



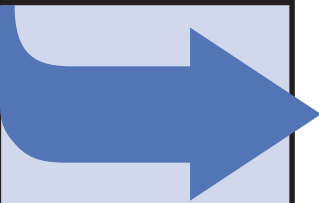
# The Clinical Psychologist

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Division 12 - American Psychological Association

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## State of Society

As the incoming President of the Society of Clinical Psychology, it is my privilege to provide an update on the state of the Society (Division 12 of APA) and the major activities planned for this year. The beginning of a new century is an exciting time to serve as a Society officer. There are many opportunities for the division to have a positive impact on clinical psychology; yet, there are also some significant issues that must be addressed. Fairly often one uses the phrase, "If it ain't broke . . ." when beginning a new leadership role; however, while the Division is not broken, it is definitely "bending". First, I will outline the problems we face and the steps we are taking to solve those problems, and then I will note the activities that the Society has successfully engaged in and will continue to offer members.

Under the leadership of the past several Presidents, the Division has taken an increasingly proactive role within APA and more generally within clinical psychology. We need to continue to engage in those activities that advance clinical psychology as a science and practice; indeed, we will. Within clinical psychology, however, there have been developments (e.g., methods of payment for clinical services) that adversely effect clinical practice and indirectly the division. Ours is a discipline and profession facing fiscal pressures. Consequently, the career choice of clinical psychology is less attractive to one obtaining a doctorate; many students and potential professionals are asking why study 4-6 years for a doctorate when one can do essentially the same thing with only a 2-year graduate degree. This is likely to put pressure on graduate programs to decrease the numbers of students in training; this is not entirely a bad sequence of events.

The preceding events have indirectly impacted the division. For example, we have had a decrease in income for the first time in a decade, and we have had a decrease of about 300 members since our recent peak in 1996. The gradual decrease in divisional membership has been exacerbated by the "swarming" of Sections I and V to form Divisions 53 (Clinical Child) and 54 (Pediatrics) within APA. The loss of two Council Seats (coinciding with the creation of Divisions 53 and 54) is not of greatest concern. Each of those divisions will have a Council Representative, and it



W. Edward Craighead, PhD  
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## President's Column

*Under the leadership of the past several Presidents, the Division has taken an increasingly proactive role within APA and more generally within clinical psychology.*

seems likely that these divisions will reflect the same approach to Council issues as they did as sections of 12. However, the loss of members associated with these changes is of tremendous concern. In addition to the loss of members, the Society runs a risk of decreased emphasis on these two extremely important areas of clinical psychology. It will be important to sustain a focus within the division on children and adolescents and their health and mental health.

The scholarly aspects of our journal have flourished under the Editorships of Alan Kazdin and David Barlow, and *Clinical Psychology: Science and Practice* is an outstanding publication. Nevertheless, there have been intolerable problems related to subscriptions and distribution of the journal.

We have taken several steps to address these and other problems facing the Society during the coming year. I have appointed a Task Force (Co-Chaired by Pat Arean and Kent Hutchinson) to develop a plan for increasing membership among psychologists who have completed their doctoral training in recent years. Both Arean and Hutchinson will then serve two additional years on the Membership Committee in order to implement the recommendations of this Task Force. In recent years increasingly large numbers of members have retired and become inactive in the Society; it is essential to increase the Society's numbers of individuals with recent doctorates. We have large numbers of student members, who have become very active in the Society and its sections over the past few years, and it is important to the future of the Society for these individuals to continue as active members once their education and training are completed. You may direct any suggestions you have regarding this initiative to Pat or Kent at the Society's office.

The second initiative is the appointment of a special Task Force to address the future of publications within the Society. The last such task force resulted in the development of our current journal. This task force will evaluate the current publications as well as address the possibility of additional divisional publications in addition to journals. In order to coordinate the activities of this group with those of the ongoing Publications Committee, Larry Siegel (Chair, Publications Committee) has agreed to serve as a member of this Task Force. The immediate item of business has been to meet with the publisher of our journal to address the problems previously noted. Beyond that, this Task Force will serve as a planning group addressing the publications needs of the Society.

In contrast to this "bending" state, there are a number of ongoing and new activities and developments that bode well for the future of the Society. We have two new sections, each of which comprises a very important area of clinical psychology. Section VII is concerned with emergencies and crisis in

clinical settings. Section VIII is composed of clinical psychologist in medical school settings; although this group was originally comprised of directors of medical psychology programs, it is now open to membership to all clinical psychologists. These two groups have already begun to play an active role in divisional events. We are working on the development of additional sections.

