

## **McFall, Richard M. (b. 1939)**

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Richard M. McFall (b. 1939) is an eminent psychological scientist at Indiana University whose integrative research bridges clinical, cognitive, and neural science, and whose professional contributions have advanced both clinical science and psychological science immeasurably. He was born in 1939 in Bloomington, Indiana, completed his BA at DePauw in 1961, and received his PhD from the Ohio State University in 1965, where he was influenced by both George A. Kelly (1905–67), his PhD advisor, and Julian B. Rotter (b. 1916). He launched his faculty career at the University of Wisconsin-Madison (1965–79), where he cites Peter J. Lang as a significant influence on his intellectual development. In 1979, McFall joined the faculty of Indiana University in Bloomington as Director of Clinical Training in the Psychology Department. He became professor emeritus in 2004. Currently, McFall is the executive director of the Psychological Clinical Science Accreditation System (PCSAS). He and his wife of 50 years, Kathleen, continue to live in Bloomington.

### **Research Contributions**

McFall's early career contributions to clinical science were highly influential, with several becoming Social Science Citation Classics. His behaviorally oriented research placed a premium on the use of rigorous, performance-based measurement strategies and the maintenance of close ties between theoretical, measurement, and intervention models of clinical phenomena. He produced

several early papers documenting the effect of self-monitoring on behavior, primarily in the area of smoking. He also examined the contributions of rehearsal, modeling, and coaching to social skills training for a variety of clinical populations, including psychiatric inpatients, those struggling with shyness or assertion difficulties, and antisocial behavior. Beginning in 1978, McFall published a series of papers that extended Goldfried and D'Zurilla's (1969) behavioral-analytic model to examine the role of situation-specific social competence in several clinical phenomena, including antisocial behavior in both male and female adolescents, as well as depression and eating disorders.

In 1982, McFall published one of the field's first social information-processing (SIP) models, which proposed that cascading decoding, decision making, and enactment processes ("social skills") lie upstream from task- and context-specific behavioral output that relevant judges subsequently evaluate for its adequacy and effectiveness ("social competence"). His reconceptualizations of social skills as cascading cognitive processes and social competence as contextualized and task-specific judgments by relevant others both hearkened back to his graduate mentor George Kelly's personal construct theory (1955) and anticipated McFall's future work on the role of component cognitive processing in psychopathology. The SIP model and extensions of it have been applied in almost every area of psychopathology.

In 1996, McFall introduced the concept of "benchmarking," an approach to evaluating the generalizability of efficacy study findings, which typically are obtained in research settings under highly standardized conditions, to uncontrolled service settings (McFall, 1996). Benchmarking entails (a) implementing the treatment procedures and outcome measures used in relevant randomized controlled trials (RCTs) in the service setting; and (b) making a point-by-point comparison of "benchmark"

outcomes in the RCTs and analogous outcomes in the service setting (see Wade, Treat, & Stuart, 1998). Since McFall's initial proposal, this quasi-experimental approach to conducting effectiveness research has been used in numerous studies to examine the transportability of research findings to "real world" settings (Weersing, 2005).

Most recently, Richard McFall has become an articulate and visionary spokesperson for integrative psychological science (IPS), an approach to psychological research that draws on the best available models and methods across areas of psychology and other relevant disciplines. McFall has advanced IPS not only ideologically, but also by conducting innovative research that brings contemporary cognitive science and neuroscience to bear on important questions about clinical phenomena ranging from sexual aggression to disordered eating to anxiety (see Steinmetz, 2007, and Treat et al., 2007, for an overview of this work). For example, McFall's clinical cognitive research has translated formal models of component cognitive processing drawn from quantitative cognitive science to the study of clinically relevant individual differences in social information processing. This work has focused primarily on investigating the role of women's processing of other women's weight and affect cues in disordered eating and on the role of men's processing of women's dating-relevant cues in acquaintance-initiated sexual aggression. McFall's research program over the last 15 years highlights the potential of cognitive science and neuroscience to enhance our understanding, assessment, and potential modification of clinically relevant information processing, as well as the generalizability of the models and methods of these disciplines to more complex, socially relevant circumstances.

