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BULLETIN

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PRESIDENT'S COLUMN

So Much Is Happening in the Society for the Advancement of Psychotherapy

Jeffrey Zimmerman, PhD, ABPP

Wow! As I start this year as your President, I am awed by all we are doing. We just had our winter Board of Directors meeting. What a great meeting, with a great group of people. We are an increasingly diverse group in so many different respects. Yet, when we sit down to work, we focus on the matters at hand with kindness, respect, and a desire to make values-based decisions. I was honored to facilitate the meeting.

In a moment, I will share some of our initiatives with you as it can be hard to keep up with the many things going on in the Society. Of course, this will be a partial list of highlights, as I cannot detail every activity. My apologies, in advance, for what I omit.

First though, I want to express my gratitude to all members of the Society for their efforts large and small: our Liaisons, Student Representative, Committee Chairs and their members, Domain Representatives, Council Representatives, Publications Board, Officers, and Tracey Martin (our Administrator). You have done so much to help the Society expand its mission and its focus. I also want to thank our prior members of the governance group who have stepped away from their leadership positions.

Thank you all. I could fill all the allotted space I have for this announcement with each of your names and accomplishments. Please know how grateful I am for all your contributions.

I do want to single out our two most recent Past Presidents, Armand Cerbone, PhD, and Rod Goodyear, PhD. Armand and Rod are mentors and friends. They have paved the way for much of what you will read below and have helped foster a culture in the Society that is collegial and respectful. Thank you both for your brilliance, kindness, dedication, and hard work.

The Society is also in good hands for 2018 and will be well served by Mike Constantino, PhD, President-Elect. Mike has already started getting to work on his Presidential initiatives. One thing he will be doing is heading a Task Force on Psychotherapy Dissemination, comprised of our Domain Representatives, to get new and pertinent research out to psychotherapy clinicians.

I considered listing the initiatives below by ascribing them to one Domain or another. However, this would not be representative of what we are doing. I was so impressed that our Board did not function as separate silos. Rather, there was synergy and integration of ideas. So, instead I am going to present some of the initiatives and you can hopefully see how many represent a convergence of interests from many different parts of the Society.

So, let's look at some of the great things happening in the Society for the Advancement of Psychotherapy:

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- We have a program of 5 symposia to be presented at the upcoming meeting of the World Congress of Psychotherapy. My Presidential Symposium at the World Congress (and at APA this summer) will be on bringing psychotherapy to underserved populations. We will also have a social hour to meet our international colleagues and spend time with our members who are present.

- The partnership with Oriental Insight is going well and we expect to welcome 73 new international members into the Society.

- We are continuing work on new outreach initiatives to form other international relationships.

- Keep an eye out for more articles from our international colleagues in our publications. I am hopeful you will see articles about psychotherapies in other cultures.

- We are in the midst of developing a training clinic outcome measure.

- We are looking at bringing resources to clinicians working in some of the most impoverished communities.

- We are also planning to provide resources (possibly to schools) to help make a constructive difference in communities that are underserved.

- We are looking at how to reduce barriers to access and how to incorporate these initiatives into programs of research, training, and practice.

- The 5-year impact factor of *Psychotherapy* is almost double what it was in 2011.

- Our *Bulletin* published 40 articles in 2016 and this year is inviting submissions from each Domain on "Difficult Dialogues."

- Our website year-to-date in December 2016 had been visited almost 110,000 times!

- We are looking to create a series of webinars and may collaborate with other divisions as well. At this point, ideas are being exchanged with Division 42 (Independent Practice).

- We have an ongoing project of interviewing clinicians in private practice about their needs. The Board noted that of course a great deal of psychotherapy occurs in settings other than in independent practice, and sees its charge as relating to all licensed or certified mental health clinicians here and abroad.

- The issues of diversity permeated most of our discussions on a micro and macro level, as the Board strove to be responsive to the many points of views and needs expressed. We plan to have interviews on the website related to diversity. Similarly, there will be efforts to increase the awareness of diversity via future convention programming.

- *Psychotherapy* will have a special section (possibly a special issue) on cultural competencies (articles due May 15th).

- The Board discussed many issues related to membership, addressing the needs of students and early career professionals, as well as the importance of retaining our current members, some of whom have been members for decades. The Board was clear that we need to concen-

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trate on being of value to all our members, new and longstanding, here in the U.S. and abroad.

- The Board expressed interest in exploring the possibility of partnering with other divisions and organizations in and outside of APA (in addition to Oriental Insight and Division 42).

While the minutes of our Board meeting have not yet been approved, some of the initiatives that were passed include:

- Supporting Division 19's (Society for Military Psychology) letter regarding opposition of torture and/or abusive treatment;

- Supporting APA's letter of full apology to Native American, Alaskan Native, and Native Hawaiian peoples;

- Offering (beginning in 2018) two APA Division 29 Awards for the International Advancement of Psychotherapy: Distinguished Award ($500) & Student or Early Career Grant ($1,000);

- Implementing a strategic initiative to provide up to 5 complimentary memberships to people in international settings who demonstrate need and can advance the international mission of the Division;

- Providing the Education and Training Domain $3,000 to continue the development of the training clinic outcome measure; and

- Approving the 2016 *Psychotherapy* Most Valuable Paper Award (and corresponding $500 prize). The results will be announced after the winners are notified

None of what we are doing could be done without our members. You are the foundation of the Society; our prior and our future leadership. If you have even just an inkling of wanting to get involved, please reach out to me at drz@jzphd.com. I will help you connect with the right person(s).

Whether you are a student, early career, mid-career, or late-career professional you can be an active part of one or more of our initiatives and you will be welcomed. The Society for the Advancement of Psychotherapy 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. I am thrilled and honored to be among you.

EDITORS' COLUMN

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We are well into 2017, and Lynett and Cara are pleased to welcome you to the first issue of *Psychotherapy Bulletin*. We would also like to welcome our new members of Governance and say thank you, again, to those who have served us so well. Lynett would like to particularly thank Dr. Jennifer Erickson Cornish for her years of dedication to Ethics, and for her mentorship as past Bulletin Editor. We wish our new Domain Chairs, Representatives, officers, and others all the best in providing invaluable leadership in the year to come.

