



# BULLETIN OF THE AMERICAN ACADEMY OF CLINICAL PSYCHOLOGY

Volume 23, Issue 1

Winter, 2024

Robert A. Moss, Ph.D., ABPP,  
ABN

Editor

## *In this issue*

AACP Board Update	1
Mass Shootings	10
The “Unconscious” and Personality	12
Membership Publications And Accomplishments	14
Continuing Education	16
Call for Submissions	17
Board of Directors	18
Membership Campaign	20

## American Academy of Clinical Psychology Board Update

Gerardo Rodriguez-Menendez, Ph.D., ABPP,  
MSCP

Dear AACP Colleagues,

In this article my goal is to convince you to continue supporting the American Academy of Clinical Psychology (AACP). We’ve seen our membership renewals coming in and we exhort you to keep supporting the AACP through your membership. The Board of Directors (BOD) and Division of Student Representatives thank you for your support of AACP. The BOD has been meeting monthly to provide the Academy membership with benefits to enhance their clinical practices. The AACP strives to impart the highest levels of professional practice. We therefore want the public to be aware of the distinction of membership in the AACP. We also value our members and wish to assist them with their professional development. A key goal of the BOD is to provide value innovation through a low cost membership, that will supplement your clinical skills, while providing the business management resources you need to have profitable and sustainable private practices. In this update readers will be provided with the latest Academy initiatives. **The AACP provides you with value added member benefits that are afforded to you through your Academy member-**

ship.

## The AACP 2024 Virtual Conference:

### The Psychopharma- cology Leadership Summit

The BOD has worked diligently to hold virtual conferences on **clinical practice issues, business management and other important topics free for AACP members**. This year’s conference is entitled, “**The Psychopharmacology Leadership Summit will take place virtually on Thursday and Friday, March 14 and, 15 2024 from 10:00 am – 7:00 pm EST. Thirty (30) CE presentations will be provided, allowing participants to earn up to 10 CE credits.**

*The virtual conference is  
free for AACP members!*

The BOD has worked diligently to hold virtual conferences on **clinical practice issues, business manage-**

Continued on page 2

management and other important topics free for AACP members. This year's conference is entitled, "The Psychopharmacology Leadership Summit will take place virtually on Thursday and Friday, March 14 and, 15 2024 from 10:00 am – 7:00 pm EST. Thirty (30) CE presentations will be provided, allowing participants to earn up to 10 CE credits. The virtual conference is free for AACP members!

The Psychopharmacology Leadership Summit is an effort to partner with key stakeholders in the field of clinical psychopharmacology to promote patient access and welfare. To this end the AACP has partnered with:

**The Chicago School (formerly The Chicago School of Professional Psychology):**

**Office of Continuing Education**

**The National Center for Teaching and Learning;  
The Illinois Association of Prescribing Psychologists and**

**The Society for Prescribing Psychology:  
Division 55 of the American Psychological Association.**

**Thursday-Friday, March 14-15,  
2024, 10:00 – 7:00 pm EST.**

## Psychopharmacology Leadership Summit



Our aim to have a watershed conference for the coordination of strategic planning efforts in the areas of:

**A. Legislative Prescriptive Authority;**

**B. Education and Clinical Training; and**

**C. Clinical Practice Issues**

Each day will commence with a Welcome and Keynote Address. **Dr. Beth Rom-Rymer**, Candidate for APA President-Elect

2024 and **Dr. Robert McGrath** will be providing the key note addresses for Days 1 and 2. Concurrent presentations in each of the three areas will be given over the two-day conference period for a total of 30 symposia.

During the day, 1.5 hours of the Psychopharmacology Leadership Summit will be devoted to Work Group Break Out Sessions in the three key areas. A fourth breakout session will be devoted to "Students for RxP." Attendees are asked to attend the same workgroup session over the two-day period. Day 1 of the breakout sessions will focus on brainstorming strategic actions for the development of the field in the respective topic area. Each group will have an assigned Chair and Secretary to facilitate the workgroup discussions. Day 2 of the workgroup sessions will refine the strategic formulations, reporting back to the general assembly of members. This has been a highly complex endeavor. We are anticipating over 500 participants for this year's conference. To cover the costs of the event, we are promoting sponsorship packages ranging from \$500 - \$5,000 with companies, nonprofit groups, and universities that are involved with psychopharmacology academic and clinical training. **Therefore, we are asking our AACP member to facilitate contact with sponsors, so please email me for more information if you have a potential sponsor.** The program, presenters, and topics are

reproduced below for your convenience.

