APA
III
Division12

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

Spring 2010 Issue

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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.

Presidential Column: Evidence - Based Treatments

Thomas Ollendick, Ph.D.
Virginia Tech, Department of Psychology

Although the movement to develop evidence-based treatment has revolutionized the field of mental health, this development is of relatively recent origin. To appreciate the issues associated with this movement, consider some of the early findings and controversies associated with psychological therapy research. In his review of the effects of adult psychotherapy, Eysenck (1952) boldly asserted that psychotherapy practices utilized in the 1950s were no more effective than the simple passage of time (i.e., spontaneous remission). Levitt (1957, 1963) subsequently reviewed the child psychotherapy literature and arrived at a similar conclusion. Although these reviews were unsettling for clinicians and researchers alike, they served as a wake up call to the mental health professions. Since the time of these reviews, advances in the study of diverse psychopathologies and social conditions, as well as developments in assessment and treatment of these perturbations, have resulted in thousands of psychotherapy studies in the mental health field, as well as numerous meta-analytic studies. These meta-analyses have provided strong empirical evidence that psychotherapy works and that various psychotherapies outperform wait-list and various attention-placebo control conditions. In addition, it is becoming abundantly clear that some forms of psychotherapy work better than others, a finding that has allowed the field of clinical psychology and psychiatry to move beyond the question of whether psychotherapy works to identifying the efficacy of *specific* treatments for diverse behavioral, emotional, and social problems. These are exciting times for the field of psychotherapy.

This commentary revisits a series of critical issues relevant to the movement toward evidence based treatments. First, it should be noted that this movement is embedded in a larger movement known as “evidence-based medicine” or “evidence-based practice” (Sackett, Richardson, Rosenberg, & Haynes, 1997, 2000). Evidence-based practice at its core is an approach to knowledge and a strategy for improving performance outcomes (Chambless & Ollendick, 2001; Ollendick & Shirk, 2010. Although it is not wedded to any one theoretical position or form of psychotherapy, it does require treatments to be based on scientifically-credible evidence that is obtained largely through randomized clinical trials (RCTs). In a RCT, individuals with a specific presenting problem are randomly assigned to a treatment condition or a control condition, such as a wait-list or attention-placebo or alternate treatment condition, and the effects of these conditions are compared (see Barlow, 2010). Although there are limitations to such a design (Westen, Novotny, & Thompson-Brenner, 2004), it appears to be the best strategy for rigorously examining the efficacy of treatment (i.e., controlling for extraneous variables through randomization) and ruling out biases and expectations on the part of the individual client and the therapist that can result in misleading findings (Nathan & Gorman, 2007). Although the RCT is the gold standard for evaluating treatment conditions, information or opinions obtained from observational studies, logical intuition, personal experiences, and the testimony of experts can also serve as evidence for treatment efficacy. Although such evidence is valuable, it represents a less credible and acceptable form of evidence from a scientific standpoint (i.e., it occupies a lower rung on the ladder of evidentiary support). At the same time, it is these initial clinical observations and “clinical hunches” that frequently lead to the development of new and innovative treatments that can be subsequently evaluated in RCTs (APA Presidential Task Force on Evidence-Based Practice, 2006).

Although the approach to develop, identify, disseminate, and use evidence-based psychosocial treatments (initially referred to as "empirically validated" or "empirically supported," see Chambless, 1996; Chambless & Hollon, 1998; Chambless & Ollendick, 2001) seems scientifically laudable, this movement has been highly controversial, at least in the field of mental health. On the surface, it seemed unlikely that some would object to the initial report developed by the Society of Clinical Psychology (Division 12 of the American Psychological Association) in 1995 or that the movement associated with it would become so hotly contested. Surely, identifying, developing, and disseminating "treatments that work" and possess evidentiary support should be encouraged, not discouraged, especially by a profession committed to the welfare of those whom it serves.

Unfortunately, this task force report was not merely controversial; unfortunately, it served to foster a deep divide within the mental health professions that continues unto this day (Ollendick, 1999; Ollendick & Shirk, 2010). To create a more unified field, I believe it is important for advocates of empirically-supported treatments to not only communicate the promises of such an approach but also to address the concerns of those who oppose these developments.

