Minnesota, I worked with and learned from Jim Butcher, of MMPI fame, and was paired-up with Steve Hollon, who was also hired the same year. Jim provided me with the big view of clinical psychology and Steve exposed me to NIMH multi-site research.

Terry Wilson and Alan Kazdin, who were Fellows at the Center for Advanced Study in the Behavioral Sciences (CASBS) when I was first there 1977, bolstered my confidence. They shared their experiences and views and set a standard for how I would strive to relate to my

junior colleagues.

Indirectly, I was influenced by Don Meichenbaum, Mike Mahoney, and Marv Goldfried. Early preprints from Don, stimulating books by Mike, and initial SEPI organizing by Marv.

Although not a direct influence on my research, Paul Meehl, with whom I had numerous conversations at the University of Minnesota, had a creative and direct way to say things...and I listened with both ears.

Other influences came in books. "A new guide to rational living" by Albert Ellis (and Ron Harper; 1975), and the two volume set "Anxiety: Current trends in theory and research" (1972) edited by Charles Spielberger were my first psychology book purchases.

What do you know now that you wish you knew when you were first starting your career in clinical psychology?

I am reminded of the lyric by Bob Seger, from the song Against the wind..."wish I didn't know now what I didn't know then." With this in mind I would answer: The slow progress of research and the slow integration of research findings into practice.

What have been some of the greatest challenges or obstacles to your career as a clinical psychologist?

Having consistency across the clinical, the teaching, and the research. Each has separate pulls and being true across these platforms can be a challenge.

What advice would you give to young professionals just now beginning a career in clinical psychology?

Don't be swayed by the trends and don't be uninformed about the trends, and be guided by the notion the facts/findings are better than opinions.

How can young clinical psychologists make a meaningful impact?

Be involved within the profession.

What do you see as the most important new areas on the horizon for the field of clinical psychology that are in need of focused attention?

The role of technology in the delivery of mental health services, the need for gate keeping with regard to distributing accurate information about mental health, and the risk that we are over-identifying normal variations in human behavior and being in "disordered" categories. 📺

You matched! Now what?

Christy Denckla, MA

Adelphi University

Massachusetts General Hospital, Harvard Medical School, Department of Psychiatry

In the widespread and much-needed efforts to address the internship imbalance – a situation that has left between 30% and 22% of all applicants since 2011 unmatched (<http://www.appic.org/Match/Match-Statistics>) – the question of how to succeed on internship has gone largely unaddressed. As it currently stands, the doctoral internship is a benchmark in the training sequence for a clinical psychologist. However, the focus placed on matching has generated a bottleneck in the pipeline from student to early career professional, which has left many students in problematic situations. Even more troubling, clinical psychology graduates face a bleak salary market once they do graduate, with few positions open in academic settings. Coupled with astronomical student loans that carry interest rates which rival credit card debt, early career psychologists confront many challenges. While the internship imbalance has reached a crisis in our profession, there may be trouble at other junctures of the pipeline as well. Taken together, this suggests that as important as matching is, it does not guarantee a worry-free career trajectory.

The bigger questions that we all face, such as ‘where am I headed in my career?’, ‘what is going to make me happy?’, and ‘how can I find something meaningful?’ supplant the match crisis because we must address them at multiple junctures in our career. The training pipeline from first year doctoral student to early career psychologist is perhaps best conceptualized as an integrated sequence of developmental phases (see Figure 1). Though each phase is integrated with the skills and experiences in the preceding one, there is the possibility domains influence one another in subtle ways given the interconnected nature of

our training. For example, Cherry, Messenger, and Jacoby (2000) found that only 29% of students from clinical scientist programs go on to academic positions, with another 7% working in community mental health centers and 13% in private practice. Given the emphasis that these programs place on training research scientists, it is remarkable that a smaller proportion than would be expected go into academic research settings. This suggests that there may be experiences within our training sequence that lead to opportunities that we didn’t necessarily expect when we started. Among those experiences that influence our career trajectories in unforeseen ways, such as work-life balance, the colleagues we develop while on internship, and the experiences that we pursue, there are a few steps we can take to get the most out of the experience.

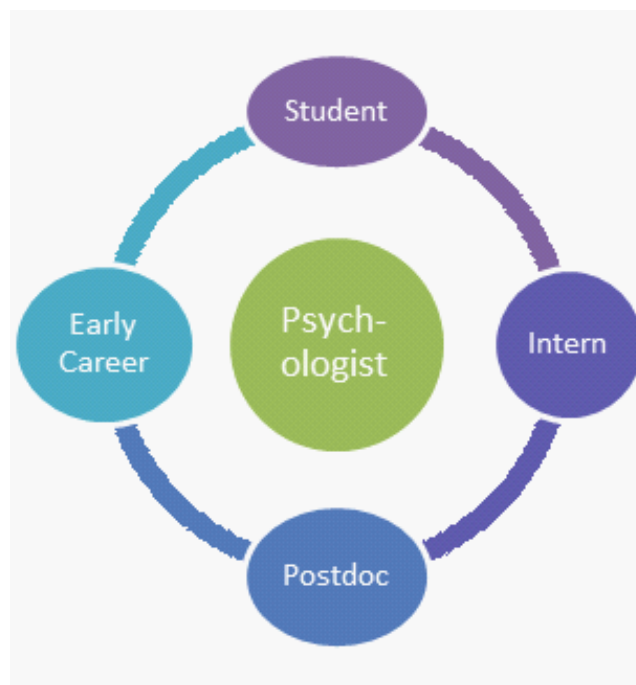


Figure 1: An integrated training model

Work life balance

Many students have put off having children, raising a family, or setting roots down because we have been in so much transition. This trajectory is somewhat unique for women, even as we negotiate a career path where we face higher rates of attrition at transition points from postdoctoral positions and assistant professorships. Ceci,

Ginther, Kahn and Williams (2014) present a fascinating discussion on the factors that influence women's paths from postdoc to faculty positions. Though the evidence is somewhat mixed, evidence suggests that although both men and women experience family/work conflict, women are more likely to experience attrition along the pathway from postdoc to faculty position than men due to family/work conflict. In the internship setting, having children is uncommon though not unheard of. If this is a path that you might be interested in learning more about, internship directors can be very supportive. Speaking with other interns about their experiences may also open up options that were not previously made explicit.