As noted, the journal has provided a successful forum for the publication of clinically relevant topics, and the discussion of important and interesting ideas. The Newsletter, under the direction of Paul Rokke, provides an attractive and concise means of informing members of Society activities. The planned APA program (Cindy Meston, Chair) is outstanding, and the recipients of our awards (to be highlighted in the Summer issue of this publication) have made remarkable contributions to clinical practice and science. We have redesigned the awards program to reflect the significance and importance of the recipients' contributions. Our PDI program, under the direction of Emily Richardson and Mark Whisman, will have a remarkable faculty of clinical scientists who reflect the predominate mission of our Society. The second edition of *Treatments that Work*, a publication that Martin Seligman developed as division President, is now being prepared by Editors Peter Nathan and Jack Gorman; this has been an enormously successful volume, and reflects the successful collaboration of clinical psychology and psychiatry.

The Society has an extraordinarily talented and effective group of Representatives (Norman Ables, Larry Beutler, Janet Matthews, Lynn Rehm, and Jerry Resnick) to the APA Council. All of these individuals have extensive experience within APA and as leaders of the clinical psychology. There are a number of substantial issues to be debated in Council this year, and based on their discussions with the Society Board, their representation of both science and practice in clinical psychology is critical to the field and organization.

I invite each member who has an interest to communicate with me regarding issues (and their solutions) facing clinical psychology. I am available via email at [ecraighead@psych.colorado.edu](mailto:ecraighead@psych.colorado.edu), by mail at Campus Box 345, University of Colorado, Boulder, CO 80309, and by phone at 303-492-3485. As I will say each time in this publication, it is my agenda to get more members actively involved in the divisional activities. I am beginning early by asking you to be sure and vote in the elections in May, and I want to encourage all of you to take time later this year to return your apportionment ballot. Regarding the apportionment ballot—it only takes a little time to complete, and we all have divided allegiances, but if each member would return the ballot allocating even a few of your 10 votes to the Society, our effective presence at the APA Council table would be assured. ■

#### Correction

There was a minor error in the contact information for Timothy J. Bruce in the fall edition of *The Clinical Psychologist*. The corrected information is Timothy J. Bruce, PhD, The Anxiety and Mood Disorders Clinic, Department of Psychiatry and Behavioral Medicine, University of Illinois College of Medicine, 5407 N. University Street, Suite C, Peoria, IL 61614, [tjbruce@uic.edu](mailto:tjbruce@uic.edu).

# ***Clinical Training for the Millennium: How Much on Managed Care?***

**Catherine A. Hood  
Kathleen S. Ferguson  
Michael C. Roberts**  
University of Kansas

*We surveyed training directors and graduate students from APA accredited clinical psychology doctoral programs regarding training in managed care issues. Training directors and students agreed on the amount of training offered in graduate classes, but differed in their reports of other sources available to learn about managed care issues (i.e., training directors reported having more sources available than were reported by students). Although more than 80% of students reported receiving information about managed care in their graduate classes, 27% reported receiving 6 or more hours devoted specifically to managed care issues. Students indicated a "desire for more training" in managed care issues. Implications of these results and suggestions for future curriculum changes are discussed.*

In an unprecedented manner, the juggernaut known as managed care has dramatically changed the way that psychologists and other mental health care professionals provide services to clients and receive payment for those services (Broskowski, 1995; Cummings, 1995; Roberts & Hurley, 1997). In its initial endeavors, managed care primarily sought to control employers' and insurers' costs for medical care and mental health services. Critics of managed care, however, assert that the aggressive cost-containment policies of managed care companies have been decreasing the quality of care that is provided. For example, by limiting the number of contacts between the client and provider, by increasing the amount of time providers must spend on utilization review paperwork and on telephone contacts with managed care reviewers, and by dictating what types of psychological treatment are worthy of reimbursement, managed care companies have usurped control over aspects of patient care and clinical judgment that were once the domain of licensed mental health care professionals.

Results of a large national survey of practicing psychologists conducted by the American Psychological Association indicated that 79% of respondents reported that managed care has had a negative effect on their professional practice. Four out of five survey participants cited negative changes in clinical practice, decreasing quality of care, and ethical dilemmas resulting from managed care policies as significant concerns for practicing psychologists (Phelps, Eisman, & Kohout,

1998). A similar study conducted by Murphy, DeBernardo, and Shoemaker (1998) supported these findings. Seventy percent of the psychologists who participated in this survey reported that managed care has had a highly negative effect on their professional practice. These negative effects included loss of control over clinical decisions, ethical dilemmas not addressed by APA's ethics code, and potential harm to clients from loss of confidentiality to managed care companies.

