

Editorial

Annette M. La Greca
University of Miami

Along with the new teal cover, the current issue of the *Journal of Consulting and Clinical Psychology (JCCP)* marks the transition of the journal to a new editorial team. Although the discipline of clinical psychology has a diversity of fine journals, *JCCP* has long been regarded as a premier journal for publishing high-quality, empirical work in clinical psychology. The intention of the new editorial team is to continue the long-established tradition of excellence for *JCCP* and to ensure its ongoing influence and responsiveness to important innovations and new directions in contemporary clinical psychology.

Diversity and Culture

Clinical psychology is an extraordinarily diverse field, encompassing populations that span a broad developmental range and that include diverse types of problems and pathologies; theoretical orientations; settings; ethnic, gender, and sexual orientation characteristics; and systems of influence. As such, it is the editorial team's desire that the content of the journal reflect the diversity of topics and populations that are of interest to clinical psychologists. In particular, we welcome papers that address issues of diversity and culture in the context of important issues in clinical psychology. Moreover, to enhance reporting on diversity, we want to ensure that authors provide appropriately detailed descriptions of participants that include characteristics such as age, gender, ethnicity, and socioeconomic status. We ask that authors discuss the diversity of their study samples and the generalizability of their findings (see Wilkinson & the Task Force on Statistical Inference, 1999). Because of the applied nature of clinical psychology, issues of external validity, including generalizability, are important considerations in evaluating a study's contributions.

Clinical Relevance and Implications for Practice

Because both practitioners and researchers view the journal as an important source for new information relevant to their work, the articles published in *JCCP* must reflect both good science and good practice. That is, the articles should be empirically sound and have clearly articulated implications for clinical practice. Thus, we request that contributors make concerted efforts to translate their research into practice, and to discuss clinical implications of their findings explicitly, in addition to offering suggestions for further research.

Reporting of Clinical and Statistical Significance

The *JCCP* editorial team also is making diligent efforts to improve the statistical reporting of measures that convey clinical significance. We now require that authors report means and standard deviations for all continuous study variables and the effect sizes for the primary study findings. Note that the *Publication Manual of the American Psychological Association* (APA, 2001, pp. 25–26) emphasizes the importance of reporting effect sizes in addition to the usual tests of statistical significance. Effect sizes, or similar statistics such as “goodness-of-fit” indicators for structural equation modeling, can be generated by most statistical packages that are used in the behavioral sciences. If effect sizes are not available for a particular test, then authors should convey this in their cover letter at the time of submission. In addition, consistent with the recommendations of the *Publication Manual of the American Psychological Association* (APA, 2001) and the Task Force on Statistical Inference (Wilkinson & the Task Force on Statistical Inference, 1999), we ask that authors report confidence intervals “for any effect sizes involving principal outcomes” (Wilkinson & the Task Force on Statistical Inference, 1999, p. 599).

Although effect sizes are useful ways of communicating the magnitude of a treatment effect, they do not necessarily communicate information about the clinical meaningfulness of an intervention (Jacobson & Truax,

Annette M. La Greca, Department of Psychology, University of Miami, P.O. Box 249229, Coral Gables, FL 33124-0751.
E-mail: jccp.psy@miami.edu

1991). For this reason, when reporting the results of interventions, authors should include both indicators of effect sizes and of clinical meaningfulness.

Clinical significance “refers to the practical or applied value or importance of the effect of an intervention—that is, whether the intervention makes a real (e.g., genuine, palpable, practical, noticeable) difference in everyday life to the clients or to others with whom the client interacts” (Kazdin, 1999, p. 332). At the present time, there is no consensus or gold standard for reporting clinical significance (Jacobson, Roberts, Berns, & McGlinchey, 1999; Kazdin, 1999). However, authors are encouraged to use one of several approaches that have been recommended for capturing clinical significance, including (but not limited to) the *reliable change index* (i.e., whether the amount of change displayed by a treated individual is large enough to be meaningful; Jacobson et al., 1999; Jacobson & Truax, 1991), the extent to which dysfunctional individuals show *movement into the functional distribution* (Jacobson & Truax, 1991; Ogles, Lambert, & Sawyer, 1995), or other *normative comparisons* (Kendall, Marrs-Garcia, Nath, & Sheldrick, 1999). The special section of *JCCP* on clinical significance (Kendall, 1999) contains detailed and thoughtful discussions of clinical significance and its measurement and should prove to be an excellent resource. In addition, the article by Fidler et al. (2005) in this issue also offers specific suggestions for incorporating statistics that reflect the clinical magnitude of observed effects.

