



Division 12

CLINICAL SCIENCE

Society for the Science of Clinical Psychology
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the American Psychological Association

Developing clinical psychology as an experimental-behavioral science



Newsletter

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

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SSCP Board Statement against Torture

September 8th, 2009

We, the Board of the Society for a Science of Clinical Psychology (Division 12, Section III of the American Psychological Association) wish (1) to declare our unequivocal condemnation of any involvement of psychologists in torture or abusive treatment of prisoners, including such actions that may be disguised under the euphemism of “enhanced or harsh interrogation” techniques, (2) to express our serious concern about individual and systemic factors that may have contributed to any such involvement, and (3) to recommend corrective action to hold all relevant parties accountable and reduce the likelihood of any involvement of psychologists in such behaviors in the future.

It has become increasingly apparent that at least a few psychologists likely were involved in the design, implementation, justification, and/or concealment of torture or abusive treatment of prisoners. Regardless of the number of psychologists involved, such actions are clearly in violation of the principles of the American Psychological Association (APA) Ethics code: “Psychologists strive to benefit those with whom they work and take care to do no harm... Because psychologists’ scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence” (*Principle A: Beneficence and Nonmaleficence*); “Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices” (*Principle D: Justice*); “Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making” (*Principle E: Respect for People’s Rights and Dignity*).

We therefore make the following recommendations:

1. APA should make an immediate, complete, and public declaration of any information the organization possesses regarding the role of psychologists in the implementation, justification, and/or concealment of torture or abusive treatment of prisoners. Such information should be provided specifically to the membership of APA, to the State licensing boards of any individual psychologists named in the declaration who may have been involved in such actions, and to federal law enforcement authorities, so that appropriate legal and ethical judgments can be made.
2. Upon receipt of such information, we recommend that State licensing boards and federal law enforcement authorities conduct their own independent investigations of whether the psychologists’ actions constitute an ethical or legal violation.
3. If APA asserts that no such information is available, the organization should declare any complaints regarding such actions that it and its committees or other organizational units have declined to accept or to take action on, and should make public what steps the organization took or is taking to discover what role, if any, psychologists and psychological associations have played in the design, implementation, justification, and/or concealment of torture or abusive treatment of prisoners.
4. APA Council should move immediately to retract the 2002 revision of Section 1.02 of the APA Ethics Code, which added a sentence inconsistent with the broader principles of the Ethics Code, specifically, the second sentence of the following passage: “*If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.*”
5. A direct result of the retraction of Section 1.02 should be to declare immediately null and void the report of the Presidential Task Force on Psychological Ethics and National Security (PENS), which is partially predicated on the revised Ethics Code. A new Task Force should be assembled to determine APA’s policy on interrogations; this process should include an open forum, including full discussion of the issues by the APA membership.
6. An independent, nonpartisan commission should be created to investigate fully the specific role of individual psychologists, their subordinates, and psychological organizations, including the APA, in the design, implementation, justification, or concealment of torture or abusive treatment of prisoners.

Psychologists, American Psychological Association and Torture

David F. Tolin, Ph.D., *The Institute of Living and Yale Univ. School of Medicine*

Jeffrey M. Lohr, Ph.D., *University of Arkansas*

The opinions expressed in this article are those of the authors and do not necessarily reflect those of the board or membership of SSCP.

Psychologists have a long history of working with military interrogators. At times, this collaboration has extended to the development and implementation of psychological torture procedures, such as the “debility, dependency, dread” program devised during the Cold War (e.g., Farber et al., 1957). The United Nations defines torture as “*Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity*” (United Nations, 1997). The role of psychologists in abusive interrogation practices has become an increasing source of concern following the 2001 terrorist attacks on the United States, and the subsequent “War on Terror” (Shane, 2009; Soldz, 2009). At times, such practices have been referred to as “harsh” or “enhanced” interrogations. Regardless of the terminology used, we believe that participation in such practices, particularly as an employee or member of a government agency, poses not only extreme risks to the health of those being interrogated, but also substantial ethical and liability risks to the psychologists involved in the interrogation as well as great risk to the legitimacy of the profession and discipline of psychology with which they are identified.

Elsewhere in this issue, the SSCP Board has published a resolution regarding psychologists’ involvement in torture. In this article, we will review the available information about psychologists’ alleged role in creating, teaching, and implementing torture practices at Guantanamo Bay and other sites of prisoner interrogation during the War on Terror. We will discuss the response of the American Psychological Association (APA) to these allegations, most notably in their Presidential Task Force on Psychological Ethics and National Security (PENS), as well as criticisms of the PENS report. Finally, we will discuss how individuals inside and outside of the APA have responded to the discussion.