In light of these significant developments, practicing psychologists must be increasingly knowledgeable about the current trends of managed care. However, the respondents to a survey of clinical training program directors also revealed that they do not view managed care issues as a major concern (Allen, 1999). Although faced with preparing graduate students for future functioning in the field of clinical psychology, clinical training programs and their training clinics often do not experience the practices and effects of managed care first-hand. Phelps et al. (1998) found that independent practitioners and psychologists in medical settings reported more negative effects of managed care than psychologists in academic settings. Broskowski (1995) supported this view and noted that graduate students may be at a disadvantage because most faculty in training programs do not experience the direct effects of managed care, and therefore cannot convey up-to-date and accurate information to students. Additionally, current faculty would not have been trained under managed care situations, and their clinical, teaching, and research interests do not involve activities related to managed care. More importantly, however, faculty ignorance of the impact of managed care results in missed opportunities to teach graduate students the skills and adjustments that are necessary for successful adaptation to these changes. Consequently, programs may not have adequate information about

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Table 1  
Training Directors' Report of Available Sources Regarding Managed Care Issues

Sources of Training	<i>n</i>	%
Structured presentations within 1 to 2 class periods	25	73.5
Colloquia	19	55.9
Course/Seminar <sup>a</sup>	6	17.6
Discussions within practica	27	79.4
Available only during internship	2	5.9

<sup>a</sup> Greater than 50% content devoted to managed care issues.

managed care to teach graduate students who will be experiencing managed care practices while on internship or after graduation. These are important issues given that the majority of graduating psychologists will be practicing in settings other than academia (Phelps et al., 1998). Unfortunately, no data are available on the amount of training in managed care issues received by doctoral students in clinical psychology graduate programs. Thus, the purpose of the current study was to assess the level of training in managed care issues that psychology graduate students are receiving in their graduate programs.

### Method

Questionnaires were mailed to 105 training directors who were randomly selected from the 190 accredited doctoral programs in clinical psychology listed in American Psychologist (American Psychological Association, 1998). The brief questionnaire asked training directors to identify the type (e.g., colloquia, courses, workshops, practica, and readings) and amount of training (e.g., number of courses offered, number of hours within courses, etc.) on managed care issues that their programs provided to graduate students. The training directors were also asked to provide names of four graduate students from their respective programs who would be willing to participate in this study. They were requested to identify one graduate student from each class, from the first to the fourth year in the program. Each of the named students was then mailed a similar questionnaire that requested information regarding the training that they had received in managed care issues.

### Results

Of the 105 training directors initially contacted, 34 returned completed questionnaires, resulting in a 32.4% re-

sponse rate. The training directors that responded to the survey provided the researchers with the names of 135 graduate students. Of the 135 questionnaires that were mailed to graduate students identified by their training director, 78 were completed and returned, resulting in a 57.7% response rate. Sources of available training in managed care as reported by training directors are summarized in Table 1. Results indicated that the majority of training in managed care issues was provided to students through discussions in practica and graduate classes.

Students' reported sources for training provided in managed care issues are summarized in Table 2. The majority of students reported receiving information about managed care from graduate classes (83.3%), newspaper articles (76.9%), journal articles (79.5%), and practica experiences (60.3%). Students' reports of amount of time spent on training in managed care issues are summarized in Table 3. Although more than 80% of students reported receiving information about managed care in their graduate classes, only 27% reported receiving 6 or more hours devoted specifically to managed care issues. There is an increasing developmental trend (accumulated experiences) of discussing managed care issues in practicum over the four years of graduate school. That is, it appears that an increased amount of time is spent discussing managed care issues, with students in later years having more opportunities than students in earlier years. Of the students who reported discussing managed care issues in practica, 57% say they discussed such issues somewhat often or very often. Although training directors and students agreed on the amount of training offered in graduate classes, they differed in their reports of other sources available to learn about managed care issues, with training directors reporting having more sources available than are reported by students.