The internship year will be very busy

Advice that you've heard before about getting your dissertation done before starting internship is well given. The time that interns may have to spend finishing the dissertation takes away from valuable time that could be spent networking, getting new training opportunities, or working on research. There is also travel time back to your home institution to defend the dissertation which

can take time and money, both of which are in short supply during the internship. Taken together with the time that it will take to apply for postdocs, faculty jobs, or other employment shortly after starting the internship, having the dissertation out of the way will be a tremendous help.

Network well

You will meet a lot of people on internship, and having good people skills can be a huge asset. For example, if you elect to approach someone you would like to speak with by email, make it short and specific. You might mention that you've read that person's work or how their research has influenced you, and conclude with something specific that you are asking for. The easier it is and the less time it takes, the more likely the receiver is to do it. Don't be surprised if you feel like a beginner (again!)

Be open to new directions and ideas. After reflecting on their internship year, I've heard people comment that their training year brought opportunities that they would not have anticipated but which had a strong influence over the direction of their career. In a related point, this will be one

INSTRUCTIONS FOR ADVERTISING IN THE CLINICAL PSYCHOLOGIST

Display advertising and want-ads for the 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.

of the last opportunities you will have to practice under supervision. Try something outside of your comfort zone. Training psychologists are very eager to teach new skills, and a readiness to learn and interest in a topic can open up a lot of doors.

In summary, the importance of the internship year is best considered in the context of your personal career trajectory. A developmental perspective on the training pipeline suggests that as we proceed through integrated acquisition of skills and knowledge, the internship is only one of many benchmarks in a career trajectory influenced by work/life balance, managing time well, and making strong professional connections.

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CONGRATULATIONS TO OUR 2015 DIVISION 12 AWARD WINNERS!

Award for Distinguished Scientific Contributions to Clinical Psychology presented to **Jalie Tucker, Ph.D., M.P.H.** for distinguished theoretical or empirical contributions to Clinical Psychology throughout her careers.

Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology presented to **Arthur Nezu, Ph.D., (Hon.) D.H.L., ABPP** for distinguished advances in psychology leading to the understanding or amelioration of important practical problems and outstanding contributions to the general profession of clinical psychology.

Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology presented to **Guillermo Bernal, Ph.D.** for remarkable contributions to the understanding of human diversity and whose contributions have significant promise for bettering the human condition, overcoming prejudice, and enhancing the quality of life for humankind.

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

David Shakow Early Career Award for Distinguished Scientific Contributions to Clinical Psychology presented to **Rebecca Kathryn McHugh, Ph.D.** for contributions to the science clinical psychology by a person who has received the doctorate within the past

seven years and who has made noteworthy contributions both to science and to practice.

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

The American Psychological Foundation Theodore Blau Early Career Award for Distinguished Professional Contributions to Clinical Psychology presented to **Jonathan Comer, Ph.D.**, for professional accomplishment and promise 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.

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

Section II: Society of Clinical Geropsychology

Submitted by Michele J. Karel, PhD



The Society of Clinical Geropsychology (SCG) has news in the way of new officers, a new communications committee, the Geropsychology ABPP, and public policy.

New 2015 officers. Margaret Norris, PhD, in geropsychology practice in Longmont, Colorado, has started her term as President of the Society of Clinical Geropsychology. Dr. Norris has served previously as Past President and Treasurer of Psychologists in Long Term Care (PLTC), and founder and Co-Chair of the Public Policy Committee for the SCG and PLTC. Dr. Norris is a current member of APA's Committee on Aging (CONA, 2015-2017).

Brian Yochim, PhD, ABPP, of the Department of Medicine, National Jewish Health, Denver, Colorado, is now serving as Past-President, and Sherry Beaudreau, PhD, of VA Palo Alto Health Care System and Stanford University, is President-Elect. Kaci Fairchild, PhD, of VA Palo Alto Health Care System and Stanford University, has started her term as Secretary, and Kimberly Hiroto, PhD, of VA Puget Sound Health Care System, has started her term as Treasurer. Many Board members continue their active service on committees including Public Policy, Diversity, Continuing Education, Mentoring, Interdivisional Healthcare, Evidence Based Practice, and others.

Communication Committee. Outgoing SCG President Dr. Brian Yochim initiated creation of a new Communications Committee, to collaborate in management of SCG media resources. Committee members include SCG Newsletter editors, the Web Coordinator, and the Social Media Overseer (Facebook, Twitter, Wikipedia), with a Chair for the entire committee. In order to help "get the word out" about the field of clinical geropsychology, our student representatives drafted a Wikipedia entry, now online at http://en.wikipedia.org/wiki/Clinical_Geropsychology.

ABGERO. SCG has continued to support the American Board of Professional Geropsychology in establishing board certification in Geropsychology (ABGERO) through the American Board of Professional Psychology (ABPP). Multiple SCG members are serving as ABGERO examiners, and many SCG members have been examined this past year, so that the field has now completed the required 30 examinations to establish formal, full affiliation with ABPP in the specialty of geropsychology. In December of 2014 the Board of Trustees of ABPP formally approved geropsychology as an ABPP member

specialty board.

