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Empirically Supported Assessment for Clinical Practice: Is it Possible? Is it Desirable?

In recent years, much has been written about empirically supported treatments and the practice of clinical psychology. Special sections in this newsletter, *The Clinical Psychologist*, and our flagship journal, *Clinical Psychology: Science and Practice*, have highlighted these developments. Moreover, special sections or issues have appeared in the journals of several of our sections of the Society: to wit, the Section on Clinical Child Psychology (Section I) has published an issue on empirically supported treatments for children and adolescents in its journal, the *Journal of Clinical Child Psychology*, and the Section on Pediatric Psychology (Section V) is about to release a similar report on empirically supported treatments for pediatric practice in its journal, the *Journal of Pediatric Psychology*. Clearly, these are exciting times. These developments have not been without their share of controversy, however. They have served to occasion considerable discussion, hot debate, and acrimony. Such is good for the Society as it struggles to come to grips with the role of science in clinical practice and the complementary role of clinical practice in informing and advancing science. A healthy, bi-directional force should be and, in fact, is evident.

However, it has always troubled me that similar concern is not, and has not been, evident in our assessment practices. In many respects, our discipline has welcomed assessment practices with little regard for their psychometric characteristics or their clinical utility. I recall vividly my training days (not that long ago), reviewing charts that were filled with long and detailed assessment reports and wondering of what value were those reports. They were there and the patient had been assessed (repeatedly), as if assessment alone would somehow be of use to the staff in their treatment planning. It was not. Rather, the length of inpatient stay, I was told by my supervisor, would be directly related to the thickness of the patient file and the number of assessment reports. Would one not expect that assessment would inform treatment and lead to briefer treatment and consequently a shortened stay in the



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President's Column

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hospital? And, to more focused and possibly briefer treatment in outpatient settings? Should not assessment be clinically useful?

Although assessment is important in its own right, assessment practices have lagged behind our attention to, and focus upon, treatment. Yet, we can hardly advance the empirical status of our treatments if we do not have empirically supported (validated?) assessment practices through which to evaluate those treatments. In short, the *science* of assessment has not prospered nor flourished. One has only to pick up a copy of the *APA Monitor* to appreciate the number of assessment tools and strategies that are sorely lacking in psychometric rigor and do not cut the muster. Although the APA has published exacting and informative guidelines for development and use of assessment in clinical practice and research, there is little evidence of these guidelines in what is advertised in our own trade publication and I suspect used routinely in clinical practice. No wonder managed care companies fail to recognize the importance of assessment practices. What can be done about this unsavory situation?

To partially address this situation, I created a Society task force entitled "Upgrading the Science and Technology of Assessment and Diagnosis". Its purpose is to examine the current status of performance-based or laboratory-based procedures for the assessment and diagnosis of diverse forms of psychopathology. Since the inception of formal diagnostic systems of mental disorders in the late 1800s, clinical researchers and practitioners have relied primarily, if not exclusively, on self-report and clinical interview procedures for assessing and diagnosing psychopathology. We know that this approach, based upon verbal report, retrospective recollection, and clinical observations, has numerous shortcomings. Most notable of these shortcomings is their reliance on the informant's memory for information about the precipitants, symptoms, and course of the disorder. For children, this problem is compounded by cognitive limitations in the developing child and the fact that such information is obtained routinely from parents whose recollections about onset, symptom pattern, and course of disorder are frequently distorted by their own psychopathology. Thus, for both adults and children such procedures frequently are psychometrically unacceptable and suspect (i.e., they may not be reliable and valid, let alone clinically useful).

The current state of affairs often produces a circularity of counter arguments. On the one hand, the self-report and interview-based tradition is defended with the plea that we do not know enough about the etiology, expression, or course of disorders to abandon these time-honored traditions. On the other hand, these very procedures are so ingrained in our thinking about disorder that they stand in the way of other devel-

opments that might serve to shed light on the etiology, expression, and course of disorder. The implications for treatment of "doing things" in our traditional ways are currently unknown; moreover, the treatment validity of these standard approaches is being questioned by many.

Meanwhile, performance-based and laboratory-based assessments have been pioneered for many disorders in recent years. Tests of attentional processes, vigilance, behavioral inhibition, and information processing are exemplars of these new developments. However, their psychometric properties and clinical utility are unknown, and their relations to specific types of psychopathology are uncertain. Thus, although it is important and timely to develop laboratory-based and performance-based measures to supplement self-report and interview-based measures, their psychometric properties and clinical utility are currently unknown and in need of explication. Much remains to be learned inasmuch as this movement is only in its early stages of development, including the feasibility of such measures in the "real" world of clinical practice.

Dr. Paul Frick of the University of Alabama has graciously accepted my invitation to serve as chair of this important task force. Paul has been successful in recruiting a superb group of clinical psychologists to serve on the Committee: Dr. Karen Bierman from Penn State University, Dr. Laura Klinger from the University of Alabama, Dr. Michael Vasey from the Ohio State University, Dr. Judy Garber from Vanderbilt University, and Dr. Mark Rapport from the University of Hawaii. One of Dr. Frick's first decisions was to limit the task force to exploring these issues with children and adolescents. Later iterations will examine the relevance of these issues and outcomes for adults and geriatric populations. The task force has been charged with three specific activities: 1) produce a set of working papers to be presented as an invited symposium for the APA annual meeting in Boston this summer; 2) present a postdoctoral institute on laboratory-based and performance-based assessment at the annual meeting, and 3) develop a set of manuscripts to be submitted for a special section or issue in one of our leading clinical journals.

It is intended that these products will serve to advance our thinking on the relevance of such assessment practices for clinical practice. Who knows, they might even lead to a movement toward empirically supported assessment practices, not unlike the current movement toward empirically supported treatments.

I invite you to share your ideas on this topic with Dr. Frick and his committee, or directly with me. This is a topic of central interest to the Society of Clinical Psychology. The membership of the Society has much to offer in exploring and evaluating these issues. If we do not, others will do so for us.

Studying the Therapeutic Change Process

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Learning that I had received the Division 12 research award caused me to reflect on my past professional life. In the process of doing so, it brought up a “recovered memory” of a traumatic event I had not thought about for years. The experience was one that I had back when I was a graduate student. Paul Meehl had visited our program to deliver a colloquium,

and I was fortunate enough to be among those students to go to dinner with him. This indeed was very exciting, as I had read virtually everything Meehl had written, and had enormous respect for his insights on assessment, clinical prediction and the philosophy of science. Toward the end of the evening, someone turned to Meehl and asked him how much his clinical work was informed by research. Without any hesitation, he replied: “Not at all.”

As the professional identity I was struggling to form was that of the scientist-practitioner, I left the dinner feeling crushed. Either because I am attracted to challenges, because it created a chronic condition of “unfinished business” within me, or because of other reasons about which I am not fully aware, the challenge of how we can close the gap between research and practice has stayed with me for all these years.

This award has special meaning for me, in that I view myself as a clinician as well as a researcher. Throughout most of my professional career, I have lived in both these worlds. Much of my teaching, research, and writing has placed me at

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Author Note

This article was based on an invited talk delivered at the meetings of the American Psychological Association, in conjunction with receiving the Division 12 Award for Distinguished Scientific Contributions to Clinical Psychology. A more detailed presentation may be found in: Goldfried, M. R. (In press). Reflections of a scientist-practitioner. In S. Sold & L. M. Vaillant (Eds.), *Confessions of a Scientific Practitioner*. Washington, DC: American Psychological Association.

the academic end of the spectrum. However, my continued involvement in clinical training, my ongoing clinical supervision, and my part-time practice of psychotherapy have all kept me in close touch with clinical reality. Indeed, I take great pride in being a clinician. What this award confirms for me is that the ideal of the scientist-practitioner, to which I have been dedicated to since my graduate student years, can indeed be a reality.

The Art of Therapy and Research

As is the case in many other professions—be it medicine, music, or athletics—there is a certain amount of art involved in the practice of psychotherapy, where the implementation of the practice guidelines are seasoned by the practitioner’s talent, experience and creativity. And while the role of artistry is often acknowledged in the practice of therapy, we tend to overlook the fact that it also has an important role in research activities. Some researchers are better than others, not necessarily because they have a better grasp of methodology, but because of their intuition and creativity. The creative researcher is someone who knows what research questions to ask and knows how to best ask them. Aronson and Carlsmith, two particularly successful and creative social psychologists, once summed it up very nicely as follows:

In any experiment, the investigator chooses a procedure which he *intuitively feels* is an empirical realization of his conceptual variable. All experimental procedures are “contrived” in the sense that they are *invented*. Indeed, it can be said that the *art of experimentation* rests primarily on the *skill* of the investigator *to judge* the procedure which is the most accurate realization of his conceptual variable and has the greatest impact and the most credibility for the subject [Aronson & Carlsmith, 1968, p. 25 (*italics added*)].

In a candid disclosure of how he approached research problems, Neal Miller, one of the field’s most respected researchers, confessed to using his intuition before designing a

study with tight or elaborate experimental controls: "During the discovery or exploratory phase . . . I am quite free-wheeling and intuitive—follow hunches, vary procedures, try out wild ideas, and take short-cuts" (Miller, in Bergin & Strupp, 1972, p. 348). Making the distinction between the context of discovery and the context of confirmation, his goal at first is to convince himself that the phenomenon exists; having done that, his goal becomes that of convincing his colleagues.

As a commentary on the relationship between psychotherapy practice and research, I have always viewed my clinical work as providing me with the context of discovery. Working with clients directly and discussing clinical cases with supervisees has given me the opportunity to witness first hand the ever-varying parameters of human behavior and the therapeutic change process. As a therapist, I have been able to garner clinical hypotheses that I then went on to study under better-controlled research conditions.

I firmly believe that the scientist-practitioner model is important in that it keeps us honest as clinical researchers. Without an ongoing clinical base, it is all too easy to get caught up in research topics more because they are "in" at the moment than because they provide something that is useful to the practicing clinician. This observation was made by Bannister and Fransella (1971), who lamented that all too much of our research ". . . could win classification under categories such as exquisitely obsessional or the apotheosis of the platitude, but they could hardly be called acts of imagination. Most of them were born out of the literature and, no doubt, will be buried in it" (p. 193).

The Bannister and Fransella observation that research born from the literature is destined to be buried in it, together with Meehl's comment made some years earlier that research had no impact on his clinical work, have underscored for me the importance of having clinical (and basic) research closely tied to clinical observation. This is a general strategy that I have attempted to follow in my research on the therapeutic change process.

