BULLETIN OF THE AMERICAN ACADEMY OF CLINICAL PSYCHOLOGY

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Fred L. Alberts, Jr., Ph.D., ABPP
Co-Editor
Robert Moss, Ph.D., ABPP, ABN
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In this issue

A Message from the President

Gerard Rodriguez-Menendez, Ph.D., ABPP

I hope that this letter finds you and your families well despite the health risks and disruption that COVID-19 has produced over the past several weeks. This has been a terrible time for our nation and the world. More will be stated about this matter shortly. Amidst this backdrop of this chaos, I am saddened to inform you that Dr. Fred Alberts resigned from his post as president of the Academy due to health-related issues. However, please know that Fred is doing well and that I'm sure he'll be happy to see many of you whenever conditions permit for convention meetings to hopefully resume soon. In a meeting of the Board of Directors last week, the Board felt that it was important to proceed with a new president of the Academy, resulting in my being elected, hence the purpose of this letter.

I am aware that many of you are impacted by COVID-19, and in many instances, you've had to practically close your practices. Please know that we are here for you and that the Academy is seeking ways in which to help you in a meaningful manner. For this reason, attached is a **telehealth resource list** provided by my good friend, **Dr. LoriAnn Stretch**, which provides a compendium of free telehealth resources, including free telehealth trainings. There are also some COVID-19 resources provided in the listing. Our world has changed dramatically, and telehealth can afford us a host of advantages in meeting patient needs.

No doubt many of you already applied for financial assistance, so also attached is the Small Business Owner's Guide to the Coronavirus Aid, Relief, and Economic Security (CARES) Act from the Small Business Administration; and the CORONAVIRUS Emergency Loans Small Business Guide and Checklist. The Dept. of Education is also deferring student loan repayment until September. Below is a link to more information about Corona virus forbearance.
https://studentaid.gov/announcements-events/coronavirus

In the coming weeks we will recover from this biological and economic malady. We hope that you will find these resources helpful. In moving the Academy forward, we are engaging in strategic planning efforts, which include the following:

Return on membership fees investment - Many associations unfortunately charge high member-

Continued on page 2

ship fees easily exceeding $100. We are committed to keeping your membership fees low and providing you with outstanding services to maximize your yearly return on investment through the provision of resources, training, and networking opportunities.

Membership expansion - The results of the 2019 AACP Survey clearly indicate that we need to revitalize our membership by appealing more to early career psychologists (ECP). Therefore, we are committed to bringing ECPs to the AACP through a realignment of membership services. Additionally, the AACP is less diverse and has a high proportion of White older males as compared to other associations in Health Service Psychology. Whereas about 95% of AACP membership identifies as "White," over 45% of members also cite that multicultural services account for a significant proportion of their practice. We therefore intend to attract more psychologists from diverse racial, ethnic, individual and cultural backgrounds to the Academy through our membership recruitment campaigns.

Opportunities for mentorship and consultation - The Academy has among its membership, senior psychologists who have vital experience in practice development, ethical and legal issues, and skill in working to meet a wide variety of patient needs. We therefore anticipate providing our members with clinical and business acumen gained from the experience of our of senior members.

An emphasis on private practice - The 2019 AACP Survey also indicates that the primary practice setting of our members (over 60%) is in private practice. Whether private practice constitutes a primary or secondary source of employment, we cannot ignore this vial area of professional practice. Therefore, in the coming year we will seek to provide the Academy membership with resources and didactics in establishing a viable and profitable private practice.

Expand continuing education opportunities – Given the results of the 2019 AACP Survey, we also know that our membership is wanting additional trainings through continuing education in areas related to professional practice issues, ethics, telehealth, and practice management.

In closing please know that we deeply care about how to best meet your professional and practice needs. We encourage you to let us know your recommendations and suggestions for how we can best help you during this difficult time and beyond. In the meantime, we wish you all the very best in terms of health and wellness.

Sincerely yours,

Gery

Gerardo Rodriguez-Menendez, PhD, ABPP, MSCP
President

Kenneth Herman, Ed.D. ABPP

March 4, 2020 was my 93rd birthday and I still see myself as an active and vital person. I do exercise at the local gym seven days a week and hope to keep this up. In 2007, after fifty years of practice as a clinician, launching and directing The Psychological Service Center in Teaneck, New Jersey, I retired . I wanted to have the time to promote my self-help book "Secrets from the Sofa", A Psychologist's Guide to Achieving Personal Peace.

