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Marsha M. Linehan, Ph.D., ABPP
University of Washington
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PRESIDENT'S COLUMN

From the Academy to the Community: Disseminating Evidence-Based Treatments.

Marsha M. Linehan, PhD, ABPP

A colleague of mine received her NIMH review on a grant proposal she submitted. The focus of the proposal was to develop programs for disseminating evidence-based treatments for anxiety disorders. One of the critiques suggested that the study is unimportant because disseminating evidence-based treatments is useless: therapists will not use them. I was, as readers of my previous columns might surmise, shocked. In helping my colleague craft a response I suggested she point out that the same argument can be made about research aimed at developing effective treatments. Why bother?

Reading the Sunday *New York Times* several weeks ago, I realized that difficulties disseminating evidence-based treatments are not confined to the treatment of mental disorders. In a saga detailed in *The New York Times*, a woman with cancer was pronounced as having six months to live by her first oncologists and subsequent treatment recommendations depended on who the oncologist was. Two recommended for chemotherapy and against surgery and one offered to operate. After surgery, her life expectancy improved considerably. Several cancer care specialists noted that the application of science-based care for cancer varies dramatically, a point also made by the Institute of Medicine (1999).

Suffice it to say that across the entire health care field, translating evidence-based treatments into community-based treatments is a daunting task. It is estimated that it takes 15 to 20 years to get empirically supported treatments from the research setting to general clinical practice (Balas & Boren, 2000, as cited in the New Freedom Commission on Mental Health, 2003). Do we even care? This latter question is where the battle lines in our field appear to be drawn. Clinical researchers have been distressed for years about the low use of highly effective treatments for various disorders. The antagonism between the academic researchers and the applied practioners, the town-gown conflict, has been written about in many places. Certainly anyone who attends academic meetings has heard the researchers complaining about the perceived unwillingness of practioners to learn and apply new, empirically-supported treatments. Practioners complain about the perceived irrelevance of academic research to the needs of the front-line clinician. From the view of researchers, practioners are unwilling. From the view of the practioners, researchers are arrogant. A prominent community psychiatrists once told me that I have no idea how much community providers hate researchers. Researchers have been known to attack providers as incompetent, unethical, ignorant and worse. *(continued on page 2)*

President's Column *(cont.)*

Lest we think those of us in the mental health care field are unusual, these very same issues are repeatedly discussed across the health care field (e.g., Doran et al., 2007 in nursing and Perria et al., 2007, in medicine to cite just a few recent dissemination research efforts.) Business journals are replete with research on dissemination of business best practices into the larger business community. We psychologists are definitely not alone.

Two issues arise in these town-gown debates. First, how do we improve the output of the treatment research enterprise? There has been an enormous amount of work addressing this issue across the health care field. New participatory action research (PAR) models combine systematic inquiry, participation, and action to address a wide variety of health problems. PAR activities focus on understanding and solving health care problems viewed as important by

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the community and involves community participation and ownership throughout the entire research project. The National Drug Abuse Treatment Clinical Trials Network is a good example of this approach in the field of mental health care (http://www.nida.nih.gov/CTN/Index.htm). Efforts to develop nation-wide research networks of individual practitioners is another example. Continuing and expanding these efforts is critical if we wish our evidence-based treatments to reach all those who need them. Although we may be doing a good job at developing treatments for individuals who seek mental health care, our academic-based treatment studies are unlikely to make the leap to evidence-based treatments for individuals who do not seek treatment, or at least will not seek treatment in academic settings, do not want the treatments we are offering, or for many reasons do not profit from the best treatments we have developed.

Second, how do we transfer highly effective treatments we develop to the community? How do we train new clinicians and experienced clinicians in new treatments? How do we get clinicians to want to apply these treatments? How do we create environments where the application of evidence-based treatments is encouraged and supported. Community-based implementation of evidence-based treatments face a daunting set of well-documented barriers. Appeal of the treatment model, shared beliefs about the value of integrating the treatment model within an existing service program, and the necessity of adapting the community setting's infrastructure and resources to support the integration of new treatments are all important. Institutional readiness for change, resources, and climate can also be critical in the successful implementation of new treatments. Interventions aimed at addressing institutional norms and readiness are sorely needed.

The principles of behavior change are no different for clinicians than they are for clients. If we can join with our clients to assist them in making necessary changes to meet their own goals, how is it that we can not do the same thing in treating ourselves?

Effective and efficient methods of training practioners in evidence-based training are also needed. Motivation without competence is not sufficient. The standard method of transferring evidence-based treatments for mental disorders to the clinical community has been and still is brief clinical workshops, ordinarily lasting one half to two days. I searched the on-line catalog for the 2007 American Psychological Association and found 30 clinical workshops lasting one day or less. All professional organizations, however, offer these workshops at annual meetings and licensing boards do not require more in depth training to satisfy required continuing education credits. Although this method has been in use for years, certainly since the first evidence-based treatments were introduced, there is little evidence that they are an effective method of advancing evidence-based treatment implementation. Although there is some evidence that interactive CME sessions can effect change in professional practice and, on occasion, health care outcomes, didactic sessions do not appear to be effective in changing clinician performance (Davis, et al, 1999). More disturbing, an examination of 11 systematic reviews of formal continuing medical education (CME) and distributing educational materials concluded that such methods do not effectively change primary care providers' behaviors. Although team-based learning is prevalent in business school settings it has only recently incorporated into medical education including psychotherapy training programs. I have found no publications describing team-based training curriculums in psychology education.

Where do psychologists fit in? We are the discipline most capable of developing the behavioral interventions necessary to modify institutions and practioners behaviors. We have been the primary leaders in the development of highly effective treatments for those with mental disorders. The principles of behavior change are no different for clinicians than they are for clients. If we can join with our clients to assist them in making necessary changes to meet their own goals, how is it that we can not do the same thing in treating ourselves? There is no doubt that the fundamental goal of every practioner, town or gown, is to provide the most effect treatment possible for each

client. For all of us as research findings emerge over our careers and we must update our clinical practices, adopting new more effective methods and discarding or modifying those shown to be ineffective. If we can change the behaviors, the attitudes, and the functioning of our clients how is it that we cannot change ourselves? I have no doubts that if we work together we can do this. We simply must find the will and the determination to throw our collective energy into the task. I invite you to join in this very important work.

I look forward to hearing your feedback on this column.

References:

Hewitt, M.E., Simone, J.V. Ensuring Quality Care (1999). National Academy Press.

Balas, E. A. & Boren, S. A. (2000). Managing clinical knowledge for health care improvement. In Yearbook of Medical Informatics. Bethesda, MD: National Library of Medicine.

Davis, D., O'Brien, M. A. T., Freemantle, N., Wolf, F. M., Mazmanian, P., & Taylor-Vaisey, A. (1999). Impact of formal continuing medical education - Do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? J Amer Med Assoc, 282, 867-874.

Doran, D. M., Mylopoulos, J., Kushniruk, A., Nagle, L., Laurie-Shaw, B., Sidani, S. et al. (2007). Evidence in the palm of your hand: development of an outcomes-focused knowledge translation intervention. Worldviews Evid Based Nurs., 4, 69-77.

Giachello, A. L., Arrom, J. O., Davis, M., Sayad, J. V., Ramirez, D., Nandi, C. et al. (2003). Reducing diabetes health disparities through community-based participatory action research: the Chicago Southeast Diabetes Community Action Coalition. Public Health Rep., 118, 309-323.

Glisson, C. & Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. Child Abuse & Neglect, 22, 401-421.

Haidet, P. & Fecile, M. L. (2006). Team-based learning: a promising strategy to foster active learning in cancer education. J Cancer Educ., 21, 125-128.

Henggeler, S. W., Lee, T., & Burns, J. A. (2002). What happens after the innovation is identified? Clin Psych Science Practice, 9, 191-194.

Institute of Medicine (1998). Bridging the gap between practice and research: forging partnerships with community-based drug and alcohol treatment. Washington, DC: National Academy Press.

Lehman, W. E., Greener, J. M., & Simpson, D. D. (2002a). Assessing organizational readiness for change. J Subst Abuse Treat., 22, 197-209.

Liddle, H. A., Rowe, C. L., Quille, T. J., Dakof, G. A., Mills, D. S., Sakran, E. et al. (2002). Transporting a research-based adolescent drug treatment into practice. Journal of Substance Abuse Treatment, 22, 231-243.

New Freedom Commission on Mental Health (2003). Achieving the promise: Transforming mental health care in America. Final Report. DHHS Pub. No. SMA-03-3832. Rockville, MD.

Perria, C., Mandolini, D., Guerrera, C., Jefferson, T., Billi, P., Calzini, V. et al. (2007). Implementing a guideline for the treatment of type 2 diabetics: results of a cluster-randomized controlled trial (C-RCT). BMC.Health Serv.Res., 7, 79.

Simpson, D. D. (2002a). A conceptual framework for transferring research to practice. Journal of Substance Abuse Treatment, 22, 171-182.

Simpson, D. D. (2002b). A conceptual framework for transferring research to practice. J.Subst.Abuse Treat., 22, 171-182.

Sohn, W., Ismail, A. I., & Tellez, M. (2005). Efficacy of educational interventions targeting primary care providers' practice behaviors: an overview of published systematic reviews. Journal of Public Health Dentistry, 64, 164-172.

Touchet, B. K. & Coon, K. A. (2005). A pilot use of team-based learning in psychiatry resident psychodynamic psychotherapy education. Acad.Psychiatry, 29, 293-296.

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Automatic Mailing List Pet Peeves

Simon A. Rego, PsyD

- Pet peeve. n. A particular and often continual annoyance.
- Et·i·quette (ĕt'ĭ-kĕt', -kĭt). n. The rules governing socially acceptable behavior.

Twenty-one years ago, a developer named Eric Thomas created an automatic mailing list server ("LISTSERV") and effectively launched the email list management industry. As most of you are probably aware, when e-mail is addressed to an automatic mailing list server (hence forth referred to as "list server"), it is broadcast to everyone who subscribes to the list, with the result being similar to a newsgroup or forum, except that the messages are transmitted as e-mail and are therefore available only to individuals on the list (cf. http://www.webopedia.com/TERM/L/Listserv.html).

