

not only specialized functions within the health care system (e.g., providers of psychological treatments) but functions that draw from psychologists' unique training in learning theory, brain-behavior relations, research methodology, and science-practice relations. Ultimately, the consumers and consumer advocates of psychology services, health maintenance organizations, and local and national psychological organizations have to come to a consensus about how the various unique roles of psychologists in the mental health service market need to be carved out and funded.

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- world and is quickly changing practices. Second, there is substantial evidence for the efficacy and effectiveness of psychological interventions for treating disorders severe enough to be included in systems of health care. Third, psychologists, having declared themselves a health care profession, are uniquely positioned by virtue of their in-depth training to further develop and implement these interventions. And fourth, to better market and draw attention to these effective treatments, psychologists should delineate them from more generic approaches directed at the variety of problems in living that would not be included in health care systems. The terms I proposed were *psychological treatments* for disorders included in the health care system and *psychotherapy* for non-health-related problems.
- Hal Arkowitz (2005) misread my proposed distinction between "psychological treatments" and "psychotherapy" by presuming that I was implying that the former is evidence based and the latter is not. This is obviously not true. Both are evidenced based to some degree. The distinction I am making rests solely on whether the problems being addressed will be included in emerging health care systems around the world. In other words, will the problems, either mental or physical, be considered pathological and sufficiently impairing to be subject to the benefits of inclusion in health care systems? These benefits include public funding to investigate the nature and treatment of these problems, public health service efforts directed at prevention and treatment, and reimbursement of clinicians by third-party payers. Currently, major debates focusing on conditions that will or will not be included are ongoing around the world. In the United States, witness the impassioned debate over the proposal to include obesity, with the consequence that treatment for obesity by qualified health care professionals would be reimbursed by the Centers for Medicare and Medicaid Services and other payers. The initial costs would be substantial, but cost savings in the long run would most likely make such inclusion well worth it. Witness also the heated debate over parity legislation for psychological disorders when it was initially proposed that only the more "severe" disorders be included. For example, some disorders currently included in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), such as generalized anxiety disorder or many somatoform disorders, are currently excluded from some parity initiatives on the basis of cost considerations. My point here is that there is substantial evidence for the efficacy and effectiveness of psychological treatments for the varieties of mental and physical pathology currently included in our health care system (as well as those likely to be included at a later date), and psychologists stand a better chance of achieving a full seat at the health care table by distinguishing these approaches (psychological treatments) from approaches that do not directly address impairing physical or mental pathology.
- This is not to say that psychological approaches for problems in living, adjustment difficulties, relational difficulties including loving and been loved, or other aspects of personal growth do not have substantial evidence in their support. I believe that psychologists utilizing "psychological psychotherapy" continue to be well positioned to address these problems that constitute the relatively larger market for our services. But to ensure psychology's seat at the health care table, psychologists would do well to clearly distinguish treatments that are targeted at certain well-defined pathologies by calling them "psychological treatments."
- Kwekkeboom et al. (2005), representing the nursing profession, noted quite correctly that nurses often deliver psychological treatments on the frontlines of primary care and are independently licensed to provide nursing services, including many approaches that could be categorized as "psychological." In fact, our emerging health care system is characterized by substantial overlap among the health care professions in the delivery of services. Both nurse-practitioners and psychologists, among other professions, are now prescribing medications for psychological disorders, and all of the core mental health professions administer and even develop new psychological treatments on occasion. Nevertheless, it is also clear that only psychologists possess the in-depth training in cognitive and behavioral sciences and their application (5+ years) to put them in a unique position to develop these treatments, deliver them, train health care colleagues in their administration, and consult on difficult cases. As I pointed out (Barlow, 2004), "At the very least, psychologists should be the principal architects of the health care service systems set up to deliver psychological treatments" (p. 875). This implies no disrespect whatsoever to nurses, physicians, or social workers, who do not have this particular background, but simply recognizes that in-depth study of psychological science and its applications is what characterizes the profession of psychology.

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Clarification on Psychological Treatments and Psychotherapy

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I am very pleased to respond to this interesting set of comments on my article "Psychological Treatments" (Barlow, 2004) so that I may further clarify several issues. My major points in that article were as follows: First, evidence-based practice has become policy in health care systems around the

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Ahmed and Boisvert (2005) agreed that psychological treatments are a core strength of psychology and also go on to provide additional interesting examples and to identify other areas of practice in which psychologists may be uniquely qualified. These include addressing developmental behavioral disorders and certain methods for severe mental disorders as well as the assessment and remediation of cognitive deficits. While also recognizing the important overlap among the mental health professions in the delivery of some services (e.g., medication, psychotherapy), Ahmed and Boisvert understand that evidence-based practice of psychology in our health care system is more than simply delivering an empirically supported treatment. Evidence-based practice also involves engaging in the types of functional analyses that would lead to effective practice in areas where evidenced-based treatments do not exist or are not working in the context of the unique or specific case. These are important observations.