Throughout my very satisfying professional life, along with a busy clinical practice, I taught at three universities, supervised psychologists, published numerous articles, conducted research, lectured extensively, appeared on television and radio, and served on various boards. But I knew then it was becoming the time to move on. Simultaneously, I was actively looking for an all-consuming volunteer project of monumental dimensions. I had a need to help the many neglected people who are in dire need of urgent medical as well as psychological care.

Eventually, the volunteer project that I chose to support was the BVMI, The Bergen Volunteer Medical Initiative, a free primary care medical facility for the uninsured, working poor in Hackensack, New Jersey. It took five years for the facility to become operative. We are currently in our 11th year. I served on the original Board of Trustees and presently on the Advisory Board. The center is committed to improving the overall health of the community through a "Culture of Caring", respecting the dignity and individuality of the patients and the staff.

My involvement with BVMI has made my retirement years so special. Fundraising has been and continues to be my ongoing task. Particularly satisfying to me is the enormous number of patients who have been receiving life-saving care, and whose numbers keep growing. I am so proud to be associated with all of the wonderful professional and volunteer staff of the BVMI.

So, colleagues, you can keep the Old Man Out by discovering your own BVMI, an important project that you can't wait to get to tomorrow morning. It will be a place where you can use most of your skills, and where your passion will be ignited and will be indispensable for your new venture. It's probably right around the corner.

Kenneth Herman, Ed.D. ABPP, Clinical

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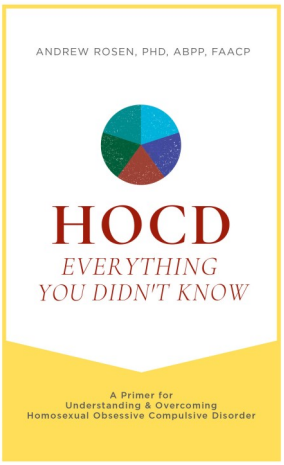


HOCD: Everything You Didn't Know – A Primer for Understanding & Overcoming Homosexual Obsessive Compulsive Disorder

Andrew Rosen, Ph.D., ABPP

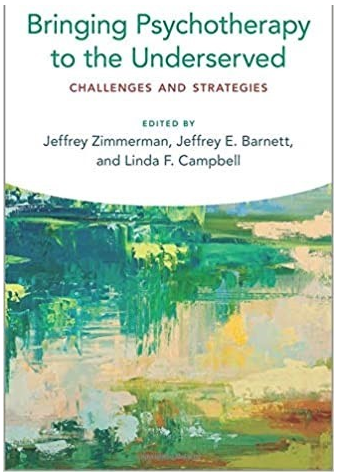
Andrew Rosen, PHD, ABPP, FAACP received his doctoral degree in clinical psychology from Hofstra University in New York in 1975 and completed an additional six years of psychotherapeutic and psychoanalytic training at the Gordon Derner Institute in New York, where he earned his certification as a psychoanalyst in 1983. In 1984, Dr. Rosen founded the Center for Treatment of Anxiety and Mood Disorders in Delray Beach, Florida, where he continues to serve as Director and to work as a board-certified, licensed psychologist providing in-person and telehealth treatment options.

With an impressive clinical career spanning over four decades, Dr. Rosen has helped countless individuals with a wide variety of mental health issues in both inpatient and outpatient settings to reach an improved overall quality of life, to manage daily life stresses, and to restore their relationships with partners, families, and friends. Coupling his psychoanalytic background with more modern schools of psychology, he brings a unique understanding and perspective to the patient's situation, which results in more comprehensive and thorough treatment planning.

In addition to his clinical successes, Dr. Rosen has written numerous articles and books. He has also appeared as a professional authority on several television radio shows concerning anxiety and personality disorders and substance-related issues and addiction.

Dr. Rosen is Board Certified by the American Board of Professional Psychology (ABPP). He is also a Clinical Fellow of the Anxiety and Depression Association of America (ADAA) and a Diplomate and Fellow in the American Academy of Clinical Psychology (FAACP). He is an active member of the American Psychological Association (APA), the National Register of Health Service Providers in Psychology, the Florida Psychological Association (FPA), and the Adelphi Society for Psychoanalysis and Psychotherapy. He has previously served as president of both the Palm Beach County Psychological Society and the Anxiety Disorders Association of Florida.

We encourage our members to submit information regarding their publications for listing in future editions of the Bulletin.



Bringing Psychotherapy to the Underserved: Challenges and Strategies

Jeffrey Zimmerman, Ph.D., ABPP
Jeffrey Barnett, Psy.D.
Linda Campbell, Ph.D.

