



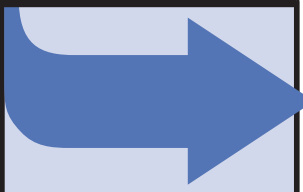
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An Optimistic View of the Society

Since my last column, a clearer picture of the society in the year 2,000 has emerged. We are down by about 1,000 members, but because of good financial planning we are in a solid position to continue our usual activities and to engage in a few new ones. We have solved many of the issues surrounding distribution of the journal, *Clinical Psychology: Science and Practice*. Because of the issues described in my prior column, the Board has decided the majority of the time of its June Board meeting will be spent developing a 5-year plan so the Society can become even more proactive on the issues pertinent to its membership.

At the planning meeting we will focus on setting a Society agenda for the next few years. We will discuss such issues as how the Society will interface with APA and other divisions. We will discuss the role of the Society in training and educational matters. Another major concern of the Society is that, even though there are separate divisions now for child-clinical and pediatric psychology, it is extremely important for the division to sustain its long-standing interest in child and pediatric clinical psychology. The planning will include a discussion of how to maintain support for members who focus on child and pediatric clinical psychology, whether in practice or research or both.

New positive activities of the Society include attendance of a representative to the State Leadership Conference in Washington in March. The Society will contribute financial support to the Second National Conference on Multicultural Issues. The meeting will be held in Southern California in early 2001. The first meeting was an enormous success, and the Society is pleased to provide support for the planned meeting.

As President of the Society, one of my most important objectives is to increase participation of all members. There are several avenues by which you can participate in shaping the direction of the Society. As a beginning, you can vote in the upcoming election of officers (see statements in this issue). I urge you rank-order your preferred candidates when the ballots arrive in a few days. Remember the election uses the Hare system, so you can rank as many candidates as you wish; your vote will be counted for your top-ranked candidate as long as that person remains in the running on each successive count of the ballots. Thus, you can have the greatest impact in the election outcome by ranking as many candidates as you feel are appropriate to serve the division.

As I will note in each of these columns, please remember to respond to the apportionment ballot, which will be sent to you later this year. With our smaller membership, it is **EXTREMELY IMPORTANT** for you to return your apportionment ballot and to allocate as many votes as you can justify to Division 12. It is essential to our impact at APA for us to maintain or increase our current number of seats on the APA Council.



W. Edward Craighead, PhD
Professor of Psychology
University of Colorado-Boulder

President's Column

Finally, regarding involvement, I would like to encourage you to attend APA in August in Washington. Cindy Meston, our Program Chair, has put together a wonderful program that represents all aspects of clinical psychology. In addition to program offerings that focus on the interface of science and practice, there are several program activities designed for those with primarily practice or primarily clinical science interests. Several representatives from NIMH will discuss various of the Institute's initiatives and policies. Further, Emily Richardson and Mark Whisman have put together a phenomenal list of clinical workshops (you should have recently received the brochure describing those workshops). For those of you who know me, it will come as no surprise that we are arranging a great (externally funded!!) social hour to kick off the new century; we hope to provide free food (not just pretzels and nuts) and beverages for that event!

An important development, led by several members of our Society, has enormous implications for the future of clinical psychology. This development has focused on making clinical research increasingly relevant to clinical practice. Clinical research has become increasingly relevant to clinical practice during the past few years, and it will become even more relevant over the next decade. Research currently being funded will be completed during the next 3-5 years, and it will take a while for it to be disseminated, with it being presented first at professional meetings.

Extensive efficacy clinical trials during the 1980's-1990's have supported the use of psychosocial interventions either as the primary treatment or as an ancillary treatment for virtually all of the psychological disorders. That research has been invaluable in various testimony regarding the usefulness of psychological interventions. Efficacy research, however, has been criticized by many who complain that it cannot be translated into clinical practice. Although there undoubtedly is some validity to that criticism, I found such empirically supported treatments (sometimes with slight modification) to be of great utility during my 10 years clinical work at Duke University Medical Center and in my small private practice in Boulder. Nevertheless, these criticisms of efficacy research have led to an increased push for more clinically relevant and user-friendly research.

There has developed a strong national focus on what is called effectiveness trials, clinical trials research aimed at being more inclusive of all individuals suffering from the disorder being studied and designed so it will be able to be used by practitioners. The research in many cases is an extension of prior efficacy research. For example, Edna Foa is studying the methods and effectiveness of extending her PTSD research to community settings in Philadelphia, while using the staff members of community centers to implement the treatment. David Barlow is in the process of evaluating his Panic Control Therapy as a first-line treatment for panic disorder. Rob DeRubeis and Steve Hollon are comparing the effectiveness of CBT with severely depressed patients, who are more like those who present in clinical practice than the patients in previous effi-

cacy trials. John Clarkin is evaluating the relative effectiveness of psychosocial interventions for individuals diagnosed with Borderline Personality Disorder; these are patients who comprise a goodly percentage of individuals among community mental health center long-term clientele. There has never been a time when clinical research trials have been more clearly designed to address clinical practice needs.

Various funding agencies have increased their focus on relevant psychosocial interventions. The NIMH has recently granted contracts to study the most effective interventions for childhood depression, recurrent and difficult to treat depression, and bipolar disorders; each contract includes a psychosocial intervention. These will be the largest clinical trials ever undertaken for these problems. In addition to the effectiveness efforts encouraged by NIMH, agencies supporting alcohol and substance abuse research have increased their focus on comorbid psychological disorders. The National Cancer Institute has just launched an initiative to train individuals so they will be familiar with psychosocial variables (e.g., smoking, substance abuse, satiety and overeating, and exercise) as well as the biology and genetics of cancer research. The findings from these clinical effectiveness trials will be of inestimable value for clinical practice; our clinical practice can in reality have a much broader and excellent scientific base. Of course, it will be up to organizations such as ours to facilitate the broad dissemination of findings and to provide training opportunities in the effective treatments. These educational objectives will need to be achieved at all levels of training, including continuing education.

Another exciting development in clinically relevant research is the study of the relationship of psychological interventions to biological change. As measurement of brain changes advances (e.g., MRI, MRS), we will be able to evaluate the mechanisms of therapeutic change in ways not dreamed imaginable only a decade ago. The work of Baxter and his colleagues at UCLA has illustrated the usefulness of these measures by demonstrating that the changes associated with behavior therapy for OCD are similar to those associated with antidepressant medication. There are numerous projects underway developing neural functioning measures that may be of utility in assessing the mechanisms of change achieved by psychosocial interventions.

In summary, the science and clinical practice interface that has been so long championed by this Society is paying great dividends at the beginning of this century. One can only hope for continued advances so our value as clinical scientists and as practitioners implementing these procedures will be increased as we strive to prevent and alleviate human suffering. As the most recent issue of the *American Psychologist* emphasized, clinical research optimistically points toward the development of procedures to facilitate a positive adaptation to society and cultures in which we live.

As always, I invite you to share suggestions, comments, and feedback with me via mail or email ecraighead@psych.colorado.edu.

