

THE CLINICAL PSYCHOLOGIST



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

CONTENTS

- 01 President's Column
- 05 From the Editor
- 07 Internet Update:
Internet Update - Literally!
- 08 Early Career Column:
What Comes After "Early"?
- 09 History Column:
The Society of Clinical
Psychology and the
International Association of
Applied Psychology, 1982-2010
- 11 Student Column:
Getting the Most out of
Graduate School in Clinical
Psychology
- 13 Book Recommendations:
Mindfulness & Acceptance
Based Behavioral Therapies
in Practice
- 14 Psychopharm Update:
A New Model for
Combining Pharmacotherapy
and Psychotherapy in the
Treatment of Anxiety Disorders
- 17 Section Updates
- 20 Call for Award Nominations
- 21 Nomination Ballot

EDITOR

William C. Sanderson, PhD
Professor of Psychology
Hofstra University
Hempstead NY 11549
William.C.Sanderson@Hofstra.edu

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ISSN 0009-9244

IN THIS ISSUE: Nomination Ballot – page 22



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

PRESIDENT'S COLUMN

Psychologist Self-Care in a Workaholic Nation

Clinical psychologists, by definition, study and modify human behavior. That is, we study and modify other humans. Psychological principles, methods, and research are rarely brought to bear on ourselves, with the probable exception of our unsolicited attempts to diagnose one another (Norcross, 2000).

As George Kelly (1955) noted many years ago, psychologists rarely apply their theories reflexively. That is, we do not apply the same theories to our own behavior as psychologists that we use in understanding and treating patients.

In this, my final presidential column, I would like to collegially offer a more personal message. I mean personal in the twin senses of private (not public) and relational (not technical or professional). Of course, these are dubious distinctions in clinical psychology where the personal and the professional are often inextricably intertwined.

My message: the indispensability of self-care among clinical psychologists.

Two Paradoxes of Self-Care

Suppose you were to come upon someone in the woods working feverishly to saw down a tree. "What are you doing?" you ask. "Can't you see?" comes the impatient reply. "I'm sawing down this tree." You exclaim: "You look exhausted! How long have you been at it?" The man replies: "Over five hours, and I'm beat! This is hard work." You inquire: "Well, why don't you take a break for a few minutes and sharpen that saw? I'm sure it would go a lot faster." The

(continued on page 2)

Editor's Note

As you can see, *The Clinical Psychologist* has gone green! As noted in the last issue, *TCP* will transition to an online version. You will still receive a hard copy of one more issue (the next issue) – Winter 2010. After that all issues will be online only. 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

– WCS

President's Column (*continued*)

man emphatically replies: "I don't have time to sharpen the saw. I'm too busy sawing!"

That is the paradox of self-care: no time to sharpen the saw. The story comes from Stephen Covey's (1989, p. 287) *The seven habits of highly effective people*. The self-defeating situation is so easy to see and diagnose in other people; it is so hard to get off the treadmill ourselves.

The point segues into a second paradox of psychologist self-care: Not availing ourselves of what we provide or recommend to clients. We often feel hypocritical or duplicitous – suggesting to others that they work less, exercise more, renew themselves, and so forth – while we do not take our own advice. How often do we sit with patients encouraging them to "relax and take a vacation," while calculating our lost therapy rev-

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Graphic Design: Jason Crowtz



President's Column (continued)

enue and concluding we can't afford to take the time away from the office right now (Penzer, 1984)?

It is easier to be wise and mature for others than for ourselves. If you are still feeling a little hypocritical or sheepish about not practicing what you preach, then join the crowd. I am far more adept at recommending self-care to others than practicing it myself, as my family and friends will readily attest. I am in no position to moralize.

Just as being a lawyer does not necessarily make one more honest and being a physician does not necessarily make one healthier (Goldberg, 1992), so too does being a psychologist not make one automatically more proficient at self-care. In fact, it's frequently the converse in a profession in which people enter "to help others."

Convergence of Science and Practice

We know, scientifically and clinically, that the individual practitioner may contribute as much to psychotherapy outcome as the particular treatment method. When not confounded with treatment, so-called therapist effects are large and frequently exceed treatment effects (Wampold, 2001). Meta-analyses of therapist effects in psychotherapy outcome average 5% to 9% (Crits-Christoph et al., 1991). In a large study (6,146 patients and 581 therapists) of outcome variability in a managed care setting, about 5% of outcome was due to therapist

effects; 0% was due to specific treatment (Wampold & Brown, 2005). Despite impressive attempts to experimentally render individual practitioners as controlled variables, it is simply not possible to mask the person and the contribution of the psychologist.

All of this is to say that science and practice converge on the conclusion that the person of the clinician is a prime locus of successful psychotherapy. It is neither grandiosity nor self-preoccupation that leads us to psychologist self-care; it is the integration of science and practice that demands we pursue self-care.

Running Against the Tide

At the same time, I am painfully aware that my personal message runs counter to the workaholic tendencies of our country and to the industrialization of mental health care. In practically every comparative study, United States citizens work longer hours and take less vacation than citizens of other countries. Suggestions to work less and self-care more in the United States are embraced largely as an ideal, not as an action. Nor does the raging industrialization of health care prize the individuality and self-care of the practitioner. Instead, managed care companies speak of interchangeable "providers" on disembodied "panels." Nonetheless, we must create a self-care ethos and ethic in clinical psychology.

Division 12 Board Meeting, Philadelphia, PA, September 12, 2009



2009 Division 12 Board (minus Dr. Lynn Rehm).



Self-Care as Ethical Imperative

Every ethical code of mental health professionals includes a provision or two about the need for self-care. The American Counseling Association's (2005) Code of Ethics, for example, enjoins counselors to "engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (p. 9). The American Psychological Association's Ethical Code (2002), for another example, directs psychologists to maintain an awareness "of the possible effect of their own physical and mental health on their ability to help those with whom they work" (p. 1062).

Without attending to our own care, we will not adequately assist others and prevent harm to them. Psychologist self-care is a critical prerequisite for patient care. In other words, self-care is not simply a personal matter but also an ethical necessity, a moral imperative (Carroll, Gilroy, & Mura, 1999).

A Précis of Self-Care Strategies

Although research on psychologist self-care has not progressed to the point where randomized controlled trials have been conducted, the topic has garnered a robust and growing body of empirical research. The research results, generated by diverse methodologies and numerous investigators, congregate on 12 effective self-care strategies for psychologists (Norcross & Guy, 2007). And these same strategies probably prove effective for ordinary people as well; contrary to rumor, clinical psychologists are people too. As a potential resource and reminder list, Table 1 outlines these 12 strategies.

Ave Atque Vale

In closing, I bid you ave atque vale (hail and farewell) as the president of your Society of Clinical Psychology. As I go, my ardent hope is that this column has gently, collegially reminded you that you can (and should) practice self-care wholeheartedly, bringing your self fresh to each moment, each patient, and each day. You, your loved ones, your patients, and clinical psychology deserve no less.

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TABLE 1: 12 Self-Care Strategies

1. Valuing the Person of the Psychotherapist. Begin with self-awareness and personal commitment. Assess your self-care as you would a patient's. Identify your vulnerabilities and sabotages. Writing, journaling, logging, or self-monitoring can track your progress. Secure honest feedback from loved ones and coworkers. Build on your successful self-care as opposed to only adding new items onto a to-do list. Make self-care a priority, not an indulgence.

2. Refocusing on the Rewards. Re-experience the privileges of the profession. Notice the life rewards associated with clinical work. Feel the career satisfaction. Practice the mental set of gratitude. Recall Emerson's words: "It is one of the most beautiful compensations of life that no man can sincerely try to help another without helping himself."

3. Recognizing the Hazards. Begin by saying it out loud: Clinical work is a demanding and often grueling enterprise. Affirm the universality of occupational hazards by sharing with colleagues. Beware the classic stressors of the "impossible profession": emotional isolation, distressing patient behaviors, inhumane working conditions, physical exhaustion. Practice acceptance of the inevitable stressors. Cultivate self-empathy. Adopt a team approach.