About the Authors

Jeffrey Zimmerman has provided psychotherapy for over 35 years. In 2017 he was President of the Society for the Advancement of Psychotherapy, Division 29 of the American Psychological Association. One of his presidential initiatives was a focus on bringing psychotherapy to the underserved.

Jeffrey E. Barnett is a licensed psychologist who has been in practice for 35 years. He is a distinguished practitioner of the National Academies of Practice, as well as the Associate Dean for the Social Sciences and Graduate Programs in the College of Arts and Sciences of Loyola University Maryland.

Linda F. Campbell is a professor of counseling psychology in the College of Education at the University of Georgia where she is also director of the Center for Counseling training clinic, which serves a regional population. She is vice-president of the Georgia State Board of Examiners of Psychologists and the chair of the APA Ethics Code Revision Task Force.

We encourage our members to submit information regarding their publications for listing in future editions of the Bulletin.

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.

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

Professional Resource Press

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

TZK Seminars

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

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

With each newsletter we will strive to provide information developed in clinical practice from our members. These may be useful to the practicing clinicians in addressing issues they encounter and may provide avenues for future applied research studies by our member academicians and students. I thought I would start by providing information I found useful for many of my patients experiencing headaches that was actually based on some of our research in the 1980's, but to my knowledge has not been subjected to any controlled group design research [Robert A. Moss, Ph.D., ABPP, ABN]

Nontraditional Behavioral Approaches in the Assessment and Treatment of Chronic Headaches

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

Although most practicing psychologists do not address chronic headaches as a primary presenting problem, it is expected to be an issue in a number of their patients (10 to 30% of the general population were reported to experience chronic headache pain in one form or another when I last wrote on the subject; Moss, 1988). The two areas I will discuss relate to morning onset headaches and temporal (temple) headaches (typically classified as common migraines) that appear associated with parafunctional oral habits.

Common migraine headaches are the most frequent form of migraine and do not have an associated aura prior to pain onset. Although there is no study to my knowledge that provides general population information on the frequency of common migraine with concurrent temporomandibular disorder (TMD) and/or parafunctional oral habits, there have been studies showing a high concurrence. For example, Goncalves et al. (2013) found in 38 women with episodic migraines that 86.8% had TMD, while 91.3 % of the 23 women with chronic migraines had TMD. That compared to 33.3% of 30 women without headaches having TMD. In a study (Didier et al., 2014) of parafunctional oral habits and gum chewing in 125 women with chronic daily headaches who were undergoing a withdrawal protocol to treat medication overuse, 80% showed oral parafunctions and 48% reported chewing gum for extended times. The most frequent parafunctional oral behaviors were combined clenching and grinding (44%), clenching (25.6%), and grinding (10.4%).

In relation to chronic morning headaches in a European general population sample of 18,980 individuals, Ohayon (2004) found a prevalence of 7.6%. The two highest associated factors were comorbid anxiety and depressive disorders (28.5%) and major depressive disorder alone (21.3%). The prevalence for subjects with an anxiety disorder was 10.8%. Based on the foregoing information, it seems reasonable for psychologists to briefly assess for headaches with their clinical populations.

I was involved in research with temporomandibular disorder patients when we did a study to examine self-reported parafunctional oral habits (e.g., teeth clenching) comparing facial pain, tension headache, migraine headache, combined migraine and muscle tension headache, and non-headache groups (Moss, Ruff, & Sturgis, 1984). A surprising finding was that migraine headache and combined headache patients reported more frequent oral habits than did tension headache and non-headache subjects, while not differing from the facial pain patients. After several years of additional research, I believed it likely that the patients who experienced temporal headache pain had internal derangement of the temporomandibular joint (TMJ) in conjunction with frequent oral habits (Moss, 1987). It appeared that individuals who had only TMJ problems or only oral habits were much less prone to headaches and facial pain.

In relation to morning headaches, we (Moss, Lombardo, Cooley, Villarosa, & Gramling, 1987) reviewed the research literature and found overlap in the pain and sleep neurophysiological systems. At that time (in retrospect I consider the theory too simplistic), we suggested that excessive sleep may cause decreased serotonin levels with an associated decrease in pain threshold. For two classic migraine patients (having visual auras) and one morning onset "tension" headache patients, we found a history of increased headaches with increased sleep duration. All patients eliminated their headaches with a sleep manipulation involving their arising at an earlier time.
Based on these early studies, I want to provide the relatively simple way we treated each type of headaches. A detailed discussion on the manner in which TMJ problems are assessed and dental treatments is available in my article (Moss, 1988) available at https://www.researchgate.net/publication/255994899_New_Approaches_in_the_Assessment_and_Treatment_of_Chronic_Headaches. I typically inquire about headache location and, if in the temple(s), how often the patient perceives they engage in parafunctional oral habits (clenching, grinding, lip/mouth biting, resting chin on the hands, chewing ice, pencils, resting jaw on one's hand, etc.) and chewing gum. If you wish to have the patient verify that oral habits may contribute to pain, having them clench their teeth until pain begins or for about 5 minutes should determine if the typical pain can be induced.