On Roadmaps and New Student Sections:



A Call for Manuscript Submissions

David B. Feldman
University of Kansas

As we enter a new millennium, the field of psychology is changing and growing at an increasingly hectic pace. Theories seem to be endlessly forming, dissolving, and splintering as reams and reams of data challenge our notions of the way we ourselves function. As a graduate student, I often find it difficult to gain a foothold from where my own research and ideas can begin to grow and possibly flourish. It is out of this quandary that I present the Student Forum, a new section of *The Clinical Psychologist* dedicated to student readership.

What I propose for this section can be explained using a (possibly strained) roadmap metaphor. It seems to me that the nascent psychologist is similar to a person whom, upon awakening one morning, finds herself in a new city, completely unfamiliar with her surroundings. Upon venturing out and exploring this new world, she easily learns to navigate a few streets close to where she began. But, quickly she realizes that each new road is connected to at least three others, all of which, in turn, lead to innumerable roads of their own. Learning to navigate the city is suddenly a quite daunting task. That's not the half of it, however, because as soon as our heroine makes her way to the border of town and feels relief at its finite size, she notices construction crews, working around the clock to expand the city. And even if, somewhat intimidated, she is tempted to return to the safety of those first few streets, she may discover that even they have been transfigured in an ongoing process of urban renewal.

We, as graduate students, are much like that bewildered navigator as we attempt to wind our way through the crowded journals, libraries, and conferences that comprise our chosen profession. Thus, the task of this new section of *The Clinical Psychologist* is to provide our student readership with a roadmap of sorts—one that we can use both to better navigate existing streets and to learn where renovation and continued expansion is most needed. We are currently calling for submissions that fit loosely with this theme.

Papers should be submitted by graduate students in clinical psychology and be no longer than 20 manuscript pages in length. We encourage the submission of manuscripts that are loosely consistent with the theme outlined above and that cover any topic falling under the broad rubric of clinical psychology (e.g., clinical adult, child, and health psychology). Thus, we are open to submissions that provide a roadmap of existing streets (i.e., literature reviews and summaries of students' own ongoing research), propose or test ideas for the construction of new ones (i.e., theory and/or empirical pieces), or offer suggestions concerning the best ways to learn about and navigate the city (i.e., opinion papers, especially those about issues relevant to graduate education in clinical psychology). If you wish to submit a paper, please use the address at the end of this article.¹

All submissions will be read by the Student Forum editor (myself) and at least one member of a peer-review board. This board consists of Jennifer Cheavens and Amber Gum at the University of Kansas, and Heather Dane at the University of Alabama. In the spirit of education and *peer* review, all members of this review board are graduate students who have been appointed for a one-year term. This short length of term will allow more students the learning experience of participating in a peer-review process during their graduate careers. This student-run editorial process will be overseen by our faculty supervisor, Dr. Stephen S. Ilardi, at the University of Kansas.

I am optimistic that this new section will provide a lively forum in which students can read about the work and ideas of others like themselves and offer their own work as a way of orienting fellow students to the sometimes bewildering world of clinical psychology. I hope that you will take advantage of this new opportunity. ■

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Blood, Sweat, and Careers: Two Successful Psychologists Offer Stories and Guidance for Graduate Students

David B. Feldman
University of Kansas

In keeping with the somewhat educative nature of the Student Forum, we will occasionally print interviews in which well-known psychologists share stories and advice about the graduate school experience and how to make the most of it. In this inaugural column, we are pleased to offer the words of Judith S. Beck and Christopher Peterson.

An Interview with Dr. Judith S. Beck

Judith Beck is undoubtedly one of the best-known individuals within the field of clinical psychology today. Expanding on the work of her father, Aaron T. Beck, M.D., she has helped extend Cognitive Therapy to diverse populations in numerous settings. She is the Director of the Beck Institute for Cognitive Therapy and Research and a Clinical Professor of Psychology in Psychiatry at the University of Pennsylvania. She has authored numerous publications on cognitive therapy, including a text entitled *Cognitive Therapy: Basics and Beyond*. She also presents workshops and lectures across the country. In this short interview, she shares with us advice for graduate students, as well as a little about her own graduate school experiences.

Interviewer: *You mentioned before the interview that you took an interesting route through graduate school. Can you tell me a little about that?*

Beck: I did. I majored in education as an undergraduate at Penn, then got a master's degree in educational psychology from Columbia University, and a doctorate in education from Penn. Along the way, I took a lot of psychology courses and got my license.

Interviewer: *At what point did you decide you were more interested in pursuing psychology than education?*

Beck: It was probably part-way through graduate school. I had always wanted to be a teacher and planned to stay in education, and then got more interested in my father's work halfway through my graduate school career. It wasn't that I wasn't interested in what he was doing before that. It was just that for so long I was focused on education. As I got more

interested in [psychology] and learned more about it, I began taking more psychology courses. And now I've come full circle since one of my primary activities is teaching cognitive therapy to others.

Interviewer: *What sparked your interest in doing cognitive therapy?*

Beck: I began to see that there was an overlap between teaching and cognitive therapy. Both are very educative, goal-oriented, practical, problem-solving focused. I was hesitant to enter the field initially because I didn't intuitively know what to do, whereas I had always felt I was a born teacher. I didn't realize (it sounds naive now to look back at it) that you did not have to start out being intuitive as a psychologist and know what to do. You could learn a body of skills, use them, get better at them, and become intuitive along the way.

Interviewer: *Is that part of how you conceptualize psychotherapy, as teaching?*

Beck: It is part teaching—teaching in a therapeutic way. There are a number of skills people need to learn. For example, patients learn cognitive skills. They learn that when they are in distress, they often have distorted perceptions about themselves, other people, and their worlds. These negative thoughts lead them to feel upset and, at times, to act dysfunctionally. In cognitive therapy they learn the skills of identifying their distorted thoughts, then evaluating and modifying them. They often need to learn behavioral skills, too, such as scheduling activities, giving themselves credit, following better habits, doing relaxation exercises, etc. They sometimes need to learn interpersonal skills, which frequently involve both cognitive and behavioral change.

Interviewer: *Switching from your teaching to your own experience as a graduate student: What kinds of specific things about your experience in graduate school do you think prepared you especially well for what you are doing today?*

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Beck: Probably the most useful thing was learning how to apply cognitive therapy skills to myself. I survived doing my dissertation by identifying the automatic thoughts that were making me feel so anxious, responding to those thoughts, and then plowing through. I think I had typical dissertation thoughts: "I'm incompetent," "My writing is juvenile," "I have nothing to contribute," "My dissertation will never pass"—those kinds of things.

Interviewer: *What specific kinds of cognitive therapy techniques do you think most helped you to get through those kinds of thoughts?*

Beck: The major technique was the dysfunctional thought record, . . . a worksheet where you identify these kinds of dysfunctional thoughts and ask yourself a series of questions to see how realistic the thoughts are and to decatastrophize the thoughts . . . questions such as, "What's the evidence that I have nothing to offer?", "Is there evidence on the other side, that maybe I do?", "What's the worst thing that could happen?", "What's the best, the most realistic?", "What's the effect of my continuing to believe these thoughts as opposed to changing them?", "What should I do now?" . . . Those kinds of questions helped me to see things more realistically and reduce my anxiety.

