

APA
III
Division 12

CLINICAL SCIENCE

Society for the Science of Clinical Psychology
Section III of the Division of Clinical Psychology
of the American Psychological Association



developing clinical psychology as an experimental-behavioral science

Newsletter

Fall 2001 Issue

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INSTRUCTIONS FOR AUTHORS

Clinical Science is published as a service to the members of Section III of the Division of Clinical Psychology of the American Psychological Association. Three issues are published each year. The purpose is to disseminate current information relevant to the goals of our organization.

Feature Articles may be submitted to the editor via e-mail. They should be approximately 16 - 20 double-spaced pages and should include an abstract of 75- to 100- words.

Brief Articles may also be submitted, and should also include a 75- to 100-word abstract.

All articles should be submitted as an attachment to an e-mail and formatted according to the *Publication Manual of the American Psychological Association, 5th edition*. We are looking forward to an exciting year.

Please submit materials to the Editor: Adele M. Hayes, Ph.D. by e-mail: ahayes@miami.edu

Comments from the President

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Greetings! The past few months have been a very eventful for SSCP. I think that we are in the midst of some significant and exciting events, both for our Society and for scientific clinical psychology. In this column, I'll review what has been going on, as well as activities that your Board will be doing in the future. Contained within that review will be descriptions of actions and decisions made by your Board throughout the past several months and during its meeting at the APA convention in San Francisco.

The American Psychologist and Integrity of Peer Review

Everyone is familiar with the rejection of Scott Lilienfeld's article by the *American Psychologist* after it had been accepted by Guest Editor, Nora Newcombe. This led to a vigorous outcry from our membership on SSCPnet, and subsequently to an extensive variety of public and private communications to APA governance insisting on the inviolate nature of academic freedom, the integrity of the peer review system, and the need for the publication of scholarship and research to be independent of political and other nonscientific influences.

I believe that as a direct consequence of this impassioned defense of some of our highest principles, two significant things happened. First, it was agreed that a future special issue of the *American Psychologist* would publish Scott's article, along with commentaries by several of the people involved in the sequence of events that led to the rejection of the article, including commentaries by several individuals who were involved either directly or indirectly in the controversy regarding the article. Second, Norine Johnson placed the "highest priority" on assembling a working group charged with the task of making policy recommendations to the Board of Directors concerning all of the issues that had been raised by this event. The recommendations of this work group, which began its work in September, will be made public to all APA members for comment and will go to the Council of Representatives for debate. So we will have another opportunity to have our voices heard.

Although some folks within APA have criticized the Internet outpouring, it is my belief that, had our membership not risen to this occasion with such devotion, nothing would have happened subsequent to the article's rejection. There also would not have been the establishment of a critical working group whose recommendations hopefully will reaffirm dearly held basic principles and yield concrete policies that will prevent any inappropriate influence on scholarship and research publication within APA journals.

Prescription Privileges (RxP)

The SSCP Task Force on prescription privileges (initiated by Debbie Beidel during her presidency and headed by John Bush) produced its report, which was posted on the SSCP website, first for comment and subsequently for membership vote. The vote was 98 in favor and 6 against. Below I abstract the seven resolutions contained in the report (note that year-dates have been changed to one year later than indicated by the original report):

1. That beginning immediately, there be a moratorium on all expenditures and advocacy by APA on behalf of RxP until the following five resolutions have been carried out in full.
2. That the 2002 convention feature a second Mini-Convention on a scale with the last one, but this time with equal planning, access, and "air time" for RxP opponents.
3. That a complete, evenhanded report of the proceedings of the Mini-Convention be published in the October 2002 editions of the *Monitor* and *American Psychologist*, with full opportunity for prepublication editorial oversight by representatives of both viewpoints.
4. That by January 2003, an objective and comprehensive survey of members' knowledge, experience, attitudes and intentions regarding RxP and prescribing-related issues, developed with full participation by both sides, be put into the field.
5. That the results of this survey, again with bipartisan prepublication review, be published in the May 2003 editions of the *Monitor* and *American Psychologist*.
6. That by July 2003, a binding membership referendum be completed on this or a closely similar proposition: "Shall APA continue or not continue to advocate for prescribing privileges within the profession and in the state legislatures?"
7. That APA immediately reserve funds sufficient to put resolutions 2-6 into effect, including all out-of-pocket costs plus stipends and travel allowances for a reasonable number of members from both sides who contribute materially to carrying out these resolutions.

(If you are interested in receiving a copy of the full report, I'd be happy to send you one - tdb@psu.edu).

Given the vote, the Board has been proceeding with communication of the report on behalf of SSCP to organizations and people who need to hear our views. Among others, this includes: Ray Fowler of APA; Alan Kraut at the American Psychological Society; Norine Johnson and Phil Zimbardo as current

president and president-elect of APA; APA Science, Education, and Practice Directorates; APPIC; the Council of University Directors of Clinical Psychology (CUDCP); the Academy of Psychological Clinical Science; and the Association for the Advancement of Behavior Therapy. Moreover, Bob Klepac, our Division 12 representative, presented the report at the Division 12 October meeting, along with proposals asking the Division to endorse the report and, failing that, to work with us to insure the development of an adequate curriculum beyond what APA is currently considering. So far, one significant thing has occurred: Division 12 agreed to sponsor a symposium at the next APA convention, which will allow presentations from folks strongly against and strongly in favor of RxP. We are hopeful that there is enough time to organize this symposium on short notice before the deadline.

