



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

Winter 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.

Articles published in *Clinical Science* represent the views of the authors and not necessarily those of the Society for a Science of Clinical Psychology, the Society of Clinical Psychology, or the American Psychological Association. Submissions representing differing views, comments, and letters to the editor are welcome.



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- **“Current Status and Future Prospects of Clinical Psychology”**
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- **“The Next Big Questions in Psychology”** A special issue of *Perspectives on Psychological Science*
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Past President's Final Column: Looking Back, Moving Forward

Howard N. Garb, YC 03, USAF, Ph.D.
Lackland Air Force Base

I have listed some of the activities and accomplishments from the past year, followed by comments on our evolving relations with APS and APA.

Looking Back:

- New SSCP Main Website – <http://sscpweb.org/>
- SSCPnet archive established – link appears on main website
- SSCP Student Website created – <http://sscpstudents.org/>
- 7th edition of Internship Directory (2009) – can be downloaded from main website or student website
- Development of new student listserv (launched in January)
- Dissertation Grant Awards (five funded for \$500 each)
- APS Student Posters (Three \$100 Awards and one \$200 Award)
- Distinguished Scientist Award (\$1,000 Award) – Thomas Widiger is recipient. He will give the 2010 Distinguished Scientist Award address at the APS Convention.
- APS Convention Program – SSCP Representative serves on the Program Committee
- APA Convention Program - three hours allotted to SSCP
- Second year of External Nominations Committee – furthers the impact of science on clinical psychology by submitting nominations for APS and APA board members, committee members, and award winners
- Comments posted by the SSCP Executive Board
 - The SSCP Executive Board commented on several key issues relevant to clinical science, including (a) the implementation of empirically supported procedures, (b) changes to the Model Licensure Act, and (c) conflicts between ethics and law.
 - Copies of all comments will be posted on the main SSCP website
- Anti-torture statement – appears on main website

Moving Forward:

- The SSCP Executive Board continues to examine our relations with APA and APS.
- Members of the Board had conversations with representatives of the APA Science Directorate and the Division 12 Board. We described our perception that there has been a steady drifting away from APA.
- One argument for keeping ties with APA has to do with our mission: increasing the influence of science on clinical psychology. For example, APA is now committed to the idea of producing treatment guidelines. This is an idea they had long rejected. We have been told by the Science Directorate that SSCP will have a role in this process.

Our ties with APS continue to grow, and in many ways the views of SSCP are more in step with APS than APA. The idea of a clinical specialty journal that would publish empirical studies was raised. This could have a great impact on APS, SSCP, and the role of science in clinical psychology. Informal talks continue.

Appreciation is expressed to the large number of people who worked for SSCP with great dedication during the past year:

- *Board members and officers:* Lee Anna Clark, Tom Ollendick, Elizabeth Hayden, Bob Knight, David Tolin, Kelly Wilson, Frank Farach, and Ashley Pietrefesa
- *Internship Directory (7th Ed.):* Lea Dougherty (Chair), Greg Kolden (APCS representative), and Rebecca Brock
- *Main website:* Jack Blanchard (for many years of service) and to Frank Farach for developing and managing the new website
- *Student website:* Frank Farach and Ashley Pietrefesa
- *Development of the new student listserv:* Frank Farach, Phil Masson, and Ashley Pietrefesa
- *SSCPnet and SSCPnet archive:* Mike Miller (for many years of service) and Tom Olino (new SSCPnet and archive manager)
- *External Nominations Committee:* Bob Knight (Chair), David Barlow, Lynn Rehm, Toni Zeiss
- *Membership Committee:* Sheryl Goodman and Doug Mennin
- *SSCP program at the APA convention:* Evelyn Behar
- *SSCP representative to APS Program Committee:* Dan Klein
- *New Editor of Clinical Science:* Erika Lawrence
- *Dissertation Grants:* Denise Sloan (Chair), Scott Lilienfeld, Brian Marx, Doug Mennin, and Suzanne Pineles
- *APS Poster Awards:* Dan Klein, Elizabeth Hayden, Rich McNally, and Tom Ollendick
- *Liaison to Science Directorate:* Bob Brown
- *Publications Committee:* Nick Eaton (graduate student member)
- *Division 12 Administrative Officer:* Lynn Peterson

Proposed Changes for DSM-V: A New Model for Personality Disorder

Lee Anna Clark, Ph.D.,
University of Iowa, Department of Psychology

Proposed criteria for DSM-V diagnoses have been available for public comment since February 10, as the pervasiveness of the internet makes possible widespread international input on a DSM revision for the first time in its history. For over 2 years now, members of the 13 diagnostic Work Groups and 6 Study Groups (formed to address cross-cutting issues such as gender and culture) have been reviewing the literature, and revising the criteria in light of their findings. As we all know from working closely on the details of a project for an extended time period, one easily can become blind to its problems and its complexities, whereas the problems may be obvious and the complexities overwhelming to those who have not been so deeply involved.