Interviewer: *What would you recommend that current graduate students in clinical psychology do during their graduate careers that maybe you didn't do to prepare for the particular kind of work that you do now?*

Beck: Looking back, I think that people benefit from having the widest possible experience. So, everything that I've done in my life I bring to therapy in one way or another: my experience of being a student, teacher, friend, wife, mother, daughter. . . . I was lucky to have had all these experiences before I finished graduate school. All of my experiences with different patients, and all of my experiences working at different sites and in different arenas have helped me grow. But I think many graduate students are often too focused on getting through and getting good marks and getting the right internship. I think in general people are better off, whether they're in graduate school for clinical psychology or something else, getting a wide range of professional experiences and getting more life experience. . . . It's especially important for psychologists. They shouldn't just specialize in one area at the expense of being a generalist to some degree as well. People who are specializing in (say) anxiety disorders could probably learn quite a lot from learning more about depression, psychotic disorders, and others down the line.

Interviewer: *How would you, in your own words, characterize what you're doing now in your career?*

Beck: Well, I do a lot of administration as Director of the [Beck] Institute. Second, I do a lot of teaching and supervising of all kinds of mental health professionals and other professionals. In our training programs we have psychiatrists, psychologists, social workers, and psychiatric nurses from the U.S. and other countries. I teach or supervise primary care physicians, managed care providers, NIMH research therapists. Also, graduate psychology students and psychiatric residents. And school counselors and teachers. Third, I see patients, usually ones with challenging disorders. It's crucial that I continue to see patients because that keeps me growing as a therapist and informs my teaching and my research, another component of my job. The last thing I regularly do is writing.

Interviewer: *Could you share with me a little more regarding what you said before about therapy informing your teaching and research? How important do you think the therapy component is to informing what you do?*

Beck: It's essential. You need to get first-hand data about patients and about therapy in order to make good research hypotheses that you then can test. . . . The field of cognitive therapy keeps on changing and expanding, and to be able to teach and supervise effectively, you have to have ongoing experience in treating patients. In the 1990's, for example, other cognitive therapists and I developed ways of conceptualizing and treating patients with more difficult disorders, Axis II disorders, or other co-morbid disorders. We're also using many more techniques that are experiential or psychodynamic-like.

Interviewer: *As we enter the new millennium, what do you think the future of your particular specialty area, cognitive therapy, will be? How would you like to see it change and grow?*

Beck: In terms of becoming a recognized specialty area, I would like to see the Academy of Cognitive Therapy expand. It certifies mental health professionals as cognitive therapists according to pretty rigorous standards. In terms of extending the applications of cognitive therapy, I'd like to see more research on using cognitive therapy for severe mental disorders (schizophrenia, bipolar disorder, and so on) and, when appropriate, for medical patients. (It's already being used for depressed heart attack patients and for patients with diabetes, hypertension, chronic pain, and asthma, for example.) I'd also like to see cognitive therapy being applied to more settings: primary care physicians' offices, schools (working with administrators, supervisors, teachers, and students), to name a couple. I'd like to see therapists use it more with couples and families, and in groups. I'd like to see more training in cognitive therapy for graduate students and managed care providers. I'd like to see cognitive therapists keep up with cutting edge treatment. For

example, we now emphasize the therapeutic relationship and modifying the meaning of childhood trauma for many patients with Axis II disorders. Any new application of cognitive therapy, of course, has to be researched and then, if it's found effective, disseminated.

Interviewer: *What kinds of things would you recommend that graduate students who are interested in cognitive therapy do in graduate school to prepare themselves for careers in this area?*

Beck: Although they are sometimes hard to find, students should seek out cognitive therapy supervisors. The Academy of Cognitive Therapy [www.academyofct.org] will soon list cognitive therapists across the country; maybe students could try to hook up with them. If they can't, then they'll have to rely more on reading, watching videotapes, and using cognitive therapy techniques on themselves. They could set up a kind of peer-learning or peer-supervision group with fellow graduate students where they could discuss readings, do role-playing, and things like that. Also, students should go to cognitive therapy presentations at AABT [Association for the Advancement of Behavior Therapy] and APA and elsewhere. And they can start by learning more about cognitive therapy on our website [www.beckinstitute.org].

Interviewer: *Are there any particular things that you feel help you succeed in what you are currently doing? You already mentioned some cognitive therapy techniques that you use in your own life. Are there any other characteristics, habits, or skills that you feel really help you on a daily basis in your career?*

Beck: Most of these really are cognitive therapy kinds of skills. First of all, I have to say that I am extraordinarily lucky to have the father that I have, who not only helped open doors for me but also gave me the best training in the world. . . . Having said that, though, I think that there are personal qualities that I have that allow me to take advantage of those opportunities. I also use cognitive therapy techniques on myself. I've gotten very good at catching myself being too self-critical, for example. I've learned how to evaluate myself more realistically. . . . My difficulty when I first began as a therapist was sitting in therapy sessions and comparing myself to my father, thinking how much better he would be doing if he were sitting there. And then I realized after a few months of torturing myself that he was probably not a functional comparison for me. . . . As I developed more skills, I got more self-confidence. I find a lot of people I supervise or teach expect too much of themselves.

Interviewer: *I'm finished asking my prepared questions. Do you have anything else that you would like to share with graduate-student readers?*

Beck: Make sure that the work you are doing is always informed by research. And, ideas should make sense. . . . A lot of people have the idea that psychology should be esoteric: psychological concepts and constructs should be difficult to grasp, even convoluted. I've found the opposite to be true: The more logical and accessible ideas are, the more they make sense to you, the more likely it is that you'll be able to progress yourself and help your patients. Also, accept your weaknesses and work on them if they're important to you. No one is good at everything. I'm stronger in teaching than I am in research.

*...accept your weaknesses and work on them if they're important to you.
No one is good at everything.*

Being a graduate student can be a humbling experience so it's important to directly work on your self-confidence. I ask beginning therapists whom I supervise to write cards to read before every therapy session, reminding themselves that they are supposed to be beginners, they're not supposed to know everything, that their goal should be to sharpen their cognitive therapy skills, not to "cure" the patient during the session. I help more experienced therapists increase their self-confidence by having them compare themselves to how they used to be, instead of to how they think they should be. I tell them that I have a way to go, that while I'm a much better therapist than I was five years ago, I expect to be a better therapist five years from now.

Interviewer: *So, as a student, it's important to capitalize more on the strengths one has?*

Beck: Right. And also to recognize your strengths on a daily basis and to develop reasonable expectations for yourself and for your patients. One of the best things about being a cognitive therapist is being able to use the techniques on yourself.

An Interview with Dr. Christopher Peterson

Christopher Peterson is presently an Arthur F. Thurnau Professor of Psychology and the Director of Clinical Training at the University of Michigan, where he has been on faculty since 1986. His original doctoral training was in Social and Personality Psychology at the University of Colorado, where he became interested in individual differences in cognitive characteristics. He is best known for his use of the learned helplessness model in the investigation of physical well-being and psychopathology, most notably unipolar depression. Today, he characterizes his work as falling most broadly within a stress-and-coping framework, with an emphasis on health applications. In this brief interview, he discusses the development of psychology as a field and offers advice regarding the

manners in which nascent psychologists can establish careers in this ever-advancing discipline.