Committee on Accreditation (CoA) and "Emerging Substantive Areas"

Three weeks before the August, 2001, APA convention, I heard that some folks had been promoting the creation of procedures and guidelines for accreditation by CoA of "emerging substantive areas" at the predoctoral level. The SSCP Board decided to respond proactively and vigorously in opposition to this movement for a variety of reasons (see my letter to the Board of Educational Affairs below). While specialty training at the post-doctoral level makes sense, creating accredited specialized training areas in our graduate programs would likely have very significant negative effects on training in clinical psychology, both in terms of breadth of training provided and in terms of research training and experience. Our position statement has been sent to several groups, including CoA, the Board of Educational Affairs, APPIC, CUDCP, and the Council of Graduate Departments of Psychology.

Although our activities here have been criticized by some who claim that there is no real movement yet or only a preliminary movement in this direction, we do see warning signs emerging, and we wish to make our position clear early and repeatedly, given the great significance of the issues involved. I apologize for not alerting the membership to this issue and not getting membership comments or feedback on the Board's letter, but there was insufficient time between learning about this and the APA convention where two public forums were held on the issue. We felt that we needed to provide our position to key players prior to the convention. As this further evolves, we will let you know and ask for your observations.

Kurt Salzinger and the Science Directorate

Ray Fowler asked to be invited to our Board meeting at the APA convention so that he could introduce the new head of the Science Directorate, Kurt Salzinger, and two of his staff members, Elizabeth Douglas and Suzanne Wandersman. The Board was very encouraged by Kurt's presentation and discussion. Kurt stated his feeling that SSCP should consider the Science Directorate to be SSCP's home. He is committed to continuing such efforts as helping to get resources for clinical science (e.g., with NIMH). Debbie Beidel asked about the possibility of establishing a liaison for SSCP with the Board of Professional Affairs, and Kurt agreed to do this. One of our Board members will be attending their fall Board meeting.

In response to questions about the Science Directorate's willingness to impact on the Practice Directorate (e.g., the CE issue), Kurt indicated that he is willing, that he saw himself as someone who definitely wants to build bridges between the two Directorates, and that Russ Newman has, for example, already shown more openness for the need of evidence for CE offerings.

Kurt also indicated that one of his initiatives will involve the creation of Op-Ed pieces, both in response to emerging events and in data bases ready for dissemination and/or placed on a website for archiving. He wants to have available from our members the best empirical knowledge that the science of psychology can provide on important issues and/or applications of knowledge in order to impact on Congress and the nation. He exemplified such issues with topics like placebo effects, compliance to treatment, and psychotherapy alternatives to medication. Their Communications Office is there to help, and he is hopeful that SSCP members can play a significant role in this. Elizabeth Douglas also mentioned her parallel need for expert names for testimony with Congress. I mentioned that an ad hoc SSCP committee was in the process of being set up and was pursuing similar plans, so this may all be coming together well at the right moment.

The bottom line from this meeting for the Board was a feeling that we may be able to have greater impact on APA and have stronger, happier ties with APA through our relationship with Kurt and the Science Directorate. We will pursue this relationship and see what emerges over the next year.

Alan Kraut and the American Psychological Society

Alan Kraut from APS and Dick Bootzin, Past-President of the Academy of Psychological Clinical Science (affiliated with APS), asked to meet with the Board at the APA convention. I had met with the Academy at their June meeting in Toronto last June, where there was great enthusiasm for encouraging SSCP to become actively affiliated with the Academy and with APS. SSCP has been officially affiliated with APS for several years, but we have not been actively engaged with it recently. Given the various events and trends that have been occurring at APA and the disagreements that our Society has had with some APA policies, the Board was very much interested in pursuing the APS connection.

Kraut feels that APS has worked hard and effectively to get resources for research (e.g., BSTART came from APS; APS lobbies with NIMH, NSF, and Congress), and that APS has significantly engaged clinical issues in the past (e.g., NSF now considers clinical student dissertation proposals, APS has influenced accreditation), but that APS does not ordinarily take stands on policy issues. He thinks that this could potentially change in the future; its relatively apolitical stance is more of a tradition than a formally stated policy. Rather, he sees APS as providing forums for discussing issues from all perspectives (e.g., in the APS journals and convening conferences). But he is, for example, willing to promote CE offerings at the APS convention that are of the highest scientific quality.

In his encouragement of SSCP's affiliation, Alan is willing to waive this year's \$250 affiliation fee, offer discounted first-year APS membership dues to SSCP members, not require SSCP members to join APS in order to affiliate (like we have now with APA), and nonAPS SSCP members would be allowed to pay members' fee to come to the next APS convention.

Dick said that the Academy is responsible for the clinical science segment of the APS convention, so collaboration with SSCP would further strengthen the scientific program at the convention. Alan and Dick would love to see SSCP have student posters, symposia, hot topic talks, and invited addresses from SSCP next June. Scott Lilienfeld and Denise Sloan volunteered to pursue our getting some activities scheduled with APS for June. Scott has already sent out on the listserv a call for student posters. Student posters were seen as the most likely initial step at this late date. We encourage our membership to attend the annual APS convention, and we will hopefully expand our own scientific offerings at that convention.

Perhaps the most exciting outcome from our meeting with Alan was the possibility of APS sponsoring a conference on RxP. Bob Klepac and Scott Lilienfeld volunteered to pursue this possibility with Alan. Such a conference would include advocates and data presentations from both positions in order to provide a truly balanced representation of the field on the issue. It is most likely that such a conference would be held at a date separate from the APS convention.

