



BULLETIN OF THE AMERICAN ACADEMY OF CLINICAL PSYCHOLOGY

Volume 14, Issue 1

Spring, 2014

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President's Report

Fred L. Alberts, Jr., Ph.D., ABPP



The Academy continues to be a strong voice and membership organization for Board Certified Clinical Psychologists. We are positioned well financially and currently we have 613 Fellows and 718 Members. While we would like to have all 1,331 of our Board Certified Clinical Psychologists to be Fellows of the Academy, it is a dues paying organization and there is a trend nationally of reduction in membership rolls. The Academy, however, recently experienced an increase in membership. This is due in part to the growing number of newly Board Certified Clinical Psychologists as well as our targeted effort to identify membership benefits and make them visible to our Fellows. For example, in the last mailing to membership, we included a copy of the newly developed brochure for Fellows which can be provided to clients/patients. A [pdf version](#) is available on the website and an order form for multiple copies, at a nominal fee, is included in this edition of the *Bulletin*. This is only one of many re-

sources we anticipate offering in the very near future. We are fortunate to have a dedicated and talented Board (Name, term, [current elected position]):

Fred L. Alberts, Jr., Ph.D.
(2009-2016) [President]
David B. Kazar, Ph.D.
(2013-2016) [Vice-President]
Thomas McKnight, Ph.D.
(2013-2016) [Member-at-Large]
Mary Ann Norfleet, Ph.D.
(2012-2015) [Treasurer]
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(2013-2016) [Secretary]

As a volunteer organization, we are dependent upon these individuals for the overall leadership and also dependent upon Fellows and Members volunteering their time in areas of interest and expertise. If you have a particular interest in serving, please let us know. We are in particular need of volunteers (committee members) to assist with communications, technology, and continuing education. All are welcome to join us in our work.

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Barney Greenspan, Ph.D., ABPP
Independent Practice, Meridian, Idaho

ABSTRACT

How a complete psychotherapy in childhood may not be possible is discussed and explored through case examples. This may occur when a child has massively incorporated a parent's pathological part and the pathology remains unconscious to the parent. When this is combined with a low tolerance for unpleasure, and a sexualization of the pathology, insurmountable problems may arise.

If the aim of psychodynamic child psychotherapy is to restore progressive development, or enhance the potential for further development, than a latency child who looks, feels, thinks and behaves appropriately should be counted a success, at least for that time.

When a child is in treatment, the psychotherapist may wonder what sort of adult she or he may become. Family, relatives and friends may approve of the therapeutic outcome, but the psychotherapist knows that yet to come is the transformation of child into adult, and, in some cases, these projections into the future produce dismaying images. Perhaps these cases may be placed into the category of "partly successful."

Several experiences have led to thinking about what may stand in the way of more successful treatment in childhood, defining "successful" from a long-term perspective, as resulting in a person who will eventually mature to interact with self and others in a kind and beneficial way. Such a result may be too ambitious and certainly is in many situations. Perhaps psychotherapists need to be more attentive during the diagnostic stage to the limitations in goals, taking both internal and external circumstances into account, to help avoid termination with the feeling of why more could not have been done?

Not discussed will be children who have had little chance to become "a mature person," namely, those

who have been insufficiently invested, those with multiple caretakers and those with markedly atypical development. Instead, the focus is on those who appear treatable, with families who are invested, are consciously cooperative and ready to work in psychotherapy.

The psychotherapist starts in the usual way; interpretations begin to be made and accepted, but after time the interpretations appear not to be used helpfully. The child does not seem motivated on her or his own behalf and, indeed, seems to use these comments more to keep things as they are than to move ahead. School improves, symptoms improve, behavior improves but what does not seem to progress is in the area of close relationships.

We know that psychotherapy works best when trauma and overwhelming experiences are in the past. An ego that must cope with ongoing external conflicts, in an unstable chaotic environment, cannot achieve the distance it needs to analyze external influences which act directly and forcefully in opposition to the normal direction of development itself. This may preclude successful treatment.

Less easy to recognize are the situations where, in spite of much improvement in the family and an apparent settling down of pathological practices, the original parental pathology carries on in modified ways that are nonetheless antithetical to the child's use of treatment for growth. Still, some children make good use of their treatment in such circumstances. What combination of qualities makes psychotherapy successful in these children? This will be explored through four examples.

Ted's parents were already in treatments of their own before asking for help for their son. Both parents loved, cared for and invested in Ted, but Ted's father had little recognition of Ted's troubles and

could not helpfully support his treatment. From birth, Ted had been exposed to the parents' sadomasochistic interactions. Violent scenes, often culminating with sexual relations, were daily occurrences. Mother felt victimized by father; work on this in her treatment had been helpful and, by the time Ted began psychotherapy, things at home had settled down and there were no more open scenes.

One seldom comes upon a parent who worked harder than Ted's mother, both in supporting his treatment and in using her own treatment to make very tangible gains. Nevertheless, in an unconscious way, parental pathology was carried on through Ted. His provocations of his father were subtly promoted and mother experienced Ted's troubles as "Why is he doing this to me?" In this way, Ted was put in the place of mother with father and of father with mother. He had become pulled into the family perversion and acted this out in his psychotherapy.

As would be expected, Ted interacted with the psychotherapist as both a victim and victimizer. His adaptation to repeated primal scene exposure had been to attempt to join it, taking the role of both partners. Through mother's efforts, the open physical/sexual scenes at home had ceased, but the difficulty had moved into the mental sphere and words became sexualized. "Why does he do this to me?" perpetuated the primal scene on a mental level, with father and son. For Ted, words could never be words, but were used and received as weapons, a difficult situation in a treatment that relies on words. Father continued to be a physically excited person toward his wife and son.

Ted's masculinity lay in identifying with his father's abusive excitement, and any ongoing relationship with his father depended on continuing their mutual excitement. One might say, Ted's oedipal romances were carried out on pre-oedipal levels. He knew no other relationship between men and women. In his feelings, giving-up his excited and unkind behavior would mean losing parental love. His solution was to

become a participant and the once overwhelming primal scene was now a source of great pleasure for him.

This is not an unusual situation in psychotherapy and, in Ted's treatment, his relationships were analyzed in the transference and many interpretations were made on all developmental levels. Though he seemed to understand, and take in the interpretations, they made not the slightest difference in the area of relationships. Ted could not internalize them in any neutral way. All therapeutic material was pulled into the service of the excitement, and one could almost see him make the choice to continue the excitement rather than use the interpretation for growth. Guilt, in identification with his mother, was used for pleasurable self-beating. The perversion had been taken into the super-ego where it served both pleasure and punishment.