Comparative Process Research

The research we have carried out on the comparison of therapeutic change process across different therapeutic orientations is based on the assumption that once we translate the theoretical jargon associated with the different orientations, it is possible to uncover certain common strategies or principles of change (Goldfried & Padawer, 1982). For example, there seems to be some agreement that change is facilitated initially by clients' *positive expectations that therapy will help*. Another important common principle of change in-

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volves the existence of an *optimal therapeutic alliance*, which provides a significant interpersonal context in which change can take place. Different therapeutic orientations have also written about the therapeutic importance of *providing clients with an alternate way of understanding themselves and their environment*. This awareness can set the stage for what many therapists believe to be at the core of therapeutic change process, namely the *corrective experience*. During a corrective experience, clients take the risk of behaving in a therapeutically positive way despite their initial doubts and fears—doubts and fears that are often anachronistic. Much of what goes on in therapy involves an *ongoing reality testing*, whereby an increased awareness (insight) facilitates corrective experiences (action), which further enhances an ongoing synergy between awareness and corrective experiences.

Stated at this level of abstraction, these common principles are still too general to be used therapeutically. However, the more detailed guidelines that are needed in clinical practice may be thought of as parameters of these common change principles, parameters that can be translated into testable research questions.

Toward the goal of convincing ourselves that the phenomenon exists before conducting controlled studies to convince our colleagues, our research team typically begins by listening to tapes and reading transcripts of the therapy sessions we wish to study. Only after having a clinical sense that we are likely to find what we're looking for do we then go through the labor-intensive process of coding and analyzing what is occurring during the session. With research questions that have their roots in clinical practice, it is only reasonable to expect that their answers can easily return to their place of origin.

Not only is this clinical approach to research relevant in the *specification* of those questions to study, but it may also be used in the *interpretation* of the results once they become

available. In conducting process research on the more specific parameters of the various common change principles outlined above, we have found it useful to return to the therapy sessions themselves so as to interpret the findings.

For example, in one study, we were interested in comparing the ways that cognitive-behavioral and psychodynamic-interpersonal therapists helped depressed clients to change how they viewed themselves and their worlds (Castonguay, Goldfried, Hayes, Raue, Wiser, & Shapiro, 1990). One of our findings suggested that there was a different impact made by the two orientations when therapists encouraged clients to become better aware of the difference between how they perceived things and the way things “really” existed. For cognitive-behavior therapists, there was a positive correlation between increasing awareness and symptom reduction, but for psychodynamic-interpersonal therapists, the relationship was *negative*. In order to make sense of these confusing results, we conducted a clinical content analysis, which revealed that the cognitive-behavioral message being conveyed was: “Things are not as bad as you think.” By contrast, psychodynamic-interpersonal interventions were communicating: “Things are not as *good* as you think.” Each of the two orientations reflected its different conception of the “reality” that depressed patients need to become aware of, and each had a different immediate impact on symptomatology.

Another of our studies compared the therapeutic alliance in clinically significant sessions identified by therapists of these same two theoretical orientations (Raue, Castonguay, & Goldfried, 1993). To better understand the finding that the alliance in psychodynamic-interpersonal sessions was both lower and more variable than the cognitive-behavioral sessions, we again carried out a clinical content analysis, which revealed that lower alliance scores in psychodynamic-interpersonal therapy reflected the clients’ dissatisfaction with the therapeutic relationship. A corresponding evaluation of the cognitive-behavioral sessions revealed little focus on relationship issues in lower alliance sessions, but rather on such issues as the client’s reluctance to deal with certain topics. The lower alliance scores found for psychodynamic-interpersonal therapists may very well have reflected the *very reason* they identified these sessions as being clinically significant, namely that they focused on in-session relationship issues—a key issue in the change process with this orientation.

A final example of where a clinical analysis of therapy sessions was helpful in interpreting our findings involved a study of the change mechanisms in cognitive therapy for depression (Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996). One finding was that the therapeutic alliance and the client’s

emotional experiencing correlated positively with improvement. A totally unexpected finding, however, was that the therapist’s focus on the impact of thoughts on feelings correlated *negatively* with outcome. A clinical content analysis revealed that the negative impact occurred when therapists made attempts to pursue the cognitive intervention even at the expense of the therapeutic alliance. As an example, one client was very upset upon learning that her husband was having an affair. Rather than empathizing with her and offering support, the therapist persisted in exploring the cognitions that might be creating the distress. This increased focus on the cognitive intervention may very well have reflected an adherence to the treatment manual at the expense of clinical judgment.

Research Tools can be Clinical Maps

Just as clinical observation can be used to inform research, research tools and what they reveal empirically can be used as clinical maps. The coding systems used in conducting psychotherapy process research have often grown out of the interface between our direct experience with the clinical phenomena and our research ability to operationalize and reliably measure it. In many respects, process researchers may be viewed as “cartographers,” constructing maps that depict the varying aspects of the therapeutic change process. And while the map is not the territory, a knowledge of both can prove to be invaluable in navigating the clinical terrain.

Process researchers address themselves to the question: “What *did the therapist do* that was effective?” Different coding systems have been developed to study this question. When findings are obtained that answer this question, these results can provide answers to the question often asked by the practicing therapist, namely: “What *can I do* that can be effective?”

Conclusion

I have tried to develop and illustrate the theme of how the bridge between practice and research can allow for movement in both directions. The importance of such a blending of clinical experience and research findings has been stated elsewhere:

The experience and wisdom of the practicing clinician cannot be overlooked. But because these observations are often not clearly articulated.... [and]... may be unsystematic or at times idiosyncratic . . . it is less likely that these insights can add to a reliable body of knowledge. The growing methodological sophistication of the researcher, on the other hand, is in need of significant and ... [clinically]... valid subject material. [In short], Our knowledge about what works in

therapy must be rooted in clinical observations, but it must also have empirical verification. For the researcher and clinician to ignore the contributions that each has to make is to perpetuate a system in which no one wins. " (Goldfried & Padawer, 1982, p. 33).

This is certainly not a new idea. However, in our current attempts to respond to the demands for empirical accountability, we may be well served by this convergence of clinical observation and research methodology. ■

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Announcing the 1999 Annual Prize: \$250

Division 35 of APA funds this award out of royalties from the book edited by Drs. Annette Brodsky and Rachel Hare-Mustin, *Women and Psychotherapy: An Assessment of Research and Practice*.

Content: Manuscripts on the broad topic of psychotherapy with women are eligible. Research (quantitative and qualitative), clinical applications, clinical case studies, and theoretical review articles are welcome.

Eligibility: Individual and jointly authored articles are eligible. Entries should be of approximately journal length and written in APA style. Papers which have been submitted for publication or presented at professional meetings are eligible, along with papers which have been accepted for publication. In the case of the latter, the papers may not be published prior to the May 1 submission deadline.

Submission: Send four copies of the paper and a self-addressed stamped postcard by May 1, 1999 to

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A cover sheet with the author's name, address, and telephone number should accompany the paper. The author's name should not appear on the paper itself.

Judging: A panel of psychologists with expertise on psychotherapy with women will read all the entries using a standard anonymous review procedure. Judging will be made on the basis of scholarly rigor, clinical impact, theoretical creativity and innovation, methodological skill, clarity and style of presentation, in addition to judged importance to psychotherapy with women.

Award: The winner will be announced at the American Psychological Association Convention in 1999. A \$250 prize will be awarded for the selected paper.

Deadline for 1999 prize submissions: May 1, 1999.

Making the Most of Your Clinical PhD: Preparing for a Successful Career in an Evolving and Diversified Profession

Carlton A. Palmer
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Carlton A. Palmer

Current changes surrounding the definition and practice of clinical psychology may provide clinical trainees with a pessimistic outlook on future opportunities for the application of their knowledge and skills. The purpose of this article is to point out that such pessimism overlooks the historical and contemporary diversity within the field, and the wide range of settings within which clinical psychologists apply their unique skills. Whereas much has been written about the directions of the field and the optimal models for training clinical psychologists, this article is intended to address the lack of advice that has been offered to current trainees. Therefore, we provide nine practical objectives for clinical training intended to help trainees prepare for successful careers in a wide range of settings. In addition, we offer advice on ways that trainees can effectively balance the many competing demands present in clinical training and in the objectives we propose.

As current psychology trainees consider opportunities for professional employment, they face a changing and evolving marketplace that has evoked concern, and even pessimism, from leaders in the field. Over the past 10 years, professional psychologists have witnessed such dramatic changes in the field that former presidents of the American Psychological Association (APA) have spoken out on issues like the economic disadvantages in becoming a psychologist (Wiggins, 1994) and the need for changes in the training of psychologists to meet the demands of the twenty-first century (Fox, 1994). In fact, the state of the field led Cummings (1995) to conclude that we currently are undergoing the “greatest resocialization of psychologists to occur since the explosion of clinical psychology in the post-World War II era” (p. 10).

One of the most significant areas of change and development is the practice of clinical psychology. In particular, the practice of psychotherapy is currently undergoing change in response to a number of economic, social, and political pres-

ures (See Humphreys, 1996 for a comprehensive review). The practice of psychotherapy has traditionally been emphasized as a central activity for clinical psychologists. Surveys indicate that psychotherapy was the most common practice for clinical psychologists outside of the academic setting from 1960 until 1986 (Phares, 1992) and heavily emphasized thereafter. However, the current state of affairs has led some psychologists to make dire predictions about the ability of current psychotherapists to find employment in the future (e.g., Cummings, 1988). Because the provision of psychotherapy has served such a central role in clinical practice, threats to its future prosperity have caused some to call into question the future of the field in general (Hersch, 1995; Wiggins, 1994). Such an outlook is likely to engender pessimism among clinical trainees concerning professional opportunities for the meaningful and successful application of their skills.

However, an issue often overlooked in predictions about the future of clinical psychology is the diversity within the profession, and the wide range of settings in which clinical psychologists are applying their unique training. The traditional focus on providing psychotherapy has somewhat obscured the many alternative practices of clinical psychologists that have been proposed throughout the history of the

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profession (Sarason, 1981; Shakow, 1965). Recently, some have argued that clinical psychology deserves a broader definition than simply a mental health discipline (e.g., Fox, 1982, 1994; Sarason, 1981). In particular, Fox (1982, 1994) has consistently argued that professional psychology "is concerned with enhancing the effectiveness of human functioning" (p. 307) in ways that may extend beyond psychotherapy. As a result, Fox has called for a "reorientation" of clinical psychology that will better position the field to meet future challenges. Such arguments appear to mark an important return to the original views of the field. As Humphreys (1996) points out, "our early history shows us that there can be a growing field called clinical psychology that uses psychological knowledge to promote human welfare but does not adopt psychotherapy or mental health problems as a central focus" (p. 191).