SSCP Budget and Membership

We are close to being on top of a valid and reliable membership list, and sufficient renewal dues payments have arrived to give us a current balance that, while not luxurious, will be sufficient to cover current and near-term expenses. Indeed, happily we will be able to fund four dissertation grant awards at \$400 per award this fall with some of our balance. John Klocek announced the award program on SSCPnet in September with an October 23 deadline for submissions. Because dues statements went out very late this year and because of problems in the outdated membership information, please don't be upset with me when you receive next year's renewal notice fairly soon. We're still pretty cheap, and I hope that this newsletter's review of what we have been doing this year on major issues leads you to conclude that you are getting a lot of bang for your \$35. Please do whatever you can to encourage Ph.D.'s whom you know to join the Society, and encourage any graduate students whom you know to join through their Director of Clinical Training at the discount rate of \$7.50. I know of clinical programs where the DCT has personally purchased a one-year membership for either their first-year clinical students or their entire student body, feeling that once the students see the advantages of belonging, they will want to continue their membership on their own.

Practice Research Networks

At the start of my holding this office on January 1, 2001, I had indicated that my principal thematic focus would be on facilitating the establishment of national practice research networks (PRN), characterized by collaborations between practicing clinicians and clinical scientists in the conduct of

scientifically rigorous research in the naturalistic setting on clinically meaningful questions. Some significant progress in moving toward such a goal has occurred over the past several months.

At the January meeting of CUDCP, we announced an informal lunch meeting to discuss the possibility of creating a national training clinics PRN. Sixty-two of the 85 Directors of Clinical Training attending the CUDCP meeting came to this luncheon. There was a great deal of interest and motivation to pursue the possibility of organizing training clinics, selecting a common core battery, establishing a centralized data management system, developing ways to integrate science and practice in our training clinics, sharing information with one another about our experiences with such attempts, and establishing collaborative research projects among clinics interested in particular research questions. A list serve has recently been created to facilitate initial discussions among DCTs and movements in the direction of creating this Training Clinics PRN. If you're interested in joining this listserv, send me a note (tdb@psu.edu). Next January's CUDCP meeting will offer an opportunity to make further progress toward the accomplishment of this dream.

I presented these developments and goals during the June APS meeting of the Academy of Psychological Clinical Science meeting, a group of scientist-practitioner training programs and internships that should be particularly enthusiastic and supportive of these ideas. I also met recently with Directors of Psychology Training Clinics at their annual meeting during the APA convention. Again, there was great enthusiasm about the PRN possibility, and I will be working to coordinate information flow and eventual organization between directors of training programs and training clinics. Cynthia Belar of the Education Directorate has indicated her own excitement for such a development within training programs and has offered assistance from her Directorate.

In addition to my presidential address, two of our SSCP events organized at the APA convention by our program chair, Louis Castonguay, involved very stimulating and informative panel discussions devoted to effectiveness research and PRNs. Finally, an NIMH grant proposal to establish a national PRN infrastructure is being developed through the collaborative efforts of Louis Castonguay and Jeremy Safran from the research side and Access Measurement Systems, a corporation with the largest outcome assessment database in the country, on the core battery side. Jeff Reid at the Practice Directorate is excited about this particular proposal and would like his Directorate to become involved in it. The Practice Directorate's PracticeNet, which formally began in September, is a first attempt by APA to collect data on actual practice activities through the Internet and could potentially become either a model or a vehicle for national PRN data collection on a larger scale.

As I indicated in the last Winter newsletter, if you or your organizations are interested in participating in the development of such PRN activities, I would be delighted to hear from you.

Letter to Board of Educational Affairs on “Emerging Substantive Areas”

Office of Program Consultation & Accreditation
750 First Street, NE
Washington, DC 20002-4242

August 30, 2001

Dear Colleagues:

I am writing as President of the Society for the Science of Clinical Psychology (Section III of Division 12) of the American Psychological Association to express to you SSCP Board's grave concern and serious objection to attempts to create accreditation of “newly emerging substantive areas” at the doctoral level. Please consider this letter as our public comment and feedback to your website document and in lieu of its survey.

The creation of such accreditations would be very damaging to the future of clinical psychology, affecting in strongly negative ways the ways in which the training of clinical psychologists occurs. The strength of our field has been, and would otherwise continue in the future to be, in the education of psychologists broadly trained in psychology and clinical psychology and deeply trained in research. It is this foundation upon which the discovery of new knowledge occurs, and it is largely from this knowledge that the methods of clinical psychology have derived and will continue to derive. The greatest threat to this foundation from the emerging substantive areas resides in the fact that educational requirements for such “substantive areas” will necessarily take away from the breadth of academic training and from the depth and breadth of exposure to and training in psychological research. These are the very characteristics that distinguish clinical psychology from all other mental health services and that give promise for further discoveries from which to develop increasingly effective and efficient psychological methods for mental health services. Moreover, the consequences of such accreditations include further schisms between scientist and practitioner, between basic and applied researchers, and between clinical and nonclinical faculties within academic psychology departments. This would be catastrophic, and flies in the face of emerging and increasing signs that integrations (variously across domains, disciplines, methods, and orientations) are not only wise but are critical to the future health and the likely contributions of many professions, including clinical psychology. How can integrative collaborations continue, much less grow, if increasing pre-doctoral specialization in training and the consequential increased specialization and lessened breadth in future clinical training faculties are allowed to take place? On what basis would specialized “substantive area” faculty establish collaborations for themselves and their students with nonclinical scientists and other specialized clinical faculty within their psychology departments or in other departments, once background knowledge has become so restricted and research time due to the increased burden of specialized training curricula has become so limited? The end product not only will result in the above damaging effects, but it will also result in narrowly trained practitioners and narrowly trained program faculties, the exact opposite of what is needed for the critical future roles of Ph.D. clinical psychologists. Even if the curriculum were to be expanded to include both the breadth of education currently in place and wisely provided and the additional courses in emerging substantive area, the sacrifice that would take place most certainly would be depth and breadth in individualized programmatic research experience and training, the very heart of the Ph.D. in clinical psychology and the very foundation of the profession. Even the medical model provides for specialization only post-doctorally after proper and necessary generalist training. Finally, with narrowly defined areas, creativity and innovation in clinical training will be negatively impacted. How can our field afford to crystallize specialized training within what would be overly rigid boundaries of definition of substantive areas, when we are still so far from having sufficient knowledge that could allow us to say that we can now provide what is needed to our society in mental health services?

