

# Psychotherapy

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**PSYCHOTHERAPY BULLETIN**

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### An Exciting Time for Us

Jeffrey Zimmerman, PhD, ABPP



There's a lot happening in the Society for the Advancement of Psychotherapy. We had another spectacular quarter. Here are some of the highlights.

*Psychotherapy* had another great year in 2016. We recently heard that we actually brought in more income than budgeted. Dr. Mark Hilsenroth and his team continue to strengthen the journal making it a leader in the field. Thank you Mark, all the Associate Editors, reviewers, authors, and of course Steph Pollock and her team at APA Journals.

The Society and some current and recent members of our Board received much deserved recognition. Our immediate Past-President Dr. Armand Cerbone received the Raymond D. Fowler Award for Outstanding Contributions to APA. Dr. Jean Carter received the Dr. Rosalee G. Weiss Award for being and Outstanding Leader in Psychology. And, the Society for the Advancement of Psychotherapy received an award from the American Psychological Foundation in recognition of the Division's generous gift to the Campaign to Transform the Future.

Drs. Rod Goodyear and Changming Duan were our program chairs (working with Dr. Fred Leong—International Domain) for the World Congress of Psychotherapy. The Society had five symposia on the program. Our presenters did a great job. We also expanded our relationships with representatives of societies from Guatemala, Argentina,

Russia, and other countries as well as with the World Council of Psychotherapy and the North American Council of Psychotherapy. I am looking forward to the growth of these relationships.

We also are continuing our work with Oriental Insight. Recently, they requested a list of texts they could consider translating into Chinese. We look forward to helping them develop ideas for training and standards for mental health professionals in China.

And, what a convention we just completed. From posters to presentations to social hours, Dr. Gary Howell (Program Chair) and so many of our members, along with Tracey Martin, helped make the convention a success. Thank you all.

However, in keeping with one of the themes of *The Psychotherapy Bulletin* this year, the convention was not without its "Difficult Dialogues." Currently, there is a major question in front of Psychology. That is, whether individuals with a Master's Degree in Psychology should be able to have a license to practice. This of course is a topic that engenders strong feelings from people on both sides of the issue. I was invited to be a discussant at a symposium on Sunday morning (which, given the time and day, was surprisingly well attended) where the results of a recent APA Summit on the topic were presented. I was impressed by the detail and healthy tone of the presentation and discussion that followed. I expect that there will be many more discussions and debates about the

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*Drs. Jeff Zimmerman and Libby Nutt Williams at the WCP*

pros and cons. The process of having such a discussion is important. I invite you to join in those discussions continuing the thoughtful and respectful tone I noticed and appreciated, in the symposium I attended. For former APA President Pat DeLeon's thoughts on the topic and the convention in general, please see this issue's Washington Scene.

All in all, I am so pleased to be part of The Society for the Advancement of Psychotherapy and hope you are too. If you want to be more involved please contact me at [drz@jzphd.com](mailto:drz@jzphd.com). I will connect you with the right people. Whether you are a student, faculty member, or clinician we welcome your participation and contributions.



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## EDITORS' COLUMN

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Welcome to Fall, and to the first online-exclusive issue of *Psychotherapy Bulletin*! We hope you enjoy this issue, which offers a variety of articles on topics ranging from emotional closeness in Arab American families to utilizing online media effectively as mental health practitioners to identifying eating disorders in Latina clients in the United States.

We appreciate the energy, enthusiasm, and hard work of our contributors and Society members. At the same time, we recognize that these past months have been, and remain, difficult for so many, in so many different ways. Here at the Society for the Advancement of Psychotherapy (SAP), we believe in the power of psychotherapy research, practice, and training, and we strive to cultivate thoughtful, nuanced discourse on topics that impact our profession and our world. Both SAP President Jeff Zimmerman and former APA President Pat DeLeon have shared their thoughts about the recent APA Convention and

opportunities and challenges facing the field. Dr. Zimmerman has also provided an update on international news and the World Congress of Psychotherapy. Our “Difficult Dialogues” theme continues this issue with articles on White therapist self-disclosure in multicultural contexts, an exploration of meaning-making and difficult dialogues we perhaps need to have with *ourselves*, and a student-written piece looking at burnout during internship and possible solutions.

Our next deadline is November 1, 2017, and submission guidelines can be found on the website (<http://societyforpsychotherapy.org/publications/bulletin/about/>). Please keep in mind that this will be the final deadline for our “Difficult Dialogues” series. As always, feel free to email Lynett and Cara directly with feedback or your ideas—this is your Bulletin, and we would love for you to be a part of it!

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### ETHICS IN PSYCHOTHERAPY

#### White Therapist Self-Disclosure in Multicultural Contexts: A Critical Discussion of Research, Boundaries, and Bridges

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Within the conceptual literature, multicultural therapeutic approaches have long recognized therapist self-disclosure as a skill or even competency (Bitar, Kimball, Bermúdez, & Drew, 2014; Henretty & Levitt, 2010). Self-disclosure has been discussed as an intervention that may build trust and credibility in cross-cultural contexts (Constantine & Kwan, 2003; Henretty & Levitt, 2010). Disclosure may suggest a White therapist's willingness to take risks, may be experienced as a gesture of openness, and may encourage reciprocal client disclosure (Constantine & Kwan, 2003). These potential benefits are particularly important to consider in light of the high early drop-out rates among clients of color whom are paired with White therapists (Chang & Berk, 2009).

Also within the conceptual literature are cautions against promoting self-disclosure as a more scripted technique rather than as an expression of genuine interest. Cultural factors and the racial composition of therapist and client dyads strongly influence client perceptions of whether therapeutic self-disclosure may be appropriate and under what circumstances (Simonds & Spokes, 2017). White therapists are cautioned against insincere or even patronizing self-disclosures such as random mentions of having friends of color or over-empha-

sizing perceived similarities (Constantine & Kwan, 2003; LaPorte, Sweifach, & Linzer, 2010). Moreover, it may be considered particularly challenging for White therapists to self-disclose ethically and effectively to clients of color in light of research suggesting that problematic cross-racial counter transference is common and that an exceptional level of self-awareness is necessary to self-disclose effectively, in general (Chang & Berk, 2009; Henretty & Levitt, 2010; LaPorte et al., 2010). These perspectives combine to suggest that both the potential ethical risks and benefits of self-disclosure may be magnified in cross-cultural contexts.

This article will explore the research on White therapist self-disclosure in multicultural contexts and discuss implications for culturally sensitive practice. Research on White therapist self-disclosure to Mexican American/Latino, African American, Asian American, and Native American populations will be reviewed. Areas of convergence within the conceptual and empirical literature, as well as from one client population to another, will be identified and discussed.

#### Research on White Therapist Self-Disclosure in Multicultural Contexts

Earlier research on cross-cultural experiences with therapist self-disclosure was based on interviews with college students. Cherbosque (1987) surveyed

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100 Mexican/Mexican American and 100 White college students in an effort to explore how cultural norms and expectations may relate to perceived self-disclosure impacts. Consistent with aspects of cultural norms, Mexican/Mexican American students expressed stronger preferences for counselor formality and lower levels of disclosure.

Cashwell, Scherbakova, and Cashwell (2003) conducted a prospective interview study of 444 undergraduate students, 294 (or 66.2%) of whom were African American. Cashwell et al. (2003) sought to determine whether racial matching/mismatching might predict a significantly higher level of client desire for therapeutic self-disclosure. African American students in the study reported a significantly stronger preference for therapeutic self-disclosure in instances where they might be paired with a White therapist. Consistent with aspects of the conceptual literature noted previously, Cashwell et al. (2003) hypothesized that the desire for greater amounts of self-disclosure may arise from historical trust barriers associated with ethnic differences.

Also consistent with other perspectives within the cultural literature, studies of real therapy clients of color have consistently found that White therapist self-disclosure had positive impacts on the therapeutic relationship and outcomes when the disclosures were commensurate with the client's cultural values. Kim et al. (2003) studied the relationship between adherence to traditional values and level of self-disclosure in a single therapy session for a sample of 62 Asian American clients paired with White therapists. Kim et al. (2003) sought to determine the extent to which client adherence to traditional Asian cultural values would predict self-disclosure efficacy. One hypothesis was that therapist

disclosure might model and encourage reciprocal disclosure and also help to address client beliefs and experiences of the therapist as an agent of an oppressive system. Commensurate with cultural norms (and therefore also consistent with prior findings on Mexican American college students), Asian American clients in Kim et al.'s (2003) study reported more positive responses to therapist disclosures of problem solving strategies rather than those related to emotionally-focused reassurance, therapist credentials, and feelings.

Lokken and Twohey (2004) conducted a retrospective interview study of 17 Native Americans paired with White therapists. The researchers sought to identify common factors in cross-cultural relationships experienced by clients as meaningful and helpful. In addition to a respectful and caring attitude, casual demeanor, and empathic listening, six of the 13 Native American participants identified that self-disclosure helped to build trust and enhance the therapist's credibility. Participants endorsing the benefits of self-disclosure noted that it helped to establish a sense of mutuality and common ground akin to nation/tribal values for communalism and interconnection, which further supports the position on self-disclosure tending to be beneficial when it is put forth in a manner consistent with cultural values and expectations.

Qualitative interview studies of both White therapist perspectives (Burkard, Knox, Groen, Perez, & Shirley, 2006) and cultural minority client perspectives (Bitar et al., 2014; Chang & Berk, 2009) consistently identified positive therapeutic outcomes associated with White therapist self-disclosures in general. Chang and Berk (2009) conducted a qualitative interview study of 16 ethnic

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minority clients paired with White therapists, identifying a significant positive association between White therapist self-disclosure and minority client satisfaction with treatment.

Bitar et al. (2014) conducted a study of 10 court-mandated Mexican American male clients. In keeping with the results from other studies of multicultural populations, clients in Bitar et al.'s (2014) study consistently reported that White therapist self-disclosure encouraged their participation in treatment, lessened the negative effects of hierarchy, modeled appropriate male vulnerability, and normalized their feelings and experiences. Consistent with prior positions on cultural congruence, Bitar et al. (2014) hypothesized that White self-disclosures were well-received because the timing, content, and context were consistent with Mexican American cultural values for respect, dignity, and equality. Carlton's (1993) dissertation study of 60 male and female adolescents indicated that Latino youth tended to disclose more to therapists who disclosed general and limited information to them. Carlton's (1993) findings on self-disclosure to Latino youth are more consistent with Cherbosque's (1987) findings on disclosure to male and female Latino college students and less consistent with Bitar et al.'s (2014) finding on disclosure to court-mandated Latino male adults. Thus, in research studies, younger male and female Latinos were found to prefer less self-disclosure and a more formal therapist approach than did older and court-referred Latino males. Smaller sample sizes prevent full generalizability of findings, though may cautiously suggest that self-disclosures may impact Latino clients differently, depending on generational issues, gender, and whether psychotherapy is of a voluntary or involuntary nature.

Studies make particular mention of the benefits of tactful, provocative, and reciprocal dialogue about the White therapists' experiences with racism. White therapists in Burkard et al.'s (2006) study frequently indicated that sharing sincere outrage at multicultural client stories of victimization and transparently acknowledging that the therapist too had held racist beliefs appeared to deepen therapeutic relationships with African American, Latino, and Asian American clients. Therapists also reported that these disclosures helped multicultural clients to subsequently address/progress into other important personal issues in therapy. Implications from Chang and Berk's (2009) study included that self-disclosure, particularly White therapist admissions and reflections concerning racism, might begin to bridge social and power imbalances between White therapists and cultural minority clients as a foundation for change-inspiring relationships.

### **Conclusions**

From the research flows a thought-provoking discussion about the possibility of utilizing self-disclosure to improve engagement and outcomes among therapeutic dyads of White therapists and multicultural clients—not as a scripted technique, but as a genuine and professional form of risk-taking intended to establish a more authentic form of connection. Cautions against disingenuous or inappropriate disclosures are noted, albeit with indication (within the research) that what makes certain disclosures less helpful and more problematic is not unlike what makes any other intervention less helpful and more problematic. To be effective, it is necessary for the therapist to be mindfully aware of what is occurring within the therapeutic relationship and with a conceptualization of relationship dynamics that

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is equally, openly, and even courageously considerate of both between group and individual differences. For therapists who are members of racially privileged groups, this will likely involve a substantial amount of personal work and self-reflection. Without the necessary awareness and intentionality, self-disclosure is unlikely to be any more helpful than traditional therapeutic techniques that have yet to bridge longstanding gaps in engagement and retention. If flowing from sincerity, trust, and genuine interest, it is possible that self-disclosure may become a better understood and more integral component of clinical psychology's larger efforts to help members of disenfranchised populations, all within a context where the symbolic oppressor meets the oppressed. In such cases, self-disclosure may be less of a boundary crossing, in a traditional sense, and more of a bridge whereby the therapist crosses over, transcends the racism underneath, and attempts to restore a fuller form of connection to multi-cultural humanity.

**Author's Note:** "For similar articles related to self-disclosure, consider obtaining a copy of 'Therapeutic Self-Disclosure, An Evidence-Based Guide for Practitioners,' by Graham Danzer and expected in print via Brunner-Routledge publishing in 2018."

### References

- Bitar, G. W., Kimball, T., Bermúdez, J. M., & Drew, C. (2014). Therapist self-disclosure and culturally competent care with Mexican-American court mandated clients: A phenomenological study. *Contemporary Family Therapy, 36*(3), 417-425.
- Burkard, A. W., Knox, S., Goren, M., Maria, P., & Hess, S. A. (2006). European American therapist self-disclosure in cross-cultural counseling. *Journal of Counseling Psychology, 53*(1), 15-25. doi:10.1037/0022-0167.53.1.15
- Carlton, C. J. (1993). *Effects of therapist self-disclosure and explanation of confidentiality on adolescent client willingness to self-disclose and therapist preference* (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (No UMI No.).
- Cashwell, C. S., Scherbakova, J., & Cashwell, T. H. (2003). Effect of client and counselor ethnicity on preference for counselor disclosure. *Journal of Counseling and Development, 81*(2), 196-201. doi: 10.1002/j.1556-6678.2003.tb00242.x
- Chang, D., & Berk, A. (2009). Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy. *Journal of Counseling Psychology, 56*(4), 521-536. doi: 10.1037/a0016905
- Cherbosque, J. (1987). Differences between Mexican and American clients in expectations about psychological counseling. *Journal of Multicultural Counseling and Development, 15*(3), 110-114. doi: 10.1002/j.2161-1912.1987.tb00385.x
- Constantine, M. G., & Kwan, K.-L. K. (2003). Cross-cultural considerations of therapist self-disclosure. *Journal of Clinical Psychology, 59*(5), 581-588. doi: 10.1002/jclp.10160
- Henretty, J. R., & Levitt, H. M. (2010). The role of therapist self-disclosure in psychotherapy: A qualitative review. *Clinical Psychology Review, 30*(1), 63-77. doi: 10.1016/j.cpr.2009.09.004
- Kim, B. S. K., Hill, C. E., Gelso, C. J., Goates, M. K., Asay, P. A., & Harbin, J. M. (2003). Counselor self-disclosure, East Asian American client adherence to Asian cultural values, and counseling process. *Journal of Counseling Psychology, 50*(3), 324-332. doi: 10.1037/0022-0167.50.3.324

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LaPorte, H. H., Sweifach, J., & Linzer, N. (2010). Sharing the trauma: Guidelines for therapist self-disclosure following a catastrophic event. *Best Practices in Mental Health, 6*(2), 39-56.

Lokken, J. M., & Twohey, D. (2004). American Indian perspectives of Euro-American counseling behavior.

*Journal of Multicultural Counseling and Development, 32*, 320-331.

Simonds, L. M., & Spokes, N. (2017). Therapist self-disclosure and the therapeutic alliance in the treatment of eating problems. *Eating Disorders, 25*(2), 151-164. doi: 10.1080/10640266.2016.1269557



*Congratulations to Dr. Armand Cerbone, who was awarded the Raymond D. Fowler award on August 4 (seen here with APA President Tony Puente)!*



### PSYCHOTHERAPY PRACTICE

#### “What Are You Not Willing to Pay Attention to?” Meaning in Life & ACT

Heidi A. Zetzer, PhD  
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*One of the monastery's old monks had become a hermit living deep in the mountains, a two-and-a-half day hike over difficult mountain paths.*

*Many visitors made the trek to receive advice and teachings from the old man. He was reputed to have an uncanny ability to know just what each visitor needed. Prior to giving instruction, the hermit asked that the visitor promise not to tell anyone what advice or instruction he or she had received.*

*After the promise was made the hermit would simply say, “What are you not willing to pay attention to?” This was the only thing he would ever say to anyone seeking his help.*

*Many visitors were first perplexed by this question. But by the time they had walked the two-and-a-half day trek out of the mountains, they invariably would praise the hermit for giving them just the instruction they needed to hear. (Fronsdal, 2010, p. 34)<sup>1</sup>*

Many of us may prefer to seek out a good psychotherapist rather than travel 2.5 days across uncharted terrain in search of illumination. After all, the science and practice of psychotherapy are fundamentally and historically rooted in philosophical questions about the nature of human existence and the causes

of suffering (Consoli, Beutler, & Bongar, 2017; Orlinsky, 2017). Existential-Humanistic (E-H) therapies stand in the center of this inquiry with questions about how humans manage to “keep calm and carry on” as we navigate within the four “tragic dimensions of human existence,” namely freedom, death, isolation, and meaninglessness (Längle, 2004, p. 31; Yalom, 1980).

In E-H therapies, the key to surviving or even thriving in the face of life's difficulties is in our ability to create meaning (Krug, 2017). We are constantly composing a narrative about ourselves and the world. We craft it from the dialectic between our inner experience and objective reality (May, 1975). As humans we are gifted with the ability to be conscious of our constructions (May, Angel, & Ellenberger, 1958), but with the grace of awareness comes the groundlessness of freedom, a fear of death, a deep sense of loneliness, and the full weight of our responsibility to create “possibility against the background of reality,” to use Frankl's phrase (as cited in Längle, 2004, p. 35).

To be human means to live in a perfect paradox because our ability to create meaning is the same ability that exacerbates suffering. The Buddha refers to this as the “second arrow” (Teasdale & Chaskalson/Kulahnda, 2011), which is the suffering associated with trying to avoid the initial pain. Our preoccupa-

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tion with the second arrow creates a barrier between us and the sense of well-being that emerges when one lives authentically. For example, something terrible happens. Perhaps it's trauma, loss, grief, betrayal, or harm, and we struggle with acceptance. Hence, we engage in what Acceptance and Commitment Therapy (ACT) theorists call "experiential avoidance," which is "the attempt to change the form, frequency, or situational sensitivity of experiences even when doing so causes life harm" (Hayes & Lillis, 2012, p. 51). A quotation often attributed to Winston Churchill goes something like, "When you're going through hell, keep going"—but we don't want the *experience* of moving through it.

Such avoidance is accomplished by committing oneself to an existential polarity: a) overconsumption of subjectively captivating experiences (e.g., hours on Facebook) or b) overreliance on objectifying commandments for self-reliance (e.g., "Don't talk. Don't trust. Don't feel") (Black, 2002, pp. 33-54; Krug, 2017). ACT and E-H therapies share a similar aim, which is "to help clients, through experiential reflection, understand how they miss a fuller life by constricting their living" (Krug, 2017, p. 91). E-H therapists invite us to consider "each situation that places a question before [us], an attitude of openness represents the existential access to meaning in life" (Längle, 2004, p. 35). If this attitude requires us to create "a harmony between inner experience and outer action," then avoidance of inner experience and disengagement from valued action will lead us toward disharmony, a disconnection from ourselves, a reduced capacity to construct meaning in life (MIL), then finally, if we have the resources, either a two-and-a-half-day trek or psychotherapy.