The intervention involves a program to reduce the detrimental oral habits. Obviously, if the patient chews gum, ice, etc., they need only be instructed to refrain from doing this due to its being under conscious, voluntary control. Parafunctional oral habits are addressed by having the patient place small stickers (e.g., stars) in all locations/areas that she/he often passes or views. The stickers are to be placed on a large number of objects, such as a refrigerator, mirror (bathroom, rear-view mirror), computer screen, car dashboard, etc. Each time the patients sees the sticker, it is a cue to check if her/his jaw is relaxed. If engaged in detrimental oral habits, she/he takes 15 to 30 seconds of keeping the jaw relaxed (i.e., lips together and teeth slightly apart with hands away from the face. It is also suggested that patients practice relaxation techniques a couple of times a day which is probably a procedure known to most clinicians. Although each clinician can decide how to approach relaxation, in my research with facial pain patient treatment I used a hybrid of the progressive relaxation approach I learned in graduate school (Bernstein & Borkovec, 1973). I added a brief jaw jutting muscle tightening because the pterygoid muscles are often prone to spasms in facial pain patients. The recording I used with my patients is available to anyone who wishes to use it at the following link and it can be downloaded to a dropbox account:

https://www.dropbox.com/sh/5ssl4jexzdvtbw2/AAA4Balk_FgCE6jfoiFaMUWba?dl=0

My experience has been that my clinical patients have been more compliant with the habit reduction procedure than with practicing relaxation on a consistent basis.

In reference to sleep-related headaches that are unrelated to sleep apnea, baseline monitoring of the time of awakening and headache days can be done for 2 weeks for patients without daily headaches. If the patient shows more headaches on days with later awakening times, then there is a basis for a sleep intervention. If the patient experiences daily headaches, it is reasonable to start an intervention immediately. Using the awakening times on non-headache days, the patient is instructed to consistently arise 30 minutes earlier. For daily headache patients, they are instructed to arise an hour earlier than their earliest awakening time. The patients should get out of bed immediately and avoid drifting back to sleep which is a pattern I have seen with many headache patients. If the sleep manipulation leads to improvement, on days (e.g., weekends) the patient may wish to sleep later, they may stay awake a few minutes and then go back to sleep which appears to be effective for some in avoiding headaches. If patients wish to consistently arise at a later time, they can consistently go to bed later.

I hope the information can be of benefit to some of your patients who experience headaches. I do not see any detrimental effects that will occur and these simple procedures may allow some to have lessened headaches without the use of medications. Obviously, for patients showing a favorable response to these treatments, any decision on the continued use of medications (particularly those used prophylactically) should be discussed with the prescribing physician.

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About Insights and Procedures from Clinical Practice.

Submissions to this section of the Bulletin will undergo editorial review for appropriateness and style, with any modifications and/or requests for changes being communicated to the authors, prior to being published. Please also submit information of any professionally relevant accomplishments that have occurred over the past year so these can be shared in the newsletter. Of particular interest are any activities being done by fellows, members, and student members to encourage the furtherance of clinical psychology.

Please encourage your colleagues and students to join the American Academy of clinical psychology. Presently, we are waving the 2020 membership your dues, as part of our membership campaign for this year. 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:_____

_____

_____

FEE WAIVED FOR MEMBERSHIP YEAR 2020.

Please submit application to: contact@aacpsy.org

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

Board of Directors

Interview with Dr. Larry Beutler

We are pleased to announce the election of Dr. Larry Beutler to the Board of Directors of the American Academy of Clinical Psychology, Inc. The Bulletin conducted a brief interview in order for the membership to get to know Dr. Beutler and learn of his interest in the Academy as well as his significant contributions to clinical psychology.

BULLETIN: Dr. Beutler, will you tell us why you have joined the AACP Board of Directors?