We very much fear that the proposals for “emerging substantive areas” are being driven by market issues and political views, which, while certainly part of reality, do not always relate to good judgment, are not always cognizant of long-term consequences, do not always reflect wisdom, and are not always based on logical and historically validated foundational principles. We are very concerned about frequent statements that have been made that these proposals represent a consensus in the field. Our vigorous opposition to such proposals should be seen as a clear communication that such a consensus definitely does not exist in our field.

T. D. Borkovec
Distinguished Professor of Psychology
Director of Clinical Training

Student Corner

Erin Scott, *Student Representative*

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The number of clinical hours required for graduate students applying for internship was the subject of a recent debate on SSCPnet. Opinions ranged widely with no consensus reached. In an attempt to systematically investigate this issue, I examined the information provided by internship sites to the Association of Psychology Postdoctoral and Internship Centers (APPIC) for applicants for the 2000-2001 internship year.¹ Relevant data include the minimum number of clinical hours required for applicants and the number of pre-internship hours performed by the previous internship class (i.e., 1999-2000). APPIC lists 434 APA-accredited sites; however, due to missing data, the sample sizes for the reported means are considerably smaller (range: 183-259 sites). An additional source of data was SSCP's 1998 Directory of Clinical Psychology Internships in which internship sites were surveyed about research opportunities and training experiences available to interns.

According to the APPIC directory, the mean minimum number of direct practicum hours required of applicants was 684.96 hours ($SD = 336.51$), with a range of 150 to 2000 hours. For indirect practicum hours, the mean minimum number of hours required was 432.06 ($SD = 240.07$), with a range of 100 to 1500 hours. The mean number of patient contact hours reported by 1999-2000 interns was 942.87 ($SD = 452.74$); the range was 200 to 3100 hours. For total practicum hours, the mean number was 1955.52 ($SD = 648.47$); the range was 200 to 3817 hours.

Of the 434 sites listed by APPIC, the SSCP directory provided additional data for 111 sites. Of particular interest, SSCP asked internship directors to rate the importance of research training in the evaluation of applicants. There was no significant relationship between number of hours required by the site and emphasis placed on research experience. However, this result may be due to a restricted range. Of those 111 sites, 107 of them rated the importance of research experience as 3 or higher on a scale of 1 to 5. Therefore, it is likely that respondents to the SSCP survey were those sites that place an emphasis on research thereby limiting our ability to draw conclusions about differences between more research and more clinically-oriented sites.

So, how many clinical hours are needed when applying for internship? These data suggest that there is no gold standard. Internship site requirements appear to vary as widely as the opinions expressed by our colleagues over SSCPnet. In fact, some sites listed minimum direct client hour requirements as low as 150 hours, suggesting that, at some sites, the number of hours is of minimal importance. It is interesting to note that the average number of hours reported by interns is considerably higher than

the average minimums required by the sites. These data suggest that applicants are going far beyond the hours required by the internship sites. Applicants may thus be experiencing excessive anxiety about acquiring a large number of hours, even though this is not a high priority for all internship directors.

In addition, although this cannot be captured in the data presented, quality and breadth of practica experiences are just as important, if not more so, than the number of clinical hours performed during your graduate career. For example, collecting hundreds of hours from sites with inadequate supervision is unlikely to increase your chances of being accepted to an internship site, whereas fewer hours at carefully chosen sites will reflect well on your application. As well, practicum hours performed in the your area of interest (e.g., neuropsychology, child and adolescent assessment and therapy) will likely increase your marketability to sites specializing in that area. A breadth of experience is also valued by most sites; therefore, attempts to gain experiences outside your particular specialty may be beneficial. For example, some experience with children and assessment may be helpful, even if your primary interest is in adult therapy.

Although these data can serve as a general guide, the best way to determine how many hours and what types of experiences will be necessary to be a competitive intern candidate is to think carefully about your own goals for internship and beyond. Are you looking for a more research- or clinically-oriented site? Do you prefer a specific geographical area? What types of training experiences do you think are essential? Are you interested in specializing in a particular area? Answers to these questions will help you to determine the sites that best match your interests and goals. When you've come up with a list of potential internship sites, discussion with representatives from these sites will help you to determine the training experiences of successful candidates. You can contact sites individually or participate in internship fairs, such as the ones offered annually at the APA and AABT conferences. The earlier you do this, the better able you will be to choose training experiences in graduate school that match the requirements of the internship sites that best fit your long-term goals.

If you would like to obtain a copy of SSCP's Directory of Clinical Psychology Internships, please send an E-mail to Ray Lorion at lorion@gse.upenn.edu (Cost: \$15).