Table 2

Students' Report of Sources of Training and Desire for More Training in Managed Care Issues by Year in Graduate School

Sources of Training	Year 1 <i>n</i> = 19 [ <i>n</i> (%)]	Year 2 <i>n</i> = 20 [ <i>n</i> (%)]	Year 3 <i>n</i> = 17 [ <i>n</i> (%)]	Year 4 <i>n</i> = 22 [ <i>n</i> (%)]	Total <i>n</i> = 78 [ <i>n</i> (%)]
Graduate classes	18 (94.7)	16 (80.0)	14 (82.4)	17 (77.3)	<b>65 (83.3)</b>
Colloquia sponsored by graduate school	3 (15.8)	6 (30.0)	3 (17.6)	6 (27.3)	<b>18 (23.1)</b>
Course/Seminar <sup>a</sup>	1 (5.3)	0 (0.0)	0 (0.0)	0 (0.0)	<b>1 (1.3)</b>
Workshops at conferences	3 (15.8)	5 (25.0)	6 (35.3)	8 (36.4)	<b>22 (28.2)</b>
Practicum	4 (21.1)	11 (55.0)	12 (70.6)	20 (90.9)	<b>47 (60.3)</b>
Newspaper articles	15 (78.9)	12 (60.0)	15 (88.2)	18 (81.8)	<b>60 (76.9)</b>
Journal articles	14 (73.7)	16 (80.0)	12 (70.6)	20 (90.9)	<b>62 (79.5)</b>
Magazine articles	10 (52.6)	11 (55.0)	8 (47.1)	8 (36.4)	<b>37 (47.4)</b>
Books	3 (15.8)	5 (25.0)	4 (23.5)	7 (31.8)	<b>19 (24.4)</b>
Other	4 (21.1)	1 (5.0)	2 (11.8)	4 (18.2)	<b>11 (14.1)</b>
Desire for more training	14 (73.7)	15 (75.0)	11 (64.7)	16 (72.7)	<b>56 (71.8)</b>

<sup>a</sup> Greater than 50% content devoted to managed care issues.

### Discussion

Many programs appear to address managed care issues within their graduate classes, but the actual amount of time is not substantial. Admittedly, though, the profession has not yet defined a standard for how much training is needed in this area. Some discussion is occurring in graduate classes at an unknown level of detail, but does not seem to be occurring as much in practica overall, where managed care issues are most relevant. Given the importance of managed care for many

students' professional careers, greater attention to its issues and impact on clinical practice seems necessary in graduate training. A significant proportion of students in this survey (71%) indicated a desire for more training in managed care issues. These results are consistent with Wicherski and Kohout (1997), who found that new graduates entering the psychology profession reported that they would have benefited from additional training to prepare them for the tremendous changes

Table 3

Students' Report of Time Spent on Managed Care Issues in Graduate Classes and Practicum by Year in Graduate School

Year in School	Classes (<3 hours) [ <i>n</i> (%)]	Classes (>6 hours) [ <i>n</i> (%)]	Practicum (very little) [ <i>n</i> (%)]	Practicum (somewhat often/ very often) [ <i>n</i> (%)]
Year 1	13 (28.9)	5 (27.8)	1 (5.0)	3 (11.1)
Year 2	12 (26.7)	4 (22.2)	6 (30.0)	5 (18.5)
Year 3	10 (22.2)	4 (22.2)	4 (20.0)	8 (29.6)
Year 4	10 (22.2)	5 (27.8)	9 (45.0)	11 (40.7)
Total	45 (69.2) <sup>a</sup>	18 (27.7) <sup>a</sup>	20 (42.6)	27 (57.4)

<sup>a</sup> Two respondents did not answer and so N = 63 for these items.

brought about by managed care, specifically the changes to clinical practice and the ethical and legal implications of managed care. Clinical training faculty may need to educate themselves about this pervasive development of managed care affecting the field in order to do a more effective job of preparing students for professional functioning. Several resources exist for this self-education as well as for use in teaching students (Lowman & Resnick, 1994; Roberts & Hurley, 1997; Stout, 1996).

Buckloh (1999) stated that education about managed care and related ethical discussions need to be incorporated into clinical training programs. Increasingly discussions are occurring in scholarly journals (e.g., Murphy et al., 1998; Phelps et al., 1998) as well as discussions in secular forms such as the Internet (The National Coalition of Mental Health Professionals & Consumers, <http://www.nomanagedcare.org>; Health Administration Responsibility Project, <http://harp.org>). Students should be aware of such resources and dialogues so that they are fully informed of relevant issues upon entering internships, which primarily focus on clinical work. These ethical discussions will also help to prepare new graduates for practice as licensed psychologists. This is particularly salient given that "more new graduates are working in private practice than in any other work setting" (Phelps et al., 1998, p. 35).