We know from experience that the degree to which the client derives pleasure from pathological interactions may tip the scale toward success or failure in treatment. In order to give-up such pleasure, it follows that the client needs the ability to relinquish or delay instinctual pleasure, and to sustain unpleasure on a mental level while working out the pathology. This inability to give-up his mode of instinctual pleasure, and to tolerate unpleasure, seemed a crucial factor in limiting Ted's therapeutic success. He had never become well differentiated from his mother who had carried him, her only child, around all day as an infant, not allowing him to do for himself. The mother was unsure, at times, whose feelings, thoughts and body belonged to whom. She shielded him from experiencing frustration and did not expect him to deal with his own anxiety or feelings. Ted was permitted to say and do whatever he pleased, not an endearing quality, and both parents enjoyed his omnipotent tyranny. Consciously, the parents based this freedom of expression on their wish not to restrict their child as their parents had restricted them.

When Ted entered school, where for the first time demands were made of him, he developed “symptoms” which were identical with mother’s, as if in this way he could stay a part of her. In the psychotherapy, Ted behaved like an adjunct to the psychotherapist, expecting that only his presence was necessary and that the psychotherapist would do all the talking. Ted did not experience anxiety on a mental level and the slightest bit of guilt brought externalization, not because the conscience was so harsh, but because tolerance for affect and guilt was so low. His lack of tolerance for any kind of unpleasure had been taken into his super-ego which was not intolerable from high standards, but from low expectations for the tolerance of unpleasure. His conscience could not serve as a useful guide.

Ted had unsolvable anxiety over aggressive impulses related to keeping or destroying mother. His improvement depended upon an ability to tolerate some powerlessness. This Ted could not do. He was unable to bear any feelings of inadequacy and would declare, when a reality did not support his omnipotence, “If I say it is not there, it is not there.” These states of unpleasure, and lack of satisfaction, aroused so much anxiety in Ted that a passive receptive state was experienced as a danger. Treatment then was experienced as a passive sexual surrender. With Ted, the wish often overrode the fear, so that the degree of pleasure seemed a factor in his inability to analyze his passive wishes, although he knew and understood that he tried to repeat with the psychotherapist his interactions with both father and mother.

Very early in the work with Ted, it felt that his conflicts were already assuming the status of personality/character traits, as if the perverse behavior was being integrated prematurely. His sadomasochistic behavior, seen mainly in close relationships, seemed to have its origin in early introjects, which were attempts at adaptation to prevent becoming overwhelmed. Because of ongoing family patterns, later identifications served to solidify the introjects, giving him a rigidity of personality at a very early age.

His speech and actions had an unstoppable characterological excitement as if his masturbation fantasies were already firmly locked into his personality. Inviting attack, and warding it off through attacking, served as a gratification for both id and super-ego, but also was a defense against annihilation and a way of representing the origins of his disturbance and making an adaptation to it.

No other solution seemed feasible to him since the same pathology responsible for his troubles continued in more subtle form in the family and he could not separate himself from it because he could not tolerate the pain involved nor could he give-up the pleasure. The joint parental perversion taken into the super-ego seemed unmodifiable because his parents continued to share it with him.

Ted had no experience of working together in a neutral way in the interests of growth. Pleasure in relationships had come from excitement rather than from less instinctual sources. “Demands” made to work in psychotherapy had no prototype in demands made by the parents. Perhaps only a “failed” treatment could work for him. He had to be the victim of the psychotherapy. Treatment terminated at a time when Ted functioned well in the community on what appeared a latency level. He was well liked in school, had a few friends and many skills, but his relationship with his parents remained the same and one did not feel hopeful about his future role as a husband and father.

Another child, Sam, also had parents who engaged in a sadomasochistic interaction with excited physical violence. Sam was exposed to this in his preschool years and, although his parents separated later, he continued to have contact with his father and they continued their fight with each other. Sam’s mother shared with Ted’s mother the quality of being able to take anything said to her and turn it into a victimization. Both women made use of everyday occurrences for purposes of excited “being done to.”

Sam’s mother was also hardworking, dedicated and had invested in her son as well, while his father had

little recognition of his own or his son's troubles. Unlike Ted's mother, Sam's mother did not recognize her own troubles and never sought help for herself. Sam had many troubles, including inviting attack, when mother first asked for help for her son. It seemed certain Sam would need his own treatment.

The work began through the mother. Surprisingly, in spite of her need to make the parent sessions into sadomasochistic interactions, Sam's mother could use the work to help her son and never involved him in this sort of relationship.

Although she also infantilized him, and confused her own and his feelings, this quality in her was amenable to change because it was not cemented in her own early relationships, but had to do with fears of losing Sam. He improved markedly without the need for individual treatment. It was as if he could exist for mother as a person outside her own pathology. He did not have to play a role in it.

Neither Ted nor Sam had as troubled an environment as did a third child, Nora, who had been exposed from birth to her parents' frighteningly angry outbursts and to excited attacks from older siblings. She too was an excited child, but excitement was used defensively and she had identified with the part of her mother that was comprised of feelings. Her situation differed from Ted's in that her parents did not derive pleasure from their outbursts, and the whole of daily life was not sexualized, nor was Nora used by the parents as a participant in their pathology.

These children, and others, have directed my interest to what combination of elements, when present together, may serve ends that oppose those of psychotherapy, so child and psychotherapist do not have the same results in mind. One obstacle, I believe, is where the parents' ongoing **unconscious pathology** interacts with the child in such a way that the benefits derived from both

child and parent are too great to exchange them for health. The greater the part played by instinctual pleasure, the closer to perversion, the greater the obstacle. Ted's parents worked to the best of their ability, but when a real problem in a parent is treated as non-existent, it may develop into an untreatable core in a child. When a parent cannot let herself or himself know, the child cannot know either.

This point was evident in the case of Lucy who, in the middle of a riot at her high school, could not notice or know about it. Lucy could trace her "not noticing trouble" to early showering with her father with his differing anatomy treated as if there were nothing to see or ask about. Lucy's greatest difficulty, though, came from her tremendous wish to have the reality of the abuse from her parents toward her confirmed by them, so that she could view herself as lovable. This inability to have this reality confirmed by the parents was an interference in forming adult relationships, which included being cared for by others.

When there is a surplus of unconscious pleasure in the pathology, the pathology has become the sole carrier of pleasure and there is a very low tolerance for unpleasure, the combination may prove too great an obstacle for successful treatment. The ongoing convergence of the internal and external situations on an unconscious basis allows the child to become the carrier of the impulses of the parents for instinctual, defensive and adaptive purposes. The child is invested with the parental excitement. Where parent pathology, unacknowledged because unconscious, is so pervasive and ongoing, it may be an adaptive necessity for the child to join them. The incorporation of parental pathology adaptively may lead to early solidification of personality as a self-preservative move. Early overwhelming requires an introjection of the "overwhelmer." The parents may make every effort to help but there is an unconscious inclusion of their child in their pathology.

