

# THE CLINICAL PSYCHOLOGIST



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

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By **John C. Norcross,**  
**PhD, ABPP**  
**University of Scranton**  
**President, Society of**  
**Clinical Psychology**

## PRESIDENT'S COLUMN

# The Integration of Science and Practice: The Case of Division 12 and PsyD Psychologists

The origins and strengths of the Society of Clinical Psychology reside in the Boulder model, scientist-practitioner tradition. For many years, inside and outside of APA, Division 12 has served as the flagship for the integration of science and practice in clinical psychology. More than 98% of the elected offi-

cers and 100% of its presidents have been PhD recipients. I proudly continue in that tradition: my undergraduate (Rutgers), graduate (Rhode Island), and internship (Brown) training all occurred within scientist-practitioner programs.

At the same time, clinical psychology has evolved two distinct training paths: the Boulder model, scientist-practitioner (always leading to a PhD) and the Vail model, practitioner (typically leading to the PsyD). The numbers of new doctorates in clinical psychology are now evenly divided between the two models (Norcross, Kohout, & Wicherski, 2005). Although the 170ish APA-accredited PhD clinical programs far outnumber the 63 APA-accredited PsyD clinical programs, the latter generally produce far more graduates, resulting in a numerical parity. Fully half of all new clinical psychologists in the United States are PsyD recipients.

How might Division 12, the champion of the scientist-practitioner model, respond? That is the subject of my president's column and an agenda topic for the next Division 12 Board of Directors meeting.

*(continued on page 2)*

INSIDE:  
DIVISION 12  
APA PROGRAM (P. 18)

## TCP: GOING GREEN!

The *Clinical Psychologist* is going green! Beginning with the Fall 2009 issue, to keep in step with the digital age, TCP will gradually transition to an online version. You will still receive a hard copy of one issue in 2010, and then back to an online version. You will be notified by email each time a new issue becomes available. Of course, you can always access the most recent issue of TCP (and 10 years of past issues) from the Society's homepage: [www.div12.org](http://www.div12.org)

## President's Column (*continued*)

Here are 10 ways I believe we should proceed:

1. *Start with the data.* Approximately 300 PsyD recipients are currently members or fellows of the Society – a mere 7% of our membership ([www.apa.org/about/division/division-12-2008.html](http://www.apa.org/about/division/division-12-2008.html)). Most of us are convinced that the percentage is too low.

2. *Identify our mission.* The Society revised and

embraced a mission statement in 2008: “to encourage and support the integration of psychological science and practice in education, research, application, advocacy and public policy, attending to the importance of diversity.” Our mission statement can accommodate both PhD and PsyD psychologists; it’s the commitment to integrating science and practice, not the degree, that’s key.

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3. *Endorse a bidirectional perspective on that integration.* Far too often we envision science descending upon practice in a way that practitioners experience as disrespectful and unilateral. Let's remember that science and practice should mutually inform each other; neither is particularly useful without the other.

4. *Practice solidarity and respect.* We have all encountered splitting, polarized statements from both clinical scientists and practitioners. An aggrieved scientist complains, "The results of our/my research are ignored by the practitioner community, as they continue to practice in unscientific and ineffective ways." An aggrieved practitioner complains, "Research does not inform the way that I assess, relate, and treat patients, as scientists continue to pursue questions of meager value to me." The creation of in groups and out groups, we vs. they, does little to advance integration.

5. *Acknowledge the continuum of training models.* The destructive dichotomies begin with the scientist-practitioner, PhD vs. the scholar-practitioner, PsyD. In fact, clinical psychology training programs operate on a practice-research continuum. In our biannual studies of all APA-accredited clinical programs (Norcross, Sayette, & Mayne, 2008), we reliably classify programs into 6 categories:

- Freestanding PsyD programs (N = 18)
- University professional school PsyD programs (19)
- University department PsyD programs (17)
- Practice-oriented PhD programs (9)
- Equal-emphasis PhD programs (67)
- Research-oriented PhD programs (93)

Clinical psychology training traverses a wide spectrum (including the perennial confusion occasioned by explicitly Vail-model programs awarding the PhD degree). The Boulder conferees (Raimy, 1950) endorsed a continuum like the one described above, but it was not actualized until the professional schools began.

6. *Recognize the variability within PsyD programs.* Lumping all PsyD programs – or for that matter, all PhD programs – together masks huge differences in training orientation, acceptance rates, class sizes, and graduate debt load. Some PsyDs are awarded by small programs housed within university departments of psychology. Other PsyD programs are located in large university-affiliated professional schools, and still others operate within multi-campus, proprietary institutions.

Figure 1 summarizes the mean acceptance rates for APA-accredited clinical psychology programs across the practice-research continuum. Starting on the left, the bars represent the foregoing 6 categories of programs (starting with freestanding PsyD on the left).

**Figure 1. Mean acceptance rates of APA-accredited clinical programs**

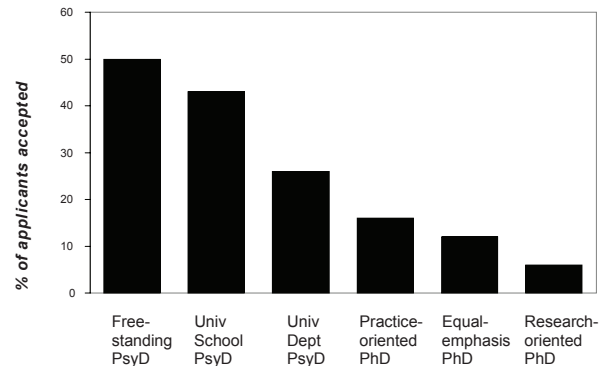
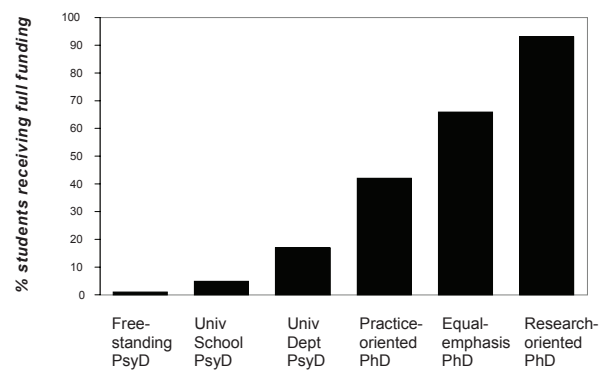


Figure 2 presents the mean percentage of students receiving full funding (full tuition waiver plus an assistantship stipend) along the same practice-research continuum (data adapted from Norcross, Ellis, & Sayette, 2009). Note the variability within PsyD programs, as well as within PhD programs, across the continuum.

**Figure 2. Mean % receiving full financial support at APA-accredited clinical programs**



7. *Confront unacceptable admission standards and inadequate preparation in all training programs.* The Society of Clinical Psychology and APA should deplore unacceptably low admission standards, grad-



uation of ill-prepared psychologists, and conspicuous disregard for research evidence in all clinical training programs. So should every psychologist (Peterson, 2003).

George Stricker (in press), an advocate of Vail-model training and a former president of Division 12, recently advanced two suggestions for weeding out clinical programs that are failing. These suggestions, he argued, should be applied to PsyD and PhD programs alike: "1. Programs that consistently are unsuccessful in placing students within accredited internships should be phased out; and 2. Programs that consistently are unsuccessful in placing students in employment settings for which they have been trained should be phased out." Let's hope the field heeds George's sage advice.

8. *Listen to the fears and grievances of all concerned.* Clinical scientists and scientist-practitioners are understandably concerned that the traditional Boulder-model identity of Division 12 might be altered by substantial numbers of PsyD recipients joining the Society and its governance. Practitioners and scholar-practitioners, too, are naturally concerned whether the Division will represent their interests and welcome them fully into the fold. Listening will beget a deeper understanding of old wounds and, more importantly, allow us to take corrective actions.

9. *Appoint PsyD recipients to Division 12 governance positions.* As we await the Division 12 Board's difficult dialogues on this matter, I have been selectively appointing PsyD psychologists committed to our mission to governance positions. Tis time to transcend historical rifts and move forward together.

10. *Welcome all who support our mission.* After wading through multiple facets, let me finish where I began: Heed the data about the numerical parity of PhD and PsyD recipients in clinical psychology and recruit all to the Society who share our mission. PhD and PsyD. We should welcome all clinical psychologists who "support the integration of psychological science and practice in education, research, application, advocacy and public policy, attending to the importance of diversity."

The Society of Clinical Psychology is taking a positive stance toward inclusion consistent with our self-identity and mission. Bringing PsyD psychologists into active participation in the Division promises to broaden our base, enrich (rather than dilute) our purpose, and enhance our influence. We desire

a larger, more inclusive, and generative profession – and one deeply committed to the integration of science and practice.

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## The Clinical Psychologist

Past issues of  
*The Clinical Psychologist*  
are available at:

[www.div12.org/clinical-psychologist](http://www.div12.org/clinical-psychologist)

## A Commentary on E-Therapy

Simon A. Rego, PsyD, ACT,


 In the last issue of *TCP* (Volume 62, Number 1; Winter/Spring 2009), I discussed the evolution of online mental health services and the rise of “e-therapy” and predicted that we will see an increase in the use of this modality of treatment in the future. I noted the potential benefits (e.g., reduce wait-lists, decreased travel time, increased access to care) and risks (e.g., confidentiality, crisis management, legal and jurisdictional issues). I also emphasized that much of the currently published data on e-therapy appears to be coming from the field of cognitive behavioral therapy (CBT) and summarized some promising results from several clinical trials.

Did I get ahead of myself?

As Michael L. Perlis PhD, Associate Professor in the Department of Psychiatry and Director of the Behavioral Sleep Medicine Program at University of Pennsylvania and Phil Gehrman PhD, Assistant Professor in the Department of Psychiatry and Assistant Director, Behavioral Sleep Medicine Program at the University of Pennsylvania politely point out below, at least in the case of cognitive behavioral therapy for insomnia (CBT-I), advocates for an e-therapy version of this treatment may have put the cart before the horse. I want to thank Drs. Perlis and Gehrman for taking the time to respond, and invite you all to continue to submit your comments to me at [dr.rego@gmail.com](mailto:dr.rego@gmail.com).

### A Commentary on E-Therapy

Michael L. Perlis PhD  
and Phil Gehrman PhD

 In the last issue of *The Clinical Psychologist* – Internet Update, Dr. Simon Rego reviewed some of the pros and cons regarding e-therapy. One of the downsides of the e-therapy approach was highlighted in an article, “Health insurance firms offering online therapy for insomnia” that was published in the Los Angeles Times on November 3, 2008 (<http://tinyurl.com/5norvf>).