Psychologists and Torture Methods

Years ago, psychologists developed the Survival, Evasion,

Resistance, and Escape (SERE) Program for the U.S. military. The original intent of the SERE program was to teach American soldiers how to resist harsh interrogation. According to recently declassified reports from the U.S. Senate Committee on Armed Services (2008) and the CIA (2004), a Behavioral Science Consultation Team (BSCT) composed of psychologists who had been trained in, or instructors of, the SERE program, “reverse-engineered” the program for the military, using its principles to develop interrogation programs at Guantanamo Bay. According to the Senate report, the process began in December 2001 or January 2002, when SERE psychologists Dr. James Mitchell and Dr. John ‘Bruce’ Jessen reviewed documents describing al Qaeda resistance training and wrote a paper describing “countermeasures to defeat that resistance” (Committee on Armed Services [CAS], 2008, pp. 6-7). Dr. Jessen and instructor Joseph Witsch are reported to have subsequently conducted a training course on interrogation for military personnel; this presentation reportedly included SERE-based procedures including “‘isolation and degradation,’ ‘sensory deprivation,’ ‘physiological pressures,’ and ‘psychological pressures’” (CAS, 2008, pp. 8-9). Subsequent trainings by Mr. Witsch, trainer Terence Russell, and SERE psychologist Dr. Gary Percival, who replaced Dr. Jessen, included training in disruption of prisoner sleep cycles, “invasion of personal space by female” (CAS, 2008, p. 45), and “finding out what their fears were before they came so that they would try and use those against them, whether it was fear of spiders, of the dark or whatever... An interrogator from [Guantanamo Bay] who attended the training also recalled a discussion about the use of phobias” (CAS, 2008, p. 46). The Command Psychologist and Chief of the Psychological Applications Directorate of the U.S. Army during the SERE training was Dr. Morgan Banks.

During the Senate Committee hearings, Dr. Jessen later testified that physically coercive interrogation techniques were appropriate, in his opinion, when “carefully controlled with medical and psychological oversight” and when “the techniques do not cause long-term physical or psychological harm.” His conclusion that the SERE-based techniques did not cause long-term harm was reportedly derived from “forty years of their use at SERE school” (CAS, 2008, p. 24). This assertion is repeated in an August 1, 2004 memo from Dept. of Justice Attorney Jay Bybee to Drs. Jessen

and Mitchell: "Based on your research into the use of these methods at the SERE school and consultation with others with expertise in the field of psychology and interrogation, you do not anticipate that any prolonged harm would result from the use of the waterboard" (cited by Eban, 2009).

Psychologists and Torture

In addition to the development and training of interrogation methods described above, psychologists have apparently been involved directly in the application of these procedures to detainees. Psychologists at Guantanamo Bay are reported to have advised interrogators on the use of techniques such as "religious oriented superstitions, varied schedules, shame, various disruptions of daily routines, and using ethnic interrogators" (CAS, 2008, p. 149). A former Guantanamo Bay interrogator reported that psychologists there were "heavily involved in drawing up and monitoring interrogation plans, which were designed individually for each detainee" (Mayer, 2005). The recently-declassified CIA report (2004) describes psychologists' direct involvement in the interrogation of Abd Al-Rahim Al-Nashiri in 2002: "Psychologist/interrogators began Al-Nashiri's interrogation using EITs [enhanced interrogation techniques] immediately upon his arrival... On the twelfth day of interrogation, psychologist/interrogators administered two applications of the waterboard to Al-Nashiri during two separate interrogation sessions" (p. 36).

Dr. John Leso, an APA member working at Guantanamo Bay, is alleged to have "helped plan and implement the 50-day interrogation of detainee Mohammed al-Qahtani. Detailed logs of the torture sessions indicate that the prisoner was sexually humiliated, isolated and deprived of sleep for extended periods, subjected to extreme cold, shackled in stress positions, tormented by military dogs, and leashed and made to perform like a dog" (Sharrock, 2009) as well as "a stint where a female interrogator allegedly performed lap dances on him" (Goodman, 2008). The presence of Leso at the interrogation of al-Qahtani is confirmed by military documents (ORCON, 2003), which describe Dr. Leso as recommending al-Qahtani be put in a swivel chair to prevent him from fixing his eyes on a spot.

Dr. James Mitchell, the SERE psychologist implicated in the SERE "reverse-engineering" described above, reportedly participated in the CIA's interrogation of detainee Abu Zubaydah (CAS, 2008). Mitchell is identified as having spoken directly to Abu Zubayda, wearing a mask, and is quoted as having said, "The thing that will make him talk... is fear" (Warrick & Finn, 2009a). Subsequent documents indicate that one technique proposed in the interrogation of Zubaydah was to exploit his insect phobia by placing him in a small box with an insect (CIA, 2004). In addition to his alleged direct participation, Mitchell reportedly "provided ideas, practical advice, and even legal justification for interrogation methods that would break Abu Zubaida [sic]

physically and mentally" (Warrick & Finn, 2009b). Among these legal justifications was the idea that "Under the Justice Department definition of torture, if detainee was sent to a psychologist for a mental health evaluation prior to interrogation it was *per se* evidence that the interrogator had no *legal intent* to torture the detainee because the referral 'demonstrated concern' for the welfare of the detainee" (Welch, 2009, emphasis in original).