Below you will find a summary of responses I received, grouped into five main categories: sloppiness, aggressiveness, laziness, inappropriateness, and voluminousness.

Although there are many benefits to be gained by subscribing to automatic mailing list servers, they are not without some problems. It is with this idea in mind, that I sent a request to several list servers to which I subscribe, and asked members to send me their biggest automated mailing list pet peeves. I would like to thank all who responded. My original plan was to credit each contributor by name, but in the end, I received an amazing number of replies. As such, below you will find a summary of responses I received, grouped into five main categories: sloppiness, aggressiveness, laziness, inappropriateness, and voluminousness.

Sloppiness: This category consists of emails that appear to be posted without care or precision. Examples that people sent include: personal emails that are sent to the entire list server instead of via "back channel" (i.e., replying to a specific individual), 'please remove me from this list' emails that are sent to all members of the list server rather than the list manager, not putting the correct topic in the subject heading – or leaving it blank, people who ask for a referral without specifying a location, and people who don't read the postings in detail (e.g., replying to a referral request when the person does not meet the criteria for the referral, asking a question that was just covered in a topic being discussed). Here are some representative comments: *"With all the emails I receive each day, I tend to use the delete key on topics I don't care about. It's very frustrating to open and read emails that I do care about, only to find that the topic has changed." "Why don't people save the instructions that accompany the [list server] sign on instructions?" "I am always embarrassed for folks who accidentally respond to a job posting on the list server. We don't need to know what you write in your cover letter." "One of my pet peeves about list servers and perhaps people in general is that they do not pay attention, do not heed or respect requests, and seem not to understand the meaning of the word's do and don't."*

Laziness: This category consists of email requests submitted to the list server that could have been answered easily with just a little bit of work. Examples that people sent include: people who use the list server to "look up" things they could do themselves (e.g., requesting information or help on very basic research topics, asking for a referral instead of checking a clinical directory/database, etc.), typing in all caps, and embedding responses into the body of a previous email (or series of emails) rather than writing a separate reply. Here are some representative comments: *"Does anyone know the phone number for...?" "What is the reimbursement rate for Medicare?" "What is the diagnostic code for..?"*

Aggressiveness: This category consists of pushy or hostile posts, unprovoked offensives or attacks, and making an all-out effort to win or succeed in a debate. Examples that people sent include: asking for data or references during a debate and then ignoring them while at the same time perseverating in one's speculative argument, failing to acknowledge when an opponent has made a good point, badly misrepresenting another's position, ad hominem attacks (attacking an opponent's character rather than answer-

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ing his argument), implying that people with different views are evil, traitors, or stupid, disrespect for diversity of thought, flaming, diatribes, against "someone, something, or some philosophical stance", and showing no tolerance for newcomers to the profession and/or those with less experience. Here are some representative comments: *"Personally, I will never post to a listserv. You never know what kind of remark you will get from the community." "Don't use list servers to direct your frustration/aggression towards people in cyberspace you don't even know." I spend a lot of time deleting exchanges between two folks with axes to grind." "This list server (more than most others I can think of) becomes a place for unrestrained voicing of opinions on complicated issues that often degrades into thinly veiled hostility or outright name-calling and disrespect, with a failure to observe professionalism or to maintain an open and balanced perspective." "There is a dehumanizing, condescending tone that often characterizes messages sent during public debates on list servers." "We should try to learn from each other and not attack each other."*

List servers, like any other public forum in which a diverse group of people are brought together, can lead to clashes of beliefs and values, and give rise to numerous pet peeves. Now that you know what they are, I challenge you to come up with a solution!

Inappropriateness: This category consists of unsuitable or improper posts. Examples that people sent include: sending emails with clear political agendas that have little to do with psychology, using the list server as one's personal 'Yellow Pages' or 'Craig's List', gossiping about colleagues who are not on the list and have no opportunity to defend themselves, taking every opportunity to push one's personal agenda – regardless of the original poster's comment, revealing far too much information about an individual or family when asking for advice on a case, sharing inane observations with the entire list, posting one line comments such as "congratulations," "you go girl," or "my condolences" that should have been sent via backchannel, posting a backchannel discussion to the entire list server, posting jokes and/or funny stories that have nothing to do with the content of the list, and using the list server (or a lengthy signature file) to advertise things for personal gain instead of sharing knowledge. Here are some representative comments: *"If a list server is about 'Clinical Psychology,' it is not a place to post humor unrelated to clinical psychology, non-clinical psychology politics, comments about iPods, or general computer help questions." "My daughter is looking for an apartment…" "Does anyone know a good place for lunch in …" "I heard XX is an alcoholic. Have any of you heard this also?" "One of my colleagues told me that XX was caught defrauding the BB insurance company." "I hate politics, and will watch it on television, but do not want to read about it in psych forums."*

Voluminousness: This final category is self-explanatory. Examples that people sent include: including the entire stream of e-mails when replying to the latest remark, including all of a long e-mail when replying to only one small portion of it, posting more than one comment on the same theme without saying anything truly new, repetitive postings (e.g., asking a half dozen or more times for members of the list to find a job opportunity for a recent college graduate), being sent automated "I'm away on vacation" email responses, when one member has a glitch and then everyone else of the list server responds to stop it, including an entire copy of a message and then replying "I agree." Here are some representative samples: *"The sheer volume of stuff can get overwhelming, especially if you're gone for a couple of days." "Some people feeling like they have to comment on everything, no matter how insignificant."*

In sum, list servers, like any other public forum in which a diverse group of people are brought together, can lead to clashes of beliefs and values, and give rise to numerous pet peeves. Now that you know what they are, I challenge you to come up with a solution! In other words, this is a call for list server etiquette! I should point out that I am aware that a fine line can exist between etiquette and censorship. While it is beyond the scope of this issue's column to address the question of whether list server discussions should be censored, I invite those of you with strong opinions on this matter (for or against) to submit your comments to me (dr.rego@gmail.com) to be included in a future column.

(Super) Vision Quest

Katherine L. Muller, PsyD

My graduate program, like many, offered a semester-long course in "How To Be a Supervisor". It was a comprehensive overview of all of the skills, strategies, and resources one would ever need to be an able and effective clinical and research supervisor. I left graduate school fully prepared to supervise. NOT! An informal survey of my panel of established and early career psychologists suggests that my experience of *not* receiving formal (or even informal) training in how to be a supervisor is the norm rather than the exception. An interesting finding given that many of us in clinical and research settings are spending somewhere from 2 to 5 hours a week supervising. Over the course of a year, that's a lot of hours doing something you may not have been trained to do! Herein, a cheat sheet on becoming an effective supervisor.

Live and Learn

Despite the lack of training and preparation for becoming a supervisor, we muddle through and figure it out. It seems that, as with most things in life, we do what we know. For example, most respondents to my survey said something along these lines: "I took what was best and worst about my supervision experiences and developed my own style". Being a supervisee clearly impacts how we supervise. Emulating "good supervisors" was also cited as a tool in developing one's own style of supervision. Some soon-to-be supervisors sought readings and resources to enhance their knowledge and skills base, creating their own "self-guided supervisor training protocol". Yet others went in flying blind and "counted on the fact that I had at least something to offer". Regardless of the initial approach they took, all successfully developed their own style of supervision.

Tips and Tricks

There are a number of excellent articles and books on supervision available. Some are tailored to supervision from a certain theoretical orientation and/or treatment modality (a cursory search turned up specialized articles on supervising psychodynamic therapy, cognitive behavioral therapy, and therapy in randomized controlled trials). A list of some of these resources follows in the next section. In this section, however, I'd like to give you an informal, real-life, nitty-gritty perspective. I asked my survey panelists to offer some hints, tips, and tricks that they have relied on to make supervision easier, better, or just more fun! Here are their suggestions, with a few of my own thrown in.

- One early career psychologist talked about "infusing positivity" into her supervision sessions. She's found that this balances the anxiety and fear of evaluation that many supervisees experience. In the research realm, this positivity can help to ease some of the inherent stress of deadlines, audits, and grant-writing marathons.
- Many respondents described using supervision as a place to model the type of therapy they are supervising. For example, you may set an agenda for supervision sessions as one would in a cognitive-behavioral therapy session. This approach has a built-in structure, so it may be a good choice for newbie supervisors as they find their footing.
- Ask supervisees to "bring the garbage" to supervision sessions! In one of my favorite responses to my call for suggestions, an established psychologist talked about his personal experience of being encouraged to bring in the problems and difficulties of treatment rather than showing off his psychotherapeutic prowess. He has since adopted this strategy with his supervisees and finds it a useful tool in getting to the "rough spots" that trainees may need the most assistance with (and may be most reluctant to share). To translate this to research supervision, encourage junior researchers to speak freely about problems, concerns, and errors.
- Don't fall into the "review of session" rut. I don't think we intend to do this, but it almost always happens. What begins as supervision guided by the goal of helping a trainee become an independent, empowered clinician becomes a play-by-play of last week's session. Of course, some level of reviewing and updating is important, but move supervision into the Socratic realm, with open-ended discussions, opinions on cause and maintenance, and "choose-your-own-intervention" scenarios. Not only do these strategies promote thinking and growth, they keep things interesting for both the supervisee and the supervisor.

Early Career Column cont. on page 10

Part II: The Effects of Domestic Violence on Children of Color

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It is estimated that between 3.3 and 10 million children witness domestic violence each year in the United States (Turkel &Shaw, 2003). According to a recent study by McDonald et al. (2006), "approximately 15.5 million American children are estimated to live in families in which partner violence had occurred at least once in the previous year, with 7 million estimated to live in families in which severe partner violence had occurred" (McDonald et al., 2006, p.139). However, when compared to domestic violence research on white children or women of color, the experiences of children of color remain under-researched, mostly being extrapolated from the data on their mothers suffering domestic violence. Consequently, there is little research on how many, how often, how long, and in what settings children of color are exposed to domestic violence (Caetano et al., 2003; Graham-Bermann. et al., 2006). Also, current studies on children of color who have been affected by domestic violence have shown mixed findings on racial/ethnic difference. Some research on domestic violence in immigrant populations has indicated that immigration itself might affect the severity as well as frequency of the abuse (Greenfield et al., 1998; Parker et al., 1999), whereas other studies have demonstrated that there are no significant differences in mental health consequences in terms of race/ethnicity, in particular, when socioeconomic status is controlled (Beadnell et al., 2000; O'Keefe, 1994). Despite these contradictory results, however, there is little doubt that children from low-income immigrant groups experience barriers to accessing appropriate services and resources, which creates additional risks for children. Additionally, some ethnic minority children may be at high risk of mental health issues by being exposed to familial norms that support domestic violence along with cultural beliefs that advocate traditional gender roles and support the perpetuation of domestic violence.