Thus, it is the hope of everyone who has worked on the revision that quality input from the field now will serve as a corrective factor, that people will identify—and, importantly, suggest ways to fix—problems and unnecessary complexities, including potential unintended consequences of the proposed changes. It is my personal hope that all SSCP members will take the time to critique the proposed criteria of those domains of psychopathology with which they are most familiar, and make suggestions based in sound psychological research that will improve their validity and clinical utility.

This article describes the revisions proposed by the Personality and Personality Disorder Work Group. However, it is important that I state from the outset that the article necessarily reflects my own perspective, and is not “official” DSM-V information. I also want to clear up a couple of rumors about things that are supposedly not allowed: (1) Taking notes—completely untrue! Many of us have our computers open in front of us at meetings and on our regular phone calls, and take notes from start to finish. I can’t imagine trying to remember everything we discuss without them. (2) Communicating with colleagues about what we’re doing—nonsense! Quite the contrary: We’re encouraged to get input from colleagues who have relevant expertise, as well as to give presentations on our work and get feedback from a wide range of groups. I have spoken at meetings of the Society for Research in Psychopathology, the International Society for the Improvement and Teaching of Dialectical Behavior Therapy, the Association for Research in Personality Disorders, the Psychiatry

Departments at the Mayo Clinic and the Western Psychiatric Institute, the Iowa Psychological Association, and a chapter of the National Alliance on Mental Illness. There is an official ‘advisor’ status for those whose views are sought on a regular basis and, of course, this piece may be shared with anyone interested.

Personality Disorder

I suspect that the most radical proposal of all those posted will be for personality disorder (PD). The current proposal is to:

- (1) Eliminate Axis II
- (2) Make PD a single diagnosis on equal footing with all other disorders
- (3) Define the core features of PD—which must be present for a diagnosis—as disturbances in the sense of self and interpersonal functioning
- (4) Assess personality dysfunction on a severity continuum from no impairment to extreme impairment
- (5) Describe the particular form of an individual's PD using a set of personality trait dimensions and
- (6) Describe a small number of proposed “types” that combine particular core features and sets of personality traits.

The Work Group is in the process of

- (1) collecting data to help determine where the cutpoint on the severity continuum should be placed, to be used in clinical situations where a categorical diagnosis is required
- (2) operationalizing the general criteria for PD, and
- (3) testing the structural validity of a proposed set of six trait domains—Negative Emotionality (aka Neuroticism), Introversion, Antagonism, Disinhibition, Schizotypy, and Compulsivity, each comprised of a number of more specific trait facets.

The rationale for replacing the 10 DSM-IV PD diagnoses with a single diagnosis defined by core features plus a set of trait dimensions is multi-fold. First, the current PD set is highly comorbid (e.g., Huang et al., 2009), the criteria are poorly specified so that their assessments lack both convergent and discriminant validity, and there is considerable within-diagnosis heterogeneity (Clark,

Livesley, & Morey, 1997). Replacing the current PD diagnostic criteria with trait dimensions would provide for a specific trait profile for all clients, regardless of whether they were diagnosed with PD. In turn, this would:

- (1) eliminate comorbidity and all PD-NOS (Clark, 2005, 2007; Krueger et al., 2007; Oldham et al., 1992; Trull & Durrett, 2005; Zimmerman et al., 2005);
- (2) clarify within-diagnosis heterogeneity (Clark, 2007; Trull & Durrett, 2005);
- (3) increase diagnostic reliability and stability (Clark, 2009; Lenzenweger et al., 2004; Shea et al., 2002; Zimmerman, 1994);
- (4) acknowledge the continuity of—and unify research on—adaptive and maladaptive personality (O'Connor, 2002, 2005; Saulsman & Page, 2004), and
- (5) improve the convergent and discriminant validity of PD assessment (Clark & Harrison, 2001; Clark et al., 1997).