Dr. Larry James, Chief Psychologist for the Joint Intelligence Group at Guantanamo Bay in 2003, was responsible for supervising BSCT psychologists who, in turn, supervised detainee interrogations. James has reported that he was sent to Guantanamo Bay to revise procedures and stop prisoner abuse. Those procedures, as described in the recently-leaked *Camp Delta Standard Operating Procedures* (Joint Task Force-Guantanamo, 2003), were designed to "enhance and exploit the disorientation and disorganization felt by a newly arrived detainee in the interrogation process. It concentrates on isolating the detainee and fostering dependence of the detainee on his interrogator. During the first two weeks at Camp Delta... the following conditions will apply: ...Restricted contact: No ICRC [Red Cross] or Chaplain contact... No Koran, prayer beads, prayer cap" (Joint Task Force-Guantanamo, 2003, p. 4.3). In addition, multiple reports document abusive interrogations at Guantanamo Bay during this period; The International Committee of the Red Cross described "a system devised to break the will of the prisoners at Guantanamo... and make them wholly dependent on their interrogators through 'humiliating acts, solitary confinement, temperature extremes, use of forced positions.' Investigators said that the methods used were increasingly 'more refined and repressive' than learned about on previous visits" (Lewis, 2004). In his own book *Fixing Hell* (James, 2009), James describes witnessing several instances of prisoner abuse, but apparently neither disciplined the interrogators nor reported the abuse.

Dr. Diane Zierhoffer is alleged to have examined Mohammed Jawad, a teenage Afghan detainee, found him to be mentally unstable, and told the interrogator, "Tell him his family has forgotten him" (Welch, 2009; Welch, personal communication, August 7, 2009). She also allegedly advised that the boy be placed in solitary confinement; he later attempted suicide (Sharrock, 2009).

In addition to the alleged direct participation of psychologists in torture, it is perhaps noteworthy that there is no record of BSCT psychologists protesting the treatment of a detainee (Olson & Soldz, 2007).

The APA Presidential Task Force on PENS

Ethics and the professional code of conduct are central to the concerns raised by allegations of psychologists' participation in torture. Section 1.02 of the 1992 version of the APA ethics code reads, "If psychologists' ethical responsi-

bilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.” The 2002 revision, which went into effect on July 1, 2003, added the sentence: “If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority” (American Psychological Association, 2009b). This statement conflicts with the opinion of the World Medical Association (WMA): “At Nuremberg in 1947, accused physicians tried to defend themselves with the excuse that they were only following the law and commands from their superiors... the court announced that a physician could not deviate from his ethical obligations even if legislation demands otherwise” (WMA, 2003, cited in Pope & Gutheil, 2009).

APA responded to increasing concerns that psychologists had been involved in torture by convening the Presidential Task Force on PENS to review the ethics of psychologists’ participation in interrogations. The membership of PENS was initially not released, although it was later revealed by investigative journalists (Benjamin, 2007; Mayer, 2005). Of note, of the 9 voting members of PENS, 6 had direct ties to the military. These included Dr. Morgan Banks, who had served as the Command Psychologist and Chief of the Psychological Applications Directorate of the U.S. Army during the SERE training. Dr. Banks was not an APA member, yet was asked to serve on the Task Force; Dr. Larry James, who had been Chief Psychologist for the Joint Intelligence Group at Guantanamo Bay at the time the *Camp Delta Standard Operating Procedures*, described by the Red Cross as “devised to break the will of the prisoners at Guantanamo,” were published; Dr. Michael Gelles, who was an outspoken critic of the use of torture but who had himself been previously referred to the APA Ethics Office for participating in abusive interrogation prior to the 2001 terrorist attacks [the APA “declined to follow up on the charges” (Kaye, 2009)]; Dr. Bryce Lefever, a former SERE instructor; Dr. Robert Fein, a consultant to the Department of Defense (DoD) and US Secret Service; and Dr. Scott Shumate, an employee of the DoD who had resigned from the interrogation of Abu Zubaydah (Eban, 2007).

Civilian members of PENS included its Chair, Dr. Olivia Moorehead-Slaughter, and Dr. Nina Thomas. Civilian member Dr. Mike Wessells resigned from the task force, stating, “Continuing work with the Task Force tacitly legitimates the wider silence and inaction of the APA on the crucial issues at hand. At the highest levels, the APA has not made a strong, concerted, comprehensive, public and internal response of the kind warranted by the severe human rights violations and Abu Ghraib and Guantanamo Bay” (cited in Soldz, 2006). Another civilian member of the task force, Dr. Jean Maria Arrigo, attempted to include a dissenting, minority opinion in a PENS task force document

delivered to the APA Council in February 2006, but the minority opinion was omitted (Arrigo & Goodman, 2007). Dr. Arrigo later called for the PENS report to be rescinded and subsequently released the task force’s emails (APA Pres. Task Force on PENS, 2006), which others have interpreted to indicate that the task force “developed its ethics policy to conform with Pentagon guidelines governing psychologist participation in interrogations” and “were giving themselves get-out-of-jail-free cards” (Physicians for Human Rights, 2009).

Several other individuals were also present during the PENS meeting. Dr. Russ Newman, APA’s Executive Director for Professional Practice, reportedly opened the meeting by indicating that one of the goals of the task force was to “put out the fires of controversy” and insisting that the proceedings be kept confidential (Soldz, 2009; Arrigo, personal communication, August 19, 2009). Dr. Newman’s wife is an active-duty SERE psychologist (Holloway, 2004) who is cited by Dr. Banks (APA Pres. Task Force on PENS, 2006) as helping to establish interrogation policies. Then-APA President Dr. Gerald Koocher posted an e-mail on the PENS listserv, writing, *“In many of the circumstances we will discuss when we meet... [e.g.,] the psychologist asked to assist interrogators in eliciting data or detecting dissimulation with the intent of preventing harm to many other people... The goal of such psychologists’ work will ultimately be the protection of others (i.e., innocents) by contributing to the incarceration, debilitation, or even death of the potential perpetrator, who will often remain unaware of the psychologists’ involvement”* (APA Pres. Task Force on PENS, 2006). APA Ethics Director Dr. Stephen Behnke wrote the initial draft of the report, said to have been written during lunch on the first day of the meeting (Coalition for an Ethical Psychology, 2007; Arrigo, personal communication, August 19, 2009). Other non-voting attendees included Board of Directors liaison Dr. Barry Anton; Dr. Susan Brandon, a White House official affiliated with the Dept. of Defense; APA Science Director Dr. Steven Breckler; APA Science Policy Staff member Dr. Heather Kelly; APA Science Policy Director Dr. Geoff Mumford; Former National Security Agency psychologist Dr. Mel Gravitz, APA Office of Public Affairs publicist Rhea Farberman; and an unidentified number of military intelligence observers (Arrigo & Goodman, 2007).