Defining Evidence-Based Treatments

Although the movement to evaluate the efficacy of psychosocial treatments occurred prior to 1995, the first formal report to address the evidence-based practice movement was issued at that time. This report on what was then referred to as empirically-validated treatments, issued in 1995 by the Society of Clinical Psychology Task Force on Promotion and Dissemination of Psychological Procedures, was developed by clinicians and researchers from a number of theoretical orientations, including psychodynamic, interpersonal, cognitive-behavioral, and systemic points of view. This diversity in membership was crucial in identifying and promulgating psychotherapies of proven worth from different theoretical perspectives, not just those emanating from a specific school of thought. However, as has become evident over the years, no treatment is ever fully validated as there are always important questions to ask about any treatment (e.g., the essential components of treatment, client characteristics that predict or moderate treatment outcome, and the mechanisms or mediators that account for behavior change).

According to the 1995 report, three categories were established for "empirically-validated" treatments: (1) well-established treatments, (2) probably efficacious treatments, and (3) experimental treatments. The primary distinction between well-established and probably efficacious treatments was that a well-established treatment must prove to be superior to a psychological placebo, pill, or another treatment whereas a probably efficacious treatment must prove to be superior only to a wait-list or no treatment control condition. Secondarily, well-established treatments require evidence from at least two different investigatory teams whereas the effects of a probably efficacious treatment require evidence only from one investigatory team. Furthermore, for both types of evidentiary support, client characteristics should be well-specified (e.g., age, sex, ethnicity, diagnosis) and the clinical trials should be conducted with treatment manuals. Finally, outcomes associated with treatment should be demonstrated in "good" group design studies or a series of well-controlled single-case design studies. "Good" designs were those in which it was reasonable to conclude that the benefits observed were due to the effects of treatment and not due to chance or confounding factors such as the passage of time, the effects of psychological assessment, or the presence of different types of clients in the various treatment conditions. Experimental treatments, on the other hand, are those treatments not yet shown to be at least probably efficacious. This category was intended to capture treatments frequently used in clinical practice but not yet fully evaluated or newly developed ones not yet put to the test of scientific scrutiny. Note that the development and

evaluation of new treatments was strongly encouraged in the report. In addition, it should be clear that treatments could "move" from one category to another dependent on the empirical support available for that treatment over time. For example, an experimental treatment might move into probably efficacious or well-established status after further scientific evaluation. The categorical system was intended to be a dynamic one, so that evidentiary support would lead to the recognition of new and innovative treatments over time.

Over 10 years ago (Ollendick, 1999), I identified three major concerns associated with the evidence-based treatment movement: (a) some treatments might be shown to be more effective than others and, as a result, the "Dodo Bird" effect (i.e., all treatments are equivalent) would be less tenable, (b) use of treatment manuals might lead to mechanical, inflexible interventions that result in loss of creativity, innovation, and autonomy in the therapy process, and (c) treatments shown to be effective in clinical research settings might not be transportable to "real-life" clinical practice settings. These concerns are all real ones and I shall revisit them in my next presidential column – stay tuned in. In the interim, rest assured that much progress has been made since Eysenck (1952) and Levitt (1957, 1963) concluded that our treatments were no more effective than the simple passage of time. We do have treatments that work.

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Division 12 Update: Empirically Supported Treatments

David F. Tolin, Ph.D., ABPP
The Institute of Living and Yale University School of Medicine

The board of Division 12 met in San Francisco on January 8-9, 2010. Some highlights of the meeting:

Dr. Larry Beutler drafted a position statement to be posted on the Division web site:

- WHEREAS, The Society of Clinical Psychology is firmly committed to identifying and promulgating treatments that work. Indeed, the Society was among the first organizations in mental health to compile a list of empirically supported treatments on the basis of supportive results from randomized clinical trials (RCTs). As scientific knowledge and research designs mature, and as researcher-practitioner collaborations increase, we have reached a point where it is desirable and feasible to extend the research methods used and the constructs investigated. A multiplicity of sophisticated research strategies, including but not limited to RCTs, now allows us to improve the effectiveness of psychological treatments.

- THEREFORE, To advance this broad view, the Society of Clinical Psychology defines the mechanisms of psychotherapy as those factors, processes, and interventions that are designed to effect and maintain beneficial changes in client/patient functioning. These change mechanisms include treatment methods, participant characteristics, the quality of their interactions (relationships), the context and culture in which the interventions occur, and other contributors yet to be discovered. This inclusive and evidence-based definition is designed to ensure that: 1) research on psychotherapy and the designation of empirically supported therapies consider treatment methods as well as the participants, their relationship, and contextual factors; 2) a wide variety of research methods are used as appropriate to the questions asked; and 3) research increases our understanding both of the cross-cutting/common and unique principles on which effective treatments rest and enhance the optimal use of participants, interactional, cultural, and technical factors in effecting change.