And what an exciting year it promises to be! Please check out Dr. Jeff Zimmerman's President's Column for a peak at the many evolving projects and happenings within and involving the Society for the Advancement of Psychotherapy. This issue offers a variety of pieces on topics ranging from technology in psychotherapy practice to science advocacy to the implications of public policy challenges. We hope you will find something of interest in these pages, whether you are a student, professional still in the early stages of your career, or experienced provider, researcher, or academician.

We are particularly pleased to offer two selections focusing on this year's special theme: "difficult dialogues" in psychotherapy practice, research, or training. In the first, student Pauline Venieris invites us to reflect with her on the interpersonal challenges and opportunities presented by internship year. In the second, Dr. Jonathan Jenkins addresses the complexities of discussing sex and sexuality within the context of Autism Spectrum Disorder. If you have an idea for a "difficult dialogue"—a topic that is both critically important and easily overlooked (or actively avoided)—feel free to contact us with your thoughts. We would love to hear from our readers on these important conversations.

Our next deadline is May 1, 2017, and you can find the Bulletin submission guidelines in the back of this volume or online (http://societyforpsychotherapy.org/). Please remember that we will be moving to a digital-exclusive format following our next issue (you can find details later in this issue and online at www.societyforpsychotherapy.org/bulletin-announcement). As always, we welcome your submissions, comments, feedback, and ideas.

Happy Spring,

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EDUCATION AND TRAINING

An Unexpected Lesson About Difficult Dialogues From the Internship Year

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It was the night before one of my doctoral interviews and the current students of my program had organized a welcome event for us interviewees. Some of the advanced students talked about anxiously awaiting to hear whether they matched for internship the next morning. Doctoral interviews are always scheduled on the same Friday as internship match day. As I took in their excitement, nervousness, and energy, I vividly remember thinking that I was so, so far away from applying myself. I admired that they had been through the doctoral journey I was only trying to begin and had arrived at this final step—internship. I looked at them in awe and looked forward to internship as this final and beautiful destination.

I am writing this as a current intern. Sometimes I am struck by the idea that other students who are just beginning their programs see me as I saw the advanced students that night. Throughout my doctoral program, internship was hailed as this incredible experience, full of uncertainty but also of possibility. Each year, I waited for the email announcing where students would be going. I texted students asking about their transitions to new cities and roles. Students raved about getting to see snow or have their own offices. On social media, I saw pictures of students with their new internship cohorts. Taco Tuesdays. Happy hours. Meet and greets with partners and significant others. Relocated cats and dogs. I admit that I glamorized the internship year. This simultaneous last year of training and first year of professional work. This dual year of student and staff. This year marked the beginning of the end and the end of the beginning. While I heard about the difficulties in moving, separating from loved ones, financial strains, and increased responsibility, there is one thing no one talked about—the other interns.

Looking back I think that I assumed that I would instantly become friends with these two other travelers in this doctoral journey. Where they came from I would not know, but I assumed that we would understand the long road we had taken to be where we were and that we would embrace one another amid the many changes. The pictures on social media only highlighted the budding friendships, sightseeing to landmarks, new cuisines tried, and smiling faces of students joined at this this specific moment in time. I expected instant friendships.

In this field, our work is full of difficult dialogues. We talk to clients about losing loved ones, questioning their sexual orientation, and pain they would never dare share with others. We build rapport and create a strong bond; once built, we often use this foundation to give our

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clients truthful feedback about themselves that can help them make the changes they want. As teachers, we have difficult discussions with our students about academic dishonesty and being in danger of failing. As social justice advocates, we discuss issues of privilege and oppression, microaggressions, and implicit biases. We talk about having been judged and misunderstood. Hopefully, we acknowledge when we have been the perpetrator. As researchers, we have difficult conversations with our teams surrounding differences in opinions about study designs and manuscript edits. As students, we have difficult dialogues with our advisors about our dissertation progress, or lack thereof. Our work is characterized by the use of honesty, genuine care, and discernment to communicate in ways that are challenging but foundational for advancement.

There are other dialogues, equally difficult, that go undiscussed in our own lives. The internship year is ripe with opportunities for discussions that we are somehow less prepared for and less eager to begin. And yet, these personal discussions are incredibly important. These are conversations with our fellow students—our peers.

My internship year did not start off as glamorous as I had envisioned. For one, I did not get matched with my first choice. It took time to grieve what I had envisioned and accept the different reality in front of me. I am also spending the year apart from my spouse, which has brought more than its fair share of expected and unexpected consequences. And, I did not make instant friendships with my cohort. Personality differences, as well as differences in training, background, and what chapter of our lives we were in, presented challenges for connection. Unlike the school friendships which I had invested in and committed to cultivating for years, this new cohort felt tentative and sometimes forced. Add to these factors the changes involved in moving, adjusting to new systems, becoming a colleague, meeting a new supervisor, and settling into a new city, and you have grist for difficult dialogues to be had or avoided.

The dynamics of my specific cohort formed early and grew in intensity. Toward the second month of internship, I felt less excited for days filled with training. I found myself tired, defensive, or uncomfortable in interactions with fellow interns. I spent far more time than I would like to admit trying to make sense of it all. Why were we not having weekend bowling tournaments and game nights on the weekdays? Why was this not easy?

It was a Friday in October. My internship started in August. We were in training. One moment we were engaged in a discussion about the readings; the next moment, I was being confronted by a fellow intern about making a comment that they found dismissive. It hit me like a ton of bricks. Here we were, talking about *our* dynamic after months of feigned ignorance or intentional avoidance. My heart was racing and I found myself needing to remember to regulate my breath and stay present. I was activated. We were at the end of our seminar and needed to wrap up. When I got back into my office, I burst into tears. Months of talking with clients about their deepest issues—and yet I had not been prepared to breach this very real, very personal conversation. What in my program had prepared me for workplace difficult dialogues full of personality differences and hurt feelings and clashes and unfulfilled expectations and adjusting to change?

To be fair, our training director had laid the groundwork for this type of discus-

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sion. The first training seminar of the year was devoted to discussing "transitions," and we had been given an article to read to prepare us for this discussion: "Transition From Graduate School to Internship: A Potential Crisis" (Solway, 1985). While we did talk about the transitions we had undergone to get to internship, we did not talk about the transition to one another. Maybe we needed time or safety.