The PENS report (APA, 2005b) admonished that “Psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment.” They added, however, that “it is consistent with the APA Ethics Code for psychologists to serve in consultative roles to interrogation and information-gathering processes for national security-related purposes, as

psychologists have a long-standing tradition of doing in other law enforcement contexts. Acknowledging that engaging in such consultative and advisory roles entails a delicate balance of ethical considerations, the Task Force stated that psychologists are in a unique position to assist in ensuring that these processes are safe and ethical for all participants." The report repeats the 2002 APA Ethics Code revision (Section 1.02) that allows psychologists to "adhere to the requirements of the law, regulations, or other governing legal authority" when ethics and law cannot be reconciled. The PENS report was not provided to the APA Council of Representatives, but rather was approved in an emergency session of the APA Board of Directors (Lott, 2007; Soldz, 2008).

Reactions to the PENS Report

Public reaction to the PENS report was swift and strong. Psychologist Steven Soldz wrote, "The APA claim is based on the assumption that interrogation abuses are the result of 'a few bad apples' rather than of systematically designed and conducted procedures..." (Soldz, 2008, p. 604). Physicians for Human Rights Campaign Against Torture director Nathaniel Raymond wrote, "The APA's ethics task force on national security interrogations produced a report that was rushed, secret, and being driven to already-reached conclusions—conclusions that violated the Geneva Convention" (cited in Fisher, 2009).

Conversely, the PENS report appears to have been received warmly by the U.S. military. According to the *New York Times*, "Pentagon officials said Tuesday that they would try to use only psychologists, and not psychiatrists, to help interrogators devise strategies to get information from detainees at places like Guantanamo Bay, Cuba... Dr. William Winkenwerder, Jr., assistant secretary of defense for health affairs, told reporters that the new policy favoring the use of psychologists over psychiatrists was a recognition of differing positions taken by their respective professional groups" (Lewis, 2006).

Subsequent Actions by APA

Other actions by APA executives and officials have reflected a mix of enthusiasm for the ongoing involvement of psychologists in interrogations and defensiveness toward those critical of this involvement. APA Pres. Dr. Levant visited Guantanamo Bay, reportedly to "continue to provide our expertise and guidance for how psychologists can play an appropriate and ethical role in national security investigations" (APA, 2005a). Then-APA Pres. Dr. Koocher dismissed critics as "A number of opportunistic commentators masquerading as scholars have continued to report on alleged abuses by mental health professionals. However, when solicited in person to provide APA with names and circumstances in support of such claims, no data have been forthcoming from these same critics and no APA members have been linked to unprofessional behaviors" (Koocher, 2006). Contrary to Dr. Koocher's

comments, at the time his article was published, evidence regarding APA member Dr. John Leso's involvement in torture had already emerged in the literature (Bloche & Marks, 2005). Later, multiple ethics complaints were filed against Dr. Leso (Soldz, 2009), yet no official action was taken and then-APA President Dr. Ronald Levant (2007) dismissed Dr. Leso's involvement as an isolated case. In 2007 psychologist Dr. Trudy Bond filed an ethics complaint against Dr. James; the APA Ethics office declined to open a case citing lack of evidence (Bond, personal communication, August 12, 2009).

After the 2007 APA convention, the APA Council of Representatives rejected a measure banning members from participating in interrogations, but did ban specific techniques only when "used in a manner that represents significant pain or suffering or in a manner that a reasonable person would judge to cause lasting harm." As Goodman (2008) noted, "This loophole is crucial: It appears to leave room for the 'enhanced interrogation techniques' that President Bush approved last July for the CIA to use at its secret black sites." Further, this language seems to parallel that used by Dr. Jessen in his Senate testimony, in which he pointed to the use of these techniques in SERE training as evidence of the absence of long-term harm (CAS, 2008).

The PENS task force statement that psychologists "are in a unique position to assist in ensuring that these processes are safe and ethical for all participants" was defended by APA Ethics director Dr. Stephen Behnke, who wrote, "Psychologists, as experts in human behavior, are trained to observe and intervene to prevent behavioral drift" (Behnke, 2006). Specifically, according to Behnke, psychologists could observe the process of interrogations to insure that the interrogators did not deviate from standard procedure, allow the process to spiral out of control, and become abusive. This sentiment is echoed in Dr. James's (2009) assertion that the presence of psychologists can prevent torture practices. However, others noted, "We, as psychologists, do not recall a single moment of training 'to observe and intervene to prevent behavioral drift,' nor do we know of any psychological colleagues who report the receiving of such training" (Olson & Soldz, 2007, p. 49). Further, confidence in psychologists' vigilance is diminished by comments such as those of Dr. James to a reporter when asked about secret interrogation camps at Guantanamo: "I learned a long, long time ago, if I'm going to be successful in the intel community, I'm meticulously - in a very, very dedicated way - going to stay in my lane... So if I don't have a specific need to know about something, I don't want to know about it. I don't ask about it." (Associated Press, 2008).