The purpose of this article is to propose

a relationship between experiential avoidance and MIL and to offer hypotheses about how ACT may be used to increase MIL. First, I will provide a definition of MIL and describe its psychological correlates. Second, I will pose a question about the relationship between experiential avoidance and MIL. Third, I will outline the principles of ACT and describe how they may be used to increase MIL.

According to Heintzelman and King (2014, p. 562) definitions of MIL share three elements. A meaningful life is: a) "one that has a sense of purpose," b) "one that matters or possesses significance" and c) one that "makes sense to the person living it, it is comprehensible, and it is characterized by regularity, predictability, or reliable connections." I prefer the definition offered by Clara E. Hill and colleagues (Baumann et al., 2016; C. E. Hill, in press) because it also includes the phenomenological experience of meaning, what they call a *felt sense*. Hill and colleagues define MIL as "an intuitive sense of meaning, which may be partially manifested in a felt sense of meaning, the feeling that one matters and is significant, one has purpose or goals, or one's life is coherent and makes sense." These authors added a new feature to MIL by including the concept of reflectivity or reflecting on MIL. This is not equivalent to searching for meaning, which involves looking for meaning. Reflectivity involves contemplating meaning—sitting into it and struggling to understand existential concerns.

Across a variety of measures, the presence of MIL is positively correlated with subjective well-being, physical and mental health, longevity, and satisfaction with life, and negatively correlated with anxiety, depression, substance abuse and seeking therapy (Schnell, 2009; Steger, Frazier, Oishi, & Kaler, 2006). The

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presence of meaning is related to well-being across the lifespan (Steger, Oishi, & Kashdan, 2009). People who can find meaning in negative life events adapt better than those who do not (Davis, Wortman, Lehman, & Silver, 2000) and the experience of meaning is associated with increased positive mood (King, Hicks, Krull, & Del Gaiso, 2006; Reker & Wong, 1988).

Curiously, those assessed as “existentially indifferent” (low MIL with no crisis of meaning), report significantly lower levels of subjective well-being, but similar levels of anxiety and depression as people with higher levels of MIL. Such individuals are also low in self-knowledge, religiosity, spirituality, and generativity (Schnell, 2010). They would not travel 2.5 days to find their purpose. However, those experiencing a *crisis in meaning* would. Crises precipitate self-reflection and activate a search for meaning (Schnell, 2010). Optimal levels of distress are needed for psychotherapeutic change (Beutler & Clarkin, 1990), so while an existentially indifferent client might require an ACT therapist to invite them to dip into “creative hopelessness,” clients in crisis are primed to make behavioral changes that are consistent with their values, once those values become clear.

ACT (Hayes, 2004) is part of the third wave of behavioral and cognitive therapies and is grounded in “functional contextualism” (Hayes, 1993), the essence of which is viewing people and their problems in the context of an infinite number of contingencies that have developed over time—not only over the life course of individual humans, but also of the environment in which they live. These environmental factors impinge on the person whose behavior also affects the context. The opportunity to intervene lies anywhere within this array. Hence ACT therapists might help a client alter

disordered eating practices not by targeting the eating behavior per se, but instead by helping the client learn to “be a mindful observer rather than a reactor,” “approach difficult situations with acceptance,” and choose behaviors consistent with their values (Heffner & Eifert, 2004, pp. 62-128) over more restrictive behaviors. Though ACT researchers have been criticized for overselling its effectiveness (O’Donohue, Snipes, & Soto, 2016), ACT has a hearty empirical foundation (Gregg & Hayes, 2016) and a positive reputation among practitioners.

ACT is grounded in Relational Frame Theory (RFT), which essentially purports that the human capacity to associate words with experiences and to integrate those associations into broader relational frames “increases the reach of aversive events” (Hayes, 2004, p. 12). For example, a college student who has a panic attack in a final exam thinks, “I can’t handle the stress. I’m incompetent,” and generalizes this to even enjoyably challenging moments in an effort to protect herself from failure. According to ACT, psychopathology results from overreliance on these relational frameworks, which leads to psychological inflexibility driven by cognitive fusion (my thoughts are facts) and experiential avoidance (Hayes, 2004). Our lives get increasingly narrow as we aim to avoid suffering and alleviate pain with our second arrows.

The primary goal of ACT is to help clients “develop a rich, full, and meaningful life while accepting the pain that inevitably goes with it” (Harris, 2009, p. 7). The essence of this outcome is *psychological flexibility*, which is

the ability to experience thoughts, feelings, sensations, and memories without needless defense; as they are, not as what they say they are;

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and (based on what the situation affords) to persist or change in behavior in the service of chosen values. (Hayes & Lillis, 2012, p. 6)

The quicksand of cognitive fusion and experiential avoidance are preoccupying and immobilizing. The irony of ACT is that the very thing that makes it innovative is the most difficult part to implement as a therapist. The way out of the quicksand is not to help the client recommit to the struggle by trying to fix the problem (e.g., asking the college student to rate the believability of her thoughts and to restructure them to be more true), but instead to foster change in the context in which the suffering is occurring by helping the client engage the six core processes of ACT: a) contacting the present moment through mindfulness, b) defusing from thoughts by stepping back and watching one's thinking, c) shifting to acceptance by opening up to experience, d) seeing self-as-context by expanding one's awareness and using one's observing self, e) identifying values by "knowing what matters," and f) "doing what it takes" (Harris, 2009, pp. 9-11).

This gives rise to a series of deeply existential questions: What is the impact of cognitive fusion and experiential avoidance on MIL? How do we cultivate meaning if we are caught up in the subjective polarity of experiential avoidance or the objective polarity of cognitive fusion (Hayes & Lillis, 2012; Krug, 2017)? How do we free the parts of ourselves that want to become conscious from the "protective life stance that keeps those parts from consciousness?" (Krug, 2017, p. 103).

In many ways ACT *is* an E-H therapy. ACT therapists invite clients to identify and enact their values (Wilson & Murrell, 2004). They use the human need for meaning as motivation and help clients cultivate "the feelings that one matters

and is significant, one has purpose or goals, or one's life is coherent and makes sense," resulting in a felt sense of meaning. ACT therapists invite clients to *reflect on meaning*. For example, one ACT intervention consists of asking clients what they would do if they had only one year, one month, one week, one day, and then one minute left to live (D. Hill, 2016). This exercise brings existential questions about MIL right to the forefront of therapy. Do we want our life's purpose to be fusing with the thought, "If I just write one more article, everything will be fine," and bingeing on Netflix or do we want to cultivate meaning by fulfilling our destinies?

Both ACT and E-H therapies recognize that we are stuck in the human condition. There is "no way out." It's not possible to "MacGyver" our way out of the groundlessness of freedom, the temporary nature of existence, feelings of helpless isolation, or the absurdity of meaninglessness (Längle, 2004). We can only *notice* when we are caught up in thoughts or avoiding emotions, *name* our experiences to ourselves and describe them to others, *let go* of thoughts generated by our "busy minds" that aim to help us by latching on to mental routines, *soften* the critical narratives by loosening our perspective and offering self-compassion (Neff, 2003), and *expand* our vision to include valued and committed action in support of crafting a richer more meaningful life (Strohsal, Robinson, & Gustavsson, 2015).

In closing I'd like to ask, "What are you not willing to pay attention to?" How does avoidance bind up your energy and diminish meaningfulness in your life? Attention is one of our greatest assets. What is your best investment as a human being? Would you take the 2.5 day trek? How about taking 2.5 minutes to ponder this question?

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## References

- Baumann, E., Hill, C. E., Kline, K., Pinto-Coelho, K., Miller, M., Pinto-Coelho, K., & Zetzer, H. A. (2016, November). Overview of theory and definitions of meaning in life. In K. Kline & K.G. Pinto-Coelho (Moderators). *The development of a measure of meaning in life*. Panel presentation conducted at the North American Society for Psychotherapy Research Conference, Berkeley, CA.
- Beutler, L. E., & Clarkin, J. (1990). *Systematic treatment selection: Towards targeted therapeutic interventions*. New York, NY: Brunner/Mazel.
- Black, C. (2002). *It will never happen to me: Growing up with addiction as youngsters, adolescents, adults* (2nd ed.). Center City, MN: Hazelden Educational and Informational Services.
- Consoli, A. J., Beutler, L. E., & Bongar, B. (2017). Introduction: History, theory, research, practice, and diversity in psychotherapy. In Authors (Eds.), *Comprehensive textbook of psychotherapy: Theory and practice* (pp. 1-8). New York, NY: Oxford University Press.
- Davis, C. G., Wortman, C. B., Lehman, D. R., & Silver, R. C. (2000). Searching for meaning in loss: Are clinical assumptions correct? *Death Studies*, 24(6), 497-540. doi: 10.1080/07481180050121471
- Fronsdal, G. (2010). *The monastery within: Tales from the Buddhist path*. Redwood City, CA: Tranquil Books.
- Gregg, J. A., & Hayes, S. C. (2016). The progression of programmatic research in contextual behavioral science: Response to O'Donohue, Snipes, and Soto. *Journal of Contemporary Psychotherapy*, 46(1), 27-35. doi: 10.1007/s10879-015-9312-5
- Harris, R. (2009). *Act made simple: A quick-start guide to ACT basics and beyond*. Oakland, CA: New Harbinger.
- Hayes, S. C. (1993). Analytic goals and the varieties of contextualism. In S.C. Hayes, L. J. Hayes, H. W. Reese, & T. R. Sarbin (Eds.), *Varieties of scientific contextualism* (pp. 11-27). Reno, NV: Context Press.
- Hayes, S. C. (2004). Acceptance and Commitment Therapy and the new behavior therapies. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 1-29). New York, NY: Guilford Press.
- Hayes, S. C., & Lillis, J. (2012). Acceptance and commitment therapy. In J. Carlson & M. Englar-Carlson (Series Eds.), *Theories of Psychotherapy Series*. Washington, DC: American Psychological Association.
- Heffner, M., & Eifert, G. H. (2004). *The anorexia workbook: How to accept yourself, heal your suffering, and reclaim your life*. Oakland, CA: New Harbinger.
- Heintzelman, S. J., & King, L. A. (2014). Life is pretty meaningful. *American Psychologist*, 69(6), 561-574. doi: 10.1037/a0035049
- Hill, C. E. (in press). *A psychotherapist's guide to meaning in life*. Washington DC: American Psychological Association.
- Hill, D. (2016, December). *In search of meaning: Using self-compassion and values clarification in Acceptance and Commitment Therapy (ACT)*. Invited presentation for the Santa Barbara County Psychological Association, Santa Barbara, CA.
- King, L. A., Hicks, J. A., Krull, J. L., & Del Gaiso, A. K. (2006). Positive affect and the experience of meaning in life. *Journal of Personality & Social Psychology*, 90, 179-196. doi: 10.1037/0022-3514.90.1.179
- Krug, O. (2017). Existential, humanistic, and experiential therapies in historical perspective. In A. J. Consoli, L. E. Beutler, & B. Bongar (Eds.), *Comprehensive textbook of psychotherapy: Theory and practice* (pp. 106-120). New York, NY: Oxford University Press.

*continued on page 15*

- Längle, A. (2004). The search for meaning in life and the existential fundamental motivations. *International Journal of Existential Psychology & Psychotherapy*, 1, 28-37.
- May, R., Angel, E., & Ellenberger, H. (Eds.) (1958). *Existence: A new dimension in psychiatry and psychology*. New York, NY: Basic Books.
- May, R. (1975). *The courage to create*. New York, NY: Basic Books.
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2, 85-102. doi: 10.1080/15298860390129863
- O'Donohue, W., Snipes, C., & Soto, C. (2016). A case study of overselling psychotherapy: An ACT intervention for diabetes management. *Journal of Contemporary Psychotherapy*, 46(1), 15-25. doi: 10.1007/s10879-015-9308-1
- Orlinsky, D. (2017). Unity and diversity among psychotherapies. In A. J. Conzoli, L. E. Beutler, & B. Bongar (Eds.). *Comprehensive textbook of psychotherapy: Theory and practice* (pp. 11-30). New York, NY: Oxford University Press.
- Reker, G. T., & Wong P. T. (1988). Aging and the individual process: Toward a theory of personal meaning. In J. E. Birren & V. L. Bengston (Eds.), *Emergent theories of aging* (pp. 214-246). New York, NY: Springer.
- Schnell, T. (2009). The Sources of Meaning and Meaning in Life Questionnaire (SoMe): Relations to demographics and well-being. *The Journal of Positive Psychology*, 4, 483-499. doi: 10.1080/17439760903271074
- Schnell, T. (2010). Existential indifference: Another quality of meaning in life. *Journal of Humanistic Psychology*, 50, 351-373. doi: 10.1177/022167809360259
- Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology*, 53, 80-93. doi: 10.1037/0022-0167.53.1.80
- Steger, M. F., Oishi, S., & Kashdan, T. B. (2009). Meaning in life across the lifespan: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *The Journal of Positive Psychology*, 4, 43-52.
- Strohsal, K. D., Robinson, P. J., & Gustavsson, T. (2015). *Inside this moment: A clinician's guide to promoting radical change using acceptance and commitment therapy*. Oakland, CA: Context Press/New Harbinger.
- Teasdale, J. D., & Chaskalson (Kulananda), M. (2011). How does mindfulness transform suffering? I: The nature and origins of dukkha. *Contemporary Buddhism*, 12, 89-102, doi:10.1080/14639947.2011.564824
- Wilson, K. G., & Murrell, A. R. (2004). Values work in Acceptance and Commitment Therapy. In S. C. Hayes, V. M., Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 120-151). NY: Guilford Press.
- Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books.

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### EDUCATION AND TRAINING

#### Key Factors of Internship Burnout and Possible Solutions

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Psychology predoctoral interns face many challenges, as difficult roles and competing expectations may lead to burnout. Edlwich (1980) defined burnout as “a progressive loss of idealism, energy, and purpose by people in the helping professions as a result of the conditions of their work” (p. 14). Common factors contributing to burnout include difficult cases, feeling overworked, not feeling supported when in a “middle” role, and feeling that a particular training experience did not prepare a trainee for the professional postdoctoral world. The experience of burnout is felt across training sites and could negatively impact trainees’ ability to meet the American Psychological Association (APA) training core competencies (APA, 2017). The current paper will consider two particularly salient and potentially harmful areas of burnout: (1) the structure of training sites and general experiences which may result in an unpleasant training year; and (2) difficulties in supervision during the training year. The paper will also make recommendations for

changes to training programs, from a feminist theory perspective.

#### **Burnout on Internship**

According to Suran and Sheridan (1985), burnout among psychologists may be best understood within the context of developmental theory. The authors proposed a developmental model of burnout that includes the following stages: (a) Stage 1: identity versus role confusion, (b) Stage 2: competence versus inadequacy, (c) Stage 3: productivity versus stagnation, and (d) Stage 4: rededication versus disillusionment. The first stage of burnout, identity versus role confusion, manifests during graduate school training and the internship year. More specifically, a psychology intern is faced with a personal and professional identity crisis that requires a great deal of emotional energy. Professional identity demands include securing a post-doctoral position, developing a specialty, and completing the doctoral paper. The parallel social or personal developmen-

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tal tasks include forming friendships and romantic relationships, achieving financial stability, deciding whether to have children, building a sense of community, securing employment, and establishing one's political identity (Suran & Sheridan, 1985). Supervisors and training directors may contribute to intern burnout by failing to balance realistic training needs with the intern's personal identity development needs. By neglecting to acknowledge or address both of these crucial needs during this stage of development, the intern is prevented from successfully integrating personal and professional identities, leaving the intern more vulnerable to losing a sense of purpose in future employment.

*Factors contributing to burnout.* Pillay and Johnston (2011) found that 34.9% of 150 clinical psychology interns felt adequately prepared for internship with 53% feeling only partly prepared. Of those surveyed, 53% felt their training was relevant to their internship and 31.3% felt their training was only partly relevant. These statistics concerning preparation and relevant training may speak to the elevated rates found by Kaeding et al. (2017) that 75% of interns reported moderate to high levels of stress during training and 41% reported depression, anxiety, low self-esteem, or professional adjustment stressors. Kaeding et al. (2017) also found that 49% of 1,172 trainees reported high levels of burnout. This statistic directly correlates with Pillay and Johnston's (2011) findings that approximately 50% of trainees feel prepared or relevantly trained.

Testa and Sangganjanavanich (2016) found that among counseling interns, who are expected to function independently as professional counselors, feelings of uncertainty, insecurity, and stress can increase and make it more difficult for them to attend to their own needs. Col-

laborative supervision that focuses on infusing wellness can help interns increase awareness of personal emotions and create a greater sense of control, proactively addressing burnout symptoms. One way to help the interns refocus attention toward recognizing when they are feeling emotionally exhausted or detached from their clients is to incorporate mindfulness interventions into the supervision process.

Kim and Lee (2009) examined how supervisory communication impacts burnout and turnover intention among social workers in health care settings. They used Maslach and Jackson's (1986) conceptualization of burnout defined as having three components: emotional exhaustion (feelings of being overextended and depleted of emotional and physical resources), depersonalization/cynicism (negative or excessively detached responses to various aspects of the job), and diminished personal accomplishment (feelings of incompetence and a lack of achievement at work) (Kim & Lee, 2009; Maslach & Jackson, 1986). Results showed that job-relevant communication and positive relationship communication have a negative correlation with burnout resulting from perceived role stress in health social workers.

Watkins (2013) states that the "developmental literature has well-accented the painful struggle of the therapist identity formation process" (p. 526). These developing therapists often experience a mixture of anxiety, confusion, and other painful states as they undergo the task of acquiring the competencies needed to be effective psychologists (Watkins, 2013). These already difficult developmental growing pains are then often exacerbated during the pre-doctoral internship year when intern-supervisors are placed in the "uniquely triadic and

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sometimes confusing” roles that occur between the graduate level supervisee, the pre-doctoral intern, and the supervising staff psychologist (Smith-Acuña et al., 2010, p. 50). Role confusion and unclear power dynamics can potentially become major factors in the development of pre-doctoral intern burnout during the final training year. Furthermore, to the level that this triadic hierarchy is both present *and* inconsistent, both pre-doctoral interns and their graduate level supervisees often experience a lack of effective training, which then tends to foster experiences of burnout and resentment. As will be detailed in the recommendations, the integration of feminist theory practices to the internship training model can serve to both increase role consistency via transparency and reduce the negative experiences of this triadic hierarchy, therefore decreasing the likelihood of its contributions to burnout.

### **Using Feminist Theory to Combat Burnout**

Implementation of the following training and supervision recommendations may alleviate intern burnout. Feminist theory is the umbrella framework under which these recommendations will be most effective. Feminist supervision, which emerged from feminist theory, aims to reduce the power differential inherent in the supervisory relationship to empower the supervisee (Degges-White et al., 2013). According to Degges-White et al. (2013), “it is often the quality of the supervision relationship that is defined as feminist rather than a group of specific supervision techniques” (p. 93). The feminist relationship is one characterized by mutuality and collaboration, mutual trust, transparency, and a focus on strengths (Degges-White et al., 2013). Feminist supervision empowers supervisees through practices such as transparency, acknowledging and addressing

power differentials, and providing a safe environment in which trainees can share their mistakes.

*Recommendations for training.* With regard to specific training recommendations, designated training times should be intentionally prepared for and organized, focusing on topics relevant to each unique intern cohort. Interns should influence the percentage of time dedicated to didactic versus experiential training activities in order to ensure that their individual training needs are realized. The training director’s job description should detail these responsibilities and the individual’s time should be budgeted and managed accordingly in order to ensure that high quality training is offered to each intern group.