In this article it was suggested that online CBT

for insomnia (CBT-I) represented the coming wave for insomnia treatment because, in an era where there is a desperate shortage of insomnia specialists, the method was well-validated and routinely reimbursed by third part payers. The main problem, however, is that *online* CBT-I is not well-validated! At present, there are no publications from NIH funded studies (or similar agencies that have peer and programmatic review) on the subject.

Instead, the newspaper article relied on the evidence base for *traditional* CBT-I and made, if not promulgated, the assumption that what was true for *standard* CBT-I (in terms of efficacy and safety) was also true for the *e-version* of CBT-I. And herein lies the heart of the problem: after all the years spent pushing forward the concept of evidence based practice, this article (and method of argument) represented a return to the bad old days – where close enough is good enough and where any evidence substitutes for good clinical science.

If our profession is intent on using e-therapy (a thing that Sleep Medicine and Behavioral Sleep Medicine [BSM] seem all too intent on, given the shortage of BSM specialists) then we must at least stay true to our principles, regardless of the type of therapy or target patient population, by making sure that appropriate clinical trials are conducted. In this case, we need to conduct trials where the gold standard forms of CBT-I are systematically compared to the online versions for their overall safety and efficacy.

As important, such trials need to determine for whom each approach works and doesn’t work and must take into account the illness severity (severity of the presenting complaint) and the impact of concomitant medical and/or psychiatric morbidity (severity of comorbid illnesses). Only when the evidence base is established should non-traditional care delivery modes be adopted and recommended by our professional societies and the members of those societies who are considered to be in good standing.

For those interested in the field of Behavioral Sleep Medicine, please see: <http://www.aasmnet.org/BSMPrograms.aspx> and/or <http://www.hopkinscme.edu/CourseDetail.aspx/80021228>.


For those interested in CBT-I training, please contact Dr. Perlis at: [Michael@ursrl.com](mailto:Michael@ursrl.com) or [mperlis@mail.med.upenn.edu](mailto:mperlis@mail.med.upenn.edu). ■





### Association Navigation

Katherine L. Muller, PsyD

 I recently attended the annual convention of a national professional association. This multidisciplinary convention was held in a lovely “resort destination” setting about a four-hour flight from my home. I was able to see a prominent gastroenterologist speak on the interaction of anxiety and GI disorders. I sat down at breakfast next to a famous psychiatrist and he told me about his newest line of research (I swear, I had no idea who he was when I sat down). I was pleased

***How do early careerists decide which associations to join? How many should they join? How do they know if an association meets their needs?***

when a parent came up to me after my workshop and asked about resources for her son. I was honored to be invited by one of the association’s board members to join the planning committee for the next convention (during a meal provided by the convention sponsors, no less). On the flight home I reflected on my experience and the many opportunities that presented themselves.

All of these things happened because of my membership in the professional association that arranges this particular convention. I began thinking more about the role of professional associations in psychology career development and deemed this a topic worthy of sharing with early career psychologists.

#### **To Join or Not to Join?**

I turned to my colleagues for their views on the role of association membership in the early phases of in their psychology careers and, for those who were in the field longer, over the course of their careers. All of the psychologists I surveyed for this column recommended that early career psychologists join professional associations. Each of them cited “networking” as one of the most important benefits of association membership. They also mentioned related advantages such as

mentoring and “finding support among like-minded professionals”. That being said, how do early careerists decide which associations to join? How many should they join? How do they know if an association meets their needs? Read on for some tips.

#### **Some Stats**

I thought I might present an estimate of the number of psychology-related professional organizations that exist today. A focused online search resulted in 8 million links, so I abandoned my search and concluded that there are too many to count. The good news about this is that there is very likely an association out there that will serve your needs well. The bad news? You may have to do some sleuthing work to find the best match. For guidance, ask colleagues or mentors with similar interests about the associations they belong to. Review association websites and conference materials to see if the benefits offered meet your needs. Once you find associations that fit the bill, how many should you join? Most of my colleagues said they belonged to 2-3 organizations in the first few years after graduation. Established psychologists reported belonging to 4-6 associations (most explained that they were now able to afford the membership fees involved).

#### **Perks**

Membership, as they say, has its privileges. From discounted conference registration fees and journal subscriptions, to provider listings on websites, members are offered certain perks. The colleagues I spoke to also cited opportunities for obtaining continuing education credits (at in-person trainings and online) and treatment materials (e.g., practice guidelines, discounts on books) as major benefits. Listservs were mentioned as one of the most useful benefits of association membership. Listservs provide a resource for getting information (e.g., referrals, course syllabi) and staying up to date on breaking news in that association’s particular area of interest (e.g., new publications, controversies). Other useful perks cited by my survey groups were airfare and rental car discounts and malpractice insurance. One unexpected perk I took advantage of was a “members only” discount on car insurance!

*Early Career Column continued on page 7*


## HISTORY COLUMN

Donald K. Routh, PhD—Section Editor

### Interesting Times: A Wonderful Journey

Pat DeLeon, former Division  
and APA President

Section Editor's note: *Now that I have essentially completed my survey of the history of Division 12 and its forbears, I began thinking of what to do for an encore. My solution, as approved by TCP Editor Sanderson, was to ask various former presidents of the Division from a few decades ago to give their own perspectives on the organization or the field. Here is the fourth one:*

 I was extremely surprised to learn that I had been elected President of both Divisions 12 and 29 at the same time. I had always been impressed by these two practice divisions which clearly had different personalities. The opportunity to serve was highly gratifying. Reflecting upon my Division 12 Presidential

experience, I remain awed by the vision and dedication of those with whom I served. My own tenure was nested between that of two of our profession's greatest thinkers and "shakers"—Jules Barron and Rogers Wright. Perhaps as a result, we focused intensively upon the internal needs of the Division, while with the enthusiastic support of Bernadette Gray-Little, Teru Morton, Michael Roberts, and Lillian Comas-Diaz, we also fostered a special focus in the areas of children and minorities throughout the year.

1987-1988 was an era when the Division was having considerable financial difficulties. Twice the membership voted down recommended dues increases and approximately \$30,000 of our reserve funds were encumbered by the court. We lost one council seat. Nevertheless, the Board persisted in good faith along the path that we collectively felt was in the best interest of the membership and George Stricker, Chair of our

*History Column continued on page 8*

## Early Career Column (continued from page 6)


### Leadership

Professional associations can also provide opportunities for leadership and the valuable experiences therein. The psychologists I spoke to participated in association leadership or committee work at some time or, if they hadn't, they wished that they had! Don't let early career status stop you from pursuing a position. In fact, some organizations have specific leadership roles for early careerists. Those who have served in leadership positions spoke about the added benefits of networking and "getting your face and name out there".

### Final Thoughts

While the majority of respondents to my inquiries were "pro-association", there were certain caveats they did point out. Cost of membership dues was definitely a concern. The transition from student member to professional member can be an expensive one. Fortunately, some organizations offer reduced fees for "new professionals". Even with this benefit, some reported that they had to "pick and choose" which associations to

stay with upon graduation due to limited funds (most added new memberships as their income increased). A few folks cited what I'll call "information overload" as a drawback of association membership. When you are included on association e-mail, "snail mail", and even fund drive, lists, you will receive a lot of messages and pamphlets. If this becomes burdensome, request that your name be taken off the mailing lists. Finally, a few respondents reported "trying an association on for size" and finding that it did not fit. Reasons cited included "theoretical orientation mismatch", dissatisfaction with the quality of the association's conference and publications, and, in some cases, "exorbitantly high" membership dues. Do not hesitate to leave an association if it does not live up to your expectations.

I'd like to thank my survey group of new and established professionals, including Dr. Kore Nissenson, Dr. William Sanderson, Dr. Simon Rego, Dr. Daniel Fishman, and colleagues from Rutgers Graduate School of Applied and Professional Psychology and Montefiore Medical Center. Do you have any professional association experiences you'd like to share? Send your comments to: [kmuller@montefiore.org](mailto:kmuller@montefiore.org). 



Publications Committee, spent the year successfully negotiating for the Division's own journal – ultimately overwhelmingly ratified by the full membership – pursuant to Jules's charge during his Presidency. We also took the first step in establishing a Central Office by offering a one year contract to Judy Wilson, Russell Adams' most able assistant during his tenure as our Secretary.

We definitely did have fun. Our nation experienced some of the worst snow storms in our history. And yet, at our Midwinter meeting in Honolulu approximately 130 colleagues (far in excess of our expectation) joined with an almost equal number from the Aloha state. HPA President Teri Needels-Richardson and her colleagues were extraordinarily gracious and we were honored with the presence of former Division

Presidents George Albee, Jules Barron, Victor Raimy, and Bonnie Strickland (then APA President). Our theme "Serving the Underserved: Clinical, Research, and Training Issues" resulted in many exciting and very well attended programs. Tony Marsella gave a particularly outstanding address. Under the leadership of Sheila Eyberg, Section I voted to hold their Executive Board meeting in conjunction

with ours. Special thanks were due to Phyllis Magrab for creating a truly memorable event.

Reflecting upon that year, I can not help but marvel at how many of the critical issues of today were then being actively discussed, as Allan Barclay would have surely noted. For example, should there be a separate division of Clinical Psychology, or should we merge with Counseling Psychology, or create a consolidation of professional and practice divisions? Russell Adams and Lynn Rehm grappled on our behalf with the complexities involved, with Jules and Rog being highly engaged. This was the year that APA Executive Officer Len Goodstein established three new Directorates - scientific, professional, and public interest. Len was very supportive of our Division, appointing a specific staff member to highlight divisional issues. Many, if not most of us, in the Division's governance were highly supportive of Psychology Today. The magazine seemed like an

excellent vehicle to share psychology's incredible expertise with the general public. We debated psychology's contributions to Rural America (thanks to Peter Keller) and society's most pressing needs; while Art Teicher brought a special appreciation for the unique contributions of group psychotherapy. We understood the importance of publicly "taking credit" for psychology's accomplishments, as well as the absolute necessity of practice and education working respectfully together as our field steadily matured.

Today, we frequently hear of the importance of "integrated and collaborative care." Back then, Susan Mikesell was actively identifying colleagues who possessed both psychology and nursing degrees and established an institutional home for 50 of them. Rog was forever pushing us to expand our scope of clinical practice – of course, we should obtain prescription privileges (RxP) – and many at our Midwinter meeting came to agree. Ron Fox and David Rodgers consistently inquired: Why should the locus of our services determine whether we could practice autonomously? (i.e., we should obtain hospital privileges).