The Effects of Domestic Violence

Since the early 1990s, a substantial body of research has documented the effects of domestic violence on children, demonstrating that the presence of domestic violence has been an indicator of child abuse and that witnesses of domestic violence are at similar risk as victims of violence (Sternberg et al., 2006). Children exposed to domestic violence have an increased risk of physical/biological, behavioral, emotional, cognitive, and social problems that vary in severity, and persistence with the frequency of exposure. For instance, infants and toddlers may experience listlessness, attachment disorder, and problems with trust while preschool children may react through behaviors such as aggression, clinging, or sleep disturbance. School-aged children are at risk of having attention/learning, and peer relationship problems. Experiencing domestic violence in adolescence may not only influence school achievement and self-esteem, but also provide the example for dating violence by repeating the abusive patterns they have witnessed (Adams, 2006; McGee, 2000; Shavers, et al., 2005; Silvern et al., 1995; Teicher, 2006).

Clinical Treatments

Mental health service concerning child exposure to domestic violence can develop assessment and intervention programs that take into account the strengths as well as the physical, mental health, and safety needs of children of color. Given a dearth of data on the efficacy of current intervention programs, there is a tremendous need for culturally sensitive and empirically supported treatments in addition to the development of methodologically valid tools for assessment. On the basis of empirically effective treatments research, clinical assessment and interventions should address children's knowledge about domestic violence, their fears and worries and their social behavior. Most importantly, these interventions need to target children's underlying belief system and attitudes about families and domestic violence. Since cultural beliefs have been found to play a significant role in victim help-seeking and coping with violence which moderates the individual's exposure (Shohov, 2003), "interventions designed to explore the meaning of violence in particular familial and cultural contexts may be beneficial in reducing the negative outcomes for the child" (Graham-Bermann & Brescoll, 2000, p.610). Furthermore,

clinical interventions are needed in which culture and ethnicity are part of intervention programs that enhance children's recovery from trauma and foster resilience in the face of domestic violence.

References

Adames, C. M. (2006). The consequences of witnessing family violence on children and implications for family counselors. ***The Family Journal: Counseling and Therapy for Coupes and Families, 14(4)***: 334-341.

Beadnell, B., Baker, S.A., Morrison, D.M., & Knox, K. (2000). HIV/STD risk factors for women with violent male partners. ***Sex Role, 42(7-8):*** 661-689.

Caetano, R., Field, C.A., & Scott, N. (2003). Association between childhood physical abuse, exposure to parental violence, and alcohol problems in adulthood. ***Journal of Interpersonal Violence. 18(3)***: 240-257.

Graham-Bermann, S.A. & Brescoll, V. (2000). Gender, power, and violence: Assessing the family stereotypes of the children of batterers. ***Journal of Family Psychology. 14(4)***: 600-612.

Graham-Bermann. S.A., DeVoe, E.R., Mattis, J.S., Lynch, S., &Thomas, S.A. (2006). Ecological predictors of traumatic stress symptoms in Caucasian and ethnic minority children exposed to intimate partner violence. ***Violence Against Women, 12 (7)***: 662-692.

Greenfield, L., Rand, M., Craven, D., et al. (1998). ***Violence by intimates: Analysis of data on crimes by current or former spouses, boyfriends, and girlfriends***. Washington, DC: U.S. Department of Justice.

McDonald, R., Jouriles, E.N., Ramisetty-Mikler, S., Caetano, R., & Green, C.E. (2006), Estimating the number of American children living in partner-violent families, ***Journal of Family Psychology, 20(1)***: 137-142.

McGee, C. (2000). ***Childhood experiences of domestic violence***. London: Jessica Kingsley Publishers.

O'Keefe, M. (1994). Racial/ethnic differences among battered women and their children. ***Journal of Child and Family Studies, 3(3)***: 283-305.

Shavers, C.A., Levendosky, A.A., Dubay, S.M., Basu, A., & Jenei, J. (2005). Domestic violence research: Methodological issues related to a community-based intervention with a vulnerable population. ***Journal of Applied Biobehavioral Research, 10 (1)***: 27–38.

Shohov, S.P. (Ed). (2003). ***Advances in psychology research***. Hauppauge, NY, US: Nova Science Publishers.

Silvern, L., Karyl, J., Waelde, L., Hodges, W.F., Starek, J., Heidt, E., & Min, K. (1995). Retrospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self-esteem among college students. ***Journal of Family Violence, 10(2)***: 177-202.

Sternberg, K.J., Lamb, M.E., Guterman, E., & Abbott, C.B. (2006). Effects of early and later family violence on children's behavior problems and depression: A longitudinal, multi-informant perspective. ***Child Abuse & Neglect, 30(3)***: 283-306.

Teicher, M.H., Samson, J.A., Polcari, A., & McGreenery, C.E. (2006). Sticks, stones, and hurtful words: Relative effects of various forms of childhood maltreatment. ***The American Journal of Psychiatry, 163(6)***: 993-1000.

Turkel, A.& Shaw, C. (2003). Domestic violence basics for child abuse professionals. ***Update, 16 (1).*** ce.

Early Career Column (cont.)

Readings and Resources

Now that you have the straight story from my panel of learned insiders, here are some recommended readings on supervision and how to become an effective supervisor.

- An excellent overview article by Karen Kersting from *gradPSYCH Magazine: http://gradpsych.apags.org/nov05/supervise.html*
- Bernard, J.M., & Goodyear, R.K. (2004). *Fundamentals of clinical supervision* (3rd ed.).
- Campbell, J. (2000). *Becoming an effective supervisor: A workbook for counselors and psychotherapists.*
- Campbell, J. (2005). *Essentials of clinical supervision.*
- Falender, C.A. & Shafranske, E.P. (2004). *Clinical supervision: A compentency-based approach.*

I'd like to thank the following psychologists for their contributions to this column: Dr. Martin Franklin, Dr. Alec Miller, Dr. Deborah Roth Ledley, Dr. Simon Rego, and a few others who asked to remain anonymous. I hope these suggestions and anecdotes are helpful to you in your work as an "early career supervisor". Though challenging, supervision is consistently cited as one of the most rewarding tasks of a psychologist and I hope that you find it so. I welcome your anecdotes about transitioning from supervisee to supervisor. Send them along to: kmuller@montefiore.org.

The Division of Clinical Psychology, 1985-95

Donald K. Routh, PhD

During these years, the scientist-practitioner conflict heated to the boiling point, with a new science-oriented organization, the American Psychological Society, breaking away from American Psychological Association in 1988. During this decade a new Section on Ethnic Minority Clinical Psychology was founded as well as one on Clinical Geropsychology within Division 12. Discussions among clinical psychologists begun during this decade included one about prescription privileges for psychologists and another concerning empirically-supported or evidence-based psychological interventions. An award for early career contributions named for David Shakow was begun.

Logan Wright first came to the attention of his colleagues in Division 12 as one of the founders of the Society of Pediatric Psychology in 1968. He served as the Division's president in 1981-82 and as APA president in 1986-87, being elected primarily as a champion of practitioner interests. To the surprise of such supporters, Wright then took the side of academic-scientific psychologists, who were dissatisfied with the increasing dominance of APA by practitioners; he favored reorganizing APA to provide more autonomy to each group. When this plan was not approved, Wright became one of the founders of the science-oriented American Psychological Society in 1988 (its current name of the Association for Psychological Science more correctly indicates its aims). Later, to the surprise of both the practitioner and academic-scientific groups, Wright championed the cause of psychologists with master's degrees, helping to form the North American Masters in Psychology (NAMP), which promoted state and provincial licensing at the master's level. The explanation for Wright's apparent frequent switching sides within psychological politics may lie in his later-acknowledged part-Sioux Indian heritage: he always favored the "Underdog." Indeed, at University of Oklahoma sports events, Wright dressed up in an "Underdog" costume as a sort of team mascot.

In 1986, a new Section on Ethnic Minority Clinical Psychology (Section 6) was established, with its first elected president being Gail E. Wyatt, an African American. Other presidents over its first few years include Hispanic American and Asian American psychologists. It is generally agreed that the "godmother' of this new section was Bonnie Strickland, a previous Division 12 president, who had established, back in 1975, a divisional committee on Equal Opportunity and Affirmative Action. Section 6 served as evidence of the Division's commitment to issues of cultural diversity, a theme that had been heard before and would continue to be manifest up to the present. As aptly stated back in 1980 by Sheldon Korchin, a well known clinical psychologist, the field of psychology needs not just Wonder Bread but also bagels, tortillas, and cornbread.

The president of Division 12 in 1987 was Patrick H. DeLeon. A lawyer as well as a psychologist, DeLeon was a long-time legislative staffer for U.S. Senator Inouye of Hawaii. As a politically experienced individual, DeLeon came to champion the cause of prescription privileges for psychologists, in recognition of the increasing importance of pharmacological treatment in the mental health field. Such psychologists were to be provided with specialized postdoctoral training and supervised clinical experience in psychopharmacology for this purpose. The success of this kind of training model was established by its demonstration within in the U.S. Department of Defense beginning in 1989. In 1990, the APA Council voted 118 to 2 to establish a task force on prescription privileges for psychologists. Describing this issue in 1991 as "psychology's next frontier," DeLeon later founded a separate APA division devoted to this cause. As of this writing, the U.S. Territory of Guam and the states of New Mexico and Louisiana have approved prescription privileges for psychologists with suitable training.

In 1993, a Section on Clinical Geropsychology was added to the Division. Its leading advocate was Norman Abeles, who had been Division president in 1990 and who had long been interested in clinical aspects of aging. The establishment of this section evidenced recognition of the graying of the U.S. population, with people's life spans increasing steadily. A fact also not lost on clinical psychologists was the availability of Medicare reimbursement for mental health services to older people covered by this government program. Clinical Geropsychology was subsequently recognized by an APA task force as a legitimate domain of "proficiency" within professional psychology.