An additional recommendation is for the training experience to emphasize finding balance between the intern’s identities of trainee and psychologist as the internship year is both a critical training opportunity as well as a crucial time of transition into independence as a psychologist. With this in mind, the training experience should accomplish four main objectives. First, the training site should offer a supportive atmosphere in which interns feel safe to identify weaknesses, to make mistakes, to seek support, and to learn from those with more experience. Second, the training director should recognize that because interns are still in training, they have outside commitments such as doctoral research papers. Third, training staff should avoid treating interns unfairly by placing unrealistic expectations with regard to work content and hours. Fourth, the training program should outwardly acknowledge each intern’s role and value as a contributing team member within the organization.

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A final recommendation for training programs is for the training director and relevant supervisors to create space for interns to feel safe discussing burnout and to intervene early and appropriately. Those in positions of power should be open about all possible strategies for addressing burnout ranging from adjusting the intern's schedule or work content to taking a medical leave of absence when necessary.

*Recommendations for supervision.* In order to address burnout related to supervision, the following recommendations are offered. In the beginning of the supervision relationship, it will be important to emphasize that:

Actively listening from "within" [the supervisee's subjective perspective] increases the likelihood that that (1) the supervisee's self-experience at this particular time of vulnerability will be heard, accordingly granted center stage, and validated; (2) supervisor and supervisee will be able to openly recognize and collaboratively discuss matters of relationship rupture and initiate reparative measures; and (c) the bond between supervisor and supervisee will be further forged and fortified against future assaults. (Watkins, 2013, pp. 526-527)

It is suggested that internship sites minimize the number of individuals involved in a supervisory relationship; this can be accomplished, for example, by limiting supervision to a triadic system including the supervisee, intern-supervisor, and licensed supervisor. It is also important that the intern-supervisor and licensed supervisor have clear communication about their roles and responsibilities in working with the supervisee. These roles and responsibilities should be structured such that the in-

tern-supervisor's autonomy is encouraged and authority is not undermined. Additionally, preventing burnout within supervision involves discussing the dynamics and potential pitfalls of a three-tiered system from the outset of the supervisory relationship. In doing so, it is important to address how communication will occur within the system to minimize confusion or splitting.

## References

- American Psychological Association. (2016). Ethical principles of psychologists and code of conduct. Retrieved from <http://www.apa.org/ethics/code/ethics-code-2017.pdf>
- Degges-White, S. E., Colon, B. R., & Borzumato-Gaoney, C. (2013). Counseling supervision within a feminist framework: Guidelines for intervention. *Journal of Humanistic Counseling, 52*(1), 92-105. doi: 10.1002/j.2161-1939.2013.00035.x
- Edelwich, J. (1980). *Burnout: Stages of disillusionment in the helping professions*. New York, NY: Human Sciences Press.
- Kaeding, A., Sougleris, C., Reid, C., van Vreeswijk, M. F., Hayes, C., Dorrian, J., Simpson, S. (2017). Professional burnout, early maladaptive schemas, and physical health in clinical and counseling psychology trainees. *Journal of Clinical Psychology, 1-15*. doi: 10.1002/jclp.22485
- Kim, H., & Lee, S. Y. (2009). Supervisory communication, burnout, and turnover intention among social workers in health care settings. *Social Work in Health Care, 48*(4), 364-385. doi:10.1080/00981380802598499
- Maslach, C., & Jackson, S.E. (1986). *The Maslach Burnout Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Pillay, A. L., & Johnston, E. R. (2011). Intern clinical psychologists' experi-

*continued on page 20*

ences of their training and internship placements. *South African Journal of Psychology*, 41(1) 74-82. doi: 10.1177/008124631104100108

Smith-Acuña, S., Hergenrother, C., Cassler, C., Doty, T., Fuchs, L., Ging, K., . . . Wartenberg, O. (2010). Training in supervision during the pre-doctoral internship year: Experiences and recommendations. *Psychotherapy Bulletin*, 45(1), 49-53.

Suran, Bernard G., & Sheridan, Edward P. (1985). Management of burnout: Training psychologists in professional life span perspectives. *Professional Psychology: Research and*

*Practice*, 16(6), 741-752. doi: 10.1037/0735-7028.16.6.741

Testa, D., & Sangganjanavanich, V. F. (2016). Contribution of mindfulness and emotional intelligence to burnout among counseling interns. *Counselor Education and Supervision*, 55(2), 95-108. doi:10.1002/ceas.12035

Watkins, C. E., Jr., (2013). Why subject-centered listening is so crucial in the supervision of beginning psychoanalytic supervisees. *International Journal of Psychoanalytic Self Psychology*, 8(4), 525-527. doi: 10.1080/15551024.2013.825955



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## Psychotherapists as Professional Communicators: What About the Online Media?

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### **Communication With the General Public**

If you were to meet me at a party, you might be forgiven for thinking that I am being purposefully rather vague about what I do for a living. When people ask me, I tend to answer with something like: "... I am a psychotherapist." After the usual reply of, "Can you read my mind?" and some uncomfortable laughter, I might add, "I offer talking therapy to people who struggle with certain aspects of their lives," and, if pushed, "I am a doctor specialized in emotional rather than physical problems." However, while giving these brief replies, I'm aware that I'm underselling our profession, the extensive training and expertise, and the many hats that we wear daily (e.g., individual therapist, researcher, teacher, advocate, supervisor, or consultant). This makes me wonder: If I (with over 15 years of training and experience in clinical psychology) am struggling to explain in a few words what a psychotherapist does, how can I expect the general public to understand what psychotherapy is and how it could be of value?

The public's image of psychotherapists remains incomplete and confused. Factors contributing to this impression include the frequently inferior quality of information about psychotherapy to which the public is exposed, the inherently complex nature of psychotherapy, psychotherapy's still-emerging database

and recent theoretical paradigm shifts, and the considerable overlap between psychology and other disciplines, such as psychiatry, sociology, social work, education, and physiology. Moreover, another source of public confusion is that psychotherapy does not present a consolidated front. Psychotherapists work in many different subspecialties, and in a variety of contexts, be it private practice, hospital, care home, prison, mental health clinic, academia, or even on a reality television show. To make matters worse, psychotherapists don't usually actively engage in educating the public about who they are and what they do (Koocher & Keith-Spiegel, 1998; Llewellyn & Aafjes-van Doorn, 2017).

The idea that psychotherapists should convey the practical importance of their work to the public is by no means revolutionary. Lay people have expressed an interest in psychological information for many years. The term "psychobabble," for example, was coined in 1975 by R. D. Rosen, and self-help books and popular psychology remain among the best-selling literature genres (McCartney, 2012). As early as 1969, American Psychological Association (APA) President George Miller encouraged psychologists to "give psychology away to the public" (Miller, 1969). This was echoed by Philip Zimbardo, in his own 2003 APA presidential address, encouraging psychologists to become proficient in interfacing with the public through the media (Zim-

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bardo, 2004), as well as by their successor Ronald Levant's call to turn psychology into "a household word" (Levant, 2007). This importance of communication with the public has been supported by large annual investments by the APA as part of its ongoing public education program (APA, 2017).

### **Engaging With the Public:**

#### **Online Media**

Many psychotherapists are involved in traditional forms of community engagement, such as advocacy, giving public lectures, facilitating trainings, taking part in science fairs or festivals, or other in-person opportunities. However, given the new technological developments in society, online community engagement, including news and social media (e.g., blogging, tweeting, active participation in social networks, online mentoring) has become increasingly important to consider (Besley, Dudo, & Storksdiack, 2015).

Historically, this potential to be "connected online" with experts in the field, colleagues, friends, family, peers, and clients is unparalleled, as illustrated by the popularity of online news and social media. For example, four in 10 Americans (50% of under 29-year-olds) often get their news online either from news websites/apps, on social media, or both (Mitchell, Gottfried, Barthel, & Shearer, 2016). Ten years ago, only 7% of the U.S. population used one or more social networking sites. Now that figure has increased almost tenfold, to 65% (GlobalWebIndex, 2017). Popular online platforms include Facebook, with over 1.871 billion active users; Twitter, with over 317 million monthly active users; and LinkedIn, with 106 million who "check-in" daily. As psychotherapists, we are also affected by these new online developments, as they bring opportunities and challenges to our field (Cotterill & Symes, 2014).

*Why we should.* Although we often take the media to task for its role in confusing the public about what psychotherapy is, the online media might play a major role in the future of our profession. Engagement on online media platforms may be important for several clinical, societal, and professional reasons. First, online media allows psychotherapists to connect with and support people who are isolated due to geographical, practical, or other considerations. Facebook, for example, encourages the development of interactions among connected members, and may therefore be particularly useful for those who live far away from mental health services or cannot leave their homes, such as those with chronic health conditions. For example, individuals with Cystic Fibrosis whose symptoms impact their ability to meet others may face mental health challenges, and reportedly find online support beneficial (Platten, Newman, & Quayle, 2013).

Moreover, the use of social media enables psychotherapists to reach potential clients from groups that may tend to engage less in traditional forms of psychotherapy, including younger individuals, men, and those who do not see themselves as "psychologically minded." Social media may help us to chip away at the stigma of mental health and its treatments, and alert people to the potential benefits of seeking psychological help. One of our colleagues in the U.S. aimed to demystify psychotherapy on her blog with the catchy name: "analysisissexy," and by posting on popular websites such as "psychedinsanfrancisco." Another example of a popular psychology researcher who has been making maximum use of the internet is Brene Brown. She has been researching concepts like vulnerability, shame, courage, and authenticity, and has been able to communicate her findings in a genuine and

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accessible way via several Ted Talks, available on YouTube ([https://www.ted.com/talks/brene\\_brown\\_on\\_vulnerability](https://www.ted.com/talks/brene_brown_on_vulnerability)). Her TEDxHouston Talk on vulnerability, for example, has been viewed over 6 million times. Interestingly, the morning after Brene gave that particular talk, she apparently locked herself in her house for three days with a “vulnerability hangover,” which she then described in a later talk on shame.

Furthermore, given our position in society as highly educated scientists and medical health clinicians with clinical, research, and communication skills, we are qualified to take a stance on societal matters, and should consider doing so whenever possible. This could involve talking to the media after mass shootings, natural disasters, or other highly traumatic events, and developing online support groups, for example, concerning domestic violence or national immigration issues (Kaliebe, Chokrovery, Cuffe, Berkowitz, & Scott, 2016). In other words, we have a social responsibility in our role as advocates for the mentally distressed in society (Cohen, Lee, & McIlwraith, 2012). Although they are by no means perfect, what better platforms for advocacy than the online news and social media forums that reach such large groups of people?

Besides these clinical and societal reasons, communicating on online media platforms might also be important for professional reasons. First, by sharing the latest insights and developments in the field, new information is more likely to be considered, implemented, and immediately applied—there and then. Second, involving the public in discussions about new findings/methods and ideas is particularly crucial for addressing health disparities and may guide future professional practices, reduce mental health stigma, and help bridge the prac-

tice-research gap (Goldfried, 2012). Moreover, platforms like Twitter, LinkedIn, and Mendeley are available to professionals to connect with each other, encouraging information sharing and partnerships. Twitter, for example, provides a public “micro-blog” format that can offer an efficient means of gaining an overview of news and current research. This can be a useful tool for broadcasting up-to-date information to an open audience, which is useful for topics such as research news, events, jobs, funding opportunities, and policy developments. Furthermore, these online media could facilitate a sense of professional identity for psychotherapists through online communication with peers based in multidisciplinary teams, distant research departments, or geographically remote areas. The “#PhDchat” hashtag<sup>2</sup> used on Twitter, for example, offers a community for PhD students from all disciplines and locations to share thoughts, ideas, and other information. #PhDchat has a group moderator who collates conversations and resources shared by the PhD community onto a wiki (a webpage that allows users and site administrators to delete, add, or modify content).

*Why we don't.* Given all these potential benefits of engaging in the online media, why are psychotherapists so reluctant? There might be several reasons why we decide not to actively engage with the online public, either by deliberate choice or for more implicit reasons.

A common concern about online news media is the lack of accuracy and completeness. When predetermined editorial angles must “stack up” and journalists must maintain advertising revenue, actual research findings, if presented at all, are often selected based on controversy rather than scientific

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quality. Our critical and complex reflections are often sidelined for something which fits the brief format, regardless of being stereotypical, ahistorical, atheoretical or harmful (Boynton, 2012). The average sound bite in a radio news report is fewer than 10 words in length (basically: Say a couple of sentences, avoiding technical language, and be quiet), and an online tweet only allows for 140 characters (although Twitter is testing doubling that character allotment). But psychological research and subjective experiences of people are complex, and there are limitations as to how psychotherapy data should be interpreted and applied. Also, the ability for online news content to be generated by online users, rather than experts in the field, can pose several problems around information control, accuracy, and validity of posts. It is exceptionally easy to share information or publish claims that may not be verified. Wikis, for example, often allow anyone to contribute to the information stored without any quality control (an exception is ClinPsy.org.uk online wiki and forum, where content is overseen and moderated by a team of qualified clinical psychologists).

Another common concern with online media platforms is the potential for information to leak to unintended recipients (Coiffait, Bartlett, Houghton, & Condie, 2013). The ease of information sharing in social media can make it difficult to manage potentially revealing personal information and misinformation posted by others (Solove, 2007). This becomes a problem when these platforms are used for both professional and personal purposes. Online social media sites such as Twitter and Facebook do not have an obligation to check posts for quality or content. This means that, at present, it is up to individuals to maintain their online presence, and if

necessary act to manage any misinformation posted about themselves. For this reason, some express concern about the popularity of social media use among psychology graduate students and describe the online media as a "training and policy issue" (Campbell et al., 2016; Cotterill & Symes, 2014). Some even go as far as to suggest that psychotherapists in training should avoid posting information on social network platforms altogether due to the potential risk to their perceived professionalism (McKenzie & Fawns, 2011).

Besides these ethical concerns around information control, accuracy, and validity of posts, another reason for psychotherapists not to engage with online media is the sheer lack of time. Developing an online presence can be time consuming, with often little or no discernible reward. For those employed in public services, the requirements of doing clinical work soon swamp psychotherapists' ability to carve out time for anything else. For those who are self-employed, engaging in online media may lead to reduced income (at least in the short-term), as writing online posts may restrict time available for appointments. For academic psychotherapists, contributions to online media platforms are usually not seen as valid publications (i.e., not peer-reviewed) and are not considered in tenure track evaluations.

In addition, we may be reluctant to engage with online media for reasons of which we are less consciously aware. We know, for example, that communicating expertise with a larger audience is not everyone's cup of tea. First, as a profession, we are used to *not* talking about the content of our daily work. The therapeutic encounter is uniquely confiden-

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tial and personal, and we tend to feel ethically bound to protect our patients from outsiders peeking in. Also, we are not comfortable being the expert. We tend to see ourselves as a valued collaborator rather than the one who “knows all.” We worry about the patient-therapist power difference, and, for example, don’t use the title *doctor*, because we do not want to make other people feel uncomfortable. Compared to judges, academics, or medical professionals, psychotherapists don’t often express clear opinions. Most of us have a tendency for fence-sitting; we seem to prefer avoiding conflict, and don’t want to choose sides or confront people. It is not surprising that psychotherapists are often criticized for *not* disagreeing or stating their views firmly enough.

And, even when we do express our expert opinions, we tend to be elaborate and nuanced, rather than concise and to the point. As a group, psychotherapists appear more comfortable listening and responding to feelings while developing a complex picture of the an individual’s subjective experience, rather than communicating expertise in brief terms to large audiences. Although we might be particularly good at communicating with our patients, whom we get to know intimately over a longer period of time, communicating our expertise with a large, anonymous audience is a whole other ball game. The thought of sharing information with the public might make us feel relatively unsure ourselves about what it is exactly that we do. With the jargon, techniques, manuals, and acronyms of more than 400 different psychotherapy approaches, one could be forgiven for feeling totally overwhelmed. We might doubt ourselves (Blades, 2003), be afraid to open ourselves up to criticism, or simply not know how to link it all in with current affairs or how to write in the most en-

tertaining way.

A related other explanation for our reluctance to communicate about the work that we do is a lack of media training. Despite years of rigorous training as scientists and clinicians, most psychotherapists receive their first and only training with the media by the seat of their pants.

### **Considerations Moving Forward**

Given the many opportunities and challenges that come with building an online media presence as a profession, further research and training is needed. To date, there is a lack of empirical research and scarce guidance offered by professional bodies on the use of online media. Although psychotherapists are likely to be aware of, and to explicitly discuss, issues of boundaries and roles, it is crucial to remain aware of professional and ethical commitments in the personal and professional sphere, as well as how they may influence one another. To further encourage the integration of online media use into our professional careers, additional resources for seasoned psychotherapists as well for psychology graduate training programs are needed.

To address some of these ethical and professional complexities, our field needs explicit news and social media policies. These guidelines should clarify what constitutes a “good enough” press release, or informative yet engaging news feed, as well as appropriate and inappropriate social media use; they should also specify procedures for addressing misuse, and elucidate our professional responsibilities of developing and monitoring our online presence (Campbell et al., 2016).

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Ultimately, psychotherapists can and should be critical friends of the online media. We can pick and choose the media with which we engage. We can share resources and experiences. We can highlight when the online media get it wrong, and we can also celebrate when we see good practice. The range of opportunities in working with or alongside the online media can reassure us that we can all play a role. Psychotherapists can readily contribute to the online psychology world in terms of producing materials (e.g., via blogs), sharing consulting insights (e.g., via Twitter) or signposting toward their recent research (e.g., via LinkedIn). Although many of us might not be tech-savvy, with online media emerging as one of the best ways to share information and promote clinical services to the public, psychotherapists should not be reticent. The main requirement for those who want to be effective online is to learn to communicate well: Write clearly in a jargon-free, concise way—whether it’s a tweet, a status update, YouTube video, or whatever hologram technology is coming next (DeJong, 2014).

Luckily, some colleagues serve as good role models and may inspire us. For example, a clinical psychologist in private practice in the U.S., Dr. Kolmes, has made significant use of her own professional Twitter account. First, she posted her own blogs and online articles on social media ethics, and began sharing her posts and other mental health news via Twitter. Then she developed and released a social media policy to guide her private practice, which was disseminated on Twitter. This quickly gained the attention of mental health professionals worldwide who were seeking guidance on the topic. Within a few years, Kolmes became a sought-after expert and speaker on social media ethics and her Twitter following grew to 86,500

at @drkkolmes. She publishes in *The New York Times* about the challenges of consumer review sites for psychotherapists, and is a frequent news source for the media (Kolmes, 2009).

### Summary

Working with the news media is an important means by which psychotherapists can educate the public about the value of their work. Rather than simply blaming the media for the clichés and psychobabble that permeate much of what the public thinks psychotherapy is, we must begin to use the media as a critical ally in challenging public prejudices, initiating public debate, and projecting positive stories about mental health as a means of improving public education and awareness (Stuart, 2006). An increasing number of psychologists, academics, health organizations, think tanks, charities, and government departments currently already engage with online media, as an innovative, far-reaching, and inexpensive tool for information dissemination, aftercare, and engagement with hard-to-reach populations. Thus, it is not *if* but *how* psychotherapists involve themselves with the online news and social media that raises ethical questions about social responsibility, competence, conflict of interest, and the public image of psychotherapy (Koocher & Keith-Spiegel, 1998). Psychotherapists should avail themselves of online media training workshops and seminars (for tips on online media use, see Blades, 2003; Farberman, 2013). We should continue to expand our online media presence and translate our expertise into palatable and digestible chunks of meaningful information that showcase our profession in a positive light, promote our services, and help us engage with future generations.