Recent surveys of members of the American Psychological Association (APA) indicate that professional diversity among clinical psychologists is not simply an ideological goal but also a reality. In particular, a recent survey reported by Williams, Wicherski, and Kohout (1997) suggests that clinical psychologists apply their skills in a wide range of settings. Within the direct delivery of clinical services, almost half (48%) of clinicians were employed outside of individual or group private practice. These clinicians operated in a range of settings such as hospitals, clinics, rehabilitation facilities, government organizations, and the criminal justice system. Clinical psychologists also comprised the majority (61%) of psychologists whose primary responsibility is the management or administration of human service programs. Furthermore, clinical psychologists were the most represented specialty, other than Industrial/Organizational psychologists, in applied positions outside of human service delivery such as organizational consulting and marketing research. This pattern also held for administrative positions involving the management of government or private research funding, and personnel administration. Thus, consistent with historical and current perceptions of the field, clinical psychologists appear to possess skills that are applicable in a wide range of professional settings. As a result, it seems appropriate for clinical trainees to consider the ways in which they might apply their skills outside of an individual psychotherapy practice. We support this expanded view of clinical practice, not only as economically prudent, but also as a necessary step in realizing the potential of the discipline while meeting the needs of the public.

Interestingly, discussions surrounding the expansion and diversification of clinical practice typically have been intertwined with calls for a revolution in the training of psycholo-

gists (e.g., Fox, 1985, 1994; Levy, 1984). Many proponents of expanding the definition of the profession appear to believe that current methods of training (particularly scientist-practitioner methods) provide inadequate preparation for the demands of the field. Although argument on this point is beyond the scope of this article, we feel that such a conclusion is unfortunate and unnecessary given the many benefits of scientist-practitioner training. Indeed, many psychologists devoted to graduate training still believe that the scientist-practitioner model is "essential for the ever-changing discipline of psychology" (Belar & Perry, 1992, p. 71).

Nevertheless, advice for current Ph.D. trainees on preparing for a career in the profession has been somewhat lacking within discussions around the expansion and reorientation of the profession. On one hand, proponents of the expansion of the discipline have offered advice on revising training practices (e.g., Fox, 1994) while largely ignoring advice to trainees within current programs. On the other hand, much of the advice for current or recent trainees was not intended to address the changes and developments occurring in the field (e.g., Olson, Downing, Heppner, & Pinkney, 1986). Perhaps one exception to this schism is Plante's (1996) discussion of ten principles of success for clinical trainees embarking on their careers. However, while Plante's contribution is insightful and valuable, it still does not offer practical advice for trainees who are still in the early stages of professional training and development.

To address this gap, we have joined our perspectives as a doctoral student (CP) and a director of clinical training (DB) to outline a series of nine objectives that can help clinical trainees maximize their training experiences and prepare for a successful career in our evolving and diversified field. Along with each objective, we provide practical advice on ways that trainees can accomplish the objective. Although our suggestions for each objective are by no means comprehensive, we include them to stimulate trainees' thinking about specific strategies they can take. Finally, we address the competing demands (e.g., research and clinical training, developing broad knowledge and skills and developing a specialty) that students may encounter in their training or in accomplishing our objectives, and we propose ways of prioritizing and integrating those demands. Although the objectives presented below are intended to address current issues in clinical training, they are highly consistent with recent advice given to students in other areas of psychology seeking professional positions (Kremer, 1997). In addition, while the objectives we propose are sensitive to current changes in the field, we believe that they can provide benefits regardless of trends in the profession. Finally, we believe that the following objectives apply

to trainees' preparation for practice or academic careers. As a result, we will discuss the application of the principles within both realms. In general, then, our goal is to help clinical trainees realize the numerous ways they can optimize their training and prepare for a successful career in a wide range of professional settings.

Objectives for Training

Develop a Broad Base of Knowledge and Skills

One of the most direct implications of the diversified professional landscape is the need for trainees to be prepared to take on a wide range of roles and responsibilities. As a result, it seems that one point of consensus among professionals is that emerging clinical psychologists should be well-rounded professionals who are prepared to meet the demands of the expanding field. As Russ Newman, Executive Director of APA's Practice Directorate, recently stated: "A practitioner and practice of the future must have a diverse range of skills, techniques, and interventions available in order to respond to the continuing integration of the marketplace" (Nickelson, 1995, p. 367). Such a statement reinforces the idea that having a broad base of knowledge and skills will help trainees to be flexible and adaptable in the expanding environment. On one hand, this principle will benefit the practitioner of the future, who faces both an expansion of professional opportunity and a tightening of health-care resources. For example, a psychologist working with professionals from other disciplines in a health-care setting may be increasingly expected to perform most or all of the psychological services provided in that setting. However, this principle can also benefit professionals in academia who, because of a broad base of knowledge and skills, are able to serve in a wider range of professional and departmental capacities and are able to function in the development and training of a wider range of students.

Implied within this principle is that trainees can develop breadth on two levels. On one level, trainees should develop a wide range of applicable skills in the sense of having many "tools" in their "toolbox." Clinical trainees, for example, might develop proficiency in different forms of therapy (group, individual, etc.) and different methods of assessment (intellectual, personality, observational, etc.). Trainees might also develop a range of research skills, as we will discuss later. There are many ways that clinical trainees can begin to establish this breadth of skills. First, clinical programs typically offer a number of practicum placements in a range of settings. Because these placements often emphasize different skills and activities (e.g., diagnostic assessment, individual or group psychotherapy,

TherapyWorks Ad

program development), taking advantage of the variety of placements can help the trainee develop a range of skills. Another way trainees can develop a wide range of skills is to take advantage of the many local and national conferences and workshops that focus on clinical practice. Such workshops can provide opportunities to learn a range of unique clinical approaches and techniques as demonstrated by experienced professionals. A similar avenue that typically exists within training programs involves arranging co-therapy or supervised therapy with faculty and community clinicians. In essence, trainees should create and utilize opportunities to diversify their skills by practicing in a range of settings, and by interacting with and observing a number of more advanced clinicians.

At perhaps a broader level, trainees will likely benefit from the development of intellectual breadth. This refers to the notion of the professional as a trained intellect who is able to understand and integrate a variety of knowledge bases and perspectives. In developing intellectual breadth, it will benefit trainees to take a wide range of courses, including courses taught outside of psychology departments. Clinical trainees often can find varying perspectives on their areas of interest in schools of medicine, business, communication, social work, and education among others. For example, trainees interested in organizational work might benefit from courses in organizational behavior, human resource management, or conflict resolution from a business school, whereas trainees interested in children and educational issues may benefit from courses in psychoeducational assessment or instructional design from a school of education. Outside of coursework, trainees can develop intellectual breadth by devoting time to reviewing professional and organizational publications that are broad in scope. In particular, publications like the *American Psychologist*, the APA monitor, and the newsletter for the American Psychological Association of Graduate Students (APAGS) provide comprehensive discussions of a wide range of issues related to clinical practice, trends in the profession, career issues, and trainee development. In addition to coursework and publications, it is important for trainees to remember that a great deal of knowledge about the field can be gained through interactions with other professionals. For example, attending poster sessions, symposia, and social events at local and national conferences can provide valuable forums for interacting with other professionals around their work and interests. Such interactions also can occur through the growing network of professional listserves and discussion groups such as "clinapags", maintained by APAGS, and "SSCPnet", maintained by APA Division 12s Society for the Science of Clinical Psychology. Within these forums, individuals often express a variety of perspectives about clinical

and professional issues, which can stimulate and broaden trainees' approach to the field.

Through initiative and creativity, clinical trainees can create and utilize opportunities for developing a wide range of skills and a broad knowledge base. This breadth seems essential for being effective in the evolving and diversified professional landscape. Fortunately, intellectual and clinical breadth are supported and encouraged in the foundation of many scientist-practitioner Ph.D. programs (i.e., Belar & Perry, 1992). Therefore, while these objectives seem important in the context of the ongoing development of the profession, they do not necessarily provide new challenges for current clinical trainees. This ongoing encouragement of intellectual and clinical breadth is one reason why the scientist-practitioner model continues to produce clinical psychologists who are prepared to succeed in the diversified profession.

Gain Experience in Multidisciplinary Settings

A significant trend that has been noted in both practice and academia is the integration of psychology with other disciplines and services (e.g., Belar, 1998). In practice, this integration may take the form of a group of professionals offering a range of services in a way that is more efficient and cost-effective. For example, a child with academic difficulties may receive services from a group comprised of professionals from psychiatry, psychology, and education. In fact, a recent survey of practicing clinical psychologists found that the majority were employed in group practice or organized human service settings such as hospitals, clinics, and various treatment centers (Kohout & Wicherski, 1996). In such settings, clinicians are likely to communicate and collaborate with professionals from other disciplines. In academia, the integration takes the form of collaboration among professionals in teaching and research. Many clinical psychologists in academia are employed outside of psychology departments by departments of business, education, or medicine among others. Thus, despite the common images of clinical psychologists as individual private practitioners or faculty within psychology departments, the history and evolution of the field suggest that trainees need to be prepared to interact with a wide range of professionals from other disciplines.

Our belief is that the ability to collaborate across disciplines is a skill that current trainees can develop. In particular, they can gain experience navigating the differences in language and methodology that often exist across fields. Such experiences can be critical in teaching the trainee to communicate important psychological information without excessive jargon, and to integrate the ideas of other professionals into their work. Although multidisciplinary experiences might

not be immediately available in training programs, they can be found and they appear to be attaining increased emphasis. One important way for trainees to gain experience practicing in a multidisciplinary environment is to take advantage of the clinical training and practicum opportunities that exist outside of psychology department clinics. Whereas psychology department clinics often are staffed and supervised solely by clinical psychologists, many practicum sites involve collaboration with teams of professionals. For example practica within hospital or clinic settings often involve working relationships with professionals in social work, psychiatry, medicine, and rehabilitation specialists among others. Practica within school and educational settings often involve collaboration with teachers, educational administrators, and school and educational psychologists. Experiences such as these exist not only because they provide valuable training and development opportunities, but because they reflect the common employment settings of clinical psychologists. In addition to multidisciplinary practice, trainees should take advantage of opportunities for multidisciplinary research. Such research can often be found in the settings just described. Multidisciplinary research also can be facilitated by awareness of faculty at a trainee's university who are examining a given phenomena within a different discipline. For example, trainees researching aspects of interpersonal relationships may find faculty with similar interests within social psychology or communications. Likewise, a trainee interested in substance abuse research may locate faculty within departments of medicine, social work, or public health. Awareness of the integrative trends in the literature and of the faculty resources available at a given university can help trainees to identify and develop opportunities for multidisciplinary research. By taking advantage of research and practice experiences such as these, clinical trainees can better prepare to successfully integrate their knowledge and skills into a wide range of multidisciplinary settings.

