



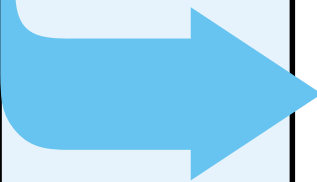
The Clinical Psychologist

A Publication of the Society of Clinical Psychology
Division 12 - American Psychological Association

VOL. 54 • No. 1

Winter 2001

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The Society in 2001

It is a great pleasure for me to serve as President of the Society of Clinical Psychology.

Like so many of our members I have always had a deep sense of loyalty to Division 12. The Society is strong and ready to meet challenges we face. I welcome the opportunity to build on the work of my predecessors to help keep it strong. Several efforts are being made to further strengthen the Society, by building membership and by responding to the continuing need for fiscal restraint, for example. The Board is making difficult decisions about how we use resources to further our goals.

Plans for the coming year include increasing the membership. The Membership Committee, co-chaired by Larry Siegel and Karen Wyche, will work with APA's graduate student organization, APAGS, to help build student membership in the Society. For several years the Board has invited to its meetings a liaison from APAGS, and this has been a valuable relationship. We will also work with new Committee on Young Professionals to help meet the needs of those making the transition from student to professional, and to encourage their membership and participation in the activities of the Society. I urge all members to encourage students and recent graduates to join the Society. The Central Office is happy to send applications and information. Our Fellowship Committee, chaired by Toy Caldwell-Colbert, will be working to help members gain the recognition they deserve by becoming Fellows of the Division and of APA. Anyone interested in becoming a Fellow or nominating someone else for Fellow status is encouraged to contact the Central Office for information. The Publication Committee, chaired by Tom Ollendick, will be busy with the search for a new editor for our newsletter and working to build subscriptions for our Society journal, *Clinical Psychology: Science and Practice*. Members receive the journal as a member benefit, but individual and library subscriptions have yet to reach a level commensurate with the high quality achieved by the journal. Journal subscriptions are an important source of revenue for the Society, revenue that helps to keep the dues reasonable. Members who use university libraries can help by requesting that they order the journal.



Karen S. Calhoun, PhD
Professor of Psychology
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President's Column

"The Board is making difficult decisions about how we use resources to further our goals"

The Society is likely to see the formation of one or more new sections this year. Watch for announcements soliciting expressions of interest in new sections (the most likely areas appear to be Assessment, and Clinical Psychology in the Schools). In addition, we will present an outstanding continuing education program of Professional Development Institutes at the annual meeting in San Francisco, thanks to PDI co-chairs Mark Whisman and Emily Richardson. We are working to make sure that these qualify for CE credit in California. So please plan to attend the meeting and take advantage of this opportunity. You will be hearing more later about the exciting program our Program Chair, Scott Lilienfeld, is putting together for the APA meeting. Our Science and Practice Committee, chaired by William Sanderson, continues to work on revising the criteria for evaluating treatment outcomes and on disseminating information about treatment approaches research has shown to be effective.

Service on the Society's Board of Directors for several years now has made me aware of the many and varied ways in which the interests of Clinical Psychologists are represented by the Society—ways that are not always readily apparent. We are active in coalitions that work for the interests of our members, e.g., the Coalition of Practice Divisions. We have monitors or liaisons to all the major boards and committees of APA and the caucuses of APA Council as well as to major training and credentialing bodies outside APA. We lend support to important initiatives, such as the National Conference on Multicultural Issues. As developments in the field warrant, ad hoc liaisons or representatives are appointed to give the Society a voice. Since our sections on child psychology and pediatric psychology became divisions in their own right, we have continued to work with their boards on issues of mutual interest. Other organizations, such as the Association of Psychol-

ogy Postdoctoral and Internship Centers (APPIC), often send liaisons to our board meetings as well. Our Governance Committee, chaired by Nadine Kaslow, makes sure that Society members are well represented in nominations to the boards and committees of APA. This year, as APA implements the creation of a separate non-tax exempt (C6) organization that will allow the use of funds for greater lobbying efforts, the Society will be very interested in monitoring the direction taken in the development of this organization and participating in discussions of its goals and priorities. Since most members of the Society pay the Special Assessment that will largely fund this organization, it is important that we work with them to ensure that the diverse interests of all Clinical Psychologists are represented and that the needs of some are not pitted against the best interests of others of us. To this end, the Society will send a liaison to the meetings of CAPP, the oversight committee.

Last year the board met in Washington, DC in June. Representatives of the all the Directorates of APA attended what turned out to be a very successful meeting. This year we will meet in Alexandria and again invite the heads of the various Directorates and others from APA with whom we can interact on issues of current interest to our members. Our goal is to keep lines of communication open generally as well as to explore how we can work together to resolve problems and expand opportunities.

I look forward to a year of challenge and opportunities. Working with a Board of Directors that is diverse, energetic, and intensely concerned about Clinical Psychology in all its facets is very rewarding. I welcome suggestions and involvement from all our members about issues that concern you. ■

Instructions to Authors

The Clinical Psychologist is a publication of the Division of Clinical Psychology of the American Psychological Association. Its purpose is to communicate timely and thought provoking information in the broad domain of clinical psychology to the members of the Division. Topic areas might include issues related to research, training, and practice, as well as changes in the field and social changes that may influence all or part of clinical psychology. Also included will be material related to particular populations of interest to clinical psychologists. Manuscripts might be either solicited or submitted. Examples of submissions include: position papers, conceptual papers, or data based surveys. In addition to highlighting areas of interest listed above, *The Clinical Psychologist* will include archival material and official notices from the Divisions and its Sections to the members.