Interviewer: *Where did you attend undergraduate and graduate school?*

Peterson: I got my undergraduate degree from the University of Illinois. I started out majoring in engineering; then I took a psychology course because it was supposed to be easy. And it was. But I also realized that it was a lot more interesting than engineering. So, I switched and have not really looked back. Then I went to the University of Colorado to get a doctorate in social psychology. So, my clinical training came postdoctorally at the University of Pennsylvania.

Interviewer: *Why did you make the decision to respecialize in clinical psychology?*

Peterson: Well, to be honest, it was purely practical. I thought there would be a greater chance for employment. . . . I think the market for academic psychologists has always been pretty good in clinical psychology, but back twenty-some years ago, it was pretty tight in social.

Interviewer: *Looking back on your years in graduate school from the perspective of what you are doing now, what kinds of things do you think prepared you the most?*

Peterson: Given that I was not in a clinical psychology program . . . what influenced me the most was approaches to research. I got good advice early on, which was to really master some approaches and try to keep using them. In my case, these involved questionnaires, surveys, and individual-difference measures. You should change your questions, perhaps, but don't change your methods. . . . (I don't even know if I fully believe that, but it's an interesting idea.) . . . So, for graduate students: Master a couple techniques and stick with them, so you really are the master at them.

Interviewer: *What kinds of things would you recommend that current graduate students in clinical psychology do during their graduate careers that maybe you didn't do, but that you feel would prepare them for careers in your professional specialty?*

Peterson: Oh, I didn't plan ahead. Part of that was the era—the 1970's. So we really didn't have to plan ahead, or maybe we just didn't plan ahead. I wouldn't say that I was a full-fledged member of the counterculture, but I had a little bit of that in me. It wasn't like I was just living for today, but I sure wasn't living for tomorrow. And I think it's possible to be much more mindful than I ever was. So, [you should ask yourself], "Does this line of research make sense given where I might be working?" "What kind of clinical training should I

get now given who my likely client base is going to be?" . . . It's really hard to be a clinical psychology grad. student, and it's really easy to get in the mindset of, well, "what do I have to do today?" . . . and do it one day at a time. That may work very well for Alcoholics Anonymous, but it's not good for your career.

Interviewer: *Any words of advice for psychologists fresh out of graduate school who are looking to establish themselves in clinical psychology?*

Peterson: I think it's just imperative that people do post-docs. nowadays in clinical psychology. This is true whether someone wants to go into an academic job or to be a practitioner, because of licensing. . . . The days are certainly gone when you got your Ph.D. and got your license the next day. The state of Michigan requires 4000 hours of supervised work post-doc. That's a lot of time, and you have to set that up. . . . And there's a temptation to say, "Well, I won't worry about the license, I just want to do academics." I would say, "Think that one through." You don't know what you might want to do in 20 years. . . . Also, although I don't practice [psychotherapy], that's a shortcoming. That's a problem with me. My work would be better if I saw clients. So, I remind people that there's a reason clinical psychology training takes the form that it does; we actually do believe that science and practice feed each other. Don't cop out and give up the practice for the science. And if you're going into an academic job, get your licensing taken care of. It makes you much more desirable to hire, because you can come on board and supervise.

Interviewer: *Any other advice for students particularly interested in going into an academic job like you did?*

Peterson: The advice would differ depending on where you are in your career. Certainly, in graduate school, you should hook yourself up with somebody who can teach you something. It's good to have a mentor; it's good to be an apprentice. Some people are kind of uncomfortable with that, but you have to learn the ropes. But always be mindful that at some point you're going to break away from your mentor. You should be doing that as you're leaving. So, during your dissertation, you can have one foot in your mentor's expertise; but it should only be one foot, not both feet. Keep in mind that as a graduate student, you are always drawing on the resources of your more senior professors. But, when you're a 29 year-old assistant professor at a small university, you're not going to have the three-million dollar grant. So, do what's practical: What are research questions you can investigate while you are accumulating your own resources? . . . But also, don't jump around. Stay with a topic and master it. . . . Because when it comes time for somebody to decide if you get tenure, they want to talk

about the body of work that you've done. And that's singular; it's not the bodies of work that you've done.

Interviewer: *How would you, in your own words, characterize what you're doing now in your career?*

Peterson: It's the same thing that I've always looked at: How do individual differences and beliefs relate to adjustment. What has changed in my career is what type of adjustment I'm interested in. So, the first half of my career I was interested in depression; now I'm interested in physical illness. But it's still the same basic approach—individual differences and correlational strategies.

Interviewer: *Are there any particular things that you feel have helped you succeed in what you are currently doing? Any mental skills? Characteristics? Habits? I know that some writers say that they just need to sit themselves down in a room for four hours and tell themselves, "I'm going to write or I'm going to sit here." Do you do anything like that?*

Peterson: Well, actually, that is something I do. . . . When I first started my career, I bought a bunch of books on how to write. These were written for people who were going to be novelists, but it didn't matter. And every book said the exact same thing: If you want to write, you've got to write. You don't wait until the muse moves you, you don't wait until you're healthy, you don't wait until you're happy, you don't wait until your house is clean. You just write. But that's not what I was originally going to say. The way you asked the question, I was thinking of anything special that I do or characteristics that I may have. You know, we're supposed to be modest, but these are the sorts of things that I would brag on, although most people wouldn't even think of these as skills. So maybe it's not really bragging. I have the ability (that I don't think most people have) to know how long it's going to take to do something. . . . I don't know why I've got that ability, but I think it has been really good for me. . . . So, that's a skill. And the other skill that I have, which is related, is that I don't procrastinate. I've got two sayings that I always pound on the table and tell my graduate students: "Get it off your desk and get it out the door," . . . and "Don't be a perfectionist." I am not a perfectionist. Some would say that maybe I'm too hurried with things, but at least it's off the desk and out the door.

I: *How about any skills or habits that you use for generating theory?*

P: Well, I don't think of myself as a big theoretician. (I'm not even sure that I think of myself as a small theoretician.) But, when I do have ideas, where do they come from? They come from juxtaposing. And so, it's an argument for reading widely and talking widely to people. So, there may be no new ideas, but there are always new juxtapositions.

Interviewer: *As we enter the new millennium, what do you think the future of psychology will be? In what ways would you like to see it change?*

Peterson: I'd like to see it continue to change as it has—when there's reason to change. . . . I think that the way I've seen it change in the last decade is, on the one hand, increased acknowledgment of biological factors. And it's not just with the traditional biopsych. people, but in all fields of psychology. It was possible 10 or 20 years ago to be exclusively a clinical psychologist or social psychologist and ignore the fact that we have a brain and nervous system. It was certainly possible to pretend that evolution had nothing to do with the human condition. You can't do that anymore, and you shouldn't do that. The other direction of change is an increased recognition of context or setting or culture. . . . [But] I don't think the biological direction and cultural direction are really incompatible. I think that these changes enrich psychology, as long as we don't lose traditional psychology in the midst of this (because we can't all become neurologists or anthropologists). There is something unique about psychology. . . . So, I think people should have a more integrated perspective and graduate training should be broader as opposed to more narrow. . . . We should be more broadly aware of what our brothers and sisters are doing on other floors of our buildings. ■

(School Violence, Barbara Alexander's On
Good Authority 1/4 page ad here)

(AAPB Workshops Full-Page Ad Here)

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.