At our annual convention in New York we toasted the victory of Division member Charlie Spielberg becoming APA President. Charlie was particularly sensitive to the need for practice and academia working together – thanks to many hours of Division discussion lead by Howard Tennen, our Education and Training Committee Chair. During his Presidential year, Rog invited me to author a "reflections" column and I was able to again express my sincerest appreciation to David Homes, Larry Cohen (Editor of the Clinical Psychologist), and Don Routh, who had contributed so much to the Division. Don's consistent focus upon the unique needs of our student members is truly inspirational. As we all know, George Stricker was successful in having the membership vote to raise our dues to establish our own journal which is "a demonstration of our vitality and activity, and promises to maintain our position of leadership in the field of Clinical Psychology." And, naturally, by following the common sense and infinite reasonableness of Rachel Hare-Mustin, Laura Toomey and our Board of Directors found our Division's finances once again on sound footing. We knew the Division per se was making a significant difference both within APA and for society at large. It was truly a wonderful year.

Aloha and Mahalo,

—Pat DeLeon 


***Reflecting upon that year, I can not help but marvel at how many of the critical issues of today were then being actively discussed.***





### Jobs in Clinical Psychology: How to Fulfill your Dream of being a Scientist-Practitioner

George M. Slavich, PhD

 Doctoral programs in clinical psychology are unique because they prepare trainees for careers in both research and clinical service. While some of these programs are strongly research focused (i.e., clinical scientist programs), others are strongly clinically focused (e.g., practitioner-scholar programs); yet others are relatively balanced with respect to their emphasis on research and clinical training (i.e., scientist-practitioner programs). Nevertheless, at the heart of each of these training models is an appreciation for how clinical training benefits research, and vice versa.

Many individuals who receive this integrative training in clinical psychology continue with both research and clinical work in some capacity. These dual-role jobs are sometimes borne out of an individual's intrinsic interest in both roles (e.g., they are primarily a clinician, but value conducting research with the potential to help the population they work with); other times, they derive from practical necessity (e.g., they are a researcher, but only 50% of their salary is covered by federal grant support, so they do clinical work to make up the rest). For the remainder of this article, I consider five jobs in clinical psychology while focusing on how each combines clinical work and research. I begin with the more research-focused jobs.

#### Departments of Psychology

The most traditional of positions are those in departments of psychology. Psychology departments typically hire clinical psychologists for their ability to teach courses and carry out programmatic research. These positions are commonly referred to as “hard money” positions, because they involve receiving a secure salary in exchange for teaching a certain number of courses and performing certain departmental duties.

Although excellence in research is usually prioritized in this setting, departments with training

programs in clinical psychology need faculty who can supervise cases and teach clinical courses (e.g., diagnostic interviewing, cognitive behavior therapy, etc.). This is one way to remain involved in clinical work while in a department of psychology. Another way is to conduct treatment outcome research, which could involve administering psychotherapy or diagnostic tests to patients. Finally, it is also possible to become involved in a private practice in addition to maintaining an academic job. This can be a delicate issue if the department expects professors to devote most of their time to teaching and research. When acceptable, however, this setup may be quite fulfilling and also scalable, given that clinical office space can be rented by the hour.

#### Departments of Psychiatry

Clinical psychologists also sometimes work in departments of psychiatry. Psychiatry departments usually have a number of different “tracks” or “series” that vary with respect to their emphasis on research versus clinical work. Compared to psychology department jobs, however, these positions are almost always “soft money” positions, meaning that the individual is largely responsible for generating the entirety of his or her own salary.

Salary generation for individuals in a “research” or “professor” track usually involves obtaining a level of federal and/or private grant support that is sufficient to cover the person's base salary. Individuals interested in clinical work, however, may elect to be appointed in a combined track – sometimes called a “Clinical X,” “Clinical Scientist,” or “Clinical Professor” track – in which the person supports him or herself partly with grant support and partly through clinical work. The amount of revenue anticipated from each activity is discussed up front with administrators, but may vary over the course of the appointment as a function of level of current grant support. In a standard arrangement, the individual has one or more research grants and sees patients through a department clinic (e.g., outpatient services) or faculty practice (i.e., patients are seen in the professor's departmental office, but billing and other support services are provided by the department in exchange for a percentage of the revenue generated).



### Schools of Professional Psychology

A job in a school of professional psychology may not be an obvious option for someone trained in a traditional Ph.D. program. This is because most Ph.D. programs typically emphasize careers in research, whereas most professional schools have historically focused on preparing students for careers in clinical care. However, this is starting to change: A number of professional schools now have arrangements with major research universities, and while students in these programs receive good clinical training, they also take courses in research methods and statistics, and are expected to excel in research. A faculty position in a professional school may therefore be attractive for a number of reasons. First, all of the graduate students are clinical students. Second, professors in these schools are almost always involved with clinical training. And third, although the emphasis on research productivity is less pronounced than in departments of psychology, a thriving research group can easily be developed – and is certainly valued – in this setting.

### Department of Veterans Affairs (VA)

VA hospitals are responsible for providing physical and mental healthcare services for the Nation's veteran population. VA hospitals, however, are also home to some of the best training programs around. For example, a number of the most sought-after clinical internship sites are at VA hospitals and many medical schools have rotations at VA hospitals. It is true that

some individuals survive entirely on “soft money” in this setting. At the same time, VA employees are often supported, at least partially, through the provision of clinical services to veterans. VA hospital salaries can be relatively generous and intramural research funding is usually available to qualified investigators. Although a job in a VA setting, therefore, will almost inevitably entail providing clinical services, such a position can also involve conducting research, particularly clinical or translational research.

### Private Practice with an Adjunct Faculty Appointment

The last and most clinically-focused job is also the most idiosyncratic. It involves participating in a private practice while maintaining a faculty appointment at a nearby research university. While the private practice setup permits one's clinical case load to be flexible, the institutional affiliation enables the individual to apply for grants and collaborate with other investigators at the institution. Departments of psychology sometimes refer to these positions as research or teaching professorships, whereas departments of psychiatry often call them “clinical educator” or “clinical professor” positions. This arrangement can be very attractive for both the individual and the institution; while the individual gains the credibility and resources of the university, the university gains access to the skills of the individual, as well as to a portion of the grant money that he or she brings in (i.e., the indirect costs). ■■

## 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.*

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Email: [div12apa@comcast.net](mailto:div12apa@comcast.net)


## BOOK RECOMMENDATIONS

Lata K. McGinn, PhD—Section Editor

### Family-Based Treatment for Young Children with OCD

Jennifer Freeman, PhD and Abbe Garcia, PhD  
Oxford University Press (2008)

**Book Recommendation by:**  
**Martin Franklin, PhD, Associate Professor of  
Clinical Psychology, University of Pennsylvania  
School of Medicine**

 In an area of clinical interest as thoroughly covered as obsessive compulsive disorder appears to be, it is rare indeed to find any new resource that immediately becomes essential for the

collections of clinicians, researcher, and students alike. Brown University Assistant Professors and co-directors of the Pediatric Anxiety Research Clinic (PARC) Jennifer Freeman, Ph.D. and Abbe Garcia, Ph.D. have co-authored a workbook entitled “Family-Based Treatment for Young Children with OCD” (2008, Oxford University Press) that has quickly ascended the list of key resources in this field, both because of its focus on treatment of the very youngest OCD sufferers and also because of the high quality of the volume itself. The authors have devoted much of their clinical and research efforts over the past decade in collaboration with the late and much missed Henrietta Leonard

developing, empirically validating, modifying, and improving their treatment for very young children

with OCD, and the workbook is a product of these many efforts.


Empirically grounded without being pedantic, the workbook is designed to accompany treatment with a therapist trained in its use; it will provide families with a resource to retain even after the treatment itself has been completed. The book is broken down into an Introduction that lays the groundwork for subsequent treatment procedures and their sequencing, discussion of the core treatment procedures that are brought to life with a wealth of clinically rich examples, presentation of issues likely to arise in the midst of treatment, and then relapse prevention strategies for those who have made substantive gains in therapy. In keeping with the workbook format, the book also contains handouts, session homework sheets, reward charts and advice about how to implement them, and forms with which to monitor progress in treatment. One of the work’s key strengths of their work and, by extension of this volume, lies in the degree to which the authors are able to convey clearly that OCD, in children at this age especially, occurs in the family context. Freeman and Garcia emphasize throughout the workbook that although families are often part of the problem they are not its “cause” – the neurobehavioral disorder known as OCD is the cause – and yet most certainly families are the key to its successful resolution. Accordingly, Freeman and Garcia’s approach essentially boils down to preparing and then teaching parents to conduct cognitive-behavioral treatment for OCD, and to also attend to some of the accompanying difficulties that often beset these youngsters such as general inflexibility, risk aversiveness, and difficulties with regulating their affective responses. Fully grounded in tried and true parent training methods, the volume provides a great deal of information about how OCD presents in young children, how families too often wind up in the trap of accommodating to the OCD, and how best to change these patterns to weaken the grip of OCD on the family environment. Students will benefit greatly from exposure to the logical, collaborative approach to treatment that the workbook captures so well, but even highly experience clinicians will find new wrinkles on common themes that will benefit them in their work with these youngsters. ■■

***Freeman and Garcia emphasize throughout the workbook that although families are often part of the problem they are not its “cause” – the neurobehavioral disorder known as OCD is the cause – and yet most certainly families are the key to its successful resolution.***



## Psychopharm Update: Recent Landmark Studies in the Treatment of Child-Adolescent Anxiety and Depression

Timothy J. Bruce, PhD

 The Treatment for Adolescents with Depression Study (TADS; March et al., 2004, 2007) has proven seminal in terms of the debate, discussion, and research it has prompted. Recently, the Child/Adolescent Anxiety Multimodal Study (CAMS), modeled after the TADS, exploring similar questions, but aimed at child/adolescent anxiety, promises similar potential (Walkup et al., 2008). This quarter's column highlights both studies.

TADS was a National Institute of Mental Health (NIMH)-funded randomized, controlled trial conducted at 13 academic and community sites across the United States (March et al., 2004). It evaluated the effectiveness of fluoxetine hydrochloride therapy (Prozac; 10-40 mg per day), cognitive behavior therapy (CBT), their combination; and a placebo (sugar) pill in adolescents with a primary diagnosis of major depressive disorder. Participants were 327 adolescents aged 12 to 17 years with a primary DSM-IV diagnosis of major depressive disorder. Results of the TADS have been reported over time corresponding to the post-treatment and follow-up phases of the study. The most recent article (i.e., March et al., 2007) reported effectiveness and safety outcomes at 36-weeks. A featured efficacy measure used in the TADS was treatment response rate; it was defined as the percent of participants who were blindly and independently rated as much improved or very much improved on the Clinical Global Impressions scale (CGI). At post-treatment (week 12) of the study, treatment response rates were 73% for combination therapy, 62% for fluoxetine therapy, and 48% for CBT. At 18 weeks, they were 85% for combination therapy, 69% for fluoxetine therapy, and 65% for CBT. And at 36 weeks, they were 86% for combination therapy, 81% for fluoxetine therapy, and 81% for CBT. The authors reported that suicidal ideation decreased with treatment, but less so with fluoxetine therapy than with combination therapy or CBT. As has been widely reported since, suicidal events were more common in participants receiving

fluoxetine therapy (14.7%) than combination therapy (8.4%) or CBT (6.3%). In regards to these results March et al. (2007) concluded, "In adolescents with moderate to severe depression, treatment with fluoxetine alone or in combination with CBT accelerates the response" (p. 1132). They also saw the addition of CBT to medication as enhancing the safety of medication. Combining speed of response with safety and overall efficacy results, the authors concluded that, "...combined treatment appears superior to either monotherapy as a treatment for major depression in adolescents," (p. 1132). As noted, the results of the TADS have been discussed widely in the literature, and not without some differences in its interpretation and implications — many of which highlight the safety issues surrounding the introduction of selective serotonin reuptake inhibitors as well as other considerations in the treatment selection process (see, for example, Antonuccio, 2008; March et al., 2008).