LEB: A year ago, I fully retired from my position as a Distinguished Full Professor of Clinical Psychology. This followed a couple of years during which I was slowly giving up my professional practice and academic duties. Though I've retired, I have not lost interest in either the science or the practice of clinical psychology. Over a period of nearly 40 years, my students and I have developed an empirically supported treatment that can be used along with other treatments (i.e., Systematic Treatment Selection, or STS). We have clearly found that STS can improve the efficacy of psychotherapy by 30-40%. I still have an interest in teaching people about STS. I also have an interest in identifying and implementing ways to enhance the training of our new and emerging professionals. This interest is represented and embodied in the objectives and work of AACP. This group specifically aims at improving the practices of clinical psychologists ranging from those who are still in training to those who are established professionals. I'm on board with that!

BULLETIN: How has your experience prepared you for the board of AACP?

LEB: There are two attributes that are important to a person taking an office such as this--relevance and skill. A member of the board must have relevant skills, that can be brought to bear on the process of Board objectives. By applying skills through knowledge, the Board as a whole and the individuals comprising it have the opportunity to both teach and model leadership skills. I believe that the needed knowledge and skill accumulates through experiences that test one's knowledge and skills in the real world.

Mores specific to your question, I served as President of two divisions of APA, the Society of Clinical Psychology (Division 12) and the Society for Psychotherapy (Division 29). I also served two terms as President of the (International) Society for Psychotherapy Research. In these positions, I observed the impact of making promising changes.

For example, I worked with the Executive Committee of SPR to change the administrative structure of the organization in order to make it more effective in recruiting and integrating international researchers into the SPR culture. Working with the Board of Directors we developed a model of administration and introduced the use and role of an international Vice President. This latter person was charged with developing international recruitment strategies and overseeing the emergence of regional organizations--(i.e., Chapters), especially those that developed outside of the US . The organization of "chapters" effectively represented the diversity of SPR. The plan allowed the international Vice President to become versed in the administrative structure of SPR and, after 2 years, to become the International President. Following this model, leadership was rotated among the various chapters to ensure representation from many regions of the world.

While the organizational model that I helped to develop and nurtured through its first year of its implementation was interesting and successful, I learned that such a structure as we developed was not appropriate for all professional organizations. As President of Division 29 and then of Division 12, I worked to strengthen, rather than change, the extant management structure. I specifically identified the two divisions' publication program as being ripe for boosting their impact. In one case, this meant replacing the long-serving editor of the Division journal with one who was more tuned to evidence-based practices. In the other case, it meant broadening the scope and nature of Division publications so that these publications were more available to practitioners and scientists. In the latter case, we introduced books on the subject of research-based practices and expanded the newsletter to increase its influence with practitioners.

BULLETIN: I can see how your approach may have been helpful to the researchers in those APA divisions, but how did it affect practitioners.

LEB: Conceptually, I have always operated on the premise that treatment is more effective if it is "evidence based". Thus, the more often we can influence the scientist to speak directly to the clinician and persuade the clinician to bend practice toward using evidence-based procedures, the better off our clients will be.

BULLETIN: What is the bottom line? What do you take into this job that will guide you?

As applied to AACP, I extract from the experiences I've had with other groups, several things that have been important to my success. First and foremost, I have learned to remain flexible. I must be open to all kinds of information if I am to be helpful.

Second, I have learned that I am not the owner of all good ideas. Thus, the importance of listening to others. I have benefited from paying attention to what each Board member brings to the table. Conceptually, this focus can and must ultimately be applied to the day-to-day members of the organization. Only when I know what others seek to do or seek to change will I be able to begin the process of identifying the goals and interventions that may be effective. But, I must know the experiences of other administrators and of both formal and informal leaders. I don't yet know what other Board members want from the experiences of being here. I don't know if they perceive a problem to be present in the organization or not. I don't know anything about the wishes of the membership, and I'd like to. Until I know more, I don't know if "change" will be one of my objectives. Maybe my job is simply to listen and offer comments to help others keep the organization stable.

Third, I have learned to be patient---to find out what is expected and wanted and what I can possibly do. Would it help if the leadership group wanted to implement a change. Yes, perhaps. But they may not be equally motivated or focused on the same objectives. This is a case in which patience may be valuable. People change when they are ready and seldom change in response to "orders" from others. People want different things from their involvement with AACP. And maybe the membership wants something different than does members of the leadership group.

Finally, I have learned that action is often called for when problems and/or disaffection has been uncovered. Then action must be thoughtful and must address an issue that is clearly obstructing progress or growth among group members. I would note that I have not distinguished between rank and file members, on one hand, and committee members, on the other. But, action must take into account the differences among these two groups and be ready to act accordingly. Ultimately, of course, any action must have positive implications for the rank and file membership in order to be successful.