The SSCP Board recently discussed the Division 12 position statement. Views were diverse and no attempt was made to reach a consensus. However, initial reactions included:

- The phrasing of the definition of mechanisms of psychotherapy — to be based on what various factors "are designed to" achieve rather than on what they "do" achieve — was viewed by the SSCP Board as unfortunate.

- Without some articulation of the research design principles that would support claims to mechanism status, there is little to constrain approaches lacking even basic scientific credentials from being promoted as "evidence-based."

- In what is perhaps an oversimplification, the WHEREAS paragraph of the position statement could readily be taken as pertaining to outcomes ("treatments that work") while the THEREFORE paragraph could be seen as concerning process ("mechanisms"). While process/mechanism research is vitally important for understanding interventions and offers the only means through which the field can advance intervention science in a cumulative manner, "why" an intervention works is logically separable from "whether" it works, and one would not want to adduce an empirical base for outcomes claims from process/mechanism data.

- The SSCP Board struggled to understand the statement's use of the term "mechanism." The examples given in the statement reflect

moderators rather than mediators. Mechanisms, like mediators, are processes through which IVs affect DVs. Moderators, on the other hand, predict the size and direction of effects, they do not produce them. To claim mechanism status it would be necessary to show that manipulation of the mechanism produces the desired changes. Drawing attention to important research of this sort would be a valuable function of the Division 12 Board's statement, if that is what is meant by mechanism.

- The focus of the statement is too narrowly on individual treatment.

- The nature, quality, and extensiveness of a putative mechanism's evidentiary base is unfortunately not considered.

- The motivation to "extend the research methods used and the constructs investigated" is laudible on the face of it, but some appreciation for levels of evidence is needed to clarify what standards apply to these extensions. As it now stands, the statement is ambiguous. On the one hand, it could be viewed as setting a more stringent standard by requiring mechanism data in addition to RCT data in order to claim empirical support. But if the goal is to extend methods and constructs, then the statement could be taken to mean that mechanism data (or process data, see #3) are sufficient to claim "treatment that works" status, which would be a lower standard, in the sense that one could claim a treatment worked without an RCT. Surely evidence can accumulate from non-RCT studies, but RCTs remain the primary source of support for the narrow but important question of treatment outcome.

Other highlights from the Division 12 Board meeting include:

- The Division 12 Early Career Psychologist Summer Fellowship Award will fund an early career psychologist starting in the summer of 2011. The projects should be related to bridging the gap between research and practice.

- Division President Dr. Marv Goldfried's agenda, Building a two way bridge between research and practice is under way with a questionnaire with items tapping those issues that give clinicians problems in implementing empirically supported treatments.

- The Division approved a slate of candidates including L Beutler, J Matthews, H Pratt, L Rehm, and I Weiner (Council representative); candidates B Cubic, J Linton, and D Wolfe (Secretary), and G Beck (President). One more candidate for President will be sought.

- Given problems of placement of graduate students into APPIC-approved internships, the board voted to adopt the following statement and to send it to BEA, CoA, CAPP, and BPA: The Society of Clinical Psychology (APA Division 12) reaffirms its conviction that all APA-accredited clinical psychology programs should post on their websites specific data about their program outcomes for the past five years as a matter of academic integrity as well as an APA accreditation requirement. The Society is particularly concerned about some programs failing to post the percentage of their students securing APA- or APPIC-accredited internships. Compliance with the existing policy should be routinely monitored by CoA, and program infractions should result in appropriate actions. The Society looks forward to a response from CoA on this matter.

The President's column and the Division 12 Representative's Update each address current controversies surrounding e**vidence-based and empirically-supported treatments.**

We will continue this discussion in the **Summer issue of *Clinical Science*** and invite SSCP members to submit columns relevant to these topics.

Submissions are due by July 23rd. Please contact Erika Lawrence (erika-lawrence@uiowa.edu), the Editor of Clinical Science, if you are interested in contributing to the Summer issue.

Who Knew?
APA's Mandatory Fees That Aren't

Timothy R. Tumlin, Ph.D.
Independent Practice, Darien, IL

All of the individuals quoted in this article gave permission to the author to be quoted.

The views expressed in this article do not necessarily represent the views of the SSCP Board or membership.