## **The Psychopharmacology Leadership Summit**

**Registration Now Open**  
**[aacpsy.org/2024-Conference/](https://aacpsy.org/2024-Conference/)**

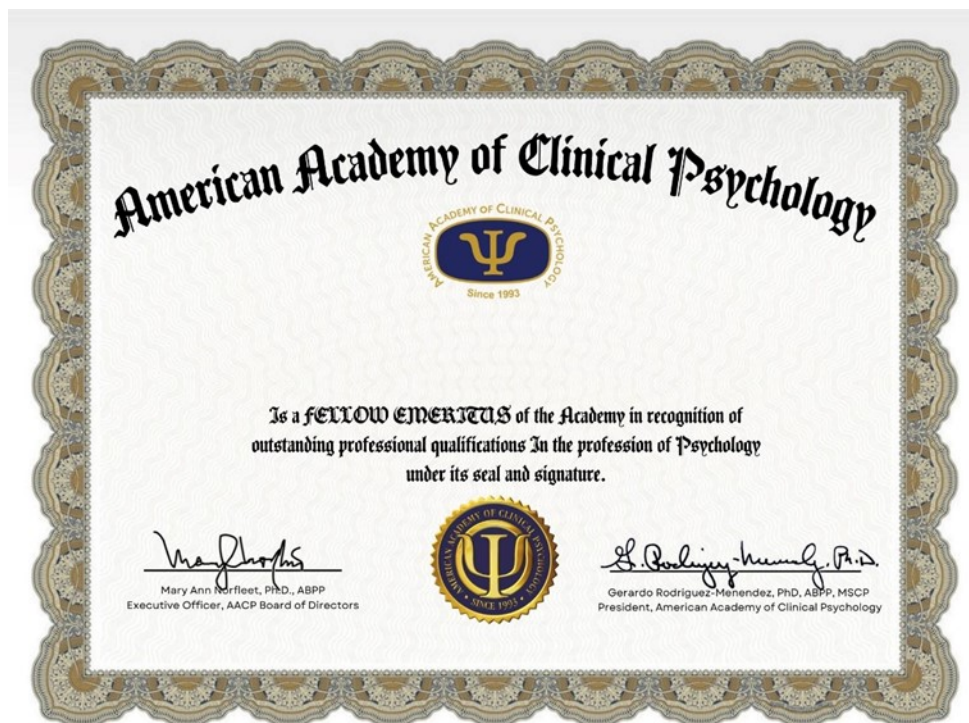
**Conference Information and Registration Here**

**For Members: You will receive an AACP email with a code for your use in the registration process, as the cost of the Psychopharmacology Leadership Summit is free to all AACP members.**

## **The AACP Certificate Initiative**

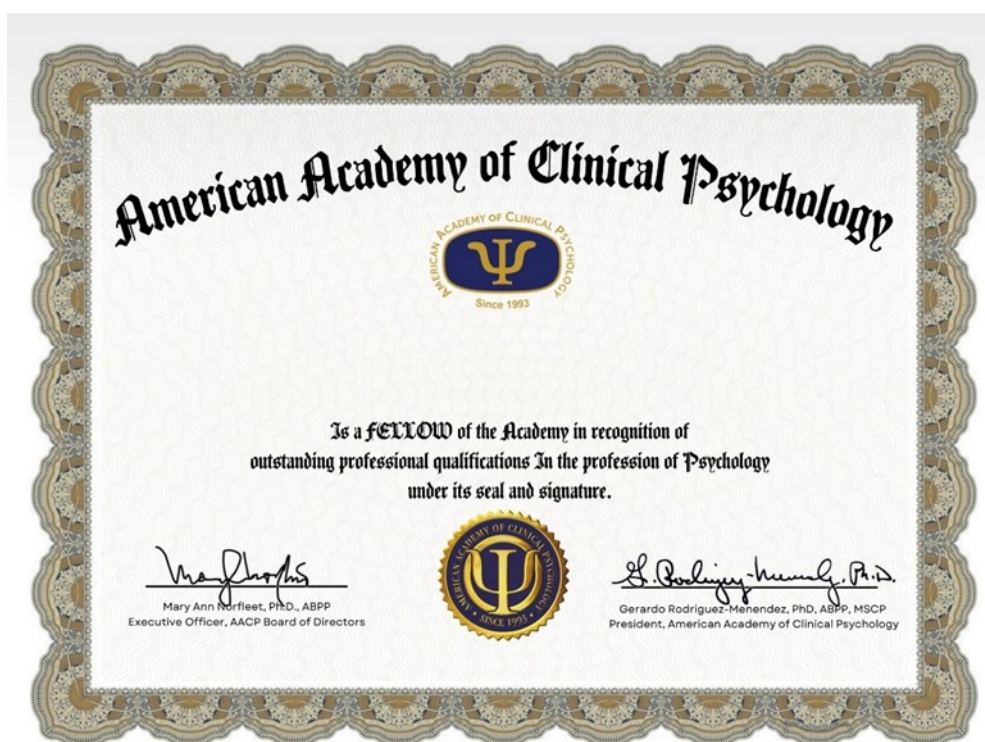
A primary project of the BOD is to provide each member with a new AACP certificate, based on membership category: Member, Fellow, and Fellow Emeritus. The certificates serve to verify your membership with the AACP and as well as your commitment to the highest standards of professional practice. I wish to thank **Dr. Mary Ann Norfleet**, our esteemed Treasurer, and **Robin Parsons**, Executive Director, who diligently worked to create a professional certificate that is proper for display in your practice settings. Given that most of you have websites, **we are also providing you with a digital certificate that can be placed on your practice website for patient information.** Examples are found on the following pages,

