
Timothy R. Elliott
Texas A&M University

The Journal of Clinical Psychology now features articles accepted by the new editorial team that will direct the journal over the next 5 years. Timothy R. Elliott serves as editor-in-chief and James Overholser is the senior associate editor. Associate editors are Linda Castillo, Kathleen Chwalisz, Stephanie Felgoise, and Bruce Rybarczyk. This editorial presents the editorial vision for the journal over the next 5 years, and presents changes in journal content. © 2011 Wiley Periodicals, Inc. J Clin Psychol 67:1–7, 2011.

Keywords: editorial statement; vulnerable populations; intervention research; under-served populations

Throughout my career, the Journal of Clinical Psychology (JCLP) has been an independent voice in professional psychology, providing an outlet for cutting-edge research, commentary, and scholarship. Over the recent past it has refined this role, under the expert guidance of Larry Beutler, Beverly Thorn, and John Norcross (the current editor-in-chief of In Session), as JCLP featured pieces that addressed contemporary issues in practice, research, and training. As I assume duties as the editor-in-chief, I am concerned about the dynamic forces that impinge on these core areas of professional psychology. As we endeavor to advance our knowledge and evidentiary base, many of us are simultaneously writing attainable competencies (with appropriate proximal and distal outcomes) for our training programs so they remain accredited, and we are writing letters for advanced students to apply for a shrinking number of available accredited internships. We are working with departmental colleagues to submit proposed cuts for shrinking budgets, while simultaneously writing another grant to secure external funding to support our research (and our students). And all of us are subject to current policy changes from federal and state legislative sessions—again, with the budget cuts—that will affect our ability to obtain reimbursement, fund ongoing commitments, and support existing services and programs (and some of us wonder if initiatives stemming from changes in federal health care policy will create new opportunities for expanding psychological services). In sum, no aspect of clinical psychology—research, practice, and training—will be untouched by the strains of the current economy and by changes in public, health care, and educational policy.

Against this backdrop of change, transition, and challenge, I assumed the duties of editor-in-chief of JCLP in January of this year. From my perspective, the timing could not be better. Throughout my professional career, I have tried to attend to—and stay a step ahead of—the winds of change. And it so happens that I enjoy the editorial role. My editorial vision for JCLP builds on its legacy of independence, innovation, and timely discourse to face the changing times with verve, healthy empiricism, and critical thinking.

I envision JCLP as an independent, scholarly voice for a science-driven agenda in practice, training, and policy formation. JCLP will champion the scientist-practitioner model, but it will take a broad, panoramic view of training, practice, research, and policy. Our reliance on empiricism does not limit the horizons for clinical psychology; it expands them. In the process, we expect controversy, debate, and creative tension. JCLP is not a place for the defense of
status quo in any aspect of clinical psychology. It is to be a place for ideas, innovation, and creative thinking.

Changes in the JCLP Board

The JCLP editorial board has been revamped, respecting the input from our international colleagues, as we continue our collaboration with the International College of Psychologists. We have increased the diversity of the board in many respects to ensure expertise from varying perspectives. The number of board members has increased, and another associate editor position has been added. The following individuals will serve as associate editors for JCLP.

James C. Overholser, Senior Associate Editor

James C. Overholser received his doctorate in clinical psychology from the Ohio State University in 1986. He completed his predoctoral internship and postdoctoral fellowship in clinical psychology through the department of psychiatry at Brown University in Providence, Rhode Island. He is licensed as a psychologist in the state of Ohio, and board certified in clinical psychology. In 1988, he joined the faculty of Case Western Reserve University in Cleveland, Ohio. He is currently a professor of psychology and director of clinical training in the American Psychological Association (APA)–approved graduate training program in clinical psychology.

His areas of interest and specialization include depression, suicide risk, anxiety disorders, and the anxious or fearful personality disorders. He has published empirical studies, theoretical papers, and treatment guidelines for these problems. In addition to his responsibilities on campus, he serves as a staff psychologist at a local charity clinic, conducting psychological assessment and treatment with adult psychiatric outpatients. His approach to treatment primarily relies on contemporary cognitive-behavioral strategies with a special emphasis on the Socratic method.

Kathleen Chwalisz, Associate Editor

Kathleen Chwalisz is a health psychologist and director of the counseling psychology doctoral program in the department of psychology at Southern Illinois University at Carbondale. She received her doctorate in counseling psychology from the University of Iowa and completed her internship at the Minneapolis Veterans Affairs in 1992. She is a licensed clinical psychologist in the state of Illinois. She is a Fellow of two divisions of the APA, chair-elect of the Council of Counseling Psychology Training Programs, and she has chaired the APA Division 17 Health Psychology Section and Section for the Promotion of Psychotherapy Science. She was co-chair of the Society of Counseling Psychology Special Task Group on Evidence-Based Practice and a member of the Society of Counseling Psychology Special Task Group on Research Funding.