How Has This Impacted Public Perception of Psychologists & APA?

After the release of the PENS report, American Psychiatric Association President Dr. Steven Sharfstein stated in his presidential address, "If you were ever wondering what makes

us different from psychologists, here it is" (Sharfstein, 2006). Goodman (2008) wrote that the APA had been "less than forthright about the role played by members with military connections in developing its policy on interrogations" (Goodman, 2008). Psychologist and former APA staff member Dr. Bryant Welch wrote, "It was a malignant organizational grandiosity that first weakened the APA and then, ultimately, allowed military and intelligence agencies to have their way with the APA throughout the Bush Administration." "Much of the activity of the APA Council of Representatives... turned away from substantive matters into an odd system of fawning over one another... During this period, isolated dissent from rank-and-file members was stifled with a heavy-handed letter from the APA attorney threatening legal action or by communications from prominent members of the APA governance threatening 'ethics' charges if policy protests were not discontinued." "The people who run APA have 'reverse engineered' the very field of psychology itself and used it against its own membership" (Welch, 2009). The Editor of the *British Medical Journal* wrote, "So deeply ingrained is this ethic [the Helsinki Declaration on Ethical Principles for Medical Research Involving Human Subjects] in health care that it's surprising, even shocking, to find that this same code isn't shared by psychologists, at least in the United States" (Godlee, 2009). Columnist Stanley Fish perhaps best summed up public perception when he wrote, "Applied psychology can never be clean" (Fish, 2008).

Steps in the Right Direction?

Some more recent developments suggest that the membership of APA is working to redirect the organization. The Council of Representatives published a resolution in 2006 condemning the use of torture (as defined by the United Nations) and asserting that "regardless of their roles, psychologists shall not knowingly engage in, tolerate, direct, support, advise, or offer training in torture or other cruel, inhuman, or degrading treatment or cruel, inhuman, or degrading punishment... psychologists shall not provide knowingly any research, instruments, or knowledge that facilitates the practice of torture or other forms of cruel, inhuman, or degrading treatment or cruel, inhuman, or degrading punishment" (APA, 2006). A 2007 reaffirmation by APA extended the resolution by prohibiting psychologists' involvement in specific torture practices including mock executions, waterboarding, sexual humiliation, cultural or religious humiliation, or exploitation of phobias (APA, 2007).

A referendum was passed by the APA membership in September 2008: *Be it resolved that psychologists may not work in settings where persons are held outside of, or in violation of, either International law (e.g., the UN Convention Against Torture or the Geneva Conventions) or the US Constitution (where appropriate), unless they are a working directly for the persons being detained or for an independent third party working to protect human rights*" (APA, 2008). The referen-

dum was addressed in February 2009 when the APA Council approved a resolution with the same language (APA, 2009a). To date, however, this resolution has not been enforced, as noted by the UN Special Rapporteur on Torture, Dr. Manfred Nowak, in an August 7, 2009 letter to APA President James Bray: *Given the now public record of psychologists' involvement in the design, supervision, implementation, and legitimization of a regime of physical and psychological torture at US military and intelligence facilities, including Guantánamo, it is incumbent upon the APA to ensure that its standards comport with international law as well as the UN Principles of Medical Ethics Relevant to the Role of Health Personnel. These instruments require an absolute ethical prohibition of psychologists' presence or involvement in these operations ... Every day that you delay invoking the referendum is another day where psychologists are, by their presence and participation in these operations, acquiescing in human rights violations. Following the APA's own policy, on the other hand, would send a message that health professionals maintain the highest ethical standards, refuse to participate in such violations, and do their part, with the support of their professional leadership, to bring these abuses and violations to an end.*"

At their August 2009 meeting, the Council of Representatives requested that the Ethics Committee propose new language to address the shortcomings of Ethics Code section 1.02 (Farberman, in press). The impact of these activities upon APA's ownership of the PENS report is uncertain, and to our knowledge the Ethics Committee has not yet produced a revision.

Summary and Conclusions

At this point it seems clear that psychologists have been involved in the development, teaching, and implementation of torture strategies used in the War on Terror. The accuracy and utility of information obtained using such techniques, as well as the impact of such techniques on national security, is beyond the scope of this paper, although we note that this has been a topic of considerable debate (e.g., Committee on Armed Services, 2008; Eban, 2007). As clinical scientists, however, we note that the assertion by Drs. Jessen and Mitchell (Committee on Armed Services, 2008, p. 24; Eban, 2009) that torture does not cause lasting harm (language that is reiterated in the APA's 2007 resolution) stands in stark contrast to a wealth of data demonstrating torture's harmful psychological effects (e.g., Basoglu et al., 1994; Shrestha et al., 1998; Wenzel et al., 2000). Although it can be tempting for some to idealize the (largely fictitious) "ticking time bomb" scenario portrayed in Fox's television show *24*, and to argue that certain circumstances should permit or even demand torture (Lithwick, 2008), as an ethical organiza-

tion we must recognize that there are no “pre-9/11 ethics” or “post-9/11 ethics;” rather, our discipline is guided by a core set of principles that should not vary according to shifts in the political tide. There can be little doubt that the psychologists who designed, taught, and implemented torture strategies in the War on Terror have acted in gross violation of the APA code of ethics and the larger ethical principles that code reflects (APA, 2009b). Psychologists who have engaged in such behavior must be subject to appropriate organizational and legal sanctions.