Material to be submitted should conform to the format described in the *Publication Manual* of the American Psychological Association. It is preferred that a single electronic copy of a submission be sent as an attachment to e-mail. Alternatively, submit four copies of manuscripts along with document file on computer disk for review. Manuscripts should not exceed 20 pages including references and tables. The Editor must transmit the material to the publisher approximately three months prior to the issue date. Announcements and notices not subject to peer review would be needed prior to that time. Inquiries may be made to:

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Theoretical Orientations and Employment Settings of Clinical and Counseling Psychologists: A Comparative Study

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Abstract

This study compared the theoretical orientations and employment settings of clinical and counseling psychologists. Questionnaires were mailed to 6,000 randomly selected members of APA's Divisions 12 (Clinical) and 17 (Counseling) and returned by 1,389 psychologists (23% response rate). Results indicate that, for both divisions, 29% of psychologists embraced the eclectic/integrative orientation and 26% endorsed the cognitive orientation. Division 12 members more frequently favored the behavioral tradition, whereas Division 17 members more frequently endorsed humanistic-existential theories. With respect to employment settings, private practice and university settings accounted for about 60% in each division. However, clinical psychologists were more frequently employed in two settings — private practice and hospitals — whereas counseling psychologists were more often located in universities and other settings.

The professional boundaries between clinical psychology and counseling psychology are diffuse. Like friendly neighbors, members of psychology's two largest subfields inhabit common ground, share overlapping property, and frequently wander between the two territories. In fact, as early as the 1980s, over two-thirds of health service providers (HSPs) in psychology identified with the "clinical" area (VandenBos, Stapp, & Kilburg, 1981). Generic licensure for psychologists, APA's combined listing of accredited internships for clinical and counseling psychology, the prevalent designation of all HSPs psychologists as "clinical" psychologists, and the managed care practice of lumping all licensed psychologists together have all probably contributed to the diffuse boundaries. At the same time, the two subfields obviously maintain boundaries through different professional associations, scholarly publications, accreditation designations, and historical traditions.

The valence accorded to the gradual convergence of the two subfields varies considerably. Some observers believe their consolidation would herald an integrated, health-care psychology speaking with a unified and stronger voice. Put another way, Fretz (1980, p. 9) noted "The major implication of this diversity is that there is little collective, long-sustained effort by any significant proportion of our profession toward

any one goal." Other observers contend that merging specialties would lead to the loss of traditions and distinctiveness and would enforce a homogeneous identity in the profession.

Our study was designed to inform this controversy with empirical data on two, and only two, variables of interest. We compared the theoretical orientations and employment settings of clinical and counseling psychologists using the same instrument at the same time.

Previous efforts to compare the theories and employment of clinical and counseling psychologists have been limited by (a) temporal differences in the data collection, (b) methodological differences in the questions asked, and (c) outdated comparisons. Still, prior research suggested that counseling psychologists more frequently endorsed a person-centered approach to psychotherapy, whereas clinical psychologists were more likely to embrace behavioral and psychodynamic orientations (Norcross, Prochaska, & Gallagher, 1989a, 1989b; Watkins, Lopez, Campbell, & Himmell, 1986a, 1986b). In addition, counseling psychologists were apparently more frequently employed in university counseling centers, whereas clinical psychologists more frequently employed in hospital settings (Gaddy, Charlot-Swilley, Nelson, & Reich, 1995; Watkins et al., 1986b).

With respect to theoretical orientations, a recent study by Norcross, Sayette, Mayne, Karg, and Turkson (1998) compared the theoretical orientations of faculty in doctoral clinical and counseling psychology programs. A higher percentage of psychodynamic faculty were in clinical PsyD programs (36%), a higher percentage of humanistic faculty were in counseling programs (29%), and a higher percentage of cognitive-behavioral faculty were in clinical PhD programs (48%).

Author Notes

The authors gratefully acknowledge the Division 12 and 17 psychologists whose generous participation made this study possible.

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This brief article expands upon the previous research by comparing the theoretical orientations and employment settings of clinical and counseling psychologists. Our data on employment settings are set within the context of APA data from the biannual directory survey.

Method

The APA Research Office provided mailing labels for 6,000 randomly selected psychologists belonging to APA’s Division 12 (Clinical), 17 (Counseling), or both Divisions. Neither the specific numbers of psychologists belonging to each Division nor their individual affiliations were provided, precluding the possibility of calculating separate response rates.

We mailed a questionnaire to the 6,000 psychologists, and almost 1,500 returned their questionnaires. Usable data was provided by 1,389 of the respondents, a 23% response rate.

The questionnaire inquired about membership status in APA, gender, ethnic/racial background, age, highest academic degree, years of post-doctoral clinical experience, primary theoretical orientation, and primary employment setting. Respondents were provided with a list of 12 theoretical orientations, including “other,” and were asked to place a one (1) next to their primary theoretical orientation (see Table 2). Respondents were also given a list of 12 employment settings, including “none” and “other,” and were asked to designate their primary employment setting (see Table 3).

Table 1 indicates the membership status reported by the responding psychologists in terms of the clinical division, counseling division, or both divisions. 942 respondents belonged

to Division 12, while 442 belonged to Division 17. 67 responding psychologists reported membership in both divisions. As noted above, we had no means to independently verify the psychologists’ professed division membership other than their self-report and the empirical confirmation from the APA Research Office that they were indeed members of at least one of the divisions.