Diane J Willis, PhD

My professional career in psychology has been devoted to the education and training of clinical child and pediatric psychologists and the development of new service models for meeting the mental health needs of culturally diverse and difficult-to-serve populations. As President of the Division, 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. 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. However, to competently meet the service demands of the next generation, we must put efforts to further our knowledge in a variety of new research areas. 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 Division 12 members who serve as the backbone of our Division. I want to

represent, especially, this particular group of Divisional members.

Elsie Go Lu, PhD

My goals for the Society of Clinical Psychology will be:

1. To develop strategies to deal with the major issues such as (a) achieving parity for mental health services, (b) public acceptance of psychology as an all inclusive healing profession and expert profession in providing mental health services, (c) insufficient number of psychologists with diverse training, education and background to meet the needs of the changing populations, and (d) sufficient funding for education and training programs at all levels.
2. To identify and define the resources required, and
3. To prioritize these resources.

I obtained my doctoral degree in Clinical Psychology from UCLA in 1966 and have always advocated for the importance of psychologist as scientist/practitioner. Professionally, I have practiced in the public sector, community mental health programs. I have increased the number of psychologists employed in the programs I directed as deputy director of mental health of Los Angeles County with a budget of over \$250 million. I have implemented specialized public mental health programs for individuals with HIV/AIDS, serious mental illness/emotionally disturbed and homeless of all ages, gender, physical disability and ethnicity. In all the programs, I have advocated for the importance of training and research.

I have always been involved with organized psychology, beginning with my state association. I was a co-founder of and Chair of the Division of Public Interest of CPA. I served as the 1993 CPA President, and continue to be involved with the Board and Committees in different capacities as of today.

Next, I have been involved with Division 12 for over a decade and a member since obtaining my Ph.D. in 1966. I am currently the Secretary for the Society and prior to that I was the Section representative from the Section on Clinical Psychology of Ethnic Minority. I have also served as that section's secretary and treasurer.

I have also been involved with APA as CPA's Council Representative, as well as a member of CAPP for two terms. I

have always been a legislative advocate, and consistently helped to get psychology's perspective heard, as well as helping with many contributions which were recognized in awards such as the APA's Karl Heiser, CPA Distinguish Service, and the Forensic MHA of California Outstanding Contribution.

I believe the Society needs to broaden its perspective and be seen as the premier division for the provision of psychological services.

Larry E. Beutler, PhD

My career reflects a blend of science and practice. While my reputation is largely based in the traditions of psychotherapy research, I have run two large and successful private practices, I have served as Director of Outpatient Services in both general outpatient clinics and in well-regarded colleges of medicine. I have practiced and published in many different areas of health psychology (e.g., oncology, neurology, sleep disorders, chronic pain), as well as in the areas of sexual dysfunction and treatment, depression, and chemical abuse. I have also written broadly on issues related to clinical training, skill development, psychological assessment and diagnosis, and the non-specific factors that contribute to effective outcomes.

Finally, I have served in offices that reflect these diverse roles of science and practice. I have been President (international) of the Society for Psychotherapy Research, President of the Division of Psychotherapy (Division 29), President of the Arizona Society for Group Psychotherapy, and a member of the Arizona Board of Psychologist Examiners, among other things. Recently, I have served as a member of APA Council and a member of the Board of Division 12.

The Society of Clinical Psychologists (Division 12) has always been and continues to be the voice that speaks on behalf of those whose activities, practices, and commitments are to the application of clinical knowledge to human welfare. But, these thousands of individuals cannot be represented by a single voice. There are many voices within clinical psychology, representing diversity of viewpoints and perspectives. And this fact forms the crux of the two great questions that face this Division as we move into this century: (1) can a "General Practice" division represent the diversity that is clinical psychology? And, (2) how can the divergence of views represented in this Division benefit both the science and the practice of clinical psychology?

A major task of the next few years is building our ranks. I believe that retaining and expanding our membership is more than an issue of needing better advertisement of what we offer. It requires an improvement in what we offer. We must learn to better appeal to the desire of our members to become specialized and to belong to reference groups of like-minded individuals. I believe that these goals can be largely accomplished by fostering the growth of our sections. We should actively

work to expand the diversity of sectional interests and to increase both the visibility and voice of section members. I will work to increase the benefits of section membership and to enhance the voices of section interests in Divisional affairs.

But, a multitude of sectional and specialization interests do not represent those things that unify clinical psychology. Our diverse voices must be guided by commonly held, sound principles. If elected President of this Division, two principles will guide my effort to bring some harmony to the many divergent voices and perspectives that characterize our field.

Principle #1: Where multiple opinions are evident, all must receive an equal and impartial hearing. In the long run, more good and greater progress will and does come from amicable disagreement and discussion than comes from shared perspectives. I recall a technique of systemic marital therapy in which the warring partners are asked first, to sit facing each other and then, to sit beside one another, and from each vantage point to describe what is within their individual field of vision. It is then observed that while they are in greater agreement when they are facing the same direction, the more accurate and encompassing view of what is "out there" comes when they merge their different perspectives.

Principle #2: Scientific Study Offers the Greatest Hope of Building a Strong and Resilient Practice. While I see value in open discourse and even conflict of viewpoints, this should not be contrived as placing value on conflict. There is no moral value in conflict per se, but conflict identifies the areas around which multiple perspectives should be shared and heard. I believe that most clinical practitioners and academic scientists alike would agree with my proposition that scientific study offers the greatest hope of building a strong and resilient practice. The arguments that have kept us divided into science and practice camps are not about the relative value of science and practice, but about what constitutes reliable and valid evidence scientific evidence.

To some, the usual criteria that have been used to define scientifically valid treatments lack believability because they represent only a part of what most of us would take to be evidence of a treatment's value. They largely reflect a group-based, horserace view of treatment similarities and differences. These are not the only scientific standards available to us. Our view of science must be broader than that represented in laboratory-based investigations. Thus, I plan to initiate a dialogue with other groups that are working on developing standards of practice and on the identification of empirically supported treatments in order to encourage the development of a broadly based and integrated set of guidelines that are based on principles of behavior change rather than on theories and manuals of psychotherapy. We must find ways that will allow us to apply scientific knowledge that does not require us to learn new theories or to reject our clinical experiences. We need sound, scientifically derived principles to guide our practices, not more theories, more techniques, or more manuals.

Candidates for Division 12

APA Council Representative

Laura C. Toomey, PhD

In many ways, you have a win-win situation in your choices for APA Council Representative. We are all traditionally trained clinical psychologists who are knowledgeable about issues facing our discipline and familiar with APA and Division 12 governance.