While a comprehensive restructuring of the clinical training curriculum does not seem warranted, more time than 6 hours of discussions within graduate classes across a four year training sequence seems necessary. Suggestions (not necessarily guidelines) for basic curriculum on managed care issues might be useful on topics of (a) terminology and basic concepts, (b) impact on professional practice and business procedures, (c) integration of empirically-supported treatments into managed care, (d) legal and ethical issues of managed care, and (e) relevant research questions. Integration of managed care concepts into training program sequences might include coverage through existing courses on research methods, assessment and psychotherapy, ethics and professional issues, in addition to the coverage in clinical practica.

There are numerous calls in the professional and scientific psychology literature for what training programs "should" include (should being defined as "ought to but not necessarily will do") or "must" include (will add it because otherwise some punishment for program will occur, such as nonaccreditation or nonlicensure of graduates). Many of these calls for curriculum changes and additions have a measure of scolding training programs for somehow failing to train students in some perceived essential area of professional psy-

chology, such as demands for more training in empirically-supported assessment and treatment, psychopharmacology, HIV/AIDS issues, cultural/ethnic diversity competence, geropsychology, child and adolescent services, business practices, sexuality issues, professional and ethical issues, to name only a few generated by a review of articles and reports. It is difficult for training programs to incorporate everything in a curriculum; decisions need to be made about (a) where to put new as well as old components in the training sequence (e.g., early or late in predoctoral years; university program versus internship versus postdoctoral fellowship), (b) what should be offered (e.g., the content, how much on what topics), and (c) what should be taken out of the curriculum to make way for the new training components. Most programs are fixed systems; if the profession keeps adding more components without removing any, the length of training increases.

Training programs always struggle to prepare their students for the present and the future based on the history and tradition of the discipline as well as perceptions of what the trainers think are the strengths of clinical psychology as a specialty (e.g., research and empirical bases for assessment and therapy). Programs have to weigh changes in their program curriculum based on their definitions of the field and new developments. It is no easy task to predict what is a passing fad and what requires a fundamental change in training curricula. Challenges to training curricula must be considered carefully, such as including more neuropsychology or courses in psychopharmacology. Similarly, calls for more training in managed care must be considered within the context of the program's model of training in addition to their ability to provide the training.

Although this study provides important information regarding the current state of managed care training in clinical psychology graduate programs, several limitations should be noted. First, the relatively low return rate is problematic and may not be representative of the average amount of training in managed care issues that occurs among the majority of graduate programs. The results may be influenced by an over-reporting bias (i.e., training directors wanted to demonstrate topic coverage). This over-reporting bias was supported by the director:student report discrepancy. The low return rate coupled with the bias may actually have resulted in this survey overestimating the amount and types of training in managed care issues that are occurring in the majority of programs. That is, the training directors who did not respond may have not wanted to acknowledge the insufficient amount of training on managed care that occurs in their own programs. Future research should also address the reasons for the discrepancy between training directors' and graduate students'

reports of available sources on managed care issues. On the directors' parts, there may be insufficient knowledge or monitoring of practicum, where they assume these managed care discussions are occurring (or where they relegated the topic to), yet the students do not report it happening there as much. On the students' parts, not all those in a program typically take advantage of the opportunities made available to them, and managed care may not have been emphasized to any degree in a systematic fashion. Obviously, further information is needed on the actual content and depth of discussions that are occurring on managed care issues in graduate classes and practica. Finally, the amount of training on managed care issues that occurs at the internship level needs to be determined. ■

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## APA Society of Clinical Psychology

POST - DOCTORAL INSTITUTES - CE CREDIT  
Pre-Convention August 2-3, 2000 Washington, D.C.