CAMS (Walkup et al., 2008), is a recently published, NIMH-funded, randomized controlled trial conducted at 6 sites across the country. It evaluated the effectiveness of sertraline (Zoloft; up to 220 mg per day), CBT, their combination; and a placebo (sugar) pill in 488 children and adolescents aged 7 to 17 years with primary diagnoses of separation anxiety disorder, generalized anxiety disorder, or social phobia. Like the TADS, the percent of participants rated much improved or very much improved on the CGI was a featured outcome measure. At the end of the 12-week acute treatment phase, response rates were 80.7% for combination therapy, 59.7% for CBT, and 54.9% for sertraline. All therapies evidenced statistically significant improvement over placebo, which had a response rate of 23.7%. The difference in response rate to combination therapy relative to the monotherapies was also statistically significant. Unlike the TADS, the authors reported that children taking sertraline-alone showed no more side effects than did children taking the placebo and that few children discontinued the trial due to side effects. In addition, no child attempted suicide. It is not yet known whether the response rate for CBT in the CAMS will improve over time, as it did in the TADS. A second phase of the study will monitor participants for an additional six months. Given the side effect issue in the TADS, the eventual equivalence of response rates to all treatments had some critics suggesting that CBT should be considered first line (see Antonuccio, 2008). The apparent absence of side

effect issues in the CAMS is likely to weigh into its evaluation should CBT rates improve over time. Of course there are several other factors in considering treatment options, not the least of which include availability, short- and long-term costs, relapse risks, and patient/parent preference.

In a recent press release regarding the acute treatment results of the CAMS, senior author John Walkup, M.D. of Johns Hopkins Institutes said, "CAMS clearly showed that combination treatment is the most effective for these children. But sertraline alone or CBT alone showed a good response rate as well. This suggests that clinicians and families have three good options to consider for young people with anxiety disorders, depending on treatment availability and costs." Looking forward, Phillip Kendall, Ph.D. of Temple University and one of the senior investigators of the study suggested that, "Further analyses of the CAMS data may help us predict who is most likely to respond to which treatment, and develop more personalized treatment approaches for children with anxiety disorders. In the meantime, we can be assured that we already have good treatments at our disposal." If the CAMS proves as generative as the TADS, then MUCH should follow.

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## INSTRUCTIONS FOR ADVERTISING

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).

Originating institutions will be billed by the APA Division 12 Central Office. Please send billing name and address, e-mail address, phone number, and advertisement to the editor. E-mail is preferred.

For display advertising rates and more details regarding the advertising policy, please contact the editor.

Please note that the editor and the Publication Committee of Division 12 reserve the right to refuse to publish any advertisement, as per the advertising policy for this publication.

### Submission deadlines for advertising and announcements:

February 1<sup>st</sup> (Winter/Spring Issue – mails in early April)

May 1<sup>st</sup> (Summer Issue – mails in early July)

September 1<sup>st</sup> (Fall Issue – mails in early November)

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## International Psychology: Challenges and Promises of a Growing Movement

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 International psychology first captured the attention of the American Psychological Association (APA) in 1944 when the organization formed the Committee on International Relations in Psychology (CIRP) with the goal of serving as a link between U.S. based psychologists and psychologists abroad.

***As psychologists interact with individuals from increasingly diverse backgrounds, they are in need of guidance and information to assist them in conceptualizing and responding to the diverse needs of those with whom they work.***

International psychology is commonly defined as the study and sharing of psychological concepts *among* nations. This subtle yet important connotation distinguishes the field of international psychology from both cross-cultural and multicultural psychology which explore diversity *across* and *within* nations (Takooshian, 2003). During the past 25 years, international psychology has experienced rapid development within APA, with many divisions assigning representatives to CIRP, and approximately half of APA divisions undertaking activities through establishing committees or dedicating sections in publications,

to begin the process of integrating an international perspective in their work (Takooshian, 2003). Additionally, international conferences dedicated to a variety of topics such as trauma, measurement, and neuroscience, are held at diverse geographical locations throughout the

world, allowing researchers and practitioners to examine psychology from a global perspective. Furthermore, as interest in an international perspective continues to develop, increasing numbers of journal articles are reporting observations and research findings that integrate cultural concepts and samples from around the globe. These expansions contributed to the publication of several books highlighting the characteristics and influence of international psychology (Hall, & Altmaier, 2008; Rosenzweig, 1992; Sexton & Hogan, 1992; Stevens & Gielen, 2007; Stevens & Wedding, 2004).

Several important contextual factors encouraged the recent rise and development of the international psychology movement. The extensive and ever-expanding reach of the Internet as well as advancements in other forms of media and communications technology have dramatically increased our ability to connect and collaborate with people throughout the world (Leong & Ponterotto, 2003). In addition, continued migration and immigration of individuals and families to countries throughout the world have diversified the environments in which many people live and work (Leong & Ponterotto, 2003). As psychologists interact with individuals from increasingly diverse backgrounds, they are in need of guidance and information to assist them in conceptualizing and responding to the diverse needs of those with whom they work. To appropriately guide this work, an international perspective drawn from a global discourse in psychology is needed.

Given the importance of having a global perspective in the field today, what are the challenges to the achieving it? Several authors (Leong & Ponterotto, 2003; Pedersen & Leong, 1997; Takooshian, 2003) noted that nation-centric (most notably, U.S.-centric) approaches to international psychology, in which theories that were developed within one national or cultural context are assumed to be universal and tested for applicability in other nations, limit the development of truly international perspectives of psychology. As we begin to conceptualize psychology by looking beyond our cultural framework we can address several additional challenges to the success of international psychology. These challenges include, but are not limited to, the use of language (Draguns, 2001), development of culturally appropriate assessment techniques (van Widenfelt, Treffers, de Beurs, Siebelink, & Koudijs, 2005), the establishment and portability of psychology curriculum, and the develop-

ment of ethical codes specific to the cultural context in which they will be used. Since a thorough discussion of these challenges is beyond the scope of this article, I will briefly explore issues surrounding the use of language in international psychology, and offer recommendations of ways the field can begin to address these challenges.

The use of language poses challenges that must be addressed by international psychology in two ways. First, Draguns (2001) reviewed the nature of language use in international psychology forums, noting an overreliance on English as the mode of communication. He observed a pattern of U.S. authors rarely citing articles written in languages other than English and little to no provisions for translation at international conferences in countries where English is not the predominant language. Secondly, and more importantly, a major challenge to international psychology is negotiating how the field can adequately share psychological concepts that may be difficult to describe in other languages. For example, the English word stress can be difficult to translate in other languages. When confronted with a foreign word that is difficult to describe in our predominant language, there is a tendency is to assign it a meaning based upon our experiences. This process risks losing much of the rich meaning intended to be communicated by the term as it is used in the native language. The field must address how to adequately share language-bound concepts apart from the assumption that all concepts will be equivalent in other languages, while still maintaining the ability to meaningfully share important psychological concepts.

Recommendations for addressing these and other challenges posed by the adoption of an international perspective in psychology have been put forth by several authors (Greenberg & Smith, 2008; Leong & Ponterotto, 2003; Pedersen & Leong, 1997; Stevens, & Gielen, 2007 Takooshian, 2003). In order to broaden our perspective of psychological concepts and research findings Draguns, (2001) encourages monolingual English-speaking psychologists to avoid the tendency to overlook research findings published in other languages. He recommends that literature reviews and meta-analyses include publications printed in languages other than English and that journal editors encourage the citation of non-English works in publication submissions. Regarding the complex issues surrounding sharing and defining psychological concepts that may not be easy to transport between languages, it is recommended that the field of international psychology take a construc-

tivist approach (Leong & Ponterotto, 2003). Such an approach recognizes that social and cultural contexts influence differential constructions of reality (Morrow, Rakhsha, & Castañeda, 2001, as cited in Leong & Ponterotto, 2003) and will assist the field in moving away from the expectation that psychological terms and models hold true across all cultural contexts.

There is great promise in the movement toward an international perspective in psychology. As the field addresses issues of language use and other challenges inherent to any global movement, international psychology will make an invaluable contribution toward our understanding of the complexities of culture. Although the United States has become a leader in the field of psychology, we must refrain from viewing international psychology as a way to further propagate our own culture bound-views of psychology to the rest of the world. Instead, our role as leaders in the international arena will be to assist others in developing systems that represent their unique cultural contexts.

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*Diversity Column continued on page 16*



## Section II: Society of Clinical Geropsychology

Deborah A. King, PhD

 The most recent issue of *The American Psychologist* features an article by Section 2 members Bob Knight, Michele Karel, Gregory Hinrichsen, Sara Qualls and Michael Duffy entitled “The Pikes Peak Model for Training in Clinical Psychology.” Noting that the aging of the population will increase demand for psychological services for older adults, the authors describe the Pikes Peak model for training in professional geropsychology. The model offers a competency-based approach to training that allows for entry points at multiple levels of professional development.

Many in the Society of Clinical Geropsychology have joined the newly formed Council of Professional Psychology Training Programs (CPGTP). The Council recently released the Pikes Peak Geropsychology Knowledge and Skill Assessment Tool, written by Michele Karel (Chair), Jeanette Berman, Jeremy Doughan, Erin Emery, Victor Molinari, Sarah Stoner, Yvette Tazeau, Susan Whitbourne, Janet Lang, and Richard Zweig. The tool allows psychologists at all levels of training to assess their own or their program’s current strengths


and weaknesses in geropsychology training. Interested individuals can contact Erin at [erin\\_emery@rush.edu](mailto:erin_emery@rush.edu) for a copy of the tool or download it from the Council of Professional Geropsychology Training Programs website: <http://www.uccs.edu/~cpgtp/>.