## Fellow Emeritus Certificate

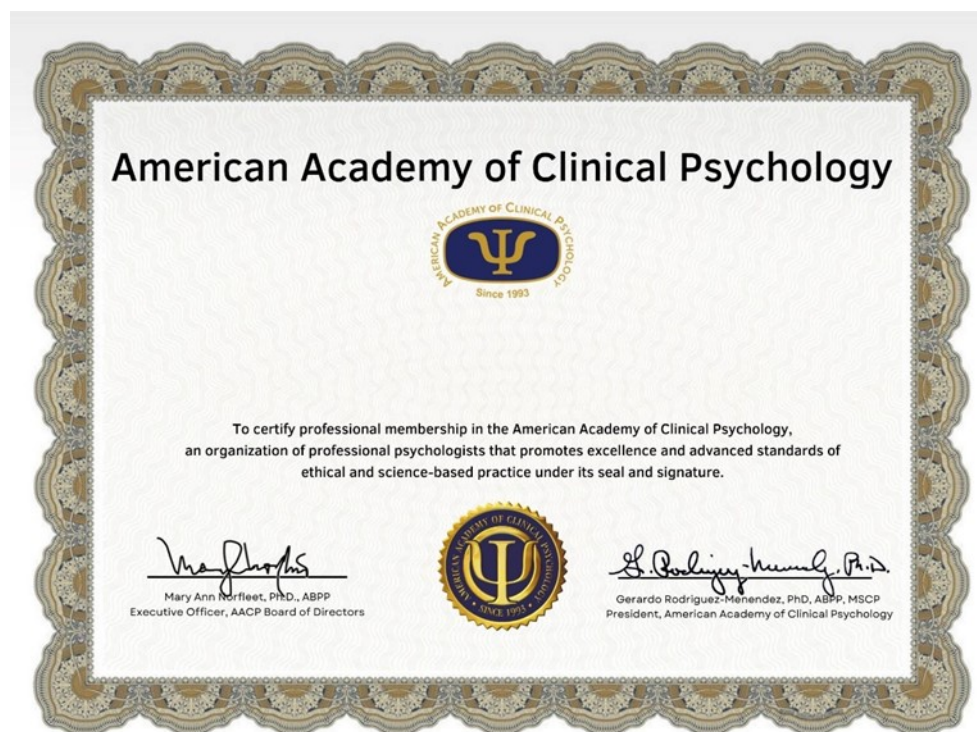




## Academy Fellow Certificate



## Professional Member Certificate



## The AACPP Patient Brochure Initiative

### WHAT IS THE AMERICAN ACADEMY OF CLINICAL PSYCHOLOGY

The American Academy of Clinical Psychology (AACPP) is a non-profit association of Health Service Psychologists who practice as specialists in Clinical Psychology. The Academy serves its professional members and the public by promoting the highest standards in mental health care and the delivery of clinical expertise to diverse populations in a culturally sensitive manner.



### Contact Us

American Academy  
of Clinical Psychology  
PO Box 6008  
11007 South Ocean Drive  
Jensen Beach, FL 34957  
email: [contact@aacpsy.org](mailto:contact@aacpsy.org)



Your Psychologist is in  
the American Academy of  
Clinical Psychology



Recognizing and Promoting Excellent  
Competence Within the Specialty of  
Clinical Psychology

*Ask your Psychologist  
about the Academy*

### FELLOW or MEMBER of the ACADEMY

A Psychologist can be a Fellow of the AACPP by being an American Psychological Association Fellow, or by being specialty board certified by the American Board of Professional Psychology (ABPP). APA Fellow status is an honor bestowed upon APA members who have shown evidence of outstanding contributions or performance in psychology at a national level.

The ABPP national specialty board certification is earned through a rigorous evaluation and examination post state or provincial licensure. In Psychology, ABPP national certification recognizes demonstrated competence in specialty areas of health care psychology. When you need a physician, you want to be sure that you receive quality services. So, you can find out if your doctor is Board Certified. It is similar with your Psychologist. Whether you need general help or specialty clinical services, a Board Certified Psychologist provides quality psychological services in specialty areas of practice. Your Psychologist may also be a Member of the Academy who is licensed to practice independently by their state.

### DISTINCTION THAT MEMBERSHIP IN THE ACADEMY OFFERS

- By becoming a Fellow in the Academy, your Psychologist has demonstrated a commitment to continued professional development and learning. Your psychologist strives to provide exemplary culturally sensitive mental health care, utilizing best practices, in accord with high professional and ethical standards.
- A Clinical Specialist is a Psychologist who is Board Certified by one of the 15 recognized specialty boards of ABPP. Being licensed by their state or province is one of the prerequisites for Board Certification. After meeting these criteria, the psychologist has been examined in assessment, psychotherapy, and professional ethics by a committee of nationally respected peers. They have passed the high standards of this national examination and have been awarded ABPP Board Certified status in their specialty.
- As a Fellow or Member of AACPP, your Psychologist has achieved, (or aspires to achieve), one of the highest recognitions of competency in the profession of clinical and healthcare psychology.
- This distinction serves as a testament to your Psychologist's pursuit of excellence in the field of Clinical Psychology and related clinical specialties.

