

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 2002 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 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, 4th edition*.

**Please submit materials** to the Editor: Adele M. Hayes, Ph.D. by e-mail:( [ahayes@miami.edu](mailto:ahayes@miami.edu) )

# Comments from the President

## Scott O. Lilienfeld, Ph.D.



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This has been an eventful, and in most respects, successful year for SSCP. We have launched several important new initiatives and have laid the groundwork for several others in the coming years. My hope is that these initiatives will help to bring SSCP closer to realizing its long-term goal of placing the field of clinical psychology on firmer scientific footing. In this presidential column, I'll lay out what I believe have been our most significant accomplishments over the past year.

First, SSCP has worked diligently on strengthening its ties with the American Psychological Society (APS), an organization that, like SSCP, is deeply committed to bridging the gap between science and practice. Although we have enjoyed a formal affiliation with APS for a number of years, we have only recently begun to forge closer links with this organization. For the past two years, members of the SSCP board have had productive and fruitful meetings with Alan Kraut, the Executive Director of APS, to discuss further collaborations between our organizations. The last two years have witnessed a number of useful steps in this direction. For example, SSCP has played an increasing role in APS's annual convention. SSCP served as co-chair of this year's APS clinical program track. In addition, this year's APS meeting featured the first SSCP student poster session at this convention. This poster session was highlighted in the APS program book and was both successful and well attended. Most recently, the SSCP board voted to move the SSCP Distinguished Scientist award ceremony from the APA to the APS convention,

where it will be featured at the awards ceremony on the first (plenary) night of the APS convention. SSCP and APS are continuing to discuss further possibilities for mutually beneficial collaboration, including reduced memberships for individuals in both organizations.

SSCP's increasingly closer ties with APS do not imply that SSCP plans to loosen its ties with the American Psychological Association (APA). In fact, SSCP has initiated friendly and productive discussions with the APA Science Directorate, now headed by Kurt Salzinger. I recently appointed SSCP Member Dr. Martin Antony, who is editor of *The Clinical Psychologist*, to be the first official SSCP liaison to the APA Science Directorate. This new position should facilitate our communications with APA and with the APA Science Directorate in particular, and provide us with a formal mechanism for more directly relaying our thoughts, suggestions, reactions, and concerns to APA.

Second, SSCP has continued to focus on the problem of quality control in APA Continuing Education (CE) courses, which has been an ongoing concern among the SSCP membership. Specifically, many SSCP members have argued that CE workshops on certain techniques (e.g., Jungian sandplay therapy, rebirthing, critical incident stress debriefing) undermine the scientific foundations of clinical psychology and place the general public at potential risk by encouraging clinicians to administer unvalidated or even iatrogenic interventions. Earlier this year, I appointed a special ad hoc committee within SSCP

(consisting of SSCP members Jake Jacobs, Jerry Davison, Kenny Sher, and former SSCP President Jackie Persons) to author a set of recommendations and guidelines for enhancing the scientific quality of CE offerings. Marty Antony has indicated that an article summarizing this committee's conclusions and suggestions will be published in *The Clinical Psychologist* pending appropriate peer review. At the most recent APA meeting in Chicago, the SSCP board met with members of the APA CE office (e.g., Karen Kanefield) to express our continued concerns regarding the scientific quality of certain CE courses. The members of the APA CE office assured us that our complaints have been taken seriously and have helped to prompt closer scrutiny of these problematic courses. Most important, they strongly encouraged SSCP members to provide feedback on the draft of the revised criteria for CE course approval, which will be disseminated this Fall. I would like to echo their urgings, as SSCP members will soon have the opportunity to shape the direction of CE offerings and to help ensure that the continuing education of practitioners is based on the best available scientific evidence

Third, over the past year SSCP has continued to attempt to place pressure on the APA to reexamine its stance on psychologist prescription privileges. Both the APA and APS conventions featured symposia on prescription privileges in which SSCP members (e.g., John W. Bush, Elaine Heiby, Howard Eisman, and former SSCP President Richard McFall) played prominent roles. Our hope is that such symposia will help to foster more balanced debates and discussions regarding both the cons and pros of prescriptive authority.