4. Minding the Body. Don't overlook the biobehavioral basics. Protect your sleep. Insist on bodily rest. Secure adequate nutrition and hydration during the day. Engage in regular physical exercise. Arrange for contact comfort and physical gratification. Return again and again to the physical fundamentals.

5. Nurturing Relationships. Cultivate a support network at the office: Clinical colleagues, supervision groups, clinical teams, office staff, community professionals, and mentors. Equally important, secure nurturance away from the office: spouse/partner, family members (including pets), friends, spiritual advisors, and Colleague Assistance Programs. Ask yourself repeatedly, "Who has my back?" Expectedly, psychotherapists find help relationships both deeply satisfying and highly effective for self-care.

6. Setting Boundaries. Maintain boundaries (a) between self and others as well as (b) between professional life and personal life. Schedule breaks, restrict caseload, refuse certain clients, insist on a livable income. Follow the 90% rule: only schedule up to 90% of desired hours to allow time for emergencies, family demands, and self-care. Balance client desires and self-preservation by saying "no" to patients, such as no shows, late cancellations, unpaid bills, and non-emergency intrusions. Demarcate a boundary between work and public with a transition ritual.

7. Restructuring Cognitions. Monitor internal dialogue by your preferred method. Identify corrosive expectations about your clinical performance; for example, "I must be successful with all my patients," "I should not have prob-

lems; after all, I am a psychologist!" Manage problematic countertransference reactions by self-insight, self-integration, empathy, anxiety management, and conceptualizing ability. Be gentle with yourself; shed the heavy burden of perfectionism.

8. Sustaining Healthy Escapes. Beware the prevalent unhealthy escapes of substance abuse, isolation, and sexual acting out. Practice absorbing errands and healthy diversions away from the office, e.g., travel, hobbies, humor, relaxation, exercise. How do you play? Restore yourself with vital breaks, days off, personal retreats, vacations, and mini-sabbaticals.

9. Creating a Flourishing Environment. Harness the power of your work environment and avoid the fundamental attribution error that distress is solely your fault. Take an environmental audit of practice setting/office. Evaluate your work environment in terms of 6 key dimensions: work load, control, reward, sense of community, respect, and similar values. What is unsatisfactory and what can be done? High work demands plus high constraints is a toxic combination. Enhance the comfort of your work safety, privacy, lighting, ventilation, furniture, and aesthetics.

10. Undergoing Personal Therapy. Practice what you preach by seeking personal psychotherapy. Confront your resistances not to pursue personal treatment. Return to therapy periodically throughout the lifespan without shame. Supplement psychotherapy with self-analysis. As an alternative, obtain an annual satisfaction checkup. Integrate with other forms of self-development, such as creative arts, meditation training, yoga.

11. Cultivating Spirituality and Mission. Reclaim your "mission" in life and in entering the profession. Cultivate wonder at the human spirit; it will enable you to pull hope from hell. Connect to the spiritual sources of your hope and optimism regarding behavior change. Confront squarely your yearnings for a sense of transcendence and meaning. Become a citizen-therapist by merging your vocation with social activism. Let your life speak – manifest your core values in and outside the office.

12. Fostering Creativity and Growth. Strive for adaptiveness and openness to challenges – the defining characteristics of passionate psychologists. Involvement in diverse professional activities (e.g., psychotherapy, assessment, teaching, research, supervision) balances your workload and expresses the full array of skills. Attend clinical conferences, read literature, and form study groups to access the life springs of continued education. Expect a lifetime of struggle for awareness and growth; self-renewal is an ongoing process, not a CE workshop.

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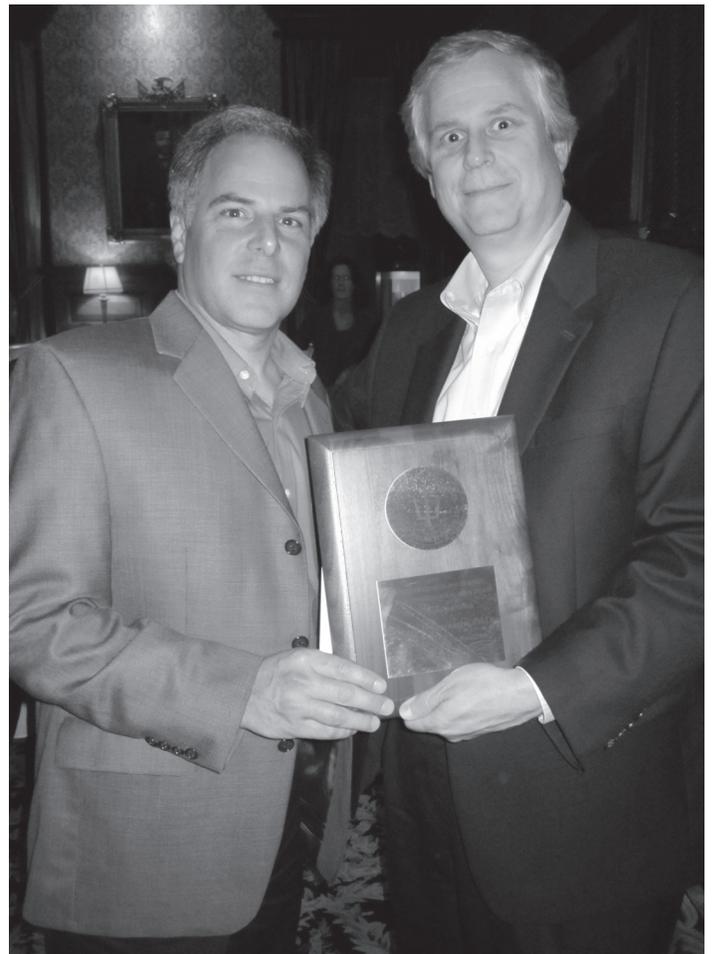
FROM THE EDITOR

William C. Sanderson, PhD—Editor, *The Clinical Psychologist*

 My term as Editor of *The Clinical Psychologist* ends with this issue. I would like to express my sincere appreciation to each of the Column Editors, who were instrumental in insuring there was excellent content for each issue. In addition, an array of section representatives provided regular content in the Sections Update Column. And of course, the presidents contributed the featured article for each issue published during their tenure.

I am sure that all of them will miss my continual emails, most of which were headed by “REMINDER: TCP DEADLINE APPROACHING,” which began about six weeks in advance and would increase in frequency as the deadline approached. This flurry of emails was eventually followed by “PROOFS ATTACHED – MUST RETURN IN 48 HOURS.” As a result of everyone’s attention to these emails, we never missed a deadline! Although I would not be surprised if after the first year of receiving these incessant reminders, many of them marked my email as “spam” and thus my postings went right into their trash folder. Nevertheless, they managed to send everything on time.

Special thanks to Jason Crowtz, the graphic designer, who turns a plain old word document that I send him into what you see when you view an issue of TCP. There were a couple of tight deadlines along the way (not my fault!), and Jason always managed to put in the extra effort to get it done on time (now that I think of it I probably harassed Jason with emails as well). But in the end, he saved my having to explain to the Board circumstances such as why the Division’s APA Program listing arrived in member’s mailboxes after the convention, or why the candidate’s statements arrived after the election. Finally, thanks to Lynn Peterson who is the backbone of Division 12. As everyone who has been involved with Division 12 knows, Lynn provides great official (and unofficial) advice on how to get things done and deal with the various characters along the way.



Bill Sanderson (left) receiving a plaque from John Norcross (right) expressing gratitude for his service as Editor of *The Clinical Psychologist*.

So now, I turn over the reigns to Milton Strauss and Guerda Nicolas, who will be taking over as Editor and Associate Editor respectively. I wish them the best, and advise them not to be afraid of using email to harass everyone until you get what you need to make the next deadline.