At the next seminar, it would have been easy to gloss over what had happened and to chalk it up to a situational misunderstanding that had been resolved. But we all knew it was not resolved and so we did something we ask our clients to do all the time: We were brave. We asked our training director if we could focus on the dynamics between us instead of the planned seminar. With that support, we engaged in the "realest" conversation I have ever had in a professional setting. We talked about expectations, disappointments, jealousies, assumptions, first impressions, and next steps. We listened and shared; apologized and forgave. We cried.

The skills we used were the same skills we draw upon to do our work and yet, we often do not dip into this toolbox to have conversations such as these with peers in a professional setting. We definitely do not do it as trainees in front of a supervisor during an intensely evaluative year. Yet, without the support of our training director, that safe space, the culture of genuineness that is encouraged at my site, and our own willingness to "go there," we would not have broken down the barriers that existed among us and built what exists now. What now exists is honesty, true respect, kindness, admiration, support, and a willingness to understand one another. We saw each other as fellow travelers because of that conversation. We acknowledged the challenges exacerbated in this internship year that have existed at some level in all of our programs—being evaluated and compared to peers while also trying and needing to connect to them. We realized that we learn about how to have conversations for others' benefits, but we do not learn about how to have them for ourselves. We do not learn about how hard it is to be vulnerable in a professional setting even when it is necessary for growth, understanding, and progress. Rarely do we get supported to discuss dynamics, especially when they are tense.

Many of us have these conversations in other close relationships. While personal relationships are different from professional ones in important ways, our field has a certain personal-professional overlap that cannot be overlooked. How can we grow as clinicians in the service of helping our clients confront the issues in their lives if we cannot bring ourselves to have those hard conversations at school, at field placement, with our advisors, or on internship?

While not the perfect, romanticized experience that I dreamt about from that first night as an interviewee, I would not trade this experience for anything. I am lucky to be in an environment that encourages my growth as a professional and as a person. I am lucky that my fellow interns were courageous enough to engage in a discussion around interpersonal dynamics and process. With a third of my internship year behind, I already know that this experience with my peers will be one of the lasting blessings for me from this year—a reminder for me to stay honest, humble, and curious. A prompt to lean in, even when it is scary, new, or uncomfortable. As I look back on the years in my doctoral program, I wonder what it would have

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looked like to have had more of these honest discussions throughout. Students can often have these conversations behind one another's backs. I have not been above gossiping at times. And yet, what could be gained if we were encouraged to bring things up with one another—to be honest, respectful, and real as we discuss how we are impacted by the other and what we would like to be different? What if we discussed the competition that sometimes exists when students see resources and attention as scarce and when they see others as opponents rather than supports? What would happen if we actually discussed the feelings brewing in our labs, our classes, or our practicum sites?

Faculty, supervisors, and training directors can be such amazing facilitators for this, as they can provide the space and model having difficult but productive conversations with colleagues and students. They can normalize ruptures as part of relationships, and help students focus on how to recognize and repair conflicts; how to achieve healing. A part of me is aware that writing about this topic can be taboo. I wonder how others, especially my colleagues, will perceive my words and my version of events. And yet, I cannot imagine that my experience is unique. Every graduate student has had at least ONE experience of being misunderstood, hurt, angry, or saddened by the actions or words of a peer. Often, we turn to another to help validate and make sense of our experiences. It can take a tremendous amount of courage to talk to that person directly. And yet, there is so much that is lost when we turn away rather than delve into the depths of difficult conversations. I hope that, if nothing else, my words help my peers to recognize when they have the choice. I know that the discussions on internship could have gone another way. The point is not always the result. The point is learning to be genuine, and kind, and attempt to create understanding. This is not to say that the risk of opening up will be rewarded or even make things better—but not talking is another risk and one to which we often default without reflection or intentionality.

This year I will undoubtedly learn more about clinical interventions, brief therapy, outreach, and assessment. Yet the most valuable lessons are experienced. Let us create the space to have these dialogues between ourselves more often. Our growth is related to the growth of our clients, students, mentors, mentees, and other colleagues. We owe them. We owe ourselves.

References for this article can be found in the online version of the Bulletin published on the Society for the Advancement of Psychotherapy website. www.societyforpsychotherapy.org

CLINICAL NOTES WITH DR. J

The Birds and the Bees (and Autism): Difficult Dialogues About Sex and Sexuality

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As clinicians, we are morally and ethically charged to be available to speak to a variety of topics related to our clients' developmental and psychological growth. This duty often feels more akin to a privilege, as we are able to bear witness to the emerging consciousness and identity development of our clients in this co-created therapeutic space. In exchange for this sacred position, we are charged with supporting our clients along their journeys of discovery and listening intently about important topics of conversation that typically are considered too sensitive to discuss fully and wholeheartedly with peers. Through our providing a safe place for discussions of topics like these, clients are able to formulate healthy methods of coping with stressors and gain access to important information that can help inform educated decision making. As psychotherapists, we too must be brave to engage in these difficult dialogues, as our own anxieties and biases may prevent us from full immersion in these critical moments. We must not forget that we are also human and are susceptible to the same blind spots that impact our clients and the rest of the community. Similarly, we must also take into account our own history and life circumstances, such as religion, race, and gender when listening to our clients so that we can better understand and appreciate their experiences. Sex is an often difficult but critical topic for many to discuss, both outside in the public sphere and inside the safety of a therapeutic space.