BULLETIN: Any final thoughts, Dr. Beutler?

LEB: Yes. I want to say that I'm very pleased to be here and very pleased with our leadership group. I am disappointed with the loss to the group of Dr. Alberts. He's been a fine and effective leader. He will be missed. But, the gavel has fallen to a person of good will and ample skill in the body of Dr. Gerardo (Gery) Rodriquez-Menendez. I'm sure the administrative board will be able and willing to work with him and much will be accomplished in the coming months.

BULLETIN: Thank you Dr. Beutler. We are honored that you have joined our Board and are involved in the important work of the furtherance of clinical psychology.

Some Basic Tips on the Writing of a Book in Psychology

Who should write a book? I've heard a lot of people say anybody can write a book. That's probably not true. I've heard other people say everybody wants to write a book. Well that may be somewhat true. Point of fact a lot of people write books and a lot of books are published. This is certainly true in psychology. Psychologists publish lots of papers, but they also publish lots of books. Some of them are outstanding and some of them are rather dreadful. The psychologist himself or herself doesn't make the decision as to what will get published. Publishers are business people and they are in the business of selling books. If they think a book has a considerable market they don't care who writes it really as long as it sells a lot of copies. If you go to an APA meeting or even to the regional meetings you will see a certain amount of space for book publishers to vend their products. There are representatives who are there to explain their products, but there are also editors who scout potential authors. In order to stay in business a publisher must continually look for new material that is going to meet the needs of the market or in some cases to create a market.

Who should write a book? Well I don't know, anyone who wants to I suppose. I think a book is useful if written by anyone who has had some real experience in psychology. This might be a result of their education, their research, their professional practice their observations or even some new ideas. Books about new ideas are not generally well considered. Publishers want books that are likely to sell a large number of copies because it is a topic that which people have become very interested or because it clearly outlines a topic that lends itself to graduate or undergraduate education. People who have an urge to be recognized are often quite satisfied with the product of their labor when they do produce a book. It's a really nice thing to have people say, "Oh! I read your book!" Hopefully, this is followed by a positive comment rather than a negative one. The urge to be recognized can be fairly strong. In academia, we hear the maxim "publish or perish". A book certainly contributes to the prestige of an individual unless of course the book is a complete bomb. A book can be a source of income for someone who crave something other than the day to day salary or stipends. In psychology, it's the rare book that produces a sizable income for the author. I think you can expect for a book that sells well a couple thousand dollars a year for five or six years. Different books have different life cycles and we'll discuss that later. People who are pretty serious seem to be able to write books. People who are well organized and in some cases it may take a sense of humor to write a book. Certainly, the most important characteristic that a person could have that would be helpful in producing a manuscript would be the capacity to be organized and to work even when one doesn't want to work. I don't think anybody writes a book because they have to. It is hard work and it goes better when one wants to do it. There are days however for every author when it's pretty hard and organization helps considerably.

What should one write about when one writes a book in psychology? Well, first of all, you want to write about something you know pretty well. Another thing to consider is that you ought to write about something people can identify with - something that they can read and say "yes, that's useful", "yes, I understand that", "yes, that's the way I do it" (or I was exposed to this in the past). Material that is recognized and has a focus of attention for people can be a pretty successful topic. It's good to write about things that other psychologists would like to do. Forensic psychology, neuropsychology, evidence-based treatment and health sports psychology are some of the areas in which publishers are seeking manuscripts. Because people want to know about it, they want to do these things, they want to add skills. I think it's alright to be careful, scientific, and conservative in writing. But if you have the capacity to be enthusiastic your book is probably going to be better received and certainly better enjoyed than if it is pretty dull, humdrum, and without a sense of enthusiasm. If you're doing something very well and it's clear that you do it very well, whether it's a professional activity or a scientific activity, writing about it might be a really good thing to do because other people might want to do what you're doing. Certainly, the topic should be yours. It's a topic you should be able to talk about easily and comfortably. True there are writers who simply produce textbooks for a specific course by reviewing the literature or in essence managing the data. They don't do it, they don't work in it, but they organize it well. Such books can be quite successful. I don't know if they are a lot of fun to write and somehow writing ought to be fun. It's rarely the number one priority of any person in academia, research or in practice. So, if you are going to do it as a secondary task it really ought to be something you like to do. Something you know about. Something you know about that flows rather smoothly. All of this is very well and most people in psychology have some idea what they do well and what they can convey to others. Maybe they have given a few seminars at professional meetings, maybe they have given a workshop or two, maybe they have taught a course. All of this bodes well for becoming a writer.