But I offer a unique contribution: I represent public institutional practice. I have been practicing and helping to train clinical psychology interns in a state mental health system for over 25 years. During much of the same period I have been involved with Division 12 governance, as a committee member, Treasurer, and Council Representative, and typically I have been the only non-academician at the table. My viewpoint is different from those of academics and private practitioners: I understand the special problems facing psychologists in public institutions.

As you rank-order the Council candidates, please consider the value of keeping a voice for public service on the Division 12 Board and Council delegation.

Charles D. Spielberger, PhD, ABPP

I am delighted to be nominated to represent Division 12 on the APA Council, and would look forward to supporting the programs of our Division on all matters relating to the science and practice of Clinical Psychology. My qualifications for contributing to the advancement of Clinical Psychology include previous service as President of our Division and Council Representative for two terms, during which I especially enjoyed participation in the activities of the Division Executive Committee and chairing the Finance Committee. I am also a Fellow of Division 12, an ABPP Diplomate in Clinical Psychology, a Distinguished Practitioner of the National Academies of Practice, and a member of the Academy of Behavioral Medicine Research and the New York Academy of Science.

From 1987 until 1993, I served on the APA Board of Directors as Treasurer, and as the 100th President of the APA. I currently serve as President of the International Association of Applied Psychology and the International Stress Management Association, and as Chair of the US National Committee for International Psychology of the National Academy of Sciences. As a member of the APA Policy and Planning Board, I participated in the recent five-year review, and previously

chaired the APA Committees on Accreditation, Finance, and International Relations, and served on the Publications Board.

My academic qualifications include appointments as a tenured professor at Duke, Vanderbilt, Florida State, and the University of South Florida, and as Director of the APA-accredited Clinical Training Programs at FSU and USF. My current research focuses on: the assessment of anxiety, depression, curiosity, and the experience expression and control of anger; job stress and stress management; and the role of stress, emotions, and lifestyle defense mechanisms in the etiology and progression of hypertension, cardiovascular disorders, and cancer.

John D. Robinson, EdD, MPH, ABPP

Having served as a member of the Membership Committee for the Society for nine years (five as chair), I have shown my dedication to the Society. My major goal has been to increase the diversity of the division in terms of gender, race, and ethnicity. The Society of Clinical Psychology is now well represented by a very diverse number of psychologists who may otherwise feel disenfranchised in our profession. In addition, I have increased the number of students and "new" psychologists as members of the Society and developed innovative ways to recruit and retain members. After receiving undergraduate and graduate degrees from the University of Texas at Austin, I received my EdD from the University of Massachusetts at Amherst and an MPH in Psychiatric Epidemiology from Harvard University School of Public Health. Currently, I am a member of the senior faculty of the Howard University College of Medicine and the Georgetown University School of Medicine. I hold ABPP board certification in both Clinical and Clinical Health Psychology and am President elect of the American Board of Clinical Psychology. Having served on a number of committees and task forces of APA, I am very familiar with the governance structure of the organization. I hope to continue to represent the diversity and interests of the Society by being a member of the APA Council of Representative.

Gloria Behar Gottsegen, PhD

The good news is that I have been nominated for the position of Council Representative for our Society as a MANDATED candidate.

The bad news is that because we lost two Council seats in the recent apportionment balloting, there will be only one Council seat open for this election cycle and several worthwhile candidates.

My long involvement as a Fellow of the Society in several roles - six year member of the Board of Directors, President and Treasurer of a section, co-author of the latest Bylaw revision - and my ardent support of the Scientist-Practitioner concept and two term Treasurer of the Assembly of Scientist-Practitioner Psychologists make me an excellent candidate to put forth our positions to the APA Council.

My broad experience in APA Governance - essential for a Council Representative - includes positions as Chair of the Committee on Structure and Function of Council, Membership Committee (two terms) and Board of Convention Affairs; Member of the Policy and Planning Board, and currently, liaison to the Society as a Member of the Committee on Division and APA Relations.

I am eager to continue my record of proven and effective service, energy and commitment to the Society of Clinical Psychology.

A. Toy Caldwell-Colbert, PhD, ABPP

I received my Ph.D. in Clinical Psychology from the University of Georgia in 1977 and completed a Brown University Medical School internship. A licensed psychologist in Kansas, Illinois, and Indiana, I have had a small practice and presently consult nationally and internationally. My academic career encompasses faculty/administrative appointments at University of Manitoba, Emporia State University-Kansas, and

Indiana State University. I am currently Associate VP/Academic Affairs at University of Illinois and Professor of Psychology, Urbana-Champaign and Chicago. I teach a psychotherapy course and lecture on clinical training models, telehealth, ethnic minority issues, behavior therapy with diverse populations, and psychology of women.

As a Diplomate and Fellow of Division 12, my service/leadership activities include Membership Committee, Editorial Board for *Clinical Psychology: Science and Practice*, and Program committee; for Section VI (Ethnic Minority): Past-President, Program and Membership Chair; Section IV (Women): Secretary, Past Member-at-Large, and Student Research Awards and Professional Awards Committees. I am a member of Section III. Active in APA Governance, I serve on the Board of Professional Affairs and its Executive Committee and Nominations Subcommittee, and as liaison to APA Board of Directors and BAPPI. I am chair of CEMRRAT's Implementation Committee and a member of the Telehealth Task Force. I have authored or contributed to numerous key publications for APA that promote Psychology as an inclusive science through my work on CEMRRAT, the BEA Task Force on Diversity Issues at Precollege and Undergraduate Levels in Psychology, Liaison to the Task Force on Women in Academe, and Editorial Board of *Cultural Diversity and Ethnic Minority Psychology*.

My experiences as a clinical psychologist and my involvement in Division 12 and APA Governance for the last 15 years place me in an excellent position to serve as your Council Representative. I would serve as an informed voice of the membership and work on behalf of the Division to promote the professional and scientific endeavors of clinical psychology.

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

Call for Nominations for the 2000 MENTOR Award

Section VI is soliciting nominations for the 2000 MENTOR Award. The MENTOR Award recognizes a psychology faculty member, preferably a member of Division 12, who is or has been committed to the teaching and training of clinical psychologists to work more effectively with ethnic minority clinical populations.

MENTOR stands for:

- Minority*
- Education*
- Nurturing*
- Training*
- Organizational advocacy*
- Research*

The criteria for the award are accomplishments in at least two of the following areas:

1. Education - Professional development (e.g., helping students get publications, honors, professional positions, creating access to ethnic minority populations for training purposes)
2. Nurturing - Creating a professional climate that is supportive of cultural diversity (e.g., organizing a Multicultural Brown Bag, social/cultural events to promote diversity, organizing formal mentoring activities)
3. Training - Curriculum development (e.g., developing an ethnic minority course, helping infuse a training program's curriculum with multicultural issues, developing a special training program for more effective work with ethnic minority populations)
4. Organizational advocacy - Working within an organization or creating a new organization to increase diversity (e.g., increasing the number of ethnic minority students and graduates of a training program, increasing the number of ethnic minority faculty in a training program, establishing an ethnic minority student organization)
5. Research - Mentoring student research that increases the clinical understanding of ethnic minority populations

Nominations should consist of:

1. A nomination letter (no more than 3 pages long) stating the contributions of the mentor to the areas listed in #2.
2. The mentor's vita.
3. Letters from at least two persons who have been mentored by the nominee.