The APA national database (APA Research Office, 1997a, b) indicated that 6,450 psychologists belonged to Division 12 with only 49% as many (3,171) belonging to Division 17. Our study found a similar 47% difference in sample size between the divisions. However, while APA reports that 2.9% of Division 12 members were also members of Division 17, our study indicated that Division 12 members reported their concurrent membership to be much higher (7.1%). In practical terms, this means our sample contained proportionally more psychologists reporting joint membership.

The responding psychologists all held doctoral degrees and averaged 15 years of post-doctoral experience (*SD* = 11, *Mdn* = 13, range from 1 to 52 years). 57% of the respondents were male and 43% were female. Of the responding psychologists, 93% were Caucasian, 3% were African American, 2% were Hispanic/Latino, and 2% were other. Their average age was 51 years (*SD* = 9, *Mdn* = 50).

Results

Table 2 displays the theoretical orientations of the responding clinical and counseling psychologists. As shown, 29% of both clinical and counseling psychologists embraced the eclectic/integrative orientation, with cognitive following closely with 26% in each division. Division 12 members fa-

Table 1. Membership Status of Responding Psychologists

	Counseling (Division 17)		
	Non-member <i>N</i>	Member <i>N</i>	Fellow <i>N</i>
Clinical (Division 12)			
Non-member	65	355	20
Member	768	56	3
Fellow	107	3	5

vored the behavioral (12% vs. 4%) and psychoanalytic (4% vs. 2%), but not the psychodynamic (11% vs. 13%) orientations, more frequently than Division 17 members. Conversely, counseling psychologists more frequently endorsed the client-centered (4% vs. 1%) and humanistic (4% vs. 2%) orientations than did the clinical psychologists. The latter differ-

ences are magnified by creating a superordinate orientation of "humanistic-existential" by summing the separate percentages accorded the existential, gestalt, humanistic, and client/person-centered orientations. Fully 11% of counseling psychologists, versus 5% of clinical psychologists, primarily characterized themselves as humanistic-existential.

Table 2. Primary Theoretical Orientations of Clinical and Counseling Psychologists

Theoretical Orientation	Clinical (Division 12)		Counseling (Division 17)		Both Divisions	
	N	%	N	%	N	%
Behavioral	114	12	16	4	4	6
Cognitive	242	26	116	26	12	18
Eclectic/Integrative	274	29	126	29	19	28
Existential	6	1	11	2	1	2
Gestalt	5	1	2	1	0	0
Humanistic	16	2	16	4	3	4
Interpersonal	55	6	33	7	5	7
Psychoanalytic	38	4	8	2	1	2
Psychodynamic	106	11	57	13	12	18
Rogerian/Client-centered	12	1	19	4	3	4
Systems/Family systems	34	3	18	4	6	9
Other	38	4	17	4	1	2

Table 3 displays our findings along with those of the APA directory (APA Research Office, 1997a, b) for employment settings of clinical and counseling psychologists. Overall, the results of the present study and the APA directory survey were similar, with independent practice and university posi-

tions accounting for the majority. Clinical psychologists were more frequently employed in two settings: private practice (45% vs. 32%; 37% vs. 22% in APA data) and hospitals (10% vs. 4%). Counseling psychologists were more often located in universities (37% vs. 19%) and other settings (16% vs. 10%).

Table 3. Primary Employment Settings of Clinical and Counseling Psychologists

Employment Settings	Clinical (Division 12)		Counseling (Division 17)	
	Present study %	APA data %	Present study %	APA data %
Private practice	45	37	32	22
Hospital	10	13	4	5
Clinic	6	5	6	4
University	19	21	37	33
Medical school	8	9	2	2
School setting	1	1	2	3
Other	10	13	16	30
None/Not specified	1	1	1	1

Discussion

Comparatively speaking, the results of our study reveal more convergence than divergence between clinical and counseling psychologists with respect to theoretical orientation. Virtually identical percentages of psychologists from each division subscribed to the eclectic tradition, which was followed closely by the rapidly ascending cognitive orientation. These two psychotherapy systems predominate in each division. Furthermore, we find an identical 15% of both divisions endorsing a variant of the psychoanalytic/psychodynamic orientation. The historical differences manifested between clinicians and counseling psychologists were in evidence, to be sure, but these were not huge disparities. The largest, and apparently enduring, differences are that Division 12 members are far more inclined to the behavioral tradition and Division 17 members toward the humanistic-existential tradition.

Our findings and those of the APA national database are congruent and, again, suggest considerable convergence among Division 12 and Division 17 members with respect to employment settings. Namely, private practice and university settings account for about 60% in each division. However, Division 12 members were more often employed in hospitals and medical schools; Division 17 members more frequently located in universities, especially university counseling centers, and other settings.

The present empirical effort was not without its limitations. Our study was based entirely on self-report data, had a modest response rate (23%), and probably represented over-reporting of dual division membership. We inquired solely about primary theoretical orientations and employment settings, while there may be more divergence among secondary orientations and settings. Despite such limitations we did collect data at the same time on a large, national sample ($N = 1,389$) of American clinical and counseling psychologists.

Our study investigated only two of a multitude of variables. Our data do not directly address the multiple dimensions on which subdisciplines may converge or diverge, such as target populations, practice patterns, research interests (e.g., Norcross et al., 1989b), and vocational plans (e.g., Brems & Johnson, 1997; Gaddy et al., 1995). If the current boundaries among psychology's evolving subdisciplines are to be maintained, then empirical data on such variables will also need to be systematically examined.