A successfully completed psychotherapy in childhood may not be possible when a child has massively incorporated and internalized a parent's pathological part. This is especially true when the pathology remains un-

conscious to the parent and is combined with a low tolerance for unpleasure, and a sexualization of the pathology, by the child.

***Barney Greenspan** earned a Ph.D. from Michigan State University (1970) and was privileged to have a two year postdoctoral fellowship in psychotherapy (Advanced Behavioral Science Center, the former Merrill-Palmer Institute, in MI). Dr. Greenspan is a child and adolescent psychoanalyst (qualified from the Cleveland Center for Research in Child Development) and has obtained Board Certification (ABPP) in Clinical Psychology; Clinical Child and Adolescent Psychology; and Psychoanalysis. He has served eight years on the Idaho State Board of Psychologist Examiners, including three years as Chair. Currently on the APA Council of Representatives (Delegate from Idaho), Dr. Greenspan is a Fellow of the Idaho Psychological Association and is the liaison regarding child/adolescent issues for the IPA Ethics Committee. He is also a Fellow of APA (Clinical Child and Adolescent Psychology; and Psychoanalysis) and a Distinguished Practitioner and Fellow of the Academy of Psychology of the National Academies of Practice. Currently a reviewer for Spirituality in Clinical Practice and Magination Press, Dr. Greenspan was presented the Karl F. Heiser APA Presidential Award for Advocacy during 2013. While maintaining a solo private practice in Meridian, Idaho, with clients of all ages and developmental levels, Dr. Greenspan is an avid race walker, being the defending age-group champion in the Idaho Senior Games for the 5,000 meters and the silver medalist for the 1,500 meters.*

Visit our newly designed website at

www.aacpsy.org

Also, we are in the process of making many new changes and additions. Please check back with us frequently.

The Academy Mentoring Program continues to be one of our most valuable and popular initiatives. At last count, we had 16 Mentors and 34 Mentees. Dr. Tom McKnight is our Mentoring Coordinator and matches the volunteer Mentors with Mentees. For those of you who have not mentored an ABPP candidate, the experience is quite gratifying and valuable for all. The feedback is quite positive and we encourage you to participate in this initiative. Dr. McKnight addresses the program in a piece in the current Bulletin entitled, *Pay it Forward*. Questions or suggestions regarding the mentoring program can be sent to Dr. McKnight at: tomabpp@msn.com.

Dr. Mary Ann Norfleet, in addition to other Board responsibilities, serves as the Academy Website Coordinator. Under her direction, the website has recently undergone extensive renovation in an effort to improve layout, readability and content. Within this new framework, among other things, we hope to be able to provide more videos, free CE access, resources for our Fellows, more focus on our Fellows and Members and more photos. You can see some of the recent changes now at www.aacpsy.org.

We have been advertising in print media regarding board certification and will continue to do so on a limited basis. It is difficult for us to assess the benefit of the advertising, as the applicants for board certification apply through the Central Office. We have a general sense, however, that the advertising has been somewhat effective, as we have received some direct emails and telephone calls with questions regarding the process. We will continue to monitor and determine how we might establish a method of measuring the benefit of the expenditure.

Our Board will be meeting May 16, and we will hopefully have more announcements shortly, following the reports of our various work groups. Also, the Academy and the American Board of Clinical Psychology (Examining Board) have scheduled

a meeting for June 6, to outline collaborative efforts in the furtherance of board certification in clinical psychology. We look forward to the opportunity of working more closely with the examining board.

As I invite you each time I communicate with you, please let me know your ideas regarding improving the membership benefits of this organization or improving any other aspect of the organization. Your input and membership are greatly valued.



*Want to be more involved
with your professional or-
ganization?*

Now is the time.

*We have a vacancy for the
Member-at-Large Director
position on the Board of
Directors. We will be hold-
ing elections in the fall.
Nominations and Self-
nominations will be
solicited.*

WHAT IS THE AMERICAN ACADEMY OF CLINICAL PSYCHOLOGY?

The American Academy of Clinical Psychology (AACCP) is the association of Clinical Psychologists who are recognized as specialists in Clinical Psychology by virtue of having received Board Certification in Clinical Psychology from the American Board of Clinical Psychology (ABCP). The Academy serves its professional members and the public by promoting the highest standards in mental health care and the delivery of psychological services.



Ask your psychologist about Board Certification. For further information regarding Board Certification you may visit the Websites of the American Board of Professional Psychology (www.abpp.org), or the American Academy of Clinical Psychology (www.aacpsy.org), or contact us by e-mail at contact@aacpsy.org.

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Recognizing and Promoting
Advanced Competence Within
the Specialty of Clinical Psychology

Your Psychologist is a Fellow of the American Academy of Clinical Psychology

Why it's important to you

Board Certification

In psychology, just as in medicine, Board Certification indicates an advanced level of competence. Whether you need a family medicine doctor or an oncologist, you want to be sure that you get the best services, so you look to see whether your doctor is Board Certified. It is the same with your Clinical Psychologist. Whether you need general help or a specialist, Board Certification gives you the assurance of getting competent help.

The American Board of Professional Psychology (ABPP) was established in 1947 as a credentialing organization for psychology practitioners. The American Board of Clinical Psychology is the examining board within ABPP that certifies competence in the specialty of clinical psychology.



What Does This Mean To Me As A Patient / Client?

- A Board Certified Clinical Psychologist has been examined in assessment, psychotherapy, and professional ethics by a committee of nationally respected peers and has been awarded Board Certified status.
- A Board Certified Clinical Psychologist has become a Fellow of the American Academy of Clinical Psychology.
- A Board Certified Clinical Psychologist has achieved one of the highest recognitions of achievement afforded by the specialty and the profession.
- By successfully completing the rigorous, postdoctoral examination process and by becoming Board Certified and a Fellow in the Academy, your psychologist has demonstrated a commitment to continued professional development and learning, to providing you with the best possible care, and to treating you in the most responsible and ethical manner.

How is Board Certification Achieved?

The psychologist's qualifications and credentials are verified by the American Board of Professional Psychology. Next, video recorded samples of actual services are evaluated by a panel of the American Board of Clinical Psychology (ABCP). Finally, a lengthy oral examination ensures that the psychologist is clinically and ethically qualified to provide services at the Board Certified level. With Board Certification, the psychologist is eligible to become a Fellow in the American Academy of Clinical Psychology (AACP).