Jon Rose, 2009 President of the Society, is also working to address the ongoing challenge of helping clinical psychologists gain expertise in working with older adults. Specifically, he would like to hear from geropsychologists who are willing to offer phone-based peer supervision to other licensed psychologists interested in gaining further training in this area. Contact him at [Jonathon.Rose@va.gov](mailto:Jonathon.Rose@va.gov) if you would like to help with this effort.

Remember to check out our website at <http://www.geropsych.org> to join Section 2 or get more information on clinical geropsychology!

## Section III: Society for a Science of Clinical Psychology


David F. Tolin, PhD, ABPP

 Howard Garb is President of SSCP; he is joined on the board by Past President Lee Anna Clark, President-Elect Thomas Ollendick, Secretary-Treasurer Elizabeth Hayden, Division 12 Representative David Tolin, Members-at-Large Kelly Wilson and Bob Knight, and Student Representatives Frank Farach and Ashley Pietrefesa. The largest section of Division 12, SSCP ended 2008 with 494 members.

At the May 2009 APS conference in San Francisco, we were delighted to give the 2009 SSCP Distinguished Scientist Award to Dr. William Iacono of the University of Minnesota for his exemplary work in experimental psychopathology, spanning from lie detection to psychophysiological indices of genetic risk for schizophrenia, substance abuse, and other disorders, and to hear him speak about his work on the behavior genetics of externalizing disorders. Our student poster award winners were Rana Pishva (Queen’s University, Canada, Best Poster), Stephanie Aldebot (University of Miami), Nicholas R. Eaton (Washington University at St. Louis), and Adrienne J. Heinz (University of Illinois at Chicago).

Our student representatives, Ashley Pietrefesa (Binghamton University) and Frank Farach (Yale University), have designed a website for SSCP’s student

## Diversity Column (from page 15)

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## Section Updates (*continued*)


members. A link to the website, [www.sscpstudents.org](http://www.sscpstudents.org), is on the homepage of SSCP's main website ([www.sscpweb.org](http://www.sscpweb.org)) for easy access. The website contains student-related news, research awards and grant postings, links to professional development websites and online research tools, descriptions of current SSCP student projects, and SSCP membership information.

Since 1974, SSCP has published an Internship Directory for students. Going beyond the APPIC directory, the SSCP Directory contains information about an internship site's research expectations and opportunities, availability of funds for research, publications by interns that result from research involvement during the training year, research facilities/technology, and training in empirically supported interventions, and more. The latest updating of the Directory is ongoing, with input from a recent survey of SSCP student members. It is anticipated that the new Directory will be available on the SSCP website by late summer 2009.

Additional information about SSCP can be found on our website: [www.SSCPweb.org](http://www.SSCPweb.org).

### Section VII: Clinical Emergencies and Crises

Marc Hillbrand, PhD

 Section VII looks forward to interesting programs at the 2009 APA Convention in Toronto. Section offerings include Suicide Prevention for Ethnic Minority and LGBTQ Clients: Guidelines for the Cultural Assessment of Suicide Risk by Bruce Bongar, Community-based Implementation of an Integrated Treatment Protocol for Adolescents with Co-occurring Suicidality and Substance Use, Anthony Spirito's Presidential Address, and papers including The VA Boston Study of Intentional Self-Injury and Suicidal Behavior, Exploring the maladaptive schemas of incarcerated child abuse victims, and many others. Section VII is proud to announce that the 2009 recipient of the Career Achievement Award is Phillip Kleespies. The Award will be conferred at the Convention.


Section VII has continued its collaboration with the APA's Advisory Committee on Colleague Assistance (ACCA) to address the topics of patient-to-psychologist violence prevention as well as advice on how to prevent psychologist suicide and how to handle the aftermath of a psychologist suicide. The impetus for this collaboration was the tragic recent killing of

New York psychologist Kathryn Faughey and several suicides of psychologists. Under the leadership of ACCA chair Diane Bridgeman and Section VII founder Phillip Kleespies, the committee includes Bruce Bongar, Lynn Bufka, Daniel Galper, Marc Hillbrand, Dale McNeil, David Rudd, and Robert Yufit.

A pamphlet devoted to patient-to-clinician violence prevention has been drafted and is now in production, to be made available to clinicians through the ACCA website and with links from the APA website. We anticipate that the website will include resources such as links to useful websites, e.g., Ken Pope's site [<http://kspope.com/stalking.php>], articles, e.g., "Stalking, threatening, and harassing behavior by psychiatric patients toward clinicians" by Sanberg, McNeil, & Binder (*J Am Acad Psychiatry Law*, 2002), and books, e.g., "Behavioral emergencies: An evidence-based resource for evaluating and managing risk of suicide, violence, and victimization" by Kleespies (APA Books, 2009), "Suicidal behavior" by McKeon (Hogrefe, 2009), and "The interpersonal theory of suicide: Guidance for working with suicidal clients" by Joiner, Van Orden, Witte and Rudd (APA Books, 2009).

### Section IX: Assessment

Norman Abeles, PhD

 Our section has successfully developed an online dues payment system after much hard work. We are also working on changes to our bylaws. In other news I am pleased to announce that I recently served as Chairperson of the search committee for the *Journal of Consulting and Clinical Psychology*. Search Committee members included past Division 12 presidents Linda Sobell, Irving Weiner and Nadine Kaslow and myself. In addition, Guillermo Bernal from the University of Puerto Rico and Martha Banks (current President of Division 35) also served as members. Sorry that I can not tell you our recommendation at this point but that should be public by the time you see the Division 12 Newsletter. My next task will be to chair the search for the incoming editor of the *Journal of Abnormal Psychology* (a journal started in 1906 by Morton Prince). I am also working on a chapter dealing with the history of ethics co-authored by Gerry Koocher. This will eventually appear in a new edition of a book edited by John Norcross and Don Freedheim on the History of Psychotherapy. Our section will also have a full program at our APA meeting and details are being finalized. ☐☐






## Division 12 Program: APA Annual Convention

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 I was honored when John Norcross asked that I serve as Program Chair for Division 12 for the 2009 APA Convention. I immediately recognized the importance and the enormity of the task and wanted to make sure Division 12 maintained the reputation of offering high quality programs at APA. To do so I had to rely on the quality of the workshop, symposia, paper, and posters poster submissions I would receive and the integrity of the review process Division 12 members would provide. As one of my first actions, I sent out a call for reviewers who would evaluate the programs submitted to Division 12. I was delighted to discover that so many of the division members volunteered their time to complete reviews as they were highly invested in our APA Programming. I then contacted each of the sections' representatives responsible for their programming and solicited their planned events at APA for 2009. Then, I sat back and waited as submissions came into the on-line portal from individuals and through e-mail from the sections.

My job and that of my volunteer reviewers became easy and difficult at the same time. High quality submissions were the norm. The task of narrowing down the field of submissions meant that some excellent proposals had to be eliminated as our programming time is limited. To meet the needs of the sections while remaining committed to the needs of Division 12 also required somewhat of a balancing act. But, in the end, it is my hope that we have created a program filled with diverse presentations that will appeal to the diverse Division 12 membership.

I am proud of the entire 2009 program and wish I could highlight all of our offerings. But, due to limited space let me underscore a few. Our Early Career Psychologists should mark on their schedule to attend our *Conversations and Croissants: Breakfast with Distinguished Division 12 Members* to be held on

Friday, August 7, 2009 in the Intercontinental Toronto Centre Ontario Room. This conversation hour will be co-chaired by John Norcross, Jonathon Weinand, and Lillian Comas-Diaz and attendees at this event will also have a chance to talk with Steven Hayes, Alan Kazdin and Nancy McWilliams. On Saturday, August 8, 2009, a *Festschrift in Honor of Lynn P. Rehm, Ph.D.* and chaired by Nadine Kaslow from 8-8:50 a.m., will be held in the Metro Toronto Convention Centre, Meeting Room 206E. Later on Saturday, the Division 12 offerings from the 3 hour Evidence-Based Practice track of James Bray's Convention Within a Convention will be held at Metro Toronto Convention Centre, Meeting Room 714A. David Klonsky will be providing an invited address *Research-Supported Psychological Treatments: Current and Future Directions* from 9-9:50 a.m. followed by an invited address from our president, John Norcross, *Psychotherapy Relationships that Work: Evidence-Based Responsiveness* from 10-10:50 a.m. These talks are followed by Guillermo Bernal's invited address from Division 45 from 11-11:50 a.m., *Multicultural Contributions to and Critiques of Evidence Based Practices*.

First, and foremost, I want to thank John Norcross for offering me the opportunity to serve Division 12 as Program Chair, I want to thank Lynn Peterson for her guidance, support and patience. Thanks to the Division membership for submitting proposals that advance our field of psychology. My sincere appreciation goes out to the individuals who volunteered their time to perform reviews and to provide objective feedback about proposals. My gratitude goes out to the section representatives who have used their resources and connections to pull together outstanding presidential addresses, symposia and papers. And, last, and certainly not least, my thanks go out to Candy Won and all of the APA folks that make the convention and the continuing education offerings come together.

I hope you'll review all of the Division 12 programs that will be at the 2009 APA Convention and find several that fit your needs. I especially hope you'll note that if you attend many of our programs you will be eligible to receive continuing education credits for your attendance. I hope to see you in Toronto!

*Division 12 Programming listings begin on page 19*



## Division 12 Programming, 2009

Please check your APA program for final details on which programs will offer continuing education, for section business meetings and for final details regarding presentations listed below as this information is subject to change.