Also in 1993, Division 12 established a Task Force on Promotion and Dissemination of Psychological

History Column cont. on page 13

Interdisciplinary Research Institutes Free your Time and your Mind!

George M. Slavich, PhD

Recently, I was reminded of my alma mater's motto, "The Winds of Freedom Blow." Rarely, however, is academic life – and particularly *early career* academic life – so free. Our time and ability to think freely is constrained constantly by practical demands and conceptual boundaries, as both tangible factors (e.g., program requirements, committee assignments, funding agency priorities) and less tangible factors (e.g., traditional definitions of what "psychologists" study) influence what we research and when. Enter interdisciplinary research institutes: Scientific sanctuaries where researchers are free from the demands of typical university life, and where the boundaries of traditional academic departments and domains do not apply. Often, such institutes also offer very unique training opportunities for graduate and early career psychologists. Below, I review four such institutes, but this is by no means a complete list. Have fun finding one that suits your interests!

Center for Advanced Study in the Behavioral Sciences

Description: Located in Stanford, California, the Center for Advanced Study in the Behavioral Sciences (CASBS) is dedicated to advancing knowledge about human behavior and fostering contributions to society. Its primary mission is to "improve contributions of the social and behavioral sciences and humanities by facilitating interdisciplinary perspectives, depth of inquiry, integration of knowledge, and application to real world concerns." It aims to do this by attracting a "rich mix of scholars from disciplines and interdisciplinary areas in the humanities and the social and behavioral sciences that span art and economics, law and neuroscience, business and women's studies, architecture and medicine, communication and biology."

Opportunities: Senior scientists spend time at CASBS primarily through its residential fellows program. However, CASBS also sponsors three other types of programs: special projects, extended seminars, and summer institutes. Early career scholars who have just received tenure can be invited to participate in a summer institute, during which time they are encouraged to "think more ambitiously about their work and to take greater intellectual risks" than they may have been able to do prior to receiving tenure. Topics for recent summer institutes have included Contentious Politics, Emotion and Decision, and Economy and Society: Trajectories of Capitalism.

Application and Contact: The fellowship application process opens in January and closes in June of each year. To apply online, go to: http://www.casbs.org/apply. For more information about CASBS, call 650-321-2052 or email secretary@casbs.org. Website: http://www.casbs.org

School of Social Science at the Institute for Advanced Study

Description: Located in Princeton, New Jersey, the School of Social Science (SSS) at the Institute for Advanced Study takes as its mission "the analysis of societies and social change." It aims to do this through a "multidisciplinary, comparative and international approach to social research." A goal of the SSS is the training of young scholars by senior scholars whose reputations are already well established. Junior and senior scholars alike are drawn from a very broad range of fields that include political science, economics, law, psychology, sociology, anthropology, history, philosophy, and literary criticism.

Opportunities: Membership at both the junior and senior scientist levels is granted to approximately fifteen scholars each year. These individuals are expected to pursue only their own research, although the SSS organizes a weekly seminar at which members and invited guests present their ongoing work, providing "a space for intellectual debate and cross-fertilization to flourish." A theme is designated for each year, but only about one-third of scholars pursue work relating directly to the theme. Recent themes have included The 'Third World' Now, Psychology and Economics, and Interdisciplinarity and Its Objects.

Application and Contact: The fellowship application process opens on June 1st and closes on November 15th of each year. To apply online, go to: https://applications.ias.edu/login.php. For more information about the SSS, call 609-734-8250. Website: http://www.ias.edu

Janelia Farm

Description: Located in Ashburn, Virginia, Janelia Farm is an "advanced research center that… serves as an intellectual hub for up to several hundred scientists from diverse disciplines" including chemistry, biochemistry, neurobiology, genetics, physics, computer science, math, engineering, and biology. The mission of Janelia Farm is to offer scientists "the freedom and flexibility [needed]

to push the bounds of knowledge in some of the most important areas of biomedical research." It aims to do this by helping its residential and visiting scholars to "work together in multidisciplinary teams to solve challenging biological problems that are difficult to address in existing research settings."

Opportunities: Resident scientist applications are accepted for 5-year appointments. These fellows are "independent scientists with resources provided for a laboratory of up to two additional members (e.g., post-doctoral fellows or graduate students)." Early career professionals may work as a resident scientist or as a post-doctoral associate in the lab of a Janelia Farm resident scientist. These latter appointments are reviewed annually and may be renewed up to four times (i.e., a maximum of five years in residence). In addition to these two types of positions, Janelia Farm continually hosts visiting scientists.

Application and Contact: The next deadline for resident scientist positions is January 15, 2008. Go to: http://www.hhmi.org/janelia/positions.html. Those interested in a post-doctoral position should contact directly the lab head with whom they want to work. For a list of openings, go to: http://www.hhmi.org/janelia/positions_postdoc.html. Visiting scientist applications are accepted on a continuous basis. Go to: http://www.hhmi.org/janelia/visiting.html. For more information, call 571-209-4000. Website: http://www.hhmi.org/janelia

Mediterranean Institute for Life Sciences

Description: Located in Split, Croatia, the Mediterranean Institute for Life Sciences (MedILS) is an international renaissance project, inspired in part by the Florence Academy of Medicis. It is "setup as a scientific, social, and even political experiment." Its primary mission is to "create a new original scientific culture in the studies of life and its manifestations, by implementing the world's highest standards of scientific work, style, and ethics." It aims to do this by breeding "a specially trained generation of young scientists: creative, multidisciplinary professionals trained to think the unthinkable and do experiments about it."

Opportunities: Students and early career professionals can participate in multidisciplinary workshops that include participants from biology, computer science, bioinformatics, psychology, and related fields. Workshop topics vary annually. The program for this past summer included workshops on "surviving death" (an interdisciplinary discussion of natural selection) and on developing interdisciplinary research projects. It also included a four-day symposium on brain imaging and on the simulation of human brain activity. Occasionally, there are also opportunities to pursue time-limited (i.e., one month to one year) independent writing and research projects at MedILS on topics of the individual scientist's choosing.

Application and Contact: Workshop applications are due in June of each year. To apply online, go to: http://www.medils.hr/Default.aspx?sec=101. To discuss independent research project opportunities, contact George Slavich at george.slavich@ucsf.edu. For more information about MedILS, call +385-21-555-600 or email medils@medils.hr. Website: http://www.medils.hr

History Column (cont. from page 11)

Procedures. In 1995, this task force, lead by Dianne Chambless, issued a report and recommendations on "training and dissemination of empirically validated treatments." Over time the preferred term shifted to "empirically supported" treatments and later to "evidence-based" treatments. In any case, the argument was that psychological treatments should be chosen on the basis of explicit research findings, with random clinical trials being a favored model for such studies. The effects of this emphasis continue to reverberate not only within psychology but also in the broader movement for what is called "evidence-based medicine."

In 1994, an early career award was established for the first time by Division 12. It was named for David Shakow, the first time an award had been named after an individual. More than any one person, Shakow had been responsible for the scientist-practitioner model of training clinical psychologists, endorsed by the Boulder Conference back in 1949. Shakow had also carried out an impressive program of research on the attentional problems of persons with schizophrenia, using a reaction-time paradigm. He showed that, compared to control subjects, those suffering from schizophrenia were less able to pay attention steadily. They were more distracted than others by extraneous stimuli and less able to benefit from regular preparatory intervals. In addition, Shakow had served as the first chief psychologist at the National Institute of Mental Health, which provided financial support for research, services, and training in the mental health field beginning after World War II.

Political Outreach

Donna Rasin-Waters, PhD

As the presidential primary races move forward, ideas about healthcare reform are being put forth to the public. Now is the time for psychology to get involved in outreach to each campaign's legislative and policy staff. It is imperative that we advocate for the need to include mental and behavioral health as both a vital and cost saving service. Input from psychology about our unique skills and training, research data base and practice experiences is vital to pass along during this critical period when ideas are being shaped.

I had the pleasure of attending a healthcare policy meeting in Washington, DC, the beginning of June for my chosen candidate for the presidential primary race. The campaign legislative and policy staff were seeking input from health professionals and I was the only psychologist and only representative for mental and behavioral health issues in a room filled with surgeons, administrative representatives from both large and small group physician practices, administrators from managed care organizations and special interest group representatives. Let me be clear that I am not glorifying my situation about being the only psychologist there. Rather, I believe it was another missed opportunity for psychologists as a larger group and think we were lucky that at least one of us was present. I left the meeting concerned that we are not active enough right now in legislative action, when all the presidential candidates are shaping and putting forth their ideas about healthcare. I was able to raise issues concerning Mental Health Parity and Medicare Mental Health Parity. I focused on how vital mental and behavioral health services are and encouraged full inclusion of these services in any healthcare platform that is shaped. There was also a general discussion and complaints about cuts to fees from both Medicare and Managed Care that gave me a place to discuss how detrimental the 9% cuts to Medicare for psychology have been and the need to restore those cuts. Finally, I was able to speak with the healthcare legislative staff about palliative care, an area in clinical geropsychology that I am involved with, and was asked to have future input for the campaign.

What is the cost of these types of efforts? I want to be clear that there are definitely expenses involved in such lobbying activities. Whenever I have been invited to Washington it is at the last moment and has involved a loss of income to my private practice. Also, there are the obvious travel and hotel expenses. So, I encourage everyone to get involved at this important time and make a commitment to voice the concerns of psychology. We can no longer afford to have just one voice on one issue, but need a group of us working to engage with those who will be making policy decisions on the issues of most concern to psychology in the near future.

Direct comments to: ***Donna Rasin-Waters,*** *PhD, D12, Federal Advocacy Coordinat or* ***DrRasinWaters@aol.com***

2007 CALL FOR NOMINATIONS

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 Treasurer, and the number of Council Representatives to which the Division is entitled, following the apportionment vote. We will be submitting names via the following link:

http://people.hofstra.edu/William_C_Sanderson/DivisionBallot.htm

If you would prefer to be mailed a paper ballot, please contact the Centraol Office at 303-652-3126 or div12apa@comcast.net. Thank you for your participation in the nominations and elections process. Ballot must be postmarked or submitted through the website on or before Friday, December 7, 2007.