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## References

- American Psychological Association Public Information Committee. (1996). *Draft guidelines for psychologists working with the news media* (8th ed.). Washington, DC: American Psychological Association.
- Besley, J. C., Dudo, A., & Storksdieck, M. (2015). Scientists' views about communication training. *Journal of Research in Science Teaching*, 52(2), 199–220. doi: 10.1002/tea.21186
- Blades, H. B. (2003). Working with the media: Tips and tricks for psychotherapists: An interview with Donna LeBlanc. *Annals of the American Psychotherapy Association*, 6(3), 27–31.
- Boynton, P. (2012). Getting the press we deserve: Opportunities and challenges for innovative media practice. *Feminism & Psychology*, 22(4), 536–540. doi: 10.1177/0959353512463557
- Campbell, S., Chong, S., Ewen, V., Toombs, E., Tzalazidis, R., & Maranzan, K. A. (2016). Social media policy for graduate students: Challenges and opportunities for professional psychology training programs. *Canadian Psychology/Psychologie canadienne*, 57(3), 202–210. doi: 10.1037/cap0000053
- Cohen, K. R., Lee, C. M., & McIlwraith, R. (2012). The psychology of advocacy and the advocacy of psychology. *Canadian Psychology/Psychologie canadienne*, 53(3), 151–158. doi: 10.1037/a0027823
- Coiffait, F.-M., Bartlett, K., Houghton, D. J., & Condie, J. M. (2013). Social media and clinical psychology: Friends or foes? *Clinical Psychology Forum*, 244, 20–26.
- Cotterill, S. T., & Symes, R. (2014). Integrating social media and new technologies into your practice as a sport psychology consultant. *Sport & Exercise Psychology Review*, 10(1), 55–64.
- DeJong, S. M. (2014). *Blogs and tweets, texting and friending: Social media and online professionalism in health care*. San Diego, CA: Academic Press.
- Farberman, R. K. (2013). Strategies for successful interactions with the news media. In M. J. Prinstein (Ed.), *The portable mentor: Expert guide to a successful career in psychology*. Retrieved from [https://link.springer.com/chapter/10.1007%2F978-1-4614-3994-3\\_22](https://link.springer.com/chapter/10.1007%2F978-1-4614-3994-3_22)
- GlobalWebIndex (2017, January). *The social media trends to watch in 2017*. Retrieved from <http://insight.globalwebindex.net/social>
- Goldfried, M. R. (2012). More on closing the gap between research and practice. *Psychotherapy Bulletin*, 47(4), 2–4.
- Kaliebe, K., Chokroverty, L., Cuffe, S. P., Berkowitz, S., & Scott, M. (2016). Media training workshop: Communicating with the media and the public as child and adolescent psychiatrists around disaster and highly traumatic events. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(10), S350. doi: 10.1016/j.jaac.2016.07.089
- Kolmes, K. (2009, June 8). *Managing Facebook as a mental health professional*. Retrieved from <http://drkkolmes.com/2009/06/08/managing-facebook-as-a-mental-health-professional/>
- Koocher, G. P., & Keith-Spiegel, P. (1998). *Ethics in psychology: Professional standards and cases*. Oxford, UK: Oxford University Press.
- Levant, R. F. (2007). Making psychology a household word. *The Psychologist*, 20(6), 366–367.
- Llewelyn, S., & Aafjes-van Doorn, K. (2017). *Clinical psychology: A very short introduction*. Oxford, UK: Oxford University Press. doi: 10.1093/ac-trade/9780198753896.001.0001

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- McCartney M. (2012). The rise of the pop psychologists. *British Medical Journal*, 344. doi: 10.1136/bmj.e3541
- McKenzie, K., & Fawns, T. (2011). Social networking, identity and professionalism in clinical psychology. *Clinical Psychology Forum*, 221, 46-50.
- Miller, G. A. (1969). Psychology as a means of promoting human welfare. *American Psychologist*, 24(12), 1063-1075. doi: 10.1037/h0028988
- Mitchell, A., Gottfried, J., Barthel, M., & Shearer, E. (2016, July 7). *The modern news consumer*. Retrieved from: <http://www.journalism.org/2016/07/07/pathways-to-news/>
- Platten, M. J., Newman, E., & Quayle, E. (2013). Self-esteem and its relationship to mental health and quality of life in adults with cystic fibrosis. *Journal of Clinical Psychology in Medical Settings*, 20(3), 392-399. doi: 10.1007/s10880-012-9346-8
- Solove, D. J. (2007). *The future of reputation: Gossip, rumor, and privacy on the Internet*. New Haven, CT: Yale University Press.
- Stuart, H. (2006). Media portrayal of mental illness and its treatments. *CNS Drugs*, 20(2), 99-106. doi: 10.2165/00023210-200620020-00002
- Zimbardo, P. G. (2004). Does psychology make a significant difference in our lives? *American Psychologist*, 59(5), 339-351. doi: 10.1037/0003-066X.59.5.339



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This program supports the mission of **APA's Society for the Advancement of Psychotherapy (Division 29)** by recognizing Division members who have demonstrated outstanding promise in the field of psychotherapy early in their career.

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Completed nominations should be submitted online by **January 31, 2018**.

### Emotional Closeness in Arab American Families

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**Author's Note:** I was honored to be the recipient of the 2016 Division 29 – Diversity Research Award for my dissertation study, “Understanding Enmeshment in Arab American Families.” Our project aims to gain an understanding of the dynamics between Arab mothers and their American born children, using the consensual qualitative research (CQR) method developed by Clara Hill and colleagues. As an Egyptian born immigrant to the United States, my research interest grew out of a need to begin developing therapeutic models that best suit the unique needs of the growing population of Arab American families.

#### Theoretical Background

In individualistic Western cultures, the concept of enmeshment denotes that there can be too much loyalty and interdependence within a family; this idea intersects in challenging ways with the high degree of loyalty that is central to Arab family values. In varying cultural contexts, extreme togetherness may be preferred by family members as well as in families coping with the life changing event of immigration. In some circumstances, such as for first generation immigrants, the closeness of family members may be adaptive as it serves a protective function when facing a new environment (Kouneski, 2000).

Immigration is a major change in the family's cycle that requires family mem-

bers to adjust their rules, regulations, and level of intra-familial closeness to cope with their new environment. As suggested in Hattar-Pollara and Meleis (1995), immigrants from cultures with values that conflict with the values in the Western world may become preoccupied with sheltering their children from these American values to preserve cultural and religious traditions. It is predicted that the family may then turn inward, purposely isolating itself from this “foreign” society that is viewed as too different or at an extreme even corrupt. As a result, parents pull their children closer to protect them from the perceived threat of the outside world. This process resembles the definition of enmeshment coined by Salvador Minuchin (1974) and in the Circumplex Model (Olson, Sprenkle, & Russell, 1979). This Western concept accounts for both the quality of internal boundaries between family members, as well as the level of interaction that each family member has with outside supports and the boundary between the family as a unit and the outside world. Immigrant parents may be restricted from forming close emotional ties outside of the family due to language and cultural barriers, and, in absence of extended family or a culturally similar support group, spouses may rely excessively on each other and on their children to attain emotional support. While their American-born children may be more comfortable exploring social environments

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in the host country, parents may limit their ability to do so fearing the influence of Western values on their children. This fear was demonstrated by one participant in Oweis's and colleagues' (2012) qualitative study on Jordanian parenting practices, who stated:

Parents need to monitor their children and supervise them from a distance, to make sure that things are going well. We are obligated to keep our values and traditions, so we cannot allow mistakes that are deviating from the values and a tradition of our society. It is a disgrace for the family and the parents to have to use punishment and emphasize cultural laws and regulations. (p. 244)

Furthermore, in light of political adversities and discrimination faced by Arabs post-9/11, particularly in the U.S., Arab parents today may exhibit a more heightened fear for their children's safety when interacting with American society. This fear may cause them to further shelter themselves and their children.

### **Purpose of the study**

Research on the concept of enmeshment in family systems specifically related to Arab American families appears nonexistent. Instead, Arab families are often grouped with other "collectivistic" cultures in an attempt to explore cultural variations in family dynamics (Ajami, Rasmi, & Abudabbeh, 2016), as indicated by the literature surveyed for this study. When exploring family dynamics, it is also important to consider the variation found among Arab American families based on religion, socioeconomic status, nationality, reason for immigration, and level of acculturation. For example, a family of Christian-Lebanese Americans who have lived in the U.S.

for 30 years will likely have different norms of interaction and attachment styles than an Iraqi family of refugees who have been in the U.S. for one year (Ajami et al., 2016).

In the absence of culturally derived research studies, theoretical papers, and treatment models, psychologists and mental health providers in the U.S. often resort to applying the understandings of Western psychology to their work with patients from various ethnic and cultural backgrounds. In the field of family systems psychology, models of family dynamics and ideals of healthy family functioning are derived largely based on an understanding of Anglo-Saxon family norms. Terms frequently employed by family therapists—such as "enmeshment," "dependence," and "cohesion"—are also defined using Anglo-Saxon norms, as are the ideas used in parent-training and the approaches to understanding parent-child interaction.

Utilizing the consensual qualitative research method, described below, the proposed study hopes to begin bridging the gap between existing literature on the concept of enmeshment in the Western world and family closeness in cross-cultural contexts by exploring Arab American parents' attitudes, beliefs, and practices associated with parent-child closeness. Results of the study will aid clinicians as well as physicians, educators, and other professionals to understand the norms of family interaction among the rapidly growing population of Arab Americans.

### **Method**

The consensual qualitative research method (CQR) was developed in response to the need for a specific and rigorous qualitative method that allows in depth study of inner experiences,

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attitudes, and beliefs that cannot be adequately captured using quantitative methods. CQR is a structured method of qualitative research that was first used for research on the psychotherapy processes (e.g., Knox, Hess, Petersen, & Hill, 1997). Since then, more recent studies have successfully used CQR to examine a variety of topics. Many of these studies involved ethnic minority participants or other diverse groups that are understudied. Hence, due to its exploratory nature, CQR is especially well-suited when the knowledge base in an area is limited (Hill, 2012). In addition, it relies on the in-depth understanding of a small sample of participants (12 to 15), as opposed to utilizing broader information gathered from larger samples (Hill, 2012).

The data analysis process in CQR is centered on a consensus among a team of trained coders. The process consists of four major steps, 1) collecting open-ended data through interviewing, 2) identifying categories and sorting data in domains, 3) creating core ideas that summarize each domain and 4) cross-analyzing the themes that emerge across participant responses within each domain.

*Recruitment.* Participants for this study were recruited by snowball sampling using flyer distribution and word-of-mouth advertising through members of the Arab American community in one mid-sized U.S. city. Of the 12 participating mothers, seven were Muslim and five belonged to an Orthodox Christian church, accounting for the influence of both Islam and Christianity, the two major religions represented in the Arab world. Criteria for inclusion stated that participants were born and raised in one of the 22 Arab countries, immigrated to the U.S. as adults, and planned to live in the U.S. indefinitely. Participants were all married to Arab men and had at least

one school aged child (6-18) living in the home. Mothers who had children with special healthcare needs or developmental disabilities were excluded from the study given that children with special healthcare needs typically require a higher level of care and involvement from parents. Participants ranged in educational and socioeconomic level and worked both inside and outside the home.

*Measures. Demographic questionnaire.* Participants were asked to complete a demographic questionnaire gathering information such as age, city of birth, year of immigration to the U.S., level of education, individuals residing in the household, number of children, and children's ages and sex. Because of the strong socioeconomic divide found in the Arab world, social class is an important element to assess among participants. The demographic questionnaire was made available in both English in Modern Standard Arabic. Participants were encouraged to fill out the questionnaire in the language with which they felt the most comfortable to ensure a thorough understanding of written items.

*The semi-structured interview.* Questions on the semi-structured interview were developed by the primary investigator specifically for use in this study. All interviews were conducted by the primary investigator and were administered in English rather than the participants' native language, Arabic, given the limited resource of Arabic speakers who were also knowledgeable about research methodology and data analysis using the CQR method. Additionally, as mentioned above, different dialects are spoken in different countries and regions of the Arab world, making it difficult to standardize a conversational interview across participants from different Arab countries. Questions were

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influenced by previous quantitative and qualitative studies examining Arab and Arab American attitudes toward parenting and family dynamics. Several questions are adapted from the latest version of the Family Adaptability and Cohesion Evaluations Scale (FACES-IV) questionnaire (Olson, 2011), used to assess cohesion and flexibility in families, as well as the Acculturation Rating Scale for Arab Americans (ARSAA-II; Jadalla, 2007; Jadalla & Lee, 2012; Jadalla & Lee, 2015).

### Status of the Study

At this time, all interviews have been completed and the first phase of data analysis was conducted by a team of trained coders that included graduate and undergraduate students in psychology. Data have been sorted into domains and core ideas were created by team members. Study completion and dissertation defense are projected for the winter of 2017.

### References

- Ajami, J., Rasmi, S., & Abudabbeh, N. (2016). Marriage and family: Traditions and practices throughout the family life cycle. In M. M. Amer & G. H. Awad (Eds.), *Handbook of Arab American Psychology* (pp. 103-116). New York, NY: Routledge.
- Jadalla, A. A. (2007). Acculturation, health, and health behaviors of adult Arab Americans (Doctoral dissertation, Loma Linda University). Available from ProQuest Dissertations and Theses (3282707).
- Jadalla, A., & Lee, J. (2012). The relationship between acculturation and general health of Arab Americans. *Journal of Transcultural Nursing*, 23(2), 159-165. doi: 10.1177/1043659611434058
- Jadalla, A., & Lee, J. (2015). Validation of Arabic and English versions of the ARSMA-II Acculturation Rating Scale. *Journal of Immigrant and Minority Health*, 17(1), 208-216. doi: 10.1007/s10903-013-9889-2
- Knox, S., Hess, S. A., Petersen, D. A., & Hill, C. E. (1997). A qualitative analysis of client perceptions of the effects of helpful therapist self-disclosure in long-term therapy. *Journal of Counseling Psychology*, 44(3), 274-283. doi: 10.1037/0022-0167.44.3.274
- Kouneski, E. F. (2000). Family assessment and the Circumplex Model: New research developments and applications. Retrieved from <https://pdfs.semanticscholar.org/0794/05cd0ebdc18770577019fc7b57f5145c19e6.pdf>
- Minuchin, S. (1974). *Families and Family Therapy*. Cambridge, MA: Harvard University Press.
- Olson, D. H., Sprenkle, D. H., & Russell, C. S. (1979). Circumplex Model of marital and family systems: Cohesion and adaptability dimensions, family types, and clinical applications. *Family Process*, 18(1), 3-28. doi: 10.1111/j.1545-5300.1979.00003.x
- Oweis, A., Gharaibeh, M., Maaitah, R., Gharaibeh, H., & Obeisat, S. (2012). Parenting from a Jordanian perspective: Findings from a qualitative study. *Journal of Nursing Scholarship*, 44(3), 242-248. doi: 10.1111/j.1547-5069.2012.01455.x



### Incorporating Self-Care into Early Career Practice

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I remember sitting in an ethics course during my fourth year of my doctoral program and listening to the professor reminding us that the self-care practices we establish in graduate school are the ones we maintain for our careers. I wondered how on earth I was supposed to live a healthy and balanced lifestyle while taking classes, teaching classes, working at two practicum sites, and working in someone's private practice. Oh, and dissertation. Being a graduate student and now an early career psychologist has taught me to check my privilege and helped me become more aware of the socioeconomic privilege I had in my family of origin and how that influences my world view. I've also learned how to better incorporate self-care activities into my work day.

#### The Importance of Self-Care

Self-care is an ethical mandate according to the American Psychological Association (APA; 2016). Our ethics code notes the importance of maintaining our physical and mental well-being so as not to interfere with our work. However, self-care is a term that can refer to any number of behaviors. Godfrey et al. (2011) sought to synthesize a working definition of self-care through looking at ways the term has been used in the literature. They concluded that self-care has two primary components: "activities of daily living" and "therapeutic self-care" (God-

frey et al., 2011, p. 7). Godfrey et al. (2011) further described the behaviors of self-care as "engaging in activities to address health issues," with "behaviours relating to promotion, lifestyle, risk and prevention" being "foremost" (p. 10). The authors also noted that "self-care may be performed independently, in collaboration with, or guided and directed by healthcare professionals" (p. 10).

In addition to the ethical mandate, research suggests that self-care is essential both for our personal and professional wellbeing. Professionals who engage in regular self-care are less likely to experience burnout (Stevanovic & Rupert, 2004). Smith and Moss (2009) argue that by engaging in self-care strategies therapists can help prevent themselves from reaching a state of professional impairment. Additionally, I am a firm believer in practicing what I preach, and if I am going to encourage clients to practice self-care, then I want to be mindful of my own. Experiencing firsthand in graduate school what it felt like to not have adequate time, energy, or money to take care of myself greatly increased my empathy for clients' experience and continues to shape the way I talk about self-care with my clients and supervisees.

#### Socioeconomic Privilege and Self-Care

During graduate school, I worked in a department clinic that served a diverse urban community for a sliding scale fee. Graduate school was also the first time that I personally experienced financial

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challenges. What I learned from those experiences was to consider context in talking about self-care. I vividly remember my first client. She was an African American woman in her mid-thirties who was born and raised by a single mother in a lower middle class urban neighborhood. I'm White, was born to two parents who both have PhDs, and grew up in an upper middle class suburban neighborhood. My client presented with significant anxiety about multiple areas of her life and her symptoms met criteria for generalized anxiety disorder. My doctoral program had an emphasis on manualized treatment and I selected a mindfulness-based behavior therapy model to use with her. Each session had a mindfulness exercise and the use of metaphors was a part of explaining the theory to clients. I dutifully introduced the two mountains metaphor (Varra, Drossel, & Hayes, 2009) during session and watched as my client seemed to withdraw and looked at me with doubt on her face. I asked her if she was confused and she said that she had never seen a mountain.

I traveled frequently with my family of origin and those experiences of seeing diverse geographic regions and encountering cultures different from my own helped me be curious about other people, yet until I started to work with clients, I had little contact with people who grew up under such challenging economic circumstances. Not knowing what else to do in the moment with my client, my humanity took over and for the remainder of that session I put down the manual and asked her to tell me about her life.

What I realized was that the mindfulness exercises I had come to love as I started my own practice often utilized images of nature to which my urban clients had little exposure except on tel-

evision. I looked to my supervisor and my peers for suggestions. I looked for resources on using mindfulness that had less emphasis on nature images and metaphors. *Urban Mindfulness* by Jonathan Kaplan (2010) became an indispensable resource for me in my clinical work, but also in my personal self-care practice. Kaplan outlines ways of practicing mindfulness in more accessible ways such as while making a cup of coffee at work or while riding a crowded subway.

I currently work in a university counseling center at a university that serves students who come from diverse socioeconomic backgrounds. Through supervision, training, and experience, I've learned to talk about financial difficulties with clients and to be more aware of the impact the difficulties have on clients' ability to participate in therapy or in specific therapeutic tasks. Johnson (2014) makes an important point that socioeconomic status has rarely been considered in the area of leisure research. Additionally, socioeconomic privilege is not consistently included in research on oppression (Black & Stone, 2005). Knowing and appreciating our clients' socioeconomic statuses can help us understand challenges they face in self-care that are unrelated to personal limitations. For example, joining a sorority or fraternity is an important part of the college experience for many of the students I serve. However, it can be incredibly expensive, often with dues of at least \$500 a semester. I've worked with students who struggle to participate in numerous campus activities because of cost. Additionally, many students are balancing being a student and maintaining a job, and are not able to focus on their friends and hobbies the way their wealthier peers may.