In asking how special are the specialties (Fitzgerald & Osipow, 1986), this study contributes to the ongoing dialectic on the convergence and contention between clinical and counseling psychologists. Like friendly sisters, these sister specialties share much in common and simultaneously celebrate

their differences. Our results suggest only modest differentiation and considerable commonality, at least in regard to theoretical orientations and employment settings. ■

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Blood, Sweat, and Careers III

An Interview with Dr. Jack Wiggins about the Quest to Gain Prescription Privileges for Psychologists and What Graduate Students Should Know about it

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Most graduate students in clinical psychology are keenly aware of the possibility of someday gaining the right to prescribe psychotropic medications to their clients. They may be less aware, however, that there are bills currently pending in many state legislatures to secure just such a right. They may also be less aware that several clinical training programs already have established curriculum designed to prepare students for this possible future. What should graduate students be doing to prepare themselves for such prescription privileges? In this article, I put this and several other questions to Dr. Jack G. Wiggins, an activist and prolific writer on the subject of prescriptive authority for psychologists (also known as RxP).

Dr. Jack G. Wiggins has been a leader in the development of psychology as a primary care profession over the last thirty years. He has been a prime mover in the development of professional advocacy and in combined treatments using pharmacotherapy and psychotherapy. His work led to the statutory definition of psychology in insurance reimbursement, hospital practice, independent medical examinations for disability by psychologists, and mental health parity. He has left his imprint on many federal and state laws including: the Federal Employees Health Benefit Plan, the Vocational Rehabilitation Act of 1973, Medicare, Medicaid, Worker Compensation and state licensing acts. Since his Presidency of APA in 1992, he has focused his energies on developing the infrastructure for collaborative practice between psychologists and primary care physicians in the pharmacological treatment of mental disorders. This has resulted in the creation of the APA College of Professional Psychology and the American Society for the

Advancement of Pharmacotherapy, Division 55 of APA. He is currently co-chair of Division 55. Below, he shares with us some reflections on his career, his thoughts about the quest to gain prescription privileges for psychologists, and advice regarding how clinical psychology graduate students can prepare themselves for the possibility of such privileges.

Feldman: Can you tell me a little about your background and career?

Wiggins: I began graduate school after graduating with a Bachelor's degree from the University of Oklahoma. In the interim, I was the first psychologist at Terrell State Hospital in Texas, with only a Bachelors degree. So, that shows you how long ago it was. Then, I got my Masters from Southern Methodist University and my Ph.D. from Purdue University. From there, I moved to Cleveland, Ohio, where I was chief psychologist for the outpatient clinic of Cleveland Psychiatric Institute for eleven years. Meanwhile, I opened a private practice where I stayed until 1996. Also, I was President of the American Psychological Association in 1992 and was given the Distinguished Contributions to Practice Award by Division 12 (Clinical Psychology) in 1983. I've been very active in many Divisions of APA including Presidency of the Division of Psychotherapy, the Division of Independent Practice, and most recently Co-Chair of Division 55, having initiated this Division (The American Society of the Advancement of Pharmacotherapy). . . . People think the name is too long but like the acronym of "ASAP."

Feldman: You have been very involved with professional activism in many divisions of APA. What was your original motivation for doing this?

Wiggins: The way I became involved was in terms of insurance reimbursement of psychological services. In the late 1950's and early 60's, it became possible to be reimbursed through insurance for psychiatric services. And, psychological services

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would have been put out of business unless they were included. So, I became very active in this issue and Chaired the APA Committee on Health Insurance (COHI) for three years. I wanted people to have freedom of choice of service providers.

Feldman: So, it sounds like you've always been very involved in advocating for the professional privileges of psychologists.

Wiggins: Yes, expanding the scope of practice of psychologists has been a major issue for me. When I was in training, psychologists were not authorized to make diagnoses; we could only offer diagnostic "suggestions." That did not sit well with me. In fact, one of the reasons I chose Purdue as a graduate school was that it was one of the few that offered a course in psychotherapy. . . . So, I first was active in legislative advocacy to enable psychologists to make diagnoses and use psychotherapy to treat mental conditions of patients.

Feldman: How did you first become interested in psychopharmacology as a psychologist? How did you get involved in the RxP movement?

Wiggins: Cleveland Psychiatric Institute was doing research in the new medications of the day (Librium and the anti-anxiety medications as well as chlorpromazine). So, I became sensitive to the psychopharmacology movement in psychiatry. Then, in the middle 1970's, I found that more and more of my patients had already been on medication by the time they presented for psychotherapy. In fact, I did one of the first surveys of the prevalence of the use of psychotropic medications among patients of psychologists. About 27% of psychologists' patients were on psychotropic medication in 1978. At the present time the prevalence is at 70%. So, psychologists must know how to manage patients on psychotropic medications. As our therapy with people progresses, we tend to reduce the use of medications substantially. And it's really a pain in the neck for the psychologist and the prescribing physician to have to check with one another every time they need to lower the dosage or make a modification. Reducing medication dosage is a form of prescribing and this is how I got involved with the issue.

Feldman: When and how did you get involved as an activist advocating RxP?