The prescription privileges issue also generated its share of controversy for SSCP and conflict with APA. In March, New Mexico Governor Gary Johnson signed into law a bill making his state the first to permit psychologist prescriptive authority. As SSCP President, I sent Governor Johnson a letter (posted to the SSCP listserv) urging him not to sign the bill and point-

ing out the SSCP membership's strong (although not unanimous) opposition to such authority. In this letter, I outlined our serious reservations concerning psychologist prescriptive authority and our primary points of disagreement with APA on this issue. SSCP was criticized for sending this letter on the grounds that APA by-laws prohibit its sections and divisions from adopting stances on issues that are contrary to APA's stated policy. Because the APA's formal policy is to pursue psychologist prescription privileges, a number of individuals within APA believed that SSCP was in violation of APA by-laws. We are continuing to explore this issue with APA and hope to come to an amicable resolution before the end of the year. My hope, and that of almost all SSCP members with whom I have communicated regarding this issue, is that APA will find a means of pursuing policies that it regards as in its best interests, while still permitting open dissent from sections and divisions whose members hold divergent points of view. Open disagreement is the lifeblood of democracy, and such disagreement will in the long run actually help to strengthen APA.

I am confident that President-Elect Kenny Sher, who assumes office in January, will do a superb job of maintaining our momentum on these and other issues of significant concern to the SSCP membership. In the meantime, I very much welcome your input, feedback, suggestions, and constructive criticism. It has been a pleasure and an honor to serve the SSCP membership, as well as to work with the outstanding members of the SSCP board, including Denise Sloan (our Secretary/Treasurer), Bob Klepac (our representative to Division 12), and Tom Borkovec (the past SSCP President). Not least of all, it's been a great deal of fun.

## Professional Issues

# APA and Division 12 News

*Prepared and submitted by:*  
Scott O. Lilienfeld, Ph.D.  
Emory University

Dear SSCP Members:

As President of SSCP, I am here again to report some news that is not especially positive.

In anticipation of the recent Division 12 meeting, I sent a letter to Division 12 that was co-signed by the members of the SSCP board (save for SSCP President-Elect Kenny Sher, who was out of town when I drafted the letter). In this letter, I made clear that the SSCP board has serious concerns regarding any APA policy that restricts the rights of APA divisions or sections to disagree publicly with expressed APA policy. As many of you recall, this controversy was triggered in March of this year, when as SSCP President I sent a letter to New Mexico Governor Gary Johnson urging him not to sign a bill granting psychologists prescriptive authority. Shortly after sending this letter, I was informed by APA that I was in direct violation of APA by-laws, which according to APA counsel prohibit divisions or sections (e.g., Section III of Division 12, viz., SSCP) from taking public stands on issues that run contrary to stated APA policy (in this case, psychologist prescriptive authority).

The letter makes a strong case for permitting APA divisions and sections to disagree publicly and openly with APA policy, and urges APA to amend its by-laws to allow such dissent. Our letter was discussed at the recent Division 12 meeting. Nevertheless, we failed to persuade the majority of the Division 12 board of our position. Although I was not present at the meeting, our SSCP Representative to Division 12, Bob Klepac, introduced a motion that would permit sections and divisions free public voice in either agreeing or disagreeing with stated APA policy. This motion was defeated, although the vote among the Division 12 board was not unanimous. Bob will soon be sending a message to the SSCPNET reporting on the deliberations and outcome of this discussion in more detail. I have since been informed by Division 12 that as an organization SSCP must "avoid dissent in any forum that might be observed by the public (e.g., letters, websites, and public media) with efforts of APA and its member organizations, to establish prescriptive authority for psychologists." I should of course point out that this injunction in no way prevents any of us as individuals (e.g., over listserves, including the SSCP listserve) from taking public stands on any issues we wish. I should also say that Division 12 President Larry Beutler has been supportive of our efforts. Regrettably, most (although not all) of the Division 12 board and the APA leadership has not. I also wish to thank outgoing Division 12 Representative Bob Klepac (who will be replaced on January 1st by Sheila Woody) for his strong leadership on this issue and valiant, although thus far unsuccessful, efforts.

I must say that I am deeply disappointed, although not surprised, by the outcome of the Division 12 discussion. I also take strong issue with those in the APA leadership who have expressed the view that that they do not regard this APA injunction as a limitation on free speech and free dissent. I believe that it is, and I believe that SSCP should continue to vigorously fight this injunction (although, ironically, according to APA by-laws we cannot do so in a public forum). We may wish to do so in conjunction with other APA divisions and sections, and I intend to explore this possibility in the coming weeks. Division 12 President Larry Beutler has indicated to me that the Division 12 Board of Directors will be attempting to persuade CODAPAR (The Committee on Division/APA Relations) and the Policy and Planning Committee to review and potentially revise its language to allow at least somewhat more wiggle room for dissent among APA sections and divisions. I am appreciative of their willingness to do so and very much hope that they will be successful.