Any large organization is bound to have in its ranks some individuals who behave badly. The larger concern, in our opinion, is the fact that the involvement of psychologists in torture is facilitated, by actions and inactions on the part of APA. The change to section 1.02 of the ethics code could be construed in a fashion that allows psychologists to participate in ethically and legally questionable actions at the behest of government authority when ethics and the demands of that authority cannot be reconciled. The PENS report, which was developed under highly unusual circumstances primarily by military psychologists (some of who have themselves been implicated in torture practices), further exacerbates this problem with the recommendation that psychologists be allowed to continue to participate in interrogations. Compared to the response of other health organizations, the PENS report was slow in starting, rushed to completion, and inadequate to prevent the involvement of psychologists in torture. The notion that the presence of psychologists can make interrogations safer is naïve at best, and we are aware of no scientific data that would justify that assertion. Clearly, psychologists have proven unable to police themselves consistently, yet APA insists that they can effectively police others (despite having no training in how to do so). Attempts by APA to establish the ethical legitimacy of such practices on a *post hoc* basis cannot suspend the relevance or force of ethical, legal, or moral principles that apply to the issues at hand. Nonetheless, that appears to be the tack taken once such practices became public knowledge.

Other organizations quickly recognized that the interrogations at Guantanamo Bay and elsewhere were both ethically and morally wrong, and that their members should have no part in them. Well-respected groups and journalists have raised serious questions about the appropriateness of APA's actions. APA officers and executives, however, seem not to share this sense of outrage and have instead responded to what could prove to be that organization's greatest ethical crisis in a manner that could be interpreted as dismissive, defensive, or arrogant. We suggest that their responses miss the fundamental point that at the very least, APA's actions create a public perception of wrongdoing. It is difficult to deny that APA looks bad, and that its reputation has been severely damaged. APA cannot hope to repair its image without disclosing any information it has regarding individual or organizational

involvement in devising, teaching, implementing or concealing torture, and initiating an honest and transparent re-evaluation of its ethical principles. Further, APA must issue a firm and enforceable declaration that its members may not collaborate with sites or organizations suspected of torturing prisoners, regardless of whether or not the psychologist is in the room while the torture takes place. The referendum is a necessary but insufficient step in the right direction. Council of Representative resolutions expressing anti-torture sentiments are laudable but have no force of action. The APA ethical code of conduct requires formal revision to state unambiguously that psychologists cannot be party to torture, nor can they collaborate with organizations or personnel who engage in such practices. Moreover, psychologists who have participated in such practices at the behest of the government must be held accountable for ethical misconduct and violations of federal and international law. Lastly, any professional organization, such as APA and its officials, who have provided the imprimatur for such practices must be held accountable for the consequences thereof. Anything less risks furthering the perception, if not the reality, that APA has violated the public trust. At present, we see little reason to believe that APA intends to take these steps unless the membership demands it.

Ethical principles regarding the planning and execution of physical and/or psychological harm done to prisoners of the military or other federal agencies by psychologists cannot be justified by formal loopholes in the Code of Conduct. More importantly, the ends of such practices cannot justify the psychological means to attain them. To pretend that it is so does violence to the integrity of the discipline and the profession. Moreover, it sets professional psychology apart from other helping and healing professions who have refused to compromise principle for expediency. Organizational acceptance and participation in such practices is not a legitimate justification of the conduct of members of that organization. Organizational refusal to examine the conduct of its members, and refusal to examine its own participation in such practices harms the society which ultimately legitimizes that organization. It may also hasten its own demise. In this issue, the Board of SSCP proposes a number of remedies to be examined by the citizenry in general, and those citizens who happen to identify themselves as psychologists. We hope that SSCP members, as well as APA members more broadly, will consider those remedies and demand action consistent with their professional and personal consciences.

Note: The opinions expressed in this article are those of the authors and do not necessarily reflect those of the board or membership of SSCP. The authors thank Drs. Stephen Soldz, Trudy Bond, and Jean-Maria Arrigo for their assistance, and Drs. Lee-Anna Clark, Elizabeth Hayden & Howard Garb for their comments on a previous draft.

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SSCP is moving to a new website!

The new URL is:

<http://sites.google.com/site/sscpwebsite>

You can still access it using the old URL, though:

<http://www.sscpweb.org>

All of the old content is still there, as well as many new features:

- Renew your SSCP membership online
- Post announcements or articles
- See videos of SSCP-sponsored talks
- Browse the new internship directory
- Download all back issues of Clinical Science

Stop by our new home!!