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Today as I write this, I am in my third year at my job and my lifestyle is radically different than it was in graduate school. I certainly have more time for self-care; I am only working one job, and that makes a difference. However, what stands out to me in terms of what feels most different are the intentional choices around self-care that I started to make as an intern and have further developed as a staff member. I needed to learn to be realistic about what self-care could look like in my life, with my budget.

According to research conducted in 2010, the level at which additional income no longer increased a sense of wellbeing was approximately \$75,000 (Kahneman & Deaton, 2010). Interestingly, the median starting salary for psychologists is about \$60,000—a figure that has not changed significantly in the past 10 years (Lu, 2016). I believe that this is an important factor to consider in thinking about potential for burnout for early career psychologists. Research suggests that younger psychologists are more likely to report experiencing burnout (Rupert & Morgan, 2005). I found this information validating as I considered some of my challenges in engaging in self-care during my first few years as a professional. Inspired by a yoga class I took about incorporating yoga throughout the day at work, I decided to be intentional about how I could engage in self-care activities as part of my job. I chose to primarily focus on mindfulness because I believe it can be realistic to practice at work and because research suggests that regular mindfulness practice can be beneficial in preventing burnout (Shapiro, Brown, & Biegel, 2007).

### **Implications for Early Career Professionals**

I hope in sharing some of my personal experiences will help others consider

how they can adapt to include more self-care into their daily schedules. Additionally, having more control over one's work day has been shown to be related to job satisfaction for psychologists (Stevanovic & Rupert, 2004). Although I do face challenges, I believe that it is important to acknowledge the enormous privilege inherent in having the kind of access to opportunities I enjoy. Because of the nature of my work, I have several roles. I primarily work as a therapist, but I am also a supervisor and instructor. Part of what I like about my job is the variety of activities I have throughout each day. However, at the busier times of year I have little transition time between roles, which can be stressful. I try to practice mindfulness or breathing exercises as a way of marking the space between and giving myself a moment to check in, see how I am in the moment, and approach the next role with intention.

Another way that I regularly practice self-care at work is by selecting to facilitate groups and provide outreach services that involve teaching mindfulness. This gives me the opportunity to have practice built into my work schedule. When I facilitate groups, I am typically working with a co-facilitator, and we take turns leading mindfulness exercises, thus giving the other person the chance to participate.

I work in a setting that offers staff members a generous budget for professional development. In selecting the kind of professional development training I want to attend I consider what will be helpful in my work with clients as well as what could potentially feel rejuvenating and give me time for personal reflection. For example, this past year I attended a mindfulness and yoga retreat for mental health professionals where I was able to obtain 20 continuing education credits.

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Practicing self-care is an ongoing commitment for me. I continue to look at ways I can engage in self-care activities during the course of the work day so that I am at my best for the people I serve. Additionally, I ask myself when sitting with a client or a trainee to consider how their socioeconomic status may impact their self-care activities.

### References

- American Psychological Association. (2016). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/>
- Black, L. L., & Stone, D. (2005). Expanding the definition of privilege: The concept of social privilege. *Journal of Multicultural Counseling and Development, 33*(4), 243-255. doi: 10.1002/j.2161-1912.2005.tb00020.x
- Godfrey, C. M., Harrison, M. B., Lysaght, R., Lamb, M., Graham, I. D., & Oakley, P. (2011). Care of self—care by other—care of other: The meaning of self-care from research, practice, policy and industry perspectives. *International Journal of Evidence-Based Healthcare, 9*(1), 3-24. doi:10.1111/j.1744-1609.2010.00196.x
- Johnson, C. W. (2014). "All you need is love": Considerations for a social justice inquiry in leisure studies. *Leisure Sciences, 36*(4), 388-399. doi:10.1080/01490400.2014.917006
- Kahneman, D., & Deaton, A. (2010). High income improves evaluation of life but not emotional well-being. *Proceedings of the National Academy of Sciences of the United States of America, 107*(38), 16489-16493. doi: 10.1073/pnas.1011492107
- Kaplan, J. S. (2010). *Urban mindfulness: Cultivating peace, presence, & purpose in the middle of it all*. Oakland, CA: New Harbinger Publications, Inc.
- Lu, S. (2016, April). Median salaries for new psychologists are static. *gradPSYCH, 14*(2), Retrieved from <http://www.apa.org/gradpsych/2016/04/salaries.aspx>
- Rupert, P. A., & Morgan, D. J. (2005). Work setting and burnout among professional psychologists. *Professional Psychology: Research and Practice, 36*(5), 544-550. doi: 10.1037/0735-7028.36.5.544
- Shapiro, S. L., Brown, K. W., & Biegel, G. M. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology, 1*(2), 105-115. doi: 10.1037/1931-3918.1.2.105
- Smith, P. L., & Moss, S. B. (2009). Psychologist impairment: What is it, how can it be prevented, and what can be done to address it? *Clinical Psychology: Science and Practice, 16*(1), 1-15. doi:10.1111/j.1468-2850.2009.01137.x
- Stevanovic, P., & Rupert, P. A. (2004). Career-sustaining behaviors, satisfactions, and stresses of professional psychologists. *Psychotherapy: Theory, Research, Practice, Training, 41*(3), 301-309. doi: 10.1037/0033-3204.41.3.301
- Varra A. A., Drossel C., & Hayes S. C. (2009). The use of metaphor to establish acceptance and mindfulness. In F. Didonna (Ed.), *Clinical handbook of mindfulness* (pp. 111-123). New York, NY: Springer.



### A Flash of Academic Brilliance by a Late Bloomer: A Clinical Vignette

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J.<sup>1</sup> grew up in an upper-middle class suburban setting. As a child, both parents repeatedly claimed to be college graduates. But J. discovered online as an adult that his father, despite being an accomplished multi-sport athlete on scholarship, had dropped out before completing his final year. Both parents encouraged J. and his siblings to take academics seriously and were supportive and involved in all curricular and extracurricular activities during his elementary and junior high school years. His mother had overcome the hardship of living in an orphanage while attending and graduating from a major university. While J.'s siblings were good students, graduating from college and becoming professionals, there was no evidence in the nuclear or extended family history of brilliant academic achievement.

J.'s elementary school years were average in terms of demonstrated academic skills and social adjustment. He maintained a "B" average in public junior high school and "B+" in high school. He claimed to be "rather shy and introverted" but was able to establish and maintain school friendships, as well as earning a varsity letter for three years in his chosen sport.

Emotionally, J. was close to his father in his childhood and adolescence. He remembers that when he was age 9, his father took him by himself to a major

league baseball game. What J. referred to as "a magical event" took place during the game. His father caught a foul ball, bruising his knees against the seats in front of him as he leaned forward to make a bare-handed catch. When he came up with the ball, he immediately handed it to J. It was in this spontaneous and unselfish act that J. said he profoundly realized his father's unequivocal love for him. To top off the evening, his team ended up winning the game in the 9th inning on a homer by his favorite player. J. used the idiom, "God's in his heaven, all's right with the world," to describe how good he felt on the way home that evening.

At age 14, J. experienced the most severe emotional trauma of his life. J. and his father were alone in the living room after dinner one evening, engaged in conversation, when his father choked once and died from a sudden heart attack. J.'s father had been lying on the sofa, within 20 feet of J., who watched it happen. This occurred days before he was entering his final semester of junior high. He told me, "My world changed forever in that moment. I became numb and felt lost for years. I don't think I've ever really overcome the loss. It impacted how close I would let myself get with anyone. And it taught me about not clinging too tightly to any person or material possession in this life."

After his father's death, J. began having trouble academically, earning lower

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grades and being forced to repeat multiple math classes. He also remembers “sabotaging” his chances of having a high enough grade average to gain entrance to his desired university. In an English Literature class in his senior year, he “stubbornly” refused to complete a class requirement to memorize and then recite a sonnet in front of the class. He said, “I had never refused to complete assignments of any kind. But reciting a sonnet just felt so phony, I couldn’t do it.”

He ended up being accepted by a good State college away from home and attending for two years. In his last semester, he got “A’s” in all his six classes, earning a place on the Dean’s List and assuring his transfer to his chosen university. He viewed this semester as the first indication that he had the ability to perform well in academics.

Upon transferring to the university, J. was distracted by the political, cultural, and social activities taking place during the time he was coming of age. His way of putting it: “The sex was easy, the drugs were cheap, and the music was out of this world. The political action thing spiced up the whole mixture.” But these distractions did not prevent him from graduating Phi Beta Kappa with his BA degree in three and a half years, including his two years before transferring. While this achievement further demonstrated ability, it did not portend what was coming.

J. told me, “After graduating, I took six months off and traveled by myself around Western Europe. But before I left, I had applied to a handful of top law schools but didn’t get accepted. When I came home, I decided to go to graduate school in psychology. I wanted to get licensed and go into private practice. I had gone to therapists and tasted

encounter groups in college and thought this was something that could help me grow, as well as make a decent living by helping people. It was one more way to delve more deeply into my inner world.”

While J. showed signs of high intelligence in our sessions together, he did not give any obvious indications of being beyond the intelligence level of those who were capable of succeeding at doctoral level studies. He was what I would now call, “sneaky smart.” So, I was surprised when I learned his story included the following:

“Look, it feels like boasting when I talk about it. But I had a certain ambitious resolve back in those days that pushed me to want to be the first and youngest to complete my graduate studies. It seemed meaningful—perhaps unconsciously in proving something to myself, fellow students, and my teachers—not just to complete the various steps but also to be both the first and youngest to do so. At the time, it didn’t seem like a big deal but I now see it did matter to me.”

“I remember taking pride in becoming one of the youngest ever to be licensed as a marriage counselor, and, a couple years later, as a psychologist. I mean, I wasn’t even mature enough to be capable of a committed relationship with a woman, but here I was licensed to practice. I was only 26. In the same year I quietly gloated when becoming the first and youngest of my class to complete all requirements to earn my PhD. I had my masters in a year and then completed my doctorate in two more years. While it wasn’t Harvard, it was a fully accredited program within a university that had some visiting big shots coming in to teach. And, most importantly, it was of the theoretical orientation I was into.”

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I thought maybe I didn't hear him clearly. "Wait a minute, J. Did you say that you completed your PhD—all coursework, including your dissertation, oral defense, and clinical internship, in two years?"

"Exactly. Not bad for a guy who had to repeat geometry, huh? And while I was completing the 1,500 hour internship, I was already writing up my dissertation research into an article to be published in a journal the next year. I even managed to learn enough statistics to do experimental research for my dissertation. Little did I realize that I had reached my summit of accomplishment and from there, it was all downhill."

"Was your last sentence meant to take the edge off your expression of pride?"

"Yes. You know, a little self-disparagement, so you won't think I'm unabashedly boasting."

"J., There's nothing wrong with expressing pride in your work and even boasting when you can back it up with the goods. For you to complete all the academic and clinical requirements in just two years is really quite extraordinary. I've never heard of *anyone* doing that before at *any* school. You know that I've been through the rigors of a doctoral program and know what it takes. So, in this space, it's okay with me if you want to boast about your accomplishments."

"Okay, then, I will. When I received my degree in the formal graduation ceremony, they told me no one had ever completed the program in two years. And all these years later, I think it still stands as the record." This time he said it with a grin of satisfaction.

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Upon reflection, J. would sometimes indicate that he felt he had not "lived up"

to his flash of academic brilliance. While he ended up becoming a skilled and successful psychotherapist, he did not become a "rock star" in the field. He was too shy to sell himself heavily in the marketplace. And his shyness and lack of high social intelligence prevented him from having many friends or wanting to participate in the professional/social activities that would have widened his influence and status. He would sometimes tell me that, while he believed he had skill and could make an impact on patients, he really wasn't well-suited to being a psychotherapist. He said he "didn't like people enough" and wasn't social enough with colleagues. One time, he put it like this:

"One of the occupational hazards for me of being a psychotherapist has been a low tolerance for the normal chitchat that makes up daily social interaction. The depth and emotional intensity that saturates the practice of psychotherapy makes most surface-level social interaction pale in comparison. It's been tough for me to learn to appreciate the benefits of the basic conversation that passes for meaningful communication in our culture."

When I asked him directly if he thought he had a measure of Asperger's, he smiled and said, "Maybe. Although I look people in the eyes, I've never been that sensitive to other people's feelings and I'm better as a confrontative therapist than I am a spoon-feeder of emotional support. But not being too concerned about the others' feelings has allowed me to be very direct in dealing with issues that other psychotherapists back away from. And while it works in the consulting room, it often fails in dealing with people in the outside world, who prefer to 'catch more flies with honey than vinegar.'" "

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One of the things my work with J. reinforced for me was that sometimes people who don't appear to be outstanding in any outwardly, observable fashion may have hidden pockets of brilliance, talent, or ability that no one takes the time to discover. It leads me to wonder how many people walk around with these kinds of special abilities or talents that may not be practical or important but are part of their identity or even their essence?

liance assures nothing in terms of overall life adjustment or success. Sometimes the flash can be parlayed into valuable and meaningful long-term satisfaction and contentment and sometimes it can't.

But if you asked me what I would choose, it would certainly be to have the experience of the flash of brilliance and take my chances.

Conversely, I also had reinforced the knowledge that having a flash of bril-

<sup>1</sup> Patient identifying info has been changed to protect confidentiality.



## *Welcome the Society for the Advancement of Psychotherapy's Secretary, 2018-2020*



**Rebecca M. Ametrano, Ph.D.** Dr. Ametrano received her B.A. in Psychology from the University of Michigan and her M.S. and Ph.D. in Clinical Psychology from the University of Massachusetts Amherst. She completed her predoctoral internship and postdoctoral fellowship at VA Boston Healthcare System where she currently serves as a psychologist and Health Behavior Coordinator. Dr. Ametrano educates and consults with staff across the medical center to increase use of patient-centered interventions to facilitate health behavior change. She also supervises clinicians-in-training and teaches psychotherapy courses. Her research has focused broadly on patient and therapist factors that predict psychotherapeutic change, with attention to the influence of patient expectations on treatment process and outcome. She has particular interest in how these factors influence behavior change in integrated medical settings.

### Identifying Eating Disorders in Latinas: Racial and Ethnic Bias in Care

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Research shows clinicians are less likely to recognize eating disorder pathology in racial and ethnic minority women than in White women, even after controlling for the severity of self-reported disordered-eating symptoms (Becker, Franko, Speck, & Herzog, 2003; Gordon, Brattole, Wingate, & Joiner, 2006). These findings indicate that the problematic and unsupported stereotype of ethnic minority women as unlikely to experience eating disorders persists in the clinical community (Gordon et al., 2006), as well as in the larger culture in the United States (Gordon, Perez, & Joiner, 2002). Given recent findings that eating-disorder pathology afflicts all genders regardless of racial and ethnic background, clinicians should increase efforts to screen, identify, and treat eating disorders in racial and ethnic minority clients.

Counter to previously-held beliefs that eating disorders affected primarily affluent, Western, White women, recent studies show that eating disorder symptoms and risk factors also occur in racial and ethnic minority individuals, as well as across socioeconomic statuses in the U.S. (Barry & Grilo, 2002; Shaw, Ramirez, Trost, Randall, & Stice, 2004). One review concluded that the frequency of binge eating and purging behaviors is similar for Latina and White women (Crago & Shisslak, 2003). Further, recent studies have failed to find significant differences in body dissatisfaction between ethnic

groups in the U.S. (Forbes & Frederick, 2008; Gordon, Castro, Sitnikov, & Holm-Denoma, 2010).

As Hispanic individuals are currently the largest racial and ethnic minority group in the U.S. (Ennis, Rios-Vargas, & Albert, 2011), it is increasingly necessary to pay particular attention to the prevalence of eating disorders and risk factors for developing eating disorders for this group. In addition, this population continues to face disparities in access to health care and treatment, as well as lack of evidence-based, culturally-appropriate assessments and interventions (Franko & George, 2008). Thus, the present article provides a brief review about the prevalence, assessment, and risk factors of eating disorders in Latinas in the U.S.

Eating disorders, which are disturbances in both eating and food intake behaviors, and in thoughts about food, weight, and body perception, affect nearly 5% of the adolescent female population of Western countries (Makino, Tsuboi, & Dennerstein, 2004). These disorders are medical and psychological illnesses that present potentially life-threatening risks for those affected (National Institutes of Health, 2016). Although much of the extant research has focused on eating disorders in primarily White samples, a growing body of research has examined the prevalence of eating disorders among ethnic and racial minority women. This emerging body of research appears to show that Latinas may be at risk of eating disorders at rates similar

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to that of White women (Perez, Ohrt, & Hoek, 2016; Shaw et al., 2004).

### **Prevalence**

Neumark-Sztainer and colleagues (2002) examined eating patterns and weight concerns in a large ( $N=4,746$ ) sample of adolescent girls attending public middle schools and high schools in Minnesota. When compared with White adolescents, Latinas reported equal or greater eating-related concerns and behaviors. Latina adolescents in this sample were most likely to report desiring a weight lower than their current weight, to perceive themselves as currently being overweight, and to indicate low body satisfaction. In addition, they most frequently reported attempts at weight loss that included chronic dieting, and had the most prevalent rates of binge eating (Neumark-Sztainer et al., 2002).

Similarly, in a sample ( $N = 1,866$ ) of 11 to 20 year old adolescent Latinas drawn from a comprehensive and nationally representative list of high schools in the U.S., 53.3% reported currently being on a diet, a higher rate than their White counterparts (46.3%). In this same sample, Latinas had higher rates (5.5% vs. 4%) of amenorrhea (absence of a menstrual period), but lower rates (2.5% vs. 4.9%) of BMI's below 18 when compared to the White adolescent sample. Finally, no significant differences in bulimic symptoms were found between Latinas and any other comparison group (Granillo, Jones-Rodriguez, & Carvajal, 2005). Of interest, this study compared subsamples of Latinas based on country of origin (either their own or parents' countries of origin for individuals born in the U.S.), and found no significant differences in eating disorder symptoms among Cuban-American, Mexican-American, and Puerto Rican-American women (Granillo et al., 2005). These findings suggest that Latinas in the U.S. are at risk for eating disorders regardless of national origin.

Finally, Alegria and colleagues (2007) found elevated rates of binge-eating behaviors and binge-eating disorders in a national epidemiological survey of Latino households in the U.S. These results are in line with a recent review that found that prevalence of Bulimia Nervosa and Binge Eating Disorder in Latina/os was comparable to White Americans (Perez et al., 2016). This same review found that Binge Eating Disorder is the most common eating disorder among Latina/os in the U.S. (Perez et al., 2016).

### **Acculturation and Acculturative Stress**

Exposure to mainstream American culture has been conceptualized as potentially promoting eating disorder behaviors due to its emphasis on appearance as a measure of personal worth and its focus on thinness as an ideal figure for the female body (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Racial and ethnic minority women who live in the U.S. must negotiate the process of adjusting to U.S. culture, which may espouse values and social mores that are dissimilar to those of their culture of origin (Berry, Trimble, & Olmedo, 1986). This process of adjusting to U.S. culture is referred to as acculturation. The process of acculturation may result in internal conflict when the new social environment espouses values or beliefs that are in contrast to those held by the person's culture of origin (Berry et al., 1986). This stress is called acculturative stress.