For more information on applying for pre-doctoral internships, visit www.appic.org.

¹ All data are used with permission from APPIC

Funding Updates

Exploratory/Developmental Grants in Social Neuroscience

Primary Sponsor: National Institute of Mental Health
National Institute of Mental Health
National Institute on Aging
National Institute of Child Health and Human Development

Deadline:
December 11, 2001
January 11, 2002

Letter of Intent Receipt Date: December 11, 2001

Application Receipt Date: January 11, 2002

PURPOSE

Under this Request for Applications (RFA), the National Institute of Mental Health (NIMH), National Institute on Aging (NIA), and National Institute of Child Health and Human Development (NICHD) invite applications examining the neural processes involved in social behavior within the framework of the exploratory/developmental granting mechanism. The intent of this RFA is to act as a catalyst for a newly emerging area of interdisciplinary research merging social/personality/affective psychology with neuroscience in order to elucidate fundamental mechanisms of social behavior. Recognizing that the development of a new field, especially one that spans disciplinary boundaries, takes time, this RFA is meant to foster new collaborations and pilot work. The intent is to develop a body of data upon which future competitive applications may be built, with the ultimate goal of understanding how the brain performs its social functions. The research must be driven by a social behavioral research question (or set of questions) that is framed at the behavioral level (e.g., social cognition, social development, social interaction, social aspects of emotion and personality) and makes connections with neural level processes. New technologies in studying the human brain are beginning to make it possible to engage in a systematic examination of the neural circuits and mechanisms involved in social cognitive and affective information processing, and social behavior, thereby facilitating the development of theories about the underlying processes. Ultimately, this knowledge will contribute to the understanding of the biobehavioral processes involved in social behaviors related to normal development and mental health, and in disorders such as autism, schizophrenia, various personality disorders, learning disabilities, Parkinson's disease, and age-related dementias.

Grants for Research on Placebo Effects

Participants in a trans-NIH workshop held in November 2000 (<<http://placebo.nih.gov>>) developed an interdisciplinary research agenda to further elucidate the science of placebos and the applications of this knowledge in clinical practice and research. Approximately \$4 to 5 million dollars will be committed per year for the next few years. To implement these recommendations, the National Center for Complementary and Alternative Medicine (NCCAM) will release two inter-institute sponsored Requests for Applications (RFAs) in September 2001. These are The Placebo Effect in Clinical Practice and Elucidation of the Underlying Mechanisms of Placebo Effect.

The goal of the first RFA is to stimulate research investigations on the factors in the patient-practitioner encounter that promote a placebo response so that a therapeutic intervention can be enhanced to improve health and promote wellness. The goal of the second RFA is to stimulate research aimed at delineating the underlying biological mechanisms by which placebos lead to their ultimate physiological and psychological effects. Detailed descriptions of the concepts underlying these RFAs are contained in the NIH guide (<<http://grants.nih.gov/grants/guide/notice-files/NOT-AT-01-003.html>>).

Finally, the National Institute on Diabetes and Digestive and Kidney Diseases (NIDDK) is taking the lead on developing a third inter-institute sponsored initiative, on placebo in clinical research that is expected to be released later this calendar year.

Recommendations of the Division 12 Task Force

“Assessment for the Century: A Model Curriculum”

William M. Grove

The task force was convened in 1994 by then Division 12 President Martin E.P. Seligman and chaired by William Grove (U. of Minnesota; Note 1). It was charged to “develop a model curriculum for use in doctoral programs in clinical psychology and to justify this model curriculum with appropriate review of the scientific and clinical literature.” Members drafted 105 proposed curriculum items (lasting anywhere from one class session, to a whole course). After circulation and revision, members categorized items as “essential,” “useful but not essential,” or “less important”; they sorted items within categories according to perceived importance. Statistical analyses justified averaging ratings across task force members, and the means for all items were tabulated.

Table 1 gives rescaled mean ratings for groups of items, from highest to lowest. The groups were formed by the author's examination of item content. The mean ratings for all items in a group were computed, then rescaled for ease of comprehension; the original ratings' means (range 36.2–54.8) were transformed to cover zero to 100.

Table 1. Mean Importance Ratings for Assessment Curriculum Areas

Curriculum Area	Rescaled Mean Rating
Ethics/Legal Issues	100
Decision Theory	99
Data Combination	98
Validity Moderators	94
Interviewing	86
Clinical Judgment	83
Neuropsychology	82
Basic Psychometrics	81
Diagnosis	74
Multicultural Issues, Assessing Members of Protected Classes	74
Cognitive Assessment	71
Personality Assessment (General and Non-Projective)	62
Miscellaneous	47
Assessment of Children/Adolescents	42
Assessment of the Elderly	35
Behavioral Observation/Functional Analysis	33
Conceptual Issues	25
Personality Assessment (Projective)	0

The Task Force rated curriculum items on a continuum from most to least important, rather than making categorical recommendations about the model curriculum. Nevertheless, the mean ratings are consistent with the following recommendations:

1. Ethical conduct of assessment should be the foremost topic (but need not occupy the most class time).
2. Some material applies to multiple client populations, different classes of assessment data, and a wide array of assessment devices: psychometrics, clinical judgment research, multiple cue combination (e.g., integrating test scores with interview data), and validity moderators (factors influencing assessment validity, such as cultural differences, malingering). Such principles are relevant to almost all assessment tasks, become outdated more slowly than details of particular tests, and should therefore get more emphasis than “nuts and bolts” aspects of giving, scoring, or interpreting any particular test.
3. Interviewing (structured or otherwise) should get as much, if not more, attention than traditional tests. Psychopathological diagnosis is as important as trait measurement. (This should not be read as mandating Talmudic study of current DSM criteria.)
4. Cognitive and especially neuropsychological assessment should get somewhat more emphasis than personality assessment.
5. General and non-projective aspects of personality assessment are important for students to learn. Coverage of the Rorschach, TAT and other projective devices is much less crucial.
6. Behavioral observation and functional analysis are less central to the curriculum than are interviewing and standardized tests.
7. Assessment of children, adolescents, and especially the elderly are less important, in this general clinical psychology curriculum, than is the assessment of non-elderly adults. Assessing members of other than the dominant culture, individuals of non-Caucasian background, the handicapped, etc. are more peripheral.
8. Areas 5–7 are considered less important than a number of other areas, but the Task Force made no recommendation that coverage of these areas be omitted.

Reference Notes

1. Other Task Force members (and affiliations): Gwynneth Boodoo (Educational Testing Service), Bertram Cohler (U. of Chicago), W. Grant Dahlstrom (U. of North Carolina), Robyn Dawes (Carnegie-Mellon U.), David Faust (U. of Rhode Island), Deborah Frazer (Philadelphia Geriatric Center), Wayne Holtzman (U. of Texas–Austin), William Iacono (U. of Minnesota), Muriel Lezak (Oregon Health Sciences U.), David Lubinski (Iowa State U.), Joseph Matarazzo (U. of Oregon), Paul E. Meehl (U. of Minnesota), Peter Mundy (U. of Miami), Gerald Patterson (Oregon Social Learning Center), Herbert Quay (U. of Miami), Thomas Widiger (U. of Kentucky), and Jerry Wiggins (U. of British Columbia). George Stricker was *ex officio* APA liaison.

A Guide to Applying for Postdoctoral Fellowships

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Soon after arriving to my clinical internship, I found myself faced with the decision of what to do when the internship year ended. My choices were to apply for faculty positions, postdoctoral fellowships, or both. When I applied to graduate school and internship, I found several handy reference materials to help guide me through the process; however, I discovered no such guides for applying to postdoctoral fellowships. I then found myself having to obtain information about fellowship through talking with many individuals and learning from some mistakes I made along the way. In this article, I will impart the information I acquired in order to serve as a guide to others who are considering applying for fellowships or are about to embark on the process.

One frequently asked question about fellowships is why someone would apply for a fellowship position when the pay is low, and the respect one garners as a fellow is little. Indeed, the thought of spending another two years earning a limited income is far from appealing. However, there are several good reasons to consider a fellowship position. The first reason is that it can provide the postdoctoral clinical hours necessary for licensure. In order to obtain a license in most states, a person must have postdoctoral clinical hours (Stewart & Stewart, 1998). Many clinical settings will not consider hiring someone without a clinical license. For those planning a career in an academic setting the postdoctoral clinical hours can be equally important. Many academic departments require faculty members to supervise the clinical work of graduate students, and one cannot typically supervise without a clinical license. Some departments may not regard this as much of an issue, as long as the person eventually obtains his/her license within the first few years. However, a junior faculty position is demanding enough without the added responsibility of acquiring the clinical postdoctoral hours necessary for licensure.

The second reason to consider a fellowship position is that it can provide additional time to develop a program of research. In many clinical research positions, a fellow is allowed the opportunity to work on a variety of projects, including projects that are of sole of interest to the fellow. This opportunity will enable you to further cultivate your program of research, which results in being better prepared to enter the job market. In addition, starting up a laboratory is time consuming and for many individuals this time represents a lull in their publishing productivity. Entering a faculty position with data collected during your fellowship can allow you to continue to publish while you are establishing your laboratory.

Another advantage of a fellowship position is that it can serve as a valuable bridge between being a graduate student and being a faculty or clinical staff member (France & Wolf, 2001;

Stewart, Stewart, & Vogel, 2001). The increased level of independence that is expected in an academic or clinical position can be overwhelming for many graduate students, and a fellowship position can provide a welcomed stepping-stone towards independence. In a fellowship position, one is typically granted more independence than what one had as a graduate student. For example, most fellows are given the opportunity to supervise the clinical work of graduate students. A fellowship also allows for experience in the preparation of grant applications. For instance, as a fellow you may have the opportunity to submit your first grant as an independent researcher, or you might submit a postdoctoral national research service award. Many graduate students have had little, if any, experience with grant applications, even though external funding is becoming an increasingly important part of a job, for both academic and clinical settings.

Once you have decided to apply for a fellowship, the next step is to look for positions. You can search for advertised positions in the APA Monitor or APS Observer (both available online). Fellowships are typically advertised beginning in November and ending around February. You should also be sure you are included on listserves likely to advertise fellowship positions that are of interest to you, such as SSCP, Division 38 (Health Psychology), and Division 53 (Child Psychology). The fellowship positions will sometimes be posted on the lists much earlier than they appear in print. Don't be discouraged if you don't find many advertised positions. Some of the best fellowship positions are not advertised at all. Rather these positions are found by "cold calling."