WHAT ARE THE EDUCATIONAL QUALIFICATIONS?

- Completion of an approved graduate or professional school program to earn a doctoral degree in clinical psychology. It usually takes a minimum of five years of graduate study beyond the bachelor's degree to achieve a doctoral degree.
- Completion of an approved one-year internship in clinical psychology. This period of full time supervised practical experience is concentrated on the diagnosis, treatment, and prevention of mental illness, psychological distress, and related behavioral problems.
- Completion of a postdoctoral fellowship in clinical psychology or two years of supervised postdoctoral experience.
- Licensure as a psychologist in the state in which the psychologist practices.

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RECENT BOARD CERTIFIED PSYCHOLOGISTS AND FELLOWS OF THE ACADEMY

Congratulations to the recently Board Certified Clinical Psychologists:

Fellows of the Academy

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Maria A. Bergman, Ph.D., ABPP *
Emilia A. Campos, Ph.D., ABPP *
Paul Cantz, Psy.D., ABPP *
Wendell W. Carpenter, Ph.D., ABPP *
Roger Blake Chaffee, Ph.D., ABPP *
Elaine Linda Ducharme, Ph.D., ABPP *
Jennifer Durst, Ph.D., ABPP *
Lawrence Alfred Edwards, Ph.D., ABPP *
Charles A. Howard, Ph.D., ABPP *
Michelle M. Lee, Ph.D., ABPP *
John Lefkowitz, Ph.D., ABPP *
Robert D. Lippy, Ph.D., ABPP *
Joanne T. Marengo, Ph.D., ABPP *
Elizabeth G Merrill, Psy.D., ABPP *
Ja'net Machelle Seward, Psy.D., ABPP *
Loren Geoffrey Soeiro, Ph.D., ABPP *
Kris C Stankiewicz, Psy.D., ABPP *

** Fellow of the Academy*

Members of the Academy

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THE DAY I DANCED WITH MY FATHER

Steven Tuber, Ph.D., ABPP
City University of New York at City College

Forty-two years ago, almost to the day, I had the single most memorable experience of my life. It was the day I danced with my father. My father was a most alive, passionate person. But the sheer abandon and spontaneity he displayed at that moment was something I had never seen in him before, nor in the 26 years following, through to his death in 1997 at age 97. I loved that moment fully at the time, indeed I giggled with delight all through it. But in the years since his death, I enjoy it more fully than ever.

Telling the story, even to myself, always brings tears to my eyes, tears of warmth and the bitter/sad/sweetness of loss and connection and reunion. I briefly described the moment at my father's funeral service and at my eldest son's bar mitzvah in June 2000. I've portrayed the event three or four other times to friends and colleagues. It's such a compelling snapshot of some of the best aspects of my father and of our tie to each other, our culture and our heritage.

New and broader meanings of this experience with my father were created in the period 1998-2001, during my third three-year term as Director of the Doctoral Program in Clinical Psychology at City College/CUNY, and in the context of a struggle with the American Psychological Association's accreditation committee. Our dance, in turn, had a dramatic impact on my response to how APA was viewing our clinical program. Was our program too "old school," an antiquated, narrow, non-empirically-validated relic of an earlier era, maybe like my "old school" father? Or did it have an integrity, a substance that simply had to be better translated to fit APA's notion of what good training should be?

In 1999, the Clinical Psychology Program was placed on probation by the APA. There are many ways to understand APA's decision. For the purpose of this piece, I'd like to address the impact of this decision via my father and his dance with me 42 years ago.

The first feeling I had upon hearing of our probationary status was one of paranoid confirmation. "Ah ha!" I dejectedly cried, I knew they (the "oppressors," the "insiders") would want to convert or oppress us outsiders! Immediately, my father's history came to sit on my shoulder. Born to abject poverty and malnourishment in Lithuania, my father grew up knowing of his father's 20 years in Siberia for failing to renounce his Judaism as required by an edict from Czar Nicholas I in the 1860s. At age 14, on 24 hours notice, my father and his parents were told of a new edict by Nicholas II that all Jews in the region must evacuate their homes near the coast or else face the Cossacks (the ultimate group of "insiders"). My grandfather had a stroke and died in the wagon pulling their meager belongings away from their shtetl, leaving my teenage father and his mother to fend for themselves.

This story of ethnic oppression, so endemic to humanity and its history, left its paranoid, traumatized core in my father: you must always assume that a pogrom will rear its malignant head eventually. The trick became how to live in enough denial to (a) avoid its malignancy (b) appreciate each day of freedom that miraculously occurs and (c) advance yourself and your family through education to develop an illusion that you can be exempt from the persecution when it, inevitably, reoccurs.

THE DAY I DANCED WITH MY FATHER (continued)

APA probation quickly became the inevitable pogrom for me. I have a passionate love and respect for the Clinical Program at City. I think its courses attempt to do justice to the complexity of the human spirit. I think its courses grab at the phenomenology of our actual experience and all the non-linear ways it doesn't add up. It asks tough, impossible questions about our impossible profession. And, most importantly, its students honor the best and most humane aspects of our goals and objectives. Thus, my love for the program easily converted to my "horror" at the "unjustified" attack by its latest "czar." And, most importantly, its students honor the best and most humane aspects of our goals and objectives. Thus, my love for the program easily converted to my "horror" at the "unjustified" attack by its latest "czar."

An important aside. It concerns one of the very blessings of a belief in a psychodynamic depth psychology. The heuristic value of the belief in the interplay of conscious and unconscious processes is easily a blessing when we use it to try and understand intrapsychic, interpersonal and/or cultural phenomena. The heralding of development as an inherently reciprocal, increasingly differentiating process of establishing self vis-à-vis others is equally compelling in its phenomenological eloquence. Yet it leaves us easily cursed by our smugness that it is not just the "royal road," but the only road to being of use to another.

Thus, my horror at APA's "pogrom" was quickly matched by my demeaning and dehumanizing of my "oppressor." It reminded me of the way my father could denigrate his oppressors by the epithet of "goyim" (gentiles) or "goyische kup" (gentile, read as inferior, mind). In "reality," the APA's wish to have the program create highly specific and hence more measurable goals and objectives is both utterly benign and absolutely necessary. Indeed their desire for specificity speaks directly to the age-old criticism of psychodynamic theory and practice that our work may be brilliantly presented anecdotally or ideographically, but it doesn't sufficiently document a methodology or results that can be "empirically validated."