### QUALIFICATIONS FOR MEMBERSHIP

- Completion of an accredited graduate program to earn a doctoral degree in clinical psychology or related health care psychology specialties. It usually requires a minimum of five years of graduate study beyond the bachelor's degree to achieve a doctoral degree in this profession.
- Completion of an approved one- year internship in one of the health care professional psychology specialties and a post doctoral fellowship or residency in one of these specialties. These full time supervised training experiences focus on the diagnosis, treatment, and prevention of mental illness, psychological distress, and related behavioral problems within the trainee's specialty.
- License to practice independently as a psychologist in the state or jurisdictions in which the psychologist works. Academy members include clinical and healthcare psychologists in the United States and Canada.



h  
l  
y  
  
t  
i  
m  
e  
-  
c  
o  
n  
s  
u  
m  
i  
n  
g  
  
e  
n

We provide our members with a **patient brochure** that you can provide to prospective and current patients/clients to inform them that you are an AACP member in good standing. **The patient brochure can also displayed on your website for prospective patient information. You should have already received your: (a) hard copy Academy certificate; (b) the digital certificate and (c) patient brochure were also sent last year.** If you have not received your hard copy certificate and other digital materials for your website, please do not hesitate to contact me.

**New Board Members:**

The BOD welcomes **Drs. Julie Landry and Morgan Ferris-Johnston** to the AACP Board



**Julie Landry, PsyD, MSCP, ABPP**

Dr. Julie Landry has spent the majority of her career working with military and government populations. She's now the owner of two private practices but continues to provide consultation services to government agencies and private sector organizations as well as other psychologists interested in establishing a private practice. Dr. Landry has extensive training and experience in assessing neurodivergent conditions and treating complex trauma, relationship problems, and general life dissatisfaction. She has provided therapy and assessment services through telehealth since 2014 and has authored multiple book chapters, articles, and presentations on the use of telehealth. In addition to a doctorate in clinical psychology, Julie has master's degrees in industrial/organizational psychology and clinical psychopharmacology from Fairleigh Dickinson University. She completed internship at the Walter Reed Army Medical Center and is board certified in clinical psychology. Julie is also an Army veteran, and her active duty service includes:

Chief, Behavioral Health 7307th Medical Training Support Battalion, 3rd Medical Training  
Brigade, USAR

Walter Reed Army Medical Center Walter Reed Bethesda  
06/15/2010 - 06/15/2012

3rd Brigade Combat Team, 1st Cavalry Division, Ft Hood, TX  
06/16/2012 - 08/31/2014





**Morgan Ferris-Johnston, PsyD, MSCP**

Dr. Morgan Ferris-Johnston is a licensed psychologist in IL. She is a graduate of Adler University and The Chicago School of Professional Psychology MCSP Program, as she was in the first cohort of pre-licensed doctoral students to be enrolled in the Master of Science in Clinical Psychopharmacology (MSCP) Program. Dr. Ferris-Johnston was among the first students in the nation to be enrolled in TCSPP's MSCP Program concurrently with her PsyD in Clinical Psychology at Adler University. Her leadership positions have included IPAGS Executive Board, board member of the Illinois Association of Prescribing Psychologists, and Board of Directors member and Secretary of Division 55 with APA. Morgan has also shown a dedication and passion for research and scholarship. Among notable presentations, Dr. Ferris-Johnston was a co-presenter of a symposium presented at the 2018 Illinois Psychological Association Convention in Schaumburg. Drs. Beth Rom-Rymer and I. She's was were the other co-presenters of an APA Symposium entitled, "Toward a New Model: Predoctoral Training in Clinical Psychopharmacology." She also gave an APA presentation on the topic of "Skills Development" presentation is on functional neuroanatomy and its application in administering a neurological screening examination. Prior to COVID-19, she was accepted to speak in Prague, Czech Republic in the summer of 2020 with fellow leaders in the prescriptive authority movement, including Dr. Beth Rom-Rymer. She is currently seeking to complete her clinical rotations training as an Ascension RXP Psychology Fellowship Training at Ascension Alexian Brothers Hospital in IL.

**Call for New BOD and Committee Members:**

Although the Academy's BOD has set forth some ambitious goals for 2024, we must expand the BOD membership. The BOD currently consists of five dedicated professionals and two outstanding student representatives, but there is only so much seven persons can do to further the Academy. Similarly, we need to expand our committee membership. We can't emphasize enough that this effort does take a village and that many hands make for light toil. Board Membership is

reserved for Fellows of the Academy (members who have been certified by the American Board of Professional Psychology, or designated as Fellows by the American Psychological Association). Recently, however, the Academy BOD approved the membership of licensed psychologists who are professional members. In accordance with our history, a majority of BOD members must be Fellows. By adding Fellows, we can also add Members-at-Large to the BOD.