How do you get started? Well, psychologists generally are pretty good talkers. Talking, reading, and writing all come out of what the neuropsychologists call the "verbal analyzer". They are all part and partial of the same part of the brain. The easiest way to get started is to talk about your idea. You can talk about it to yourself. You can talk about it to your mate. Talk about it to a friend. It doesn't matter but I think that getting started requires some very general run through or overarching view of what your idea might be that could eventually become a book. I know some authors that do talk to themselves. I talk to myself about ideas and I often reject ideas when I talk to myself. Editors are horrified when they find that some of their good authors discarded material. Editors and publishers generally believe that authors really don't know a lot about the value of their own material. Authors of course are pretty insulted about this sort of thing and they feel that they have the right to reject material that doesn't suit them. Probably a lot of good material has been thrown away because the author says, "Oh no this couldn't be a very good idea". For this reason, it's probably important to talk your idea over with someone else.

As you think about writing a book you should decide on kind of a general theme. What is this all about? One can say, "I am going to write a book about psychotherapy or neuropsychology" or the construction of laboratory equipment for animal experiments. It doesn't matter. If it's something you've done , if it's something you know about and you've made improvements on as you've practiced. All of these are fit material to consider for a general theme that might become a book. Deciding on a general theme doesn't lock you into this theme. When you decide to write a book, your theme may change. Once you decide on a general theme for the book you can take a couple of directions. One direction is you can start on outline. This means that you simply sit down and say, "Well, I am going to write about, for example, how to prepare for board certification". And you believe that you ought to start out with why should one be board certified? Well that's not a bad idea. You would begin to outline your proposal. It really doesn't matter a lot because your outline is going to change. I think that publishers and editors would like to get in on the ground floor and tell you how to do an outline because their goals are very often to have a book that segments itself very easily into a guideline for a semester or a trimester of teaching, for example. The book will be one that can be used by professors and be very easy to assign to students. Starting an outline is a pretty good way to get started in the business of book writing. There is a lot of head scratching that goes on. We can make little bit easier. There could be six items you might consider for your outline and each one might have fix or six chapters. But you might start your outline with what you are writing about, why you are writing it, and what do you expect to accomplish. This is almost a free association. A second element, although it might be included in the beginning of the outline, is the historical background. Are you the first to write about this topic? Not likely. In this you might want to briefly review what others have made available to the field. If you feel like being critical that's just fine. If you feel like just describing what has been done before historically; that's often interesting to readers. A third segment of the outline might be the critical issues and the goals you have and what you're going to do. For example, "I intend to write about obtaining board certification in clinical psychology and I will propose an approach that provides information, organization, and reduces anxiety regarding the process". The meat and the potatoes of the outline is what you're proposing and/or what you're teaching; is it psychotherapy, is it the construction of laboratory equipment, is it some aspect of neuropsychology? How to do it is one approach. If the book is to be more philosophical and research-oriented then a series of topical outlines is called for at this point. Now one might follow the topical outlines that have been traditional such as in a basic textbook in psychology in which one goes into an introduction and then one into the human organism, sensation and then perception. Or one might want to rearrange it in a way that particularly suits your thinking. You may object to the way this particular area has been approached in the past. You may want to reorganize it in some manner but in any event an outline that carries you from the beginning of the topic to the end is important. You might want to end your book with some philosophical insights. Applications of your technique, conclusions that you've drawn, and some closure is certainly helpful. When this general outline is done you're ready to be a little more specific. After you think about this it is time to sit down and make a serious outline.

A serious outline goes from A to Z, starting with an introduction. You might even want to start with acknowledgements although many authors do this at the end of the book. And then you start writing: Chapter one introduction, Chapter two may be the origins of neuropsychology and so forth. And you may end up with an eight, ten, twelve, fifteen, twenty chapter outline. Now what I am describing is not the method of writing an edited book. That's an entirely different position and I will not address that at all.. The mechanics of writing a book are somewhat tedious but necessary. The first step is to take the chapter outline and for each chapter in great detail head and subhead the material that will be included. When you've finished you may have an outline of thirty to forty pages. The more detail the better.