To "cold call" you should have a clear idea about the type of position you are seeking and then think about the best places to obtain such a position. For instance, if you are interested in a fellowship position in child anxiety, then you should consider those who are conducting research in that area and then contact them to find out if there is any possibility of a fellowship position in their lab. If you are a good match, the person may consider either creating a position for you or hiring you on a grant that might have recently been funded. You should also consult with your graduate advisor for suggestions of people/places to contact. Don't be shy about contacting people. A number of fellows obtain their position by directly contacting researchers/sites. A final way people find fellowship positions is through their internship sites, and this is a major consideration for some individuals when applying for internships. A number of internship sites have fellowship positions available, and the current interns are typically first in line for consideration. In general, you don't need to apply to many fellowship positions, and if you are applying to more than five positions than you are likely applying to positions that are not a good match with your interests and/or you are highly anxious.

What do fellowship applications involve? Applications can vary depending on the site, but almost all fellowship positions will request that you to submit a curriculum vitae, a cover letter, and letters of reference. Be sure your curriculum vitae is current and includes all pertinent information for the fellowship you are applying to. The cover letter should describe why you are a good candidate for the position (highlighting your background, qualifications, and general interests) your career goals, and the letter should be brief (i.e., no more than two pages). Research-oriented fellowships may also request that you submit a research statement in which you should describe your program of research, highlighting your background, current activities, and plans for the future. Again, this statement should be fairly brief, and some places specify a page limit.

After you have applied to positions, the next step is to interview. Although most places will require an on-site interview, few will pay the travel expenses to the interview. Some places will request that you to give a presentation of your research during a lab meeting in addition to individual interviews. If you are applying to a clinical setting, the site may request that you to give a case presentation. The individual interviews are an invaluable opportunity for you to ask questions about the fellowship and determine if the position is right for you. There are a number of things about which you should inquire, such as opportunities for fellows to publish. Some fellowship positions involve working primarily on a long-term project (such as a treatment outcome project), and the project won't likely be completed until after you have left the site. In such a situation it would be important for you to inquire if you would be included on publications resulting from the project. You should also ask about the opportunities to conduct independent research. In order for fellows to continue to develop an independent program of research it is important to have some time to conduct research, that is of particular interest to you. Of course, you cannot spend all of your time on independent projects, but you want to be sure that you have some time available to work on projects that are of particular interest to you.

You should also inquire about opportunities to accrue clinical postdoctoral hours and inquire whether the individuals supervising your clinical work have a clinical license. Not only is this important for legal reasons but this will also be important when you are applying for state licensure because if your supervisors were not licensed, the hours will not count. Other pertinent questions include whether there are opportunities to supervise others, whether you will be expected to submit grant applications and/or given the opportunities to participate in applications, the time allotment for research activities and clinical activities, the types of positions previous fellows have obtained, if fellows have their own computer, if there money available to attend conferences, if health insurance included, and whether fellows share office space. It is also important to inquire about how the fellowship is funded. If funding is derived from clinical activities, there will be pressure to generate billing hours, and much time will likely be devoted to this endeavor, leaving little time for research activities. If funding is obtained from grants, it is important to find out how secure the funding is and when the funding is scheduled to end.

In general, you should assess whether the fellowship will add to your repertoire of skills in some way. You should also assess how much the fellowship site values training opportunities and be sure to talk with current and previous fellows about their experiences. Sometimes sites will describe a fellowship that has ample time for research activities but, in reality, little time may be available for research. Current fellows would be able to speak to the issue of how much time one has for research activities, publishing opportunities, the degree of training opportunity, and the general atmosphere at the site.

There is some variation in the duration of fellowship positions, but the typical duration is two years. A one-year fellowship is too short an amount of time to meaningfully acquire new skills and grow professionally. In addition, any advantage a fellowship may offer for applying to positions will not likely be met after a few months in a fellowship position, which is when applications for the following year need to be submitted. On the other hand, remaining in a fellowship position for more than three years is, in general, not advisable. To be a fellow for more than three years may raise questions about your ability/desire to be an independent researcher. If you feel it is beneficial to remain at the site for more than three years, then you should try to increase your level of responsibilities in the position in order for the position to remain a beneficial experience and try to have your title changed to reflect the increased level of responsibility (e.g., associate researcher). A two-year fellowship is certainly the norm, and you can generally achieve the goals you have set for yourself in a two year time period (France & Wolf, 2001).

It is important to realize that fellowship positions are currently more the norm than the exception. In fact, if applying for academic positions one must be exceptional to be considered without a fellowship position, as it is difficult to compete with individuals who have postdoctoral clinical hours (and are often already licensed), have obtained grant funding, and have had more time to contribute to the scientific community.

The salary for fellowship positions is relatively low with positions typically starting at \$27,000 for the first year, with a slight increase in subsequent years. On the positive side, this salary is likely to be a dramatic increase from the typical \$12,000 graduate student stipend. When I filed my tax return in the first year of my fellowship, I realized that, having recently entered my 30s, it was the first time in my life I made over \$20,000. It was a proud moment indeed. Take heart though, the financial sacrifice you make by accepting a fellowship position will pay off in subsequent years with an increase in job marketability and a higher likelihood of success in your career.

References

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SSCP Student Poster Session at 2001 APS Annual Convention

Dear SSCP members (both faculty and students):

In my roles as SSCP President-Elect and member of the American Psychological Society (APS) Clinical Track Program Committee, I am pleased to announce a Call for Papers for a new and exciting opportunity for graduate students. Specifically, at the 2002 APS Convention in New Orleans, Louisiana (June 6th to 9th), we will be holding the first annual SSCP graduate poster (mini-) session at the APS Convention. This poster session represents a first step toward our exploring closer ties with APS. The posters accepted to this session will appear within a larger poster session at APS, with the SSCP affiliation of these posters highlighted clearly in the APS convention program.