Public policy. The combined SCG and Psychologists in Long-Term Care (PLTC) public policy committee has continued to keep membership informed about policy updates and developed critical resources for geropsychologists. They, under the leadership of Drs. Mary Lewis and Margie Norris, developed a database of Medicare regulation updates for every state; this information is posted on GeroCentral.org (see below) at <http://gerocentral.org/policy-advocacy/medicare/>. SCG members are among a group of psychologists reaching out to the Center for Medicare and Medicaid Services (CMS) to explore how psychologists can further support the National Partnership to Improve Dementia Care in Nursing Homes.

Reminders:

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.

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.

Section III: Society for a Science of Clinical Psychology

Submitted by Dave Smith, Ph.D.



Our 2015 board includes Mitch Prinstein (Current President, mitch.prinstein@unc.edu), Bethany Teachman (Past President, bteachman@virginia.edu), Steven Hollon (2015 President-elect, steven.d.hollon@vanderbilt.edu), Stewart Shankman (Secretary-Treasurer, stewarts@uic.edu), Sara Bufferd (Newsletter Editor, SBufferd@csusm.edu), Ben Hankin (Member at Large, ben.hankin@psy.du.edu), Doug Mennin (Member at Large, dmennin@hunter.cuny.edu), Rosanna Breaux (Student Representative, rbreaux@psych.umass.edu), Andrea Niles (Student Representative, aniles@ucla.edu), and David Smith (Division 12 Liaison, dsmith11@nd.edu).

Thank you to Michelle Craske, outgoing past President, Lauren Alloy, former Member at Large, and Victoria Smith, student representative, who ended their terms on the board in 2014. As noted, I have left the Division 12/SCP liaison position and am handing the baton to David

Smith's very capable hands. This has been an extremely productive year for SSCP. Our now past president, Bethany Teachman, along with current president, Mitch Prinstein, and former past president Michelle Craske have been instrumental in advancing the organization on a number of fronts including promoting science-based CE approval at APA and pushing for strong support for psychosocial research funding at NIMH.

Other initiatives include a new web site launch and social media push and the formation of a series of new committees, including Diversity Committee, Committee on Science in Practice, Committee on International Dissemination and Implementation of Clinical Science, Public Education and Media Committee, and the Clinical Science Education Resources and Advocacy Committee. Additional new initiatives include the SSCP Student Campus Representative program, a new Internship Directory, the new Outstanding student award, a career mentorship program, including the new "How Did I Get Here" video interview series, among many other exciting continuing initiatives. It's an exciting time to be a member of SSCP/Section 3....please check out our new website and become a member! www.sscpweb.org 📺

Section VI: Clinical Psychology of Ethnic Minorities

Submitted by Nicole T. Buchanan, Ph.D.



Section VI closed out 2014 during a year of significant social change. As the year ended, I reflected on the role of ethnic minority psychologists in the field of clinical psychology. Psychologists of color and passionate allies have brought issues of diversity to the fore. By challenging the very foundations of our theories and our methods, these pioneers helped the whole of clinical psychology develop the resilience and flexibility needed to strengthen and broaden our theories and methods and, ultimately, prepared us all to survive and thrive as a field. Psychologists advancing knowledge about social group formation, prejudice, discrimination, and the interventions needed to increase intergroup harmony, were preparing the field of clinical psychology to fully participate and contribute in our current global community. At present cultural competence is expected of all clinical psychologists and not just those specializing in "diversity issues". Ensuring the incorporation of diversity considerations in practice, teaching, and research in clinical psychology historically has brought us to an excellent ready state today for the challenges that lay ahead. I see those challenges as collective and individual,

and was fortunate to have the opportunity to advance the mission of Section IV through a TEDxUSU talk on how to approach situations in which our culturally programmed prejudices are publicly exposed (See "No Way But Through": <https://www.youtube.com/watch?v=2orqr-nOIPk>). Advancing diversity issues at a personal and professional level is a daily commitment.

I humbly end 2014 with a thank you to the board and membership of section VI for their efforts in support of ethnic minority clinical psychology and turn over the helm. The section has benefited particularly from the strength of elders such as John Robinson who provided financial support to the recruitment of students and early career scholars whose energy created new initiatives regarding the particular concerns of women. The section has also benefitted from the selfless time and energy commitment of its leaders, Cheryl Boyce, Vincenzo Terán, Fred Leong, Guillermo Bernal, Alfiee Breland-Noble, and NiCole Buchanan. As I vacate the presidential chair, I make way for Dr. Buchanan, a licensed clinical psychologist, university professor, and fellow of the American Psychological Association. I now move on to new duties as President Elect of the National Latina/o Psychological Association, one of the ethnic minority psychology associations. I expect to continue to advance the mission of Section IV and forge collaborations across organizations.

Melanie M. Domenech Rodríguez, Ph.D.
Professor, Utah State University


2015 President of Division 12, Section VI, Nicole T. Buchanan, Ph.D.

As many of you know, Division 12, Section VI, Clinical Psychology of Ethnic Minorities, was established to promote and support concerns directly relevant to racial and ethnic minority populations in the United States. The foci of the section are broad, addressing gaps in clinical science research and its application, doctoral and post-doctoral training regarding clinical concerns of ethnic minorities, the training of future racial and ethnic minority psychologists, and increasing the presence and influence of ethnic minority psychologists within clinical psychology, APA, and the field as a whole.

I begin my 2015 term as the President of Section VI humbled by the depth and breadth of the work to be done, yet invigorated by our potential as a field. I am also driven/emboldened by the numerous societal concerns highlighted by recent events, that impact ethnic minorities and society-at-large, such as violence-related trauma, depression, and stress-related anxiety. During my presidential year and beyond, I look forward to furthering our understanding of how race and ethnicity interact with other key identities (e.g., gender, sexuality, and social

class), and challenging both clinical research and practice to evolve until consideration of such concerns is deemed essential to scientific and clinical best practices.