In addition, because extreme traits alone are insufficient for a PD diagnosis, a set of general PD diagnostic criteria, distinct from traits, are needed (Wakefield, 2008).

Livesley's (2003; Livesley & Jang, 2005) reviews of the literature revealed that what differentiates personality disorder from trait extremity is pervasive disorganization in personality structure and functioning, underlying which is (a) a certain degree of failure to develop an adaptive sense of self (the threshold of which remains to be determined empirically) and, concomitantly, (b) chronic interpersonal dysfunction (Livesley, 1998)

The rationale for the particular six trait domains proposed is as follows: The maladaptive ends of four of "the Big Five" personality traits (the first four traits listed above) have been shown repeatedly to characterize various manifestations of PD. However, the fifth Big-Five trait, Openness, has not (O'Connor, 2002, 2005; Saulsman & Page, 2004). Moreover, a trait dimension of oddity or eccentricity, the high end of which characterizes DSM-IV Schizotypal PD has been shown to be continuous from the normal into the abnormal range (e.g., Watson, Clark, & Chmielewski, 2008; Tackett, Silberschmidt, Krueger, & Sponheim, 2008), so it was added to characterize this part of the personality trait space. Finally, traits related to DSM-IV Obsessive-compulsive PD did not appear to be well covered by the Big Five. Specifically, attempts to develop a bipolar impulsive—compulsive dimension have been unsuccessful, and high conscientiousness is not itself necessarily maladaptive. Therefore, a sixth potential trait domain was proposed to characterize this part of the personality trait space.

The Work Group has not yet reached a consensus on the final element of the proposal: A set of five specific PD types: Schizotypal, Borderline, Antisocial/Psychopathy, Avoidant, and Obsessive-Compulsive. The other five DSM-IV PDs would be represented solely by the core PD criteria

and personality traits. The proposed types would be described in 1-3 narrative paragraphs, and clinicians would rate the degree to which a patient met each of the types on a 1-5 scale. Each type would have an associated trait list specifying its component personality characteristics.

The controversy within the Work Group is the construct validity and the incremental validity of the types over the use of core features plus traits for diagnosing all PD.

Those favoring the inclusion of types argue that:

- (1) Borderline, antisocial/psychopathic, and schizotypal PDs have been widely studied which alone constitutes some evidence for their validity; beyond that,
- (2) These 3 PD types, in fact, have extensive empirical evidence of validity and clinical utility (Skodol et al., 2002a; 2002b; Patrick et al., 2009; Siever & Davis, 2004); as well as
- (3) Incremental predictive power over traits after 10 years (Morey et al, under review).
- (4) OCPD is among the most commonly diagnosed PDs in community (Grant et al., 2004) and clinical (Stuart et al., 1998) populations, and along with borderline PD, is associated with the highest total economic burden in terms of direct medical costs and productivity losses of all PDs (Soeteman et al., 2008);
- (5) Prototype ratings have been shown to have good inter-rater reliability (Shedler & Westen, 2004);
- (6) Clinicians find prototype matching models to be clinically useful and relevant (Rottman et al., 2009; Spitzer et al., 2008), and
- (7) Clinicians make more "correct" diagnoses using prototype descriptions than trait lists (Rottman et al., 2009).

In contrast, those arguing against the inclusion of types maintain that:

- (1) There is no coherent rationale for including the proposed types, as opposed to other types;
- (2) No types have been shown to exist as replicable taxa and use of dimensionalized types simply perpetuates the current within-diagnosis heterogeneity problem;
- (3) Diagnostic validity cannot necessarily be inferred from a disorder's being widely studied;
- (4) The incremental predictive power described above was found using DSM-IV diagnoses, which are criterion-based, so it remains unclear whether the predictive power lies in certain specific criteria or in the diagnoses *qua* types;
- (5) Rating narrative descriptors is a step back from the use of operationalized criteria instituted in DSM-III;
- (6) Clinicians currently prefer prototype matching models and are better at using them simply because they are more similar to the DSM personality disorder diagnoses they have been making since 1980, whereas

after 30 years of using traits, they would be likely to prefer them to other models.