Currently, our committees are as follows:

- Membership
- Communications
- Continuing Education
- Finance
- Psychopharmacology
- Diversity, Equity & Inclusion
- Student Division

*Therefore, if you are interested in serving on the BOD or a committee, please contact me.*

In closing, the AACP BOD looks forward to serving you and we wish you the very best in your personal and professional endeavors. *Please continue to support the Academy through your membership fees and engagement. If you wish to contact me about any of the matters presented in this update, please email me at:*

*[grodriguez-menendez@thechicagoschool.edu](mailto:grodriguez-menendez@thechicagoschool.edu)*

Very best regards,

Gery

Gerardo Rodriguez-Menendez, PhD,  
MSCP, ABPP  
President

## Mass Shootings: Toward a Redefined and Aspirational Version of Masculinity

By

Ashlee W. McCargo and Ronald F. Levant

There has been a total of 38 mass shootings within the country last year, with over 203 fatalities. As a result, the US has hit a new record: the most recorded mass shootings in a single year over the entire course of our nation's history. When mass tragedies like this occur, there is an impulse to understand the rationale of the heartless individuals who challenge our sense of safety so profoundly. Most such shootings are committed by boys and men, yet most males do not commit acts of gun violence. As a result, there are certain contextual pieces that are important to examine given traditional masculinity's role in violence, particularly considering recent events.

Masculinity has become a topic of popular discussion in the last few years. However, it is a complicated topic that is often misunderstood, and, even worse, pathologized as "toxic masculinity." To clarify, masculinity is not the same thing as being male; the latter refers to biological sex, whereas the former refers to social norms about how boys and men are expected to think, feel, and behave. The following masculine norms have been identified in the academic literature: emotional control, winning, being a playboy, violence, self-reliance, risk-taking, pursuit of status, power over women, primacy of work, and heterosexual self-presentation.

Some elements of traditional masculinity are adaptive and beneficial in certain circumstances. From an evolutionary lens

focusing on the “hunter-gatherer” model, strength was necessary for survival which involved contending with wild beasts for food and tolerating extreme weather conditions. Men also had to compete and develop themselves to show value relative to other men to be chosen as a mate and therefore be able to reproduce. There are components of traditional masculinity that are regarded favorably by women, such as earning a competitive wage, being a father, and possessing sexual virility and potency. But it quickly gets complicated: While resilience and self-reliance are qualities which can allow men to endure adversity and hardship, refraining from seeking help when needed and masking vulnerability are unsustainable and detract from quality of life. Furthermore, constricted emotions and unmet needs manifest in harmful ways. The decidedly mixed reception to traditional masculinity results in contradictory and conflicting messages that are confusing to a lot of men.

Masculinity is both a social construct and cultural identity for many boys and men; as such there are beneficial elements to retain and celebrate, and harmful elements to challenge and reject. Traditional masculinity can be harmful. It has been linked to poor physical health, shorter life spans, depression, failed romantic relationships, sexual assault, gun violence, substance abuse, difficulty in recovering and growing from trauma, and suicide, to name a few. Conversations about traditional masculinity risk stereotyping and stigmatizing all men, which is not helpful. It also disincentivizes men from doing the work necessary to mitigate these problems. This may result in hopelessness and shame, and may propel such men into communities such as the “Manosphere,” Men Going their Own Way (MGTOW), and Involuntary Celibate (INCEL), which are suffused with misogyny. Many men today are lonely, partly because they are regarded as economically unattractive and unmarriageable. A *Psychology Today*

[article](#) highlighted that “dating opportunities for heterosexual men are diminishing as relationship standards rise.” Within the current economic climate, men’s concept of what it means to be a provider is challenged, as women make tremendous strides academically and within their careers. The world has changed and continues to change, and many boys and men feel that they have been left behind.

Re-conceptualizing a contemporary form of masculinity that recognizes women’s empowerment, that honors the complexities of culturally diverse men’s experiences and marginalized identities, that reframes the narrative that all men are inherently toxic, will push unity and recovery forward. There have been leaders throughout history who some people would regard as positive masculine role models despite their flaws such as Franklin Delano Roosevelt, Nelson Mandela, Dr. Martin Luther King, jr., John F. Kennedy, Barack Obama, and Thurgood Marshall.

The authors would like to offer the following traits to help redefine an aspirational version of masculinity: integrity, self-knowledge, being a lover of wisdom, possessing a high level of emotional intelligence, displaying democratic leadership within the home, holistic success versus achievement orientation, sexual egalitarianism, channeling of physical energy in pro-social ways, self-control, effective communication, collaboration, collective progress, civic engagement, primacy of purpose, respect, gratitude, affection, and flexible self-reliance and strength (which balances resolve with vulnerability).

In conclusion, a more nuanced discussion examining the historic context of sexism, the patriarchy, systemic oppression, and misogyny, while validating the unique experiences and mental health needs of boys and men is warranted. This would be more

than a thought exercise within the ivory tower or social media podcasts, but is a matter of life and death; as preventative and intervention strategies will be a barrier to the next mass shooting.