Acculturative stress may influence the severity of eating disorder pathology in minority women (Claudat, White, & Warren, 2016). Although the body of research examining links between acculturative stress and eating pathology remains small, trends suggest that increased acculturative stress is linked with increased eating-related pathology

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for Latinas. One study of Hispanic, Black, and White college women ( $N = 118$ ) found that Hispanic women reported the highest levels of acculturative stress and that acculturative stress interacted with body dissatisfaction to predict bulimic symptoms, so that when high acculturative stress and high body dissatisfaction were reported, high symptoms of bulimia were also reported (Perez, Voelz, Pettit, & Joiner, 2002). Similarly, Claudat and colleagues (2016) found that, in a sample ( $N = 638$ ) of college-aged Latina and Asian-American women, acculturative stress was associated with increased global eating pathology (e.g., shape and weight concern, dietary restraint) and lower self-esteem.

Acculturative stress, but not acculturation, significantly and positively predicted Latinas' self-reported scores of drive for thinness in a sample of college-aged White, Latina, and Black women (Gordon et al., 2010). Similarly, in a sample of adolescent Latinas, acculturation, measured by primary language (Spanish or English) was not related to the prevalence of amenorrhea, dietary restraint, bulimic symptoms, or low BMI (Granillo et al., 2005). Conversely, one study found that, among a large nationally representative, nonclinical sample of Latina/os, those who had spent more than 70% of their lifetimes in the U.S., and thus had increased exposure to U.S. culture, had greater rates of lifetime bulimia nervosa than those who spent more time in their home countries (Alegría et al., 2007).

These findings suggest that ethnic minority women who are experiencing acculturative stress may be susceptible to decreases in self-esteem and increases in eating pathology. Further, for women who are presenting to clinical settings with disordered-eating concerns, assessing and addressing acculturative stress and self-esteem may enhance the cultural

sensitivity of treatment (Claudat et al., 2016).

### **Assessing Eating Disorders in Latinas**

Accurately identifying Latinas with disordered-eating behaviors is an important first step in providing helpful intervention. Unfortunately, several patient and provider barriers may hinder accurate, prompt identification and referral of individuals suffering with eating disorders. Patient barriers may include mental health stigma, access to care, and awareness and distress associated with disordered-eating behaviors. Provider barriers may include bias in assessment and lack of accurate illness representation in diagnostic criteria.

*Patient variables.* Stigma related to receiving mental health services might be one variable that influences individuals' willingness to self-identify as having psychological distress and eating disorder symptoms. Mendoza and colleagues (2015) found that mental health stigma predicted help seeking attitudes and recognition of need of psychotherapeutic help in a sample of Latina college students ( $N = 129$ ). In another study, individuals who self-reported a history of eating disorders had greater tolerance of stigma related to receiving mental health care when compared to those who did not self-report (Higgins, Bulik, & Bardone-Cone, 2016).

Another variable which might influence Latinas self-report of eating behaviors is impairment and/or level of distress associated with disordered eating. Higgins and colleagues (2016) compared two groups of Latinas in terms of their self-identification as having a history of disordered eating. Although all 77 participants in the study met criteria for an eating disorder at some point in their lives, 47% (36 participants) did not self-identify as having such as history. Those

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who did not identify as having a history of disordered eating were less likely to have experienced anorexia or bulimia nervosa (versus binge-eating disorder or other specified feeding or eating disorder; Higgins et al., 2016). These results may suggest that those diagnosed with binge-eating disorder or other specified feeding or eating disorder did not perceive the associated behaviors as disordered or were unable or unwilling to acknowledge having an eating disorder.

Similarly, in a national epidemiological survey of Latino households in the U.S., of those who reported awareness of a problem with at least one symptoms (overweight, binge eating, or weight control), only one fifth to one third of Latinos in this sample reported ever receiving treatment for an eating disorder (Alegria et al., 2007).

*Provider variables.* Clinicians working with Latinas should take care to assess eating-disorder symptoms in their patients in a manner that is culturally sensitive. Some research has documented that a bias exists both in the general U.S. population, as well as in the clinical population, specifically regarding the incidence of eating disorders in U.S. Latinas. One study found that U.S. undergraduates were less likely to detect disordered eating behaviors in Hispanic and African-American women than in White women, when participants read a passage about an adolescent-reported eating disorder symptomatology that only varied in the race of the patient (Gordon et al., 2002).

Consistent findings have emerged with clinician samples. Becker and colleagues (2003) reviewed data from 9,069 participants in a two-wave educational and screening program for eating disorders. The authors found that Latina/os were less likely than Whites to receive a recommendation or referral for further evaluation after screening (even after

controlling for severity of symptoms), and less likely to have been asked about eating disorder symptoms by both physicians and mental health professionals (although only at the trend level for mental health professionals; Becker et al., 2003). These data sets suggest that clinician bias may interfere with timely identification of eating-disorder symptoms.

In addition, some scholars have questioned whether our current diagnostic criteria accurately represent the illness presentation of Latinas with eating disorders. Alegria and colleagues (2007) point out that, in their national epidemiological survey of Latino households in the U.S., some discrepancies emerged between established criteria and the reported experience of Latina/os in their sample. For example, only six out of 102 individuals who had lower than normal weight-to-height ratios endorsed intense fear of gaining weight, a symptom that is part of Criterion B for Anorexia Nervosa (American Psychiatric Association, 2013). In addition, only eight individuals out of the 102 endorsed body dissatisfaction. Similarly, although binge-eating behaviors occurred at an elevated rate in this population, requiring as part of the assessment that both binge-eating and compensatory behaviors occur concurrently and weekly for several months decreased the number of individuals who would have been identified as having Bulimia Nervosa (Alegria et al., 2007). Binge Eating Disorder (BED), which accounts for binge eating episodes without concurrent compensatory behaviors, was formally recognized as an eating disorder in the DSM 5, and should be carefully considered when assessing disordered eating behaviors in Latinas in the U.S. (Cachelin, Gil-Rivas, & Vela, 2014).

## Conclusions

Several overarching themes emerged from this review. First, eating disorder  
*continued on page 45*

pathology, eating disorder symptoms, and eating disorder risk factors occur in Latinas at significant rates and across childhood, adolescence, and adulthood. This is an important finding because the widely held stereotype that eating disorders only occur in White women continues to pose barriers to identification of eating disorders in racial and ethnic minority women. Acculturative stress appears to influence the degree to which Latinas experience eating disorder symptoms. Women who experience increased stress in their efforts to negotiate differing values regarding weight and shape between their cultures of origin and broader U.S. culture might be in danger of developing risk factors for eating disorders. Thus, clinicians should, when appropriate, assess acculturative stress and explore whether any changes in eating, shape and weight concerns, self-esteem, or other weight management behaviors might be related to efforts to comply with larger U.S. cultural values.

Finally, both patient and provider barriers may hinder the recognition of eating disorders in Latinas. Regarding provider bias, the findings underscore the importance of *routinely* assessing for the presence of eating disorder symptoms when working with Latinas. Further, as stigma plays a role in the help seeking behaviors of Latinas in the U.S., assessment of and referral for eating disorders within primary care may provide a bridge to reach Latinas who might otherwise never have a provider ask about their eating behaviors or concerns.

### References

Alegria, M., Woo, M., Cao, Z., Torres, M., Meng, X. L., & Striegel-Moore, R. (2007). Prevalence and correlates of eating disorders in Latinos in the United States. *International Journal of Eating Disorders, 40*(3), S15-S21. doi: 10.1002/eat.20406

American Psychiatric Association.

(2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Barry, D. T., & Grilo, C. M. (2002). Eating and body image disturbances in adolescent psychiatric inpatients: Gender and ethnicity patterns. *International Journal of Eating Disorders, 32*(3), 335-343. doi: 10.1002/eat.10082

Becker, A. E., Franko, D. L., Speck, A., & Herzog, D. B. (2003). Ethnicity and differential access to care for eating disorder symptoms. *International Journal of Eating Disorders, 33*(2), 205-212. doi: 10.1002/eat.10129

Berry, J. W., Trimble, J. E., & Olmedo, E. L. (1986). Assessment of acculturation. In W. J. Lonner & J. W. Berry (Eds.), *Cross-cultural research and methodology series, Vol. 8. Field methods in cross-cultural research* (pp. 291-324). Thousand Oaks, CA: Sage Publications.

Cachelin, F. M., Gil-Rivas, V., & Vela, A. (2014). Understanding eating disorders among Latinas. *Advances in Eating Disorders: Theory, Research and Practice, 2*(2), 204-208. doi: 10.1080/21662630.2013.869391

Claudat, K., White, E. K., & Warren, C. S. (2016). Acculturative stress, self-esteem, and eating pathology in Latina and Asian American female college students. *Journal of Clinical Psychology, 72*(1), 88-100. doi: 10.1002/jclp.22234

Crago, M., Shisslak, C. M., & Estes, L. S. (1996). Eating disturbances among American minority groups: A review. *International Journal of Eating Disorders, 19*(3), 239-248. doi: 10.1002/(SICI)1098-108X(199604)19:3<239::AID-EAT2>3.0.CO;2-N

Ennis, S. R., Rios-Vargas, M., & Albert, N. G. (2011). The Hispanic population: 2010. *The United States Census Bureau*. Retrieved from <https://www.census.gov/prod/cen2010/briefs/c2010br-04.pdf>

Forbes, G. B., & Frederick, D. A. (2008).

*continued on page 46*

- The UCLA body project II: Breast and body dissatisfaction among African, Asian, European, and Hispanic American college women. *Sex Roles*, 58(7-8), 449-457. doi: 10.1007/s11199-007-9362-6
- Franko, D. L., & George, J. B. E. (2008). A pilot intervention to reduce eating disorder risk in Latina women. *European Eating Disorders Review*, 16(6), 436-441. doi: 10.1002/erv.891
- Gordon, K. H., Brattole, M. M., Wingate, L. R., & Joiner, T. E. (2006). The impact of client race on clinician detection of eating disorders. *Behavior Therapy*, 37(4), 319-325. doi: 10.1016/j.beth.2005.12.002
- Gordon, K. H., Castro, Y., Sitnikov, L., & Holm-Denoma, J. M. (2010). Cultural body shape ideals and eating disorder symptoms among White, Latina, and Black college women. *Cultural Diversity and Ethnic Minority Psychology*, 16(2), 135-143. doi: 10.1037/a0018671
- Gordon, K. H., Perez, M., & Joiner, T. E. (2002). The impact of racial stereotypes on eating disorder recognition. *International Journal of Eating Disorders*, 32(2), 219-224. doi: 10.1002/eat.10070
- Granillo, T., Jones-Rodriguez, G., & Carvajal, S. C. (2005). Prevalence of eating disorders in Latina adolescents: Associations with substance use and other correlates. *Journal of Adolescent Health*, 36(3), 214-220. doi: 10.1016/j.jadohealth.2004.01.015
- Higgins, M. K., Bulik, C. M., & Bardone-Cone, A. M. (2016). Factors associated with self-identification of an eating disorder history among Latinas meeting criteria for past or current eating disorders. *International Journal of Eating Disorders*, 49(11), 1032-1035. doi: 10.1002/eat.22583
- Makino, M., Tsuboi, K., & Dennerstein, L. (2004). Prevalence of Eating Disorders: A Comparison of Western and Non-Western Countries. *Medscape General Medicine*, 6(3), 49.
- Mendoza, H., Masuda, A., & Swartout, K. M. (2015). Mental health stigma and self-concealment as predictors of help-seeking attitudes among Latina/o college students in the United States. *International Journal for the Advancement of Counselling*, 37(3), 207-222. doi: 10.1007/s10447-015-9237-4
- National Institutes of Mental Health. (2016). *Eating disorders*. Retrieved from <https://www.nimh.nih.gov/health/topics/eating-disorders/index.shtml>
- Neumark-Sztainer, D., Croll, J., Story, M., Hannan, P. J., French, S. A., & Perry, C. (2002). Ethnic/racial differences in weight-related concerns and behaviors among adolescent girls and boys: Findings from Project EAT. *Journal of Psychosomatic Research*, 53(5), 963-974. doi: 10.1016/S0022-3999(02)00486-5
- Perez, M., Ohrt, T. K., & Hoek, H. W. (2016). Prevalence and treatment of eating disorders among Hispanics/Latino Americans in the United States. *Current Opinion in Psychiatry*, 29(6), 378-382. doi: 10.1097/YCO.0000000000000277
- Perez, M., Voelz, Z. R., Pettit, J. W., & Joiner, T. E. (2002). The role of acculturative stress and body dissatisfaction in predicting bulimic symptomatology across ethnic groups. *International Journal of Eating Disorders*, 31(4), 442-454. doi: 10.1002/eat.10006
- Shaw, H., Ramirez, L., Trost, A., Randall, P., & Stice, E. (2004). Body image and eating disturbances across ethnic groups: More similarities than differences. *Psychology of Addictive Behaviors*, 18(1), 12-18. doi: 10.1037/0893-164X.18.1.12
- Thompson, J. K., Heinberg, L. J., Altabe, M. N., & Tantleff-Dunn, S. (1999) *Exacting beauty: Theory, assessment and treatment of body image disturbance*. Washington, DC: American Psychological Association.



# 2018 NOMINATIONS BALLOT

Dear SAP (Division 29) Colleague:

The Society for the Advancement of Psychotherapy (APA Division of Psychotherapy, 29) seeks nominations of creative individuals and great leaders! We would like both new and experienced voices to advance our increasingly important work on behalf of psychotherapy. The SAP Board encourages candidates from diverse backgrounds to seek nomination.

## NOMINATE YOURSELF OR SOMEONE YOU KNOW TO RUN FOR OFFICE IN SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY (APA DIVISION 29)

The offices open for election in 2018 are:

- President-elect
- Treasurer
- Domain Representative for Diversity
- Domain Representative for Membership
- Domain Representative for Psychotherapy Practice

*All persons elected will begin their terms on January 2, 2019*

A Domain Representative is a voting member of the Board of Directors. The open positions will be responsible for initiatives and oversight of the Society's portfolio in the respective Domains. Candidates should have demonstrated interest, expertise, and investment in the area of their Domain.

The Division's eligibility criteria for all positions are:

1. Candidates must be Members or Fellows of the Society.
2. No member may be an incumbent of more than one elective office.
3. A member may only hold the same elective office for two successive terms.
4. Incumbent members of the Board of Directors are eligible to run for a position on the Board only during their last year of service or upon resignation from their existing office prior to accepting the nomination. A letter of resignation must be sent to the President, with a copy to the Nominations and Elections Chair.
5. All terms are for three years, except President-elect, which is one year (and then proceeds to President for one year and Past President for one year).

**The deadline for receipt of all nominations ballots is December 31, 2017.**

As per the Society's Bylaws, you may email your nominations to: [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net). Please put SAP/DIVISION 29 NOMINATIONS in the subject line the email. You may also mail your nominations to Society for the Advancement of Psychotherapy, 6557 E. Riverdale St., Mesa, AZ 85215

If you would like to discuss your own interest or any recommendations for nominations, please contact the Society's Chair of Nominations and Elections, Dr. Nancy Murdock at [MurdockN@umkc.edu](mailto:MurdockN@umkc.edu)

Sincerely yours,

*Jeff Zimmerman, PhD*  
President

*Michael Constantino, PhD*  
President-elect

*Nancy Murdock, PhD*  
Chair, Nominations & Elections

## NOMINATIONS

President-elect

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Treasurer

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Domain Representative for Diversity

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Domain Representative for Membership

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Domain Representative for Psychotherapy Practice

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Name (Printed)

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Signature

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Division29  
Central Office  
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Mesa, AZ 85215

### The 125<sup>th</sup> APA Annual Convention

Pat DeLeon, PhD

Former APA President



#### Exciting Times

Ever since graduate school, I have always felt that attending the annual APA convention was “my gift to me.” It represents a time to reunite with colleagues that I have not seen in a while and, at the same time, actually learn quite a bit about the advances occurring within psychology. At its conclusion, I always feel exhausted and yet emotionally recharged. These interpersonal interactions reaffirm why I chose psychology decades ago. We *can* make a significant difference in the lives of our nation’s citizens. This year was no exception with 12,000 in attendance, including the Presidents of 26 national psychological associations. I was especially impressed with the enthusiasm and dedication expressed by psychology’s next generation of graduate students and early career psychologists.

President Tony Puente’s programmatic initiative “Past Presidents Unscripted” provided an opportunity to reflect; it was enjoyable and well received by the membership. Tony’s open invitation to the membership to visit the Smithsonian National Museum of American History was fascinating—especially seeing the Star-Spangled Banner flag which flew over Fort McHenry and inspired Francis Scott Key to write what would become our national anthem, with all of the complicated associations that brings up in today’s world. Not surprisingly, those programs addressing telehealth and the increasingly sophisticated clinical utilization of apps were standing room only.

Several panels on which Drs. Linda Campbell, Fred Millan, Jana Martin, and Deborah Baker participated took the unique approach of having all of their speakers address a common vignette, with active audience participation. The application of the Telepsychology Guidelines through vignettes brought home the complexities and yet the basic ethical standards that apply to telepsychology just as they do to in-person services. The fact that there was standing room only supports the notion that telepsychology is a cutting edge aspect of psychological practice.

On a personal level, I was particularly pleased to learn of APA’s renewed interest in addressing the master’s issue—an admittedly highly complex and controversial topic which several colleagues, members of the Board of Directors and I, during my APA Presidency in 2000, attempted to resolve, without any meaningful success. Members of the Education and Practice Directorate and the current Board of Directors coordinated a recent Summit on Master’s Training which was sponsored by the APA Minority Fellowship Program and its Director, Dr. Andrew Austin-Dailey, during which 32 members of the APA governance actively participated. Those in attendance represented practice, education and training, public and private sector psychology, the VA and other hospital settings, as well as additional identifiable stakeholders. There was representation from several other disciplines, as well as a master’s accreditation organization. The APA Council of

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Representatives, Council Leadership Team, Board of Directors, and other governance groups will consider and deliberate in due course on further potential action. The report on the summit can be found on the APA Website (<http://www.apa.org/pi/mfp/masters-summit/default.aspx>). Tony's summary: "The Council addressed a complicated issue that has eluded successful resolution by the discipline of psychology over more than 70 years, agreeing by acclamation that 'current issues and developments have risen to the level that APA should take a position on master's level training and/or practice.... Council directs staff and governance to identify and explore options for APA to pursue.' Further action is expected on this issue in February."

In my judgment, this particular development is extraordinarily important, especially with the nation's steady evolution towards interdisciplinary, team-based health care, in which psychological and behavioral health services will be increasingly integrated into primary care. Psychology *is* one of the bona fide health care professions. We must provide visionary leadership to effectively address the access and quality health care needs of our nation.

### **The Nation's Evolving Health Care Environment**

It is critically important for psychology to appreciate that no profession lives or practices in an isolated environment. A recently published nursing journal noted: "It appears that the tipping point for barriers to nurse practitioner (NP) practice is either here or imminent, given that 22 states and the District of Columbia now have full practice authority" (Buppert, 2017, p. 497). The author further urged her profession to understand that in drafting legislation, NPs need to include the authority to do

things other than prescribe. They need authorization to make medical diagnoses, order tests and therapies, perform procedures needed in primary care or acute care, as well as prescribe.

The Department of Veterans Affairs (VA) is the largest employer of nurses and it is also the largest employer and trainer of psychologists. Under the leadership of Secretary David Shulkin, the VA has now adopted a national scope of practice for its nurses providing full practice authority for advanced practice registered nurses (APRNs) (with the exception of nurse anesthetists), as long as they are working within the scope of their VA employment. APRNs can provide care, regardless of historical state or local legal restrictions, without the clinical oversight of a physician. This includes taking comprehensive histories, providing physical examinations; and diagnosing, treating, and managing patients with acute and chronic illnesses and diseases. It allows VA APRNs to prescribe medications and make appropriate referrals.