A Human Rights Perspective

Some view the topics of sex and sexuality as tawdry or overly-personal, perhaps better left for conversations behind closed doors. Psychotherapists can be instrumental in cultivating productive public and private conversations about sex and sexuality, addressing individual and collective needs for discussion of these important dynamics within our community. Like many, I believe sex to be a human right in that individuals should be able to seek as much or as little healthy consensual sex as they desire. The idea of viewing sex through a human rights lens involves transitioning from a misogynistic or chauvinistic view of sexual participation (as a privilege or an obligation) to incorporating more rights and liberties into the concept of sex and sexual liberation. This view of sex as a human right is not only shared by many in the clinical community, but this topic has gained tremendous popularity in the international community as the topic of sex as a human right has

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been adopted by organizations fighting for women's reproductive and civil rights. For example, at the 2013 Montevideo Consensus on Population and Development in Latin America and the Caribbean, a conference organized by the Economic Commission for Latin America and the Caribbean (ECLAC), Uruguay, and the United Nations Population Fund, members supported a resolution to:

> Promote policies that enable persons to exercise their sexual rights, which embrace the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence. (United Nations Population Fund, 2013)

This aforementioned resolution provides a great guideline for clinicians on how to begin to incorporate the concept of sex as a human right into clinical conversations with clients and their families when necessary or appropriate. The resolution highlights not only the need for individuals to have sex that is healthy from a medical standpoint, but also enjoyable. This added context to the resolution is important because it speaks to an understanding of the great physiological and psychological benefits that can arise from safe and fulfilling sex if people chose to engage in sexual behavior either by themselves or with others. Additionally, this resolution does not specifically speak to one gender, but rather encourages all genders to seek out safe and enjoyable sex while also advocating for these individuals to be free from harassment or harm when exploring their sexuality and sexual experiences.

Clinical Importance for Individuals Impacted by Autism

Sex as a human right becomes an even more meaningful topic when discussed with those individuals and families impacted by autism. Although there is limited research specifically on the sexual lives of people diagnosed with Autism Spectrum Disorder, research on the sexual lives of people with intellectual disabilities may provide a window into some shared experiences. Recent research by Kijak (2013) illustrated that many people diagnosed with intellectual disability (72%) report having had sex by age 20 or older. Additionally, a high proportion of these individuals engaged in sex either due to curiosity (39%) or to "feel like an adult" (33%) (Kijak, 2013, p. 118). These reasons for initiating sexual contact or behavior are important because these results underscore the idea that individuals may engage in sexual behavior in part because they perceive that sex is developmentally expected of them at a given age. Individuals with diagnoses in the intellectual disability or autism spectrum are, like others, flooded with sexually suggestive media representations and messages. These stimuli appear to have a significant impact on the decision to engage in sexual behavior, regardless, at times, of the individual's psychosocial maturity to do so. Additionally, there is a high instance of masturbation reported in the intellectual disability community (Kijak, 2013); anecdotally, this is consistent with the reports of clients and caregivers during my clinical work with members of the autism spectrum community. Although medical professionals and others commonly see masturbation as a healthy sexual outlet, it can present challenges, including safety risks, to clients who masturbate in inappropriate locations or with inappropriate objects (see, e.g., Kijak, 2013). Having a place to

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ask questions, explore concerns, and discuss sexual interests and behavior with a knowledgeable, supportive, and ethical provider can assist clients and important others in addressing both needs and challenges.

Stigma

Even though individuals diagnosed with autism or intellectual disability are engaging in and interested in sex, society is still often biased about their participation in sexual activities. Research by Franco, Cardoso, and Neto (2012) suggested that, despite believing that sexuality is a human right afforded to all, many respondents were less encouraging of displays of sexual interest by individuals with intellectual disabilities and were similarly discouraging of people with intellectual disabilities being able to marry or have children. It is possible that this prejudice stems from and is supported by the absence of sexual representations of people with disabilities, especially intellectual or developmental disabilities, in popular media. The absence of these sexual role models can cause shame, especially as other groups in society are afforded various degrees of sexualized status in media. Not being able to look into a magazine or watch a television show in which characters are attracted to someone who looks like or behaves like you can be an isolating experience and is something that several of my clients with autism have vocalized in treatment. This seemingly popular prejudice against people with autism being "sexy" can have a tremendous impact on the ways in which attraction, sex, and sexuality are incorporated into the identities of those with intellectual or developmental disabilities. Speaking about this potential prejudice and being aware of it in conversations with patients with autism is helpful to continue to support appropriate identity formation in these individuals, encourage them to be curious about themselves, and assist them in building holistic representations of self. In these moments, clinicians can listen for internalized stereotypes or self-deprecating comments that speak to these negative societal views and can assist clients in analyzing the formation of these ideas and in constructing healthier core identities. Individuals prone to receiving negative reactions to public or private conversations or displays of sexuality may particularly benefit from having a therapeutic space in which to speak about sexually related topics. As I have seen in my own clinical work, teens and young adults with diagnoses on the spectrum are interested in having these conversations, but the negative feedback that they often receive from others can be intentionally or unintentionally shaming and harsh. This negative feedback and lack of communication has the potential to further "closet" individuals with autism spectrum diagnoses and reduce their willingness to seek out support to navigate important social or medical circumstances related to their sexual lives. For example, in the study of adults with intellectual disability diagnoses cited earlier, Kijack (2013) found that only one out of ten participants could recite forms of contraception and prophylactics accurately. As one can imagine, such knowledge gaps can have serious repercussions, including sexually transmitted infections and unintended pregnancies. In addition, sexual exploitation is a serious risk for both males and females with autism-related diagnoses (Mandell, Walrath, Manteuffel, Sgro, & Pino-Martin, 2005), with women with these diagnoses at greatest risk when compared to other females in the community without autism or intellectual disabilities (Casteel, Martin, Smith, Gurka, & Kupper, 2008).

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Implications for Psychotherapy

In order to continue to act as psychotherapists who believe in sex as a human right, it is important for us to provide appropriate sexual health information to our clients when warranted, while also referring them to relevant professionals for more in-depth delivery of information outside of our range of competent practice. In conjunction with this information, it is also important for clinicians to be vigilant to evidence of potential sexual assault, abuse, or exploitation in the lives of our clients with autism spectrum diagnoses. When in conversations with individuals with autism spectrum, intellectual, or other developmental concerns, it is also important to listen for misconceptions or misinformation about dating or sex and be prepared to supportively correct these thoughts with compassion. Additionally, with appropriate permission, it may be helpful to communicate some of these misconceptions to trusted allies by whom our clients are comfortable being supported in their sexual wellbeing. It is also important to acknowledge that caregivers may similarly benefit from clinically informed conversations regarding sex and sexuality, again with appropriate permission, in order to better support individuals with autism spectrum diagnoses. Research from Swango-Wilson (2008) highlighted how caregivers often do not know how to handle conversations surrounding sex and sexuality with individuals with autism or intellectual disability diagnoses, and psychologists and other clinical caregivers may be the only avenue for gaining this type of support or knowledge. Caregivers' lack of knowledge or unwillingness to have these conversations could foster unintended shame or embarrassment about sexual urges or fantasies; in addition, ignoring this topic could result in individuals missing out on key psychosocial or medical information related to dating, sex, consent, and sexual healthcare practices. When working with caregivers, it might be helpful to acknowledge the necessity to speak to the identified client about sexually related issues while simultaneously acknowledging the discomfort inherent in speaking to someone else about sexual themes and behaviors. In these moments, the clinician can help caregivers rehearse appropriate or gentle ways to broach various topics, increasing the caregivers' level of comfort, familiarity, and confidence.