### Thursday, August 6, 2009

#### **Symposium: Individual Differences in Stress Responding**

8/06 Thu: 8:00 AM 8:50 AM

Metro Toronto Convention Centre  
Meeting Room 103A

Anthony D. Mancini, PhD, George A. Bonanno, PhD, Teresa Deshields, PhD, Anthony D. Mancini, PhD

#### **Paper Session: Factors Related to Treatment Outcome in Bulimia and Binge Eating Disorder**

8/06 Thu: 8:00 AM 8:50 AM

Metro Toronto Convention Centre  
Meeting Room 103B

Sandra Mansour, MA, Kenneth R. Bruce, PhD, Howard Steiger, PhD, David Zuroff, PhD, Christine M. Courbasson, PhD, Yasunori Nishikawa, BS, C Jennifer E. Lenckus, BA, and Peter E. Jaberg, PhD

#### **Symposium: New Tricks for Old Dogs—What Every Psychologist Needs to Know About Working With Older Adults and How to Learn It**

8/06 Thu: 8:00 AM 8:50 AM

Metro Toronto Convention Centre  
Meeting Room 201D

Michele Karel, PhD, Tammi Vacha Haase, PhD, Joe Casciani, PhD, and Susan K. Whitbourne, PhD  
Discussant: Jon Rose, PhD

#### **Presidential Address [Spirito] and Career Achievement Award [Kleespies]**

8/06 Thu: 8:00 AM 8:50 AM

Metro Toronto Convention Centre  
Meeting Room 202D

Anthony Spirito, PhD  
Discussant: Phillip M. Kleespies, PhD

#### **Symposium: Strategies on Applying for and Obtaining a Postdoctoral Fellowship**

8/06 Thu: 9:00 AM 9:50 AM

Metro Toronto Convention Centre  
Meeting Room 205B

Christopher Cutter, PhD, George Slavich, PhD and Dawn Sugarman, PhD

#### **Symposium: Role of Culture and Eating Disorders—An International Perspective**

8/06 Thu: 9:00 AM 10:50 AM

Metro Toronto Convention Centre  
Meeting Room 206E

Michael P. Levine, PhD, Fary Cachelin, PhD, Wesley Lynch, PhD, Kathleen Pike, PhD and Jennifer J. Thomas, PhD  
Discussant: Ruth Striegel Moore, PhD

#### **Symposium: Importance of Mentoring for Early Career Psychologists**

8/06 Thu: 9:00 AM 10:50 AM

Metro Toronto Convention Centre  
Meeting Room 717A

Courtney Ferrell, PhD, Heather Jones, PhD, Alfiee Breland Noble, PhD, Norman B. Anderson, PhD and Jessica Henderson Daniel, PhD  
Discussant: Deborah Beidel, PhD

#### **Workshop: Assessment and Intervention for Pain and Behavioral Disturbances in Dementia**

8/06 Thu: 10:00 AM 11:50 AM

Metro Toronto Convention Centre  
Meeting Room 202D

Thomas Hadjistavropoulos, PhD and Claudia Drossel, PhD

#### **Paper Session: Bridging Theoretical Ideas and Clinical Applications in Pediatric Populations**

8/06 Thu: 10:00 AM 11:50 AM

Metro Toronto Convention Centre  
Summit Room 204

Nancy Eppler Wolff, PhD, Susan Davis, PhD, Samuel T. Gontkovsky, PsyD, Margaret N. Lumley, PhD, Kate L. Harkness, PhD, Diane G. Oliver, PhD, Cleopatra H. Caldwell, PhD, Julie Sweetman, MS, Niki Matsuko, MS, and James S. Jackson, PhD

#### **Symposium: Personality Disorders in HIV—Research and Clinical Perspectives**

8/06 Thu: 11:00 AM 12:50 PM

Metro Toronto Convention Centre  
Meeting Room 205B

Ramani Durvasula, PhD, Hitomi Uchishiba, MA, Tina Watford, BA, Leslie Lauten, BA, Alvina Rosales, MA, Daisy De Jesus Sosa, BA, Steven Brady, PhD, David Martin, PhD, : Robert Chernoff, PhD, : Michael Buitron, PhD, Lynn McFarr, PhD, and Cheryl Gore Felton, PhD  
Discussant: Lorna Benjamin, PhD

#### **Paper Session: Innovative Treatment Approaches Across International Populations**

8/06 Thu: 1:00 PM 1:50 PM

Metro Toronto Convention Centre  
Meeting Room 103B

Juan Yang, PhD, Shuqiao Yao, PhD, Chenchen Zhang, PhD, John R.Z. Abela, PhD, Jennifer E. Lenckus, BA and Judith R. Gonzalez, Psy.D.

#### **Workshop: Treating Binge Eating Disorder While Also Bridging the Gap**

8/06 Thu: 1:00 PM 2:50 PM

Metro Toronto Convention Centre  
Meeting Room 713A

Gina M. Scarano Osika, PhD



## Division 12 Programming, 2009 (continued)

### **Symposium: Initial Interview Essential Principles and Techniques With Diverse Clients**

8/06 Thu: 1:00 PM 2:50 PM  
Metro Toronto Convention Centre  
Meeting Rooms 201 E and F  
John Sommers Flanagan, PhD,  
Pamela A. Hays, PhD, Rita Sommers  
Flanagan, PhD, Miguel E. Gallardo,  
PsyD, and Senel Poyrazli, PhD  
Discussant: Derald Wing Sue, PhD

### **Symposium: Suicide Prevention for the Ethnic Minority and LGBTQ Clients—Guidelines for the Cultural Assessment of Suicide Risk**

8/06 Thu: 2:00 PM 3:50 PM  
Metro Toronto Convention Centre  
Meeting Room 716A  
Bruce Bongar, PhD, Darvis Frazier,  
BA, Loanie Huynh, MA, Jennifer  
Sanchez, MS, Margaret Chao, BA, :  
Rebecca Floyd, MA, Peter Goldblum,  
PhD, and Joyce Chu, PhD

### **Symposium: Mediators and Moderators of Treatment Outcome**

8/06 Thu: 3:00 PM 3:50 PM  
Metro Toronto Convention Centre  
Meeting Room 703  
David Moscovitch, PhD, Louis  
Schmidt, PhD, Jessica Senn, PhD,  
Randi McCabe, PhD, Martin M.  
Antony, PhD, Alicia Meuret, PhD,  
Anke Seidel, PhD, Stefan Hofmann,  
PhD, Todd Dunn, PhD, Thomas J.  
Carmody, PhD, Jeffrey Vittengl, PhD,  
Michael Thase, PhD, Robin Jarrett,  
PhD, Michelle Newman, PhD, Aaron  
Fisher, PhD and T.D. Borkovec, PhD

## **Friday, August 7, 2009**

### **Conversation Hour: Conversations and Croissants—Breakfast With Distinguished Division 12 Psychologists**

8/07 Fri: 8:00 AM 8:50 AM

Intercontinental Toronto Centre Hotel  
Ontario Room

John C. Norcross, PhD, Jonathon  
Weinand, PhD, Lillian Comas-  
Diaz, PhD., Steven C. Hayes, PhD.,  
Alan Kazdin, PhD, and Nancy  
McWilliams, Ph.D

### **Presidential Address: [Leong]**

8/07 Fri: 2:00 PM 2:50 PM  
Metro Toronto Convention Centre  
Meeting Room 206A  
Frederick T.L. Leong, PhD  
Discussant: L. Kevin Chapman, PhD

### **Symposium: Model for Diversity in the Science and Practice of Clinical Psychology—Historical Perspectives and Vision for the Future**

8/07 Fri: 2:00 PM 3:50 PM  
Metro Toronto Convention Centre  
Meeting Room 717B  
Asuncion M. Austria, PhD, Linda  
C. Sobell, PhD, Guillermo Bernal,  
PhD, Felicisima C. Serafica, PhD,  
Linda K. Knauss, PhD, Daniel Brian  
Hurley, MS, Stan Huey, Jr., PhD, and  
Deborah A. King, PhD  
Discussant: Richard M. Suinn, PhD

### **Poster Session: Prevention, Assessment, and Diagnostic Considerations**

8/07 Fri: 2:00 PM 2:50 PM  
Metro Toronto Convention Centre  
Exhibit Halls D and E

### **Symposium: Outcomes Measurement in Psychotherapy, Mental Health, and Beyond Developments, Achievements, and Challenges**

8/07 Fri: 3:00 PM 4:50 PM  
Metro Toronto Convention Centre  
Meeting Room 205B  
Mark Blais, PsyD, Lillian Comas  
Diaz, PhD, Michael Lambert, PhD,  
Mark Maruish, PhD and John Ware,  
PhD

### **Presidential Address: [Garb]**

8/07 Fri: 8:00 AM 8:50 AM  
Metro Toronto Convention Centre  
Meeting Room 706  
Howard Garb, PhD

### **Symposium: Practicum Training—A National Survey of Academic Training Directors**

8/07 Fri: 4:00 PM 4:50 PM  
Metro Toronto Convention Centre  
Meeting Room 709  
Robert L. Hatcher, PhD, Erica H.  
Wise, PhD, and Catherine L. Grus,  
PhD  
Discussants: Emil Rodolfa, PhD and  
Frank L. Collins, PhD

### **Presidential Address: [Rose]**

8/07 Fri: 4:00 PM 4:50 PM  
Meeting Room 802B  
Jon Rose, PhD.  
Discussant: David Powers, PhD

### **Paper Session: Glimpses Into the Future of Diagnosis and Psychotherapy**

.....  
: Friday August 7, 6 p.m.:  
: Social Hour  
:  
: **The Council for the National**  
: **Register of Health Service**  
: **Providers in Psychology (National**  
: **Register)** is sponsoring the Social  
: Hour for the Society of Clinical  
: Psychology at the Convention in  
: Toronto this summer. The Social  
: Hour will be held **Friday, August**  
: **7, 2009** from 6-6:50 p.m. in the  
: Ontario Room at the Fairmont  
: Hotel. There will be posters  
: presented by students from several  
: sections and the National Register  
: will announce their awards.  
: Please join us!  
:  
: .....



## Division 12 Programming, 2009 (continued)

8/07 Fri: 5:00 PM 5:50 PM

Metro Toronto Convention Centre

Meeting Room 703

Laszlo A. Erdodi, MS, Renee R.

Lajiness O'Neill, PhD, Robert Segal,

Maneet Bhatia, MA, Martin Drapeau,

PhD, Kris N. Walters, MA, Alexander

L. Chapman, PhD and Katherine L.

Dixon Gordon, MA

### Award Ceremony

8/07 Fri: 5:00 PM 5:50 PM

Fairmont Royal York Hotel

Ontario Room

### Social Hour

8/07 Fri: 6:00 PM 6:50 PM

Fairmont Royal York Hotel

Ontario Room

## Saturday, August 8, 2009

### Paper Session: Festschrift in Honor of Lynn P. Rehm, PhD

8/08 Sat: 8:00 AM 8:50 AM

Metro Toronto Convention Centre

Meeting Room 206E

Nadine J. Kaslow, PhD

### Symposium: Discussion of Pain Perception in a Schizophrenic Population

8/08 Sat: 8:00 AM 8:50 AM

Meeting Room 802B

Paul A. Sloan, PhD and Jared F.

Benge, PhD

### Invited Address: CWC/Evidence Based Practice [Klonsky]

#### Empirically Supported Treatments: Past and Present

8/08 Sat: 9:00 AM 9:50 AM

Meeting Room 714A

David Klonsky, PhD

Discussant: John Norcross, PhD

### Symposium: Issues in the Etiology of Eating Disorders—Examining Risk Factors

8/08 Sat: 9:00 AM 9:50 AM

Metro Toronto Convention Centre

Meeting Room 802A

Annette S. Kluck, PhD, Melissa

Santos, PhD, James L.W. Houle, MS

and Starla Armstrong, MS

Discussant: Michael P. Levine, PhD

### Invited Address: CWC/Evidence Based Practice [Norcross]

#### Evidence-Based Psychotherapy Relationships: What Works

8/08 Sat: 10:00 AM 10:50 AM

Metro Toronto Convention Centre

Meeting Room 714A

John C. Norcross, PhD

Discussant: Irv Weiner, PhD

### Paper Session: [Kleespies]

8/08 Sat: 10:00 AM 10:50 AM

Metro Toronto Convention Centre

Meeting Room 717B

Phillip M. Kleespies, PhD,

Christopher AhnAllen, PhD,

Jeffrey Knight, PhD and Benjamin

Presskreischer, PhD

### Symposium: Credentialing and Privileging of Psychologists in Hospitals—Where Are We Going in the Era of Competencies?