Sincerely,
Marsha M. Linehan, Ph.D.
President

Addressing Troubling Issues in Child and Adolescent Psychopharmacology: A Call for Ideas

Timothy J. Bruce, PhD

The column this month highlights a recently published special section of the Journal of Child and Adolescent Psychopharmacology (June, 2007) in which prominent invited authors, representing academia, clinical practice, and industry comment on current problems in the field. Here are a few excerpts from the issue:

In his commentary, Dr. Leon Eisenberg, Emeritus Professor of Social Medicine and Psychiatry at Harvard Medical School highlights some problems in the growing use of the diagnosis of attention-deficit/hyperactivity disorder (ADHD), and notes some empirical shortcomings surrounding the effectiveness of the stimulant medication used to treat it (Eisenberg, 2007). For example, he points out that the population prevalence for ADHD, per the Centers for Disease Control (CDC), is about 4.4 million U.S. children 4–17 years of age (CDC, 2005). Yet, from state to state, there are wide differences in the reported rates of ADHD, from 5.1% in Colorado to 11.2% in Alabama. In response to these differences Dr. Eisenberg asks, "Can such disparities possibly be valid? Are there localized 'epidemics' of ADHD or are there 'epidemics' of diagnosis? He also observes that while over half of those diagnosed with ADHD receive medication to treat it, we know little about the extent to which these medications maintain their benefit over time. Dr. Eisenberg calls on the NIMH and FDA to organize large-scale cohort studies, such as the Great Smoky Mountains study (Costello, Angold, Burns, et al., 1996), to assess and address such issues more scientifically. The journal editors point out that given increased electronic access to school and medical records, it may not be as difficult or costly to collect the kind of data that may help us understand who is being treated, for how long, and for what medical as well as social benefit.

The population prevalence for ADHD, per the Centers for Disease Control (CDC), is about 4.4 million U.S. children 4–17 years of age (CDC, 2005). Yet, from state to state, there are wide differences in the reported rates of ADHD, from 5.1% in Colorado to 11.2% in Alabama.

Columbia University Professor Dr. Donald Klein shares his impressions as a first-hand participant in the history of clinical psychopharmacology trials, commenting on a variety of issues from the evolving kinds of questions these trials have tried to address to the increasing control of industry in their execution (Klein, 2007). He notes, for example, that federal support of clinical trials has diminished over the years and questions whether such decisions have been in the best interest of patient care. He comments on the increasing role of industry in leading clinical trials and the public controversy over issues such as concealment of them, safety problems, and other "toxicities." Dr. Klein suggests that mental health consumer education and empowerment may be part of the solution, but laments that "scientific input to these groups has largely consisted of enlisting their support for general increases in National Institutes of Health funding, rather than for critically informed, problem-oriented discussions that might address specific remedies."

Quite topical, especially given recent media reports of serious adverse drug events, are the commentaries of Dr. Klein and of Dr. Albert Allen, of Eli Lilly and Company (Allen, 2007), regarding the inadequacy of the current post-marketing drug safety surveillance system. The primary means through which medication safety and efficacy are monitored after marketing are through Phase IV clinical trials (post-marketing studies of a drug's risks, benefits, and optimal use) and through MedWatch, the FDA's medical products reporting program designed to educate health professionals about the importance of being aware of, monitoring for, and reporting adverse events and problems to the FDA and/or the drug manufacturer (see http://www.fda.gov/medwatch/What.htm). Dr. Klein discusses, in part, how the current system provides weak incentives for industry to

participate (also see Klein, 2006). Dr. Allen highlights what he sees as shortcomings of the current system including inadequate statistical power of clinical trials to assess rare adverse events, variations in reporting methods across companies, low reporting rates, and a reporting bias related to the length of time since marketing.

Several other authors contribute to this special section commenting on topics such as the increasing use of psychotropics in youth, the safety of serotonin-selective reuptake inhibitors (SSRIs) in particular, and conflicts of interest in academia and in the FDA. The special issue provides insights into where these various representatives see problems and potential solutions regarding current issues in child psychopharmacotherapy. As the editors of the journal note, the idea for this special section grew out of a discussion at the Journal of Child and Adolescent Psychopharmacology annual board meeting in July 2006, where several members expressed the need for a national dialogue to address child and adolescent mental health treatment issues. At the conclusion of the issue, the journal's editors ask, "Is it time for a more visible role for the American Academy of Child and Adolescent Psychiatry to address the imbalances identified by many of the commentators in this issue? Would independently funded post-marketing drug safety and effectiveness studies be a good start? Other ideas?" Free access to the special section can be found here: http://www.liebertonline.com/toc/cap/17/3.

References

Allen, A. J. (2007). Commentary by a Child Psychiatrist in Industry on the Assessment of Drug Safety. *Journal of Child and Adolescent Psychopharmacology*, 17, 288-291.

Centers for Disease Control (2005). Prevalence of diagnosis and medication treatment for ADHD—United States 2003. *Morbidity Mortality Weekly Report*, 54, 1.

Costello, J., Angold, A., Burns, B. J., Stangl, D. K., Tweed, D. L., Erkanli, A., & Worthman, C. M. (1996). The Great Smoky Mountains study of youth: Functional impairment and serious emotional disturbance. *Archives of General Psychiatry*, 53, 1129–1136.

Eisenberg, L. (2007). Commentary with a Historical Perspective by a Child Psychiatrist: When "ADHD" Was the "Brain-Damaged Child." *Journal of Child and Adolescent Psychopharmacology*, 17, 279-283.

Klein, D. F. (2006). The flawed basis for FDA post-marketing safety decisions: The example of antidepressants and children. *Neuropsychopharmacology,* 31, 689–699.

Klein, D. F. (2007). Commentary by a Clinical Scientist in Psychopharmacological Research. *Journal of Child and Adolescent Psychopharmacology*, 17, 284-287.

The Worry Cure: Seven Steps to Stop Worry from Stopping You

Robert L. Leahy
Harmony Books: New York 2005

Reviewer: David A. Clark, PhD
Department of Psychology
University of New Brunswick

Worry is not only ubiquitous to the anxiety disorders, but brief, less severe manifestations of this cognitive phenomena are pervasive throughout the general population. Who amongst us has not worried at one time or another? Moreover the deleterious effects of chronic and severe worry are not confined to a specific disorder like generalized anxiety disorder but instead are a major symptom feature of some of the most common mental health problems in our society such as major depression, social phobia, and substance abuse. In the daily routine of a clinical practice, therapists repeatedly face patients who feel defeated by a crippling state of worry. And yet, it is surprising that worry was practically ignored by clinical researchers until the last 10-15 years. Until recently the empirical literature had little to offer the treatment of worry and even less was available for the general public in the form of scientifically based self-help books.

All that has changed with the publication of Robert Leahy's book entitled *"The Worry Cure"*. Written in a systematic, instructive, and well-illustrated manner, Dr. Leahy explains the nature, etiology, persistence and treatment of pathological worry in a style that is readily comprehensible to the general public. Although the book is rooted in a cognitive behavioral perspective, it is not dogmatic in its theoretical orientation. Findings from mindfulness cognitive therapy, acceptance and commitment therapy, and emotion-focused therapy are discussed in terms of their relevance for the treatment of chronic worry. Throughout the book Dr. Leahy remains true to the empirical traditional by ensuring that his insights into the nature of worry and its alleviation are anchored in the latest empirical research on worry. When recommending this book for their patients, clinicians can be confident that the guidance offered in its pages is based on the latest findings in the research literature.

The first three chapters of the book provide an explanation for chronic worry, various factors that contribute to its persistence and the assessment of worry. Intolerance of uncertainty, biased focus on negative or threatening possibilities, and avoidance of negative emotion are viewed as the key psychological determinants of worry. Various self-report worry measures and rating forms are reproduced that are of particular value to patient and clinician alike. Chapters four through ten describe seven intervention strategies that together can reduce pathological worry. Commonsense language is used to explain each intervention with ample use of practical examples and case illustrations. The chapters are full of rating forms and other clinical aids to help individuals implement the recommended changes in their thinking and behavior. What is particularly innovative in these chapters is the focus on generic interventions that can be adapted to any type of worry content. Chapters 11 through 15 deal with worry associated with specific issues such as concern about negative evaluation and acceptance of others, abandonment and rejection, health, finances and work or achievement. These chapters deal with topics so common in clinical practice that it is difficult to think of a patient who would not benefit from reading at least selected chapters.

In many represents the title of this book, *The Worry Cure*, is a little misleading. Although this is definitely a self-help book on worry, it's contribution is so much greater. Even if you did not suffer with worry, there is much to be gained by reading *The Worry Cure*. For example the chapter on dealing with failure is probably the best clinical advice I have seen on the topic. As well the chapter on financial worries provides creative insights into a pervasive problem in our society that rarely receives the attention of clinical writers. In short *The Worry Cure* is an authoritative, clinically rich, and practical handbook for dealing with worry in all of its various manifestations. The therapist will find this a valuable bibliotherapy tool when treating anxiety and depression. It is also an indispensable source of psychological knowledge on worry and its treatment for all mental health practitioners. It should be required reading for any student of psychotherapy. If I could choose only 10 clinical texts for my library, *The Worry Cure* would be one of them!.

Section II: Society of Clinical Geropsychology

Deborah A. King, Ph.D.

It's a great time to be a geropsychologist! The Department of Veterans Affairs has launched an initiative to create a psychologist position on every VA Home-Based Primary Care (HBPC) team throughout the country. These psychologists will provide a full range of psychological assessment, treatment, prevention, and behavioral medicine services to homebound veterans, as well as professional consultation services to other HBPC team members. Another initiative involves funding psychologists in VA nursing homes to promote the application of psychosocial services for management of behavioral and psychological problems. For more information on these and other VA initiatives visit www.vacareers.va.gov.

Do you ever wish that the average man or woman on the street had more appreciation for the clinical work that you do?

Do you ever wish that more of your clinical research findings were accessible to the public and to our policy makers? Do you ever wish that the average man or woman on the street had more appreciation for the clinical work that you do and its impact on human lives? Section 2 Public Policy Chair and Division 12 Federal Advocacy Coordinator Donna Rasin-Waters is passionate about helping psychologists translate their findings and interests into language that the rest of the world can appreciate. Together with colleague Peter Kanaris, Donna has been facilitating psychologists' involvement in Profnet, a media platform used to connect journalists with psychologists to create stories about real world issues. This project is in its third year and Donna is working with over 25 psychologists who have become "media volunteers" willing to chat with journalists about relevant issues. For more information on this project you can contact Donna directly at drrasinwaters@aol.com.