Ashlee McCargo, PhD is a licensed psychologist in private practice. Her practice specializes in providing therapy to professional women of color.

Ronald Levant, EdD is a former President of the American Psychological Association and one of the key people responsible for creating the field of the psychology of men and masculinities. His latest book is [\*The Tough Standard: The Hard Truths About Masculinity and Violence\* \(Oxford University Press, with Shana Pryor\)](#).

### The “Unconscious” and Personality: The Role of the Right Cortex and Cerebellum

Robert A. Moss

There are many direct applications of the cortical column brain model with which I work but these may get lost in the dense (i.e., multiple concepts involving complex information) publications I did (e.g., Moss, 2020a; 2020b). I want to explain aspects of how the model explains two topics in psychology: (a) the psychodynamic theory concept of the unconscious; and (b) personality patterns. As I discuss the unconscious, I am referring to higher cortical functions leading to behavioral responses of which there is a lack of verbal awareness. In relation to personality, I will discuss relatively stable patterns of behavior

which occur within interpersonal relationships.

The brain model is based on dynamically formed cortical macrocolumns (referred to as columns which are comprised of minicolumns) as the binary digit (bit) for all higher cortical functions (Moss, 2020a; 2020b). The cellular physiology of the cerebral cortex is proposed to subserve the sole function of forming columns and related circuits. I continue to use the term column despite my having noted that the cylindrical shape is not expected in areas which process rapidly changing input (e.g., motion detection). There are multiple columnar streams simultaneously activated from the primary sensory regions, but only those resulting in frontal lobe attention will lead to self-generated intentional responses which I proposed originate in the anterior cingulate cortex. As I use the word “intentional” I am not referring to having verbal awareness (involving left frontal cortex in and around Broca’s area) which may or may not occur.

Cortical hemispheric asymmetry is the result of the number of columns in circuits, with the right cortex having fewer columns in circuits which allows faster, but less detailed, processing. In addition to other functions (e.g., melody processing, spatial navigation), the right cortex preferentially processes emotional information based on non-detailed voice variables (e.g., intonation, inflection, volume) and behavioral expressions (e.g., facial expressions, body positions). In contrast, the larger number of columns within left hemisphere circuits is associated with more detailed, but slower (in milliseconds), processing. The main aspect related to the current paper is the left cortex’s processing and production of spoken language, including internal self-generated speech often considered “consciousness.”

The cerebellum is best known for its role in automatic motor behaviors. For example, walking is done without cortical attention most of the time. I proposed the cerebellum’s actual role involves all frequent automatic actions with the purpose of freeing up cortical attention required for other ongoing tasks. This may include left cortical actions involving frequently repeated spoken language



actions, such as speech syntax (e.g., I do not verbally think about how to arrange the words in my sentences) or frequently used speech segments (e.g., my providing the same basic conceptualization information to all new patients). It can also include frequently repeated right cortical emotional behavioral actions/patterns. An example is a person experiencing frustration in traffic in which one's primary attention is focused on driving. Based on high frequency past behaviors in similar contexts, there can be automatic increased voice volume with curse words which are independent of attention.

Based on the foregoing information, personality behavior patterns involve right cerebral cortical circuitry *and* left cerebellar circuitry. Activity in both right posterior cortex (i.e., sensory input which leads to right frontal activation and behavioral expression) and the left cerebellum are not accessible via direct connections by the left frontal "verbal interpreter" which initiates internal self-talk. Therefore, personality behavioral patterns occur independent of one's verbal awareness. If accurate, a person must "consciously" (making a verbal decision) override the "unconscious" personality behavior patterns which are controlled by the right cerebral cortex and left cerebellum. For example, I suspect most clinicians have had clients (or even personal experience) with the fact that some individuals appear wonderful on the front end of a relationship, but that same individual shows dramatic negative behavior changes within the first year of a marriage. In that case this brain theory indicates the person is verbally overriding the right cortical and left cerebellar personality behavior patterns to obtain the permanent relationship. Once the relationship is permanent, attention is often focused on things other than the relationship and the negative personality patterns are shown.

Based on the theory, attempts by a client

to modify the negative behavior of their spouse by giving verbal feedback do not alter the mate's personality pattern. If there is a temporary alteration, it lasts only as long as the spouse maintains verbal attention to the behavior change. When the spouse's attention becomes focused elsewhere, the same negative behavior patterns re-emerge. The only way the spouse's negative behaviors can be reduced is by experience. The recommendation is to immediately stop (e.g., take a "time out") interactions when the spouse is being nasty or cold, and only reinitiate contact when the spouse approaches in a nice manner. The right cortex learns by experience which means the negative spouse finds positive behaviors are required for contact. Importantly, that only changes the spouse's personality patterns with the client *when* the contingencies are maintained. In other words, one's personality behavior patterns are permanent and cannot change without the spouse's ongoing verbal attention.