Obtain Strong Research Training

Much of the debate surrounding the training of clinical psychologists concerns the importance of research experience, particularly for those trainees who plan to develop a career around service provision. We believe that strong research training is a valuable experience for all trainees for at least two reasons. First, many "non-academic" employment opportunities in settings like business or government place a heavy emphasis on psychologists' ability to evaluate individuals, interventions, or systems in a scientific manner. Thus, psychologists in these settings are often valued for their ability to conduct research (e.g., Belar, 1995; Gerbing, 1989; Oskamp, 1988). The wide applicability of research training is

supported by data from the APA's Task Force on Nonacademic Employment for Scientific Psychologists, indicating that approximately 50% of research-trained psychologists are employed in a diverse array of nonacademic settings that include advertising, banking, business, the criminal justice system, health and manufacturing. Second, regardless of the particular career a trainee pursues, research training provides an excellent opportunity for the development of critical thinking. As outlined in Halpern's (1988) comprehensive discussion, critical thinking is a teachable ability that has application to almost any employment setting. For psychologists, critical thinking involves abilities such as evaluating different sources of information (e.g., empirical article vs. theoretical speculation, standardized assessment vs. unsystematic observations), formulating and testing hypotheses, monitoring progress or change, and making revisions. Such abilities benefit not only the researcher, but also the practitioner who strives to reduce the "fuzzy thinking" that contributes to ineffectiveness and inefficiency in service provision.

As a result, we believe that all trainees can benefit from solid research experience. In most scientist-practitioner programs, the thesis and dissertation processes can serve as a foundation for developing research experience by providing trainees with an opportunity to collaborate and receive evaluation from a committee of experienced researchers. Also, many programs offer a number of advanced statistics courses in areas such as factor analysis, advanced multivariate analysis, and multidimensional scaling that can enhance trainees' ability to address a wide range of research questions. Given the historical and current importance of the development and evaluation of assessment instruments and interventions within the field of clinical psychology, trainees may particularly benefit from courses and experiences in these domains. In addition to more formal experiences, trainees should seek out opportunities for independent research with an advisor and collaborative research with fellow trainees. Independent research facilitates the development of intellectual independence and provides trainees with opportunities to generalize their formal training. Subjecting this work to peer review whenever possible also provides valuable opportunities for feedback and the continued development of critical thinking skills. It is our belief that this variety of experiences will contribute to more flexible and adaptable practitioners and academics who are prepared to apply scientific thought and method to a variety of issues across a range of employment settings.

Learn to Attract and Manage Finances

It seems that finances can be an uncomfortable subject for many people in service-oriented professions. At times it

appears as if an interest in money is antithetical to an interest in human welfare. However, it also seems that the ability to attract and manage finances will be critical to the success of emerging professionals. In practice, clinical psychologists need to feel comfortable negotiating and collecting fees for services they provide. Practitioners also need to be able to establish and maintain a financially viable practice in this time of managed care and tightening resources. In addition, learning to attract and utilize funding opportunities in a responsible manner opens the door for enterprise and expansion. As Abrahamson and Pearlman (1993) note, the ability to fund and create opportunities for practice is an essential skill for the practitioner of tomorrow. In academically oriented careers, professionals continued to be challenged to attract and manage research grant funding. This is particularly true for "soft-money" positions that often exist outside of psychology departments (e.g., medical schools), where psychologists can be expected to obtain sufficient grant funding to cover the costs of their salary. Thus, although dealing with finances often is not emphasized in graduate training, it is an important skill for the trainees to develop.

One way for trainees to develop financial expertise is to take courses in marketing, human resource management, and financial management from a business school. Such coursework may provide trainees with a language and framework for thinking about the ways in which market forces impact the practice and application of clinical psychology. In particular, trainees may better learn to think about ways that they can create, market and manage professional services. Trainees can also develop financial expertise through the practical experiences of applying for and managing grant funding. This process can be instructional in at least two ways. First, in applying for research funds, trainees learn to clearly articulate their ideas and research programs and present these ideas in a convincing manner. In any competitive market, whether it be research or clinical service, the ability to market ideas and programs effectively is crucial to a successful career. Second, grant funding can provide excellent experience in financial management. In their most simple form, grants can provide trainees with a single account that must be managed and allocated across the various costs associated with a project. In more complex forms, grants can require separate budgets for expenses such as supplies, salaries, and equipment. Thus, depending on the complexity of the grant, trainees may obtain experience in budgeting and managing numerous aspects of a project. In either case, however, working with grant funds can provide valuable experience in attracting and managing finances.

Many different sources of research grants are available to psychology trainees. Graduate schools typically have an of-

fice or personnel available to assist trainees in locating appropriate sources of grant funding. Examples of funding opportunities that we have encountered include: department funds for thesis and dissertation research; graduate school or university level research funding; grants administered by private and non-profit organizations with a vested interest in some aspect of human functioning; and government funding, including fellowships from organizations like the National Science Foundation and the National Institutes for Mental Health. Online resources such as Grantsource and the Community of Science Funding Opportunities (<http://fundingopps2.cos.com/news>) can provide funding options for a wide range of research projects. Although these and other sources of research funding have traditionally seemed most appropriate for trainees planning to enter academia, we believe that they can provide important financial experience for all trainees.

Develop Relationships with Faculty and Colleagues

As clinical psychology expands and becomes more diverse, communication among colleagues is becoming increasingly valuable. Developing relationships with other professionals seems increasingly important for navigating the complexity and diversity of the field. Relationships with faculty and colleagues can benefit the psychology trainee in two broad ways. First, such relationships provide developmental benefits. More experienced professionals can provide trainees with important consultation on research and clinical issues. Faculty and colleagues also can help trainees to navigate the professional landscape. It is important for current trainees to remember that faculty members and other professionals once went through a process of training and defining their careers, and many of them are willing to share their experiences. In this way, mentors and faculty members can serve not only as sources of academic or clinical information, but also as models of different ways to function as a professional psychologist.

Relationships with other professionals also can be beneficial professionally. In practice, colleagues can provide referrals, consultation, and new opportunities for practice. As a result, establishing a network of colleagues will likely be vital to the success of future professional psychologists. Support for this position has been provided by Shaw and Benedict (1988), who observed that many applied psychologists obtain their positions through personal contacts. Such observations indicate that connections with professionals in your desired field can be a valuable means for expanding your range of practice and expertise. A great way to get your "foot in the door" in a new area is to accompany someone who is established in that area. Obtaining positions in academia can

involve a similar process. Relationships with colleagues in academia are important because letters of recommendation are critical in the hiring process, and personal relationships can increase your opportunities for involvement in collaborative projects.

Graduate training can be an excellent time to begin establishing these relationships. Some trainees might view the development of such relationships as diverting time and energy away from the demands of formal training. Nevertheless, it is important to keep in mind that graduate school, more than any other professional opportunity, involves close working relationships with classmates, faculty members, and a range of professionals. There are several avenues that can help clinical trainees accomplish this objective.

First, within their program, trainees can participate in student and faculty committees established to address administrative and programmatic concerns. Involvement in these committees provides students with a chance to discuss important clinical and training issues with faculty and fellow students on multiple occasions. Trainees also can participate actively in hosting visiting faculty or faculty candidates by attending colloquia and receptions, or through involvement with selection committees. Through such opportunities, trainees can begin to establish professional contacts and relationships outside of their own university. Establishing relationships with professionals outside the university also can be accomplished through attendance at local and national conferences. In particular, trainees should seek out conferences that emphasize their particular area of interest (e.g., behavioral medicine, pediatric psychology, substance abuse, behavior therapy). Often, the same group of professionals attends these conferences each year, which provides the opportunity for the development of ongoing relationships. In addition to attending the presentations and symposia at such conferences, it is important for trainees to take advantage of opportunities for more personal contact. This may be accomplished through social events like cocktail hours or receptions, and through smaller meetings of special interest groups within the conference. In these situations, trainees should recognize that advisors or research mentors can serve as valuable facilitators for making contacts with other professionals. Outside of conferences and special events, membership and participation in one or several of the many professional email listserves can provide opportunities for ongoing discussion and interaction among professionals around clinical or research issues. Not only can participation in such a forum provide valuable perspectives and information, but it can also help trainees identify and maintain contact with professionals who share their interests. Many trainees would be sur-

prised by the positive reception that often comes from emailing a professional about their work or posing a research or clinical question to a listserv.

In addition to developing relationships with faculty and professionals, it is important for clinical trainees to recognize that their fellow students and classmates will be their colleagues in the future. Therefore, trainees can benefit from maintaining ongoing relationships with other students in the university. Within the clinical program or psychology department, such relationships can be established through collaboration with classmates on research and clinical projects. Finding classmates who share your interests and who are willing to work with you on projects can form the beginnings of lasting professional relationships. Trainees also can benefit from relationships with students outside of psychology, which can be developed through the involvement in campus organizations and graduate student committees. Many college campuses offer a number of organizations for graduate students including graduate student government, service organizations, and student interest committees. These opportunities may be particularly valuable for trainees who plan to apply their clinical skills and knowledge in multidisciplinary or nontraditional settings.

Develop Organizational and Management Skills

No matter where trainees ultimately choose to function as a clinical psychologist, it is likely that they will be part of a larger organization. As mentioned previously, it appears to be increasingly rare that a psychologist can operate in complete independence. In practice and academia, professionals appear to be integrating services and collaborating on projects to make the most of existing resources. Even academic positions, which are often sought because of the independence they provide, necessitate working relationships within the department and university, with faculty and students. As a result, it is critical that trainees learn to function effectively within organizations.

At the most basic level, trainees should learn to use their interpersonal skills to enhance their effectiveness as a member of an organization. In many cases, the quality of one's relationships with others in a department, practice, or organization can heavily impact one's success and happiness in these settings. It is not unusual for career consultants and outplacement specialists to note the importance of this "chemistry" in decisions that promote individuals or maintain their employment. Thus, although graduate training is primarily devoted to the development of professional skills, clinical trainees should recognize that the training they receive with regard to communicating effectively and working

collaboratively with others can enhance their ability to form collegial relationships. In addition, trainees should recognize that working relationships are personal as well as professional. As a result, trainees can benefit from maintaining personal interests outside of psychology and learning to balance work and personal fulfillment. Individuals who accomplish this balance are often easier and more pleasant to work with. In general, it is important to remember that beyond professional competence, you are more likely to achieve success in your career if you are an interesting and enjoyable person to work with.