8/08 Sat: 11:00 AM 12:50 PM

Metro Toronto Convention Centre

Meeting Room 707

William Robiner, PhD, Catherine L.

Grus, PhD, Ronald Rozensky, PhD

and Maureen Testoni, JD

Discussant: Nadine Kaslow, PhD

### Discussion: Results of a Multisite Effectiveness Trial BSFT for Adolescent Drug Abuse

8/08 Sat: 11:00 AM 12:50 PM

Metro Toronto Convention Centre

Meeting Room 802A

Michael S. Robbins, PhD, Viviana

E. Horigian, MD, Marc J. Puccinelli,

BA, Jessica B. Ucha Vieta, Med and

Charles W. Turner, PhD

### Symposium: International Perspectives on Addressing the Needs of Older Adults During Disasters

8/08 Sat: 1:00 PM 1:50 PM

Metro Toronto Convention Centre

Meeting Room 206E

Lisa M. Brown, PhD, Diane Elmore,

PhD, MPH, Lisa M. Brown, PhD,

Joan M. Cook, PhD, Kathy Hyer,

PhD, Gloria M. Gutman, PhD,

Maggie Gibson, PhD, and Marita

Kloseck, PhD

### Symposium: Sex Offender Civil Commitment and Treatment Processes in the United States

8/08 Sat: 1:00 PM 1:50 PM

Metro Toronto Convention Centre

Meeting Room 206F

Vito J. DonGiovanni, PsyD, Tara

Travis, PhD, Charles Sproule, PhD,

and Peter M. Byrne, PhD

### Paper Session: Recent Advances in Therapeutic Assessment—

#### Integrating Insights from Neuropsychiatry into Psychological Assessment

8/08 Sat: 1:00 PM 1:50 PM

Metro Toronto Convention Centre

Meeting Room 704

Stephen Finn, PhD

### Invited Address: Presentations by the 2008 Association of Psychologists in Academic Health Centers Award Winners

8/08 Sat: 1:00 PM 1:50 PM

Metro Toronto Convention Centre

Meeting Room 707

Scott Meit, Ph.D. and James H. Bray,

Ph.D.

Discussant: John Linton, PhD



**Sunday, August 9, 2009**

**Invited Address: Powell Lawton Award**

8/09 Sun: 8:00 AM 8:50 AM  
Metro Toronto Convention Centre  
Meeting Room 704  
K. Warner Schaie, PhD

**Paper Session: Treatment Outcomes Related to Mood Disorders**

8/09 Sun: 8:00 AM 8:50 AM  
Metro Toronto Convention Centre  
Meeting Room 712  
Katherine L. Lynch, PhD, Courtney C. Berry, MA, Nickeisha Clarke, MA, Andrea Weiner, MA, Sarah Chung, MA, Lorri Ovrryn, MS, John C. Guthman, PhD, Despina D. Konstas, PhD, Laura Iocin, MA, Lena S. Andersen, MA, Glen I. Spielmans, PhD, Margit I. Berman, PhD, Ashley N. Usitalo, BA

**Symposium: International Perspectives on the Practice of Clinical Psychology**

8/09 Sun: 9:00 AM 9:50 AM  
Metro Toronto Convention Centre  
Meeting Room 802B  
Lynn Collins, PhD, Mary Beth Kenkel, PhD and Radhika Krishnamurthy, PsyD  
Discussant: Linda Garcia Shelton, PhD

**Discussion: Refining the Definition of Research Supported Treatments—A Look to the Future**

8/09 Sun: 9:00 AM 9:50 AM  
Metro Toronto Convention Centre  
Meeting Room 803A  
David Klonsky, PhD, Martin M. Antony, PhD, Bethany Teachman, PhD, Andres De Los Reyes, PhD, Thomas Ollendick, Ph.D. and James H. Bray, PhD

**Poster Session: Intervention**  
8/09 Sun: 10:00 AM 10:50 AM  
Metro Toronto Convention Centre  
Exhibit Halls D and E

**Workshop: Mind and Body Medicine and Health Psychology—Components, Techniques, and Applications**

8/09 Sun: 10:00 AM 11:50 AM  
Metro Toronto Convention Centre  
Meeting Room 705  
Ann Webster, PhD

**Symposium: Process of Change in Emotion Focused Therapy of Depression**

8/09 Sun: 10:00 AM 11:50 AM  
Metro Toronto Convention Centre  
Meeting Room 802A  
Leslie S. Greenberg, PhD, Jeanne Watson, PhD, and Alberta Pos, PhD

**Paper Session: Insights Into Anxiety and Mood Disorders**

8/09 Sun: 11:00 AM 11:50 AM  
Metro Toronto Convention Centre  
Meeting Room 704  
Usha Barahmand, PhD, BA, Nasrin Homeily, MA, Pei Chen Wu, EdD and Gwo Jen Guo, PhD

**Paper Session: Attributes Impacting Marriage and Parenting**

8/09 Sun: 12:00 PM 12:50 PM  
Metro Toronto Convention Centre  
Meeting Room 203A  
Karen M. Deschamps Callender, MA and Steven A. Meyers, PhD

**Symposium: Culturally Relevant Community Based Participatory Research—Evidence From the AAKOMA Project**

8/09 Sun: 12:00 PM 12:50 PM  
Meeting Room 703  
Metro Toronto Convention Centre  
Alfiece Breland Noble, PhD and Joy L. King, BA  
Discussant: Cheryl Anne Boyce, PhD

**Symposium: Leadership Strategies for Midcareer Women in Independent Clinical and Consulting Practices**

8/09 Sun: 12:00 PM 1:50 PM  
Metro Toronto Convention Centre  
Meeting Room 201B  
Helen L. Coons, PhD, Sandra L. Shullman, PhD, Melba J.T. Vasquez, PhD, Jennifer F. Kelly, PhD and Lisa Grossman, JD, PhD  
Discussant: Lillian Comas Diaz, PhD

**Workshop: Teaching Professional Ethics for Undergraduate and Postgraduates in Clinical Psychology**

8/09 Sun: 12:00 PM 1:50 PM  
Metro Toronto Convention Centre  
Meeting Room 205A  
Joanne Callan, PhD and Steven F. Bucky, PhD

**Discussion: Obtaining Your First Clinical Research Grant**

8/09 Sun: 1:00 PM 1:50 PM  
Meeting Room 206C  
Metro Toronto Convention Centre  
Christopher Cutter, PhD, Brent A. Moore, PhD and Maria Bleil, PhD

**Paper Session: Managing Discrimination Effects Through Race Socialization—Implications for Clinical Practice**

8/09 Sun: 1:00 PM 1:50 PM  
Metro Toronto Convention Centre  
Meeting Room 206E  
April Harris Britt, PhD and Ndidi Okeke, MA

## Society of Clinical Psychology Board of Directors Minutes

### Division 12 Conference Call

### January, 2009 Board Meeting

MOTION - To require one letter of endorsement for each award candidate.

ACTION - Passed

MOTION - To ensure identical eligibility for the Early Career Awards, make both 7 years.

ACTION - Passed.

MOTION - All awards are called Distinguished.

ACTION - Passed

MOTION - To have the 8 awards as described below:

- Award for Distinguished Scientific Contributions to Clinical Psychology
- Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology
- Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology
- Toy Caldwell-Colbert Award for Distinguished Educator in Clinical Psychology
- David Shakow Early Career Award for Scientific Contributions to Clinical Psychology
- Theodore Blau Early Career Award for Professional Contributions to Clinical Psychology
- Samuel Turner Early Career Award for Contributions to Diversity in Clinical Psychology (this would represent a new award to an ECP for contributions to diversity, but would use Sam Turner's name previously attached to an award that we recommend sunsetting, as explained below)
- American Psychological Foundation Theodore Millon Award (title of award not changed)

ACTION - Passed

MOTION - To have these and one for distinguished contributions for intervention and assessment for persons of color were proposed.

ACTION - Not Passed

MOTION - All award candidates can be simultaneously nominated for multiple D12 awards.

ACTION - Passed.

MOTION - To raise the CPSP budget by \$1,000.

ACTION - Passed.

MOTION - To invite Drs. Kendall and Sanderson to Fall meeting.

ACTION - Passed.

MOTION - To give access to CP:S&P on-line only to students (this could save \$3,000).

ACTION - Passed.

MOTION - The Publications Committee recommended staying with Wiley-Blackwell.

ACTION - Passed.

MOTION - The Education and Training committee proposed broadening the criteria for the Distinguished Student Award to specifically include contribution to diversity as one (but not the sole) factor.

ACTION - Passed.

MOTION - A funding request to sponsor a national summit on child and family mental health was received. Available amount: \$500. D12 is one of seven Divisions sponsoring this. Ed Craighead personally offered \$500 to support this worthy cause. Eduardo Morales stressed that this was an excellent example of the use of philanthropy to promote the efforts of D12.

ACTION - Passed.

MOTION - To accept the proposed budget.

ACTION - Passed.

MOTION - To decrease the number of required candidates from 4 to 3, or alternatively to at least 2 candidates for each elected position (exact wording to be reviewed by APA Counsel). This would have to go to the membership for endorsement which can now be done electronically.

ACTION - Passed.

*Abbreviated Minutes continued on page 24*





## Society of Clinical Psychology

### BOARD OF DIRECTORS - OFFICERS

(Executive Committee)

President (2009) John C. Norcross, PhD

President-elect (2009) Marvin R. Goldfried, PhD

Past President (2009) Irving B. Weiner, PhD

Secretary (2008-2010) Danny Wedding, PhD

Treasurer (2009-2011) M. David Rudd, PhD

### COUNCIL OF REPRESENTATIVES

Representative (1/07-12/09) Linda C. Sobell, PhD

Representative (1/08-12-10) Larry E. Beutler, PhD

Representative (1/08-12/10) Lynn P. Rehm, PhD

Representative (1/09-12/11) Richard Suinn, PhD

### EDITORS (Members of the Board without vote)

*The Clinical Psychologist:*

(2006-2010) William C. Sanderson, PhD

*Clinical Psychology: Science and Practice*

(2004-2010) Phillip Kendall, PhD

Web Editor:

Sammy F. Banawan, PhD

### SECTION REPRESENTATIVES TO THE BOARD

Section 2: Society of Clinical Geropsychology

(07-09) Deborah A. King, PhD

Section 3: Society for a Science of Clinical Psych.