Under the Secretary's leadership, the VA announced five top priorities which included Suicide Prevention—Getting to Zero (sadly, from 20 daily). The number two priority was Improving Timeliness, highlighting the potential for telehealth. The Department reported having established 10 Tele-Mental health hubs and eight Tele-Primary Care hubs. During the APA pre-convention period, the Association of VA Psychology Leaders (AVAPL), under the stewardship of Dr. Russell Lemle, actively addressed these issues and psychology's contributions.

Similarly, U.S. Army Surgeon General Nadja West, the highest ranking woman to graduate from the U.S. Military Academy, is actively attempting to reshape military health care delivery by creating

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a culture of innovation and shifting the historical mindset that treatment can only be provided in a clinic. Two of her expressed top priorities are: • Better access to behavioral health—embedded behavioral health specialists and more virtual appointments to make it easier for soldiers and their families to get needed care more quickly and discreetly. And, • Telehealth—virtual medical appointments becoming more commonplace as the Army ramps up its ability to deliver care at home with new equipment and training for care givers. Her underlying goal is building a “premier, expeditionary, globally integrated medical force.”

With the ever-changing federal health delivery environment as background, one of the most exciting convention events was the informal gathering of those passionately interested in the prescriptive authority (RxP) agenda. Beth Rom-Rymer: “On Saturday of the convention, Bob Ax and I chaired a meeting of like-minded psychologists in the Division 18 (Public Service) suite to discuss the rationale for graduate students to take a joint degree in Clinical Psychopharmacology, in conjunction with their doctoral degree in psychology, as they prepare for becoming licensed prescribing psychologists as well as licensed clinical psychologists. The key components of the rationale are that, by studying Clinical Psychopharmacology in graduate school: • Students will be better able to integrate all components of their training—the basic sciences; the traditional psychology course curriculum; and the biological, chemical, and neurological processes by which psychotropic medications can support the cognitive and emotional learning that takes place during psychotherapy. • A greater number of trainees can enroll in the Clinical Psychopharmacology training as graduate students, at the point that they begin to shape their careers,

rather than as licensed, practicing, clinical psychologists who face the steep challenge of ‘returning to school’ after having already received the doctorate degree. And, • Access to care will become significantly improved, thus better serving the public, as the numbers of prescribing psychologists will multiplicatively increase with graduate students taking the opportunity to earn the joint degrees.

“Lenore Walker offered positive data from the training program at NOVA Southeastern University. For five years, NOVA trained graduate students as well as licensed, practicing psychologists and found few differences in achievement between the two groups. The largest difference, perhaps, was that the graduate students often scored more highly on the class exams. Moreover, NOVA has learned the graduate students who are now licensed clinical psychologists are effectively using their training in Clinical Psychopharmacology, whether they work in prescribing states or not. Dean Karen Grosby, of the College of Psychology at NOVA, is looking forward to the day when they will again begin to train graduate students in Clinical Psychopharmacology.

Other psychologists discussed the parameters under which graduate students would take the additional training. It was pointed out that the strongest students would probably be the ones who would be able to manage the joint degree. In a similar way, we noted that a certain percentage of psychology graduate students already take joint degrees in other fields (nursing, business administration, biology, law, journalism) and, typically, these students carve out interesting and highly successful career paths.

“APA has just appointed a curriculum committee that will be reviewing the cri-

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teria for APA ‘designation’ for training programs in Clinical Psychopharmacology. Some of our meeting discussants have been appointed to that committee. In the future, APA may decide to approve training in Clinical Psychopharmacology at the graduate, predoctoral level. Right now, graduate students in Illinois are preparing to be the first cohort of graduate students, nationally, who will be, indeed, doing the joint degree in Clinical Psychopharmacology at New Mexico State University, in conjunction with their doctoral degrees in universities in Illinois. I have started a dialogue with out new APA CEO, Arthur Evans, about training at the graduate level. He hopes to learn more about our Illinois law when he comes to Chicago early in the new year. Change does not come easily. Stitch by stitch, we are piecing together an innovative design. With time and patience, all will come together.”

### Psychology Is Critical for Effective Change

Former APA President Frank Farley (extremely active throughout the convention) has been stressing this message since his involvement in the associa-

tion’s governance. Under the leadership of former APA Congressional Science Fellow Natacha Blain, the National Academy of Medicine will be exploring what role technology can play in improving educational outcomes. In 1984, there was one computer per 125 students in the U.S.; in 1998 there was one per seven students; and in 2008 it was one per three. This does not include home computer use or smart phones. The potential of information technology as a learning aid is significant. Computer literacy and fluency are essential life skills in today’s highly technology-reliant society. However, U.S. high school students consistently rank below average in math and close to average for science and reading in international comparisons. How can we collectively contribute to this important agenda?

*Aloha.*

### References

- Buppert, C. (2017). Thoughts About Drafting Bills to Give Nurse Practitioners Full Practice Authority. *The Journal of Nurse Practitioners*, 13(7), 497-498.



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# The Society for the Advancement of Psychotherapy (APA Division 29) Diversity Research Grant for Pre-Doctoral Candidates

**DEADLINE: APRIL 1, 2018**

The Diversity Research Grant for pre-doctoral candidates was established to foster the promotion of diversity within the Society for the Advancement of Psychotherapy (APA Division 29) and within the profession of psychotherapy.

The Society may award annually two \$2,000 Diversity Research Grants to pre-doctoral candidates (enrolled in a clinical or counseling psychology doctoral program) who are currently conducting dissertation research that promotes diversity, as outlined by the American Psychological Association (APA). According to the APA, diversity is defined as individual and role differences, including those based on age, gender, sexual orientation, gender identity, race, ethnicity, culture, national origin, religion, disability, language, and socioeconomic status.

The Diversity Research Grant is expected to be used to support the completion of a pre-doctoral candidate's dissertation work. The grant may be used to fund:

- supplies used to conduct the research;
- training needed for completion of the research; and/or
- travel to present the research (such as at a professional conference).

The applicant *must* be a member of the Society for the Advancement of Psychotherapy. The recipient of the grant will be expected to present his or her research results in a scholarly forum (e.g., presentation at an APA Annual Convention, the Society's journal, *Psychotherapy*, or other refereed professional journal) or *Psychotherapy Bulletin*.

Two annual grants of \$2,000 will be paid in one lump sum to the researcher, to his or her university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities. All grant recipients will be required to complete an IRS form W-9 before funds are issued.

## **THE APPLICATION MUST INCLUDE:**

- A 1-2 page cover letter describing how the applicant's work embodies the Division's interest in promoting diversity in the profession of psychotherapy and how the funding will be used to support the applicant's dissertation work;
- A 1-page document outlining a detailed budget;
- A 5-10 page research proposal (alternatively, a Dissertation Proposal may be submitted, regardless of length);
- 1 letter of recommendation from the applicant's current direct supervisor or advisor; and
- 1 letter from the applicant's dissertation advisor or director of clinical training certifying that the applicant is currently in the process of completing research for the dissertation.

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**SELECTIONS CRITERIA:**

- Consistency with the Diversity Research Grant’s stated purposes;
- Clarity of the written proposal;
- Scientific quality and feasibility of the proposed research project;
- Budgetary needs for data collection and completion and presentation of the project;
- Potential for new and valuable contributions to the field of psychotherapy;
- Potential for final publication or likelihood of furthering successful research in topic area; and
- Awardee must be a member of the Society for the Advancement of Psychotherapy (APA Division 29)

**SUBMISSION PROCESS AND DEADLINES:**

- All materials must be submitted electronically at the same time
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net)
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
- **Deadline: April 1, 2018.** Incomplete or late application packets will not be considered.

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Diversity Domain Representatives Beverly Greene, Ph.D. ([bgreene203@aol.com](mailto:bgreene203@aol.com)); Rosemary Phelps Ph.D. ([rephelps@uga.edu](mailto:rephelps@uga.edu)); and or Committee Chair Astrea Greig Psy.D. ([agreig@bhchp.org](mailto:agreig@bhchp.org))

**ADDITIONAL INFORMATION**

- After the project is complete, a full accounting of the project’s income and expenses must be submitted within six months of completion.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.
- All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31st).



# 2018 Norine Johnson Psychotherapy Research Grant for Early Career Psychologists

## **Brief Statement about the Grant:**

The Norine Johnson, Ph.D., Psychotherapy Research Grant, offered annually by the Society for the Advancement of Psychotherapy to Early Career Psychologists (within 10 years post earning the doctoral degree), provides \$10,000 toward the advancement of research on psychotherapist factors that may impact treatment effectiveness and outcomes, including type of training, amount of training, professional degree or discipline of the psychotherapist, and the role or impact of psychotherapists' personal characteristics on psychotherapy treatment outcomes.

## **Eligibility**

Early Career Psychologists (doctoral-level researchers who are within 10 years post earning the doctoral degree) with a successful record of publication are eligible for the grant.

**Submission Deadline:** April 1, 2018

## **Request for Proposals**

### **NORINE JOHNSON, PH.D., PSYCHOTHERAPY RESEARCH GRANT for Early Career Psychologists**

## **Description**

This program awards grants to early career psychologists (ECPs) for research on psychotherapist factors that may impact treatment effectiveness and outcomes, including type of training, amount of training, professional degree or discipline of the psychotherapist, and the role or impact of psychotherapists' personal characteristics on psychotherapy treatment outcomes.

## **Program Goals**

- Advance understanding of psychotherapist factors that may impact treatment effectiveness and outcomes through support of empirical research
- Encourage researchers with a successful record of publication to undertake research in these areas

## **Funding Specifics**

One annual grant of \$10,000 to be paid in one lump sum to the researcher, to his or her university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities (see *Additional Information* section below).

## **Eligibility Requirements**

- Early Career Psychologists (Doctoral-level researchers who are within 10 years post earning the doctoral degree). Note: applications by investigators who are not ECPs will not be considered.

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- Demonstrated competence in the area of proposed work
  - IRB approval must be received from the principal investigator's institution before funding can be awarded if human participants are involved
  - The selection committee may elect to award the grant to the same individual or research team up to two consecutive years
  - The selection committee may choose not to award the grant in years when no suitable nominations are received
  - Researcher must be a member of the Society for the Advancement of Psychotherapy. Join the society at <http://societyforpsychotherapy.org/>

### **Evaluation Criteria**

- Conformance with goals listed above under "Program Goals"
- Magnitude of incremental contribution in topic area
- Quality of proposed work
- Applicant's competence to execute the project
- Appropriate plan for data collection and completion of the project

### **Proposal Requirements for All Proposals**

- Description of the proposed project to include title, goals, relevant background, target population, methods, anticipated outcomes, and dissemination plans: not to exceed 3 single-spaced pages (1 inch margins, no smaller than 11-point font)
- CV of the principal investigator: not to exceed 2 single-spaced pages and should focus on research activities
- A 300-word biosketch that describes why your experiences and qualifications make you suited for successfully carrying out this research proposal.
- Timeline for execution (priority given to projects that can be completed within 2 years)
- Full budget and justification (indirect costs not permitted), which should take up no more than 1 additional page (the budget should clearly indicate how the grant funds would be spent)
- Funds may be used to initiate a new project or to supplement additional funding. The research may be at any stage. In any case, justification must be provided for the request of the current grant funds. If the funds will supplement other funding or if the research is already in progress, please explain why the additional funds are needed (e.g., in order to add a new component to the study, add additional participants, etc.)

### **Additional Information**

- After the project is completed, a full accounting of the project's income and expenses must be submitted within six months of completion
- After the project is completed, recipients will submit a practitioner-friendly summary of the research for publication in *Psychotherapy Bulletin* and/or the website of the Society for the Advancement of Psychotherapy. This summary is meant to not conflict with or duplicate publication in a research journal, but rather is meant to inform Society membership and the public about the research in a way that translates the research in a practice-friendly way.
- Grant funds that are not spent on the project within two years of receipt must be returned

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- When the resulting research is published, the grant must be acknowledged by a footnote or author's note in the publication
- All individuals directly receiving funds from the Society for the Advancement of Psychotherapy will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31<sup>st</sup>)

**Submission Process and Deadline**

- All materials must be submitted electronically at the same time
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net)
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received. Please re-submit.
- Deadline: April 1, 2018

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Science and Scholarship Domain Representative (Dr. Susan Woodhouse at [woodhouse@lehigh.edu](mailto:woodhouse@lehigh.edu)), or Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net).



***Bulletin* ADVERTISING RATES**

Full Page (4.5" x 7.5")	\$300 per issue
Half Page (4.5" x 3.5")	\$200 per issue
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**Deadlines for Submission**

- February 1 for First Issue
- May 1 for Second Issue
- August 1 for Third Issue
- November 1 for Fourth Issue

Send your camera ready advertisement, along with a check made payable to the Society for the Advancement of Psychotherapy, to:

Society for the Advancement of Psychotherapy (29)  
6557 E. Riverdale  
Mesa, AZ 85215

All APA Divisions and Subsidiaries (Task Forces, Standing and Ad Hoc Committees, Liaison and Representative Roles) materials will be published at no charge as space allows.

# CONGRATULATIONS TO THE 2017 SAP AWARD WINNERS!

## 2017 SAP Distinguished Psychologist



WILLIAM B. STILES is Professor Emeritus of Psychology, Miami University, Oxford, Ohio, USA, and Adjunct Professor of Psychology at Appalachian State University, Boone, North Carolina, USA. He also taught at the University of North Carolina at Chapel Hill, and he has held visiting positions at the Universities of Sheffield and Leeds in the United Kingdom, at Massey University in New Zealand, at the University of Joensuu in Finland, and at

Maia University Institute in Portugal. He received his Ph.D. from UCLA in 1972. He has been President of Division 29 of the American Psychological Association (Society for the Advancement of Psychotherapy) and of the Society for Psychotherapy Research. He has served as Editor of *Psychotherapy Research* and *Person-Centered and Experiential Psychotherapies*. He has published more than 300 journal articles and book chapters, most dealing with psychotherapy, verbal interaction, and research methods.



## 2017 SAP/APF Early Career Award Winner



Rayna D. Markin, Ph.D is an Associate Professor at Villanova University in the Department of Education and Counseling. She is a licensed psychologist in Pennsylvania with a part-time private practice, specializing in maternal mental health, infertility, and pregnancy loss. She is active in Division 29 of the APA and has served as the Early Career Psychologist Domain Representative and, currently, as the Education and Training chair.

Dr. Markin earned her doctorate in Counseling Psychology from the University of Maryland, with Dr. Dennis M. Kivlighan, Jr. as her advisor. Her dissertation work looked at Central Relationship Themes in Group Psychotherapy. Dr. Markin also worked with Dr. Charles Gelso on the Real Relationship.

Dr. Markin's research focuses on the process and outcome of relationally based, dynamic, psychotherapies. She is specifically interested in better defining aspects of the therapy relationship and discovering how these aspects influence the process and outcome of therapy. More recently, Dr. Markin's research has applied attachment theory and psychotherapy to the understanding and treatment of prenatal attachment disturbances and, separately, pregnancy loss and infertility issues. She is the recipient of numerous grants to study such phenomena as the impact of maternal trauma on prenatal attachment and psychodynamic psychotherapy for perinatal grief.



# 2018 Charles J. Gelso Psychotherapy Research Grants

## BRIEF STATEMENT ABOUT THE GRANT

The Charles J. Gelso, Ph.D., Psychotherapy Research Grants, offered annually by the Society for the Advancement of Psychotherapy to graduate students, predoctoral interns, postdoctoral fellows, and psychologists (including early career psychologists), provide three \$5,000 grants toward the advancement of research on psychotherapy process and/or psychotherapy outcome.

### Eligibility

All graduate students, predoctoral interns, postdoctoral fellows, and doctoral-level researchers with a promising or successful record of publication are eligible for the grant. The research committee reserves the right not to award a grant if there are insufficient submissions or submissions do not meet the criteria stated.

**Submission Deadline:** April 1, 2018

## Request for Proposals

### CHARLES J. GELSO, PH.D. GRANT

### Description

This program awards grants for research projects in the area of psychotherapy process and/or outcome.

### Program Goals

- Advance understanding of psychotherapy process and/or psychotherapy outcome through support of empirical research
- Encourage talented graduate students towards careers in psychotherapy research
- Support psychologists engaged in quality psychotherapy research

### Funding Specifics

- Three (3) annual grants of \$5,000 each to be paid in one lump sum to each of the researchers who receives the award, to the researcher's university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities.
- A researcher can win only one of these grants (see *Additional Information* section below).

### Eligibility Requirements

- Demonstrated or burgeoning competence in the area of proposed work
- IRB approval must be received from the principal investigator's institution before funding can be awarded if human participants are involved
- The same project/lab may not receive funding two years in a row
- Applicant must be a member of the Society for the Advancement of Psychotherapy (Division 29 of APA). Join the Society at <http://societyforpsychotherapy.org/>

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## Evaluation Criteria

- Conformance with goals listed above under “Program Goals”
- Magnitude of incremental contribution in topic area
- Quality of proposed work
- Applicant’s competence to execute the project
- Appropriate plan for data collection and completion of the project

## Proposal Requirements for All Proposals

- Description of the proposed project to include, title, goals, relevant background, target population, methods, anticipated outcomes, and dissemination plans: not to exceed 3 single-spaced pages (1 inch margins, no smaller than 11-point font)
- CV of the principal investigator: not to exceed 2 single-spaced pages and should focus on research activities
- A 300-word biosketch that describes why your experiences and qualifications make you suited for successfully carrying out this research proposal
- Timeline for execution (priority given to projects that can be completed within two years)
- Full budget and justification (indirect costs not permitted), which should take up no more than 1 additional page (the budget should clearly indicate how the grant funds would be spent)
- Funds may be used to initiate a new project or to supplement additional funding. The research may be at any stage. In any case, justification must be provided for the request of the current grant funds. If the funds will supplement other funding or if the research is already in progress, please explain why the additional funds are needed (e.g., in order to add a new component to the study, add additional participants, etc.)
- No additional materials are required for doctoral level psychologists who are not postdoctoral fellows
- **Graduate students, predoctoral interns, and postdoctoral fellows should refer the section immediately below for additional materials that are required.**

## Additional Proposal Requirements for Graduate Students, Predoctoral Interns, and Postdoctoral Fellows:

- Graduate students, pre-doctoral interns, and postdoctoral fellows should also submit the CV of the mentor who will supervise the work
- Graduate students and pre-doctoral interns must also submit 2 letters of recommendation, one from the mentor who will be providing guidance during the completion of the project and this letter must indicate the nature of the mentoring relationship
- Postdoctoral fellows must submit 1 letter of recommendation from the mentor who will be providing guidance during the completion of the project and this letter should indicate the nature of the mentoring relationship

## Additional Information

- A full accounting of the project’s income and expenses must be submitted within six months of completion
- After the project is completed, recipients will submit a practitioner-friendly summary of the research for publication in *Psychotherapy Bulletin* and /or the website of the Society for the Advancement of Psychotherapy. This summary is

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meant to not conflict with or duplicate publication in a research journal, but rather is meant to inform Society membership and the public about the research in a way that translates the research in a practice-friendly way

- Grant funds that are not spent on the project within two years must be returned
- When the resulting research is published, the grant must be acknowledged by a footnote or author note in the publication
- All individuals who directly receive funds from the Society for the Advancement of Psychotherapy will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31<sup>st</sup>)

### Submission Process and Deadline

- All materials must be submitted electronically at the same time
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/ file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net)
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
- Deadline: April 1, 2018

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Science and Scholarship Domain Representative (Dr. Susan Woodhouse at [woodhouse@lehigh.edu](mailto:woodhouse@lehigh.edu)), or Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net).