Dr. Chwalisz’s research interests involve health psychology, rehabilitation psychology, family caregiving, training of psychologists, multicultural competence and health disparities, psychotherapy science, qualitative methodology, and structural equation modeling. Teaching and clinical interests are in supervision and mentoring, case conceptualization and treatment planning, psychological assessment, evidence-based practice/empirically supported treatment, stress and health, and family caregiving.

Dr. Chwalisz has been conducting interventions and intervention research with rural caregivers for 20 years. She received the Society of Counseling Psychology Barbara Kirk Award and the APA Division of Rehabilitation Psychology Research Excellence Award for her development and evaluation of the Perceived Stress Model of Caregiver Burden. She was appointed to the Rosalynn Carter Institute/Johnson & Johnson Rural Caregiving Expert Panel and has been an expert presenter for the Rosalyn Carter Institute on evidence-based practice with family caregivers.
Co-director of the Southern Illinois Caregiver Telehealth Project, Dr. Chwalisz is principal investigator on the SIU Rural Caregiver Telehealth Intervention Trial, funded by the National Institute of Aging and the National Institute of Nursing Research. She is creator of the Caregiver’s Recipe for Success intervention and the Tele-help Line for Caregivers, an empirically and theoretically derived intervention for rural caregivers that stems from the Perceived Stress Model of Caregiver Burden.

Stephanie H. Felgoise, Associate Editor

Stephanie H. Felgoise is professor and vice-chair of the department of psychology, and director of the PsyD program in clinical psychology at the Philadelphia College of Osteopathic Medicine. She completed her doctorate in clinical psychology at Hahnemann University, where she worked with and was mentored by Drs. Arthur and Christine Maguth Nezu. Her predoctoral internship was in clinical and community psychology at the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, where she acquired specialty training in marital and sexual health under Dr. Sandra Leiblum, in addition to other areas of behavioral medicine. She completed a postdoctoral fellowship in Health Psychology and Research at Hahnemann University with Drs. Art and Christine Nezu.

Dr. Felgoise has been active in the leadership of the Association of Behavioral and Cognitive Therapies (ABCT) for the past 15 years. She is also a member of several other national organizations, including APA, National Council of Schools and Programs of Professional Psychology, and the American Heart Association. She is on the board of directors for the Philadelphia Behavior Therapy Association. She has co-authored numerous journal articles and book chapters in clinical psychology and clinical health psychology. Her career focus is integrated healthcare and clinical health psychology. Her research has focused on social problem solving, coping, adjustment, and quality of life in caregivers of and adults with cancer, amyotrophic lateral sclerosis, infertility, and children, adolescents, and adults with Long QT syndrome, a life-threatening cardiac arrhythmia disorder.

Linda G. Castillo, Associate Editor

Linda G. Castillo is a professor in the department of educational psychology at Texas A&M University, where she is the incoming training director for the counseling psychology doctoral program. She received her doctorate in counseling psychology from the University of Utah in 1999. She completed her predoctoral internship at the University of Texas at Austin Counseling and Mental Health Clinic. Dr. Castillo has specialized training in feminist therapy with a focus on relational cultural therapy. She is licensed in the state of Texas, and she supervises trainees at the department’s Counseling and Assessment Clinic, housed in a federally qualified health care facility in Bryan, Texas. She has taught courses in multicultural counseling, clinical supervision, measurement and evaluation, and Mexican American psychology.

Dr. Castillo is a member of the APA divisions 17 and 45. She is also a member of the Association of Women in Psychology and the National Latina/o Psychological Association, of which she is treasurer.

Dr. Castillo’s expertise and research focus on her professional and personal commitment to reduce the educational and mental health disparities of Mexican Americans. Her current work involves studying the influence of acculturation and enculturation on educational persistence and mental health of Mexican American adolescents and college students. Through her work, she has developed the Intragroup Marginalization Scale and the Marianismo Beliefs Scale, which have been used in national studies.

Over the last decade, Dr. Castillo has received a total of over $4.5 million in external funding to support her work. She is currently the principal investigator and project director of the Bryan ISD GEAR UP project, a $2.7 million program funded by the U.S. Department of Education. In this 6-year project, she leads a team of academic faculty, school counselors and principals, counseling psychology students, university financial aid officers, and members of
various community and business organizations to facilitate college readiness and enrollment of 1,000 low-income students. Her work has been nationally recognized through her election to fellow status in the APA and as a recipient of the Many Faces of Counseling Psychology Award at the 2008 International Counseling Psychology Conference.