I invite all members of Division 12 to join Section VI and our efforts to advance the clinical psychology of ethnic minorities (email us at apadiv12section6@gmail.com).

Nicole T. Buchanan, Ph.D.
Professor, Michigan State University 

Section VIII: APAHC

Submitted by Sharon Berry, Ph.D.



The Association of Psychologists in Academic Health Centers (APAHC) continues to thrive with an energetic and creative Board, as well as numerous volunteers who help manage the day to day needs of the organization. President Ronald T. Brown, PhD, ABPP continues to lead the APAHC Board and all initiatives.


The APAHC 7th National Conference was held in Atlanta, GA, February 5-7, 2015, with the theme: "Academic Health Centers in the Era of Interprofessionalism: Multifaceted Contributions of Psychology." Keynote speakers included David Satcher, MD, former US Surgeon General who will address: Reducing Health Disparities through Integrated Care and Other Opportunities to Promote Health Equity. Additional speakers represented various key organizations including APA, ASPPB, APPIC, VA Office of Mental Health Operations, and many others. The Early Career Boot Camp is always a welcome opportunity! <http://www.div12.org/section8/index.html>

APAHC continues a productive relationship with the AAMC (The Association of American Medical Colleges) with a variety of projects and the opportunity to impact medical training as well as the involvement of psychologists in medical school settings. Of note, is the MedEdPORTAL: Psychological Science Collection – a collaboration between AAMC and APA to provide medical students, faculty, and other health professionals with access to free online psychological science resources. Many APAHC members have submitted resources to expand the online repository of instructional materials for teaching pre-health curricula in medical education. We encourage all of you to consider submitting valuable resources!

APAHC contributes to the planned CE forum through Division 12 and appreciates these opportunities for members to obtain important information and CE credits. In addition, a valuable resource is available to our members with the Promotions Primer developed by Drs. Ed Christophersen and Zeeshan Butt with a focus on career advancement and academic promotion. See

also: Journal of Clinical Psychology in Medical Settings, December 2012, Vol 19 (4), 349-352: Introducing a Primer for Career Development and Promotion: Succeeding as a Psychologist in an Academic Health Center.


The Diversity and Health Disparities Task Force, lead by Dr. Alfiee Breland-Noble, developed a webinar on Strategies for obtaining research funding to address mental/behavioral health disparities, and have organized other resource articles for the APAHC website. Congratulations to Dr. Breland-Noble who is the 2014 recipient of the AACAP, American Academy of Child and Adolescent Psychiatry Jeanne Spurlock Lecture and Award for Diversity and Culture! The Diversity Task Force is also working with the Chief of Workforce Diversity at NIH, Dr. Hannah Valentine, to support racially diverse clinical investigators in reducing racial disparities in NIH funding at the R01 level.

Members continue to benefit from valued APAHC publications, including the Grand Rounds newsletter, and our flagship journal: Journal of Clinical Psychology in Medical Settings. APAHC welcomes new members, including student members. Membership dues are low and this is a great way to add to the benefits offered as a Division 12 member. For further information about APAHC/Division 12 Section 8, please check our website at: <http://www.div12.org/section8/index.html> or contact me directly at Sharon.Berry@childrensMN.org 

Section X: Graduate Students and Early Career Psychologists


Submitted by Natasha V. Potapova, M.S.



The section for Graduate Students and Early Career Psychologists has initiated a number of projects. In efforts to serve our international membership and pursue cultural diversity, we have created an affiliation with the Indonesian Counseling Association. We have also created a blog on our webpage; tips on mentoring undergraduate students, overcoming student debt, and getting matched with a mentor can be accessed at http://div12sec10.org/?page_id=214. Finally, our mentorship program continues to thrive and we have matched nearly 20 students with mentors in targeted areas of expertise. 

Bringing a Professional Development Seminar to Life, Part One: Group Discussions and Didactic Presentation

Brigitte K. Matthies PhD
California State University, Los Angeles

 Many Clinical Psychology training sites require their Psychology Interns and/or Post-Doctoral Fellows to attend a typically hour-long Professional Development Seminar (PDS) as part of their weekly didactic training. These seminars are a common way to meet the requirements of accreditation by APA (APA Office of Program Consultation and Accreditation, 2013) or membership in APPIC (APPIC Membership Criteria, 2011). The general purpose of these seminars is to increase participants' core clinical competencies, thereby assisting their transition from the role of student to the role of professional psychologist. The seminars are led by licensed mental health professionals, but participants' current therapy cases typically are not discussed, nor is case supervision provided.

Participants often complain that these seminars are boring, irrelevant, or repeat information that has already been covered in their graduate program. In many cases, participants are asked to talk about their doctoral thesis topic and progress (which they hate), or to do some assigned reading in advance (which they don't do). Seminar leaders complain that they run out of topics, that participants seem disinterested or fail to attend, or that it is a waste of their own time given how busy they are with other training requirements (Weissman et al., 2006). Many leaders are uncertain what participants are actually supposed to be learning in the seminar, with some leaders believing that the information can easily be gotten elsewhere. As a result, participants see seminar leaders as bored, disinterested, and unprepared. In many cases, seminar sessions end up being limited to informal discussions, and can disintegrate into chatting and gossip, turn into a pseudo therapy group, or become simply an opportunity to bring up problems with the training program.

How to Bring a PDS Alive

Plenty can be done to ensure a lively and informative PDS. Firstly, topics presented should be those that are unlikely to have been covered in the participants' graduate program. Best are those issues that are met with anxiety and discomfort at this stage of the participants' training (e.g., how to manage a belligerent client or how to negotiate a salary). Topics that are useful, practical, and topical should be covered. An effort should be made to arrange the topics over the year in the order in which those issues may arise, or are arising, for participants. For example, burnout, boundary issues, and ethics should be covered early; creating a CV and job networking at midyear; and how to continue to do research after graduating and continuing education requirements towards the end. Wherever possible, active learning should be promoted, as discussions are simply not enough to lead to the desired changes in competence (Beidas & Kendall, 2010; Herschell, Kolko, Baumann, & Davis, 2010). Seminar leaders should convey an open, humble, and nonjudgmental attitude, and where possible, should share their own ideas and early struggles, particularly mistakes they have made along the way, or experiences that helped them develop into a confident and competent psychologist.