Conclusion

Healthy sex is happy sex, and individuals diagnosed with autism are looking for pleasurable experiences similar to many of those without a comparable diagnosis. By making therapeutic space to speak about sexuality in an informative and open manner, a clinician can spark significant personal growth within clients, assisting them with continued identity development and supporting self-advocacy and the healthy exploration of personal preferences regarding their bodies and sexual needs.

References for this article can be found in the online version of the Bulletin published on the Society for the Advancement of Psychotherapy website. www.societyforpsychotherapy.org

Science Advocacy: A Researcher Goes to Capitol Hill

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Science advocacy is a topic that typically does not garner much attention—or excitement—for us as psychologists. Additionally, as psychologists we usually have many other things at the top of our to-do lists, including research, clinical work, supervision, teaching, or writing. Science advocacy rarely figures on that list. At the same time, if national decision makers simply do not understand the value of science, then they will fail to ensure that research funding that supports scientific work and the people who do the work of building new knowledge, including graduate students, postdoctoral fellows, and community staff members. Psychological science, including research on psychotherapy, is important to the country as a whole because our research can have important practical implications for addressing key issues, such as the prevention and treatment of mental health problems, prevention and treatment of health issues, and addressing health/mental health disparities.

Despite the importance of the empirical grounding for psychotherapy and the psychotherapy relationship, advocacy for psychological science is a topic rarely discussed or taught in graduate school, and typically not part of daily life as a faculty member. I know my own doctoral and postdoctoral training focused a great deal on how to ask good questions, how to do good science, how to responsibly interpret scientific results, and how to translate research findings into reasonable policy and practice decisions. My mentors emphasized the importance of the dialogue between practice, research, and policy so both practice and policy needs can inform the research questions we pursue and research can then be used to inform practice and policy. Advocacy for clients or for communities was at least mentioned—but advocacy for science was not. In my life as a faculty member in the Counseling Psychology program at Lehigh University, among the many duties and service obligations nowhere does one find the item, "advocate for science." The end result is that most of us—including, until recently, myself—have little idea about what it would mean to advocate for science or whether this is something in which we should be involved. In this article, my aim is to describe my recent experiences in science advocacy work, discuss the rationale for the importance of science advocacy, and point out resources for anyone who may be interested in getting involved in science advocacy.

On September 21-22, 2016, I took part in the 2016 Rally for Medical Research in Washington, DC. The rally is an annual science advocacy event that has been

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taking place each September since 2013. People from all over the country, representing about 300 different organizations, gathered on Capitol Hill to speak with their members of Congress about the importance of funding the National Institutes of Health (NIH) so that the research we need to improve our nation's health can move forward.

My research focuses on how parenting affects the development of infants and young children in low-income families. I also study what works to support good parenting in these families so children can get a good start in life, develop the physiological building blocks of emotion regulation, avoid later mental health problems, and be ready for school. I currently have a $2.4 million grant from the National Institute of Child Health and Human Development (NICHD) of the NIH. Without the research funding I received from the NICHD it would be impossible for me to do this work. I was able talk about my work with my members of Congress to help them understand more about how vital NIH funding is for research contributing to public health (including mental health), and how NIH funding is beneficial both for my state and for the country as a whole

This was my first experience in doing science advocacy work. I know much about how to do research—but had some real preparation to do in order to be ready for my day on Capitol Hill. When Dr. Craig Fisher, a psychologist who works for the American Psychological Association (APA), in the Science Government Relations Office, first contacted me about participating in the rally, I was not quite sure what to expect. I was grateful to both the APA and personnel from the rally for providing me with all the information and training I needed to prepare.

APA's Science Advocacy Toolkit (http://advocacy.apascience.org/) was a wonderful way to get started in learning about science advocacy. This website has useful information about the need to advocate for science, practical information about various ways you can engage in science advocacy, as well as links to sign up for advocacy alerts that can help you better understand key issues that have arisen and would benefit from a timely response. The Toolkit has information on everything from how to present your message to how to contact your representatives in Congress to how to make a visit to Capitol Hill to advocate for science in person. I had never seen myself as someone who would go to Capitol Hill to engage in in-person advocacy, but I agreed to do it because I strongly believe that it is important to take a stand for science.

My first step in getting ready to was to prepare a one-page description of my research program. This description, which everyone calls the *one-pager* on Capitol Hill, outlined my research and how the scientific questions are directly relevant to key public health issues. My research focuses on understanding which aspects of parenting best predict later infant outcomes in attachment, physiological indicators of stress reactivity, physiological indicators of emotion regulation, and early signs of mental health problems. The goal is to build knowledge that will help us improve psychotherapy for parents so as to obtain optimal child (and parent) outcomes. The one-pager was left behind with congressional staffers after each meeting, so it needed to be in user-friendly language that any layperson could easily understand.

Next, I participated in a webinar organized by the Rally for Medical Research. This webinar provided me with all the

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information I needed to understand what is involved in a meeting with one's Senator or Representative. The webinar prepared me about what to expect from the meetings and how to navigate the Capitol Hill protocol.