Bruce Rybarczyk, Associate Editor

Bruce Rybarczyk received his PhD in clinical psychology from Virginia Commonwealth University (VCU) in 1988 after interning at the Palo Alto VA Hospital. He was employed at Rush University Medical Center in Chicago for 18 years, serving as the director of clinical training and associate professor, prior to returning to VCU in 2006. He worked primarily in rehabilitation psychology while at Rush, earning his ABPP diplomate in that area, and he was also the principal investigator for an National Institutes of Health study testing the efficacy of cognitive-behavioral therapy for insomnia that is co-morbid chronic medical illness. At VCU, he is the director of training for the clinical program, directs the Behavioral Medicine Track in the program, and is licensed as a psychologist in Virginia. His research has covered several areas related to adaptation to chronic medical conditions, including psychological adjustment to amputation, heart transplant and stroke, designing and testing coping enhancement and wellness interventions for older medical patients, and testing self-administered and classroom cognitive-behavioral treatments for medical patients with co-morbid insomnia. Current grant funding and research is focused on training doctoral students in primary care psychology and testing brief interventions for this setting.

Changes and Expectations for JCLP

Loyal readers of the journal will note a few stylistic changes for the journal (that accompany the new cover design).

Structured Abstracts

JCLP will utilize a structured abstract format. Structured abstracts are noted for their accuracy and they are prized by search engines (Budgen et al., 2008; Mosteller et al., 2004; Sharma & Harrison, 2006). The following headings are preferred:

- **Objective(s).** Succinctly state the reason, aims, or hypotheses of the study.
- **Method (or Design).** Describe the sample (including size, gender, and average age), setting, and research design of the study.
- **Results.** Succinctly report the results that pertain to the expressed objective(s).
- **Conclusions.** State the important conclusions and implications of the findings.

The headings can be altered to suit the nature of a particular research project or a position paper. For example, a literature review should use the following headings: **Purpose, Methods** (used to select studies for the review, criteria for inclusion, and the way in which the information was analyzed), **Results**, and **Conclusions**.

Eliminating the “Brief Report” Designation

In contemporary research and scholarship, many articles are terse and to the point, resulting in shorter reports and reduced page length (Park, 2009; Taylor, 2009). The concept of a “brief report” is no longer useful. Page length does not imply quality or importance. JCLP will not make artificial distinctions between regular articles and brief reports.

Review Process

I will handle and screen all new submissions. I will make an initial determination if the submission is ready for peer review, if it meets my expectations and vision for the journal, and/or if I want a second opinion of the piece for full peer review. Should I decide the paper
does not meet these standards, I will not submit the paper to a peer-review process and decline it for publication, rather than submit it to a lengthy and discouraging process (that taxes the good will of reviewers and the enthusiasm of the author; Park, 2009). I will assign a certain number of submissions to each associate editor. Each associate editor will then screen the assigned piece as well, with the latitude to decline the opportunity to submit the paper to a full peer-review process, based on his or her informed opinion. Papers that are assigned for peer review will ideally receive evaluations from at least two colleagues. We intend to obtain masked reviews. We aspire to have editorial feedback to authors within 2 months of the initial submission. These guidelines are designed to provide greater flexibility to authors and to expedite the review and publication process to benefit authors and peer reviewers.

Board Appointments

We will continue to evaluate the quality of peer reviews that we obtain. Board members serve 1-year appointments. Subsequent appointments are contingent upon the needs of the journal and the editors.

Content Areas of Editorial Interest

During my tenure as editor-in-chief, JCLP will place a high premium on psychological studies of vulnerable populations and on intervention research, generally.

Vulnerable and Under-Served Populations

Historically, JCLP has been an outlet for the clinical study of individuals from vulnerable and under-served populations. This will be a centerpiece of my editorial tenure: JCLP is chiefly interested in psychological studies of persons from these groups. This includes studies of people who face barriers in accessing services because they have difficulty paying for services, they have language or cultural differences, or there is an insufficient number of health professionals/resources available in their community (e.g., individuals living in rural areas). Under-served populations include people who experience disparities in their health and educational services (e.g., persons with physical disabilities or debilitating chronic disease). Individuals in vulnerable populations share common characteristics that make them more susceptible to “falling through the cracks” at any point across the life span (elderly individuals, children, prisoners). For our purposes, this also includes those who are typically served by public-supported health care services (e.g., Veterans and their families), as many are at risk for a host for community and societal problems. Collectively, these individuals are vulnerable to financial constraints, a lack of available resources and services, and insufficient public awareness of their situations, and their needs are not fully addressed by traditional service providers. Studies that address the needs and improve the quality of psychological services to these individuals constitute, by definition, policy-relevant research, as this work addresses the pressing issues that currently face our communities.