And then comes the real task: beginning to write. Always follow the outline. It is wise to set up a file for a segment for each chapter and as one runs across ideas or material make a little note dictate what comes to mind take the reprint form a journal that illustrates an idea and stick it in the chapter file so that as you move through the chapter you have your ideas and references organized. There are a couple of rules in writing. You can take a course in writing, you can read something like *Writing in Psychology* (Miller, 2013) who has written how to write in psychology. The short sentence is desirable, avoid the seventy-five word sentence. You might even force yourself keep your sentences to fifteen words or under (that is pretty impossible but it's a nice idea to start with). Short sentences attract attention as readers can comprehend short sentences well. Ideas are made clear by being segmented. Avoid complex words unless they are part of the lexicon of the topic you are presenting. Prepare to edit and edit and edit. When you have written a chapter and it looks wonderful think in terms of five editing runs. That sounds like a lot; it is a lot. Remember this is going to have your name on it forever. So, editing your chapters five times ensures that it's the way you want it presented.

How do you sell your book, who might want it? Well in fiction writing it's very difficult and generally an agent is necessary. In psychology however you will find most of the large companies that you will see giving displays at the conventions are interested. They will be enthusiastic. What they want to see is an outline of several chapters. A very detailed outline and two or three chapters are sometimes enough to interest a publisher sufficiently to issue a contract. This is particularly true if you published before. If you're a new author however you can expect that an editor will be very enthusiastic, tell you they liked your work, but could they see a couple or more chapters. Some publishers will coax you on and on until you finish the book not wanting to issue a contract until they are sure you will produce. If you're a new book author you'd better plan on this unless your topic is really hot. Now when you deal with the publisher you're going to be a marketable commodity. They want to buy you cheap and sell you expensive and make a lot of money. They will generally talk about a standard contract and no such thing really exists. You have something to sell, they want to buy. They may show a lot of interest or a little interest. The main point is negotiations are necessary. It's probably not possible to get more than twelve percent of the gross selling price of the book as a first author. You may have to take ten percent. If you've had a successful book in the past will probably push them for fifteen percent of the gross selling price. It's very important to read the small print in the contracts. Many publishers cut the percentage to five percent when they sell by mail. You want to watch this very carefully because the largest proportion of your books may be sold by mail. Do everything you can to get a basic figure without special considerations like five percent by mail or five percent if it is picked up by a distributor. Try to make the deal where you get fifteen percent of the list price no matter how the publisher sells it. This is tough and you have to do some negotiating. As I say if you are a new author, this may give you some trouble.

Once you've sold your book this is not the end of the story. Your manuscript will be gone over with a fine tooth comb by an editor. You'll get it back with a lot of marks which many first authors find insulting. Relax, the editor is there to serve you; go through the editor's notations on your manuscript. If they suggest additions try it to see if you like it. If you really feel strongly the editor will back down. Once its set into type you'll generally get a set of what they call galley and you must go over it with a fine tooth comb; make any corrections because if you try to make them later and they exceed five to ten percent of the manuscript you will have to pay. You probably will have to pay to have your book indexed if you don't wish to index it yourself. It is a long and tedious job but first authors ought to do it to get familiar with it. Once you have made all the corrections that are necessary and return these galley proofs, a set of page proofs are often sent to you so you can have a chance to see how it looks cut to pages and you can make reference to page numbers in doing an index. At this point absolute final typographical error identification must be done. Once the book is published if it's a good seller you'll have a chance to find typo errors and in subsequent printings they will omit it. But I wouldn't count on this. You want your book to demonstrate your skill as a writer and your capacity to communicate. Editing five times, going over your galley proofs very, very carefully, going over your page proofs very carefully are going to be investments that you will be pleased to have made. The rewarding day is the day that the package arrives with usually 10 copies of your book.

It's an exciting proposition, it's hard work, and it's rarely a basis for major income. But I don't know anyone who has ever produced a book that wasn't pleased with the outcome. It's hard work and there are times you will have "writer's block"; every author has them. And you simply must follow your outline. Grit your teeth, set a schedule and work through the block. If you don't write very well don't worry during that time. You can edit it later and polish it. The art of writing is writing. You can't be an author unless you write. And forcing yourself to write on a schedule is the way it must be done. The excitement of the production of your book will make it all very, very worthwhile. I hope that these basic considerations will assist you in deciding on writing a book and getting started. This discussion is not intended to be an exhaustive list of factors to consider, but hopefully will get you on the path to writing.

Dr. Alberts is Editor of *The Cue Book: A Courtroom Companion* (Thobois*)* co-editor with Theodore H. Blau of *The Forensic Documentation Sourcebook: The Complete Paperwork Resource for Forensic Mental Health Practice 2nd Edition* (Wiley), and Co-author with Drs. Kazar and Ebbe of *Guide to Board Certification in Clinical Psychology* (Springer).

Transcript with modification of non-CE presentation by Fred Alberts and Theodore Blau.

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