As most of you know, my presidential term expires on December 31st. I believe that this issue will need to be a major concern of, and priority for, future SSCP Presidents. Speaking only for myself, I believe that SSCP should first fight as hard as it can within existing APA channels to alter what I regard as a profoundly misguided APA policy. If it cannot succeed in changing this policy, however, I believe that SSCP will need to give serious consideration to formally dissociating itself from APA. If SSCP and other Division 12 sections are merely "special interest groups" within APA (which is what I have now been explicitly informed in writing) rather than organizations with independent status and autonomy, it is not entirely clear to me what special role such sections serve. This will be an important and difficult issue that future SSCP presidents will need to deal with directly.

I will be in touch with all of you regarding any future developments along these lines. Sorry again to be the bearer of less than positive news.

Scott

## **NIH Summer Institute on Design and Conduct of Randomized Clinical Trials Involving Behavioral Interventions**

The [Office of Behavioral Sciences Research](#) (OBSSR) at the [National Institutes of Health](#) (NIH) have been organizing a summer institute that is likely to be of interest to SSCP members. The institute includes presenters with extensive experience in the conduct of major clinical trials, with specializations in psychology, behavioral medicine, psychosomatic medicine, gerontology, oncology, cardiovascular diseases, statistics, clinical trials, and other areas. The next institute is expected to be in July or August of 2003, and applications will probably be due in February 2003. Specific dates have not been set.

### **Course Content:**

#### **The curriculum will enable participants to:**

- Describe the principles underlying the conduct of unbiased clinical trials
- Contrast biomedical vs. behavioral interventions in the context of RCTs
- Evaluate and interpret critically the literature on RCTs for behavioral interventions
- Contrast and evaluate alternative research designs in terms of their appropriateness
- Contrast and evaluate methods for monitoring, coordinating, and conducting RCTs
- Select appropriate outcome measures, enrollment strategies, and randomization techniques
- Design a specific research proposal in collaboration with a multidisciplinary team

More information and slides from previous institutes can be obtained at : [http://obssr.od.nih.gov/Conf\\_Wkshp/RCT/RCT\\_Info.htm](http://obssr.od.nih.gov/Conf_Wkshp/RCT/RCT_Info.htm)

# Giving prescription privileges to psychologists would be a very dangerous experiment. Here are 10 reasons why.

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As a responsible state legislator, you should oppose prescription privileges for psychologists (RxP<sup>1</sup>). Here is why:

- No state permits psychologists to prescribe drugs. That is because their training is in the behavioral and social sciences and **not in the medical sciences**. Psychologists simply cannot be compared to nurses, optometrists, pharmacist clinicians, or other allied medical professionals who are permitted to prescribe in some states. (Editorial Note: This statement was correct when this document was drafted. However, since that time New Mexico has become the first U.S. state to grant prescriptive authority to psychologists).
- The American Psychological Association (APA) training model involves **less than half** of the training of any prescribing profession. It has **never been evaluated** by any competent and unbiased body of experts in medical education.
- Recent attempts to make RxP more palatable to legislators by increasing the amount of training, or by pegging training to the requirements of an allied health profession such as pharmacist clinicians, are **smoke and mirrors**. They merely attempt to disguise the fundamental fact that psychology is not a biomedical science.
- If a state were to permit RxP with so little training, it would be conducting a **dangerous experiment** upon its citizens. The state would become known as having the **lowest standards in the country** for regulating the practice of medicine.
- APA and some state psychological associations claim that the Defense Department's Psychopharmacology Demonstration Project showed that psychologists can prescribe safely. The claim is **unfounded**. The DoD project involved more than twice as much training as what APA advocates. In addition, the 10 psychologists in the DoD program (a) dealt with an **unusually healthy** group of
- Some surveys show that, at most, half of psychologists support RxP. It is a **highly divisive** issue within the field. Legislators should not be put in the position of trying to resolve the discipline's internal disputes.
- Several organizations of psychologists** oppose RxP and the APA training model. They include (a) the American Association of Applied and Preventive Psychology, (b) the Society for a Science of Clinical Psychology, (c) the Committee Against Medicalizing Psychology, and (d) the Council of University Directors of Clinical Psychology. Support for RxP comes mainly from **freestanding, for-profit professional schools and continuing education businesses**.
- In areas of the country where there is a shortage of psychiatrists, psychologists can and do collaborate with physicians and nurses when their patients need medical interventions. If special training is needed, it should be designed to **improve collaboration**. It must not aim at a dangerous usurpation of prescriptive authority.
- Collaboration is **far less expensive** than RxP. The estimated cost of providing the experimental APA model training at state universities ranges upward from \$400,000 per year. The cost to students has been estimated to be at least \$120,000. These expenses are likely to be passed on to the consumer and taxpayer and thereby **increase health care costs**.
- Psychologists who wish to prescribe on their own may do so by completing training programs in **nursing and medicine**. This alternative requires no new legislation, no experiment upon citizens, and is not divisive within psychology.