Division 12 Update

David F. Tolin, Ph.D., ABPP

The Institute of Living and Yale School of Medicine

The board of Division 12 met in Philadelphia on September 12-13, 2009. A major topic of discussion was the “graying” of Division 12 (currently, 21% of Division 12 members are over 70 years of age). The board resolved to increase efforts to attract and retain early career psychologists by several means. First, lower dues will now be required for 4 years after the doctorate and the board voted not to increase dues for any members in the coming year. Second, the board reaffirmed its openness to prospective members with Psy.D. degrees. Currently, approximately 50% of all new psychologists, vs. only 7% of Division 12 members, hold a Psy.D. Third, all Division 12 members will be able to receive discounted continuing education credits in the Hogrefe series of treatment manuals edited by Dr. Danny Wedding.

It was noted that SSCP lags behind other sections in terms of the proportion of its members who are also members of Division 12, potentially putting us afoul of Division 12’s bylaws. Therefore, SSCP members are encouraged to join the Division as well.

Please visit the new Division 12 website, created by Dr. Sammy Banawan, at div12apa.org.

Renew your SSCP Membership for 2010!

Membership in SSCP contributes to the broader goal of promoting science in clinical psychology in several important ways:

- 1) Representation for clinical science within Division 12, APA and APS. No other clinical organization actively participates in the 2 major national psychology organizations.
- 2) Recognition of and support for outstanding scientific achievements in clinical psychology such as the Distinguished Scientist Award and Dissertation Grant Awards. We awarded over \$4000 in 2009.
- 3) Facilitating communication among our members through the SSCP listserv (SSCPNET) and the SSCP newsletter *Clinical Science*.

Dues are \$40 for professionals and \$10 for students. You do *not* have to belong to APA or Division 12 to join SSCP. You can renew online -- www.sscpweb.org -- or by mail. Membership renewal forms are on the website. Please renew by **December 1st**.

The next issue of *Clinical Science* will be devoted to DSM-V issues and will come in mid-December. We welcome proposals for **feature articles** (16 double-spaced pages) and **brief articles**.

All articles should include 75-100-word abstracts and be formatted according to the *APA Publication Manual, 5th Ed*. Submit articles via E-Mail to Erika Lawrence (erika-lawrence@uiowa.edu).

SSCP Student Representatives' Update

Frank Farach, M.S., *Yale University*
Ashley Pietrefesa, M.A., *Binghamton University*

We are pleased to report on substantial progress on several major student-oriented projects: the student membership survey, the Clinical Psychology Internship Directory, and the Student SSCPnet Listserv.

Student Membership Survey

This past spring, we distributed invitations to all student members of SSCP to participate in a brief, anonymous online survey. The primary aims of the survey were 1) to assess awareness of and attitudes about a broad range of current SSCP student resources; 2) to educate student members about available resources and future projects; and 3) to seek quantitative and qualitative feedback to guide plans for future student-oriented projects. The survey was a success; we thank the 102 student members (32.5% response rate) who took the time to complete the survey! In our discussion of each student-oriented project below, we both highlight the relevant survey results and indicate how they informed the project. An online report of the full survey will be posted on the main (<http://sscpweb.org>) and student SSCP websites (<http://sscpstudents.org>) this fall.

SSCP & APCS Clinical Psychology Internship Directory

We are thrilled to report that the 7th edition of the SSCP Clinical Psychology Internship Directory is available (<http://sscpweb.org/internship-directory>)! For this stellar addition to the clinical science community, we are indebted to the Editorial Committee: Lea Dougherty (SSCP), Greg Kolden (APCS), and Rebecca Brock (SSCP Student Member), with the assistance of Victoria Smith.

Updating the directory was a massive effort culminating in a searchable spreadsheet containing comprehensive information on opportunities for research and for training in empirically supported treatments at 143 clinical psychology internship sites. Such up-to-date information was not previously available in an organized format anywhere else. The present Directory has several characteristics that are new to this edition and that we feel are significant enhancements. First, the Directory is available as a downloadable Excel file (as well as a pdf file), allowing users to search internship sites based on multiple criteria (see above URL). The Editorial Committee made this format available as a direct result of comments provided by SSCP student members on the student membership survey. Second, the present edition of the Directory represents a joint effort between SSCP and the Academy of Psychological Clinical Science (APCS; <http://acadpsychclinicalscience.org>), an organization that represents and promotes clinical-science oriented graduate and internship programs in clinical and health psychology. Third, for the first time, the Editorial Committee included a student member of SSCP to ensure that student perspectives were well represented in the design of the survey distributed to internship training directors. Many thanks to Rebecca Brock (University of Iowa) for her admirable service to SSCP students as the first student member of the Editorial Committee!

One surprising result from the SSCP student membership survey was that 80.9% of our respondents indicated that they had not been aware of the Directory's existence. We will work with the Executive Board to redouble our efforts to advertise the Directory. Moreover, we urge all who read this column to spread the word about the Directory to students, faculty, and Directors of Clinical Training

in their programs, so that all who might benefit from such a valuable resource may find it.

Student Listserv

Since the beginning of our terms as SSCP student representatives, we have envisioned the establishment of a student-only listserv designed specifically for students interested in clinical science. Although many student members of SSCP subscribe to the SSCPnet listserv, results of the student survey revealed that 9 out of 10 student members have never posted to SSCPnet. Results of the student survey also point to a desire for a student-specific listserv: more than 8 out of 10 respondents reporting being at least “a little interested” in subscribing to a moderated listserv for SSCP student members, and 1 in 4 respondents reported being “very interested.” These findings have propelled us forward in developing an SSCP student listserv.