(09-11) David Tollin, PhD

Section 4: Clinical Psychology of Women

(08-10) Lynn H. Collins, PhD

Section 6. Clinical Psychology of Ethnic Minorities

(07-09) Eduardo S. Morales, PhD

Section 7: Emergencies and Crises

(07-09) Marc Hillbrand, PhD

Section 8: Psychologists in Academic Health Centers

(07-09) Ronald Brown, PhD

Section 9: Assessment Psychology

(08-10) Norman Abeles, PhD

Section 10: Graduate Students and Early Career

Psychologists (08-10) Brian J. Hall

### MEMBER AT LARGE

Asuncion M. Austria, PhD (2007-2009)

### DIVISION 12 CENTRAL OFFICE

Lynn G. Peterson, Administrative Officer

PO Box 1082, Niwot, CO 80544

Tel: 303-652-3126

Fax: 303-652-2723

E-mail: div12apa@comcast.net

### STANDING COMMITTEES

#### FELLOWSHIP COMMITTEE

2009 Chair – Carole A. Rayburn, PhD

Member (2007-09) Karen Calhoun, PhD

Member (2007-09) Luis Vargas, PhD

Member (2008-10) Alfred J. Finch, PhD

## Abbreviated Minutes (continued from page 23)

MOTION - A task force be formed on the public perception of clinical psychologists outside of psychology to flush this out and to identify a strategy. The Board decided it may be worthwhile to examine some of Lynn Rehm's writing on the definition of clinical psychology. A task force will be led by Eduardo Morales, assisted by Linda Sobell, Larry Beutler, and Lynn Rehm. Synergies with other Divisions will be explored.

ACTION - Passed.

MOTION – Regarding attendance at the UN meeting on racism, Division 12 does not feel that we have sufficient information to take position at this time. Any resulting document should be reviewed by APA for comments.

ACTION - Passed.

Respectfully submitted,

Danny Wedding

Secretary

## Board of Directors, 2009 (continued)

Member (2008-10) Adelbert Jenkins, PhD  
Member (2009-11) Nadine J. Kaslow, PhD  
Member (2009-11) Carole A. Rayburn, PhD

### MEMBERSHIP COMMITTEE

2009 Chair – Anthony Cellucci, PhD  
Member (2007-09) Sean A. Sullivan, PsyD  
Member (2007-09) Barry Hong, PhD  
Member (2008-10) Ronald Ganellen, PhD  
Member (2008-10) Sharon Ray Jenkins, PhD  
Member (2009-11) Kelly Trusheim, PsyD  
Member (2009-11) Anthony Cellucci, PhD  
Student representative (2009) Sharie M. Fabregas

### EDUCATION AND TRAINING COMMITTEE

2009 Chair – La Pearl Logan Winfrey, PhD  
Member (2007-09) Michael Lambert, PhD  
Member (2007-09) Sharon Manning, PhD  
Member (2008-10) Dorothy Holmes, PhD  
Member (2008-10) Jeffrey Magnavita, PhD  
Member (2009-11) Samuel T. Gontkovsky, PsyD  
Member (2009-11) La Pearl Logan Winfrey, PhD  
Student representative (2009) Allison M. Smith

### PROGRAM COMMITTEE

2009 Chair – Barbara A. Cubic, PhD  
2010 Chair – J. Christopher Murran, PhD  
2008 Chair – Victor Molinari, PhD

Section 2: (2009) Jonathon Rose, Ph.D. & David Powers, Ph.D.

Section 3: (2009) Evalyn Behar, PhD

Section 4: (2009) Lynn H. Collins, PhD

Section 7: (2009) James Rogers, PhD

Section 8: (2009) William Robiner, PhD

Section 9: (2009) Steve Smith, Ph.D.

Section 10: (2009) Christopher Cutter

### COMMITTEE ON FINANCE

2009-2011 Chair/Treasurer – M. David Rudd, PhD  
Member (2007-09) Deborah King, PhD  
Member (2008-10) Norman Abeles, PhD  
Member (2009-11) Larry E. Beutler, PhD

### Subcommittee on Investments

M. David Rudd, PhD, Chair  
Bonnie Markham, PsyD, PhD  
Ronald Brown, PhD

### COMMITTEE ON AWARDS

2009 Chair – Irving B. Weiner, PhD  
Member (2007-09) Irving B. Weiner, PhD  
Member (2008-10) John C. Norcross, PhD  
Member (2009-11) Marvin R. Goldfried, PhD

### NOMINATIONS AND ELECTIONS COMMITTEE

2009 Chair – Irving B. Weiner, PhD  
Member (2009) Richard Suinn, PhD  
Member (2009) Linda Sobell, PhD  
Member (2009) George Stricker, PhD  
Member (2009) Janet R. Matthews, PhD

### PUBLICATIONS COMMITTEE

2009 Chair – W. Edward Craighead, PhD  
Member (2007-09) Sona Dimidjian, PhD  
Member (2007-09) Melanie Harned, PhD  
Member (2008-10) W. Edward Craighead, PhD  
Member (2008-10) William Gottdiener, PhD  
Member (2009-11) George R. Stricker, PhD  
Member (2009-11) J. Gayle Beck, PhD  
Student representative (2009) Andri Bjornsson

### COMMITTEE ON APA GOVERNANCE

2009 Chair – Lynn H. Collins, Ph.D.  
Member (2007-09) Danny Wedding, PhD  
Member (2008-10) Steven James, PhD  
Member (2009-11) Lynn H. Collins, PhD

### COMMITTEE ON DIVERSITY

2009 Chair – Asuncion M. Austria, PhD  
Member (2007-09) Stan J. Huey, PhD  
Member (2007-09) Asuncion M. Austria, PhD  
Member (2008-10) Linda Knauss, PhD  
Member (2008-10) Felicisima Serafica, PhD  
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## Board of Directors, 2009 (continued)

Subcommittee on Research-Supported Psychological Treatments

Subcommittee on Practitioner-Researcher Collaboration

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– Asuncion M. Austria, PhD

Association for Practicing Psychologists

– Lynn Rehm, PhD

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Summit on Future of Psychology Practice

– David Rudd, PhD 

## THE CLINICAL PSYCHOLOGIST

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## Call for Nominations: Editor of *The Clinical Psychologist*

The Society of Clinical Psychology, Division 12 of the American Psychological Association, seeks applications for the position of Editor of *The Clinical Psychologist*. Self-nominations are encouraged, as are nominations of members of underrepresented groups in clinical psychology.

*The Clinical Psychologist* is the primary communication vehicle of the Society. Its purpose is to communicate timely and thought-provoking information on clinical psychology to the members of the Society. It serves to inform the membership about elections, Board decisions, Society initiatives, convention affairs, and events within APA that concern all of us. It also publishes original articles of interest to the field, as well as occasional book reviews. It also covers the activities of the Society's eight sections, a highly diversified group spanning the field of clinical psychology.

Serving as the Editor will provide excellent opportunities for involvement in Division 12 activities, collaboration with the division's leadership, and use of professional skills. It also may include some involvement with APA.

The editorial appointment will be made for a four-year term, starting in January 2010. The Editor is responsible for all content, for overseeing the publication's annual budget, and for managing the production of the newsletter. The Editor reports to the Publications Committee of the Society and serves as a non-voting member of the Division 12 Board of Directors. The Editor receives an annual honorarium.

Individuals interested in applying for the position should arrange to have a letter of application, curriculum vitae, and at least one letter of recommendation sent by August 1, 2009.

Nominations and supporting materials should be sent electronically to both: Dr. George Stricker, Interim Publications Chair, Society of Clinical Psychology, at [geostricker@gmail.com](mailto:geostricker@gmail.com); and Ms. Lynn Peterson, Division 12 Central Office, at [div12apa@comcast.net](mailto:div12apa@comcast.net).

Questions about the position can be addressed to the current Editor, Dr. Bill Sanderson at [william.c.sanderson@hofstra.edu](mailto:william.c.sanderson@hofstra.edu).

## Call for Nominations: Editor of *Clinical Psychology: Science and Practice*

The Publications Committee of the Society of Clinical Psychology (Division 12 of the American Psychological Association) invites nominations for Editor of the Society's flagship journal, *Clinical Psychology: Science and Practice*, to succeed the current editor, Phillip Kendall, whose term will end in December 2010.

*Clinical Psychology: Science and Practice* presents cutting-edge developments in the science and practice of clinical psychology by publishing topical reviews of research, theory, and application to diverse areas of the field, including assessment, intervention, service delivery, and professional issues. The Journal is published quarterly by Wiley-Blackwell and is a widely respected journal with a high citation index.

Nominees must be members of the Society and should be prepared to begin receiving manuscripts in January 2010 for publication in the January 2011 issue. Criteria to be considered in selecting the editor include:

- Comprehensive knowledge and broad perspective on the field of clinical psychology
- Understanding and appreciation of the many subdisciplines and theoretical orientations within clinical psychology
- Clear professional accomplishments and identity within clinical psychology, and demonstrated research, writing, reviewing, and editing skills
- A commitment to multicultural diversity both in journal content and in choice of editorial reviewers
- Freedom to devote time and energy to accomplish the editorial duties, including evidence that the candidate's institution or employment setting supports and values journal editing
- Demonstrated time management skills and the ability to meet deadlines

The Editor reports to and through the Publications Committee for a 5-year non-renewable term, and has sole control of the content of the journal. The position

comes with an annual honorarium plus financial support for the operation of an editorial office.

To nominate candidates, please provide a statement in support of the nominee. Supporting material should include a curriculum vitae and the nominee's brief statement on future directions for the Journal. Self-nominations are encouraged, as are nominations of members of underrepresented groups in clinical psychology. Deadline for nominations is August 1, 2009.

Nominations and supporting materials should be sent electronically to both: Dr. George Stricker, Interim Publications Chair, Society of Clinical Psychology, at [geostricker@gmail.com](mailto:geostricker@gmail.com) and Ms. Lynn Peterson, Division 12 Central Office, at [div12apa@comcast.net](mailto:div12apa@comcast.net).



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**CALL FOR  
NOMINATIONS:**

**Editor, *The Clinical Psychologist***

The Society of Clinical Psychology, Division 12 of the American Psychological Association, seeks applications for the position of Editor of *The Clinical Psychologist*.

*Please see page 27 for description and full details*

**CALL FOR  
NOMINATIONS:**

**Editor, *Clinical Psychology: Science and Practice***

The Publications Committee of the Society of Clinical Psychology (Division 12 of the American Psychological Association) invites nominations for Editor of the Society's flagship journal, *Clinical Psychology: Science and Practice*.

*Please see page 27 for description and full details*