Persons who were nominated in 1999 will automatically be considered for the 2000 *MENTOR* Award and need not be re-nominated, unless nominators wish to update the previous nominations.

Nominations should be sent by June 1, 2000 to Gordon C. Nagayama Hall, PhD, Department of Psychology, 333 Moore Building, The Pennsylvania State University, University Park, PA 16802, Phone: 814-863-1752, FAX: 814-863-7002, E-mail: gch3@psu.edu



Society News



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

Thank You Reviewers!

The following individuals served as reviewers for *The Clinical Psychologist* in the 1999 calendar year. Their contributions of time and expertise is much appreciated.

Larry E. Beutler	Michael W. O'Hara
LeAnna Clark	George W. O'Neill
Gordon C. Nagayama Hall	William C. Sanderson
Gerald Koocher	Lee B. Sechrest
Scott O. Lilienfeld	Lawrence Siegel
Richard McFall	

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. Phone (303) 652-3126. Fax (303) 652-2723. E-mail: lpete@indra.com

New Members in 1999

The Membership Committee announces that that were 226 new members in 1999.

Members of the Committee for 1999:

Chair-1999 John D. Robinson, Ed.D., MPH
 Member (1998-00) John Colletti, PhD
 Member (1999-01) Duane Ollendick, PhD
 Member (1997-99) Asuncion Miteria Austria, PhD
 Member (1997-99) Toy Caldwell Colbert, PhD
 Member (1998-00) John D. Robinson, EdD, MPH
 Member (1998-00) Holly Waldron, PhD
 Danelle Reed-Inderbitzen 1999 APAGS Representative was Member Ex-Officio

Members of the Committee for 2000:

Co-Chair-2000, Kent E. Hutchison, PhD
 Co-Chair-2000, Patricia Aream, PhD
 Member (1998-00) John D. Robinson, EdD, MPH
 Member (1999-01) John Colletti, PhD
 Member (1999-01) Duane Ollendick, PhD
 Member (1998-00) Holly Waldron, PhD
 Roxanne Manning (1999-00) APAGS Representative is Member Ex-Officio

Congratulations Fellows!

Fellows accepted in 1999 and effective Jan 1, 2000

Initial Fellows

Patrick W. Corrigan, PsyD
 Thomas Joiner, PhD
 James B. McCarthy, PhD
 Melinda Stanley, PhD
 Mark Stein, PhD

Fellows who are already Fellows in another Division

Philip Saigh, PhD
 David B. Adams, PhD
 Robert G. Knight, PhD

Society to Cosponsor Multicultural Conference and Summit

The Second National Multicultural Conference and Summit is being planned for January 2001 at a location to be determined somewhere in Southern California. The Society of Clinical Psychology will be one of the divisions cosponsoring the conference.

The first conference was highly successful, according to the formal evaluations of the 550 attendees. A "Report of the National Multicultural Conference and Summit" is featured in the December 1999 issue of the *American Psychologist*, as will Stanley Sue's keynote address, "Science, Ethnicity and Bias: Where Have We Gone Wrong?" Videotape productions are available of all four keynote presentations from Microtraining Associates, Inc. (Tel: 413-549-2630; Fax 413-549-0212; email: <http://www.crocker.com/-micro>).

The number of groups willing to support the stated objectives of the NMCS was a broad endorsement of the values and principles of multiculturalism. They included the National Institutes of Health (Office of Behavioral and Social Sciences Research), American Express, Inc., APA Office of Ethnic Minority Affairs, Committee on Division/APA Relations (CODAPAR), California School of Professional Psychology (MERIT Institute), APA Board of Educational Affairs Diversity Task Force, University of Memphis, Microtraining Associates, Inc., American Association of University and College Counseling Center Directors, Association of Counseling Center Training Agents, Sage Publications, University of California Irvine Counseling Center, and the University of Southern California Counseling Psychology Program. APA Divisions 9, 12 (Section 6), 13, 27, 43, 44, and 48 joined with hosting divisions of 17, 35 and 45 to cosponsor the conference.

The 2nd conference will consist of a two-day series of keynotes, symposia and forums aimed at illuminating issues related to the theme of "The Psychology Of Race, Gender, Sexual Orientation, and Disability: Implications For Research, Training, Practice." In addition, many of the cosponsoring divisions will hold their midwinter conferences immediately following the two-day conference, as we did last year. This allowed for the opportunity to maximize divisional interchange and future coalition building, as encouraged at the 1998 APA Divisional Leadership Conference. At the first Summit, we developed an Interdivisional Alliance to work on common goals and objectives. A "Committee of Eight" (Divisions 9, 17, 27, 35, 43, 44, 45 & 48) is composed of participating division presidents who pledged support for the overarching and superordinate goal of "social justice" defined as equal access and opportunity. We plan to invite other divisions to join the alliance at the next conference. This will not only help in diversifying your divisions, but we can become valuable allies in the diversification of the profession.

Letter to the Editor

Stuffing Our Kids: Should Psychologists Help Advertisers Manipulate Children?

Advertising to children has become big business in recent years, with kids under twelve spending over 24 billion dollars of their own money in 1997 and directly influencing the spending of 188 billion more (McNeal, 1998). This surge in child consumerism has resulted in a keen interest among marketers in knowing what makes kids tick. To learn more, advertisers have hired well-paid psychological consultants to help them study every phase and stage of a child's life. The results are sophisticated, finely-honed commercials that work.

When psychologists engage in such consulting practices, their media-amplified impact is enormous - and it will continue to grow, as there is no end in sight to the expanding child

market. These practices raise grave ethical concerns regarding the proper use of psychological expertise and threaten the public's trust in the profession.

For this reason, along with Gary Ruskin of Commercial Alert, a Washington-based advocacy group, we recently sent a letter to the American Psychological Association (APA) asking it to address these issues.' The letter, endorsed by sixty psychologists and other mental health professionals, requested that APA "[i]ssue a formal public statement denouncing the use of psychological techniques to assist corporate marketing and advertising to children," and that it amend its code of ethics appropriately. We further urged APA to launch a campaign to educate the public about the ongoing abuse of psychological knowledge by the child advertising industry. APA has referred the letter to its Board for the Advancement of

Psychology in the Public Interest, which meets in March.

Some child advertisers candidly admit that their commercials exploit children and create family conflicts. According to Nancy Shalek, then president of Shalek Agency, "Advertising at its best is making people feel that without their product, you're a loser. Kids are very sensitive to that. If you tell them to buy something, they are resistant. But if you tell them they'll be a dork if they don't, you've got their attention. You open up emotional vulnerabilities, and it's easy to do with kids because they're the most vulnerable" (as quoted in Ruskin, 1999, p. 42).