I'd now like to tell you about my father's dance. It took place on April 15th, 1971. We had recently "moved on up" to the projects in Coney Island. The house where we had lived "down the side street" from the projects (in my memory, it was the only house still standing on the block after nearly a decade of arson) had been condemned to build a public school. For the first time in the six years since my father's retirement in 1965, both my parents were not home when I came home from school that day. They had gone to downtown Brooklyn to sign the official papers turning over their house to the City. April 15th was also the day I heard from the colleges I had applied to and, much to my astonishment and pleasure, I had received a scholarship to an Ivy League school! Knowing the almost mythical importance my parents placed on education and knowing the fantasy my father held of how an Ivy League education was both simultaneously impossible and yet could (hopefully!) provide ample cover during the next pogrom, I knew he'd be delighted at my achievement. Being given the money to attend such a school, moreover, was simply beyond his or my capacity to believe in the "oppressors'" generosity.

THE DAY I DANCED WITH MY FATHER (continued)

So while I waited impatiently for their return home, I expected shock or even wary disbelief to be his first response. When he and my mom came in the door, I rushed to them with my news of both the acceptance and of the scholarship that accompanied it. Instantly, my father took my hand with one hand and my mother's hand with his other hand. Singing an unrecognized chant in Yiddish, he literally bounded around and around the room for what seemed like hours but was probably only a brief minute or two. The whimsical, excited look on his face, the way the room looked, the delight in my mother's eyes... well, it doesn't get any better than that!

So in the midst of my horror, my indignation, even my shame at the probationary response from APA, I remembered this dance. Where, where did my father find this seemingly newly born capacity for delight? How had this never-before-seen paroxysm of joy been protected, preserved despite pogroms, malnutrition, violence and other forms of trauma? Was it a kernel of "good enough" mothering that endured untainted, waiting for the proper, even if once in a lifetime, moment to be expressed? Was it created far later from the hopes and dreams we harbor for and in our children despite or even because of our defects and limitations? Certainly as a father now, I can see that in ways I could never have imagined when I was a participant in that dance.

Suffice it to say, this delight of my father's has warmed me many times over. The gift that just keeps on giving! In connection with APA, however, it made me treasure the value and integrity of City's program more than ever. For his delight could only begin to be understood by me as a validation of how complex is the human personality; how it defies linear predictability. How we are capable of flights of lightness and airiness when there should be no way for us to get off the ground. Just as we are capable of profoundly sadistic, demeaning and all-too-human cruelty that can exist glibly and side by side with our "light and truth."

In the years following City's probation, we eventually were wonderfully successful in reversing APA's decision. We provided clear, measurable goals and objectives with measurable outcomes that documented the great achievements of our students and graduates. We received the longest possible re-accreditation, seven years, by APA. My father's dance helped sustain me through that process. In fact, I just knew we would succeed while simultaneously being convinced we were doomed. (Some things never change, I guess!)

I am forever indebted to my father for showing me this part of him, this joyful oasis in a painful desert. It has provided me with a profoundly meaningful integration of theory and reality, a confirmation of the remarkable "messiness" of personality and a sense of wonder and hope that has kept me in good stead in my life as a clinician and a professor. I am forever in his debt.

Steven Tuber, PhD, ABPP, is Professor of Psychology and Director of Clinical Training in the doctoral program in clinical psychology of the City University of New York at City College. He is Co-Editor of the *Bulletin of the American Academy of Clinical Psychology*.



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MAINTENANCE OF CERTIFICATION WORK GROUP REPORT AND FAQ'S MOC WORK GROUP 2013 SUMMARY OF ACTIVITIES¹

Michael Tansy (Chair), Christine Nezu, Charme Davidson, John Northman, Deborah Attix, Kathryn Korslund, Jeanne Galvin, and David Cox

Several years ago, the ABPP Board of Trustees appointed the Maintenance of Certification (MOC) Work Group, asking them to develop a means by which specialists may maintain their certificate by documenting ongoing competence. Since this time, the MOC Work Group has developed a model by which all specialists may maintain their ABPP board certification through their specialty board. The activities of the MOC Work Group have been chronicled in *The Specialist* since its inception.

2013 has been a busy and important year for the MOC Work Group, which, currently, is comprised of Michael Tansy (Chair), Christine Nezu, Charme Davidson, John Northman, Deborah Attix, Kathryn Korslund, Jeanne Galvin, and David Cox. This year the work group met six times by telephone and once in person. Additionally, the MOC Chair met telephonically with the ABPP Specialty Board Presidents, Academy Board Presidents, and the ABPP EC updating them on MOC Work Group activities.

In January, the MOC Work Group surveyed specialty boards regarding maintenance of certification. In March, we sent an email to all ABPP specialists, seeking their direct feedback on the MOC model, too. The specialty boards' and specialists' feedback was distributed to and considered by all members of the MOC Work Group, as well as to the ABPP Executive Committee. April 4-6 the work group met, accompanied by Randy Otto, then ABPP President-Elect, to further develop the MOC model. In July, the work group sought and obtained approval from the Board of Trustees for a MOC model that included a Specialty Continuing Professional Development Grid, a Narrative, and forms that specialty boards may use for evaluating specialists' submissions. Also, the Board of Trustees approved several MOC-related motions, including:

"All specialists certified after January 1, 2015 must successfully complete renewal of certification every ten years to maintain their current 'ABPP certified' status." "Specialists certified before January 1, 2015 may waive the certificate renewal requirement."

"Before January 1, 2015 Specialty Boards must allow renewal of certification for specialists certified before January 1, 2015."

The Maintenance of Certification Grid and Narrative and their respective rating instruments be adopted for use by all specialty boards as a generic template for renewal of certification."

"Specialty boards may modify the Maintenance of Certification Grid and/or Narrative for the purpose of specialty-specific requirements with the approval of the ABPP BOT."

"The MOC Work Group serves in a consultative role to specialty boards for the purpose of implementation, including modifying Specialty Board bylaws and manuals, as needed."

MAINTENANCE OF CERTIFICATION WORK GROUP REPORT AND FAQ'S MOC WORK GROUP 2013 SUMMARY OF ACTIVITIES¹

Having obtained the Trustees' approval on a MOC model, the work group's primary focus shifted from MOC model development to assisting Specialty Boards in their effort to implement MOC by January 1, 2015. Toward this end the MOC Work group finalized an "implementation tool kit" that includes recommended language that specialty boards may adopt for MOC. Also, the MOC Work Group drafted revised language for adoption by the ABPP BOT Standards Committee. Further, members of the MOC Work group volunteered to consult with specific specialty boards. Correspondingly, specialty boards identified individuals from their specialty to collaborate with these MOC Work Group liaisons in MOC implementation efforts. In September, the ABPP Executive Committee approved a plan to fund travel by MOC Work Groups liaisons to assist specialty boards with their implementation efforts. Three specialty boards, Counseling, Clinical, and Police and Public Safety, met with a liaison from the MOC Work Group (Davidson, Tansy, and Nezu, respectively) to develop their MOC model. MOC implementation plans are being developed by all remaining specialty boards. The ABPP BOT Standards Committee has approved two boards' MOC materials (Counseling and Group). It is anticipated that two other boards (Clinical and Police and Public Safety) will submit their MOC materials soon. Several boards (Couple and Family, Clinical Health, Clinical Neuropsychology, and Rehabilitation) have invited their MOC Work Group liaison to meet with them in person or by Skype at upcoming board meetings. All Specialty Boards have MOC implementation underway on some level.