Many psychologists were stunned recently when the American Psychological Association revealed that the "practice assessment" it has charged its licensed members for the past 10 years is not in fact required for membership in the organization. Instead, the association said, the payment is voluntary "financial assistance" to APA's political affiliate.

Virtually all psychologists who learned the news have said they had always believed the assessment was required for APA membership. The revelation first came to light March 31 on APA's Division 12 (Society of Clinical Psychology) listserv. (A disclosure is in order: It was I who initially asked if the assessment is voluntary.) The news spread to other listservs and has generated outbursts of puzzlement, anger and heated discussions. APA officials have been tight-lipped in addressing the controversy, conceding that the wording in some statements was not clear and offering to improve it in the future.

The annual practice assessment – about $137 per person last year – appears on licensed psychologists' dues statements. The assessment pays for lobbying and other political activities by the APA Practice Organization (APAPO), whose budget was $4.8 million last year. The organization is separate from APA, whose tax-exempt status forbids most involvements in politics. According to an APA spokesperson, Rhea Farberman, 58,000 members were billed for the practice assessment. Of that number, about 6,500 were exempt and another 2,200 apparently chose to not pay the assessment. She said that typically 22 percent of APA members do not renew their membership each year.

News of this revelation was initially confined to discussions on listservs. A carefully worded official statement about the practice assessments was sent to "various governance groups and listservs" according to Ms. Faberman, executive director for communications for the APA. That lengthy statement did not mention that the assessment is not required for APA membership until three-quarters into the text. She said the statement and information posted on the two organizations' websites is sufficient notice of this news to the membership.

"I have to admit I am completely dumbfounded by finding out that the practice assessment fees are optional, and not required for continuing APA membership," Jon Weinand, Ph.D., of Iowa wrote on the Division 12 listserv. Many others with years of membership and organizational activity in APA also admitted they likewise thought the assessment was required. Several members angrily announced on the listservs that they wanted their money back. Ms. Farberman said that so far one person has asked for a refund of the 2010 assessment, and it was given.

How did almost every member believe for 10 years the practice assessment was mandatory? Members cited several sources of the misinformation from APA:

- A web page on the APA website explaining the practice assessment stated "Licensed APA members who provide health or mental health services or supervise those who do are required to pay the Practice Assessment, which is included in a separate section in the

APA member dues statements."

- The dues statement that APA mails on paper to its members does not indicate that the fee is not required. The 2010 statement for licensed psychologists describes the $137 amount as: "2010 Practice Assessment (for licensed psychologists who provide health or mental health related services)." While the assessment has been characterized as "voluntary financial assistance", the dues statement lists the assessment on line 10, but later lists "Voluntary Contributions" on lines 15-18.

- Members also reported that the online dues statement on APA's website would not allow a member to decline to pay the practice assessment, which was already entered in the subtotals.

- Direct contact with APA staffers reportedly also resulted in members being misled: "I called APA to specifically asked the APA dues representative that I spoke with whether the Practice Assessment was, indeed, mandatory to maintain my general APA membership," said Jennifer Paul, Ph.D., of Colorado. "The response was that if I fit into one of the categories related to clinical practice indicated on the dues statement (which I did), then I was required to pay the Practice Assessment to remain a member of APA."

Most members cited the annual dues statement as their evidence that the assessment was required. "It appeared entirely mandatory to myself and every other psychologist I know personally, that paying the APAPO fee was mandatory for a private practicing psychologist to belong to APA," wrote Robert Young, Ph.D., of Florida.

The statements issued by APA's board of directors and the Practice Directorate's executive director, Katherine Nordal, Ph.D., as well as a few writers on the listservs trying to quell the anger over the massive misperception by the membership, pointed out that APAPO provides valuable advocacy for psychology. However, others said the organization's political value was beside the point. "Money was obtained from members under at best questionable practices," said Sanford Peterson, Ph.D., of Indiana. "This is not about political giving. It is about honesty and trust." A psychologist from Texas, Bob Klepac, Ph.D. added, "Deception of this sort is unacceptable, no matter how noble some might think the purpose of that deception, the end certainly does not justify the means here."

The initial reaction from APA officials came from Dr. Nordal, who sent a statement to the Division 12 listserv on April 27 admitting that "neither APA nor APAPO enforces payment of the PA (practice assessment) by those who decline to provide financial assistance to APAPO via the practice assessment …". She did not respond to questions asking for more information.