<sup>1</sup> Sometimes also abbreviated as "PPP"

## Membership Issues

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The past year has been very active for SSCP. Mailing of dues notices is now back on track. As a result of regular dues payment, we were able to offer best poster presentation cash awards at the first SSCP student poster session held at APS. We will continue to offer the cash award for best presentation at the SSCP student poster held annually at APA. Our healthy budget will also enable SSCP to continue the dissertation grant program this year. To sustain our strong budget please look for the next dues notice in your mail this October. For the first time we will be able to accommodate credit card payments this year. This new payment option will be especially helpful for our members living outside of the U.S.

Another positive outcome of getting our dues notices back on track is that we have been able to update our membership list. The new membership list has been posted on the SSCP WebPage. With the help of Teresa Treat, who maintains our WebPage, we will continue periodic updates of our membership list.

Recent SSCP board changes and changes in the way we maintain our membership database have led to confusion regarding the appropriate individuals to contact for e-mail and postal address changes. These contacts have been posted on our WebPage and are listed below.

### **SSCP Listserv**

For *SSCPNet* issues, such as E-mail changes and requests to be added to the list, members should contact Mike Bailey ([jm-bailey@nwu.edu](mailto:jm-bailey@nwu.edu)), SSCPNet manager. For the *Student Listserv*, please contact Evelyn Behar at [esb140@psu.edu](mailto:esb140@psu.edu), who is managing the Student Listserv.

### **Postal Address Changes**

For postal address changes, please contact Lynn Peterson ([div12apa@attbi.com](mailto:div12apa@attbi.com)), who now maintains the SSCP membership list.

### **General Membership Issues**

For information on joining or renewing membership with SSCP, either download the membership application from the SSCP WebPage (<http://pantheon.yale.edu/~tat22/membership.htm>) or

contact me directly ([dsloan@temple.edu](mailto:dsloan@temple.edu)).

I would also like to alert our student members that Erin Scott has resigned her position as student representative of SSCP because she has started her clinical internship year. Thank you Erin for all of your hard work for the society. We are very fortunate that Jennifer Heidt, a graduate student at Temple University, has assumed the role of student representative. Jen has written an article in this issue in which she outlines her plans in serving student members of SSCP. Welcome Jen!

## Student Corner

My name is Jennifer Heidt, and I am a second-year clinical psychology graduate student at Temple University. I will be acting as the SSCP Student Representative for the coming year. One of my primary goals as student representative is to increase interest in and use of the student listserv. I hope that collectively we can develop it to be more of a student resource center, particularly for questions surrounding issues that are pertinent not only to graduate student life, but also to the process of making the often difficult decision of what to do after graduate school is completed. The listserv can also be used as a meeting and breeding ground for new ideas, a place to gather information, and support for the development of research ideas and issues. In addition, I plan to use the space provided in the newsletter to address issues that are of importance to our student members on a more general basis, such as questions about internships and career paths that emphasize and integrate the scientist-practitioner model.

I would like to use both the student listserv and the newsletter to assist SSCP student members in the pursuit of their professional goals. For this, I need your help. Are there questions about graduate school, graduate life, or life after graduate school that concern you or that you think might benefit other students? Is there anything that you would like to learn more about? Please send me any questions, ideas, and concerns you have regarding graduate student life. Please also consider utilizing the student listserv to express your ideas, ask questions, and cultivate research ideas. Feel free to post electronic versions of news stories, article, and other materials that might stimulate interesting discussion.

I look forward to hearing from you and hope to provide support and assistance in your journey through the rigors and successes of your graduate education.

## Funding Updates

### THE IMPACT OF CHILD PSYCHOPATHOLOGY AND CHILDHOOD INTERVENTIONS ON SUBSEQUENT DRUG ABUSE

Release Date: October 15, 2002

RFA: DA-03-007

National Institute on Drug Abuse (NIDA)

(<http://www.nida.nih.gov>)

National Institute of Mental Health (NIMH)

(<http://www.nimh.nih.gov>)

Letter of Intent Receipt Date: November 22, 2002

Application Receipt Date: December 23, 2002

#### PURPOSE OF THIS RFA

This RFA by the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH) solicits research applications to study: 1) the relationship between psychopathologic and behavioral conditions in childhood and the risk for later drug use disorders, and 2) the impact of childhood mental health interventions on modifying the risk for later drug use disorders.