Visit our website at http://www.geropsych.org/ to join our Section or get more information on clinical geropsychology!

Section III: Society for the Science of Clinical Psychology

E. David Klonsky

Daniel Klein is SSCP President, Lee Anna Clark President-Elect, and Elizabeth Hayden Secretary-Treasurer. We have good news to report regarding membership in our section. Due to efforts to increase membership, our number of paid members has increased substantially in the past year.

We are in the process of revising our bylaws to reflect our organization's increasing activity and complexity. For example, under the proposed changes the Executive Board will be expanded to include two At-Large Members to assist with the business of SSCP and two Student Representatives to increase student awareness of SSCP and enhance its future growth.

We would like to congratulate Coreen Farris of Indiana University, winner of the SSCP Student Poster Award. Ms. Farris' poster was entitled, "Alcohol intoxication influences perceptual processing of women's sexual interest cues." Her co-authors and mentors included Teresa A. Treat, Richard J. Viken, Richard M. McFall, and James T. Townsend.

The latest issue of our newsletter and other information about SSCP can be found at our website, SSCPWeb.org.

Section VI: The Clinical Psychology of Ethnic Minorities

Anabel Bejarano, Ph.D.

Section VI continues to make progress, along with numerous accomplishments by its members in their professional endeavors. We recently revamped our look! We now have a revised membership application, a new Section brochure, and our quarterly newsletter is available online at http://www.apa.org/divisions/div12/sections/section6/ The membership application and brochure were made available throughout the APA convention. We have been in the process of updating the Section By-laws and Procedures Manual, and con-

tinue to hold monthly conference calls.

Section VI activities and presentations at the APA convention were described in the previous TCP update. Additionally, Florence L. Denmark, received the Raymond Fowler Award for Outstanding Contributions to APA; Dick Suinn served on the APA Central Programming Working Group and interviewed Albert Bandura in the plenary program "Up Close and Personal", Suinn also participated on a panel of former APA Presidents on "Humanizing an Inhumane World". Melanie Domenech Rodríguez presented "Adapting Evidence-Based Treatments With Diverse Populations: Models and Methods".

Martha Banks was elected President-Elect of Division 35 (Society for the Psychology of Women). A. Toy Caldwell-Colbert was paid tribute to in the APA Monitor (July/August 2007, Vol 38) article *The New Women Leaders*. Asuncion (Siony) Austria received the APA Presidential Citation for the 2007 Distinguished Senior/Elder Psychologist Award, and the Teaching Excellence and Campus Leadership Award, the highest award given to faculty members at Cardinal Stritch University. Russell T. Jones was re-appointed by Secretary Margaret Spellings of the U.S. Department of Education to a three-year term on the advisory committee for the Drug Free and Safe Schools Initiative; he is also assisting in the mental health recovery efforts at Virginia Tech University.

The appreciation for multiculturalism and the role of identity- in all of its complexity-- as being central in psychological functioning has gained much attention within NIMH. Two newly funded culture-focused centers of research are headed by our own Section VI members. Gail E. Wyatt is director of The Center for Culture, Trauma and Mental Health Disparities at UCLA. The Center has four grants that adhere to a biobehavioral approach to understanding the mental health of survivors of sexual and physical trauma in under-represented groups. Gordon Nagayama Hall is Co-Investigator on Nolan Zane's Asian American Center on Disparities Research. Dr. Hall's project, a Clinical Effectiveness Research Program, will evaluate the effectiveness of cognitive behavioral therapy (CBT) for depression with Chinese Americans and develop culturally-responsive forms of CBT.

As you begin the semester, consider the following books. Debra Kawahara and Oliva Espín edited a special issue of *Women & Therapy*, entitled "Feminist Reflections on Growth & Transformation: Asian American Women in Therapy (Haworth Press). Janet Matthews co-authored *Introduction to Clinical Psychology* (Oxford University Press). Jean Lau Chin, editor of *Diversity in Mind and in Action* (in press), a 4-volume set part of the Praeger Series on Race, Ethnicity and Psychology, is in search of authors. The four volumes are: 1) The Multiple Faces of Identity, 2) Health and Mental Health: Disparities and Competence, 3) Diversity Matters! Education and Employment, 4) Social, Psychological, and Political Challenges. If interested, contact Jean Lau Chin at ceoservices@yahoo.com. We invite you to visit our website at http://www.apa.org/divisions/div12/sections/section6/.

Section VII: Clinical Emergencies and Crises

Marc Hillbrand, Ph.D.

Section VII continues to promote training in the evaluation and management of behavioral emergencies. An area of particular emphasis has been the identification of core competencies in the assessment and management of behavioral emergencies. For instance, the competencies in the management of suicidal behavior include attitudes and approach to risk assessment, theoretical models for understanding suicide, collecting accurate assessment information, formulating risk, developing a plan for treatment, managing ongoing care, and understanding legal and regulatory issues related to suicide risk assessment and management.

Section VII members have also collaborated with members the American Association of Suicidology (AAS) in developing a training program focused on teaching core competencies in the assessment and treatment of suicidal behaviors, *Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians.* This two-day curriculum is being taught throughout the US.

Scholarly knowledge about behavioral emergencies is being disseminated in a variety of ways that include web-based resources, scientific publications, and direct training. Section VII has emphasized the importance of such training in pre-doctoral internship programs and created a list of programs that offer training in behavioral emergencies. Student

member Jason Spiegelman has updated the listing of pre-doctoral internship programs that offer training in behavioral emergencies. Matthew Schumacher, a student fellow of the AAS and Jason Spiegelman have linked that database and the AAS website.

Contributions by section members on the management of behavioral emergencies remain prolific. Important recent developments include the demonstration of the efficacy of two therapeutic modalities in preventing suicidal behavior, namely cognitive therapy and dialectical behavior therapy (see Section VII newsletter at http://www.apa.org/divisions/div12/sections/section7/homepage.html). Section VII president Dr. David Rudd published *Assessment and Management of Suicidality* (Professional Resource Exchange) Other publications by section members include Dr. Alec Miller's (with Drs. Rathus and Linehan) *Dialectical Behavior Therapy with Suicidal Adolescents* (Guilford Press) and the upcoming *"Behavioral Emergencies: An Evidenced-Based Resource for Evaluating and Managing Suicidal Behavior, Violence and Victimization"* by Dr. Phillip Kleespies (APA Books).

Section VIII: Association of Psychologists in Academic Health Centers

Ronald T. Brown, Ph.D., ABPP

The Association of Psychologists in Academic Health Centers recently elected a President-Elect, William Robiner, Ph.D., ABPP from the School of Medicine at the University of Minnesota. Dr. Robiner will begin his term as President-Elect in January, 2008 when John Linton, Ph.D., ABPP will assume the presidency of the Section. Dr. Robiner is most qualified to assume the helm of our busy section during this interesting and busy time. Dr. Robiner received his doctoral degree in clinical psychology at the University of Washington in St. Louis, Missouri. Dr. Robiner indeed is representative of the membership of our Section. He has held a faculty appointment in the School of Medicine at the University of Minnesota and also has served as the Director of Training of the internship program at the University of Minnesota for over a decade. Dr. Robiner also has held other leadership positions both locally and nationally including his chairing the Psychology and Standards Committee of the medical center at the University of Minnesota since 1995, and also has served as a member of the Association of the State and Provincial Psychology Boards (ASPPB) Educational and Training for Credentialing Committee. In addition to these activities, Dr. Robiner has served on the Board of Educational Affairs Task Force on Workplace Analysis of Psychology Education and Training of the American Psychological Association and also served as Vice President of the Minnesota Psychological Association. Finally, Dr. Robiner also served as a member of the Minnesota Board of Psychology. His vision as President-Elect is to increase communication among medical school psychologists across and within institutions, increase the value membership in the Section, broaden the membership in the Section of psychologists in medical schools, promote membership and dialogue among psychologists in health professional schools and explore collaborations and linkages with research and policy entities. We are certainly pleased that Dr. Robiner will bring his vast experiences to lead Section 8 of the Society of Clinical Psychology..

Finally, the Section held the third national conference, Association of Psychologists in Academic Health Centers: Traditions and Innovations in Education, Science, and Practice that took place in May of this year in Minneapolis, Minnesota. The conference was attended by approximately 200 psychologists from all over the nation as well as from some psychologists across the world. Presentations included issues related to competencies in academic health sciences centers, ethical challenges in academic medicine, behavioral genetics, pharmacogenomics, interdisciplinary collaborations in academic health care centers and maximizing success for behavioral scientists with regard to research funding. A number of well known psychologists participated in the conference including Irving Gottesman, Robert Kaplan, Ph.D., Nadine Kaslow, Ph.D., Anne Kazak, Ph.D., Susan McDaniel, Ph.D. and Edward Sheridan, Ph.D. to name but just a few. There also was excellent representation from the leadership of the American Psychological Association including Cynthia Belar, Ph.D. from the Education Directorate and Steven Breckler, Ph.D. from the Science Directorate. Indeed the conference was packed with useful policy and political information as to how clinical psychologists may prosper in a health sciences center. The Board of the section was most pleased with the attendance at the meeting and the feedback provided by attendees.

Society of Clinical Psychology Board of Directors Minutes Conference Call: June 6, 2007

Submitted by Linda K. Knauss, PhD.
Secretary, Society of Clinical Psychology

Minutes – January 2007
There was an amendment to the Diversity Committee report. Dr. Jerry Davison was thanked for selecting several Section VI members to be committee members (not committee chairs). He was also thanked for including several Section VI members on the nomination ballot.

MOTION: To approve the minutes as corrected
ACTION: Passed unanimously

2008 Meeting Year Update
The meetings for 2008 will be held as follows:
January 25-27: Austin, Texas, Omni Hotel
September 12-14: Jacksonville, Florida

Awards
The Division 12 Awards Ceremony will be held on Saturday, August 18, 2007 in San Francisco. The Social Hour/Award Ceremony is scheduled from 5:00 p.m. to 7:00 p.m. Board members who will be attending the APA convention were asked to attend the Social Hour/Award Ceremony.