Because this is a new and very exciting opportunity that will represent SSCP's first formal presence at an APS convention, **WE STRONGLY ENCOURAGE YOU AND YOUR STUDENTS TO CONSIDER SUBMITTING A POSTER TO THIS SESSION.** As a little added incentive, there will be a cash award (amount to be determined; it won't make you rich, but it should hopefully be enough to buy a really nice dinner in New Orleans) for the best poster at this session.

Here are some very important specifics if you are interested in submitting a poster to this session (and we very much you will be):

(1) The deadline for submissions to the SSCP graduate poster session is Monday, December 17th, 2001. We realize that this is somewhat short notice, but this deadline gives SSCP members approximately 2 months to prepare poster submissions.

(2) The eligibility rules for poster submissions are as follows: (a) the first author of the poster must be a graduate student AND (b) at least one of the authors on the poster (including, but not limited to, the first author) must be an SSCP member at the time of submission of the poster (December 17th).

(3) The poster submission can deal with any area within scientific clinical psychology (e.g., the etiology or correlates of psychopathology, assessment/diagnosis, clinical judgment, psychiatric classification, psychotherapy process or outcome, prevention, psychopharmacology).

(4) The research and analyses presented in the poster submission must be completed (i.e., submissions containing such language as "Findings will be presented...." will not be considered).

(5) To submit a poster to this session, please be sure to send me all of the following materials:

(a) Names, institutional or work affiliations, addresses, and contact information (phone, FAX, and - very important - e-mail addresses) of all authors on the poster; (b) a 50-word (maximum) Abstract, which will go into the APS Program Book if the poster is accepted; and (c) a 300-word (maximum) description and summary of the study, including its theoretical rationale, methodology, analyses, and implications. This description and summary will be used by reviewers (who will be SSCP members) to evaluate the quality of your poster submission. Please be sure to provide enough relevant detail that so reviewers can adequately

judge the originality of the study, the soundness of the theoretical rationale and design, the quality of the analyses, the appropriateness of the conclusions, and so on.

(6) To facilitate the evaluation of poster submissions within our limited time frame, please submit all poster materials to me electronically at slilien@emory.edu. Poster submissions should be in a standard word processing format, preferably Microsoft Word. We will then send these submissions electronically to reviewers. Please be sure to keep an electronic back-up copy of your poster submission in the event of loss.

(7) If your poster submission is accepted, we will send you additional information regarding the preparation of posters for the APS convention. All poster presentations must fit within a 4' X 8' poster board.

Thanks very much in advance. Once again, we very much hope that you will consider submitting a poster to this new and potentially important session. Please do not hesitate to contact me if you have any questions regarding this poster session.

--Scott Lilienfeld

Conference Information

2001 AABT Annual Convention:

November 15-18, 2001

Philadelphia, PA

<http://www.aabt.org>

2002 APA Convention:

August 22-25, 2002

Chicago, IL

Submission Deadline: December 3, 2001

<http://www.apa.org>

2002 APS Convention:

June 6-9, 2002

New Orleans, LA

Submission Deadline: January 14, 2002

<http://www.psychologicalscience.org/convention>

50th Annual Nebraska Symposium on Motivation:

"Motivational Factors in the Etiology of Drug Abuse"

March 28-29, 2002

University of Nebraska- Lincoln

Poster Submission Deadline: January 28, 2002

More Conferences:

For an extensive list of conference information, see the APA homepage or go to:

<http://aix1.uottawa.ca/~iupsys/mtg.html>

Awards and Recognition

2001 APA SSCP Student Poster Session



Names from left to right: James Wang, Andrea Burgio-Murphy (both honorable mention), Tom Borkovec, Holly Laurance, and Sarah Trost (both best poster awardees).

The SSCP poster session held at the APA convention was well attended and included many outstanding presentations. Due to the high number of outstanding presentations, we awarded two best poster awards and two honorable mention awards.

Congratulations to the Best Poster Awardees:

Holly Laurance

University of Arizona

Stress affects spatiotemporal processing: Support for a model of traumatic memory.

Sarah Trost

University of Arizona

Couples with heart failure: Protection, intentions, and psychological distress.

Congratulations to the Honorable Mention Awardees:

Andrea Burgio-Murphy

University of Rochester

Error monitoring in children with attention-deficit hyperactivity disorder.

James Wang

Temple University

Change in self-referent information processing as a function of intervening negative events: A test of the scar hypothesis.

Membership Issues

Student Membership

Denise Sloan, Ph.D.
Membership Chair

SSCP offers several benefits to our student members. Every year we distribute several dissertation awards to help defray the expenses associated with dissertation research. We also award a cash prize for the best presentation at our annual student poster session held at the APA convention. Another example of our commitment to student members is our internship directory that contains information on Boulder model internship training programs. Finally, a new benefit to all of our members is a 20% discount on psychology books published by Oxford University Press. We are in the process of talking with other publishing companies to arrange similar discounts for our members.

In an effort to increase student representation in our organization, we are offering a discount on student memberships available when the membership is purchased by clinical psychology programs. Specifically, clinical psychology programs are able to obtain SSCP membership for their students at the price of \$7.50 per student, compared to \$10.00, if students were to join individually.

The student representative has a section dedicated to student-related issues. Erin Scott, the current student representative, encourages you to contact her with issues that you would like addressed in future newsletters.

In sum, SSCP welcomes and strongly supports our student members as we recognize that students are the future of our organization. We encourage you to continue your membership, and we hope that you will encourage your peers to join as well.

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