Although a growing body of research has demonstrated associations between certain psychiatric conditions and substance use disorders (SUDs), the following important questions remain to be addressed: 1) Which children are at greater risk for SUD by virtue of their conditions? 2) What shared or unique characteristics or contextual factors constitute the risk for psychopathology and SUD? 3) Are there effective interventions for such conditions or service delivery changes that can prevent or reduce the risk for later SUD? 4) Do some interventions unintentionally increase vulnerability to later SUD? 5) How do findings regarding interventions and outcomes alter understanding of the etiologic processes of drug abuse?

The goal of this announcement is to stimulate both new studies and the addition of drug abuse-related measures to ongoing studies to address the above questions. The ultimate purpose of this work is to provide knowledge that will inform and improve preventive and health services interventions with populations at high risk for SUDs.

**For a complete listing, please see:**  
<http://grants1.nih.gov/grants/guide/index.html>

### ENHANCING ADOLESCENT HEALTH PROMOTION ACROSS MULTIPLE HIGH RISK BEHAVIORS

Release Date: August 28, 2002

PA Number: PA-02-159

Expiration Date: August 23, 2005, unless reissued.

National Institute of Nursing Research (NINR)

(<http://www.nih.gov/ninr>)

National Institute on Alcohol Abuse and Alcoholism

(NIAAA) (<http://www.niaaa.nih.gov>)

National Heart, Lung, and Blood Institute (NHLBI)

(<http://www.nhlbi.nih.gov>)

#### PURPOSE OF THIS PA

The National Institute of Nursing Research (NINR), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Heart, Lung, and Blood Institute (NHLBI) invite applications for research related to health promotion/risk reduction among adolescents. Specifically, this announcement seeks applications that 1) identify the determinants of health promoting and health compromising behaviors among adolescents and 2) identify and evaluate interventions and methodologies that show promise for improving the health profiles of adolescents by assessing, preventing, reducing and or ameliorating high-risk behaviors. Investigators responding to this announcement are required to target two or more of the high-risk behaviors in a single application.

### RESEARCH ON MENTAL ILLNESSES IN OLDER ADULTS

Release Date: October 22, 2002

PA Number: PA-03-014

Expiration date: October 2005, unless reissued.

National Institute of Mental Health (NIMH)

(<http://www.nimh.nih.gov>)

#### PURPOSE OF THIS PA

The National Institute of Mental Health (NIMH) invites grant applications for research that will reduce the burden of mental illnesses on older adults. NIMH has a long-standing commitment to studying mental illnesses in older individuals. With a recent review of the late-life research portfolio, NIMH has identified opportunities for enhancing and strengthening its investment in late-life research. The intent of this program announcement is to intensify investigator-initiated research in this area, to attract new investigators to the field, and to enhance interdisciplinary approaches to research.

## **GUIDANCE FOR BEHAVIORAL TREATMENT PROVIDERS: RESEARCH ON KNOWLEDGE AND SKILL ENHANCEMENT**

Release Date: September 16, 2002

RFA: DA-03-005

National Institute on Drug Abuse (NIDA)

([www.nida.nih.gov](http://www.nida.nih.gov))

Letter of Intent Receipt Date: November 15, 2002

Application Receipt Date: December 16, 2002

### **PURPOSE OF THIS RFA**

The National Institute on Drug Abuse (NIDA) is committed to promoting research activities that result in improved drug abuse treatment and reductions in HIV/AIDS risk behavior in drug-dependent individuals. NIDA's behavioral therapies development program has supported the development and testing of a number of efficacious therapies for drug abuse and dependence and HIV/AIDS risk. The purpose of this initiative is to support studies for developing and testing novel, creative approaches to clinical training and supervision that will enhance community treatment providers' knowledge and skills to administer behavioral treatments with some evidence of efficacy for drug abuse and/or interventions for HIV/AIDS risk reduction among in-treatment drug abusers. This RFA especially encourages theory-driven approaches to the development of novel training and supervision methods, i.e., approaches that apply knowledge derived from cognitive neuroscience, psychology, medical education, and other fields of science to training and supervision.

It is NOT intended to support the development of new behavioral therapies, studies of strategies to reduce organizational barriers to implementing training in a given program, program evaluation studies of existing training approaches, or development of training and supervision methods for treatments without any documented evidence of efficacy. Evidence of efficacy for the purpose of this RFA is defined as findings published or in press in a peer reviewed journal, from one or more well-designed randomized clinical trials conducted with drug users that demonstrated reductions in drug use, HIV/AIDS risk behavior or other closely related outcomes. An entire treatment or a single component of an efficacious treatment may be selected for training. The term "behavioral therapy" is used here in a broad sense and includes various forms of psychotherapy, behavior therapy, cognitive therapy, family therapy,

skills training, counseling, and other rehabilitative therapies. For the purpose of this RFA, "treatment providers" includes therapists, counselors, and others who provide behavioral therapies (as defined above) to people in drug treatment and who would be targets for clinical training and supervision.