A few days later, on May 5, the boards of both organizations issued a statement on the assessment controversy. The 632-word statement noted on the third page that the annual dues statement "does not make it clear" that the fee is not required for APA membership. It added that next year's invoice "will be modified to clarify this point".

The history of APAPO begins in 2001 when APA created an affiliate to allow for more involvement in political activities. Then, as now, APA was a 501(c)3 tax-exempt organization under IRS rules governing groups that are typically charitable, scientific or religious. Such groups have strict limits on political activity. Creating APAPO as an organization known as a 501(c)6, more lobbying and other political influence would be allowed through it. The board's statement said that prior to 2001 APA required members to pay a special assessment. With the creation of APAPO, that special assessment became the practice assessment.

The board wrote that the creation of APAPO "did not alter the mandatory nature of the original special assessment". However, it also conceded that payment of the practice assessment is mandatory only for membership in APAPO. No such explicit statement has been found in APA's explanations of the practice assessment made prior to the revelation on March 31. APA officials such as Executive Director Norman Anderson and Ms. Farberman were asked if it does indeed appear as though APA required payment of the assessment for membership. They did not respond. Dr.

Anderson referred all questions to Ms. Farbmerman.

Questions arose as to whether the appearance that APA was requiring members to pay into the APAPO funds, intentional or not, would threaten APA's tax-exempt status granted by the IRS. Among those who raised the issue was former APA president Martin Seligman, who wrote in response to queries: "The separation between APA and the clinical association was discussed at length during my term as Past President. I recall that the reason was to preserve APA's C3, tax status, and that a lobbying arm would compromise it. So any APA representation that members of APA were required to pay dues to the other organization would defeat the purpose of the separation and might even be contrary to law." However, Ms. Farberman said the organization is confident that its tax status is not at risk. "APA has no reason to believe that the practice assessment structure creates a legal threat to APA's 501(c)(3) status."

The Membership Committee is currently reaching out to new members with a social media initiative, starting with our new **Facebook page.**

If you are Facebook member and have not done so already, we would like you to do two things today:

1. Go to http://www.facebook.com/pages/SSCP/333436279606 and become a fan of the page.

2. Cut and paste the following into your Facebook status and ask like-minded friends to do the same: "I am a member of the Society for a Science of Clinical Psychology. To become a member or just to become a fan of science-based clinical psychology go to http://www.facebook.com/pages/SSCP/333436279606. You will find a link to the main sscp page. Click "Like" to become a member. Pass the word."

Secretary/Treasurer Report

David A. Smith, Ph.D.
University of Notre Dame

SSCP Membership
(current as of April, 2010)

Total: 474
Full: 206 (43%)
Students: 268 (57%)

Membership continues to grow. Last year at this time we had 441 members in the Society, including 230 full members and 211 students. The increase in student members is outstanding! We are currently recruiting recently lapsed members in addition to ongoing efforts to recruit new members. The Membership Committee has been very effective over the past few years, increasing the membership by 36% in the past 2 years alone.

Finances
(current as of mid-May, 2010)

Current funds: $27,622.97
Total income (since Feb. 2010, including interest): $1,124.08
Total expenditures (since Feb. 2010): $3,380.50

As with membership, Society funds also continue to grow, increasing 77% since the end of 2008. Major expenses so far in 2010 have been the dissertation and distinguished scientist awards)$3,500). In response to the Society's healthy financial state, the Board recently doubled the funds available for student poster awards now $1,000 total, with $200 maximum awards and $100 minimum).

Student Representatives' Update

Rebecca Brock, M.A.
University of Iowa

Frank Farach, M.S.
Yale University

Internship Matters

In response to the worsening match rate of the psychology predoctoral internship (only 77% of students matched in 2010), an Ad Hoc Internship Committee was developed to take a closer look at the current state of the internship program. At this time, the committee is composed of Frank Farach and Becca Brock (Student Representatives), and Kelly Wilson (Member-at-Large).