Wiggins: I got involved in 1982 when Nicorette nicotine chewing gum became popular. Psychologists were doing a lot of work in smoking cessation. Being very concerned about the health hazards of tobacco, I wanted psychologists to be able to use Nicorettes, if necessary, to assist people to quit smoking. So, I made this recommendation to Division 42 (the Division of Independent Practice). It set up its Expanded Practice Committee that became the focal point of the development of the prescriptive authority movement.

Feldman: Briefly, what are the primary reasons, as you see them, that psychologists should gain prescription privileges?

Wiggins: Let me answer the question this way. There is no dearth of people prescribing psychotropic medications. Seventy percent of general physicians prescribe psychotropic medications, about 1 out of every 16 prescriptions written. . . . So, there's not a problem of availability of medications. The question is how such medications are going to be prescribed. To just prescribe a psychotropic medication, without follow-up and without some type of psychological intervention, is inadequate treatment. This is the primary reason that psychologists should be prescribing—because we can provide the expert psychological interventions necessary to modify the behavior of patients to be able to improve their long-term quality of life. We have found that the medical cost-offset does not hold up if you only provide medications. But, if you want to reduce the overall cost of health care, you have to improve the functioning of people. This is best done by providing the psychotherapeutic interventions along with whatever medications you prescribe. This is what psychologists can and are doing. This is in contrast to the monomodal medicating of patients with little or no follow-up that primary care physician do. So, this is one reason why psychology, as a profession, should be prescribing. The other reason is that psychology is a well-trained profession with high standards of training. And, we're already providing many quality training programs in psychopharmacology. This training is superior in many respects to what is taught in medical school. . . . Psychology specializes in the neuro-psychological aspects of illness rather than the entire spectrum of pharmacology. So, psychological pharmacological training provides more in-depth, patient-oriented training in psychopharmacology that you find in medical school.

Feldman: Do you believe psychologists will gain prescription privileges in the near future? When? Where in the legal process are lobbyists and legislators at this point?

Wiggins: For the year 2001, there are eleven states that will be introducing or re-introducing proposed legislation for prescriptive authority. It's quite likely that one or two of them will adopt these provisions this year. . . . [This legal process] is happening in coordination with the state psychological associations. One important aspect is training. Right now, we have over 8,000 psychologists trained in the management and administration of psychotropic medications. In a study that we did that was published in *Professional Psychology* in 1998, about 8,000 psychologists employed by American Biodyne, a mental health managed care company, were trained in the administration and management of psychotropic medications. But, the psychopharmacology training programs that psychology is offering now are even superior to what was provided in

the period covered by the study. There are about 800 additional psychologists that have completed this upgraded training.

Feldman: How will clinical training programs have to change to accommodate these privileges?

Wiggins: Well, they will change only if the students demand it. And, the students do demand psychopharmacology training, as far as I've been able to determine. The younger psychologists are much more actively involved in the training and demand for prescriptive authority than people who are already established in practice. . . . There are several graduate programs that are already including a psychopharmacology component. One of them is the Forrest Institute of Professional Psychology in Springfield, Missouri. There is also a program at the American Professional School in Hawaii that is incorporating a dual-degree program in nursing and psychology. . . . As far as changing existing clinical psychology programs, when you start to look at the kind of training that psychologists get in comparison to the kind of training that physicians get, you find that there is tremendous overlap. . . . For instance, we study neurotransmission as part of our required study of the biological bases of behavior. The topics covered in the biological bases of behavior closely parallel these topics in medical training. And, if you look at the kind of questions asked on the EPPP, you find that they're much the same kind of questions asked on the USMLE [United States Medical Licensing Examination]. So, much of our training won't have to change. . . . But, I think we'll want to require undergraduates interested in going to graduate school in clinical psychology to obtain a broader education in chemistry, biology, anatomy, and physics. I say this because a major problem that we have in health care today is that mental-health specialists and primary-care physicians simply don't speak the same language. . . . In graduate school, we can deal with this in an integrated approach all the way along. It's not necessary to set up separate courses for psychopharmacology. We can have an integrative approach option from the very beginning. This is what I think would be ideally useful.

Feldman: What should current graduate students in clinical psychology be doing now, if anything, to prepare themselves for the possibility of prescription privileges?

Wiggins: Well, they should join Division 55 (ASAP). We've been offering continuing education credits free for joining. We offered free a first course in psychopharmacology to Charter Members of Division 55 with 18 hours of continuing education credits. Of course, students don't need continuing education credits. However, by taking the credits, you prepare yourself. One RxP training program consists of 20 different courses that are taught in 18-hour modules. So, that's 360 hours. The APA

requirement is only 300 hours, so these exceed those requirements. . . . These courses are offered online, on your computer; you take them at home. We've found that computer-based learning in this area is equal to or superior to lectures. . . . These courses cost about \$275 a piece. So we're talking about an additional several thousand dollars. This is expensive for graduate students. But, I would start by slowly taking these courses. . . . Besides this, one of the most important things students can do is visit the Division 55 web site on a regular basis to keep up with what's going on there. We post our Weekly Reader newsletters and other information there on the APA website (www.apa.org/divisions/div55).

Feldman: Well, I've finished asking my prepared questions. Is there anything else that you would like to share with graduate-student readers that I have not already asked you about?