This article is the first in a two-part series that describes an innovative, modern, and interactive format for a PDS. Part One covers group discussions and didactic presentations, and Part Two covers role-plays, informative games and activities. Content is up-to-date and relevant, and the material included is extensive enough to be presented in weekly one-hour sessions for a one-year period. Readings that provide interesting and helpful material that can be covered in the sessions are included.

Group Discussions

In these modules, session leaders simply raise a pertinent topic and encourage a free discussion. Topics can come from a variety of sources, e.g., items in the news or journal articles, or be of current interest. It is best if, at the outset, session leaders say a few words and give examples from their own experience. Ideas for topics include:

Making personal safety a priority. An excellent news item for discussion is the beheading of Glenda Vittemberga, a psychologist in the Charter College of Education at CSULA by a former student therapist. See

"Murder-Suicide Suspect Named" (Malnic & Winton, 2004). Participants discuss how this situation could have occurred and how it might have been prevented. Ethics of conducting therapy with friends and family members. Have you done it? Should you do it? What's the harm? How to handle the requests. Every participant will have a story to contribute here, as well as a personal philosophy.

Sexting. Why is it happening so frequently, especially among teenagers? Is it normal? What are the risks? Refer to "Adult Sexting: Does It Help or Hurt Relationships?" (Gray, 2012) and "Is Sexting Normal?" (Nauert, 2014).

Should you Google clients? What happens when psychotherapists search their clients on the Web with or without their knowledge? Refer to "To Google or not to Google ... our clients?" (Zur, 2010).

Should you have a Facebook page? What if a client makes a friend request or finds out where you live or intimate details of your life? How to increase the security of your page. Refer to "Too much information" (Chamberlin, 2007).

Substance abuse in doctors/psychologists. What are the implications? What are the acceptable limits of legal drugs – coffee, alcohol, cigarettes, energy drinks?

When should psychotherapists excuse themselves from or stop practicing? This question can be discussed broadly to include issues related to physical health (e.g., age and illness) and mental health (e.g., illness in a family member).

Substance use in clients. How much is too much? When and how best to intervene. What treatments are available? Can you, and how do you, work with clients who are also in 12-step programs? Refer to Knack (2009).

The risks and benefits of online dating, Meetup groups and Friend Finder websites for clients. Should you encourage it? Refer to "The Perils and Pitfalls of Online Dating: How to Protect Yourself" ("Perils and Pitfalls," 2014).

Erotic Countertransference. Expect it. How to deal with it. It's helpful to bring in the list of licensed psychologists disciplined by the APA each year for sexual contact with a client. Participants are surprised at how common this behavior is.

Importance of, and experiences with, peer supervision. The session leader can present his or her experiences with peer supervision, and stress its ongoing benefit. Refer to "Organizing and Maintaining Peer Supervision Groups" (Counselman & Weber, 2004) and "A Proposed Model for Peer Supervision" (Remley, Benschoff, & Mowbray, 1987). Also, see Grant & Schofield (2007) for information on the characteristics of psychologists who ultimately use peer supervision throughout their career.

Experiences with personal psychotherapy. Did your school require it? How much? Did it help? Do you need it now? Should it be mandatory?

How to find a job in your field. Refer to "How to find a first job in professional psychology: Ten principles for finding employment for Psychology Interns and Postdoctoral Fellows" (Plante, 1998). This article covers job-searching strategies, as well as helpful pointers on how to prepare a CV, the importance of networking, and how to prepare for an interview and negotiate salaries and benefits.

Continuation of research after the doctoral thesis is completed. Many participants will not have considered doing this, with some assuming that the responsibility to conduct research stops when they graduate. Some will be dead set against the idea, and those who are interested may not know how to integrate research into their ongoing activities. Session leaders can give suggestions on ways to get involved in research (both in and outside academia), and the kinds of methodologies and studies that might make sense for participants. Participants can then brainstorm the kind of research they might be able to do. The importance of publishing doctoral research can also be discussed.

The implications of social media and the Internet for the practice of psychology. Of importance here are the ethics and risks of doing therapy online, particularly if the client is in another state or country. What about supervision over Skype? Also relevant is the use of social media as a professional tool. Professionals are split on this issue. Refer to "A Psychotherapist's Guide to Facebook and Twitter: Why Clinicians Should Give a Tweet!" (Kolmes, 2010) and "Therapists, Why Are You Using Social Networking?" (Kift, 2010). For more information, refer to "The Guidelines for the Practice of Telepsychology" developed by the APA/ASPPB/APAIT Joint Task Force (2013) and Kolmes (2012).

Integrating faith into psychotherapy. Many graduate programs shy away from discussions of religious beliefs and their implications for psychotherapy, leaving students unable to deal with this issue effectively and ethically. While some participants may not be very religious, clients can be, or vice versa, so this topic is an important one. Participants can comment on their experiences, plans, and expectations. A helpful resource to facilitate discussion is "Integrating Spirituality and Religion into Psychotherapy: Persistent Dilemmas, Ethical Issues, and a Proposed Decision-Making Process" (Barnett & Johnson, 2011). Participants who are very interested in this topic can be directed to this excellent review, "Integrating Religion and Spirituality into Mental Health Care, Psychiatry and Psychotherapy" (Hefti, 2011).

Strategies for completing the doctoral thesis. It is likely that participants will be at various stages in their thesis preparation, and some will be dealing with stumbling blocks to completion (psychological and practical). Participants can help each other through this arduous process with support and suggestions from their own experience.