Perhaps at a higher level, trainees should develop their ability to assume positions of leadership and management within organizations. Many writers on the future of professional psychology have noted that doctoral level clinical psychologists in practice will increasingly function in supervisory positions (e.g. Humphreys, 1996). Supervision and management is also critical to success in academia, where professionals are expected to assume departmental positions, supervise and organize student training, and coordinate clinical and research services. Thus, the development of management skills along with the ability to form good working relationships seems critical to success in professional psychology. Trainees can begin to identify and develop their leadership and management skills through courses and seminars in management or leadership development, which are typically offered in business schools or through graduate student organizations. Trainees also can obtain practical management experience within the context of their program. One way to obtain such experience is by supervising undergraduate research projects or involving undergraduate assistants in your own research. These supervision experience require trainees to develop and articulate clear goals for the group, monitor the progress and performance of others, provide constructive feedback, and maintain organization. These practical skills can also be developed through student administrative positions such as managing the psychology clinic or coordinating the interview process for prospective trainees. Thus, in the course of clinical training, trainees are often exposed to opportunities to obtain management and administrative experience.

Establish a Specialty (or Two)

As the profession continues to expand and diversify, we believe that clinical psychologists will benefit from being associated with an area of specialization. Thus, we propose that trainees develop the principles outlined above (e.g., broad base of knowledge and skills, research training and critical thinking, organizational and management skills) and apply them to at least one area of expertise. Establishing specialties

has traditionally been the norm in academia and continues to be important. Having specialties in practice can be beneficial for at least two reasons. First, in a complex and diverse professional environment, it is easier to recognize and recall professionals who can be linked to a given content area. As a result, employment opportunities or referrals involving a given area or issue will be more likely to be passed along to the specialist. Second, specialization suggests efficiency and effectiveness in a given area. Thus, professionals with a specialty can be relied upon to deliver more efficacious and cost-effective services. Third, possessing multiple specialties, although somewhat more difficult to achieve, can provide trainees with multiple options and professional niches in a complex and changing professional landscape.

In establishing specialties, it is important that trainees demonstrate interest and initiative in the given area. Trainees seeking academic positions may accomplish this objective by developing one or more programs of research. As much as possible, this research should be presented at conferences and published in professional journals so that the trainee's expertise can begin to be recognized. Trainees interested in professional positions might accomplish this objective by obtaining a variety of practical experiences that share a common theme. For example, trainees interested in marital and family issues might pursue a variety of practical experiences involving assessment approaches, therapeutic interventions, and legal issues that can be applied to couples and families. Trainees also might seek relevant sources of funding for the academic year or summer that provide a track record of appropriate experiences. For example, trainees interested in applying their knowledge in business and industry might seek summer placements with local companies or consulting firms. Likewise, trainees interested in public policy might seek internships in local or national government, or pursue research funding through a relevant university department. In pursuing a clinical internship, trainees also can look for placements that offer rotations or some major focus on their areas of specialty. By finding ways to show initiative and begin working in their field of interest, current trainees will emerge with more marketable skills and a more impressive track record.

Be Creative

We hope that most psychology trainees find that graduate school is an opportunity to acquire a set of skills and competencies that can be applied in a number of ways. It is up to the trainee, then, to be creative in applying that knowledge. Above all, current and recent trainees should not be afraid to pursue nontraditional avenues. The historical and current diversity in the employment and activities of clinical psychologists suggests that it should not be difficult for train-

ees to identify professionals who have forged a path into their area of interest. In addition, there are many exciting applications of psychological knowledge still waiting to be tapped. Knowledge about human behavior and interventions to make that behavior more effective have unlimited potential in the future of all fields, and professional psychology will likely grow and expand to the degree that these opportunities are realized by future psychologists. As VandenBos, DeLeon, and Belar (1991) point out, "one of the most significant developments affecting the profession of psychology has been the gradual awareness within the profession that our clinical and research expertise has relevance for far more than treating individuals with diagnosable mental health disorders" (p. 443).

The first step in thinking creatively about applying your knowledge and skills involves awareness of existing opportunities for clinical psychologists and psychologists in related fields. Thus, trainees can benefit from monitoring job postings and discussions of emerging positions in professional publications and email forums. In addition, there are a number of recent books and publications describing careers in psychology, some of which are listed in Appendix A. Once trainees are aware of existing opportunities, they can begin to think creatively about ways to apply their own unique training. This interactive dialogue between one's interests and potential professional activities can lead to valuable and innovative developments in the field. Some of these developments include: applying cognitive-behavioral principles to business consultation (Cicone, 1997), coaching executives and conducting hardiness training within organizations (Clay, 1998), management of diversity issues in the workplace (Norton & Fox, 1997), use of television and multimedia in parent training (Sanders & Markie-Dadds, 1996). Thus, creativity when considering professional activities benefits the field as well as the trainee.

Do What You Love

Our final principle concerns the overarching idea that people who truly love and enjoy their work are more likely to be successful than those who do not. This idea was developed and expanded upon by Sinetar (1987) who states, "there are hundreds of thousands of people who have overcome both internal and external obstacles to become successful doing the work they love" (p. 7). In essence, professionals who love their work are more likely to apply their abilities fully, value their accomplishments, and communicate to others an enthusiasm and excitement about their work.

Clearly, it is important for clinical trainees to feel a devotion to the profession in general. However, as opportunities

APA Convention Board Invites Notification of Accommodation Needs by Persons with Disabilities

The Board of Convention Affairs would like each person with a disability who is planning to attend the Convention in Boston, Massachusetts, August 20-24, 1999, to identify himself or herself and to provide information on how the Board can make the convention more readily accessible.

Examples of accommodations may include provision of a van with a lift as transportation for persons in wheelchairs, sign language interpreters for individuals with hearing disabilities, and escorts/readers for persons with visual disabilities.

The Board strongly encourages individuals who would like accommodations at the Convention to register in advance for the Convention using the APA Advance Registration Form which will appear in the March, April and May issues of the *American Psychologist* and the May issue of the *APA Monitor*. A note, which outlines the person's specific needs, should accompany the Advance Registration Form. This is especially important for persons who require sign language interpreting services.

The deadline for registering in advance for the Convention is July 2, 1999.

for professional psychologists expand, it is becoming increasingly important that psychology trainees find a path within their larger discipline that they find fulfilling. As Plante (1996) notes, current trends and hot topics can tempt trainees through promises of employment opportunities. But it is important to remember that you will not make the most of those opportunities if you do not truly love your work. At the same time, trainees must not become discouraged by reports that certain areas of psychology are saturated or unlikely to expand in the future. Remember that doing what you love will help you to overcome those obstacles and succeed in almost any area.

Balancing Competing Demands

Perhaps one of the more challenging aspects of clinical training and preparing for a successful professional career involves balancing a number of demands that appear contradictory or divergent. Trainees often feel as if their various experiences and goals pull them in conflicting directions. The presence of these competing demands are reflected in the objectives we have outlined. For example, we suggest that trainees can benefit from strong and comprehensive training in both research and practice. In addition, we recommend breadth of knowledge and skills but also the development of one or more specialties. Likewise, we suggest that financial and organizational competence is an important compliment to clinical and research training. The identification of these numerous and sometimes competing demands may cause trainees to wonder how they can hope to accomplish all of the recommended objectives and prepare adequately for their professional career. Therefore, we will end our discussion of objectives for clinical training by suggesting several strategies that trainees can use to address these competing demands.

Perhaps the best way for trainees to address the competing demands of training is to develop a vision of the professional activities and settings in which they hope to participate during their career. This advice, which is often given to undergraduate students as they consider different training and graduate school possibilities, also applies to clinical trainees who are preparing for entry into the professional marketplace. Possessing a vision of "who you want to be in 10 years" enables trainees to make more informed choices about the experiences that will be most beneficial during their training. In particular, trainees who are able to identify their professional interests and needs can begin to develop greater clarity about available positions and opportunities and can prioritize their training experiences accordingly. For example, the trainee who desires a career in a research-oriented academic setting might choose to emphasize research and teaching experiences as they pursue the objectives we have identified. In particular, they may take a variety of statistics and research method-

ology courses; they may engage in independent and programmatic research in particular areas of interest funded by local or national grants, and they may take advantage of opportunities to develop relationships with scientists and academicians who share their interests by participating in conferences, special interest groups, and professional email forums. Such an individual also might prepare for the evolutionary and diversified nature of the profession by pursuing a collaborative, multidisciplinary focus in their research and by developing organizational and management experiences through teaching, supervision, and the administration of financial and human resources. Likewise, trainees who hope to establish a specialized treatment center or work in an organized human service setting might emphasize clinical, organizational, and entrepreneurial experiences during training. In particular, they may develop a specialty through a variety of clinical placements and practical experiences. They may pursue funding and placements during their graduate training through hospitals, clinics, and community mental health centers. Such trainees may fill elective course requirements with business courses in management and courses in departments of social work, education, or communication that provide varying perspectives on their area of interest. In addition, these trainees may pursue administrative or committee positions within the department or within professional groups that emphasize relevant clinical interests. These examples and possibilities along two hypothetical training paths illustrate the multitude of choices that are available in the course of clinical training. Such choices and possibilities may be most appropriately made by trainees who can link their experiences to envisioned professional activities or settings.

However, even the development of a professional vision is not likely to address all of the competing demands that trainees encounter. Therefore, it is also important to recognize that many training experiences can accomplish several objectives at once. By identifying and pursuing these activities, trainees can become increasingly efficient in meeting their training objectives. For example, interaction and communication with a wide range of professionals through practical experiences, conferences, listserves, and committees can simultaneously help trainees to develop a broad base of knowledge and skills, develop professional relationships and contacts, become aware of existing professional activities, and think creatively about applying their knowledge and skills. Therefore, engagement with professional organizations and committees around a trainee's area of interest can provide a number of valuable training experiences. Similarly, trainees can combine a number of training objectives into a single activity. For example, obtaining funding during graduate training by serving as a project coordinator on a

multidisciplinary treatment outcome study can provide a wealth of valuable experiences and integrate a number of the objectives outlined above. For instance, such a position could potentially provide both research and clinical experience, experience in program and intervention evaluation, interactions with professionals from other disciplines, and financial and organizational experience. If the project is in the trainee's area of interest, it may also help the trainee establish a specialty and provide important professional relationships for future work and collaboration. Admittedly, such an experience may not be the norm, but they do exist and they are only examples of ways that trainees can integrate a number of objectives and demands into one activity. Therefore, trainees will likely benefit from awareness of the objectives we have identified and assessment of the ways in which their experiences help accomplish those objectives.

Finally, we believe it is helpful for clinical trainees to recognize that graduate school is only the beginning of a lifetime of career development. Although students will encounter important and formative experiences during the course of their training, such experiences will not end upon receipt of the Ph.D. In fact, clinicians in particular seem to be taking longer and utilizing more post-doctoral experiences to develop expertise in a given area as evidenced by the increase in post-doctoral fellowships obtained by clinical psychologists (Kaslow, McCarthy, Rogers, & Summerville, 1992). From this perspective, it is the well-rounded clinical trainee who possesses breadth of knowledge, skills, and experiences who can look forward to developing and establishing a specialty over the course of a career. Therefore, trainees should not view the objectives we have identified as a "to do" list that must be completed before graduation. Rather, they should use the objectives to increase awareness of ways that their training experiences are preparing them for the diversity in the professional marketplace.