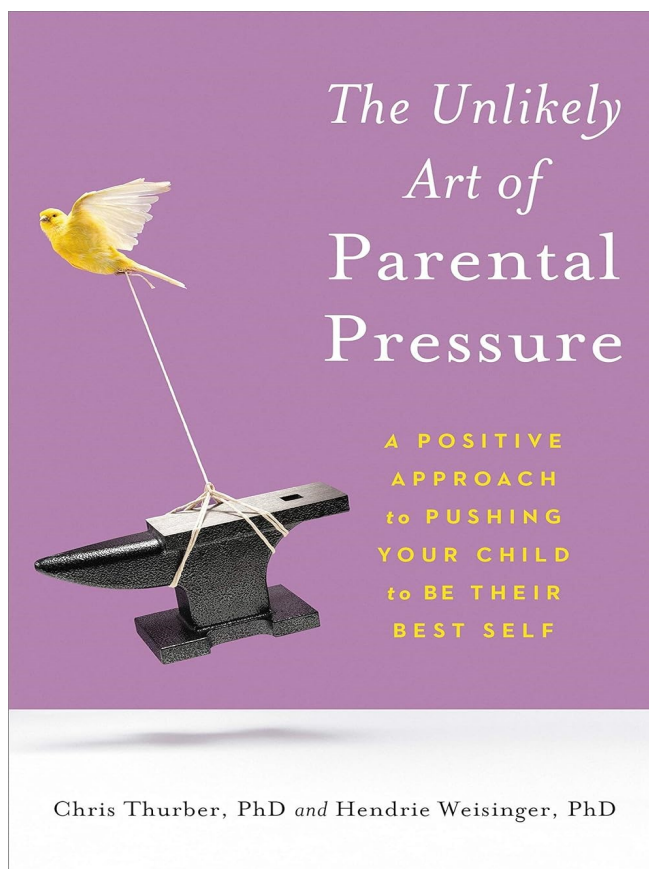
There are many other aspects this theory provides on personality with specific clinical applications. I hope that this article may encourage readers to explore the Clinical Biopsychological Model I discuss in the referenced article and book.

### References

- Moss, R. A. (2020) Psychotherapy in pain management: New viewpoints and treatment targets based on a brain theory. *AIMS Neuroscience*, 7(3), 194-270. doi: 10.3934/Neuroscience.2020013
- Moss, R. A. (2020) *Psychotherapy in Pain Management: New Perspectives and Treatment Approaches Based on a Brain Model*. Lady Stephenson Library, Newcastle upon Tyne,

## Membership Publications and Accomplishments

Dr. Chris Thurber co-authored his second book, *The Unlikely Art of Parental Pressure: A Positive Approach to Pushing Your Child to Be Their Best Self*, with fellow psychologist, Dr. Hendrie Weisinger. He has been invited to speak on the topic of parental pressure by schools in the US, UK, and Australia, as well as by the Parents League of New York, which represents hundreds of public and independent schools, and conferences sponsored by The Association of Boarding Schools (TABS), the British Boarding Schools Association (BSA), the Australian Boarding Schools Association (ABSA), and the American Camp Association (ACA). He has also co-created, with psychologist Dr. Szu-Hui Lee, a multilingual video library to promote adolescents' social and emotional adjustment. The collection, under the names Prep4School and Prep4Camp, is hosted online by Reach Student Life Management <https://reach.cloud/wellness/>



## Membership Publications and Accomplishments

Rex Forehand, Ph.D., Deborah J. Jones, Ph.D., and Nicholas Long, Ph.D, have recently published the 4<sup>th</sup> edition of *Parenting the Strong-Willed Child* (McGraw Hill). This book, which is substantially expanded from the 3<sup>rd</sup> edition, is intended for parents of young children who are difficult to manage/strong-willed. The book provides a five-week empirically supported program for parents and, in addition, provides information to help relieve parental stress.



**Does your child whine when you tell them it is time for bed? Tantrum when you serve food they don't like? Throw the toy when you tell them it is time to clean up? Hit a sibling when asked to share the tablet or phone?**

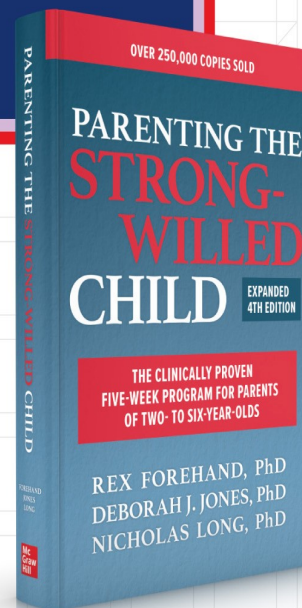
As a parent of a young child, you have likely seen your child do lots of things that give you pause, worry you, and frustrate you. Yet, too few parents feel comfortable talking about the challenges of parenting young children for fear of judgement, worries that other parents will think there is something "wrong" with their child, or concerns that daycare providers and teachers will suggest they are not good parents.