Thus, this is one diagnostic area in which input from the field may be important and I urge you to study the PD proposal and accompanying rationales for its various parts carefully and weigh in with a critique.

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Notes from SSCP Executive Board Meetings

January Board Meeting

Thursday, January 28th, 2010

In Attendance: *Rebecca Brock, Frank Farach, Howard Garb, Tom Ollendick, Varda Shoham, Dave Smith, Bethany Teachman, Kelly Wilson.* Absent due to conflict: *David Tolin.*

Status of Treatment Guidelines (Tom Ollendick):

Treatment Guidelines were on the agenda for the APA February Council Meeting. Suzanne Wandersman (*Director for Governance Affairs, Science Directorate*) and Lynn Bufka (*Assistant Executive Director, Practice Directorate*) indicated interest in having SSCP involved in the process. They planned to contact him to explore possibilities for SSCP involvement on committees evolving from this effort, should such involvement be appropriate.

Student Website and Listserv (Frank Farach & Becca Brock):

The listserv was launched in January, 2010 and 50-60 students had already signed on. Additional efforts will be made to attract more students.

External Nominations Committee: Gayle Beck (*Chair*) and her Committee are doing a commendable job identifying individuals to serve on various APA Boards and Committees.

Student Dissertation Awards: Five awardees were selected (*Denise Sloan, Chair*). The winners, their mentors, and university affiliations, are listed on the SSCP website and in this issue of the Newsletter.

APA Program: Mitch Prinstein (*Program Chair*) has developed a stellar program, including (a) an address by Matthew Nock on suicidal and non-suicidal self-injury, (b) a symposium chaired by Howard Garb on DSM-V, and (c) a panel discussion on ethical issues associated with evidence based practice chaired by Mitch.

APS Program: Our Distinguished Scientist Address will be delivered by this year's recipient, Tom Widiger. Tom Ollendick will also deliver his SSCP Presidential Address on evidence-based practice. The annual SSCP Member Meeting will be held Friday, May 28th, 8-10 am.

Student Membership: After much discussion, the Board decided not to provide new student members of Div. 12 free membership in SSCP for 1 year, as requested by the Div. 12 Board. The pros and cons were considered.

SSCP, Div. 12 (APA), and APS – Where to From Here?

An open discussion was held about continued relations with Div. 12 of APA as well as possible relations with APS. Presently, we are a Section of Div. 12 of APA and an Affiliate of APS. The discussion was far-ranging including the possibility of independent status and the formation of an independent organization/society. This is an item that will require considerable discussion over the next several meetings. Tom Ollendick planned to check into current bylaws of both organizations.

February Board Meeting

Thursday, February 25th, 2010

In Attendance: *Becca Brock, Frank Farach, Howard Garb, Tom Ollendick, Varda Shoham, Dave Smith, Bethany Teachman, David Tolin, Kelly Wilson*

Div. 12 January 2010 Board Meeting (David Tolin, Div. 12 Section Representative): Pres. Marv Goldfried's initiative on bridging the gap between science and practice was proceeding smoothly with several offerings to be scheduled at the upcoming APA conference. He is particularly interested in dialogue between clinicians and researchers and has developed a survey in this regard. Also, Div. 12 wants to meet with SSCP to discuss relations between the Division and the Section.

Treasurer Report (Dave Smith): The Society is in good financial condition. The Board voted to set up a *Facebook* page for recruitment purposes.

Treatment Guidelines Update: The APA Council "overwhelmingly supported the idea that a process be developed for establishing treatment guidelines." Committees will be constituted to explore this process. Tom Ollendick volunteered to serve on one or more of the committees but other Society members might also be called upon. Tom will also contact Dave Barlow to solicit his input on these issues.

SSCP, Div. 12 (APA), and APS – Where to From Here?

Currently, we have a "foot in each camp." Discussion centered around the pros and cons of being in both camps and whether we want to remain involved in both camps or affiliate more strongly or exclusively with one or the other. To leave Div. 12 would require "dissolution" of the Section. According to our Bylaws and those of Div. 12, dissolution can be achieved by a vote of the Section members. Discussion is in the early stages of deliberation and no decisions have been made.

SSCP 2010 Dissertation Grant Awards

Faith Brozovich, Temple University

Examining Mental Imagery and Post-Event Processing
among Socially Anxious Individuals
(Advisor: Richard Heimberg, Ph.D.)