Reporting of Randomized Clinical Trials

JCCP is especially interested in publishing high-quality, empirical contributions on the treatment of disordered behavior. Consistent with the policy established by the Publications and Communications Board of the American Psychological Association, *JCCP* requires the use of the Consolidated Standards of Reporting Trials (CONSORT) reporting standards (i.e., a checklist and flow diagram) for randomized clinical trials. CONSORT offers a standard way to improve the quality of such reports and ensures that readers have the basic information necessary to evaluate the quality of a clinical trial (Moher, Schultz, & Altman, 2001). Authors should review the criteria for reporting this evidence-based approach (www.consort-statement.org/).

Manuscripts that report on randomized clinical trials are required by *JCCP* to include a flow diagram of the progress through the phases of the trial and a checklist (<http://www.consortstatement.org/statement/revisedstatement.htm#checklist>) that identifies where in the manuscript the various criteria are addressed. (The checklist should be placed in an appendix of the manuscript for review purposes.) When a study is not fully consistent with the CONSORT statement, the limitations should be acknowledged and discussed in the text of the manuscript.

Similar guidelines have been developed for nonrandomized designs that are often used in public health and mental-health interventions, referred to as the Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) statement. TREND is still undergoing development. However, the *JCCP* editorial team encourages the use of the recent TREND criteria for reporting the results of nonrandomized evaluations (see Des Jarlais, Lyles, Crepaz, & the TREND Group, 2004) to improve the quality and consistency of such reports.

Content and Format of Manuscripts

JCCP will continue to publish predominantly empirical research that focuses on the development, validity, and use of techniques of diagnosis, treatment, and prevention of disordered behavior. We welcome the submission of authors’ best work on treatment and prevention in all areas of clinical and clinical–health psychology, especially on topics that would appeal to a broad clinical–scientist and practitioner audience. Studies that focus on populations that fall anywhere within the life span, from infants to the elderly, are welcomed. We also welcome studies that help to broaden the evidentiary base for psychological services, such as those on epidemiology, use of psychological services, and health care economics for behavioral health disorders, when clear implications are drawn for clinical research and practice. In addition to empirical research, we will consider critical analyses and meta-analyses of treatment approaches on topics of broad theoretical, methodological, or practical interest to the field of clinical psychology. We encourage authors to consult the journal description (<http://www.apa.org/journals/ccp.description.html>) to determine whether their papers are an appropriate fit for *JCCP*.

As in the past, *JCCP* will continue publishing special sections that are of current topical interest to our readers. We welcome ideas for special sections, especially for topics that span a broad developmental age range. At present, three special sections are in progress: Cultural and Community Psychology: Expanding Horizons of Mental Health and Competence, Attachment Theory and Psychotherapy, and Benefit Finding or Growth Following Highly Stressful or Traumatic Life Events. In addition, manuscripts will be grouped thematically within each issue whenever possible.

Aside from special sections, unsolicited full-length manuscripts are the mainstay of the journal. *JCCP* receives approximately 400 unsolicited, new submissions each year and is able to accept only a relatively small percentage of them, as there are limits on the number of pages that can be published annually. The high submission rate, coupled with the low acceptance rate, helps to ensure that *JCCP* considers and publishes excellent papers through selectivity but poses a challenge to review and provide feedback in timely and constructive ways.

To ensure that their papers receive the best possible review, we urge authors to prepare manuscripts using the most recent (5th) edition of the *Publication Manual of the American Psychological Association* (APA, 2001; see <http://www.apastyle.org/>). Please note that the submission guidelines indicate that a manuscript should be no longer than 35 pages total (prepared in 12-point standard font, such as Times New Roman). This guideline is intended to increase the number and quality (i.e., succinct, focused, readable) of the papers published in *JCCP*. Manuscripts that deviate substantially from the submission guidelines may be returned without review.

In addition to full-length manuscripts, brief reports are welcome. The brief report format may be especially appropriate for empirically sound studies that are limited in scope, contain novel or provocative findings that need further replication or development, or represent replications and extensions of prior published work. Detailed instructions for preparing both full-length manuscripts and brief reports can be found elsewhere in this issue and at <http://www.apa.org/journals/ccp/submission.html>.

In closing, the new *JCCP* editorial team is excited and honored by the tasks and challenges ahead. We welcome the opportunity to contribute to the future of clinical psychology and to advance the field and its applications. We hope that many of you will join us as authors and reviewers in this process.

—Annette M. La Greca, Editor

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