## **NIH EXTRAMURAL LOAN REPAYMENT PROGRAM REGARDING CLINICAL RESEARCHERS**

Release Date: October 10, 2002

Notice: NOT-OD-03-004

National Institutes of Health

Application Receipt Date: 5 PM EST, Nov. 30, 2002

### **PURPOSE OF THIS NOTICE**

The National Institutes of Health (NIH) announces the 2003 Extramural Loan Repayment Program for Clinical Researchers (LRP-CR). The LRP-CR provides for the repayment of educational loan debt of qualified health professionals who agree to conduct clinical research for two years. The program provides for the repayment of up to \$35,000 of the principal and interest of the educational loans. The program covers the Federal taxes on the loan repayments which are considered taxable income to program participants.

The 2003 LRP-CR differs from the 2002 program in that the awards are no longer restricted to NIH grantees, as described below in the eligibility criteria.

### **PROGRAM OBJECTIVES**

The objective of the Program is the recruitment and retention of highly qualified health professionals to careers as clinical investigators. Clinical research is defined as follows: "Patient-oriented clinical research conducted with human subjects, or research on the causes and consequences of disease in human populations involving material of human origin (such as tissue specimens and cognitive phenomena) for which an investigator or colleague directly interacts with human subjects in an outpatient or inpatient setting to clarify a problem in human physiology, pathophysiology or disease, or epidemiological or behavioral studies, outcomes research or health services research, or developing new technologies, therapeutic interventions, or clinical trials."

The NIH invites qualified health professionals who meet program eligibility requirements to apply for participation in the NIH Loan Repayment Program for Clinical Researchers.

### **EXPLORATORY/DEVELOPMENTAL TRANSLATIONAL GRANTS FOR BORDERLINE PERSONALITY**

Release Date: August 28, 2002

RFA: MH-03-001

National Institute of Mental Health (NIMH)

(<http://www.nimh.nih.gov>)

National Institute on Drug Abuse (NIDA)

(<http://www.nida.nih.gov>)

Letter of Intent Receipt Date: January 13, 2003

Application Receipt Date: February 12, 2003

#### **PURPOSE OF THIS RFA**

The National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA) are undertaking efforts to increase research concerning borderline personality disorder, a disorder that has not received research attention commensurate with its prevalence in clinical settings and its seriousness. In this Request for Applications (RFA), NIMH and NIDA extend their translational research initiatives to borderline personality disorder research, inviting exploratory/developmental R21 applications for new, innovative translations of basic science theories, methods and findings to clinical research concerning borderline personality disorder, its features, and its relationship to co-occurring disorders, e.g., depression, post-traumatic stress disorder, and drug dependence. Applicants for these R21 grants should be committed to pursuing the proposed line of research subsequently through R01 and other appropriate grant mechanisms with benefit of the data developed through the exploratory/developmental work. The areas of basic science for possible translation include modern psychometrics and measurement theory, basic behavioral science, social science and neuroscience. The specific clinical focus chosen by an applicant should reflect the potential for innovative, important, scientifically sound translations of basic science to clinical research concerning borderline personality disorder.

### **IMPLEMENTATION OF SCREENING AND BRIEF INTERVENTIONS FOR ALCOHOL-RELATED PROBLEMS**

Release Date: September 17, 2002

PA Number: PA-02-168

Expiration Date: August 15, 2005, unless reissued.

National Institute on Alcohol Abuse and Alcoholism (NIAAA) (<http://www.niaaa.nih.gov>)

National Institute on Drug Abuse (NIDA)

(<http://www.nida.nih.gov>)

#### **PURPOSE OF THIS PA**

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) seeks research grant applications on the delivery of screening, identification, and brief intervention services for alcohol-related problems in medical and other similar service settings. This program announcement (PA) invites research applications to test strategies for improving the availability, use of, delivery, quality, effectiveness, cost-effectiveness, and outcomes of protocols to screen for and identify patients with current or potential alcohol use problems and to implement brief interventions to address such problems. This PA also invites research applications to test strategies that facilitate the referral to more intensive treatment for those patients for whom specialty care may be indicated.

### **TRANSLATING RESEARCH INTO PRACTICE - JOINT PROGRAM ANNOUNCEMENT**

Release Date: February 19, 2002

PA Number: PA-02-066

Expiration Date: July 24, 2004 (for R01s), unless reissued.