Social anxiety disorder (SAD) is characterized by an intense fear of negative evaluation from others in social and/or performance situations according to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*, American Psychiatric Association, 2000). Research has demonstrated that socially anxious individuals' post-event processing, or post-mortem review of a social situation, often affects their levels of anxiety, negative emotions, interpretations, and memories of events (for a review see Brozovich & Heimberg, 2008). Furthermore, research has shown that processing negative descriptions using imagery is more emotion-evoking than semantic processing of the same material (Holmes & Mathews, 2005). The present study aims to investigate post-event processing involving mental imagery and its effects on mood, anxiety, and interpretations of social and nonsocial events. Socially anxious and control participants will be told they will give a 5 min impromptu speech at the end of the experimental session. After they are told about the upcoming speech, they will be randomly assigned to one of three manipulation conditions: post-event processing imagery (PEP-Imagery), post-event processing semantic (PEP-Semantic), or control. In the post-event processing conditions they will be recalling a past anxiety-provoking speech as well as thinking about the anticipated speech either using imagery (PEP-Imagery), or focusing on the meaning (PEP-Semantic). Following this the participants will complete a variety of affect, anxiety and interpretation measures. We predict socially anxious individuals in the PEP-Imagery condition will show the greatest increases in anxiety and negative affect as well as heightened interpretation biases.

Kristen Gainey, University of Iowa

A Lower Order Structural Examination of the Neuroticism/
Negative Emotionality Domain: Relations with Internalizing
Symptoms and Selected Clinical Traits
(Advisor: David Watson, Ph.D.)

The study of how personality traits relate to psychopathology has flourished in the past three decades, with strong evidence for systematic links between personality and psychological disorders. Great progress has been made in our understanding of the associations between broad traits and the mood and anxiety disorders (or internalizing disorders). In particular, it is clear that the broad trait neuroticism/

negative emotionality (N/NE; stress reactivity and a tendency to experience negative emotions) is moderately to strongly associated with all of the internalizing disorders, both concurrently and longitudinally. However, researchers have noted the importance and relative dearth of studies that examine associations with more narrow facet-level traits. The current study examines the relations of N/NE facets with six of the internalizing disorders. In addition, associations with four clinical traits related to N/NE (i.e., anxiety sensitivity, experiential avoidance, perfectionism, and intolerance of uncertainty) will be examined. Self-report and clinical interview data will be collected from a college student sample ($N = 350$) and a psychiatric outpatient sample ($N = 250$), with multiple measures of each internalizing disorder and personality trait described above. Structural equation modeling will be used to remove shared variance among the six disorders and among the traits, allowing for the examination of relations among the unique variances of each construct. These results may lead to a better understanding of which clinical traits and which specific components of N/NE are associated with the internalizing disorders, potentially improving differential assessment, foci of treatment, and knowledge of etiological sources.

Ashley Johnson, Binghamton University

Attention Biases in Children with Depression
(Advisor: Brandon Gibb, Ph.D.)

According to cognitive theories of depression, information processing biases are theorized to contribute to the development and maintenance of depression in both adults and children (for reviews see, Jacobs et al., 2008; Mathews & MacLeod, 2005). Although there is growing evidence to support the presence of attentional biases in depression, there are several key limitations of existing research. In seeking to address these limitations, the current study aims to extend previous findings of attentional biases in depressed adults by assessing similar biases in depressed children. In addition, the proposed project will focus on the direct assessment of attentional allocation using eye tracking technology as well as the more traditional response time data to allow for a more precise quantification of attention and for a comparison of the two methodologies. Additionally, the study will combine eye tracking with a task designed to specifically assess the hypothesized difficulty disengaging attention, and a more naturalistic passive viewing task to investigate the generalizability of past attention biases findings.

Lisa Talbot, University of California-Berkeley
The Relationship between Sleep and Affect in
Bipolar Disorder and Insomnia
(Advisor: Allison Harvey, Ph.D.)