Conclusions

Although the profession of clinical psychology is characterized by change and diversity, we believe that current clinical trainees still can look forward to promising and rewarding careers. It is our intention that the principles we have outlined will help current clinical trainees, particularly those in scientist-practitioner programs, realize that they can be well-suited to meet the demands of the profession. It is important to note that the objectives we have outlined do not imply significant changes to or deviations from the typical course of clinical training. Rather, they are tied to the history and fundamental logic of scientist-practitioner clinical training. In this way, our suggestions for the future are a reframing of

the important principles from the past.

It is also important to note that even the trainee who adheres to all of the above principles will likely experience some professional ambiguity and uncertainty. Diversity in the career paths one can take has long characterized a degree in clinical psychology. While this diversity has benefits, it also can create confusion and uncertainty for the trainee or emerging professional. As a result, it seems beneficial for trainees to focus on developing a set of skills and abilities while preparing for a specific career path. As we have discussed, psychology trainees develop a number of valuable skills over the course of training that can be applied in a variety of settings. Focusing on professional activities that you enjoy and on applying the skills you have acquired can leave flexibility in the actual position that you obtain. Such an approach can partially circumvent the ambiguity in the field and help the professional of the future find satisfaction and success in our changing field. ■

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Author Note

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Appendix A

Additional References and Resources

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Candidates for Division 12

President Elect



Note: Election ballots will be arriving in the mail very soon. Each of the following candidates are running for division office and have submitted a statement describing their goals and qualifications. Please keep this information in mind as you deliberate and please participate in the Division by voting.

KAREN S. CALHOUN, PhD

Karen S. Calhoun is Professor of Psychology at the University of Georgia, where she served as Director of Clinical Training for 14 years. She is a Fellow of Divisions 12 and 35, a member of Sections 3, 4, and 6, and has served as president of Section 3. She served two terms on the APA Council of Representatives from Division 12 and has served on a number of division committees, including Finance, Nominations and Elections, Psychological Interventions, and has chaired the Program Committee. She has chaired APA's Committee on Structure and Function of Council, served on the APA Council of Science Advisors, been president of the Southeastern Psychological Association, served on a National Academy of Sciences Task Force on Clinical Research Careers, and was secretary-treasurer of the Council of University Directors of Clinical Psychology. Her research on the impact and antecedents of sexual violence has received repeated funding from NIMH and she is currently funded by the Centers for Disease Control for research on prevention.

I have been proud to be an active member of Division 12 as it has responded proactively to a number of challenges in the wake of rapid change that has touched all areas of Clinical Psychology in recent years. It remains a home for all Clinical Psychologists, regardless of specialty, orientation, or work setting. Maintaining this unity will be an important challenge in the coming years as we face pressures for fragmentation and debates about directions the division should take. Major challenges will continue to confront the field in a number of areas including training, service delivery, changing demographics, and the very definition of Clinical Psychology. We must play an active role within APA in shaping the debate on these issues and influencing directions for action. We must assist the public in understanding the value of what we offer through the dissemination of research advances in treatment, assessment, and prevention. This can be accomplished through joint efforts with other groups, both within and outside APA. At the same time, we can foster internal discussions on important ongoing issues such as the evidence

base for practice, and the critical evaluation of training and continuing education. By bringing together clinical scientists and practitioners, Division 12 can play a unique and invaluable role in shaping the future. If elected, I would be honored to help the division expand its role in meeting these challenges.

SUZANNE BENNETT JOHNSON, PhD, ABPP

Suzanne Bennett Johnson received her PhD in 1974 from SUNY at Stony Brook and is currently a University of Florida Research Foundation Professor and Director of the Center for Pediatric Psychology Research at the University of Florida Health Science Center. There she splits her time between patient care in a pediatric practice setting, clinical research, and clinical supervision/research training of graduate students. She is a Fellow of Divisions 12 and 38 and has served in a number of leadership roles within APA and Division 12. She was Co-chair of the APA Presidential (Seligman) Task Force on Prevention: Promoting Strength, Resilience and Health in Young People, is currently a member of APA's Board of Professional Affairs, and was a member of the APA Practice Directorate's Task Force on Primary Care. For Division 12, she has served as President of Section V and Chair of the Division Task Force on Effective Psychosocial Interventions: A Lifespan Perspective. She is also active in her state association and for 6 years served as its APA Council Representative. The recipient of 20 consecutive years of NIH grant funding, including a Research Career Development Award, she has published widely in the area of clinical child and pediatric psychology and regularly conducts workshops on the psychologist's role in the care and treatment of the acute or chronically ill. She is the 1996 recipient of Section V's Significant Research Contribution Award in Pediatric Psychology.

Over the years, I have watched the profession struggle with the "science-practice" split both within and outside of APA. I have sometimes found the split perplexing since I do



Candidates for Division 12

President Elect (continued)



science and practice every day. I have always thought the split ironic given my belief that it is our scientist-practitioner training that makes us unique among health care providers. As scientist-practitioners, psychologists have been (and I believe will continue to be) the primary contributors to the behavioral knowledge base relevant to the alleviation of human suffering. For my entire professional career, I have worked in a multidisciplinary health care setting with psychiatrists, social workers, mental health counselors, pediatricians, and internists. This has only confirmed my respect for scientist-practitioner training. Clinical Psychology students are among the best and the brightest and shine in comparison to those in any other health care field. I am proud to be a Clinical Psychologist and have always felt at "home" within Division 12 because it represents the integration of science and practice better than any professional group I know. More importantly, it has served as an important role model within and outside of APA. I have been particularly gratified at its proactive stance as an advocate of empirically based psychological assessments and interventions. Clinical Psychology has much to offer the health care industry as a whole but we must become bigger players in health policy and health care delivery if we hope to disseminate our considerable knowledge to health care decision makers, health care providers, and to the public at large.

Because I live a life of both science and practice, I believe I can represent the diverse membership with the Division. Because I have worked both within Division 12 and APA governance, I believe I can be an advocate for the Division within the profession at large. Because I passionately believe that the full potential of Clinical Psychology will be realized only when Clinical Psychology is truly integrated into health care, I am willing to work tirelessly to advance that cause. I would be honored to serve the Division as its President.

LENORE E. WALKER

Lenore Walker, a fellow of Division 12, is the immediate Past President of section 4, Clinical Psychology of Women. Dr. Walker has been active in APA governance having served

two terms on the Council and one year on the Board of Directors as well as an elected member of other boards and committees. Her work on domestic violence has brought her into the media spotlight having disseminated information through print, electronic, and cyberspace media. In 1994, then APA President Ron Fox appointed Walker as Chair of the Presidential Task Force on Violence and the Family that focused on developing policy based on research findings. The January 1999 issue of the *American Psychologist* focuses on her international work in domestic violence as she edited the lead section on international perspectives. Long an advocate of research-based expert witness testimony, she has been developing the field of clinical forensic psychology.

She is in the independent practice of psychology with offices in Denver and Ft. Lauderdale, executive director of the Domestic Violence Institute with affiliate centers around the world, and professor of psychology at Nova Southeastern University Center for Psychological Studies where she has developed a forensic psychology concentration for the doctoral students.

Walker states, "I am a candidate for President of Division 12 because I believe that this division is at a critical identity crossroads, especially with the possibility of two large sections forming their own divisions. Clinical psychology needs to begin a self-analysis so that we can continue to develop our field with inclusiveness and relevance to the psychology of the new millennium. I would be honored to help lead us there!"

DIANE J. WILLIS

My professional career in psychology has been devoted to education and training of clinical child and pediatric psychologists and development of new service models for meeting the mental health needs of culturally diverse and difficult-to-serve populations. As president of the Divisions, I would bring my commitment and experience with the issues of diversity, children and training to provide leadership for the organization through four primary initiatives.

First, as a psychologist committed to issues that affect the growth and development of children and underserved such

as minority children, I would use the presidential years to focus on children's issues and on social issues that impact families and children.

Second, training issues continually need to be addressed to meet the needs of special populations in the coming years. Students need more training and experience with cultural diversity, the aging process, substance abuse, in-depth life-span developmental issues, developmental disorders, dual diagnoses, victimization, and chronic mental illness. This will necessitate training in diverse clinical settings and linkages with community agencies. Training our graduate students in new service models and innovative treatment approaches which will meet the needs of a changing population of mental health consumers, is a challenge we must face. When I was President of Division 12 Section, I established a TF on training which resulted in the Hilton Head Conference on Training Clinical Child Psychologists. Out of this conference a set of training guidelines were developed and used widely to guide the direction of the field. So training issues will be addressed.

Third, as past editor of the *Journal of Pediatric Psychology* and the *Journal of Clinical Child Psychology*, I have had experience in helping to shape the direction of research and

new knowledge. Psychologists should likewise be committed to the development of new knowledge through research on treatment efficacy, innovative service delivery models, and diagnostic accuracy. To competently meet the service demands of the next generation, we must support efforts to further our knowledge in a variety of areas through research. There are hundreds of research issues among minority populations, such as American Indians, that are not being addressed at all and I hope to sensitize our membership to these issues.

Fourth, as an American Indian I am committed to a more culturally diverse division and I would hope to increase involvement of minorities throughout our governance. For example, I would propose liaisons from the four major groups of organizations representing minority psychologists.

Last, I would hope to serve as a voice for the 12 members who faithfully pay their dues but remain on the outside of divisional involvement. It is these thousands of dues paying members who serve as the backbone of our Division. Only a handful of psychologists serve in governance and we are amply rewarded for our efforts through interaction with our peers, but the silent majority are the unsung heroes. I want to represent, especially, this particular group of Divisional members.



Candidates for Division 12

APA Council Representative



JANET R. MATTHEWS, PhD

Janet R. Matthews, PhD, ABPP (clinical) received her PhD in clinical psychology from the University of Mississippi in 1976. She is a tenured Professor at Loyola University-New Orleans, a consultant to the pre-doctoral internship at the New Orleans VAMC, and in part-time private practice. She has been active in both Division 12 and APA governance. Among her Division 12 service is program chair and secretary-treasurer of the former Section 2; membership chair, secretary, and president of Section 4; three years on the Division Fellows committee; and three years as Division secretary. She was one of the two Division 12 representatives to the group which rewrote the CRSPPP clinical petition. Within APA, she has been a Council representative from Division 2, chair of the Assembly of Scientist-Practitioner Psychologists, member of both the Education and Training Board and Board of Convention Affairs, chair of both the Committee on Under-

graduate Education and the Policy and Planning Board, and served a term on the APA Board of Directors. She served for three years as the Board of Directors liaison to the Association of State and Provincial Psychology Boards. Currently, she is a member of the Board of Professional Affairs and the Policy & Planning Board Blue Ribbon Panel doing a five year review of the structure and function of APA.