#### **PARTICIPATING INSTITUTES AND CENTERS (ICs):**

Agency for Healthcare Research and Quality, AHRQ

(<http://www.ahrq.gov>), Department of Veterans

Affairs, Health Services Research and

Development Service

#### **PURPOSE OF THE PA**

This Translating Research into Practice (TRIP) Program Announcement (PA) is a collaborative effort between the Agency for Healthcare Research and Quality (AHRQ) and the Health Services Research and Development Service (HSR&D) within the Department of Veterans Affairs (VA). Applicants are invited to conduct innovative and rigorous research and evaluation projects related to the translation of research findings into measurable improvements in quality, patient safety, health care outcomes and cost, use, and access. An explicit focus on testing effective strategies for translating research into practice has been a priority for the PA sponsors for the past several years. While there are promising initiatives and projects in progress, this PA underscores the need for research that can bridge the chasm between promising prototypes (e.g., approaches for treating a specific disease in a particular setting or work system changes that improve quality or efficiency in a particu-

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lar setting) and generalizable knowledge that can be used in multiple settings and lead to systematic improvement on a large scale. For the purpose of this PA, research findings may be translated into evidence-based clinical or organizational, structural, and system interventions that then can be assessed for their ability to measure change in or improve access to health care, patient safety, the quality and/or cost-effectiveness of health care delivery, and health care outcomes.

### **DEVELOPMENT OF TOOLS FOR THE ASSESSMENT OF DEPRESSION**

Release Date: July 31, 2002

RFA: MH-03-002

National Institute of Mental Health (NIMH)

(<http://www.nimh.nih.gov>)

National Institute on Drug Abuse (NIDA)

(<http://www.nida.nih.gov>)

Letter of Intent Receipt Date: September 15, 2002

Application Receipt Date: October 15, 2002

#### **PURPOSE OF THIS RFA**

The National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA) invite research applications that apply recent advances in affective science, basic behavioral science, and measurement theory to the development of an instrument or assessment battery to assess depression. The instrument must be psychometrically sound, time-efficient, and suitable for tracking changes in symptoms and functioning as a repeated measure over time or in response to therapeutic intervention. Functional impairments for which treatments would be necessary or beneficial should be defined and assessed in the context of any instrument developed. Measurement development should also aim to reliably and validly distinguish depression from the many other physical disorders with overlapping symptoms, for example, fatigue, sleep problems, and changes in eating behavior. Applications emphasizing method development proximal to the development of a depression assessment tool will also be considered. Collaborations are expected between scientists examining basic behavioral processes, (e.g., emotion, motivation, cognition), researchers studying the behavioral biology of mood disorders, clinical investigators studying the etiology, course or treatment of depression, and experts in contemporary measurement theory.

### **STATE IMPLEMENTATION OF EVIDENCE-BASED PRACTICES – BRIDGING SCIENCE AND SERVICE**

Release Date: August 16, 2002

RFA: MH-03-007

National Institute of Mental Health (NIMH)

(<http://www.nimh.nih.gov>)

Substance Abuse and Mental Health Services

Administration (SAMHSA), (<http://www.samhsa.gov/>)

Letter of Intent Receipt Date: September 29, 2002

Application Receipt Date: October 29, 2002

#### **PURPOSE OF THIS RFA**

The National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) have entered into a partnership to promote and support implementation of evidence-based mental health treatment practices into state mental health systems. NIMH seeks to enhance the research agenda of state mental health systems by focusing on activities that yield knowledge about the most effective and feasible methods for implementing evidence-based practices into state clinical practice settings. SAMHSA seeks to provide direct support to states and localities that are ready and committed to adopting evidence-based practices. This Request for Applications (RFA) is designed to accomplish both objectives.

This RFA is to provide funding to states for planning grants to bridge science and service focusing on the implementation of Evidence-based Practices (EBPs). Some states are actively implementing EBPs despite limited information about what factors contribute to successful adoption. There is substantial variation in states' readiness to implement EBPs, and this RFA is intended to allow states at various levels of implementation readiness to participate in bridging science to service activities that will further their specific agendas. In order to ensure that the funding goes directly to the state, state offices (e.g., Departments of Mental Health, Medicare/Medicaid offices) will be required to be the applying organization, and a state officer will be required to be the Principal Investigator. Examples of activities may include: 1) meetings to convene state and local stakeholders to learn about implementation and plan EBP implementation strategies, 2) small pilot studies on research areas such as fidelity measurement assessment, and innovative cost analyses, 3) establishment networks of administrators and key leaders to share information about implementation or plan for

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alternative models of information management and process and outcome measurement, and 4) planning of training, financing, and policy initiatives that will advance implementation of EBPs. It is expected that the one-year planning grant will lead to the submission of a research application for an R01, R21, or R03 grant and/or applications for SAMHSA Targeted Capacity Development, Community Action and other Best Practice Development Grants.