Best wishes,
William C. Sanderson, PhD, Professor of Psychology
Hofstra University, Hempstead, NY 11549 ☎

Internet Update: Literally!

Simon A. Rego, PsyD

 My how time flies! I began writing this column for TCP in the winter of 2005 and now my time is already up as Section Editor! For those who have been stuck in a class, lab, or private practice office, I thought I would end my run by providing you with a few highlights of how the Internet has continued to evolve¹ in just the four years since I began editing this column.

2005: Early in the year, YouTube (the video sharing website) was founded, and the Library of Congress announced its plan to create the World Digital Library of works in the public domain.

2006: In September, the Journal, Nature announced that it would open its peer review process to online comments in the form of a blog, and in October, Twitter (the social networking and micro-blogging service) was launched. By the end of the year, it was estimated that there were more than 100 million websites on the Internet - with 27.4 million sites added in 2006 alone.

2007: In February, about 12 million Americans were maintaining a blog and Presidential candidate Barack Obama launched my.barackobama.com, a social networking site that had over a million members by the time of the presidential election. In July, Second Life, a virtual reality site, began being used for teaching foreign languages, and by September, the first healthcare course was taught there. In November, Amazon.com introduced the Kindle, an e-book reader that incorporates a wireless service for purchasing and delivering electronic texts without a computer.

2008: By the end of last year, broadband technologies were estimated to have spread to more than 90% of all residential Internet connections in the United States (about 200 million people) and 21.9% of the people around the world were estimated to be using the Internet. Examples of this growth include: Google announcing that it was indexing over one trillion unique URLs, Craigslist (a classified advertising service founded in 1995) announcing that it was being used by more than 50 million people each month, Facebook (founded in February 2004) announcing that it had more than 110 million active users worldwide, and Flickr (a photo and video sharing/social networking site founded in December 2004) announcing that it is hosting more than three billion images. In addition, Google unveiled Google Flu Trends, which use aggregated Google search data to estimate flu activity - reportedly

up to two weeks faster than traditional flu surveillance systems. This year was also notable for having the first case of what was considered to be a new variation of sleep-walking called “zzz-mailing” (using the internet while asleep). The case, which was reported by researchers from the University of Toledo and published in the journal *Sleep Medicine*, involved a woman who sent several emails while in a deep sleep.

2009: In January of this year, YouTube surpassed 100 million viewers, with the average person watching approximately 62 videos over the course of the month. And you clearly weren't all interested in watching “Evolution of Dance”, as by April, the first Collaborative Online Orchestra (the YouTube Symphony Orchestra), under the direction of San Francisco Symphony conductor, Michael Tilson Thomas, debuted at Carnegie Hall in New York. We also saw the launch of the World Digital Library, a web site that features unique cultural materials from libraries and archives around the world, and witnessed, first hand, how Internet video and social networking sites were used to escape attempts at censorship during the protests in Iran. Most recently, and perhaps most appropriately, in September, DePaul University offered the first college journalism course focused solely on Twitter and its applications. The course, entitled, ‘Digital Editing: From Breaking News to Tweets’ has the aim of helping to “prepare students to work in the burgeoning digital landscape.” Other courses offered at DePaul’s College of Communication include: niche journalism, reporting for converged newsrooms, backpack reporting, and entrepreneurial journalism.

It certainly is an exciting time for the Internet (and technology)! I do hope you have enjoyed some of the updates I have provided. It has been fun presenting them to you!

Given that this is my last column, I would like to thank Bill Sanderson for inviting me on board TCP as a section editor and for his helpful editorial comments over the past few years. I would also like to thank Dan Fishman, Jim Coyne, Michael Perlis, and Phil Gehrman for their special column contributions (in the event you missed them, you can find the archives of TCP at: www.apa.org/divisions/Div12/clinpj.html). And of course, I would like to thank all of you for taking the time to send me your feedback (dr.rego@gmail.com). 

1 Accessed from the website “From Cave Paintings to the Internet: A Chronological and Thematic Database on the History of Information and Media.”

2 As of May 9, 2009, this video had been viewed 119,378,381 times and was the Most Viewed, Most “Favorited” and the eighth Most Discussed of all time on YouTube.



What Comes After “Early”?

Katherine L. Muller, PsyD

 What happens when one is no longer an “early career” psychologist? What is the next “phase” called? Is there such a thing as “Middle Career”? These are my thoughts of late. Not only is my three-year tenure as editor of this column coming to an end, I am closing in on eight years since graduation and moving out of “early” career status. I have thoroughly enjoyed my

While working on your early career goals, you also need to be thinking about the next phase of your later career goals.

time as an early careerist and writing this column has been a very important part of it. In this series of columns, I have shared statistics, information, and suggestions from other clinical psychologists, surveys, and sources in the field. For this final column, I thought I would reflect on my experiences in this early phase of my career and share

some of the things I have learned about its importance and impact on the rest of my career.

Today is Tomorrow

Throughout these last few years of my “early” career, I went about the requisite tasks of any psychologist in this phase. For example, I was “preparing” things I had never prepared before (e.g., grants, courses, databases, a scheme of office décor). I was also “building” things. I built a referral list, a network of colleagues, even my resume. What I didn’t realize at the time was just how much these early tasks and the way I performed them could affect the next phases of my career. Essentially, I’ve realized that while working on your early career goals, you also need to be thinking about the next phase of your later career goals.

This lesson became painfully clear to me this year, as I applied for board certification and academic promotion. Sure, I had prepared curricula and collected the evaluations for my courses. Of course, I had plenty of other professionals who knew my work and could attest to my character. Was all this informa-

tion in one place, organized, easily accessible? Nope. I set about the sometimes-grueling task of finding all of this information and compiling it in a structured way. I discovered that I was not only able to complete the applications, but I also found myself reflecting on what I had done in the last eight years. I was struck by how much I had done and enjoyed remembering the experiences. Gosh, I’ll admit it, I was proud of myself. Thus, one of the most important pieces of advice I now have for early career psychologists is to develop a portfolio as you go. File your syllabi, evaluations, feedback from supervisors and mentors, facts and figures on talks you give (e.g., Do you know how many people attended that Grand Rounds talk you gave?), all in one place. Review the portfolio yearly. Not only will you be ready for upcoming career milestones, but you will also have a “personal” record of your “professional” life. I think we need these reminders of our life’s work to keep us going.

Balance is a Balancing Act

I cannot count the number of psychologists interviewed for my column who have proffered the advice, “Find work-life balance”. I know we have all heard this over and over. Each time I’ve heard it I naively assumed the person offering those words of wisdom had done just that, somehow figured out how to balance things. I would like to add my own two cents and a bit of a reality check. Striking a balance is difficult, very, very difficult. I don’t do it well and I don’t do it often enough. I am probably not the only one. In fact, the early part of your career may be the hardest time to find this mythical “balance”. My main point here is that you should not beat yourself up if you are unable to pursue martial arts training or decoupage craft classes while trying to publish a manuscript. Some radical acceptance about missing a family get-together because you need to be at that annual conference may also be in order. In other words, cut yourself some slack.

Write Your Own “Column”

Writing this column has afforded me the unique experience of conscious reflection on life as an early career psychologist while actually living it. The attention to this phase of my career has been enlightening, exciting, and,

Early Career Column continued on page 9

The Society of Clinical Psychology and the International Association of Applied Psychology, 1982-2010

Donald K. Routh, PhD

 I had originally hoped that Charles Spielberger, a former president of Division 12 and also a former president of the International Association of Applied Psychology (IAAP), would be able to write a column for this issue. Due to circumstances beyond his control, Spielberger had to decline this opportunity, so I have chosen to close this series of History Columns on an international theme related to his work.