Boundary setting for safety and sanity. Participants can benefit from a discussion on how best to avoid dual relationships, stay safe, and deal with manipulative clients. This session provides an opportunity for participants to bring up clinical situations with clients that were, or are, difficult for them. Session leaders can do the same.

Mental health apps. Can computer and smartphone apps replace face-to-face psychotherapy? Are there useful apps to supplement the psychotherapy process? This is an exploding area. Refer to the "Top Ten Free Mental Health Apps" (Kiume, 2013), "Smartphones for Smarter Delivery of Mental Health Programs: A Systematic Review" (Donker et al., 2013), "Mental Health Apps: 'Like a Therapist in your Pocket'" (Trudeau, 2010), and/or "Therapists' Apps Aim to Help with Mental Health Issues" (Singh, 2014).

The path to licensure. Many participants are unsure of and anxious about what awaits them in this process. It is helpful when the seminar contains participants at different stages in the licensing process, and this is often the case. Useful information can be found on the website of the Association of State and Provincial Psychology Boards (ASPPB; www.asppb.net), particularly "The Path to Licensure: What Every Student and Training Director Should Know."

Didactic Presentations

Here, session leaders give a more formal presentation on a topic, or ask an invited speaker to do the same. Time at the end for comments, questions, and discussion should be provided. Suggested topics include:

The difference between a resume and a CV and how to prepare them. Most participants are not clear on this difference, and have prepared their own CV or job resume with little input or feedback. Many will benefit from updating theirs. Helpful readings include "From CV to Résumé" (Newhouse, 1999), and "General Resume Tips" from Career Services at the University of Virginia. Where possible, show participants examples of bad resumes (those with inappropriate email addresses, bad headings, organization, spelling, or grammar). It's even better if you have some resumes you received from individuals seeking admission to your organization or training program. You can also address the basics of cover letter writing (see Reis, 2000). Also very helpful is "The CV Doctor" series written by Mary Morris Heiberger, Julie Miller Vick, and Jennifer S. Furlong and published in the *Chronicle of Higher Education* (www.chronicle.com). This series presents actual academic and professional CVs of individuals at different stages of their careers, and shows how they can be vastly improved, or reworked into resumes.

Preparing for the EPPP. Participants are often very anxious about the EPPP and likely have heard many stories about the process and the exam itself. The handout prepared by the ASPPB entitled "EPPP: Myth vs. Reality" is very helpful in facilitating discussion and refocusing participants (Grusec, Hunsley, Lipkins, Nicolson, & Sinclair (n.d.). The handout covers 10 common myths about the exam and provides factual information to counter those myths. Sample myths include: "There are easy and hard versions of the exam," "The majority of people fail in order to control access to the profession," and "The exam contains a specific number of Industrial/Organizational questions." Participants support each other with discussion on how to best prepare for the exam, the helpfulness (and cost) of available preparation programs, test-taking strategies, and optimal times to take the exam.

Setting up a private practice. Many participants will be interested in starting a private practice but have little information about how to go about it, particularly with

regard to the business aspect, or the potential perils involved. Information such as how to get on insurance boards, amounts you can charge, cost to rent space, etc. can be presented. This session works best when the discussion is led by a person who actually has a private practice. Two helpful resources are, "Are you really ready for private practice?" (DeAngelis, 2011) and "How to Start a Private Practice in Psychology" ("How to Start," n.d.). There are also many books, websites, and blogs out there designed to help beginning practitioners.

How to maximize the benefit from supervision. Many participants will still be navigating the process of receiving supervision. A great resource is "Getting the Most out of Clinical Supervision: Strategies for Mental Health Counseling Students" (Pearson, 2004). Participants are usually quick to talk about bad (and good) experiences they have had or heard about, and how they were handled.

Malpractice insurance. Participants can benefit from information on what it is, who needs it, where you get it, how much you need, and how much it costs. Introduce participants to the existence of risk management programs, e.g., the Trust Advocate 800 program (<http://www.apait.org>). Helpful resources are, "What Malpractice Insurance Isn't" (Younggren & Benas, 2013) and "Malpractice Insurance 101: Claims-Made vs. Occurrence Coverage" (Benas & Bennett, 2010). Continuing education. How best to stay current. Talk about continuing education requirements in your state, helpful blogs and reading materials, and the agencies that offer workshops that lead to credits. Stress the importance of continuing to read after licensure. Consult Handel's (2013) "The Best Ways to Stay Updated on Psychology Research" and the "Psychology Research Guide" available on the Tulane University Howard-Tilton Memorial Library website (<http://libguides.tulane.edu>).

The basics of clinical supervision. This topic is rarely covered in graduate programs even though some clinical training settings have opportunities for Psychology Interns and Post-Doctoral Fellows to supervise trainees (Rau, 2002). Helpful hints for the beginning supervisor can be found in Tracey (2006).

While group discussions and didactic presentations are the easiest modules to implement, a successful PDS requires additional activities that promote active learning to reap the most benefits for the participants. Part 2 of this article covers a series of games and

activities, including role-plays and round robins that are easy to integrate into a PDS.

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(continued on page 29)

Edited by Donald Routh, Ph.D.

The Foundation for an Expanded Vision

Pat DeLeon, Ph.D.