In summary, only certain well-defined pathologies will be included in any health care system, and treatment for these conditions will increasingly need to be based on evidence. Both of these issues have been decided. Psychology as a profession has unique treatments derived from psychological science that already meet these requirements. Thus, psychologists should assume a major role in emerging health care systems, sharing this knowledge with other professions where appropriate through training and supervision. In this way, psychologists will make a core contribution to health care around the world.

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ent families were significantly overrepresented in family studies, compared with naturally occurring family demographics. Zimmerman and colleagues concluded that more research is still needed on fathers and their families.

Overall, there are indications that research on fathers and developmental psychopathology has remained neglected in dissertation research and in research focusing on fathers and their adolescents. To provide an update of this issue for the field of developmental psychopathology, we conducted an updated review and analysis of the research on fathers and developmental psychopathology.

To reexamine the representation of fathers in the developmental psychopathology literature, we focused on published articles in clinical child and adolescent psychology to determine inclusion of fathers and mothers. The following journals were reviewed for the most recent eight years of publication: *Child Development, Developmental Psychology, Journal of Abnormal Child Psychology, Journal of Abnormal Psychology, Journal of the American Academy of Child & Adolescent Psychiatry, Journal of Child Psychology and Psychiatry and Allied Disciplines, Journal of Clinical Child Psychology, and Journal of Consulting and Clinical Psychology*. These are the same journals that were reviewed earlier (Phares & Compas, 1992).

To assess whether there were any changes since the time of the Phares and Compas (1992) review, we used the same criteria to determine inclusion in the tally of articles. These criteria were as follows: The research was empirical (not a review article, a discussion of a theory, or a case study), the research investigated issues related to child or parental psychopathology or both (and did not focus solely on normal developmental issues), and the study analyzed some characteristic of the parents (but the characteristics could have been assessed through a variety of mechanisms, including parent report, child report, record review, or direct observation). To maintain the focus on developmental psychopathology and clinical child issues, we did not include studies that were health related (e.g., pediatric issues) or that dealt solely with limited intellectual functioning (e.g., working with the functioning of developmentally delayed populations) in this review.

A total of 514 studies were found to fit criteria for inclusion in this study. Of these, 231 studies (45.0%) involved mothers only; 127 (24.7%) involved both mothers and fathers and analyzed for maternal and paternal effects separately; 145 (28.2%) in-

In 1992, Phares published an article titled "Where's Poppa?: The Relative Lack of Attention to the Role of Fathers in Child and Adolescent Psychopathology." Since that time, there have been modest gains in the research literature on clinical child issues, but there remains a wide gap between the inclusion of mothers and fathers in clinical child and family research. This comment provides an update on these issues.

Research on fathers and abnormal child development has historically lagged significantly behind research on mothers and abnormal child development. In a review of clinical child and family research published between 1984 and 1991, Phares and Compas (1992) found that fathers were clearly underrepresented in child and family research that focused on clinical issues.

On the basis of the idea that graduate students are the professionals of the future, Silverstein and Phares (1996) conducted a similar review on dissertation research. Like the Phares and Compas (1992) review, the study conducted by Silverstein and Phares found that fathers were neglected significantly in doctoral dissertation research that focused on developmental psychology and developmental psychopathology. A total of 60% of the studies explored mothers only, 30% studied "parents," and 10% explored fathers only. It is interesting to note that few personal or professional characteristics distinguished between those graduate students who did and did not include fathers in their research. There were no differences based on topic of research, advisor gender, or academic degree being sought. The only difference that emerged was based on graduate student gender. Specifically, male graduate students were more likely than female graduate students to include fathers in their dissertation research. Overall, Silverstein and Phares concluded that fathers were being neglected in doctoral dissertation research.

Zimmerman, Salem, and Notaro (2000) further documented this underrepresentation of fathers in research on adolescent functioning. On the basis of a review of five journals that focused on adolescent development, Zimmerman and colleagues found that the majority of studies included only mothers as the primary respondent. They also found that two-par-