The SSCP student listserv will be established using Google Groups and will be open to all SSCP student members. Users will not be required to have a Gmail account to subscribe to the listserv. The guidelines for posting to the SSCP student listserv will generally be the same as those for SSCPnet. The listserv will be lightly moderated, and the subject matter will be based largely on student input and subscriber feedback. These features were included because a majority of student survey respondents indicated that the features would be at least “somewhat important” to their decision to subscribe to the listserv. Furthermore, subscribers will have the option of receiving all postings from the day sent to them in a single, daily email (i.e., a “daily digest option”), as a large proportion of survey respondents rated this as an “extremely important” listserv feature.

In addition, we are pleased to announce that Phil Masson, an SSCP student member from the University of Calgary, will serve as the student listserv manager. Phil has many great ideas for the listserv and is eager to bring them to life. We will soon be

pilot-testing the student listserv with a small group of students and expect to unveil it by the end of the calendar year. As always, we welcome your feedback on this and other projects.

Lastly, don't forget to renew your membership for 2010 at <http://sscpweb.org/membership/>! Students may join or renew their membership for just \$10.

FPR-UCLA 4th Interdisciplinary Conference

Cultural and Biological Contexts of Psychiatric Disorder: Implications for Diagnosis and Treatment

January 22-24, 2010

Co-Sponsored by The Foundation for
Psychocultural Research and
the University of California, Los
Angeles (UCLA)

For more information: [http://
www.thefpr.org/conference2010/
index.php](http://www.thefpr.org/conference2010/index.php)

Janet Taylor Spence Award For Transformative Early Career Contributions

Deadline: November 15, 2009

The APS Janet Taylor Spence Award was established to recognize transformative early career contributions to psychological science.

Research contributions can be transformative in various ways, such as the establishment of new approaches or paradigms within a field of psychology, or the development or advancement of research that cuts across fields of psychological science. The common thread is that Award winners should reflect the best of the many new and cutting edge ideas coming out of our most creative and promising investigators who, together, embody the future of psychological science. The Janet Taylor Spence Award will be given yearly at the APS Annual Convention. Up to five awards are expected to be presented each year. The first awards will be conferred at the 2010 APS Annual Convention by Spence.

Eligibility: Nominees must be members of the Association for Psychological Science and must have completed their PhD within seven years of the date of the annual meeting at which the award would be conferred.

Selection Criteria: Selection criteria include: (1) is the research novel and creative? (2) does the research have the potential to change how we think about psychological science? (3) is the research characterized by rigorous and innovative scientific methods? (4) does the research build upon existing psychological science in scholarly ways? (5) is the research influencing multiple fields of psychological science?

Nominations should be submitted to awards@psychologicalscience.org and should include a letter of nomination, the nominee's current CV, electronic reprints or links to the nominee's work, indicating the most important contributions to psychological science, and two letters of recommendation, at least one of which is from an APS Fellow.

2010 SSCP Dissertation Grant Awards

Applications are being accepted for SSCP Dissertation Grant Awards. These awards are intended to both recognize and support students who have already received approval for their dissertation project. Accordingly, in addition to the evaluation of the proposal as a whole, we will also consider what additional sources of funding have been received in the context of the overall estimated cost of the project. Awards will be in the amount of \$500. We anticipate funding up to 5 grants.

Applications must be received by November 14, 2009. Notification of awards will be made in January, 2010.

Eligibility requirements:

1. Student member of SSCP. Annual student membership fee in SSCP is \$10. The membership application form can be downloaded or submitted on-line at: www.sscpweb.org.
2. Current enrollment in an APA or CPA approved doctoral program in Clinical Psychology.
3. Dissertation proposal approved by applicant's department (verified in advisor's letter).

Application materials:

1. **Cover letter:** include name, school affiliation, mailing address, phone number, e-mail address, project title, and a statement that the dissertation proposal has been approved
2. **Research Plan** (MAXIMUM OF 5 SINGLE-SPACED PAGES INCLUDING REFERENCES):
 - a. **Specific Aims:** List broad objectives and what the proposed research is intended to accomplish
 - b. **Background & Significance:** Briefly sketch the background leading to the present application, critically evaluate existing knowledge, and specifically identify the gaps the project is intended to fill
 - c. **Preliminary Studies:** Briefly review applicant's preliminary studies (if any) pertinent to the application and/or any other information that will help establish the experience and ability of the applicant to pursue the proposed project.
 - d. **Research Design & Methods:** Describe the research design and procedures to be used to accomplish the specific aims of the project. Include how the data will be collected, analyzed, and interpreted.
3. **Abstract** (MAXIMUM OF 250 WORDS, does NOT count toward the 5 pages in the research plan)
4. Outline of **Budget** and listing of additional sources of funding: How will you spend the award? What other funding have you received? What other funding have you applied?) MAXIMUM 1 PAGE.
5. **Curriculum Vitae**
6. A brief **letter** from dissertation advisor confirming your good standing in the program and stating that the dissertation prospectus has been approved. The advisor should send the letter directly to denise.sloan@va.gov.

Submit application electronically to Dr. Denise Sloan (Denise.Sloan@va.gov). Please include the entire application (except the advisor's letter), including cover letter, in one document file. A confirmation of receipt will be sent within 2 business days.