Former APA President

 **Federal Involvement:** On November 30, 1984, at the Hawaii Psychological Association (HPA) annual convention, U.S. Senator Daniel K. Inouye urged the membership to amend their state practice act to allow them to independently utilize drugs where appropriate so that their “clients will be well-served.” After the Senator’s challenge, the HPA Executive Committee agreed to pursue legislation which would study the feasibility of obtaining this clinical responsibility. At that time there was little enthusiasm for the proposal within the psychological community and extreme opposition within the psychiatric community. During the 1989 legislative session, hearings were held on eight separate bills. A House Resolution was enacted “Requesting the Center for Alternative Dispute Resolution to convene a series of roundtable discussions.” Thus, Hawaii became the first state in the nation in which the issue of psychologists prescribing (RxP) was seriously debated. Interestingly, their RxP legislation was ultimately vetoed on July 10, 2007 – more than two decades after the Senator’s address. In the 2015 legislative session, renewed HPA and grassroots interest resulted in their RxP bill passing the House of Representatives on March 10, 2015, by a vote of 23 yes, 13 yes with reservations, and 15 no.

During Congressional deliberations on the Fiscal Year 1989 Appropriations bill for the Department of Defense (DoD) [P.L. 100-463], Senator Inouye included language which directed the Department to establish a “demonstration pilot training project under which military psychologists may be trained and authorized to issue appropriate psychotropic medications under certain circumstances.” Organized psychiatry raised considerable objections. The following year the conferees stated: “the Department cannot ignore direction from Congress and therefore should develop such a training program....” A DoD Blue Ribbon Panel was established, with Russ

Newman representing APA, and recommended a two year fellowship, combining didactic and practicum activity. To begin on time, two psychologists were initially assigned to the Army Physician Assistant program at Ft. Sam Houston Texas.

The Walter Reed/Uniformed Services University of the Health Sciences training program (PDP) began in the summer of 1991, and was closely monitored by the American College of Neuropsychopharmacology (ACNP). ACNP concluded: “All 10 graduates of the PDP filled critical needs, and they performed with excellence wherever they were placed.” On June 17, 1994, Navy Commander John Sexton and Lt. Commander Morgan Sammons became the first graduates. RxP training has continued in various venues, particularly in the private sector. DoD and USPHS credentialing policies have been issued. The seminal contribution of the DoD initiative is to affirmatively demonstrate that psychologists could be trained to safely prescribe in a cost-effective manner. Interestingly, individual psychologists had been prescribing within the VA and Indian Health Service (Floyd Jennings) during this time period; however, without any formal organized training.

APA Governance: In 1989, under the leadership of Norma Simon, the APA Board of Professional Affairs (BPA) held a special meeting to explore this intriguing phenomenon. BPA recommended: “focused attention on the responsibility of preparing the profession to address... needs of the public for psychologically managed psychopharmacological interventions be made APA’s highest priority.” In August 1990, the Council of Representatives established an ad hoc Task Force on Psychopharmacology, chaired by Michael Smyer. Its report concluded that practitioners, with combined training in psychopharmacology and psychosocial treatments, “could be viewed as a new form of health care professional, expected to bring to health care delivery the best of both psychological and pharmacological knowledge. Further, the proposed new providers had the potential to dramatically improve patient care and make important new advances in treatment.” In August 1995, Council formally endorsed RxP for appropriately trained psychologists as APA policy and called for the development of model legislation

and a model curriculum. Subsequent Councils adopted these (1996); called for a national examination (1997); and formal APA recognition of Designated Postdoctoral RxP Training programs (2009). APAGS adopted its Resolution of Support in 1997. Bob McGrath estimates today there are more than 1750 psychologists who have completed their post-doctoral psychopharmacology training.

State Legislation: In March 1993, Indiana and in December 1998, Guam passed psychology RxP authorization legislation, although neither has been implemented to date. In March 2002, New Mexico and in May 2004, Louisiana passed RxP legislation with John Bolter signing the first civilian script on January 20, 2005. Elaine LeVine was the first female civilian prescriber. More than a decade later, Illinois enacted its RxP legislation which was signed into law on June 25, 2014. What is unique to Illinois is the decision to legislatively address the specifics of the required training (including at the undergraduate level) and its openness to incorporating RxP training at the graduate level. Previous policy discussions had focused exclusively upon post-doctoral training.

Future Challenges: Although military and USPHS prescribing psychologists have provided quality psychopharmacotherapy services for more than two decades, there has been continued resistance within the VA and the federal Bureau of Prisons. Ron Fox, former APA President: "As of December 31, 2013 when I was chair of the APA Insurance Trust, I can attest to the fact that prescribing psychologists do NOT have to pay higher premiums for professional liability insurance as the Trust deemed an increase unnecessary; and, because the Trust policy provides insurance to cover expenses related to licensing board complaints, I know that there have been no complaints or actions taken by state licensing boards regarding prescribing abuses by appropriately trained psychologists." Along with enacting additional state practice laws, future challenges will include expanding to Federally Qualified Community Health Centers, state and local mental health clinics, and the evolving Accountable Care Organizations and Patient-Centered Medical Homes envisioned under President Obama's Patient Protection and Affordable Care Act. Aloha,

Pat DeLeon, former APA President – Division 12 – April, 2015 🇺🇸

Bringing a Professional Development Seminar to Life, Part I (continued)

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Overview. There is an important need to extend the evidence base for the effectiveness of psychological treatments to diverse cultural populations and settings. We propose the use of the benchmarking study design to facilitate research into the effectiveness of treatments transported to diverse cultural contexts. We will describe the benchmarking strategy as applied to this purpose, and discuss the important considerations for conducting and interpreting benchmarking studies of culturally transported treatments.

Objectives. (1) Become familiar with the steps involved in conducting a benchmarking study of culturally transported treatments; (2) Gain knowledge of the considerations, challenges and limitations for conducting cross-cultural benchmarking research.

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Overview. In this webinar we will review the nature and function of disgust. Research implicating disgust in anxiety and related disorders, particularly obsessive-compulsive disorder, will be discussed. We will then review basic cognitive-behavioral treatment strategies to reduce excessive disgust reactions among patients with anxiety and related disorders.