The day before the Rally itself, I attended a one-hour training offered by Rally organizers on how to effectively communicate our message about the importance of *robust, sustained, and predictable funding for health-related science*. At first I worried that it would be hard to remember the specific policy related points I needed to emphasize in my meetings. But once I understood more about the history of NIH funding by Congress, the talking points started to feel clear in my mind. I met the other rally participants from Pennsylvania, and then we all headed over to a reception on Capitol Hill. The members of Congress were busy voting that evening, but every once in a while a member would rush to address the group about the importance of health science funding.

The next day those of us from Pennsylvania met first with a staffer from the office of Pennsylvania Senator Bob Casey and then with a staffer from the office of Pennsylvania Senator Pat Toomey. In these meetings, we all had an opportunity to briefly share our stories. Those who had survived cancer or other health conditions had touching, personal stories about the impact that medical research had on their lives. As a researcher, I emphasized the public health applications of my work for addressing mental health and educational disparities for young children. I also touched on the economic impacts of having federally-funded research within the state. For example, my grant not only funds several students, but has typically employed approximately 15 staff members, hired directly from the community, at any given time.

After these larger meetings in the offices of our Senators, we broke into smaller groups and went to visit the Representatives of each person within our smaller groups. One of the highlights of my day was the opportunity to meet directly with my own Representative, Charlie Dent, who represents the 15th District of Pennsylvania, where I both live and work. Rally participants had been prepared for the fact that many of our meetings would take place with staffers who focus on the issues we were there to talk about, rather than the Member of Congress. In this case though, Congressman Dent took time from his busy schedule to speak directly with me about my research and about the importance of NIH funding. I was grateful to have the opportunity to speak directly with Congressman Dent about the importance of science for our national health, particularly because of his role on the committee in the House of Representatives that appropriates money for the NIH.

I learned a great deal throughout the process of engaging in this science advocacy effort, and I was happy to be able to serve in this way. It was great to see that there are people in Congress, from both sides of the aisle, who understand the importance of science in addressing societal concerns, even if there are many in the U.S. who do not particularly value the scientific approach.

I was especially happy to have had an opportunity to represent the value of psychological research as a key part of health research at the Rally for Medical Research. Most of the rally participants were focused on physical health rather than on psychological health, so I think it was good that psychological aspects of

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health were represented. APA was helpful in the support they provided me during the event. I look forward to hearing about how other psychologists will find ways to get involved in advocating for science at the federal level. I encourage anyone who is interested in advocating for science to check out the resources available on science advocacy at http://advocacy.apascience.org/, learn more about science policy news, and sign up for action alerts. There is much work to do to help the public and national decision makers understand the importance of our psychological science.

ANNOUNCEMENT ABOUT THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY'S *BULLETIN*

The Society for the Advancement of Psychotherapy is going green! We'll be publishing and mailing two more issues of the *Bulletin* before moving to our online-only format. You will still be able to get the same great content, in the same great format.

WHEN WILL THIS TAKE PLACE? **This change will take place in September 2017 for the third issue of the *Bulletin*.**

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HOW DO I MAKE SURE I CAN STILL RECEIVE ACCESS? **If you are a paid member, student member, or affiliate, you are already signed up. You can sign up for our newsletter (for free) here:**
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QUESTIONS OR COMMENTS? **Please contact Amy Ellis, Associate Editor for Website Content, at amyellisphd@gmail.com; or Lynett Henderson Metzger, Bulletin Editor, at Lynett.HendersonMetzger@du.edu.**

Thank you for going green with us!

2017 State of Psychotherapy and Practice Technology

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Psychotherapy technology has been rapidly developing for several years now, and few things shift as fast as tech. To help catch us all up, I have compiled updated information on a few tech topics of interest to psychotherapists.

The Year of Telemental Health

It's probably fair to dub 2017 the year of telemental health. I give it this moniker because of the numerous different advances and changes that came together to make it a big year for the expansion of this therapy medium.

The U.S. federal government started putting significant funding into videoconferencing-based telemental health services in the early 21st century. At the time, it was primarily an effort to find ways to provide care for people in rural areas where access to care was low (and in many ways that is still the primary aim of those programs.) The promising results of this research have been manifest for many years in the ways that Medicare reimburses for certain telemental health services when provided to people in these more remote areas. Even now, Medicare continues to reimburse for these services in Health Provider Shortage Areas (Centers for Medicare and Medicaid Studies, 2016).

In 2017, we are now seeing greater overall rates of reimbursement from private third-party payers. Telemental Health expert Marlene Maheu, as interviewed by Barbara Griswold, states that "telehealth parity is now mandated by more than half of the 50 United States" (Griswold, 2016). It is also my anecdotal experience, from speaking with colleagues all over the country, that psychotherapists in many regions are finding that insurance companies that did not previously cover telemental health services have started doing so recently. Not all of them report this, and many still report being denied coverage, but coverage certainly seems to be growing.

There are a number of reasons why insurance companies would want to cover telemental health. Certainly one reason is that it holds some promise to improve outcomes with lower costs. Another important reason, however, is its growing popularity.

With so many people asking for telemental health services, it is no surprise that companies continue to pop up with the business model of connecting clients with licensed therapists who perform services by telemental health. Many well-reputed companies currently exist that perform this service.

Licensed psychotherapists with the skills and interest to work via secure videoconferencing can literally sign up with a company, do some orientation and training, and then start receiving referrals from that company. This did not start being true in 2017, but the availability of these services continues to rapidly expand this year.

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Astute readers will note that I referred to the idea of "well-reputed" companies that provide these services. Some companies, possibly in the name of innovation, jump into the market without fully addressing the ethical, legal, and/or clinical implications of their business models. Most companies, however, are conscientious about doing things in an ethical and legal manner. Here are some examples of things to look for in telemental health companies to make sure they meet your legal, ethical, and clinical needs:

- Does the company ask you to perform services in a way you know to be unethical or illegal? For example, do they ask you to work across state lines in an illegal manner (e.g., without proper licensure)? If you are not sure, always consult with knowledgeable colleagues before proceeding.

- Do company officials have access to client information that they should not have access to? Once again, consult when you are not sure.

Some further reading from APA and Practice Central can be found in the Resources section below. Once again, most telemental health companies run ethical and clinically viable businesses that meet high standards. I simply urge you to do your basic due diligence when deciding on which companies with which to work.