In December, Michael Tansy presented a report on MOC implementation progress to the Board of Trustees. The Board directed Dr. Tansy to craft a MOC FAQs document that is included in this edition of *The Specialist*.

In 2014 the MOC Work Group will meet monthly by telephone to support implementation efforts. We anticipate the MOC Work Group liaisons and Specialty Board Liaisons will meet routinely to implement Specialty Board MOC. As in the past, the MOC Work Group anticipates reporting to the Executive Committee, Board of Trustees, Board and Academy Presidents, and specialists, informing them and being informed by them.

FAQs Regarding ABPP Maintenance of Certification (MOC)

What is ABPP Maintenance of Certification (MOC)?

Maintenance of Certification (MOC) involves a process of self-examination and documentation of one's continuing professional development since last examination or review. MOC involves you documenting, using a grid and responding to questions focused on your practice, professional activities you routinely engage in that demonstrate your continuing professional development.

After you complete and submit this document, a member of your specialty board will review it to verify that your submission demonstrates involvement in activities that maintain your specialty-related competence. ABPP MOC is not a re-examination, but rather a demonstration of ongoing professional development that goes beyond simple participation in traditional continuing education activities.

Why was MOC developed?

ABPP developed MOC as a result of converging forces within psychology and the broader healthcare commu-

MAINTENANCE OF CERTIFICATION WORK GROUP REPORT AND FAQ'S (Continued)

nity, including the voice of public advocacy groups, who insist upon competent practice throughout the career of a psychologist. In reality psychology competencies have a limited half-life, and because of this the ABPP Board of Trustees decided that routine demonstration of competence is necessary for the ABPP certificate to continue to be a viable and credible credential within psychology.

Who will be affected by MOC?

All ABPP specialists who are board certified after January 1, 2015 must demonstrate Maintenance of Certification every ten years. While all board certified specialists are encouraged to participate in the MOC process, those boarded before January 1, 2015 may waive their obligation to participate in maintenance of certification.

How will MOC work?

On January 1, 2015 all Specialty Boards will begin their MOC activities. Specialists will be notified by ABPP Central Office that they may submit their MOC documents to their Specialty Board, which will include a Specialty Continuing Professional Development Grid and a narrative (maximum of 750 words) that answers focused questions. If a specialist does not provide evidence of competence in a required area of practice during the initial Specialty Board review, the Specialty Board reviewer will reach out to the specialist to assist him or her in remediating the submission. If necessary, the specialist will be allowed a year to resubmit the MOC materials to satisfy the MOC standards for the specialty. If the specialist does not provide documentation that satisfies the Specialty Board's standards, the specialist's certificate is not maintained. As with their initial ABPP examination, specialists are afforded two levels of appeal of any Specialty Board decision; one at the Specialty Board level and one at the Board of Trustees level.

What will it cost me, as a specialist?

The MOC is not intended to generate income for ABPP. MOC fees required of specialists are expected to be nominal and only associated with the cost of administering MOC.

Is it mandatory for me to participate in MOC?

No. If you are a current specialist who is board certified before January 1, 2015 you may waive MOC for any specialty in which you have been certified (before January 1, 2015). However, we encourage you to participate in MOC as it is consistent with ABPP's philosophy that all psychologists should demonstrate their continuing competence in their specialty.

What if I decide not to participate in MOC initially, but then have a change of heart and want to participate in MOC later?

Recognizing that psychologist's circumstances change, specialists may initially decide to waive MOC then later reconsider and participate in MOC.

If I don't participate in MOC will my certificate be revoked?

No.

If I don't participate in MOC is my certificate treated any differently than the certificates of those who decide to participate?

No. There will be no notation on any specialist's certificate. However, once ABPP offers MOC, it will become public knowledge. Should a third party (e.g., insurer, hospital privileging committee) inquire as to whether a specialist waived or participated in MOC, ABPP Central Office is obligated to inform them.

When will MOC go in affect, and what is the timeline for current specialists?

By January 1, 2015 all Specialty Boards are expected to

MAINTENANCE OF CERTIFICATION WORK GROUP REPORT AND FAQ's (Continued)

be ready to begin MOC. Of course, it is not anticipated that on January 2, 2015 specialists will submit their material for review. Unless a specialist seeks early consideration (we anticipate that some will want to for personal and professional reasons), participation will be distributed over a period of 8 years (2015 through 2023), allowing for all current specialists to demonstrate MOC within a ten-year cycle.

If I want to, can I participate in MOC before my due date?

Yes.

Who will notify me when I am due for my own MOC?

ABPP Central Office will notify specialists and their Specialty Boards when their MOC is due.

What if I am certified in two specialties and want to participate in MOC, how will that work?

Rather, than ask a multiply-boarded specialist to submit multiple grids and narratives, these specialists will submit one MOC document. Of course, it is incumbent upon the multiply boarded specialists to satisfy the specialty-specific requirements of every specialty in which they are boarded.

Can I fail MOC?

Yes. If you do not demonstrate that you have maintained the foundational and functional competencies specified by your Specialty Board.

If I fail, do I get another chance?

Yes. If there is a problem with your submission you are offered feedback and a year to remediate your submission. If you do not remediate your MOC submission, you will not maintain your certificate.

What happens if I am due for participation and, due to hardship, I am unable to participate? Will ABPP grant me an extension?

Yes, but you will need to provide an explanation of the hardship and your explanation will need to be accepted by the Specialty Board.

¹Tansy, M., Nezu, C., Davidson, C., Northman, D., Attix, D., Korslund, K., Galvin, J., & Cox, D. (2014). Maintenance of Certification Work Group Report and FAQ's MOC Work Group 2013 Summary of Activities. *The Specialist*, 32(2), pp. 10-13. Reprinted with Permission.