In contrast, studies that rely on undergraduate samples must have compelling theoretical issues at stake, concern the outcome of an intervention, or address issues of clinical importance. As a rule, studies that rely on undergraduate samples to refine or modify instruments for subsequent use in clinical settings are of limited value and interest. In addition, we urge researchers to eschew simple notions of “race” or “ethnic” differences, and recommend the study of more theoretically informed concepts of acculturation, enculturation, marginalization, and ethnic identity.

Intervention Research

JCLP is committed to publishing intervention research. This comes at a time when we are experiencing a decline in external support for psychological intervention research, and other journals that have traditionally invested in intervention research report an alarming decrease in studies of therapeutic processes and outcomes (Scheel et al., 2011). It also comes at a time
when it appears that the only intervention studies of publishable value to high-profile psychological outlets are conducted as part of large-scale randomized clinical trials (RCTs) supported by large grants from federal agencies (with large samples sizes to match).

The journal values the RCT design, and we understand that, for many, the RCT is critical for determining if adopting a particular intervention makes for good policy. This is important. But our interests are much broader than that. We want to understand theoretical mechanisms at play in a particular intervention. We want to understand the possible and potential benefits of a particular intervention with an under-represented group, or with persons from a vulnerable subgroup of society. We realize there are clinical situations in which a true “control” condition cannot ethically or reasonably exist. Ultimately, we believe in the convergence of data across a relevant literature, and that all of our intervention designs contribute to our knowledge base. We subscribe to this broader notion of evidentiary pluralism (Tucker & Reed, 2008).

Consequently, JCLP places a high premium on a priori tests of theoretical mechanisms of change in individual, groups, couples, family and child therapies. We want to anticipate and understand behavioral changes in response to therapeutic encounters (above and beyond a simplistic, pharmaceutical “dose-response” mentality). We hope authors will explicate the anticipated linear or discontinuous responses to a therapeutic intervention, when at all possible (Hayes, Laurenceau, Feldman, Strauss, & Cardaciotto, 2007), and we want authors to conduct appropriate tests of these responses (Laurenceau, Hayes, & Feldman, 2007). We urge authors to examine mechanisms of change in their analyses, and we are open to innovative efficacy and intention-to-treat analyses.

We understand that many social, cultural, and individual difference factors can affect responses to interventions, independent of randomization strategies, and yet these may be tangential to the original interests of funding agencies and grant writers. Consequently, we welcome secondary analyses of data from larger trials that can be scrutinized with more contemporary analytic models (e.g., Roth, Mittelman, Clay, Madan, & Haley, 2005) that examine mechanisms and mediators of change in therapeutic responses.

We understand that many individuals from vulnerable populations are under-served by clinical psychology, and they are under-represented in our research. Typically, innovative psychological research with vulnerable populations is not supported by external grant funds, and even when psychological research in these areas is supported, unexpected issues can complicate recruitment or undermine participation. Therefore, JCLP is receptive to intervention studies that feature smaller sample sizes of individuals from vulnerable populations.

JCLP is open to well-designed quasi-experimental designs that present a compelling justification and appropriate (if not, contemporary) analytic procedures. These may be among the best opportunities to apply innovative statistical procedures to understand theoretical mechanisms at work in therapeutic change. Program evaluation studies may be construed in this manner. Similarly, JCLP is open to single-case experimental designs that meet specific requirements. First, the design should be experimental, and it should address a novel or complex behavioral issue that is either too clinically complex or of low frequency to reasonably warrant a randomized design with a larger sample at the present time. Second, we prefer that such studies include several participants if at all possible. Third, for the work to meaningfully contribute to the evidence base, it is imperative that authors use contemporary statistical procedures to analyze their data (including regression techniques: Brossart et al., 2008; Brossart, Parker, & Castillo, in press; effect sizes: Parker & Hagan-Burke, 2007; Parker & Vannest, 2009) in addition to the traditional graphed data for visual inspection.

Summary

So, our time begins with JCLP. We look forward to the papers that come our way, and we hope you will find the content of the journal timely, engaging, and thought-provoking. We hope you will help us make it so.
References