Telemental Health Training and Certification

An often-raised question is one of whether training or certification in telemental health is necessary. Certainly all telemental health professionals need to be competent in their chosen delivery medium, but there remains the question of what competencies are needed before performing telemental health services.

The APA's Guidelines for the Practice of Telepsychology (2013) do address the question of competence. Here is a relevant quote from Guideline 1:

> Psychologists who utilize or intend to utilize telecommunication technologies when delivering services to clients/patients strive to obtain relevant professional training to develop their requisite knowledge and skills. Acquiring competence may require pursuing additional educational experiences and training, including but not limited to, a review of the relevant literature, attendance at existing training programs (e.g., professional and technical) and continuing education specific to the delivery of services utilizing telecommunication technologies.

Many psychotherapists struggle to determine precisely what competencies they need to gain before performing telemental health services. For this reason alone, getting formal training may be appropriate for many psychotherapists. A number of training programs exist, and the Resources section of this article has some further information.

As for certifications, the Distance Credentialed Counselor (DCC) is currently offered by the Center for Credentialing and Education (CCE.) CCE is also moving towards offering a new credential called the Board Certified Telemental Health Provider (BC-TMHP.) Taking a look at the BC-TMHP training syllabus can provide some guidance on the standard competencies that are seen as necessary for telemental health practice. It is also wise to study the telemental health-related guidance published by the America Telemedicine Association. The Resources section has links to all these items.

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Net Neutrality and Psychotherapists

While net neutrality is a political issue, it is also a technical issue that may be vital to the future of psychotherapy because it can impact the availability of cloud-based services. This includes services we use to deliver telemental health services.

Net neutrality is a nerdy topic, which is likely why it has taken so long to gain significant public recognition. To describe it briefly: Net neutrality is the principle that everything that is connected to the Internet has the same priority as everything else that is connected to the Internet.

So right now, because of net neutrality laws, Dr. Smith's practice website gets the same priority, in terms of Internet speed and accessibility, as Google.com. Without net neutrality laws, Internet service provider companies would have the ability to require that Dr. Smith pay a premium to keep her website fast for all visitors.

Much more pertinent to psychotherapy is that if Dr. Smith wishes to provide online therapy services, her videoconferencing provider could potentially be required to pay extra fees to avoid artificial slowing of its Internet connections. Anyone who has performed online therapy over a bad Internet connection knows how vital a good connection is to ensuring ethical and effective practice. So the video company would certainly pay the extra fees, which would then be passed on to Dr. Smith, and then to her clients. Comcast, which controls much of the Internet in the U.S., has indicated it is likely to implement these kinds of policies if net neutrality laws are repealed. At the time of writing, for example, Netflix already pays a premium to Comcast despite the existence of net neutrality laws (Brodkin, 2014).

Regardless of how any given psychotherapist views this situation, it is important simply to have awareness of it and take action (or not) with intention. For those who support the repeal of net neutrality, the current presidential administration has indicated they intend to repeal the Federal Communications Commission's rules on net neutrality. For those who wish to uphold it, the main advocacy groups are the Electronic Frontier Foundation (EFF) and the American Civil Liberties Union (ACLU).

Electronic Records

By now, the majority of psychotherapists keep records electronically in some form. Paper records continue to work fine for some psychotherapists who do not have a specific need for electronic records. That could change in the future, but we are not there yet.

One can think of electronic records as having two possible shapes: records kept on the clinician's own in-house equipment and records kept on "the cloud." Both are viable ways of keeping records, although many therapists find that cloud-based record-keeping systems provide them with security and usability features that they cannot provide on their own.

It is important that computers, tablets, or smartphones used to store or access records (or other client information) be "full device encrypted" in addition to other standard security measures. Most computers and mobile devices today can be set to use this important and powerful security feature, which can help ensure that you do not have security breaches that need to be reported to clients or government agencies (Office for Civil Rights, n.d.). More information on encrypting your devices can be found in the Resources section below.

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When it comes to electronic record-keeping services, one could sort them into two "flavors": those that are "ONC certified" and those that are not (the "ONC," Office of the National Coordinator for Health Information Technology, is a subagency of Health and Human Services that oversees health information technology). ONC certification for a system indicates that it offers certain functionality that makes it compatible with the national effort to move toward interoperating "Electronic Health Record" systems. "Electronic Health Records," as defined by the ONC, help make clients' health records more portable and increase the availability of epidemiological information for government agencies such as the Centers for Disease Control, among other benefits ("What is an Electronic Health Record?", n.d.).

An important point is that services that are not ONC certified can offer a level of quality that is equivalent to the ones that are ONC certified. The difference is generally in the kinds of customer needs on which each flavor of system focuses. Most psychotherapists who need an ONC certified system know who they are. They usually need that kind of system because of how they work with Medicare, because they work in an integrated care environment, because their states have specific rules they need to follow, or for other reasons likely obvious to the providers involved. For everyone else, it could be fine to use a system that meets their own practice management needs even if it isn't ONC certified. If there does arise a general requirement for psychologists to use ONC certified systems in the future, these other record-keeping systems may even pursue ONC certification in order to meet the needs of their customers.

Email and Texting

Any discussion of email and texting in the context of psychotherapy raises obvious questions related to how these methods of communication fit in with effective practice. A fair consideration of the many opinions on this topic is beyond the scope of this article, so I will focus here on the state of secure options for psychotherapists to use.

Easy, secure communication with clients usually means that client and therapist use the same app together. In general, clients who have smartphones can more easily download and install the same apps that their therapists use; clients may not be happy about having to sign up for a new email account to talk to their therapists, but many are willing to install a new app on their phones. Employing a smartphone-based service for HIPAA-secure texting and email can help get clients on board with "the secure stuff." Additional information can be found in the Resources section below.

Conclusion

It is clear that psychotherapy technology continues to develop at a rapid pace, taking ever greater advantage of the benefits offered by the Internet. The development of new technologies means that keeping our records and communications with clients secure is easier than ever before. It is also easier than ever to get into telemental health with secure and properly-made software tools. At the same time, telemental health competency standards are becoming clearer and more well-established by organizations like the American Telemedicine Association and the Center for Credentialing and Education.