"I respectfully ask for your vote to be your representative on the APA Council of Representatives. I believe I bring a combination of experience with both Division 12 and APA governance which will allow me to be a strong representative for the interests of Division 12. My combination of academic and practice employment exposes me on a regular basis to a range of issues facing our discipline today. My history in APA governance has taught me much about the processes used and the resources available. I would very much like to continue my Division involvement as your Council representative."



Candidates for Division 12

APA Council Representative (continued)



ANTHONY SPIRITO, PhD

Anthony Spirito, PhD is Director of Pediatric Psychology at Rhode Island Hospital, Associate Director of the Brown University Clinical Psychology Training Consortium and Professor of Psychiatry at Brown Medical School.

I have served on a number of hospital and university committees as well as the Executive Committee of Section 5, Pediatric Psychology. I am currently representative from Section 5 to the Division 12 Board. Thus, I have been involved in the activities of the Society of Clinical Psychology and its sections. I believe my background and experience in Division and section activities will allow me to represent the diverse needs of Society members on APA Council.

DONALD L. WERTLIEB, PhD

Donald Wertlieb, PhD, is Professor and former Chairman, Eliot-Pearson Department of Child Development, at Tufts University and Research Associate Professor, Department of Physical Medicine and Rehabilitation, Tufts School of Medicine. He is a 1978 graduate of Boston University's Clinical Psychology Program with internships completed at McLean Hospital, and at Judge Baker Children's Center/Children's Hospital Medical Center, Boston. He has served on the faculty at the Judge Baker, supervising interns and post-docs, and now as a Tufts faculty member serves as a University based supervisor of interns in diverse settings. Wertlieb has served as Principal Investigator or Co-Principal Investigator for over a dozen research and training grants from agencies including NIH, NIMH, NCI, NSF and the W.T. Grant Foundation. His research program describes how children and families cope with stressful circumstances such as marital disruption, chronic illness, trauma and adversity; most recently he is pursuing "outreach scholarship" applying these understandings to design and evaluation of prevention and early intervention services in the community. He is author or co-author of more than 50 articles and chapters. He has served as an editorial reviewer for numerous journals including the Journal of Pediatric Psychology and the Journal of Clinical Child Psychology. Over the years he has been active in organized psychology at the state (MA Psychological Association), regional (New England Psychological Association), and national levels (APA Divisions 7,9,12,22,37,38,43; Charter Fellow APS) as well as various interdisciplinary collaborations.

Wertlieb is in part-time independent practice providing mental health services and consultation to families and children, as well as schools and social service agencies.

Wertlieb has just completed a term as President of Section 5 of Division 12 (Society of Pediatric Psychology) participating in numerous projects consistent with the needs and interests of Division 12 and APA – organizational development, international and inter-professional outreach and collaboration, journal enhancement, training, and credentialing. He is a regular reviewer and participant in APA convention programming.

"Our Society of Clinical Psychology is at a pivotal point both internally and in the broader contexts of APA and the national health care scene. Having just launched two of our very productive and prestigious sections into "divisionhood" – the new Division of Pediatric Psychology and Division of Clinical Child Psychology – we will need to maintain and enhance our sensitivity to special concerns of children and families within our Society of Clinical Psychology and to craft appropriate and effective partnerships with our new offspring as they establish stronger advocacy for high quality health and mental health programs. Hundreds of our members will be deciding how best to continue their participation in APA through our kindred divisions. Shared goals among the divisions, as well as with other current or potential partners inside and outside APA can be achieved in at least these two key areas:

1. Preserving and elaborating the best of the "scientist-practitioner" tradition and "evidence-based practice", perhaps best represented by our Society's leadership in fostering collaborations among providers and researchers to systematically document "treatments that work," and,

2. Enhancement of training quality and integrity, with particular attention to a spectrum of "diversity" issues, and better appreciation of "pipeline" issues that broaden our current narrow focus on graduate and postdoctoral training to include concerns about how potential clinical psychologists are oriented in college, and even before.

I appreciate your support and your vote. I welcome and value the opportunity to serve our Society of Clinical Psychology and our field as a member of our Executive Committee and APA Council Representative."



Candidates for Division 12

Treasurer



A. TOY CALDWELL-COLBERT, PhD

I received my Ph.D. in Clinical Psychology from the University of Georgia in 1977 and completed an internship at Brown University Medical School in Providence, Rhode Island. I have had a longstanding academic career, serving on the faculty of the University of Manitoba in Winnipeg, Canada, as an academic administrator and Professor of Psychology at Emporia State University in Emporia, Kansas and at Indiana State University in Terre Haute, Indiana. A licensed psychologist in Kansas, Illinois, and Indiana, I have had a small private practice and continue to consult with higher education institutions and one of my former employers, the Menninger Foundation. I am currently Associate Vice President for Academic Affairs at the University of Illinois. As a tenured professor on both the U of I Urbana-Champaign campus and the Chicago campus, I find time to teach a psychotherapy course annually.

I am a member of Sections III, IV, and VI, and a Fellow of Divisions 12 and 45. Among my numerous service activities and leadership roles to Division 12, I am on the Membership Committee, a member of the Editorial Board for *Clinical Psychology: Science and Practice*, and a member of the Program Committee for over six years. Within Section VI, I am the Past-President and have served as Program and Membership Chair. I currently serve as member-at-large of Section IV, as well as having served on the Section's student research award selection committee. Active in APA governance, I am a member of the Board of Professional Affairs, CEMRRAT, BEA Task Force on Diversity Issues at the Precollege and Undergraduate Levels of Education in Psychology, and liaison to the Task Force on Women in Academe. I have authored several publications that address ethnic minority and gender issues to help foster psychology as a more inclusive science, and I serve on the Editorial Board of *Cultural Diversity and Ethnic Minority Psychology*.

As future Treasurer of the Division, I would bring fifteen years of academic budget experience and would be committed to supporting the goals and objectives of the Division in concert with the oversight of the finance committee and the Division's presidential initiatives. Working together, we can promote the professional and scientific endeavors of clinical psychology.

I seek your support and vote for treasurer during the upcoming election process.

MICHAEL A. GOLDBERG, PhD

Michael A. Goldberg, the current Division 12 Treasurer, received his PhD from Saint Louis University. He is on staff at Boston Children's Hospital and is an Instructor at Harvard Medical School. Dr. Goldberg is also the Director and CEO of Child & Family Psychological Services, Inc. He is actively involved in research, training, and practice. Dr. Goldberg's recent publications are in the areas of behavioral medicine and cultural diversity.

I have served the Division very actively in several capacities. Serving two terms as Chairperson of the Post Doctoral Institutes (PDIs) I overhauled the PDI procedures. I believe this overhaul was greatly responsible for the significant improvement in the financial success of the PDIs over the past 5 years while maintaining the outstanding quality of the workshops. I was also the founding Chairperson of our Task Force on APA Governance. Under my leadership the Task Force of APA Governance became the standing APA Governance Committee and I was honored to serve as the first Chairperson of this committee. In this capacity I led the successful development of a program to recruit and support the election of Division members within APA leadership. Although I resigned as Chairperson of the Governance Committee to become Treasurer I remain on the committee as a member. I have also served on our Nominations and Elections Committee.

As the first runner-up in the last Treasurer's election I was asked to complete the term of Ed Craighead when he was elected as our President. I believe that the Division leadership needs people who are not only excellent Psychologists, but are also effective leaders and task masters. I believe I have proven my effectiveness as a leader in my roles as Treasurer, PDI Chairperson, and as Chairperson of the APA Governance Task Force and Committee.

The Division's financial situation is excellent. We have the largest reserves ever and a "break even" budget. I am proud to have been part of our prosperity and respectfully request that you will give me the opportunity to complete a full term by re-electing me now. I believe my combination of financial, research, training, and practice expertise, along with my intimate knowledge of the Division operations, make me a unique candidate for Treasurer.



Candidates for Division 12

Treasurer (continued)



ROBERT H. WOODY, PhD, ScD, JD

Robert H. Woody believes that prudent fiscal management should be a filter for creative advocacy of clinical psychology. This objective is advanced by his being both a psychologist and an attorney. His law practice is devoted to providing legal counsel to mental health professionals about effective business practices and legally-safe clinical case management, and defending them against ethical, licensing, and legal complaints.

Robert H. Woody takes the position that clinical psychologists must assertively seek to define, establish, and maintain control of clinical standards in conjunction with managed care and governmental regulatory sources. He promotes clinical psychologists' regaining self-regulation, and adhering to a collegial model that balances professional and public interests.

Robert H. Woody is Professor of Psychology (and former Dean for Graduate Studies and Research) at the University of

Nebraska at Omaha. He received a PhD from Michigan State University, an ScD from the University of Pittsburgh, and a JD from the Creighton University School of Law. He is a Fellow of the Division of Clinical Psychology, and a Diplomate in Clinical Psychology and a Diplomate in Forensic Psychology, ABPP. He is admitted to the Florida, Michigan, Nebraska, and Tennessee Bars, and is a Licensed Psychologist in Florida and Michigan. He has authored twenty-seven books, and approximately one hundred and fifty articles. He serves on the APA Ethics Committee.

If afforded the opportunity to be Treasurer of Division 12, Robert H. Woody will bring a creative and high-energy approach to problem solving on behalf of clinical psychology. Being trained in both psychology and the law, he is confident that he can offer unique strategies to improve clinical psychology, and will appreciate your support for his candidacy for Treasurer of the Division 12.

New PsychList

The Members of the NewPsychList are doctoral-level psychologists and post-docs who have completed their degrees within the past five years or so and are establishing their new careers. On the NewPsychList, we share concerns, provide mutual support, and help each other to integrate ourselves into our profession. Topics include those of interest to psychology basic and applied researchers, educators, and clinicians. These include working towards tenure, young investigator awards, licensure preparation, post-doctoral study issues, gaining a first grant, job tips, the changing demographic composition of psychologists, repaying student loans, and many others.

To subscribe to NewPsychList, write a one-line email: [SUBSCRIBE NEWPSYCHLIST <firstname> <lastname>](mailto:SUBSCRIBE_NEWPSYCHLIST_<firstname>_<lastname>)

And send it to: LISTSERV@LISTS.APA.ORG

The system will then send you all the instructions you need.