Nominations are needed for the 2008 awards. Board members were asked to make nominations. Candidates need two letters of nomination. This information helps the Awards Committee make informed decisions. Section representatives were asked to send information to the Section officers and members. Every Section was encouraged to make nominations. Ms. Lynn Peterson will send a list and the description of each award to Board members. Also, this information is on the Division website. The Diversity Committee can be a resource for nominees.

The Henry Tomes Award is given every other year. The next award will be given in 2009 to a Latino/a. The Call for Nominations will come out in 2008. Nominations are due in July 2008.

Dr. Toy Caldwell-Colbert said she appreciates the support of the Division for her nomination last year.

Publications Committee
Clinical Psychology: Science and Practice
The journal is doing well. The current issue is on line and in the mail. There have been issues with Blackwell. One problem has to do with the submission of information they need for mailing labels for the journal. An agreement has been reached that the information Ms. Lynn Peterson has will be given to an Excel expert who will transform it into the system that Blackwell needs.

Online access only to the journal has also been a bigger problem than expected. The same Excel expert will convert Ms. Peterson's information to the format needed by Blackwell.

MOTION: Ms. Peterson will coordinate mailing labels for the journal and online access only with the Excel expert.
ACTION: Passed unanimously

Hogrefe Book Series Update
Seven books have been published and six more are in press. There are seven additional books under contract. Drs. Ron Brown, Larry Beutler and Lynn Rehm have all made excellent contributions. The past three books all have a section on multiculturalism and this will be included in all of the future books. Dr. Jon Weinand is working on CE for the series on the website. This should be ready by the time of the APA convention. Congratulations to Dr. Danny Wedding for his work on this series.

Membership
Each year the Division loses and gains about 100 members. Dr. Barry Hong, the Membership Committee chair has not yet looked at the characteristics of the members who leave the Division. He may do a small 200 person survey. One goal is to identify if members who left were also Section members. In general, Section members are more likely to remain Division members and Division members are more likely to remain APA members. Dr. Hong said that if a Board

member waits to add a question to the survey, send it to him and he will send the question to the Board for review.

Science and Practice Committee
The committee has made progress on updating the evidence based practice list and creating a mechanism to keep it updated regularly. They hope to have this online by the end of the year.

One consideration is that the original list did not include evidence based practice related to children and adolescents. The intent was to include children and adolescents, but Division 53 had a project related to evidence based practice for children and adolescents. The committee wants to know if we should link to the Division 53 evidence based practice information. Although we view children and adolescents as part of our Division, we also do not want to duplicate work that has already been done. SAMHSA and ABCT also have evidence based practice lists. The committee suggested having links on our website to all of the other groups that have similar lists. These groups will also be updating their lists.

This also ties into the Partnering and Connecting with Other Divisions goal of the Identity Task Force. One suggestion was to send an email to all of the other practice divisions to ask if they are interested in partnering in this project to benefit the public. In addition to Division 12, Divisions 53, 45 and ABCT are central to this project.

Education and Training
Postdoctoral Institutes: Dr. Larry Beutler will not be able to offer his PDI workshop. There are currently 42 people registered for all of the PDI workshops, with two or three people registered for each workshop. Ms. Lynn Peterson sent 20,000 brochures to people in the San Francisco area. The Postdoctoral Institutes were also advertised in the Monitor. The Division would like a couple hundred registrants. There are usually about 60 people registered by this date. On July 1, 2007 we must decide whether or not to offer the PDI's.

Diversity
The committee has received many requests for the final Committee on Diversity report from other divi-

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 1st (Winter/Spring Issue – mails in early April)
May 1st (Summer Issue – mails in early July)
September 1st (Fall Issue – mails in early November);

Editor (2006 – 2009):
William C. Sanderson, Ph.D.
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E-Mail: william.c.sanderson@hofstra.edu

sions including Divisions 27, 2, and 50. The Diversity Committee has received reports from the following Sections and committees on how they plan to implement the suggestions of the Diversity Committee report.

Section 3 will add the criterion of "Generalization to other groups" to the list of criteria for dissertation awards.

Section 8 will discuss the implementation of the Diversity Committee report at the next meeting.

Section 9 continues to focus on diversity in assessment books and tests. They are interested in which assessment measures are most diversity oriented. Section 2 has had a committee on Diversity and Aging since 2005. Dr. Deborah King will send the report of this committee to Ms. Lynn Peterson.

Section 4 has a President-elect and Secretary who are persons of color.

Section 10 is working on including diversity in the mission and goals of the Section.
The Partnering and Connecting with Other Divisions action team is planning to survey the divisions who partner with us to learn how Division 12 can be more welcoming to diverse groups.

All Sections and Committees need to send reports to the Diversity Committee on how they will implement the recommendations in the Diversity Committee report.

Section 2
Section members have been very busy collaborating with APA President Dr. Sharon Brehm on her Task Force on Aging. This will provide a blueprint of change with regard to integrated care. There will be several presentations at the 2007 APA Convention by the Task Force on Aging.

Section 3
The Section has included a student representative on their Board. They want to involve students and keep them involved in the Section. They have also been using Prof Net to link journalists with experts in specific areas. The Section is working on an article on Internships in Clinical Psychology. Dr. David Klonsky also announced the presentations that will be given by the Section at the 2007 APA Convention in San Francisco.

Section 4
Dr. Gloria Gottsegen announced the title of two presentations that will be given by the Section at the 2007 APA Convention in San Francisco. One presentation will be on reflections of immigrant women and the other will be on challenges in multiculturalism. The Section is very involved in diversity.

Section 6
The President-elect has resigned, so the Section must identify a new President-elect. The Section has also been working on iniatives with Section 10. They are hoping to get funds for student research on health disparities. Other activities of the Section include updating the By-laws and Procedures Manual and holding monthly conference calls.

Section 8
The conference in Minneapolis was very successful. There was good attendance and it was very well received. The Section is committed to increasing diversity and is trying to recruit more diverse officers. Clinical psychology in medical settings is the wave of the future. There is more on this topic on the APA agenda and there may be a Monitor article on this topic soon. This Section also holds monthly conference calls.

Section 9
Section members have been responding to the APA request for commentary on the Standards for Education and Testing in preparation for updating the Standards. The Section is planning to host an early morning coffee hour with Division 5 at the APA convention in San Francisco. The Section is continuing to work on developing a list serve and website.

Section 10
The Section now has over 100 members, and can fill the vacant leadership slots. The Board is working on coordinating elections. They still need a Treasurer who must be a licensed psychologist. The Section is working with the Membership Committee.

Society of Clinical Psychology: Officials List

SOCIETY OF CLINICAL PSYCHOLOGY - 2008
BOARD OF DIRECTORS OFFICERS
(Executive Committee)
President (2008) Irving B. Weiner, Ph.D., ABPP*
President-elect (2008) John Norcross, Ph.D.*
Past President (2008) Marsha Linehan, Ph.D., ABPP*
Secretary (2008-2010) *
Treasurer (2006-2008) Robert K. Klepac, Ph.D.*

COUNCIL OF REPRESENTATIVES
Representative (1/06-12/08) Nadine J. Kaslow, Ph.D., ABPP*
Representative (1/07-12/09) Linda C. Sobell, Ph.D.*
Representative (1/08-12-10)
Representative (1/08-12/10)

EDITORS (Members of the Board without vote)
The Clinical Psychologist
(2006-10) William C. Sanderson, Ph.D.
Clinical Psychology: Science and Practice
(2004-10) Phillip Kendall, Ph.D., ABPP
Web Site
(2006) Gerald S. Leventhal, Ph.D.

SOCIETY OF CLINICAL PSYCHOLOGY - 2008
SECTION REPRESENTATIVES TO THE
DIVISION 12 BOARD
Section 2: Society of Clinical Geropsychology (07-09)
Deborah A. King, Ph.D.*
Section 3: Society for a Science of Clinical Psych. (06-08)
E. David Klonsky, Ph.D.*
Section 4: Clinical Psychology of Women (05-07)
Gloria Behar Gottesgen, Ph.D.*
Section 6: Clinical Psychology of Ethnic Minorities (07-09)
A. Toy Caldwell-Colbert, Ph.D., ABPP*
Section 7: Emergencies and Crises (07-09) Marc Hillbrand, Ph.D.*
Section 8: Assoc. of Psychologists in Academic Health
Centers (07-09) Ronald T. Brown, Ph.D., ABPP *
Section 9: Assessment Psychology (08-10)
Norman Ables, Ph.D., ABPP*
Section 10: Graduate Students and Early Career
Psychologists (06-08) Del Stewart & Brian J. Hall*

MEMBER AT LARGE
Ascuncion M. Austria, Ph.D.*
* = *Voting Members of Board*

DIVISION 12 CENTRAL OFFICE
Lynn G. Peterson, Administrative Officer (not Board member)
PO Box 1082, Niwot, CO 80544. 303/652-3126. 303/652-2723
(fax) div12apa@comcast.net

STANDING COMMITTEES (2008)
FELLOWSHIP COMMITTEE
Chair – 2008 – Carole A. Rayburn, Ph.D.
Member (2006-08) Carole A. Rayburn, Ph.D.
Member (2006-08) David Antonuccio, Ph.D.
Member (2007-09) Thomas D. Borkevec, Ph.D.
Member (2007-09) Gerald C. Davison, Ph.D.
Member (2008-10) Alfred J. Finch, Ph.D.
Member (2008-10) Adelbert Jenkins, Ph.D.