Sheldon Korchin (1921-1989), who was for a long time professor of psychology at the University of California, Berkeley, obtained one of the first training grants from the National Institute of Mental Health focusing on minority mental health. He was later recognized by Division 12 for his contributions. Korchin used to say that clinical psychology needed more than Wonder Bread; it also needed cornbread, tortillas, and bagels, so to speak. Besides wishing to provide for the mental health needs of members of minority groups in the United States, Korchin advocated clinical psychology as an international field. He was a founder and the first president of the Division of Clinical and Community

Psychology (Division 6) of the IAAP, from 1982-1986. The IAAP is the oldest international organization in psychology still in existence and was founded in 1920. It now has over 1,500 members from more than 80 different countries. It meets only once every four years. For this reason, an individual elected to the presidency of one of its divisions usually serves for a total of 12 years (four as president-elect, four as president, and four as past-president). Needless to say, that requires the commitment of a sizable chunk of a person's professional career in psychology to international matters.

Stanley Sue, who like Sheldon Korchin was a strong advocate of ethnic diversity in clinical psychology, served as the next president of the IAAP Division of Clinical and Community Psychology. His term as president began in 1986. Sue is now professor of psychology at the University of California, Davis, where he has an NIMH grant-supported program to train Asian psychologists. Division 12 now gives a Stanley Sue Award for colleagues who make significant contributions to promoting the diversity of the field.

The next president of IAAP Division 6, beginning in 1990, was Fanny Cheung. She is now professor of psychology at the Chinese University of Hong Kong. Her American connections include the fact that she received her PhD in clinical psychology from the University of Minnesota. Among other accomplishments, she is known for translating the Minnesota Multiphasic Personality Inventory (MMPI)

History Column continued on page 10

Early Career Column *(continued from page 8)*

at times, frustrating. The column has also served as a sort of "journal" for me— a place to vent, expound, and share learning experiences. It has even served as an excuse to ask experts in their field for their advice (telling them you have a column to write gives you a certain sense of permission you might not have otherwise!). Given this experience, I encourage anyone in the early phase of their career to not only "be in the moment" but to take note of these formative experiences and your reactions. Keep a journal, start a discussion group, or just use your iPhone to document some of these events. I promise you, this process will be valuable in many ways, perhaps

solely for you, perhaps for another early professional you share this information with along the way.

Writing this column has been an absolute pleasure and a wonderful learning experience. I would like to thank Dr. Bill Sanderson for inviting me to be a part of *The Clinical Psychologist*. Many thanks also to colleagues who have contributed their insight and advice to this column over the years. Finally, thanks to all of the individuals who have taken the time to read this column and send me their comments, suggestions, and tales of their own experiences. No matter what phase of your career you are in, I wish you all the best! 📧

into Chinese, validating this test for use in China, and developing a number of distinctive MMPI scales with Chinese cultural content.

In 1994, I attended the IAAP meeting in Madrid, Spain in order to promote the celebration of the centennial of clinical psychology that was to occur two years later. There I met Fanny Cheung at a Division 6 reception. This was the beginning of my own 12-year association with this organization. Victoria del Barrio, a clinical psychologist in Madrid, began her term as the president of Division 6 in 1994, and I became its president-elect at that time. I later published an article on the European roots of the founding of clinical psychology, with Victoria del Barrio and her husband, historian of psychology, Helio Carpintero, in the *European Psychologist*.

In 1998, the IAAP meeting was in San Francisco. Thus it came about that the beginning of my own four-year term as president of IAAP Division 6 coincided in both time and place with the beginning of my one-year term as president of APA Division 12. With a number of colleagues, I made use of this occasion to found an associated group, the International Society of Clinical Psychology (ISCP), intended to meet annually and to facilitate international communication within clinical psychology. The ISCP still exists but as a Section of the APA Division of International Psychology rather than an independent organization.

In 2002, the new president of IAAP Division 6 was Juan Jose Sanchez-Sosa, the director of the largest psychology department in Mexico, at the National Autonomous University of Mexico, UNAM, in Mexico City. Sanchez-Sosa had received his PhD in clinical psychology from the University of Kansas and is by now well known throughout Latin America. His research is in the area of clinical health psychology.

Finally, in 2006, Lynn Rehm began his term as president of IAAP Division 6. Lynn, a professor of psychology at the University of Houston, has served as president of APA Division 12 as well, and is known for his research on depression. His four-year term as president of Division 6 will conclude in 2010. His interest in international clinical psychology was previously manifested by participation in many discussions of the field with colleagues from the United States, Canada, and Mexico, the countries affected by the North American Free Trade Agreement (NAFTA). Juan Jose Sanchez-Sosa had also been a part of these discussions. When Rehm had been president of APA Division 12, it actually had one of its board meetings in Mexico City, hosted by Sanchez-Sosa.

In conclusion, members of APA Division 12 have contributed very significantly to the development of international clinical psychology through the Division's linkages for over a quarter of a century to the IAAP. ■

Announcement

The Society of Clinical Psychology is pleased to announce the appointment of new editors for its publications.

- **Milton E. Strauss**, PhD, is the incoming editor and **Guelda Nicolas**, PhD, is the incoming associate editor of *The Clinical Psychologist*.
- **W. Edward Craighead**, PhD, is editor-elect of *Clinical Psychology: Science and Practice*.

Getting the Most out of Graduate School in Clinical Psychology

George M. Slavich, PhD

 The graduate school years can be among the most interesting and formative of your entire career. Like other stages of professional development, grad school is marked by a high degree of intellectual freedom. Unique to these years, however, is the simultaneous provision of extensive support from peers and faculty mentors. The combination of freedom and ample advice creates an environment that is ideal for exploring new ideas and learning new skills. Here are some suggestions for realizing your full potential during this crucial period of professional development.

1. Work with the right advisor for you! Most professors are good advisors. However, not every professor will be a good match for *you*. Some advisors, for example, are very involved in the work that their graduate students do, and others are more hands-off. Some advisors are very busy; others less so. Because your graduate advisor will be your professional reference and colleague for life, it is important to find someone you work well with. Almost all advisory relationships are helpful. Great ones, however, can be career changing.

2. Be open and honest with your advisor! Describe your strengths and weaknesses, your goals for the future, and your plan for realizing that future. Check in regularly to make sure you're making progress on your plan. Most importantly, tell your advisor how to help you realize your plan. Backward engineer the strategy. If you aim to submit three publications before you graduate, what general topics will the papers be on? How often will you need to meet? What types of practical, financial, and emotional assistance will you need? What should he or she expect from you? And, what do you hope to gain from him or her?

3. Make time to write! Determine whether you focus better in the morning or at night and then schedule a minimum of three 2-hour writing sessions per week dur-

ing which time you cannot be interrupted. Make sure the days and times work for most weeks so that you keep the schedule. Turn your phone off, don't check email, and go to a place where other people will not interrupt you. There is no substitute for making continual progress on a paper. It's the only way they get done.

4. Challenge yourself as a clinician! Few opportunities have as much growth potential as learning to be a therapist. You will learn a lot about how other people think and behave, but remember that the psychological principles you are learning also apply to you. Use the opportunity to learn more about your own characteristics, tendencies, and behaviors. How do you view other people? How do other people view you? If you second guess yourself, why? If you overwork yourself, why? Learning about yourself is not a required part of any graduate curriculum, but there is probably no better time to safely explore your thoughts, behaviors, and beliefs.

5. Acquire skills that broaden your abilities! Learning one new standardized interview, therapeutic approach, statistical technique, or experimental paradigm is great, but learning more is always better. It makes you more knowledgeable, but also more interesting and valuable to future labs and departments. If you are unable to do this in the context of your relationship with your current advisor or clinical supervisor, ask to work with those who can provide you with the competencies and skills you desire.