### **Professional Contributions**

McFall also has made an indelible mark on the professional aspects of clinical psychology. In 1990, McFall became president of the

Society for a Science of Clinical Psychology. The article based on his presidential address, "Manifesto for a science of clinical psychology" (1991), articulated the cardinal principle that "Scientific clinical psychology is the only legitimate and acceptable form of clinical psychology." This paper is required reading in clinical science programs across the country, and the Manifesto continues to provide a rallying cry for the advancement of scientific clinical psychology. McFall's numerous papers on professional topics ranging from mental health care to models of training to prescription privileges also have been quite influential.

In 1994, McFall organized and chaired a conference at Indiana sponsored by the Association for Psychological Science (APS), the National Institute of Mental Health (NIMH), and Indiana University entitled *Clinical Science in the 21st Century*. Twenty-five representatives of leading programs attended, in addition to representatives from APS and NIMH. The Academy of Psychological Clinical Science (APCS) subsequently was founded in 1995 and currently is a thriving organization of more than 60 scientifically oriented doctoral and internship training programs in clinical and health psychology. McFall served as the first APCS president. Broadly speaking, APCS seeks to advance clinical science, defined as "a psychological science directed at the promotion of adaptive functioning; at the assessment, understanding, amelioration, and prevention of human problems in behavior, affect, cognition or health; and at the application of knowledge in ways consistent with scientific evidence" ([www.acadpsychclinicalscience.org](http://www.acadpsychclinicalscience.org)).

In 2002, McFall organized and chaired another national meeting at Indiana, *Conference on Integrative Psychological Science*, that was sponsored by APCS, APS, and NIMH. The conference focused on the specification and instantiation of a fully integrative model of doctoral training that prioritized the development of both basic and applied research expertise within a single individual. This approach extended the National Institutes of Health's (NIH) translational model

by producing hybrid scholars in clinical neuroscience and clinical cognitive science, for example.

McFall is the chief architect of the “clinical science” training model in clinical psychology (2006, 2007), which focuses on training research scientists, and he remains the model’s most visible spokesperson. McFall instantiated one exemplar of this model while director of clinical training at Indiana University. He developed the first NIMH-funded IPS training program, in which clinical and nonclinical students received integrative training in both clinical science and at least one other allied discipline within the field. This T32 training grant was funded continuously by NIMH for 25 years.

In December 2007, the Psychological Clinical Science Accreditation System (PCSAS), an independent accrediting body for doctoral programs in psychological clinical science, was created as an independent entity by APCS. PCSAS was created “to promote superior science-centered education and training in clinical psychology, to increase the quality of clinical scientists contributing to the advancement of public health, and to enhance the scientific knowledge base for mental and behavioral health care” ([www.pcsas.org](http://www.pcsas.org); see also Baker, McFall, & Shoham, 2008). McFall has served as the executive director of PCSAS since its inception and oversaw the attainment of formal recognition by the Council for Higher Education Accreditation (CHEA) in 2012.

### Honors

In recognition of McFall’s outstanding research and professional contributions to psychological science, a festschrift was held in his honor in May 2004 at the annual APS meeting, with the proceedings subsequently published by Taylor and Francis (Treat, Bootzin, & Baker, 2007). The same week of the festschrift, he received the Distinguished Alumnus Award from the Department of Psychology at the Ohio State University. McFall also received

the Distinguished Scientist Award from the Society for a Science of Clinical Psychology in May of 2006. These richly deserved honors showcase McFall’s innumerable contributions to psychological science.

**SEE ALSO:** Academy of Psychological Clinical Science (APCS); Association for Psychological Science (APS); Clinical Science Model; Psychological Clinical Science Accreditation System (PCSAS)

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