### **BASIC AND PRECLINICAL RESEARCH ON COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM)**

Release Date: July 2, 2002

PA Number: PA-02-124

Expiration Date: July 15, 2005, unless reissued.

National Center for Complementary and Alternative Medicine (NCCAM), (<http://nccam.nih.gov>)  
National Cancer Institute (NCI), (<http://nci.nih.gov>)  
National Institute of General Medical Sciences (NIGMS), (<http://www.nigms.nih.gov/>)  
National Institute of Mental Health (NIMH) (<http://www.nimh.nih.gov/>)

#### **PURPOSE OF THIS PA**

The National Center for Complementary and Alternative Medicine (NCCAM) invites research grant applications to help stimulate the amount and elevate the quality of basic, mechanistic, and preclinical research in all domains of CAM in order to provide a stronger foundation for ongoing and planned clinical studies. The NCCAM desires to encourage the most rigorous CAM and conventional researchers to focus on the opportunities in CAM research, and to employ the most current and emerging technologies to strengthen the biomedical research knowledge bases needed to elevate clinical practice. The National Cancer Institute (NCI), the National Institute of General Medical Sciences (NIGMS), and the National Institute of Mental Health (NIMH) share programmatic interests in some areas of CAM research with the NCCAM. The NCCAM, NCI, NIGMS, and NIMH areas of interest are described under INQUIRIES.

### **SERVICES RESEARCH IN THE NATIONAL DRUG ABUSE CLINICAL TRIALS NETWORK**

Release Date: October 17, 2002

PA Number: PA-03-011

Expiration Date: October 31, 2005, unless reissued.

National Institute on Drug Abuse (NIDA), (<http://www.nida.nih.gov>)

#### **PURPOSE OF THIS PA**

The National Institute on Drug Abuse (NIDA) invites applications to conduct health services research on the practice and delivery of drug treatment in the National Drug Abuse Treatment Clinical Trials Network (CTN). By encouraging the use of the existing CTN network of treatment providers and research centers as a platform for new research, this PA enhances research efforts to improve the delivery of drug abuse treatment, and translate science-based treatments into practice in community treatment settings.

## **Conference Information**

### **2002 AABT Annual Convention:**

November 14 - 17, 2002

Reno, Nevada

*Submission Deadline Past*

<http://www.aabt.org>

### **2003 APS Convention:**

May 29 - June 1, 2003

Atlanta, Georgia

*Submission Deadline: January 14, 2003*

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

### **2003 APA Annual Convention:**

August 7 - 10, 2003

Toronto, Ontario, Canada

*Submission Deadline: November 15, 2002*

<http://www.apa.org>

## Awards and Recognition

### 2002 APS Student Poster Session Winners

The first annual SSCP student poster subsession at the June APS in New Orleans was highly successful and quite well attended. This subsession received special independent billing in the APS program book. All of the students put a great deal of work and effort into their posters, which were of uniformly high quality. Denise Sloan and Scott Lilienfeld served as judges for the SSCP student posters (except for the poster on which Tom was co-author). We had difficult decisions to make given the high quality of all of the posters. Nevertheless, we're pleased to announce the following winners:

#### Best Poster:

**Evelyn Behar  
(Scott Lilienfeld)**

*Predominance of thoughts and images during worry and trauma recall*

#### Honorable Mentions:

**Lauren Papp  
(Matthew Breidling and David Smith)**

*Depression and marital discord: Multilevel modeling of within-subjects relations and moderating individual differences*

**Auren Piatogorsky  
(Steve Hinshaw)**

*ADHD boys with high psychopathy dimension scores: Five-year longitudinal study of adolescent delinquency severity*

**Congratulations to all of the winners!** Even more important, congratulations and thanks go out to all of the students who presented. Once again, Denise and Scott were impressed by the high quality of all of the presentations.

### 2002 APA Student Poster Session Winners

#### Best Poster:

**Michelle Heffner and  
Sarah E. Foster**

West Virginia University

*Experimental support for the use of storytelling to guide human behavior*

#### Honorable Mentions:

**Sarah E. Francis and  
Bruce F. Chorpita**

University of Hawai'i at Manoa

*Sensitivity and specificity of two self-report measures of child anxiety*

**Carrie M. Talesfore and  
Anthony J. Marsella**

University of Hawai'i at Manoa

*Sociolinguistic mediation of eating disorder related concepts: A study of bilingual Chinese women*

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