We are here to help, first by acknowledging that parenting young children has so many rewards, but can also be incredibly challenging. So, we have updated this clinically-proven, five week program to acknowledge the diversity of families parenting young children while also highlighting their common challenges. Parents like you will:

1. Learn skills to increase the "fit" between your parenting and your child's emotional and behavioral strengths and challenges.
2. Understand how your parenting "superpower", your attention, can be harnessed to improve your confidence as a parent and your child's self-esteem and behavior.
3. Use the combination of your superpower and consequences to help your child regulate their behavior and feelings at home, school/daycare and with friends and siblings.
4. Cut yourself some slack as you do your best to parent amidst a fast-paced changing world with real stress and tension in the media and in your own community that of course seeps its way into our homes.

Available 12/5/2023  
Price: \$20  
ISBN: 978-1265002282

Authors: Rex Forehand, PhD, Deborah Jones, PhD, Nicholas Long, PhD



[mhprofessional.com](http://mhprofessional.com)

1205861980198396 – ©2023 McGraw Hill LLC. All Rights Reserved.

**Purpose of the CEU Committee:** The Committee's goal is to encourage high quality lifelong learning opportunities for Clinical Psychologists and colleagues who are engaged in the delivery of professional psychological services. The Committee can facilitate learning by providing courses and access to seminars that are supportive of state-of-the art approaches for diverse populations. By doing so, the Committee will be supporting ongoing improvements in clinical modalities, so as to help our clients heal even more while adding to the science of our psychology profession.

Presently, the Academy has no continuing education modules or events planned. Our Continuing Education Committee continues to explore programs that meet membership needs. We are also developing a list of APA Approved Sponsors of Continuing Education programs that will offer our Members and Fellows discounts.

At present, we are pleased to let you know that we have obtained a discount for CE programs offered through *Professional Resource Press*, *Bookshelf to Couch*, and *TZK Seminars*. You may access the programs as follows:

Professional Resource Press

The discount code to apply is: **AACP20**

Bookshelf to Couch

The discount code to apply is: **AACP30**

TZK Seminars

The discount code to apply is: **tzk20**

*Professional Resource Press*, *Bookshelf to Couch*, and *TZK Seminars* are approved by the American Psychological Association to sponsor continuing education for psychologists. *Professional Resource Press*, *Bookshelf to Couch*, and *TZK Seminars* maintain responsibility for the programs and content.



---

## BULLETIN PURPOSE AND CALL FOR SUBMISSIONS

---

### **The AACCP Bulletin is a benefit that all AACCP members receive.**

The purpose of the Bulletin is to provide members with updates on Academy activities, articles of professional interest, announcements related to our members' professional accomplishments, and other information relevant to our members.

### **Call for Submissions**

We encourage our membership to submit news about professional activities that you would like to share with membership, recent list of articles, books published by our membership, book reviews, as well as contribution of articles of interest to our members.

**Board of Directors**

**Gerardo Rodriguez-Menendez, Ph.D., ABPP, MSCP**

***President***

R-A Pinnacle Group  
Independent Practice, Miami, FL  
Professor and Department Chair  
MS in Clinical Psychopharmacology  
The Chicago School of Professional Psychology  
Online Campus

**Mary Ann Norfleet, Ph.D., ABPP, FAPA, FAPS**

***Treasurer***

Independent Practice, Palo Alto, CA  
Adjunct Clinical Professor Department of Psychiatry and Behavioral Sciences  
Stanford University School of Medicine  
Stanford, CA

**Julie Landry, PsyD, MSCP, ABPP**

***Secretary***

Independent Practice  
Halcyon Therapy Group  
Neurospark Mental Health  
Army Veteran

**George Kapalka, Ph.D., ABPP**

***Director***

Children's Treatment Center  
Albuquerque, New Mexico

**Morgan Ferris-Johnston, PsyD, MSCP**

**Director**

Psychopharmacology Fellow  
Ascension Alexian Brothers

**Rita M. Rivera, Psy.D, CTP**

Chair

Division of Graduate Students

Postdoctoral Fellow

Yale University

## MEMBERSHIP CAMPAIGN

Please encourage your colleagues and students to join the American Academy of clinical psychology. As you may know, we offer for levels of membership: Fellow (for Fellows of the American Psychological Association and psychologists who are Board Certified through the American Academy of Clinical Psychology, Member, Emeritus Fellow (Fellows who are no longer earning income from professional services), and Student (graduate students in clinical psychology).

### APPLICATION

(print clearly)

Name \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

Board Certified? \_\_\_\_ Yes \_\_\_\_ No

Fellow of APA or Certified Specialist through ABPP? \_\_\_\_ Yes \_\_\_\_ No

Licensed? \_\_\_\_ Yes \_\_\_\_ No

License Number and State \_\_\_\_\_

Name as you would prefer on certificate \_\_\_\_\_

Would you like to serve on an Academy Committee? \_\_\_\_ Yes \_\_\_\_ Not at this time

Professional Membership Organizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit application to: [contact@aacpsy.org](mailto:contact@aacpsy.org)

*Please pass the application along to colleagues and students who may have been interest in joining the Academy*





**PO BOX 6008-11007 SOUTH OCEAN DRIVE, JENSON BEACH, FL 34957**  
**PHONE: 305-525-3629; EMAIL: [CONTACT@AAPSY.ORG](mailto:CONTACT@AAPSY.ORG)**