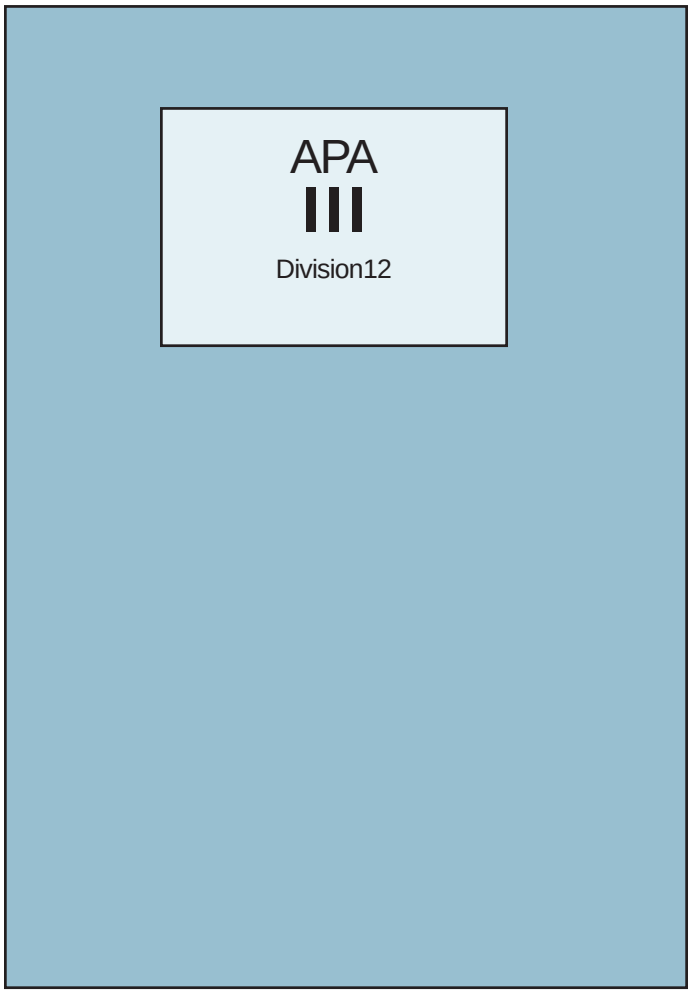
The committee has been developing a brief survey that will be distributed widely among stakeholders in the internship process (e.g., graduate students, interns, faculty, internship directors, etc.). The goal of the survey is to assess the extent to which the current internship process is perceived as problematic and to begin identifying possible solutions for addressing the worsening match rate. The survey will be launched during the next month.

On 5/28/10, the above information was shared at the SSCP Annual Members' Meeting at APS and was received positively. Several SSCP members offered their support in connecting committee members to key contacts in various psychology organizations to facilitate broad distribution of the survey. It was noted that the internship match issue had been discussed extensively at the Academy for Psychological Clinical Science meeting the day before.

Student Listserv

A lightly moderated, student-only listserv, was launched at the beginning of this year. We are pleased to report that the list has grown to 79 subscribers, representing one quarter of all student members of SSCP. The listserv is a forum for discussion and information about the career, research, clinical, and policy issues of interest to our student members. In its brief existence, the listserv has already been used by list members to probe for ideas about particular research literatures and experidesigns, to debate the merits of proposed changes to the DSM-V, and to share opinions about supply-demand issues related to clinical psychology internships. The list will serve as the venue for a series of moderated panel discussions with luminaries from the field on issues ranging from professional development to DSM-V.

If you are interested in joining the SSCP Students Listserv, email the Listserv Manager, Phil Masson, at pmasson@gmail.com. We are excited about this new effort to develop a stronger SSCP student community and hope that even more students will consider joining the listserv.



Upcoming Issues of *Clinical Science*

Some general information about upcoming issues*:*

Articles:
Each issue has a theme that will be announced 1-2 months prior to the issue's publication. Themes will be chosen by the Editor and the Executive Board. Two to three articles will be published in each newsletter on a given issue. Articles longer than 4000 words may not be considered.

Columns/Officer Updates:
Each issue will have a Presidential column and either columns or short updates from Board members and Officers. Updates from monthly Executive Board Meetings will also be published in each issue.

Articles, columns, and announcements must be submitted no later than 2 weeks before publication of the issue to be considered.

There will be 2 more issues of *Clinical Science* in 2010:

Summer Issue *(August, 2010):*

Theme: Evidence based and empirically supported treatments

Information will be provided about SSCP-related events to be held at APA in mid-August. Articles, columns, and announcements must be submitted by **Friday, July 23rd** to be included in the Summer Issue.

Winter Issue *(December, 2010):*

Theme: TBD

Columns will be included about SSCP-related events that were held at APA. Articles, columns, and announcements must be submitted by **Friday, December 3rd** to be included.

Please feel to contact me with suggestions or if you would like to write an article.
Erika Lawrence, *Editor* (erika-lawrence@uiowa.edu)