Objectives. (1) Describe the nature and function of disgust; (2) Outline the role of disgust in anxiety and related disorders; (3) Discuss the use of exposure-based approaches for reducing excessive disgust reactions.

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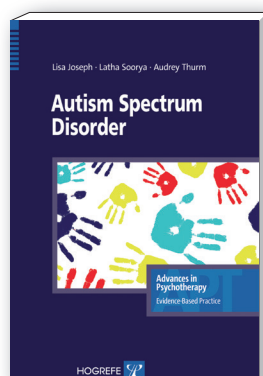
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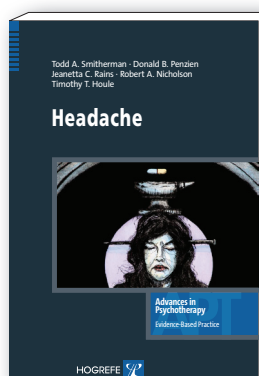


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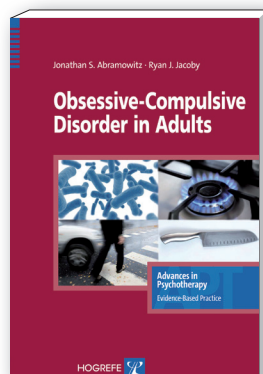
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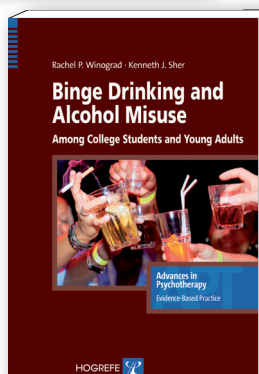


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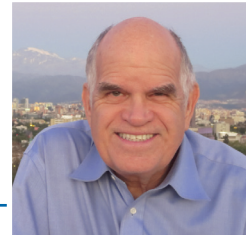
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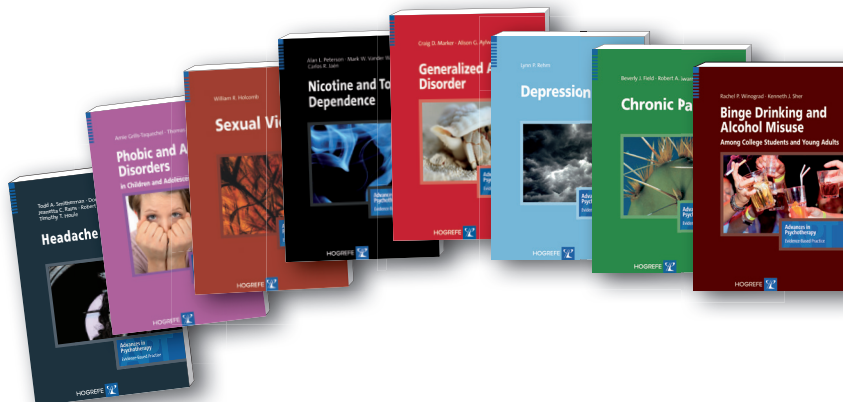
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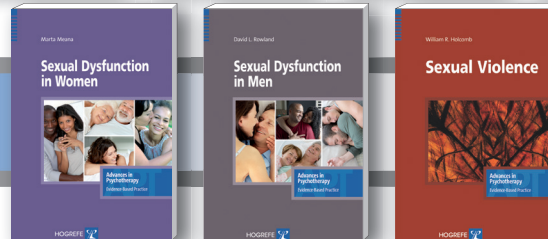


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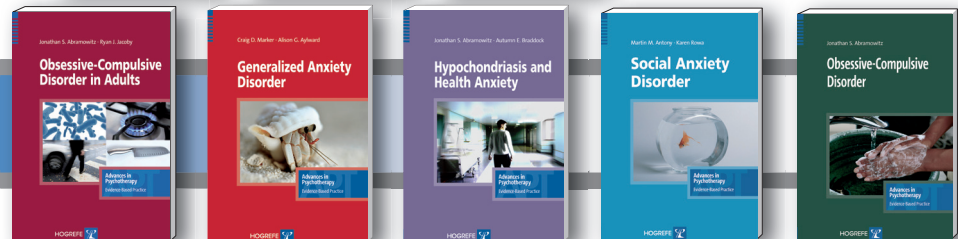
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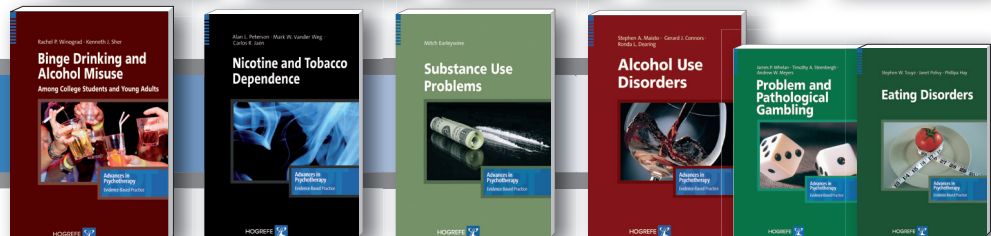
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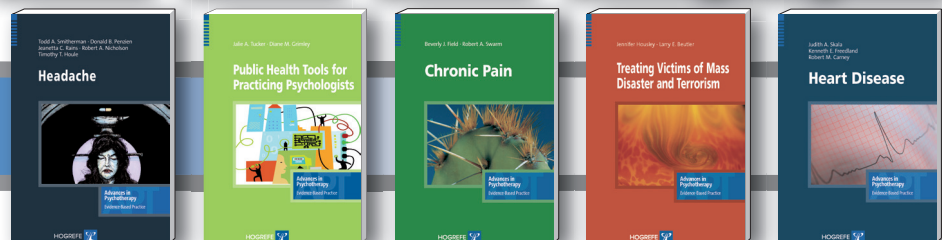
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