Welcome aboard!

Free Book Offer for Members of D-12

Oxford University Press will offer \$50 worth of free books to any D-12 member who gets their library to subscribe to *Clinical Psychology: Science and Practice*, the official journal of the Society of Clinical Psychology. The journal has quickly become one of the most frequently and widely cited journals in the field of clinical psychology.

It frequently takes a "personal" nudge to get libraries to subscribe as they receive many such offers. If you are successful in doing so, Oxford University Press will provide you a \$50 coupon for purchase of books from their wide selection of interesting and timely offerings. Library subscriptions to the journal, of course, help defray the cost of the journal to you and our other members.

For additional information contact Joy Cox at Oxford University Press (ph: 919-677-0977 x5279 or e-mail: jmc@oup-usa.org).



Society News

Division 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082. Telephone (303) 652-3126. Fax (303) 652-2723.

Section on Clinical Emergencies and Crises Elects Officers

The newly formed Section on Clinical Emergencies and Crises (Section VII) has completed its first election of Officers. Interest seemed high as nearly 90% of the membership submitted ballots. Those elected to Office were as follows:

<i>President</i>	<i>Phillip M. Kleespies, PhD</i>
<i>President-Elect</i>	<i>Robert I. Yufit, PhD</i>
<i>Secretary</i>	<i>Lillian M. Range, PhD</i>
<i>Section Representative</i>	<i>Joe Scroppo, PhD</i>
<i>Treasurer</i>	<i>Deborah J. Brief, PhD</i>

It is hoped that this innovative Section will provide exciting opportunities for the exchange of ideas, clinical experiences, and research findings for those who are interested in understanding and preventing such life threatening behaviors as suicide, violence to others, and risk of victimization. Since it is clear that the field of Clinical Psychology has not addressed the need for education and training in the evaluation and management of behavioral emergencies, the new Section will place a priority on an initiative to promote more systematic training for Psychology graduate students and interns in this area. Such training would include better preparation for handling the strong affects that are aroused by work with patients who are at acute or imminent risk, and for dealing with the emotional aftermath of such "occupational hazards" as patient suicide and patient violence. You are invited to assist in advancing the clinical, forensic, and scientific understanding of behavioral emergencies and crises by joining this new Section.

Contact person: Lillian M. Range, Ph.D., Department of Psychology, University of Southern Mississippi, Hattiesburg, MS 39406-5025. E-mail: l.range@usm.edu

Division 12 Net

This is an e-mail net available to Division 12 Members only. To subscribe, write to

LISTSERV@LISTSERV.NODAK.EDU

and in the text of your message (not the subject line) write:

SUBSCRIBE DIV12 [First name & Last name]

Clinical Psychology Brochure

The popular brochure "What Is Clinical Psychology" is available from the Society 12 Central Office. It contains general information about Clinical Psychology, and is suitable for both the general public and high school/college students. The cost is \$15 per 50 brochures. Orders must be pre-paid. For more information, contact: Society 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082. (303) 652-3126. Fax (303) 652-2723, Email: lpete@indra.com

Position Opening

PEDIATRIC PSYCHOLOGIST-CHAPEL HILL. A progressive, successful and well-established private practice is recruiting for a full-time or part-time child/adolescent pediatric psychologist skilled in psychoeducation and/or neuropsychological testing, group therapy, and individual therapy. The practice is a major affiliate of the primary care practice and the position presents opportunities for an academic affiliation. Opportunities to see adult patients as well. Must be license/license eligible psychologist in North Carolina. If interested, mail letter of interest and CV to David Riddle, PhD, Chapel Hill Pediatric Psychology, P.A., 110 Conner Drive, Suite 4, Chapel Hill, NC 27514 or fax to (919) 942-4166.

Want ads for academic or clinical position openings will be accepted for publishing in the quarterly editions of The Clinical Psychologist. Ads will be charged at \$2 per line (approximately 40 characters). Submission deadlines are February 15, May 15, September 15, and November 15. Originating institutions will be billed by the APA Division 12 Central Office. Please send billing name and address, e-mail address, and advertisement to Wanda Kapaun, Assistant to the Editor of TCP, wkapaun@plains.nodak.edu, North Dakota State University, Department of Psychology, Minard Hall 115, Fargo, ND 58105-5075.

Division 12 Sponsored Continuing Education Workshops

**Boston, MA, at the Boston Park Plaza Hotel
August 18-19, 1999, just prior to the APA Convention**

One Day Workshops, Wednesday, August 18, 1999, 7 CE Credits, \$185

- A. Neurodevelopmental Assessment of ADHD Across the Lifespan**, Jan L. Culbertson, PhD
- B. Racial Identity in the Therapy Process: Theory and Assessment**, Janet E. Helms, PhD
- C. Treatment of OCD in Children and Adults**, Deborah C. Beidel, Ph.D. and Samuel M. Turner, PhD
- D. Advanced Competence: Preparing for the ABPP Examination**, Norman Abeles, PhD
- E. Marital Therapy As A Treatment for Depression and Alcohol Problems**, Mark Whisman, PhD and Barbara S. McCrady, PhD
- F. Changing Paradigms in Child Mental Health: Expanding Practice in Schools**, Mark Weist, PhD
- G. Advances in the Psychological Treatment of Anxiety Disorders**, C. Alec Pollard, PhD
- H. Explosive/Noncompliant Children and Adolescents**, Ross Greene, PhD

One Day Workshops, Thursday, August 19, 1999, 7 CE Credits, \$185

- I. Neuropsychological Assessment of Learning Disabilities Across the Lifespan**, Jan L. Culbertson, PhD
- J. Dialectical Behavior Therapy for Borderline Personality Disorders**, Marsha Linehan, PhD
- K. Cognitive Behavior Therapy for Binge Eating and Bulimia Nervosa**, G. Terence Wilson, PhD
- L. Overview of Forensic Psychology**, Robert Kinscherff, J.D., Ph.D. and Eric Drogin, J.D., PhD, ABPP
- M. A Scientific Approach to the Clinical Assessment of Children and Adolescents**, Paul Frick, PhD
- N. Multisystemic Therapy: Outcomes, Clinical Procedures, and Policy Implications**, Scott Henggeler, PhD
- O. Cognitive Behavior Therapy for Depression**, Zindel Segal, PhD
- P. Cognitive Behavior Therapy for Sexually Abused Children**, Esther Deblinger, PhD

FOR MORE INFORMATION: Contact the Division 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082. Tel. (303) 652-3126 Fax (303) 652-2723 Email: lpete@indra.com



Book Review

Paul McReynolds. *Lightner Witmer: His Life and Times*. Washington, D.C.: American Psychological Association. 1997. 355 pp. \$29.95. ISBN 1-55798-444-1

Reviewed by Donald K. Routh, University of Miami

Since a course in the history of psychology is a required subject in graduate training, I assume that every clinical psychologist recognizes the name of Lightner Witmer. He was the one who founded the first psychology clinic in 1896 at the University of Pennsylvania. Since 1996 was the centenary of the founding of clinical psychology, it is appropriate that Paul McReynolds wrote and the American Psychological Association published this biography of Witmer very close to that year.

McReynolds is one of a handful of scholars interested in the history of clinical psychology and in this book presents us with a fine piece of detective work concerning Witmer's life and times. It might be noted that this year, 1999, is the 50th anniversary of McReynolds' own Ph.D. in clinical psychology from Stanford University. I have known McReynolds for several years and was aware of the existence of his biography of Witmer for some time before its publication. In fact, I was able to read a pre-publication draft of the entire book. Nevertheless, in reading the published volume in order to write this review, I found that a number of new facets of Witmer's work jumped out at me.

Clinical psychologists in recent years have often felt under-appreciated. They would like more respect from both academic colleagues in basic-science areas of psychology and from professional colleagues, such as physicians. Witmer did not have such problems. He was a Wundt Ph.D., a published researcher in the leading journals of his day, and the chairman of a psychology department in a major university. He identified with experimental psychology as well as with the clinical area he pioneered. He was a charter member of the exclusive organization now known as the Society of Experimental Psychologists. On the professional side, Witmer's sister and one of his brothers were physicians, and his best friend was the neurologist Joseph Collins. His clinical work involved close collaboration with physicians as a professional equal.

Historical stereotypes about clinical psychologists have it that they were occupied only with mental testing in the

prewar years. This accusation could never be leveled at Witmer. Even in the heyday of Binet testing, he never felt that formal test results could be any substitute for careful investigation of the individual case. He never let the assessment role override his concern for carrying out whatever helpful actions seemed to be possible.

Similarly, clinical psychology has sometimes been derided as a field that, as compared to psychiatry or social work, is overly dominated by academic concerns as opposed to practice. In its 65 years of existence (from 1896 to 1961), Witmer's clinic saw about 20,000 cases. The microfilm records of these are now in the Archives of the History of American Psychology at the University of Akron, and McReynolds has read through hundreds of them. He found this a humbling experience in bringing out Witmer's identification as a hands-on clinician, advocate, and humanitarian. In addition, Witmer maintained a small private practice (he is said to have charged a fee of \$25 for evaluating a child) and even ran a residential school in Devon, PA.

A third point that came through to me more vividly in reading McReynolds' book this time is how significant Witmer's work was to our present way of training clinical psychologists. The program at the University of Pennsylvania essentially set the pattern for the field. First of all, it was doctoral training, including a Ph.D. dissertation based on empirical research. Second, this doctoral training included supervised practicum work as an integral component. In the notes at the end of the book, McReynolds lists 47 Ph.D. students from the University of Pennsylvania that Witmer trained and who were subsequently identified with clinical psychology, a sizable proportion of the entire first generation in the field. In comparing his book with my own on the history of clinical psychology organizations, I note that six presidents of Division 12 and its predecessors (the APA Clinical Section and the Clinical Section of the American Association of Applied Psychology) were Witmer's students: Francis N. Maxfield, David Mitchell, Herman H. Young, Clara H. Town, Robert A. Brotmarkle, and Norman Cameron. I doubt that anyone else will ever beat that record.

In any case, this is a well written and interesting book. I recommend it to all of my colleagues. It should also be required reading for our graduate students so that they will be able to understand the origins of our field.

Join a Division 12 Section

Division 12 has seven sections that reflect the wide range of interests in the Division. There are separate memberships, and dues vary. If interested, contact the Section Membership Chairs listed below or the Division 12 Central Office.

Clinical Child Psychology (Section 1)

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Clinical Geropsychology (Section 2)

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Society for a Science of Clinical Psychology (Section 3)

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Clinical Psychology of Women (Section 4)

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Society of Pediatric Psychology (Section 5)

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Clinical Psychology of Ethnic Minorities (Section 6)

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Clinical Emergencies and Crises (Section 7)

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