Wiggins: There's a lot of misinformation about psychopharmacology. For example, a lot of people believe that prescription privileges will increase professional liability premiums. This is just not true. The professional liability for psychiatric nurse practitioners is only \$705 a year. This is substantially less than the premiums for psychologists who are not prescribing, and these nurse practitioners can prescribe medication independently. So, prescribing is not a high-risk area. You also should understand that the risks associated with psychologists doing medication management is already factored into our current professional liability premiums. . . . Also, our 1998 study of American Biodyne patients reported on a million mental-health treatment episodes in which psychologists managed psychotropic medications. Psychologists provided medication management without incident. So, psychologists can manage psychotropic medications safely and effectively. ■

Call for Graduate Student Manuscripts

The Student Forum is a section of *The Clinical Psychologist* dedicated to graduate student readership. The mission of this section is two-fold. First, it is an arena in which students are invited to voice opinions about issues related to graduate education in clinical psychology and the state of the field as a whole. Second, it is intended to feature research, theory, and literature review papers written by graduate students about virtually any topic falling under the broad rubric of clinical psychology. We are currently calling for submissions that fit into either of these two categories.

Authors should submit two copies of their manuscripts to David B. Feldman (Student Forum Editor), Department of Psychology, Fraser Hall, University of Kansas, Lawrence, Kansas 66045. All papers should be formatted according to guidelines contained in the *Publication Manual of the American Psychological Association* (4th ed.). Articles not prepared according to these guidelines will not be reviewed. Submissions will be reviewed by the Student Forum editor and at least one member of a graduate student review board. Any additional inquiries should be directed by e-mail to David Feldman at davef200@aol.com.

Association for Applied Psychophysiology and Biofeedback

32nd Annual Meeting

Building on a Legacy of Achievement: Towards an Evidence-based Practice

March 29 – April 1, 2001

NEW! Advanced EEG & sEMG Pre-Conference Institutes – March 28 & 29

Research Triangle Park–Raleigh-Durham, North Carolina

We invite you to join with other professionals at the 32nd Annual Meeting at the Sheraton Imperial Hotel and Convention Center, minutes from the Raleigh-Durham International Airport.

Make Hotel Reservations Now!

Specially discounted room rates at the Sheraton Imperial Hotel are \$110. For reservations, call 1-800-325-3535 and identify yourself as an attendee of the AAPB meeting.

Why attend?

CE workshops, short courses, oral and poster presentations, and symposia that will cover various areas of interest.

Meeting Highlights and Speakers

Xavier Castellanos, MD, NIMH, and Richard Welner, PhD, American Association of Pain Management will keynote the conference. Other top speakers include: Edward Taub, PhD; Kurt Kroenke, MD; Jan van Dixhoorn, PhD; Walton T. Roth, MD; and Robert Chabot, PhD.

- Continuing education hours
- The latest in biofeedback technology and equipment
- Current issues in pain treatment
- Clinical Forums: Extra time with top names in the field
- Treatment options for a variety of stress-related conditions
- Special interest meetings
- Networking with other professionals
- Applications in ADHD, PTSD, anxiety, pain, headache, pediatrics, and primary care

Who should attend?

You won't want to miss the AAPB 32nd Annual Meeting Program, if you are a psychologist, physician, nurse practitioner, social worker, or student in one of these fields.

Check our website for program updates

www.aapb.org

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*Biofeedback: Applied Psychophysiology is recognized as a proficiency in professional psychology by the American Psychological Association. AAPB is approved by the American Psychological Association to offer continuing education for psychologists. The APA Approved Sponsor maintains responsibility for the program.



Society News



Division 12 Central Office, P.O. Box 1082, Niwot, CO 80544-1082. Telephone (303) 652-3126. Fax (303) 652-2723.

Meeting of the Board of Directors

Society of Clinical Psychology

Summary of Minutes

Radisson Santa Barbara Hotel

1111 E. Cabrillo Boulevard

Santa Barbara, CA 93103

October 14-15, 2000

The meeting was called to order by Dr. Edward Craighead, President at 8:05am. Introduction of Board and liaisons and all in attendance took place. Then Dr. Edward Craighead gave an introductory overview of the overall budget picture. There is a reduction in membership with an increase in the number of dues-exempt members. He indicated that the board has to be prudent on the activities for the Society.

The 2001 Meeting calendar was announced by Dr. Karen Calhoun, President-elect as follows: Santa Fe, NM: Jan 5-7, Alexandria, VA: June 2-3, Savannah, GA: Oct 5-7. Dr. Calhoun named the chairs for the standing committees and the Board approved the individuals.

It was a very active Board meeting and the following motions were passed:

Motion: To allocate \$1000 to establish a database that will continuously update contact information for student members. Carried unanimously.

Motion: Former student members will be offered an initial membership of paying 50% of the dues for the first two years. Passed with 10 (Y) and 5(N).

Motion: To raise the honorarium to \$800 as a flat rate. Passed

The Finance Committee presented several standards in regards to reimbursement policy. Each of these was moved, discussed and passed.

The issue of improving relationships with the general practice community was discussed. The following motions were made and passed.

Motion: To allocate \$3000 to fund a representative to participate as a liaison to CAPP and be a member of the Integration Working Group of CAPP.

Motion: Allocate \$100 for membership dues to the Practice Guidelines Coalition.

Motion: Allocate \$1000 for a liaison to participate at the meetings of the Practice Guidelines Coalition.

Motion: To allocate up to \$1000 to support a clinical psychology representative from the division to COS.

Motion: To continue the role of liaison to the Academy for 2001 with a \$0 budget.

Motion: To approve the 2001 Budget as amended. The 2001 Budget was discussed and amended to include the budget implications for motions passed. A balanced budget was presented. Passed unanimously.