### One-Day Workshops, Wednesday, August 2, 2000 TBA Hotel - 7 CE Credits, \$185

Neurodevelopmental Assessment of ADHD Across the Lifespan  
Jan L. Culbertson, PhD

Ethics and Risk Management  
Annette Brodsky, PhD

Frontal Lobe Dysfunction In Neurologic and Psychiatric Disorders  
Paul Malloy, PhD. and Mark Aloia, PhD

Violence and Youth: Expanded School Mental Health Approaches  
Mark Weist, PhD

Motivational Interviewing: Preparing People for Change  
William R. Miller, PhD

Advanced Competence: Preparing for the ABPP Examination  
Norman Abeles, PhD

The Understanding and Treatment of Marital Infidelity: An Integration of Cognitive-Behavioral and Developmental Perspectives  
Donald H. Baucom, PhD, Cristina Coop Gordon, PhD, and Douglas K. Snyder, PhD

Dialectical Behavior Therapy for Borderline Personality Disorder  
Cynthia Sanderson, PhD

Appetite Awareness Training in the Treatment of Eating/Weight Concerns  
Linda Craighead, PhD

### One-Day Workshops, Thursday, August 3, 2000 TBA Hotel - 7 CE Credits, \$185

Neuropsychological Assessment of Learning Disabilities Across the Lifespan  
Jan L. Culbertson, PhD

Forensic Psychology: Principles and Practices  
Robert Kinscherff, J.D., PhD, and Eric Drogin, J. D., PhD, ABPP

Assessment and Treatment of Abusive Relationships: Guidelines for Practitioners  
Daniel O'Leary, PhD, Ileana Prias, PhD, Richard Heyman, PhD, and Alan Rosenbaum, PhD

Child and Adolescent Anger Management  
Eva L. Feindler, PhD

Family Focused Treatment of Bipolar Disorder  
David J. Miklowitz, PhD

Cognitive Therapy for Personality Disorders  
Judith S. Beck, PhD

Cognitive Behavior Therapy for Panic Disorder and PTSD  
Michael W. Otto, PhD

Assessment and Treatment of Childhood Obsessive-Compulsive Disorder  
Greta Francis, PhD and Rod A. Gragg, PhD

Chairs: Mark Whisman, PhD and Emily Richardson, PhD  
Contact: Division 12, PO Box 1082, Niwot, CO 80544  
303-652-3126 Fax 303-652-2723 E-mail: lpete@indra.com



# Society News



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

## *Call for Nominations*

### 2001 David Shakow Award for Early Career Contributions

The recipient will be a psychologist who has received the doctoral degree in 1992 or later and who has made noteworthy contributions both to the science and to the practice of clinical psychology. Letters of nomination should include the nominee's vita and a summary of his/her contributions. Send nominations to:

W. Edward Craighead, PhD, Chair  
2000 Awards Committee  
c/o Division 12 Central Office  
P.O. Box 1082  
Niwot, CO 80544-1082

Deadline: October 30, 2000

The award will be presented at the 2001 APA Convention in San Francisco, CA

## *Call for Nominations*

Division 12's 2001 Distinguished Contribution Awards:

### Florence C. Halpern Award for Distinguished Professional Contributions to Clinical Psychology

### Award for Distinguished Scientific Contributions to Clinical Psychology

Send nominee's name, recent vita, and a concise (1-2 page) typewritten summary of his/her achievements and contributions to:

W. Edward Craighead, PhD, Chair  
2000 Awards Committee  
c/o Division 12 Central Office  
P.O. Box 1082  
Niwot, CO 80544-1082

Deadline: October 30, 2000

The awards will be presented at the 2001 APA Convention in San Francisco, CA

## *Call for Nominations*

### 2001 Theodore Blau Award

This award is being funded by PAR (Psychological Assessment Resources), and began in 1998. The award will be given to a Clinical Psychologist who has made an outstanding contribution to the profession of Clinical Psychology. Given the difficulty of making such contributions very early in ones career, the award will be given to a person who is within the first 10 years of receiving his or her doctorate. Letters of nomination should include the nominee's vita and a summary of his/her contributions. Send nominations to:

W. Edward Craighead, PhD, Chair  
2000 Awards Committee  
c/o Division 12 Central Office  
P.O. Box 1082  
Niwot, CO 80544-1082

Deadline: October 30, 2000

The award will be presented at the 2001 APA Convention in San Francisco, CA

## *APA Science Directorate Accepting Proposals for OHP Curriculum Development*

The APA Science Directorate is now accepting applications from universities interested in developing courses or curricula in the area of occupational health psychology (OHP). In the broadest terms, OHP refers to the application of psychology to protecting and promoting safety, health, and well being of workers, and to improving the quality of worklife. Awards are expected to range between \$18,000-\$22,000.

Completed applications must be received by March 1, 2000. Individuals and departments interested in obtaining application materials should contact Dr. Heather Fox at APA, 750 First Street, NE, Washington, DC 20002-4242 (E-mail: hrfox@apa.org). Applications can also be found on the APA web site at <http://www.apa.org/science/ohp.html>.