Accruing evidence in healthy individuals suggests that disturbed sleep has adverse consequences on daytime affective functioning (e.g., Yoo et al., 2007). Moreover, sleep and affect are important across psychiatric disorders (e.g., Benca et al., 1997). A bidirectional relationship has been proposed whereby disruptions in nighttime sleep and daytime affect may be mutually reinforcing (e.g., Harvey, 2008, Wehr et al., 1987). The present study examines this potential bidirectional sleep-affect relationship in individuals with interepisode bipolar disorder ($n = 49$), individuals with insomnia ($n = 34$), and individuals with no psychiatric history ($n = 52$) using experience sampling methodology. Eligible participants completed seven days of time-locked sleep diaries upon waking and affect measures upon waking and at bedtime. Three hypotheses will be tested. First, I predict that the bipolar and insomnia groups will exhibit more sleep disturbance and greater sleep variability than the control group. Second, I hypothesize that there will be differences in daytime affect parameters and variability across the groups. Specifically, I predict: (a) the bipolar group will exhibit higher levels of positive affect compared to the insomnia and control groups (b) the insomnia group will demonstrate higher levels of negative affect compared to the bipolar and control groups; and (c) the bipolar affect variability will be greater than the insomnia affect variability, which in turn will be greater than the control variability. Finally, I predict that there will be a bidirectional sleep-affect association in all groups, but that the relationship will be stronger in the psychiatric disorder groups and that the strength of the effects will depend on valence. Specifically, I hypothesize: (a) previous evening *positive* affect will predict greater subsequent sleep disturbance in the bipolar group, relative to the insomnia and control groups, while previous evening *negative* affect will predict greater subsequent sleep disturbance in the insomnia group, relative to the bipolar and control groups; and (b) sleep disturbance will predict greater next morning *positive* affect in the bipolar group, relative to the insomnia and control groups, while sleep disturbance will predict greater next morning *negative* affect in the insomnia group, relative to the bipolar and control groups. Hierarchical linear modeling (HLM) will be employed to illustrate the temporal relationships between sleep and affect across the three groups (e.g., Bryk & Raudenbush, 1992). Advances in the understanding of the specific relationships between sleep and affect could yield important information for the development of sleep disturbance interventions for individuals with disorders characterized by affect impairment.

Jennifer Veilleux, University of Illinois- Chicago
Affective Chronometry of Cue-Induced Cigarette Craving
(Advisor: Jon Kassel, Ph.D.)

A recent model of craving, the elaborated intrusion model of desire (Kavanaugh, Andrade & May, 2005), suggests that an initial experience of positive affect will give way to negative affect when the individual notes an internal sense of deficit. However, cigarette craving studies that measure affect only at a single time point following introduction of a smoking cue likely obscure the dynamic temporal shifts in emotion during craving. Moreover, because craving is a component of most models of addiction, development of craving is inherent in the transition from increased use to dependence. Thus, regular users experience higher levels of craving compared to light users (e.g. tobacco "chippers"), and should also experience a different pattern of dynamic emotional responses to cigarette cues due to a stronger sense of deficit. The proposed study will utilize multilevel modeling to compare a sample of dependent smokers with tobacco chippers on emotional responses to smoking and emotionally laden cues. Participants will provide continuous ratings of positivity and negativity (Larsen et al., 2009) as they view positive, negative, neutral and smoking-related pictures. It is predicted that regular smokers will exhibit a higher initial level of positivity that will decrease steeply during smoking cue exposure, whereas negativity will increase throughout cue viewing. Chippers are predicted to maintain relatively stable levels of positivity and negativity throughout cue exposure. Importantly, dynamic emotional responses (e.g. strength of positive affect decline) will be investigated as predictors of smoking behavior (smoking topography, impulsivity when a cigarette is available).

Welcome Our New SSCP Officers and Representatives!

President-Elect: Varda Shoham, *University of Arizona*

Secretary/Treasurer: David A. Smith,
University of Notre Dame

At-Large Representative to SSCP Board:
Bethany Teachman, *University of Virginia*

Student Representative to SSCP Board:
Rebecca L. Brock, *University of Iowa*

Upcoming Issues of *Clinical Science*

Some general information about upcoming issues:

Articles:

Each issue will have 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 3 more issues of *Clinical Science* in 2010:

Spring Issue (*May, 2010*):

The theme for this issue will be announced the last week in March via the SSCP website and listserv. Information will be provided in this issue about SSCP-related events to be held at APS at the end of May. Articles, columns, and announcements must be submitted by Monday, May 3rd to be included.

Summer Issue (*July, 2010*):

Columns will be included about SSCP-related events that were held at APS. 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 16th to be included in the Summer Issue.

Winter Issue (*December, 2010*):

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)