The American Academy of Clinical Psychology is the membership organization of board certified clinical psychologists. The American Board of Clinical Psychology is a member Specialty Board of the American Board of Professional Psychology (ABPP). The Specialty Board (ABCP) certifies that the successful candidate has completed the educational, training, and experience requirements of the specialty, including a performance examination designed to assess the competencies required to provide quality services in the specialty of clinical psychology. The roles of both organization are critical to the furtherance of board certification in clinical psychology.

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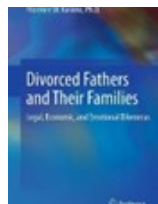
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If you are mentoring, or would like information about Maintenance of Certification, or in need of consulting the most recent examination manual, please review the most recent EXAMINATION MANUAL.



BOOK REVIEW

John R. Thibodeau, Ph.D., ABPP

Independent Practice, Altamonte Springs, Florida USA

Divorced Fathers and Their Families: Legal, Economic, and Emotional Dilemmas, Florence W. Kaslow, Ph.D., Springer, New York (2013) 272 pps. \$49.95.

It almost goes without saying that Dr. Florence Kaslow's contributions to the discipline of psychology have been legendary. Her name has been synonymous with professional psychology for decades. Because she has done it some many times in the past, it is not at all surprising that in her new book *Divorced fathers and their families: Legal, economic and emotional dilemmas*, she once again enthusiastically seeks to enlighten about an issue she rightly considers to be very important for us all. Divorce is a very difficult and painful experience, and Dr. Kaslow wants to sensitize us to how particularly painful it is for fathers.

Given that 50% of all marriages in the US end in divorce, there are indeed a lot of divorced fathers to be concerned about. In the first chapter of her book, she outlines how traditionally, fathers have been demonized and discounted in the system of divorce. There is scathing literature on "deadbeat dads" and it is common knowledge that the courts have heavily favored mothers over the fathers when it comes to custody issues and financial support. She argues that although it may have been appropriate in the distant past to slant the laws in favor of the mothers, it is no longer appropriate or fair. The strength and power of women have changed over time as has the investment of a father's time and emotional energy into family life. There are legions of good husbands and fathers who are being unfairly treated by an anachronistic legal system.

The next thirteen chapters are case studies of divorced fathers who had indeed suffered greatly. It appears that Dr. Kaslow did the semi-structured interviews herself for this project, and the stories are deftly portrayed as would be anticipated from a consummate clinician. As she describes it, the legal system appears by design to make divorce for the father as harrowing and as financially devastating as possible. The courts appear to be stone deaf to fairness when it comes to considering a father's wish to remain connected to his children after a divorce. Not all fathers abandon and neglect their children or fail to pay mandated child support, she points out. They should be treated much more fairly. Though the cases are interesting, her point perhaps could have been made with four or five cases instead of the thirteen. And also, as the author of one of the prefaces to the book points out, the sample of cases itself is a bit truncated in that almost all were upper middle class professionals whose divorces were decades in the past.

After outlining the travesty known as the American divorce, Dr. Kaslow, ever the psychologist, states that what the whole system needs is some evidence and experience based psychological sophistication to improve it dramatically. What psychologists have learned of course is that divorce is especially bad for children. In all that transpires, the children should be considered first. Everything possible should be done to minimize the negativ-

BOOK REVIEW (continued)

ity that can and will adversely affect the children. Her sad truism is that the more conflict there is in a divorce, the more the parents seek to fight and make each other suffer, the worse it is for the children. Depriving them of a meaningful relationship with a loving father is perhaps one of the more hurtful things that could be done, she believes.

When she surveys the violence being wrought in the name of divorce, in much of the book, Dr. Kaslow appears Rodney King-like in asking “Can’t we all get along?” But unlike Rodney King, she has extremely good ideas on how to diminish the conflict. In the chapter following the case studies, Dr. Kaslow herself talks about divorce therapy, divorce mediation, and collaborative divorce. Enlisted authors then contribute sections on appropriate lawyering, detailed family evaluations, parenting coordination and child advocacy. The divorced fathers’ cases are reexamined in light of how they could have been managed differently and more humanely if the guidelines in these chapters had been followed. In the final chapter, in a Moses-Ten Commandment- like style, Dr. Kaslow tells all who would be involved in divorce (therapists, mediators, parents, child custody evaluators, ex-wives, children of divorce, matrimonial lawyers, family court judges) just exactly what to do. It makes for thrilling reading. It really does. She knows oh so much. And what she says is oh so true.

In writing this book, Dr. Kaslow is seeking to change a system that is sorely in need of change. As one of her chapter contributors pointed out, the laws have already started to change in many places, and the fathers in the case histories might fare better now in states with the more modern laws. But this book nonetheless serves the purpose of helping to insure that these changes continue and that they spread nationwide. This is also a book that has wide appeal. It should definitely be read by family court judges and matrimonial lawyers. For those considering entering the family/matrimonial field, this could be a guidebook for how to become involved and what to become involved in. For those already in the field, this could be a guide for how to do things differently and more humanely.

And for the psychologist who might have little interest in this area to start, reading Florence Kaslow at her best makes you feel good about being one of her kind.

Reviewed by: JOHN R. THIBODEAU, PH.D, ABPP. Dr. Thibodeau has received many distinguished teaching awards while on the faculty of the Department of Psychiatry at Albany Medical College and served as Director of the APA-Approved Internship. Currently, Dr. Thibodeau is in independent practice of clinical psychology in Altamonte Springs, Florida.

PAY IT FORWARD WITH MENTORING

Thomas McKnight
Mentoring Coordinator
American Academy of Clinical Psychology

You submitted the application which was accepted. The professional statement and work samples were accepted and the examination scheduled. You typically traveled some distance and, with anxiety, met the examining committee (probably three strangers). After a number of hours the examination was over and you felt confident in some areas but not so sure of your performance in others. In a few weeks, the notice came and you passed. You are a Diplomate of the American Board of Professional Psychology, Board Certified in Clinical Psychology, a status unequaled by a majority of your peers. The certificate looks impressive on your wall and you look at it rather often, until the newness fades. Now what?

You can serve as a mentor for others who are considering this professional step. A general definition of mentoring includes providing advice and guidance to someone who is pursuing a new endeavor and that certainly includes Board Certification in Clinical Psychology. While no psychologist is required to use or specifically needs to have a mentor, for this, those with special concerns, questions, or undue anxiety might benefit from mentoring and often request a mentor.