## Call for papers

### *Clinical Psychology: Science and Practice*

The Journal is interested in receiving scholarly papers on topics within Clinical Psychology. Papers are welcome in any content area relevant to theory, research, and practice. The Journal is devoted to review and discussion papers and hence is not a primary outlet for empirical research. For consideration for publication, please submit four (4) copies of the manuscript (APA Publication format) to: David H. Barlow, PhD, Editor, *Clinical Psychology: Science and Practice*, Center for Anxiety & Related Disorders, Boston University, 648 Beacon Street, 6<sup>th</sup> Floor, Boston, MA 02215-2002. Authors with queries about the suitability of a given topic or focus should direct correspondence to the above address.

Members who obtain a library subscription for their university receive a \$50 gift certificate toward any of the numerous books Oxford University Press publishes.

## Division 12 Postdoctoral Institutes

The Society will present 17 workshops in Washington, DC in 2000, with a wide range of topics to be included. Please contact the Central Office to be placed on the brochure mailing list.

Workshops for the year 2001! Those interested in presenting a Continuing Education workshop for Division 12 prior to the APA Convention in San Francisco should send proposals to Dr. Mark Whisman, Department of Psychology, University of Colorado at Boulder, Boulder, CO. Questions can also be directed to the Division 12 Central Office (303) 652-3126.

## Clinical Psychology Brochure

The popular brochure "What Is Clinical Psychology?" is available from the Division 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: Division 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082. (303) 652-3126. Fax (303) 652-2723. E-mail: lpete@indra.com

## Join Division 12

Membership includes subscriptions to the quarterly, *The Clinical Psychologist*, and the Journal, *Clinical Psychology: Science and Practice*. Members also receive 25% discount on Oxford University Press books on psychology.

Assessments are only \$50 per year for members and \$25 per year for student affiliates. Student affiliates must be enrolled in Clinical Psychology doctoral programs.

For applications, contact: Division 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082. Telephone: (303) 652-3126. Fax: (303) 652-2723. Email: lpete@indra.com

## Join a Division 12 Section

Division 12 has six sections that reflect the wide range of interests in the Division. These are separate memberships, and dues vary. If interested, contact the Division 12 Central Office.

Clinical Geropsychology (Section 2)

Society for a Science of Clinical Psychology (Section 3)

Clinical Psychology of Women (Section 4)

Clinical Psychology of Ethnic Minorities (Section 6)

Section on Clinical Emergencies and Crises (Section 7)

Section of the Association of Medical School Psychologists (Section 8)

## Interested in applying for Initial APA Fellow Status?

Because of changes made by the APA Membership Committee, deadlines for initial applicants are now earlier than in the past. The deadline for initial Fellow applications for 2002 will be December 1, 2000. For persons who are already APA Fellows through other Divisions, the deadlines will continue to be February 15, 2001. Applications and information can be obtained from the Division 12 Central Office.

## Division 12 Board of Directors Meeting Minutes

Boulder, Colorado

October 2-3, 1999

### Attendance

A quorum of voting members was present.

### Introductions and Announcements

Dr. Thomas Ollendick, President, called the meeting to order at 8:45 a.m. on Saturday, October 2, 1999 in the Millennium Room, Regal Harvest House Hotel. He welcomed everyone to the meeting and asked that all present introduce themselves. There were no agenda changes. He announced that the Board was meeting in Boulder, Colorado in honor of the 50<sup>th</sup> anniversary of the Boulder Conference in 1949. He invited participants to visit the Boulderado Hotel, site of the 1949 meeting.

A motion to accept the Board's minutes of the May 22-23, 1999 meeting in Nova Scotia was approved with minor corrections.

Dr. Ollendick announced that the Division's Apportionment post card would be sent out directly after the Boulder meeting and that ballots from APA would be mailed soon. He emphasized the importance of maintaining our representation on APA Council.

President-elect, Dr. W. Edward Craighead, announced a change of venue for the June 2000 meeting from Chicago to Washington D.C. The January meeting will be as scheduled in Charleston, SC and the October meeting will be in Santa Barbara.

### Treasurer's Report

In the absence of Dr. Michael Goldberg, Dr. Craighead reported that the Division was on track and referred the attention of the Board to the Supplemental Budget that was provided. The Finance Committee was scheduled to meet during lunch and afterward, would provide a report of the final 2000 budget.