6. Go to conferences! Conferences provide a great opportunity to hear about cutting-edge research. However, they also provide a chance to see old friends, to meet new friends and collaborators, and to generally enjoy the social aspects of the profession you are entering. Approach people, voice your interest in their work, and ask if they are willing to exchange email addresses with you. Then, when you get back to your office, write them and say how nice it was to meet them. If appropriate, send them a paper of yours, or request one from them. Attending conferences is a good way to support your professional organization, but it's also a great way to sustain your interest and engagement in the field.

7. Pursue leadership roles! Every department and pro-

fessional organization needs another bright mind to head committees and organize events. The benefits of pursuing these roles may not always be readily apparent, but giving back to your professional community is critical for helping to sustain the conferences and organizations that promote your development. If you can serve on the student council of a regional or national psychological association, that's even better.

8. Teach! As universities experience financial hardship, more departments are strongly encouraging students to apply for grants from organizations like the National Science Foundation (NSF) and the National Institute of Mental Health (NIMH). Although getting a NSF or NIMH grant is outstanding, it often comes at the expense of teaching less. Thus, as your research career takes off, don't forget that becoming a good classroom instructor is both valuable and rewarding. The classroom is a great place to get new ideas and research assistants, and the more you teach, the better you'll become.

9. Mentor others! Although mentoring is a type of teaching, it deserves its own category. Just as you have benefited from good mentorship, there are many undergraduate and graduate students out there who could benefit from your support and guidance. Often times, it takes only one inspiring person to change someone else's life trajectory. Be the influential mentor

that someone else was for you.

10. Be a generalist at heart! Long gone are the days when you could afford to know a lot about everything. Departments are simply not hiring generalists these days. So, while you strive to be an expert in your dissertation topic area, keep a small space in your heart for other areas of psychology. Read broadly, attend the meetings of other department areas, and choose collaborators who stretch you in different directions. Being a generalist at heart will only add additional novelty and insight to your teaching and research.

11. Maintain your priorities! The downside to being bright is that you are in high demand. So, while you are striving to become a better researcher, teacher, clinician, and community member, remember to protect your priorities. Be flexible, but don't compromise on your basic principles. Prioritize your time according to your goals and graciously decline opportunities that do not align with your professional development plan.

12. Finally, enjoy yourself! Rare are the times when you realize just how lucky you are. You can be excused for that since graduate school is known for keeping people very busy. In this context, therefore, it is important to search out activities and opportunities that restore perspective. You are pursuing a very interesting and noble path in life. Don't forget to enjoy the trip! 🍷

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.
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BOOK RECOMMENDATIONS

Lata K. McGinn, PhD—Section Editor

Mindfulness & Acceptance-Based Behavioral Therapies in Practice

Lizabeth Roemer & Susan M. Orsillo (2009)

Guilford Press, New York, NY.

Book Recommendation by:

Susan Evans, Ph.D.

**Department of Psychiatry, Weill Cornell
Medical College, New York, NY**

 Roemer & Orsillo, both actively involved in research and clinical training, have been grappling with problem of generalized anxiety disorder (GAD) for the last several years. While cognitive behavior therapy (CBT) has been found to be efficacious in the treatment of GAD, GAD nonetheless remains the least successfully treated of the anxiety disorders. Many patients in “traditional” CBT for GAD achieve only partial remission. Roemer & Orsillo developed a theoretical understanding of integrating mindfulness and acceptance-based perspectives to the extant models of the treatment of GAD. They consider acceptance based behavioral approaches (ABBTs) as part of the CBT tradition and not something that exists separately. ABBTs emphasize mindfulness (e.g., moment to moment, non-judgmental awareness) and the cultivation of self-compassion. The authors see “valued action” (Hayes, Stosahl, & Wilson, 1999), a central tenet of Acceptance & Commitment Therapy (ACT), as a particularly important part of their treatment approach. The authors point out that valued action emphasizes behavioral change as integral to the therapeutic process. Having first developed a manualized treatment for patients with a primary diagnosis of GAD, in *Mindfulness-& Acceptance-Based Behavioral Therapies in Practice*, Roemer & Orsillo apply their framework to clients presenting with diverse clinical presentations.

In the introductory chapter, the authors offer a conceptualization of clinical problems that includes problematic behaviors such as fused awareness, behavioral constrictions, and experiential avoidance. They emphasize the importance of a comprehen-

sive assessment of presenting problems, developing individual case formulations, and treatment planning. In terms of assessment, the authors suggest a number of objective measures that tap into relevant constructs such as mindfulness. The authors present vignettes to illustrate the therapeutic process and dialogues between therapist and patient to point to key issues (e.g., barriers to committed action). Several of the chapters include patient handouts that provide psychoeducation (e.g., function/role of anxiety) and useful self-monitoring forms (e.g., worry diary, anxiety awareness sheet). Specific instructions for mindfulness meditation are included as well as scripts for meditation exercises, such as The Mountain Meditation. Scripts for defusion exercises are presented, as well as The Guest House poem by Rumi that embodies the notion of acceptance. Other exercises are described in detail such as a values writing assignment.

Having trained at the Beck Institute of Cognitive Therapy and Research and the Center for Mindfulness at the University of Massachusetts Medical School, I regularly incorporate elements of mindfulness and acceptance to my CBT practice and have a fair amount of experience witnessing how helpful these approaches are to patients. It was therefore with great interest and pleasure to read *Mindfulness-& Acceptance-Based Behavioral Therapies in Practice*. I commend Roemer & Orsillo for providing clinicians a coherent framework for integrating acceptance and mindfulness into a CBT practice and the practical information and materials for clinicians and patients. ■■

The Clinical Psychologist

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www.div12.org/clinical-psychologist



A New Model for Combining Pharmacotherapy and Psychotherapy in the Treatment of Anxiety Disorders

Timothy J. Bruce, PhD

 Pharmacological treatments of anxiety disorders target anxiety symptom reduction. The medications were developed from models that hypothesize underlying neurochemical or neurophysiological abnormalities that produce the symptoms (see Schatzberg & Nemeroff, 1998, for review). From

Exposure-based therapies for fear and avoidance specifically target avoidance by increasing exposure to what is feared.

these models, avoidance is considered a secondary response to symptoms. As anxiety symptoms become controlled, avoidance may wane on its own or through therapeutic encouragement. Exposure-based therapies for anxiety disorders specifically target avoidance by increasing exposure to what is feared. These therapies are based on models that hypothesize an active learning process through which repeated experiences with the feared object, without the feared outcome, reduces fear of the object (see Barlow, 2002, for historical review). As fear is decreased, “symptoms” decrease. From these models, reducing symptoms through a source other than the fearful person’s actions (e.g., a medication) could potentially interfere with a positive outcome, particularly if that other source is removed (e.g., Basoglu et al., 1994).

Although the separate success of pharmacotherapy and exposure-based therapy invited hope that the two combined would yield even greater benefits, empirical results have been mixed (e.g., Foa, Franklin, & Moser, 2002). In some cases, combined treatment has resulted in a poorer outcome than exposure-based therapy alone (e.g., Barlow et al., 2000; Marks et al., 1993). In others, combined treatment has reportedly been better than either monotherapy (e.g., Walkup et al., 2008). It is fair to say that the state of science is one in which

mechanisms are unclear and issues such as short- versus long-term outcome, outcome after discontinuation of the medication, as well as other risk/benefit considerations remain unresolved. More recently, a growing body of basic and applied research has been exploring a novel approach to the use of pharmacotherapy in combined treatment. Instead of targeting symptom reduction, it is aimed at facilitating the therapeutic learning hypothesized to take place during exposure.