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**Find the Society for the Advancement of  
Psychotherapy at  
[www.societyforpsychotherapy.org](http://www.societyforpsychotherapy.org)**

# SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

## Call for Nominations

### *Distinguished Psychologist Award*

The APA Society for the Advancement of Psychotherapy invites nominations for its 2018 *Distinguished Psychologist Award*, which recognizes lifetime contributions to psychotherapy, psychology, and the Society. The awardee will receive a cash honorarium of \$500 and up to \$500 reimbursement for qualified expenses to attend the Society's Awards Ceremony held at the APA Convention in San Francisco, California, August 2018.

**Deadline is January 31, 2018. All items must be sent electronically.** Letters of nomination outlining the nominee's credentials and contributions (along with the nominee's CV) should be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Zimmerman at [drz@jzphd.com](mailto:drz@jzphd.com)

*Society for the Advancement of Psychotherapy*  
Of the American Psychological Association (APA)

### CALL FOR NOMINATIONS

#### *Award for Distinguished Contributions to Teaching and Mentoring*

The Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its 2018 *Award for Distinguished Contributions to Teaching and Mentoring*, which honors a member of the Society who has contributed to the field of psychotherapy through the education and training of the next generation of psychotherapists.

Both self-nominations and nominations of others will be considered. The nomination packet should include:

- 1) a letter of nomination describing the individual's impact, role, and activities as a mentor;
- 2) a vitae of the nominee; and,
- 3) three letters of reference for the mentor, written by students, former students, and/or colleagues who are early career psychologists. Letters of reference for the award should describe the nature of the mentoring relationship (when, where, level of training), and an explanation of the role played by the mentor in facilitating the student or colleague's development as a psychotherapist. Letters of reference may include, but are not limited to, discussion of the following behaviors that characterize successful mentoring: providing feedback and support; providing assistance with awards, grants and other funding; helping establish a professional network; serving as a role model in the areas of teaching, research, and/or public service; giving advice for professional development (including graduate school postdoctoral study, faculty and clinical positions); and treating students/colleagues with respect.

The awardee will receive a cash honorarium of \$500 and up to \$500 reimbursement for qualified expenses to attend the Society's Awards Ceremony held at the APA Convention in San Francisco, California, August 2018.

**Deadline is January 31, 2018. All items must be sent electronically.** The letter of nomination must be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Zimmerman at [drz@jzphd.com](mailto:drz@jzphd.com)



## *Diversity Research Grant for Early Career Psychologists*

**DEADLINE: APRIL 1, 2018**

The Diversity Research Grant for early career psychologists was established to foster the promotion of diversity within the Society for the Advancement of Psychotherapy (APA Division 29) and within the profession of psychotherapy.

The Society may award annually one \$1,000 Diversity Research Grant to an early career psychologist (within 10 years of graduation) who is currently conducting research or an applied project that promotes diversity, as outlined by the American Psychological Association (APA). According to the APA, diversity is defined as individual and role differences, including those based on age, gender, sexual orientation, gender identity, race, ethnicity, culture, national origin, religion, disability, language, and socioeconomic status.

The Diversity Research Grant is expected to be used to support the completion of an ECP's psychotherapy research or psychotherapy project. The grant may be used to fund:

- supplies used to conduct the research or project;
- training needed for completion of the research or project; and / or
- travel to present the research (such as at a professional conference).

The applicant *must* be a member of the Society for the Advancement of Psychotherapy. The recipient of the grant will be expected to present his or her research results in a scholarly forum (e.g., presentation at an APA Annual Convention, in the Society's journal, *Psychotherapy*, or other refereed professional journal) or the *Psychotherapy Bulletin*.

One annual grant of \$1,000 will be paid in one lump sum to the researcher, to his or her university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities. All grant recipients will be required to complete an IRS form W-9 before funds are issued.

### **THE APPLICATION MUST INCLUDE:**

- A 1-2 page cover letter describing how the applicant's work embodies the Society's interest in promoting diversity in the profession of psychotherapy and how the funding will be used to support the applicant's work;
- A 1-page document outlining a detailed budget;
- A 5-10 page research proposal;
- 1 letter of recommendation from someone familiar with the applicant's work

### **SELECTIONS CRITERIA:**

- Consistency with the Diversity Research Grant's stated purposes;
- Clarity of the written proposal;

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- Scientific quality and feasibility of the proposed research project;
  - Budgetary needs for data collection and completion and presentation of the project;
  - Potential for new and valuable contributions to the field of psychotherapy;
  - Potential for final publication or likelihood of furthering successful research in topic area; and
  - Awardee must be a member of the Society for the Advancement of Psychotherapy (APA Division 29)

### SUBMISSION PROCESS AND DEADLINES:

- All materials must be submitted electronically at the same time
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document / file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net)
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
- **Deadline: April 1, 2018.** Incomplete or late application packets will not be considered.

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Diversity Domain Representatives Beverly Greene, Ph.D. ([bgreene203@aol.com](mailto:bgreene203@aol.com)); Rosemary Phelps Ph.D. ([rephelps@uga.edu](mailto:rephelps@uga.edu)); and or Committee Chair Astrea Greig Psy.D. ([agregig@bhchp.org](mailto:agregig@bhchp.org))

### ADDITIONAL INFORMATION

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.
- All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31st).



## SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY INTERNATIONAL RESEARCH GRANT FOR STUDENTS AND EARLY CAREER PROFESSIONALS

Consistent with the goals of the Society for the Advancement of Psychotherapy (SAP) and its International Domain, the International Research Grant for graduate students and early career professionals was established in order to promote more international and cross-cultural research within SAP and within the profession of psychotherapy.

The International Research Grant is expected to be used to support the completion of a research project. The grant may be used to fund:

1. supplies used to conduct the research;
2. training needed for completion of the research; and/or
3. travel to present the research (such as at a professional conference).

The Society may award this \$1,000 International Research Grant to a graduate student or early career professional (within 10 years of receiving the doctoral degree). The applicant must be a member of the Society. This grant is available to all graduate students including U.S. citizens, permanent residents, and international students and affiliates. The recipient of the grant will be expected to present the research results in a scholarly forum (e.g., presentation at an APA Annual Convention, the Society journal, *Psychotherapy*, or other refereed professional journal) and the *Psychotherapy Bulletin*.

The grants of \$1,000 will be paid in one lump sum to the researcher, to their university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities. All grant recipients will be required to complete an IRS form W-9 before funds are issued. International students from countries that have a tax treaty with the United States are exempt from taxes but will need to complete the form W-8BEN.

### **A complete application must be submitted by email to the International Domain Representative:**

Frederick Leong (email: fleong@msu.edu) by midnight, April 1st. Incomplete or late application packets will not be considered.

### **THE APPLICATION MUST INCLUDE:**

- A 1-2 page cover letter describing how the applicant's work embodies the Society's interest in promoting the internationalization of psychotherapy and how the funding will be used to support the applicant's research project;
- A 1-page document outlining a detailed budget;
- A 5-10 page research proposal on the project;
- 1 letter of recommendation from the student's current direct supervisor or advisor; OR a research mentor for early career professions

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**ONCE A COMPLETE APPLICATION HAS BEEN RECEIVED (ON OR BEFORE THE DEADLINE), SELECTIONS WILL BE MADE USING THE FOLLOWING CRITERIA:**

- Consistency with the International Research Grant’s stated purposes;
- Clarity of the written proposal;
- Scientific quality and feasibility of the proposed research project;
- Budgetary needs for data collection and completion and presentation of the project;
- Potential for new and valuable contributions to the international advancement of psychotherapy; and
- Potential for final publication or likelihood of furthering successful research in topic area.

**ADDITIONAL INFORMATION**

- After the project is complete, a full accounting of the project’s income and expenses must be submitted within six months of completion.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.
- All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31<sup>st</sup>). The exceptions are international students from countries that have a tax treaty with the United States; however, they will need to complete the form W-8BEN.



**Find the Society for the Advancement of Psychotherapy at [www.societyforpsychotherapy.org](http://www.societyforpsychotherapy.org)**

# SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY DISTINGUISHED AWARD FOR THE INTERNATIONAL ADVANCEMENT OF PSYCHOTHERAPY

### Description

Concurrent with the mission of the Society for the Advancement of Psychotherapy and its International Domain and International Affairs Committee, this award was established in 2017 in recognition of individuals who have made distinguished contributions to the international advancement of psychotherapy. Award recipients receive an honorarium of \$1,000 and an award certificate from the Society at the Society's awards ceremony at the APA Annual Convention.

### Eligibility

The criteria for receipt of this award are broadly defined as significant and sustained contributions to the international advancement of psychotherapy which is consistent with the international dimension of the Society's mission, i.e., the Society is an international community of practitioners, scholars, researchers, teachers, health care specialists, and students who are interested in and devoted to the advancement of the practice and science of psychotherapy. Given below are the specific requirements in order to receive the award:

1. Membership in the Society for the Advancement of Psychotherapy (including International members who are non-APA Member Affiliates).
2. Sustained and significant contributions to the international advancement of psychotherapy in practice, research and/or training in psychotherapy.
3. These contributions must be in the international arena and a significant part of the contribution must be within the division OR the contributions should represent a significant collaboration with individuals from the international community and promotes the ideas and practices of that community.

### How to Apply

Application materials should include:

1. A nomination letter outlining the nominee's contributions to the international advancement of psychotherapy (self-nominations are welcomed).
2. Two or more supporting letters.
3. A current Curriculum Vitae.

Submit applications to the Frederick Leong (email: fleong@msu.edu) by midnight, January 31, 2018. Incomplete or late application packets will not be considered.



## 2018 SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY 50TH ANNIVERSARY RESEARCH GRANT

### Brief Statement about the Grant

The Society for the Advancement of Psychotherapy 50<sup>th</sup> Anniversary Research Grant is offered by the Society for the Advancement of Psychotherapy to graduate students, predoctoral interns, postdoctoral fellows, and psychologists (including early career psychologists), provides \$30,000 toward the advancement of research on psychotherapy process and/or psychotherapy outcome.

### Eligibility

All graduate students, predoctoral interns, postdoctoral fellows, and doctoral-level researchers with a promising or successful record of publication are eligible for the grant. The research committee reserves the right not to award a grant if there are insufficient submissions or submissions do not meet the criteria stated.

**Submission Deadline:** April 1, 2018

### Request for Proposals

#### 2018 SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY 50<sup>TH</sup> ANNIVERSARY RESEARCH GRANT

### Description

This program awards a \$30,000 grant for a research project in the area of psychotherapy process and/or outcome. The research grant is offered in celebration of the 50<sup>th</sup> Anniversary of the Society for the Advancement of Psychotherapy. Applications should describe the relevance of the proposed research for the direction of the field in the next 50 years.

### Program Goals

- Celebrate the 50<sup>th</sup> Anniversary of the Society for the Advancement of Psychotherapy
- Advance understanding of psychotherapy process and/or psychotherapy outcome through support of empirical research
- Encourage talented graduate students towards careers in psychotherapy research
- Support psychologists engaged in quality psychotherapy research

### Funding Specifics

- One grant of \$30,000 to be paid in one lump sum to the researcher, to the researcher's university grants and contracts office, or to an incorporated company. An individual who receives the funds could incur tax liabilities (see *Additional Information* section below).

### Eligibility Requirements

- Demonstrated or burgeoning competence in the area of proposed work
- IRB approval must be received from the principal investigator's institution before funding can be awarded if human participants are involved

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- Applicant must be a member of the Society for the Advancement of Psychotherapy (Division 29 of APA). Join the Society at <http://societyforpsychotherapy.org/>

### **Evaluation Criteria**

- Conformance with goals listed above under “Program Goals”
- Magnitude of contribution in topic area
- Relevance of the research for the next 50 years of research and practice of psychotherapy
- Quality of proposed work
- Applicant’s competence to execute the project
- Appropriate plan for data collection and completion of the project

### **Proposal Requirements for All Proposals**

- Description of the proposed project to include, title, goals, relevant background, target population, methods, anticipated outcomes, and dissemination plans: not to exceed 3 single-spaced pages (1 inch margins, no smaller than 11-point font)
- CV of the principal investigator: not to exceed 2 single-spaced pages and should focus on research activities
- A 300-word biosketch that describes why your experiences and qualifications make you suited for successfully carrying out this research proposal.
- Timeline for execution (priority given to projects that can be completed within two years)
- Full budget and justification (indirect costs not permitted), which should take up no more than 1 additional page (the budget should clearly indicate how the grant funds would be spent)
- Funds may be used to initiate a new project or to supplement additional funding. The research may be at any stage. In any case, justification must be provided for the request of the current grant funds. If the funds will supplement other funding or if the research is already in progress, please explain why the additional funds are needed (e.g., in order to add a new component to the study, add additional participants, etc.)
- Pilot studies that are intended to lead to later external funding of larger projects are welcome (but not required).
- No additional materials are required for doctoral level psychologists who are not postdoctoral fellows
- **Graduate students, predoctoral interns, and postdoctoral fellows should refer the section immediately below for additional materials that are required.**

### **Additional Proposal Requirements for Graduate Students, Predoctoral Interns, and Postdoctoral Fellows:**

- Graduate students, pre-doctoral interns, and postdoctoral fellows should also submit the CV of the mentor who will supervise the work
- Graduate students and pre-doctoral interns must also submit 2 letters of recommendation, one from the mentor who will be providing guidance during the completion of the project and this letter must indicate the nature of the mentoring relationship
- Postdoctoral fellows must submit 1 letter of recommendation from the mentor

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who will be providing guidance during the completion of the project and this letter should indicate the nature of the mentoring relationship

### **Additional Information**

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion
- After the project is completed, recipients will submit a practitioner-friendly summary of the research for publication in *Psychotherapy Bulletin* and/or the website of the Society for the Advancement of Psychotherapy. This summary is meant to not conflict with or duplicate publication in a research journal, but rather is meant to inform Society membership and the public about the research in a way that translates the research in a practice-friendly way.
- Grant funds that are not spent on the project within two years must be returned
- When the resulting research is published, the grant must be acknowledged by a footnote or author's note in the publication
- All individuals who directly receive funds from the Society for the Advancement of Psychotherapy will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31<sup>st</sup>)

### **Submission Process and Deadline**

- All materials must be submitted electronically at the same time
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net)
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
- Deadline: April 1, 2018

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Science and Scholarship Domain Representative (Dr. Susan Woodhouse at [woodhouse@lehigh.edu](mailto:woodhouse@lehigh.edu)), or Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, [assnmgmt1@cox.net](mailto:assnmgmt1@cox.net).



## CONGRATULATIONS TO THE 2017 SCHOLARSHIP WINNERS!

As one of Dr. Michael Constantino's President-Elect initiatives, the Society for the Advancement of Psychotherapy (SAP) administered a scholarship competition to support three student SAP members' attendance at the North American Society for Psychotherapy Research (NASPR) Science-to-Practice Workshop, *An Introduction to Dyadic Data Analysis in Psychotherapy Research*, on October 28, 2017 in Lake George, NY.

Given SAP's close connection to NASPR, this scholarship program was initiated to support students (\$200 each) for whom dyadic analyses are pertinent to their clinical and research training. After reviewing proposals, the SAP Student Development Committee selected the following winners:



**Katie Aafjes-van Doorn**  
Yeshiva University

Katie Aafjes-van Doorn is a Clinical Psychologist and psychotherapy researcher. She received a master's degree in clinical psychology and psychological research and completed her doctoral training at University of Oxford, United Kingdom. She received clinical psychoanalytic training at Access Institute, San Francisco and just completed a one-year postdoctoral research fellowship at the Derner Institute for Psychological Services, Adelphi University, New York. This summer she joined the faculty at Ferkauf Graduate School of Psychology, Yeshiva University, New York. Her teaching and research interest is in evidence-based psychodynamic psychotherapy, as well as its potential moderators and mediators of change. She has written several empirical papers on the process and outcome of experiential dynamic therapy, co-authored an introductory book on clinical psychology, and chapters on process-outcome research. She hopes to contribute to the evidence-base of psychodynamic therapy by operationalizing psychoanalytic concepts such as defenses, affect experiencing, countertransference, and reflective functioning.



**Carly Schwartzman**  
University at Albany

Carly is a second-year doctoral student in clinical psychology at the University at Albany, working in Dr. James Boswell's Psychotherapy and Behavior Change Research Lab. Following graduation with a B.A. in psychology from the University of Miami, she worked as a research assistant at Butler Hospital in Providence, RI in the Obsessive-Compulsive Disorder Research Program. Her research interests include mechanisms of change in psychotherapy, intervention and therapist effectiveness, dissemination of empirically-supported treatments, and the use of technology in the delivery of psychological treatment.

*continued on page 73*



**Nili Solomonov**  
**Adelphi University**

Nili Solomon is an advanced doctoral candidate for clinical psychology at the Derner School of Psychology, Adelphi University. She currently works as a Clinical Psychology Intern at Jacobi Medical Center, The Bronx, NY. Her research focuses on mechanisms of change in CBT and psychodynamic therapies for mood and anxiety disorders, such as metallization and misinterpretation of bodily sensations. Her studies also focus on the role of the working alliance and use of specific therapeutic techniques in process and outcome of different psychotherapies. She is particularly interested in studying longitudinal therapeutic processes using quantitative methods, such as multilevel modeling and structural equation modeling.



*SAP congratulates these deserving scholars!*



**Find the Society for the Advancement of Psychotherapy at [www.societyforpsychotherapy.org](http://www.societyforpsychotherapy.org)**

# SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY

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The Society meets the unique needs of psychologists interested in psychotherapy. By joining the Society for the Advancement of Psychotherapy, you become part of a family of practitioners, scholars, and students who exchange ideas in order to advance psychotherapy. The Society is comprised of psychologists and students who are interested in psychotherapy. Although the Society is a division of the American Psychological Association (APA), APA membership is not required for membership in the Society.

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## PSYCHOTHERAPY BULLETIN

*Psychotherapy Bulletin* is the official newsletter of the Society for the Advancement of Psychotherapy of the American Psychological Association. Published online four times each year (spring, summer, fall, winter), *Psychotherapy Bulletin* is designed to: 1) inform the membership of Division 29 about relevant events, awards, and professional opportunities; 2) provide articles and commentary regarding the range of issues that are of interest to psychotherapy theorists, researchers, practitioners, and trainers; 3) establish a forum for students and new members to offer their contributions; and, 4) facilitate opportunities for dialogue and collaboration among the diverse members of our association.

Contributors are invited to send articles (up to 2,250 words), interviews, commentaries, letters to the editor, book reviews, and announcements to Lynett Henderson Metzger, JD, PsyD, Editor, *Psychotherapy Bulletin*. All submissions for *Psychotherapy Bulletin* should be sent electronically to Lynett.HendersonMetzger@du.edu with the subject header line *Psychotherapy Bulletin*; please ensure that articles conform to APA style. If graphics, tables or photos are submitted with articles, they must be of print quality and in high resolution. Deadlines for submission are as follows: February 1 (#1); May 1 (#2); August 1 (#3); November 1 (#4). Past issues of *Psychotherapy Bulletin* may be viewed at our website: [www.societyforpsychotherapy.org](http://www.societyforpsychotherapy.org). Other inquiries regarding *Psychotherapy Bulletin* (e.g., advertising) or the Society should be directed to Tracey Martin at the the Society's Central Office (assnmgmt1@cox.net or 602-363-9211).



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