MEMBERSHIP COMMITTEE
Chair – 2008 – Barry Hong, Ph.D.
Member (2006-08) Guerda Nicolas, Ph.D.
Member (2006-08) Richard J. Seime, Ph.D., LP, FAACP
Member (2007-09) Milton Brown, Ph.D.
Member (2007-09) Barry Hong, Ph.D.
Member (2008-10) Ronald Ganellen, Ph.D.
Member (2008-10) Sharon Ray Jenkins, h.D.
Student Representative (2008) Sean Sullivan

PROGRAM COMMITTEE
Chair – 2008 – Victor Molinari, Ph.D.
Past Chair 2007: Alec L. Miller, Ph.D.
Section 2: (2008)
Section 3: (2008)
Section 4: (2008)
Section 6: (2008)
Section 7: (2008)
Section 8: (2008)
Section 9: (2008)

PROFESSIONAL DEVELOPMENT INSTITUTES
COMMITTEE (subcommittee of Program Committee)
Lynn G. Peterson

EDUCATION AND TRAINING COMMITTEE
Chair – 2008 – Jonathan Weinand, Ph.D.
Member (2006-08) William J. Jacobs, Ph.D.
Member (2006-08) Jonathan Weinand, Ph.D.
Member (2007-09) John Norcross, Ph.D.
Member (2007-09) Sharon Manning, Ph.D.
Member (2008-10) Dorothy Holmes, Ph.D.
Member (2008-10) Jeffrey Magnavita, Ph.D.
Student representative (2008) Sharie Fabregas

COMMITTEE ON FINANCE
Chair (Treasurer) 2006-08 Robert K. Klepac, Ph.D.

Member (2006-08) Marsha M. Linehan, Ph.D., ABPP
Member (2007-09) Deborah King, Ph.D.
Member (2008-10) Norman Abeles, Ph.D.

AWARDS COMMITTEE
Chair – 2008 Marsha M. Linehan, Ph.D., ABPP
Member (2006-08) Marsha M. Linehan, Ph.D., ABPP
Member (2007-09) Irving B. Weiner, Ph.D., ABPP
Member (2008-10) John Norcross, Ph.D.

NOMINATIONS AND ELECTIONS COMMITTEE
Chair – 2007 Marsha M. Linehan, Ph.D., ABPP
Member (2008) Lynn Rehm, Ph.D.
Member (2008) Linda Sobell, Ph.D., ABPP
Member (2008) George Stricker, Ph.D.
Member (2008) Stanley Messer, Ph.D.

PUBLICATIONS COMMITTEE
Chair – 2008 – W. Edward Craighead, Ph.D.
Member (2006-08) Bernadette Gray-Little, Ph.D.
Member (2006-08) T. Richard Saunders, Ph.D.
Member (2007-09) Sona Dimidjian, Ph.D.
Member (2007-09) Melanie Harned, Ph.D.
Member (2008-10) W. Edward Craighead, Ph.D.
Member (2008-10) William Gottdiener, Ph.D.

COMMITTEE ON APA GOVERNANCE
Chair – 2008 – Danny Wedding, Ph.D.
Member (2006-08) Martha Banks, Ph.D.
Member (2007-09) Danny Wedding, Ph.D.
Member (2008-10) Steven James. Ph.D.

COMMITTEE ON SCIENCE AND PRACTICE
Chair – 2008 – E. David Klonsky, Ph.D.
Member (2006-08) Deborah C. Beidel, Ph.D.
Member (2006-08) Bethany Teachman, Ph.D.
Member (2007-09) Howard Garb, Ph.D.
Member (2007-09) E. David Klonsky, Ph.D.
Member (2008-10) Robert McGrath, Ph.D.
Member (2008-10) Thomas Ollendick, Ph.D.

COMMITTEE ON DIVERSITY
Chair – (2007-09) – Asuncion M. Austria, Ph.D.
Member (2006-08) Steven R. Lopez, Ph.D.
Member (2006-08) Guillermo Bernal, Ph.D.
Member (2007-09) Stan J. Huey, Ph.D.
Member (2007-09) Asuncion M. Austria, Ph.D.
Member (2008-10) Linda Knauss, Ph.D.
Member (2008-10) Felicisima Serafica, Ph.D.

MONITORS AND LIAISONS
(List to be reviewed and updated each January.)

DIVISION 12 BOARD MONITORS TO APA BOARDS AND COMMITTEES
Board of Convention Affairs (BCA) – John D. Hunsley, Ph.D. (Successive Program Chairs to have seat)
Board of Professional Affairs (BPA) – Robert Klepac, Ph.D.
Board of Scientific Affairs (BSA) – Linda Sobell, Ph.D., ABPP
Board for the Advancement of Psychology in the Public Interest (BAPPI) – Danny Wedding, Ph.D.
Committee on Ethnic Minority Affairs (CEMA) - Asuncion Miteria Austria, Ph.D.
Board of Educational Affairs (BEA) – Gerald C. Davison, Ph.D.
Planning and Policy Board (P&P) – Mae Billet Ziskin, Ph.D.
Publications and Communications (P&C) – W. Edward Craighead, Ph.D.
Committee for the Advancement of Professional Practice (CAPP) – Nadine Kaslow, Ph.D., ABPP
American Psychological Association of Graduate Students (APAGS) – Nadine Kaslow, Ph.D., ABPP
Committee on Accreditation – Robert Klepac,Ph.D.
Committee on Early Career Psychologists (CECP) – Kathryn Yanick

LIAISONS TO APA COUNCIL CAUCUSES
Assembly of Scientist-Practitioner Psychologists – Gloria B. Gottsegen, Ph.D.
Coalition for Academic, Scientific and Applied Psychology – Charles D. Spielberger, Ph.D., ABPP, ABAP
Women's Caucus – Annette Brodsky, Ph.D.
Association for Practicing Psychologists – Jerome Resnick, Ph.D., ABPP
Ethnic Minority Caucus – Barry Hong, Ph.D., ABPP
Child Caucus – Linda Knauss, Ph.D., ABPP
Comm. Optimum Utilization of New Talent (COUNT) – Charles D. Spielberger, Ph.D. , ABPP, ABAP

LIAISONS/MONITORS TO DIVISION 12 BOARD OF DIRECTORS
Council of University Directors of Clinical Psychology (CUDCP) – Gerald Davison, Ph.D.
Association of Psychology Postdoctoral & Internship Centers (APPIC) – Nadine J. Kaslow, Ph.D., ABPP (Paper Monitor)
CCTC – Council Chairs Training Council – Annette Brodsky;, Ph.D.
American Board of Clinical Psychology (ABClinP) – Nadine Kaslow, Ph.D., ABPP
ASPPB – Jack Schaffer, Ph.D., ABPP
CODAPAR – Charlie Speilberger, Ph.D., ABPP, ABAP
ACCTA – Nadine J. Kaslow, Ph.D., ABPP
American Academy of Clinical Psychology – Nadine Kaslow, Ph.D., ABPP

LIAISONS/MONITORS FROM DIVISION 12 TO OTHER GROUPS
Committee on Women in Psychology (CWP) – Gloria B. Gottsegen, Ph.D.
Committee on International Relations in Psychology (CIRP) – Norman Abeles, Ph.D., ABPP
International Society of Clinical Psychology (Division 52) – Charles Spielberger, Ph.D., ABPP, ABAP
Committee on Children, Youth, and Families – Linda Knauss, Ph.D., ABPP (Paper Monitor)
Federal Advocacy Grassroots Network – Donna Rasin-Waters, Ph.D.
Assoc. of State Provincial Psychology Boards – Jack Schaffer, Ph.D., ABPP
CAPP Integrative Work Group – Nadine Kaslow, Ph.D., ABPP
Council of Specialties – Robert Klepac, Ph.D.
Advisory Education – Ray Lorion
Psychopharmacology & Substance Abuse (Division 28) – Linda C. Sobell, Ph.D., ABPP
CAPIC – Linda Knauss, Ph.D., ABPP
American Psychological Association of Graduate Students (APAGS) – Carli Jacobs

AD HOC TASK FORCES
("Sunsetted" after one year unless re-appointed by Board.)

Division 12 Public Policy Workgroup (2006)
Chair: Donna Rasin-Waters, Ph.D.
Section 2: Michael Duffy, Ph.D.
Section 7: Richard T. McKeon, Ph.D.
Section 8: Jeffrey Baker, Ph.D.

Task Force on Identity (2006)
David Barlow, Ph.D., Nadine Kaslow, Ph.D., ABPP, Lynn Rehm, Ph.D., Mitchell Prinstein, Ph.D., Thomas Ollendick, Ph.D., A. Toy Caldwell-Colbert, Ph.D., ABPP, Karen Calhoun, Ph.D., W. Edward Craighead, Ph.D., Linda Sobell, Ph.D., ABPP, David Hindman, Ph.D.

Task Force on Dissemination of Division 12 Committees Activities to Media (2007)
Chair: Marsha M. Linehan, Ph.D., ABPP

DIVISION 12 SECTIONS – 2008
SECTION II: SOCIETY OF CLINICAL GEROPSYCHOLOGY
President (2007) Forrest Scogin, Ph.D.
Past President (2007) Robert C. Intrieri, Ph.D.
President-elect (2007) Suzanne Meeks, Ph.D.
Secretary (2007) Brad Karlin, Ph.D.
Treasurer (2007) Jonathon Rose, Ph.D.
Section Representative (2007-09) Deborah A. King, Ph.D.
Program Chair (2007) Suzanne Meeks, Ph.D.
Membership Chair (2007) Martha Crowther, Ph.D.
Nominations/Elections (2007) Robert C. Intrieri, Ph.D.
Newsletter Editor (2007) Karyn Skultety, Ph.D.
Continuing Education Chair (2007)
Continuing Education Liaison: Nannette A. Kramer, Ph.D.
Interdivisional Task Force on Qualifications in Clinical & Applied Geropsych: Steve Rapp, Ph.D.
Email Network Coordinator: Barry Edelstein, Ph.D.
Web-Site Corrdinator: Norm O'Rourke, Ph.D., R.Psych
Awards Committee (2007)
Coalition on Mental Health and Aging Liaison: David Powers, Ph.D.
Student Liaison: Caitlin McEntarfer
Task Force on Advocacy Group: Donna Rasin-Waters,Ph.D.

SECTION III: SOCIETY FOR A SCIENCE OF CLINICAL PSYCHOLOGY
President (2007) Daniel N. Klein, Ph.D.
Past President (2007) Antonette M. Zeiss, Ph.D.
President-elect (2007)
Secretary/Treasurer (2006) Denise Sloan, Ph.D.
Division 12 Representative (2006-08) E. David Klonsky, Ph.D.
Editor (2007)
Membership Committee Chair (2007)
Program Committee Chair (2007) Dan Klein, Ph.D.
Publication Committee (2007)
Fellows Committee Chair (2007)
Student Representatives (2007)

SECTION IV: CLINICAL PSYCHOLOGY OF WOMEN
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