### Committee Report Highlights

**Program Committee: Convention Program**—Dr. Thomas Ollendick commended Dr. Ross Greene for an excellent job and called attention to his letter to the Board. His request for an additional \$500 would be discussed when the budget is reviewed. Dr. Cindy Meston, 2000 Program Chair, was introduced and she provided a brief report. **Postdoctoral Institutes 1999**—Dr. Greta Francis provided a written report. She indicated that there was a wonderful group of presenters this year in Boston and attendees gave uniformly positive feedback about the workshops. Lynn Peterson recruited an excellent

group of student volunteers. Dr. Mark Whisman and Dr. Emily Richardson were introduced as the year 2000 PDI co-chairs and they briefly discussed their preliminary plans. The issue regarding California CE approval was reviewed once again and it was recommended that the three Californians on the Board meet with Dr. Michael Haley and come to an understanding about how best to proceed for future conferences, such as the 2001 conference in San Francisco.

**Finance Committee**—Dr. Jerome Resnick gave an initial budget overview and indicated that the financial outlook was not good for the Division due to the loss of membership, and consequently, income. Three motions passed unanimously: 1) The Board accepted the 2000 Proposed Budget as presented; 2) The Board will institute a policy of inviting the Treasurer-elect to the fall Board meeting on the year of his/her election; and 3) The Board approved the final 1999 budget as presented.

### Task Force Report Highlights

**Task Force on Reducing Violence and Task Force on Upgrading the Science and Technology of Assessment and Diagnosis:** Dr. Tom Ollendick reported on the two symposia presented at the APA Convention by his two task forces and said that both sessions were well attended. Tom commended the two chairs, Dr. Mark Weist, Task Force on Reducing Violence, and Dr. Paul Frick, Task Force on Upgrading the Science and Technology, for a tremendous job. Dr. Ollendick recommended that the task forces continue for the year 2000.

**Ad Hoc Task Force on Membership—Retainment of Aging Members:** Dr. Norman Abeles reported that APA was concerned about the large number of aging members and has referred the issue to the American Psychological Foundation for research. There has also been discussion about how to handle the growing number of dues-exempt members within APA.

**Task Force on Diversity Representation in the Society Governance:** Dr. Asuncion Miteria Austria, chair, brought forth the following motion that was passed by the Board: *The Nomination and Election committee is requested to examine the need in every election for any under-represented groups and recommend to the Board of Directors specific names for each position and strategies to ensure representation of such groups for the approval of the Board within the constraints of the By-laws.*

Respectfully submitted,

Elsie Go Lu

Full-page AAPB Ad here

# Position Openings

**Neuropsychologist** – Assistant Professor (or higher) Department of Psychiatry seeks a qualified neuropsychologist (PhD – N.Y.S. licensed or eligible only) for an academic position. Successful candidate will help develop neuropsychological services and clinical research on an inpatient/outpatient basis. Responsibilities will include teaching psychiatric residents, medical students, and psychology interns in addition to some direct clinical services. Candidate will provide input into ongoing research in chronic mental disorders, and be given protected time to develop independent research. Evidence of scholarly work (published papers and/or funded research) required. We offer an excellent salary (commensurate with rank) and benefits package; possibility of tenure track appointment. Send C.V. to: Henri Begleiter, Ph.D., Search Committee, Department of Psychiatry, Box 1203, State University of New York Health Science Center at Brooklyn, 450 Clarkson Avenue, Brooklyn, NY 11203.

**The Department of Psychiatry** at The State University of New York, Downstate Medical Center wishes to recruit an academic Psychologist at the Assistant, Associate or Full Professor rank in a tenure track position. The selected individual will have a demonstrated record of funding and research productivity. The search committee will consider any area of psychiatric research, and is in a position to offer a generous starting package. Please send your C.V. to Dr. Henri Begleiter, Chair of Search Committee, Professor of Psychiatry and Neuroscience, Dept. of Psychiatry, SUNY Downstate Medical Center, 445 Lenox Road, Brooklyn, New York 11203, Tel. #: 718 270 2024, E-mail: hb@cns.hscbklyn.edu. SUNY is an equal opportunity employer

## Instructions for Placing Ads

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:

- January 15 (March 1 edition)
- May 15 (July 1 edition)
- September 15 (November 1 edition)
- November 15 (January 1 edition)

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, Editorial Assistant, wandakapaun@att.net, North Dakota State University, Department of Psychology, Minard Hall 115, Fargo, ND 58105-5075.

# The Clinical Psychologist

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