Extinction is one learning process through which repeated exposure has been hypothesized to reduce learned fear. It is also a commonly used paradigm for studying exposure in animal studies. In this paradigm, investigators train rats to fear a tone by repeatedly coupling it with a foot shock. They extinguish this learned fear by repeatedly exposing rats to the tone without any shock. Increasingly, evidence is supporting the notion that extinction does not “erase” the original fear memory but instead represents new learning that inhibits or suppresses it (Bouton, 2004). Several animal studies suggest that glutamate acting at the N-methyl-D-aspartate (NMDA) receptor is involved in emotional learning such as extinction (Davis, Ressler, Rothbaum, & Richardson, 2006). Early research has reported that blockade of the NMDA receptor in the amygdala interferes with fear acquisition (e.g., Miserendino et al., 1990). Subsequent studies have reported that NMDA antagonists (which impair the action of the receptor) produced a dose-dependent blockade of extinction, and have ruled out alternative explanations such as antagonism of NMDA receptors outside of the amygdala, damage to the amygdalar complex, or impairment of sensory transmission during extinction training (e.g., Falls et al., 1992; Kehoe et al., 1996; Lee and Kim 1998; Szapiro et al., 2003).

Evidence that NMDA receptor blockade can impair extinction has led some researchers to investigate whether enhancing the functioning of this receptor, with an agonist, might enhance extinction. The NMDA partial agonist D-cycloserine (DCS) has been the subject of many of these studies. DCS binds to a receptor on the NMDA protein called the glycine regulatory site. Activation of this site improves the ability of the NMDA receptor protein to flux calcium, which initiates a variety of intracellular events that are thought to be critical for learning. Studies delivering DCS in combination with extinction training have reported an

enhancement extinction (e.g., Ledgerwood et al., 2003, Walker et al., 2002). Several subsequent studies have replicated and extended this finding, and ruled-out several alternative explanations (see, Davis et al., 2006, for review).

Recently, Ressler et al. (2004) reported results of a small double-blind, placebo controlled pilot study in humans that investigated whether DCS would improve the effectiveness of virtual reality exposure (VRE) therapy for acrophobia (fear of heights). At post-treatment and 3-month follow-ups, participants who received DCS in conjunction with VRE therapy had significantly enhanced decreases in fear relative to placebo controls. Similarly, another recent pilot study reported that DCS facilitated exposure-based treatment of social phobia (Hofmann et al., 2006). That topic is currently the subject of a larger NIMH-funded trial (see <http://clinicaltrials.gov/show/NCT00515879>). Basic research into mechanisms continues as well, as evidenced by the publication in the journal *Nature* of a recent study that considered more specific pathways in the amygdala through which emotional learning may be mediated (Likhtik et al., 2008).

The use of pharmacotherapy to enhance learning that may mediate psychotherapeutic gains represents a shift from traditional combined approaches guided by a less unified model. The NIMH has funded several of these studies and is advancing further study through

their strategic plan objective: "Develop New and Better Interventions for Mental Disorders that Incorporate the Diverse Needs and Circumstances of People with Mental Illness" (see <http://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml>). Basic and applied research reflecting this new paradigm is likely to be increasingly represented in the forthcoming literature.

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Editor:

William C. Sanderson, Ph.D.,
Department of Psychology
Hofstra University, Hauser Hall
Hempstead, NY 11549 USA
Tel: 516-463-5633
E-Mail: william.c.sanderson@hofstra.edu



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THE CLINICAL PSYCHOLOGIST

A Publication of the Society of Clinical Psychology
Division 12 – American Psychological Association
ISSN: 0009-9244

Current annual institutional subscription rates are \$30 domestic, \$35 Canada, and \$40 for all other foreign subscribers. Individual issues can be purchased for \$10.

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Section II: Society of Clinical Geropsychology

Deborah A. King, PhD

 Hearty congratulations to the newly elected officers of the Society of Clinical Geropsychology! Martha Crowther is the 2010 President-Elect as David Powers becomes President. Brian Carpenter is the new Section Representative, as Karyn Skultety and Richard Zweig continue to serve ably as Secretary and Treasurer. We also extend warm thanks to Doug Lane and Amber Gum for their candidacy. Doug continues to serve as Chair of the Section CE Committee and Amber served as substitute Section Representative when needed. As noted by Past-President, Suzanne Meeks: "While our elections always have winners, they never have losers! The vitality of the Society of Clinical Geropsychology depends on all of us, and our willingness to stay involved and offer our services."

Section members are working hard on numerous other initiatives, including the Geropsychology Re-Specialization Program to help licensed psychologists master the 13 core geropsychology competencies. Jon Rose, 2009 President, would like to hear from geropsychologists willing to offer phone-based peer supervision as part of this program. Contact him at Jonathon.Rose@va.gov if you are interested. Amy Fiske, Chair of the Mentoring Committee, is working with Pat Areal and other Committee members to garner funding for a training program to prepare graduate students for careers in geropsychology intervention and discovery research. The Committee also developed a symposium on mentoring at various stages of professional development for the November 2009 meeting of the Gerontological Society of America.

Multicultural Competency in Geropsychology is an important new report that explores key issues regarding the infusion of multicultural competence throughout the field of geropsychology. The report was approved in August of 2009 by the APA Council of Representatives. Please see the website of the APA Office on Aging, directed by Deborah DiGilio, for this and other aging resources: www.apa.org/pi/aging.

Finally, I want to thank my friends and colleagues in Section 2 and Division 12 for making the role of Section Representative so enjoyable. It's been an honor to serve such a vital and productive Section, and to par-

ticipate in such a welcoming Division. I look forward to our continued collaborations in my new role as Council Representative to Division 12.

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.

SSCP is requesting nominations for its Distinguished Scientist Award. Past awardees have included such luminaries as William Iacono, Susan Mineka, Richard McFall, Richard McNally, Lyn Abramson, Steven Hollon, Marsha Linehan, Alan Marlatt, Alan Kazdin, Thomas Borkovec, Peter Lewinsohn, Edna Foa, David Barlow, Martin Seligman, Stanley Rachman, Hans Strupp, Walter Mischel, Gordon Paul, Paul Meehl, and Albert Bandura.

We are also now accepting applications for SSCP Dissertation Grant Awards. Awards will be in the amount of \$500 and it is anticipated that up to 5 grants will be funded. Eligibility requirements and application instructions can be found at www.SSCPweb.org. Applications must be received by November 17, 2009 and notification of awards will be made in January 2010.

Our student representatives, Ashley Pietrefesa (Binghamton University) and Frank Farach (Yale University), have designed a website for SSCP's student members. A link to the website, www.sscpstudents.org, is on the homepage of SSCP's main website (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 new edition of the Directory was edited by Lea Dougherty, Greg Kolden, and Rebecca Brock, and is available at www.sscpstudents.org.

The Executive Board of SSCP recently issued a resolution regarding psychologists' involvement in torture practices. The resolution, as well as a background information paper, will be published in the upcoming issue of our newsletter, *The Scientist-Practitioner*. The resolution can be viewed at www.tinyurl.com/anti-torture.

Additional information about SSCP can be found on our website: www.SSCPweb.org.

Section VI: The Clinical Psychology of Ethnic Minorities

Wei-Chin Hwang, PhD

 This year we have a change in officers for Section VI. We are now under the leadership of a new and energetic President, Frederick Leong. The following are new officers for 2009: Cheryl Guerda Nicolas, President-elect; Nicole Buchanan, Newsletter Co-Editor; Rheeda L. Walker, Newsletter Co-Editor; Wei-Chin Hwang, Division 12 Journal Section Editor; April Harris-Britt, Awards Committee Chair; and I. David Acevedo-Polakovich, Mentoring Committee Co-Chair. The following officers will continue their multi-year terms to year end: Georgette Hardy DeJesus, Secretary; Helen Pratt, Treasurer; Kevin Chapman, Program Chair; Mia Smith Bynum, Membership Chair; Courtney Ferrell, Mentoring Committee Co-Chair, and Cheryl A. Boyce, Listserve Owner.

President Leong's 2009 presidential theme is "Disseminating our Science to Expand our Influence." He will focus on assembling our current knowledge-base and disseminating it to the field. Several projects related to this theme are in the works: (a) a reader on Clinical Psychology of Ethnic Minority which will include a collection of classic articles as an introduction to the field, (b) a content analysis of *Journal of Consulting and Clinical Psychology* and *Clinical Psychology: Science and Practice* in terms of the coverage of the Clinical Psychology of Ethnic Minorities, and (c) a Directory of

Research Profiles to promote exchange and collaboration. He spoke about these projects during his presidential address at the APA convention in Toronto.