APA Science Directorate Accepting Proposals for OHP Curriculum Development

The APA Science Directorate is now accepting applications from universities interested in developing courses or curricula in the area of occupational health psychology (OHP). In the broadest terms, OHP refers to the application of psychology to protecting and promoting safety, health, and well being of workers, and to improving the quality of worklife. Awards are expected to range between \$18,000-\$22,000. **Completed applications must be received by March 1, 2001.** Individuals and departments interested in obtaining application materials should contact the APA Science Directorate at APA, 750 First Street, NE, Washington, DC 20002-4242 (E-mail: science@apa.org). Applications can also be found on the APA web site <http://www.apa.org/science/ohp/application.htm>.

Student Research Award

American Psychological Association

Division 12, Section VII: Clinical Emergencies and Crises

We invite all students of psychology (pre- and post-doctoral) to submit a sample of their research to be considered for the Section VII Student Research Award. The research needs to fit under the broad heading of clinical emergencies and crises (see relevant information about Section VII below) and can be submitted in the form of a dissertation, a research proposal, or a publication.

The winner of the award will receive \$150 PLUS a free two-year membership to Section VII.

The award will be given in San Francisco at the annual meeting of the American Psychological Association, August 2001.

Please send submissions to: Alec L. Miller, PsyD, Section VII Representative, Department of Psychiatry and Behavioral Sciences, Montefiore Medical Center, 111 E.210th Street, Bronx, NY 10467.

Submission due date: April 1, 2001.

Statement of Purpose of Section VII

Section VII represents practitioners and researchers interested in the clinical, scientific, and professional aspects of behavioral emergencies (a state of mind where there is risk of imminent action or inaction likely to result in serious harm or death to self or others).

The purposes of the Section are:

1) To develop and improve the clinical assessment, treatment, and management of behavioral emergencies, and promote the scientific understanding of such emergencies through research on suicide, violence, and vulnerability to victimization by violence.

2) To advocate for state-of-the-art graduate education and professional training in the clinical abilities and scientific knowledge of psychologists require to evaluate and treat behavioral emergencies.

3) To further the understanding of the professional, forensic, and ethical issues involved in emergencies, as well as the clinical abilities needed to evaluate and manage them.

Activities of Section VII

The Section provides a forum for the development and exchange of scientific information and research about clinical emergencies as well as about the underlying psychological contexts from which emergencies develop.

The Section also seeks to understand the impact of crisis-oriented clinical work on the clinicians in handling the often-intense psychological impact of emergency situations.

The Section exchanges clinical, professional, and scientific ideas, experiences, and information by newsletter and listserv, presents a program at APA meetings, and advocates through Task Forces and Committees with APA Governance entities.

For membership information about Section VII, please contact Lillian Range, PhD, Secretary, Section VII, Department of Psychology, University of Southern Mississippi, Hattiesburg, MS 39406-5025.

Call for Editor

The Publications Committee of the Society of Clinical Psychology, Division 12 of the American Psychological Association, is currently seeking applications for the position of Editor of *The Clinical Psychologist*.

The Clinical Psychologist is the primary communication vehicle of the Society. Its purpose is to communicate timely and thought provoking information in the broad domain of clinical psychology to the members of the Society. It serves to inform the membership about elections, Board decisions and initiatives, convention affairs, and events within APA which concern all of us. As such, it serves as an archival document for the Society. It also publishes original, scholarly articles of current interest to the field.

The Editorial appointment will be made for a four year term, starting in January 2002. The Editor is responsible for all content and for managing the production of the newsletter. The Editor reports to the Publications Committee of the Society, and is a non-voting board member of the Society.

Individuals interested in applying for the position should arrange to have a letter of application, vita, and three letters of recommendation sent to the following address by March 1, 2001: Chair, Publications Committee, c/o Lynn Peterson, Administrative Officer, Society of Clinical Psychology, PO Box 1082, Niwot, CO 80544-1082.

Award Winners

*Society for General Psychology for Year 2001 and
Call for Nominations for Awards of Year 2002*

The Society for General Psychology, Division One of the American Psychological Association, announces its Year 2001 award winners who have been recognized for outstanding achievements in General Psychology. This year the winner of the William James Book Award is Michael Tomasello for his book *The Cultural Origins of Human Cognition*, which was published in 1999 by Harvard University Press. This award is for a recent book that serves to integrate material across psychological subfields or to provide coherence to the diverse subject matter of psychology.

The Year-2001 winner of the Ernest R. Hilgard Award for a Career Contribution to General Psychology is Murray Sidman. And the winners of the George A. Miller Award for an Outstanding Recent Article in General Psychology are Jack Martin and Jeff Sugarman of Simon Fraser University for their article "Psychology's Reality Debate: A 'Levels of Reality' Approach" which appeared in the *Journal of Theoretical and Philosophical Psychology* in 1999 (pp. 177-194). In each case the awardees receive a certificate and a cash prize: \$500 for the Hilgard and Miller awards, and \$1000 for the William James Book Award. The winner of the competition to deliver the Year-2001 Arthur W. Staats Lecture for Unifying Psychology who will receive an award of \$1000 will be determined and announced later.

For all of these awards, the focus is on the quality of the contribution and the linkages made between the diverse fields of psychological theory and research. The Society for General Psychology encourages the integration of knowledge across the subfields of psychology and the incorporation of contributions from other disciplines. The Society is looking for creative synthesis, the building of novel conceptual approaches, and a reach for new, integrated wholes. A match between the goals of the Society and the nominated work or person will be an important evaluation criterion. The Staats Award has a unification theme, recognizing significant contributions of any kind that go beyond mere efforts at coherence and serve to develop psychology as a unified science. The Staats Lecture will deal with how the awardee's work serves to unify psychology.