Mentoring has several aims: providing information to potential candidates that helps them begin and continue with the certification process, alleviating some of the anxiety about the process (especially the oral examination), helping the candidate ensure that the educational background, professional statement, and practice samples are consistent (avoiding the unusual and unaccounted for variation). The relationship between the mentor and the person being mentored is collegial and the time commitment will vary. Some candidates have few questions and their need for assistance or guidance is minimal while others require more attention. There is no set limit on contact, except for the mentor's time, availability, and preference. Mentoring Guidelines can be found <http://aacpsy.org/mentoring.php> on the Academy's web site and every person who is considering mentoring a colleague must read the guidelines and the current examination manual, also found http://aacpsy.org/cert_exam_manual.php on the web site.

If interested in serving as a mentor, please read the two documents referenced above and contact tomabpp@msn.com Dr. Thomas McKnight, Mentoring Coordinator of the American Academy of Clinical Psychology. There is no cost to the candidate, for mentoring, and the mentor's remuneration is participating in the achievement of a colleague. Your decision to *pay it forward* is appreciated.

Academy Fellows and Members News and Publications

Immediate Past President of the Academy, **Dr. Lisa Grossman's** (Co-Editor, Dr. Steven Walfish) book, *Translating Psychological Research into Practice* was recently published by Springer (2013).

Jeffrey N. Wherry, Ph.D., ABPP, has accepted a new position (Summer, 2014) as Director of the Dallas Children's Advocacy Center's (DCAC) Research Institute. The DCAC is one of the largest CAC's in the United States.

Dr. Kenneth Herman, author of *Secrets from the Sofa: A Psychologist's Guide to Achieving Personal Peace* has just published *Pop, Burst the Diet Bubble and Finally Lose Weight* with his daughter Rebecca Cipriano, M.D. At 87 (*he reminds us*), Dr. Herman continues to lecture about mental health issues and serves on the Board of Trustees of the Bergen Volunteer Medical Initiative, a free primary medical care facility for the uninsured in Hackensack, New Jersey.

Dr. Geoff Goodman, Ph.D. became a Fulbright Scholar in Uganda. He has two books recently published: *Rural Community Libraries in Africa: Challenges and Impacts* (with G. Goodman and M. Kevane), published by IGI Global (2014) and *Daddy's Secret Cedar Chest*, Tate Publishing (2013).

Dr. Jon Mills recently won the *Goethe Award* for Best Book in 2012 for *Conundrums: A Critique of Contemporary Psychoanalysis* (New York: Routledge) given by the Section on Psychoanalytic & Psychodynamic Psychology of the Canadian Psychological Association. He also recently won a *Grady Award* from the National Association for the Advancement of Psychoanalysis in New York City for Best TV program for his TV series *The Talking Cure*, which was produced by Rogers Television and aired from 2012-2013. He has a forthcoming book, *Underworlds: Philosophies of the Unconscious from Psychoanalysis to Metaphysics* (Routledge, 2014).

Dr. Lisa Grossman will be awarded the *Rosalie Weiss Award* by the American Psychological Foundation at the APA Annual Convention this year in Washington, D.C.

Dr. John Clapp received the 2013 *Francis Peabody, MD Caregiver Award* from the Navy's Bureau of Medicine's (BUMED) Director, the Naval Center for Combat & Operational Stress Control (NCCOSC), "*For the consistent and compassionate care of Marines, Sailors, and Soldiers suffering with combat and operational stress conditions.*"

Emeritus Fellow, **Irving Gottesman, Ph.D.**, recently received the *Joseph Zubin Award* from the American PsychoPathological Association. The *Zubin Award* is awarded to those who have made important contributions to the science of psychopathology.

Former Academy Vice-President, **Dr. Roger Brooke's** book, *Jung and Phenomenology* (Routledge, 1991) is being republished as a "*Classic Edition*" by Routledge (2014).

Academy Fellows and Members News and Publications, continued

Dr. Robert Moss has had the following articles, among others, published, during the past year:

Moss, R. A. (2013). Neuropsychological Evaluation in an Adolescent with Cerebellar Hypoplasia Diagnosed with Asperger's Syndrome. *Neurocase*, 19, 85-89. doi: 10.1080/13554794.2011.654220

Moss, R. A. (2013). Psychotherapy and the brain: The dimensional systems model and clinical biopsychology. *Journal of Mind and Behavior*, 34, 63-89.

Moss, R. A. (2013). Givers and takers: Clinical biopsychological perspectives on relationship behavior patterns. *International Journal of Neuropsychotherapy*, 1, 31-46. doi:10.12744/ijnpt.2013.0031-0046

Moss, R. A. (2013). A clinical biopsychological theory of loss-related depression. *International Journal of Neuropsychotherapy*, 1(2), 56-65. doi: 10.12744/ijnpt.2013.0056-0065

Dr. Joseph Talley's article, *Practicing Notes and Tools for Brief and Very Brief Integrative Psychodynamic Psychotherapy* appeared as a Special Edition (August, 2013) in *The Bulletin of The American Academy of Counseling Psychology*.

Dr. Robin Rosenberg had the following books published during the past year:

Rosenberg, R. S., & Kosslyn, S. M. (2014). *Abnormal Psychology*, second edition. New York: Worth Publishers.

Rosenberg, R. S. (2013). (Ed). *Our Superheroes, Ourselves*. New York: Oxford University Press.

Rosenberg, R. S., & Coogan, P. (2013). (Eds). *What is a Superhero?* New York: Oxford University Press.

Rosenberg, R. S. (2013). *Superhero Origins: What Makes Superheroes Tick and Why We Care*. CreateSpace.

Dr. Robert Stolorow's book, *Structures of Subjectivity: Explorations in Psychoanalytic Phenomenology and Contextualism* (with G. Atwood) will be released in this month by Routledge.

Dr. Stolorow was named the Founding Editor in Chief for the new neuroscience journal, *AIMS Neuroscience*

Dr. Stanley Rosner's latest book, *Echoes of Inner Voices*, was published in late 2013 (CreateSpace).

Drs. Fred Alberts, Chris Ebbe, and David Kazar's book, *Guide to Board Certification in Clinical Psychology*, was released last summer by Springer (2013). **Dr. Kazar** is Vice-President of the Academy and **Dr. Ebbe** is a Past President of the Academy and current ABPP Board of Trustees, CPPSA Representative.

Academy Fellow and *Bulletin* Consulting Editor **Dr. Florence Kaslow's** book, *Divorced Fathers and Their Families: Legal, Economic, and Emotional Dilemmas* was published by Springer in 2013 and reviewed in the current edition of the *Bulletin*.

Congratulations to all!

Please keep us informed with your news and publications at contact@aacpsy.org



Call for Papers

Bulletin of the American Academy of Clinical Psychology

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Editor

Steven Tuber, Ph.D., ABPP
Jeffrey N. Wherry, Ph.D., ABPP
Associate Editors

Florence W. Kaslow, Ph.D., ABPP
Consulting Editor

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