Section VI's membership continues to grow. There are currently over 40 professional members and approximately 20 student members. We encourage students and professionals to join Section VI and to keep abreast of our Section's activities at our website: <http://www.apa.org/divisions/div12/sections/section6/>

We also encourage people to attend the Diversity Challenge Conference sponsored by the Institute for the Study and Promotion of Race and Culture 2009 Diversity Challenge. The conference will be held October 23-24, 2009 and the theme of the conference is "Racial Identity and Cultural Factors in Treatment, Research and Policy." The two-day conference held at Boston College includes panel discussion/symposia, workshops, structured discussions, a poster session, and individual presentations by invited experts and selected guests including educators, administrators, researchers, mental health professionals, and community organizations. This year's invited panelists include Melba Vasquez, Robert Carter, Thomas Parham, Gina Samuels, Karen Suyemoto, Lewis Schlosser, Belle Liang, and Martin LaRoche. Continuing Education credits will be available for teachers, psychologists, social workers and mental health counselors. For registration and program information please check the ISPRC Website: www.bc.edu/schools/lsoe/isprc/home.html. For all Conference related inquiries please email Kathleen Flaherty and Susan Ginivisian at isprc@bc.edu.

Section VII: Clinical Emergencies and Crises

Marc Hillbrand, PhD

 The collaboration between Section VII and the APA's Advisory Committee on Colleague Assistance (ACCA) on the topics of patient-to-psychologist violence and on psychologist suicide has been fruitful. A pamphlet on patient-to-psychologist violence has been developed and is in the production phase. Through calls on various listservs (D12, ABCT, State Associations, etc.), more than a dozen cases of psychologist suicides have been identified. Phil Kleespies and Marc Hillbrand have interviewed psychologists with first hand knowledge of these cases.

Section Updates (*continued*)

Readers who have experienced the death of a colleague by suicide are encouraged to contact them at Phillip.Kleespies@va.gov or Marc.Hillbrand@po.state.ct.us . The goal of the Section VII – ACCA collaboration is to yield ideas on how to prevent patient-to-psychologist violence and psychologist suicide, and also on how to handle the aftermath of a psychologist suicide.

At the 2009 APA Convention in Toronto, Section VII honored its founder Phil Kleespies. Current Section President Anthony Spirito conferred the Career Achievement Award to him and thanked him for his pioneering work in the field. The recipient of the Student Award was Elena Yakunina for her work on help-negation and suicidality. Section offerings at the convention include suicide-related presentations on special populations (ethnic minority, LGBTQ clients, adolescents, Veterans, and incarcerated individuals) and were well received.

Section VII welcomes Michael Hendricks as President-elect and Lillian Range as Treasurer. Several books by Section VII members have received well-deserved praise, including “Suicidal behavior” by Richard McKeon (Hogrefe, 2009), Behavioral emergencies: An evidence-based resource for evaluating and managing risk of suicide, violence, and victimization” by Phil Kleespies (APA Books, 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

 The Michigan Psychological Association recently conducted a workshop designed to provide psychologists an opportunity to hear from insurance companies on reimbursement policies for psychological assessment and testing. The workshop description points out that the rules for reimbursement can be very confusing. Psychologists are especially well qualified to provide expertise in the area of assessment. For example, while physicians often diagnose learning disabilities on the basis of diagnostic interviewing, many authorities require more formal psychological assessments. In our Psychological Clinic at Michigan State University, for example, we have a contract with the Resource Center for Persons with disabilities whereby we provide assessments for a number of students referred to us. While

learning disabilities are often diagnosed in childhood, many adults may come from these disabilities and are only later diagnosed with Attention deficit disorders or other learning problems. Psychological assessments play an important role in these evaluations. Until recently we also had a contract with a state Veteran’s home to provide assessments for older adults.

Meanwhile I hear of continuing progress on the APA Guidelines for the Assessment of Dementia and Cognitive decline. These were originally adopted in 1997. Budgetary constraints have prevented physical meetings of the Task force for revising these guidelines but task force members were expected to meet at the APA convention and are communicating via conference calls and discussing issues over the internet. These guidelines, when revised, should also be helpful to psychologists employed by the Veteran’s Health Administration. Increasing numbers of referrals are being made for veterans suffering the aftereffects of Traumatic Brain Injuries (TBI).

Many of us believe that the future for psychologists involved in formal assessments is brightening and reimbursement policies are likely to improve. Those qualified as neuropsychologists have already found significant opportunities in recent times. It should be noted however that those involved in assessments should be aware of the likelihood of being called into court to testify. My experience in teaching graduate students has been that many wish to avoid court testimony at all costs and therefore believe that staying away from formal assessments will reduce that exposure. On the other hand, the office of Disability Adjudication review uses psychologists as vocational and medical experts on an ongoing basis and this is still another opportunity for psychologists to use their expertise. We think that assessment is a vital aspect of training and experience for psychologists and we believe opportunities are increasing. 

To learn more about the Society of Clinical Psychology, visit our web page:

www.div12.org



Call for Nominations

 The Society of Clinical Psychology invites nominations for its 5 psychologist awards, 3 early career awards, and 3 graduate student awards. These awards recognize distinguished contributions across the broad spectrum of the discipline, including science, practice, education, diversity, service, and their integration. The Society and the American Psychological Foundation encourage applications from individuals who represent diversity in race, ethnicity, gender, age, disability, and sexual orientation.

Nominations must include a CV and at least one letter of endorsement. Self-nominations are permitted and should include at least one external endorsement. Candidates can be simultaneously considered for multiple awards, although a psychologist may receive only one Division 12 award in any given year. No voting members of the Division 12 Board of Directors will be eligible to receive awards from the Division while serving their term.

Please submit nomination materials electronically to Awards Committee Chair at div12apa@comcast.net. The deadline is November 1st. Inquiries should be directed to the Division 12 Central Office at 303-652-3126 or div12apa@comcast.net

SENIOR AWARDS

Award for Distinguished Scientific Contributions to Clinical Psychology

Honors psychologists who have made distinguished theoretical and/or empirical contributions to clinical psychology throughout their careers.

Florence Halpern Award for Distinguished Professional Contributions to Clinical Psychology

Honors psychologists who have made distinguished advances in psychology leading to the understanding or amelioration of important practical problems and honors psychologists who have made outstanding contributions to the general profession of clinical psychology.

Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology

Honors psychologists who have made remarkable contributions to the understanding of human diversity and whose contributions have significant promise for bettering the human condition, overcoming prejudice, and enhancing the quality of life for humankind.

Toy Caldwell-Colbert Award for Distinguished Educator in Clinical Psychology

Honors psychologists who display excellence in mentoring clinical psychology graduate students, interns, postdoctoral fellows and junior faculty. It will recognize those individuals who have been outstanding in supporting, encouraging and promoting education and training, professional and personal development, and career guidance to junior colleagues.

MID CAREER AWARD

American Psychological Foundation Theodore Millon Award

The American Psychological Foundation (APF) Theodore Millon, Ph.D. Award will be conferred annually to an outstanding mid-career psychologist engaged in advancing the science of personality psychology including the areas of personology, personality theory, personality disorders, and personality measurement. A review panel appointed by APA Division 12 will select the recipient upon approval of the APF Trustees. The recipient will receive \$1,000 and a plaque. Nominees should be no less than 8 years and no more than 20 years post doctoral degree.