There are no restrictions on nominees, and self-nominations as well as nominations by others are encouraged for these awards. For the Hilgard Award and the Staats Award, nominators are asked to submit the candidate's name and vitae along with a detailed statement indicating why the nominee is a worthy candidate for the award and supporting letters from others who endorse the nomination.

For the Miller Award, nominations should include: vitae of the author(s), four copies of the article being considered (which can be of any length but must be in print and have a post-1995 publication date), and a statement detailing the strength of the candidate article as an outstanding contribution to General Psychology.

Nominations for the William James Award should include three copies of the book (dated post-1995 and available in print); the vitae of the author(s) and a one-page statement that explains the strengths of the submission as an integrative work and how it meets criteria established by the Society. Text books, analytic reviews, biographies, and examples of applications are generally discouraged.

Winners will be announced at the Fall convention of the American Psychological Association the year of submission. Winners will be expected to give an invited address at the

subsequent APA convention and also to provide a copy of the award address for inclusion in the newsletter of the Society.

All nominations and supporting materials for each award must be received on or before April 15, 2001. Nominations and materials for all awards and requests for further information should be directed to General Psychology Awards, c/o C. Alan Boneau, Department of Psychology, George Mason University, Fairfax, VA, 22030. Phone: 301-320-3695; Fax: 301-320-2845; E-mail: aboneau@gmu.edu.

This announcement can be supplied by email as an MS Word attachment or as a text file.

Section Seven News *Clinical Emergencies and Crises*

For 2001, Phil Kleespies will assume the role of Past-President of Section VII-Clinical Emergencies and Crises, while Bob Yufit will become the second President, and Dale McNeil will assume the office of President-Elect.

Under Phil's able leadership, our new Section has grown to over 90 members. We hope to top 100 members soon. We have our own Newsletter, edited by Julie Boergers, and a new Section Rep in Alec Miller.

Debbie Brief remains as Treasurer, and Lillian Range continues as Secretary (contact her for applications if you are interested in joining our Section (L.Range@usm.edu or (601)266-4588.) Jason Speigelman is the student representative and Paul DeBuile is the student representative-elect.

The major theme for the coming year will focus on *assessment*—mainly suicide potential and violence potential. The assessment of suicide and self-harm behaviors is a major interest of Bob, while Dale has been involved in the task of violence assessment.

We welcome any contributions from Div. 12 members with experience and/or ideas in these areas of increasing concern. Suicide and self-harm behaviors continue to increase, while acts of violence, especially in the schools, continue to be a threat and cause much anxiety.

We are going to try and develop a battery of assessment instruments in these areas, so that our Task Force on Education and Training will have some tools for screening, and for measurement of risk—a most difficult task, but one which needs considerable attention. We also hope to develop a curriculum, to use such instruments.

Join us in our efforts.

Bob Yufit

Position Opening

POSTDOCTORAL FELLOWSHIPS IN ADOLESCENT DRUG ABUSE TREATMENT RESEARCH. NIH/NIDA postdoctoral research training program at the University of Miami Center for Treatment Research on Adolescent Drug Abuse (<http://www.med.miami.edu/ctrada/>). The goal of the program is to prepare postdoctoral fellows for research and academic positions by developing research competencies in the specialty of adolescent drug abuse intervention research. Our research center conducts a range of treatment outcome and process studies with adolescents. Throughout the two-year program fellows become involved in one or more of the Center's studies, in order to gain experience and skill in conducting

clinical research with primarily African-American and Hispanic adolescents and families. Fellows take part in an ongoing seminar on the program's core content areas—adolescent drug abuse, contemporary treatment research, developmental psychology and developmental psychopathology, empirically supported family-based and other therapies for adolescent drug abuse, advances in statistical methods used in clinical studies, research funding, grant writing, writing for publication, and professional socialization issues pertaining to research careers. Fellows can also take advanced courses, most frequently in the advanced statistics and data analysis areas, and training is provided in the responsible conduct of science. Fellows

work with senior investigators in developing new proposals in the Center and in the development of their own research ideas and proposals. Applicants must hold a Ph.D. or M.D. or other doctoral degree, have demonstrated research abilities, strong writing skills, and an interest in treatment research with adolescents. To apply, download application materials directly from the Center web page (address above) or request an application form from: Dr. Howard Liddle, Professor and Director, Center for Treatment Research on Adolescent Drug Abuse, University of Miami School of Medicine, P.O. Box 019132 (M711), Miami, FL 33101. E-mail: hliddle@med.miami.edu.

Instructions for Placing Position Ads

Want ads for academic or clinical position openings will be accepted for publishing in the quarterly editions of *The Clinical Psychologist*. Ads will be charged at \$2 per line (approximately 40 characters).

Submission deadlines are:	January 15	(March 1 edition)
	May 15	(July 1 edition)
	September 15	(November 1 edition)
	November 15	(January 1 edition)

Originating institutions will be billed by the APA Division 12 Central Office. Please send billing name and address, e-mail address, and advertisement to Wanda Kapaun, Editorial Assistant, e-mail address: kapaun@aol.net, 3810 South Rivershore Drive, Moorhead, MN 56560-5621.

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