Marketers also work hard to increase their product's "nag factor," a term which refers to how often and how vehemently children pressure parents to buy an item. In one of our practices (Kanner), parents have approached the therapist in turmoil over how to respond to such nagging. They feel guilty about purchasing items, such as junk food or violent video games, that they believe are bad for their kids. On the other hand, they worry that by constantly saying "no" they will increase their child's depression or worsen an already strained parent-child relationship.

Another disturbing trend in child advertising is the targeting of very young children. Mike Searles, then president of Kids-R-Us, a major children's clothing store, believes there are great advantages to hooking a child as soon as possible: "[I]f you own this child at an early age, you can own this child for years to come. Companies are saying 'Hey, I want to own the kid younger and younger'" (as quoted in Ruskin, 1999, p. 42).

Psychologist Dan Acuff (1998), in his recent book *What Kids Buy and Why*, offers marketers detailed advice on advertising to two-year olds. He suggests that commercials include animals or animal characters, feature characters that are round or curvy in shape, and proceed at a slow pace that most adults would find tedious. His recommendations are based on studies showing, respectively, that up to 80% of young children's dreams are of animals, that toddlers associate round, curvy shapes with "good guys" and jagged, crooked lines with "bad guys," and that very young children are not "wired" for fast-paced programming with quickly changing scenes and images. Thus, Dr. Acuff has integrated a diverse yet highly specialized set of studies to help marketers manipulate these highly vulnerable toddlers.

What is the proper relationship of child psychology to advertising? Given the unprecedented volume of commercials to which children are exposed today, along with their increasing sophistication, to answer this question we need to consider the cumulative impact of ads. Specifically, we can inquire as to whether, *taken as a whole*, modern advertising emotionally harms children.

Indeed, there is good reason to believe it does.

Studies on "materialism" show that individuals highly focused on materialistic values also report less satisfaction with life, less happiness, worse interpersonal relationships, more drug and alcohol abuse, and less contribution to community (see Cohen & Cohen, 1995; Kasser, 2000; Sirgy, 1999). Yet materialistic values are the very ones that commercials pound into our children day in and day out. Consistent with these findings, Kanner & Gomes (1995) have written about the narcissistic wounding of our youth that occurs when advertisements make children feel deeply inadequate unless they purchase an endless array of new products and services. We have described this process as contributing to the formation of a shallow "consumer identity" that is obsessed with instant gratification and material wealth.

In addition to inculcating materialistic values, commercials deceive and manipulate children on a massive scale. The false promises of popularity, success, and attractiveness that marketers routinely make for their products are such common lies that we have become inured to their dishonesty. Yet from our clinical work we know that when adults chronically deceive and manipulate a child, it erodes the youngster's ability to trust others and feel secure in the world. We would expect the falsehoods and distortions in commercials to have a similar effect.

Curiously, the overall adverse impact of advertising on children has been largely ignored by psychology, just as psychologists who consult with child marketers have gone virtually unchallenged. This state of affairs reflects a more general failure of the field to critically examine the consumer values and beliefs that have transformed American society during the 20th century.

Our letter to APA is thus intended to do much more than halt the questionable consulting activities of some psychologists. It is a call to psychology, at long last, to take action against the commercialization of our youth. WHAT CAN YOU DO? We suggest you express your support for the proposals outlined in our letter by contacting APA President Patrick DeLeon, Ph.D. (the APA number is 1-800-1374-2721) and your division and state chapter presidents.

Allen D. Kanner, PhD and Tim Kasser, PhD

References

- Acuff, D. (1997). *What kids buy and why*. NY: The Free Press.
- Cohen, P. & Cohen, J. (1996). *Life values and adolescent mental health*. Mahwah, NJ: Lawrence Erlbaum.
- Kanner, A. D., & Gomes, M.E. (1995). The all-consuming self. In T. Roszak, M.E. Gomes, and A. D. Kanner (Eds.) *Ecopsychology: Restoring the Earth, healing the mind*. San Francisco: Sierra Club Books.

(Continued on page 20)

Enhancing Outcomes in Women's Health
Translating Psychosocial and Behavioral Research into Primary
Care, Community Intervention, and Health Policy

OCTOBER 4-6, 2001

(Continuing Education Workshops: October 3, 2001, and during the conference)

The American Psychological Association will convene the third interdisciplinary conference on women's health. The conference, *Enhancing Outcomes in Women's Health: Translating Psychosocial and Behavioral Research into Primary Care, Community Intervention, and Health Policy*, will be held at the Hyatt Regency Washington on Capitol Hill in Washington, DC, on October 4-6, 2001, with Continuing Education Workshops held on October 3, 2001, and during the conference.

Conference Objectives:

- Highlight state-of-the-art psychosocial and behavioral research in women's health.
- Identify evidence-based approaches in women's health that translate psychosocial and behavioral research into primary care, community interventions, and health policy.
- Identify research that critically examines the current systems and structures for health care delivery to women, and models that promote patient-provider communications, support behavior change, and improve service delivery.
- Showcase multi-disciplinary approaches in women's health, particularly those that synthesize psychology and the other social/behavioral sciences, medicine, nursing, and public health.
- Identify clinical and community-based interventions that tailor information to the unique needs of diverse women, including age, socioeconomic status, ethnicity, risk status, sexual orientation, marital/relationship status, and rural/urban community context.
- Highlight models that effectively communicate scientific findings in women's health and their implications for prevention, early detection, and treatment.
- Identify effective psychological and behavioral interventions implemented in women's health care settings that reduce psychological distress, improve quality of life, and improve disease outcomes (e.g., arthritis, cancer, cardiovascular disease, diabetes, autoimmune diseases).
- Highlight research that addresses the role of mental health, especially depression, in the risk, onset, course, and outcome of chronic and life-threatening illnesses affecting women.

Requests for Call for Papers, Registration and Information to:

Wesley B. Baker, Conference Coordinator
American Psychological Association, 750 First Street, NE
Washington, DC 20002-4242
Tel: 202-336-6124
Fax: 202-336-6117
Email: wbaker@apa.org

Advance Registration (by 8/15/01): \$300 regular attendees/presenters, \$200 students

Late/On-Site Registration: \$375 regular attendees/presenters, \$250 students

Official Conference Website: <http://www.apa.org/pi/wpo/whc3/whc3.html>

(Full-page TherapyWorks Ad Here)

Kasser, T. (2000). Two versions of the American dream: Which goals and values make for a high quality of life? In E. Diener & D. Rahtz, (Eds.) *Advances in quality of life theory and research*. Dordrecht, Netherlands: Kluwer.

McNeal, J. V. (1998). Tapping the three kids' markets. *American Demographics*, 20, 36.

Ruskin, G. (1999). Why they whine: How corporations prey on our children. *Mothering*, 97, 41-50.

Sirgy, M. J. (1999). Materialism and quality of life. *Social Indicators Research*, 43, 227-260.

Author Identification

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¹ An earlier version of this letter appeared in the February 2000 issue of *The California Psychologist*.

² A copy of the letter may be obtained by contacting either author or by viewing Commercial Alert's website, www.essential.org/alert/psychology/apaletter.

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