EARLY CAREER AWARDS

David Shakow Early Career Award for Distinguished Scientific Contributions to Clinical Psychology

Given for contributions to the science clinical psychology by a person who has received the doctorate within the past seven years and who has

Call for Award Nominations continued on page 23

APA DIVISION 12 – NOMINATION BALLOT

Dear Division 12 Colleague:

Once again it is time to request your participation in the Division's nomination process. We will be selecting a **President-elect**, a **Secretary**, and two **Council Representatives**. You may write in the names on the ballot of any Division 12 members whom you believe would serve the Division well. Recent officers and committee chairs are listed below.

Thank you for your participation in the nominations and elections process. **Ballots must be postmarked on or before Friday, December 4, 2009.**

Sincerely yours,
John C. Norcross, PhD
 2009 President

DIVISION 12 BOARD OF DIRECTORS AND STANDING COMMITTEE CHAIRS (2005-2009)

OFFICE	2005	2006	2007	2008	2009
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	Annette Brodsky	Annette Brodsky	Annette Brodsky	Nadine Kaslow	Richard Suinn
	Jerome Resnick	Nadine Kaslow	Nadine Kaslow	Larry Beutler	Larry Beutler
Member-at-Large	Charles Spielberger	Charles Spielberger	Linda Sobell	Lynn Rehm	Lynn Rehm
			Asuncion Miteria Austria	Asuncion Miteria Austria	Asuncion Miteria Austria
Section Reps					
2	Deborah King	Deborah King	Deborah King	Deborah King	Deborah King
3	Sheila Woody	E David Klonsky	E. David Klonsky	E. David Klonsky	David Tolin
4	Gloria Gottsegen	Gloria Gottsegen	Gloria Gottsegen	TLynn Collins	Lynn Collins
6	Toy Caldwell-Colbert	Toy Caldwell-Colbert	Toy Caldwell-Colbert	Eduardo Morales	Eduardo Morales
7	Richard McKeon	Richard McKeon	Marc Hillbrand	Marc Hillbrand	Marc Hillbrand
8	Danny Wedding	Danny Wedding	Ronald Brown	Ronald Brown	Ronald Brown
9	Irving Weiner	Norman Abeles	Norman Abeles	Norman Abeles	Norman Abeles
10		Sean Sullivan	Sean Sullivan	Sean Sullivan	Brian Hall

NOMINATIONS BALLOT POLICIES

- Nominations may be submitted only by Division 12 full members.
- Nominations must be submitted only on the official nominations ballot mailed to you. Copies will not be accepted.
- The Division 12 member's printed name and signature must be on the ballot.
- Nominations ballots must be postmarked on or before December 4, 2009.

ELIGIBILITY REQUIREMENTS

- Candidates must be Members or Fellows of Division 12.
- No individual may run simultaneously for more than one elected Division 12 office or Board of Director seat.
- No individual may simultaneously hold two elected seats on the Board of Directors.
- No individual may hold the office of President more than once.

BALLOTS MUST BE POSTMARKED ON OR BEFORE **December 4, 2009**

OFFICIAL DIVISION 12 NOMINATIONS BALLOT (Please print or type)

PRESIDENT-ELECT

COUNCIL REPRESENTATIVE

SECRETARY

Validate with your name: _____

Your signature: _____

SEND THIS BALLOT TO: Society of Clinical Psychology, P.O. Box 1082, Niwot, CO 80544



JOIN A DIVISION 12 SECTION

Division 12 has eight sections covering specific areas of interest.

- Clinical Geropsychology (Section 2)
- Society for a Science of Clinical Psychology (Section 3)
- Clinical Psychology of Women (Section 4)
- Clinical Psychology of Ethnic Minorities (Section 6)
- Section for Clinical Emergencies and Crises (Section 7)
- Section of the Association of Medical School Psychologists (Section 8)
- Section on Assessment (Section 9)
- Graduate Students and Early Career Psychologists (Section 10)

To learn more, visit Division 12's
section web page:
www.div12.org/division-12-sections

SEND THIS BALLOT TO:

Society of Clinical Psychology, P.O. Box 1082, Niwot, CO 80544

Call for Award Nominations (*continued*)

made noteworthy contributions both to science and to practice. Up to \$500 for travel to the APA Convention is awarded.

Theodore Blau Early Career Award for Distinguished Professional Contributions to Clinical Psychology (given jointly with APF)

Honors a clinical psychologist for professional accomplishments in clinical psychology. Accomplishments may include promoting the practice of clinical psychology through professional service; innovation in service delivery; novel application of applied research methodologies to professional practice; positive impact on health delivery systems; development of creative educational programs for practice; or other novel or creative activities advancing the service of the profession. Nominees should be no more than seven years post doctoral degree. Amount of the award is \$5000.

Samuel M. Turner Early Career Award for Distinguished Contributions to Diversity in Clinical Psychology

This award will be conferred annually to an early career psychologist who has made exemplary contributions to diversity within the field. Such contributions can include research, service, practice, training, or any combination thereof. Nominees should be no more than seven years post doctoral degree.

GRADUATE STUDENT AWARDS

Recipients of the Division 12 graduate student awards must be matriculated doctoral students in clinical psychology (including predoctoral interns) who are student affiliates of Division 12. Nominations should include a copy of nominee's curriculum vitae and at least one letter of support detailing the nominee's service contributions to the profession and community.

Recipients of the awards receive a plaque, a \$200 honorarium contributed jointly by Division 12 and Journal of Clinical Psychology, and a complementary two-year subscription to JCLP. The Division 12 Education & Training Committee will determine the award recipients.

Distinguished Student Research Award in Clinical Psychology

Honors a graduate student in clinical psychology who has made exemplary theoretical or empirical contributions to research in clinical psychology. Clinical research contributions can include quantity, quality, contribution to diversity, and/or innovations in research.

Distinguished Student Practice Award in Clinical Psychology

Honors a graduate student in clinical psychology who has made outstanding clinical practice contributions to the profession. Clinical practice contributions can include breadth and/or depth of practice activities, innovations in service delivery, contribution to diversity, and/or other meritorious contributions.

Distinguished Student Service Award in Clinical Psychology

Honors a graduate student in clinical psychology who has made outstanding service contributions to the profession and community. Service contribution can include development of creative educational programs or other novel activities in the advancement of service, contributions to diversity, working to increase funding for agencies, volunteer time, working on legislation regarding mental health, general mental health advocacy; as initiating outreach to underserved communities or substantive involvement in efforts to do such outreach. ❏



To see a list of past award winners,
visit www.div12.org/awards



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American Psychological Association
P.O. Box 1082
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U.S. Postage
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The Clinical Psychologist is printed on paper that meets or exceeds EPA guidelines for recycled paper. Printed in the USA.

Instructions to Authors



The Clinical Psychologist is a quarterly publication of the Society of Clinical Psychology (Division 12 of the American Psychological Association). Its purpose is to communicate timely and thought provoking information in the broad domain of clinical psychology to the members of the Division. Topic areas might include issues related to research, clinical practice, training, and public policy. Also included will be material related to particular populations of interest to clinical psychologists. Manuscripts may be either solicited or submitted. Examples of submissions include: position papers, conceptual papers, data-based surveys, and letters to the editor. In addition to highlighting areas of interest listed above, *The Clinical Psychologist* will include archival material and official notices from the Divisions and its Sections to the members.

Material to be submitted should conform to the format described in the Sixth Edition of the Publication Manual of the American Psychological Association (2009). It is preferred that a single electronic copy of a submission be sent as an attachment to e-mail. Brief manuscripts (e.g., three to six pages) are preferred and manuscripts should generally not exceed 15 pages including references and tables. Letters to the Editor that are intended for publication should generally be no more than 500 words in length and the author should indicate whether a letter is to be considered for possible publication. Inquiries may be made to the editor:

Beginning 9/1/09, submit articles and inquiries to the new editor:
Milton Strauss, Ph.D.
Milton.Strauss@gmail.com

Articles published in *The Clinical Psychologist* represent the views of the authors and not those of the Society of Clinical Psychology or the American Psychological Association. Submissions representing differing views, comments, and letters to the editor are welcome.