On the other hand, psychotherapists who prefer a "low tech" approach to practice may be able to continue doing

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so for some time. It is hard to avoid certain electronic things like electronic insurance billing. And it is getting harder and harder to avoid using some kind of email or texting for basic practice management communications. However, people who need psychotherapy come from a variety of places, and there is no sign so far that in-person therapy practice will ever disappear.

Resources

Telemental health.

- Guidelines from the American Telemedicine Association: http://thesource.americantelemed.org/resources/telemedicine-practice-guidelines
- APA Practice Central article on platforms that offer text therapy: http://www.apapracticecentral.org/update/2015/06-25/text-therapy.aspx
- An APA Psychology Help Center article on telemental health, including quite a few useful research references: http://www.apa.org/helpcenter/online-therapy.aspx
- The CCE page on their upcoming BC-TMHP credential, including a training opportunity: http://www.cce-global.org/Credentialing/BCTMHP
- Some well-regarded telemental health training programs:
  - Telemental Health Institute: http://telehealth.org/
  - Telehealth Certification Institute: https://telementalhealthtraining.com
  - The Zur Institute's Telemental Health Program (note: the author of this article is a co-author on some of the Zur Institute's telemental health courses and receives royalties on their sale): http://zurinstitute.com/certificateintelementalhealth.html

Net neutrality.

- WIkipedia's entry on net neutrality: https://en.wikipedia.org/wiki/Net_neutrality

Electronic records.

- From the Office of National Coordinator for Health Information Technology (ONC):
  - What is an Electronic Health Record?: https://www.healthit.gov/providers-professionals/faqs/what-electronic-health-record-ehr
  - Benefits of Electronic Health Records: https://www.healthit.gov/providers-professionals/benefits-electronic-health-records-ehrs
- Person-Centered Tech article on using full device encryption to protect your client information and prevent breaches: https://personcenteredtech.com/2013/04/05/hipaa-safe-harbor-for-your-computer-the-ultimate-in-hipaa-compliance-the-compleat-guide/

Email and texting.

- Person-Centered Tech article on focusing on secure email and texting options: https://personcenteredtech.com/2016/10/16/even-though-right-hipaa-unencrypted-emails-case-using-secure-email-texting-clients/

References for this article can be found in the online version of the Bulletin published on the Society for the Advancement of Psychotherapy website. www.societyforpsychotherapy.org

INTERNATIONAL SCENE

Going International: SAP Contingent to Present at the World Congress of Psychotherapy in Paris

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Frederick Leong, PhD
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Under the leadership of the 2016 presidential trio, Dr. Rodney Goodyear, then Past-President, Dr. Armand Cerbone, then President, and Dr. Jeff Zimmerman, then President-Elect, SAP International Affairs Domain (then International Task Force) pursued an active international agenda. To increase our visibility internationally, SAP became an organizational member of the World Congress for Psychotherapy (WCP). With strong support from our members, a SAP conference program was developed that reflected Dr. Zimmerman's presidential theme of "Bringing Psychotherapy to Underserved Communities." This SAP presidential program enjoys strong support from members and the leadership of the Society and will be presented at 8th WCP Annual Convention July 24-28, 2017, in Paris, France. WCP recognizes SAP as an independent organization and designates 5 two-hour sessions for the 5 symposia clearly marked as part of the SAP program. Here are the information on these five symposia.

1) Presidential Symposium: Bringing Psychotherapy to Underserved Communities: Research, Approaches and the Future
   Chair: Jeffrey Zimmerman
   Participants: Jeffrey Barnett, Changming Duan, Libby Williams and Jairo Fuertes, Susan Woodhouse, and Hamid Mirsalimi.

2) Reconstructuring and Localizing: Psychotherapy Practice in China
   Chair: Changming Duan
   Participants: Guangrong Jiang and Changming Duan, Mingyi Qian, Xiaoming Jia, MaoZhao Chen, and Patrick Leung.

3) Competence and Expertise in Psychotherapy
   Chair: Rod Goodyear
   Participants: Bruce Wampold, Terrence Tracey, Rod Goodyear, Jim Lichtenberg, Carol Falender and Maria del Pilar Grazioso.

4) Strength and Resource Based Practice of Psychotherapy
   Chair: Stuart Bassman
   Participants: Michael J. Scheel and Collie W. Conoley, Alex (Sasha) Palecek, Stuart Bassman, and Dennis M. Kivlighan.

5) Ensuring Therapeutic Effectiveness: Professional and Clinical Issues in psychotherapy
   Chair: Frederick Leong
   Participants: Esther Hess, Hideko Sera and Shahar Globerman, Heidi J. Koehler, Martin E. Keller, William Boyd and Frederick Leong.

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Along with these symposia, SAP has also been planning a presidential reception (place and time to be announced) to welcome all SAP members as well as international colleagues at the conference. If you are going to attend WCP, you are invited!

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PUBLIC POLICY AND SOCIAL JUSTICE

Public Policy Challenges: Some Actions Are Reversible, Some Irreversible

Rosemary Adam-Terem, PhD
Domain Representative for Public Policy and Social Justice

Over the past several months I have started many times to write articles for the Bulletin, and each time my thoughts have been hijacked by yet another massive assault on the collective values of our profession. The preamble to the APA Ethics Code (2010, with amendments as of January 1, 2017) makes it clear that psychologists "respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior." Principle E states:

> Psychologists are aware of and respect cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

I was going to write about Orlando, the vicious killings at the gay nightclub in June of 2016. Then the election campaigns rolled in, raising so many issues that I did not know where to begin. I am still there, but I must begin somewhere, with something.

Events during this recent musing period prompted me to look in many directions. The one explored here has to do with national public policies that have broad and lasting effects beyond their face value. In the December 2016 edition of the *Psychotherapy Bulletin*, Dr. Jonathan Jenkins discussed the politics of mental health following the election. He pointed out the general stress toll taken by the election process itself and the potential implications for healthcare and mental health in particular.

In the era of the new administration, psychologists are faced with a number of policies affecting their work in terms of potential changes in research funding (new emphases and freezes on grant funding), access to scientific information (government scientists forbidden to speak to the public), internship placements and provision of health services to military personnel and veterans (government hiring freeze), health care and the right to mental health care (repealing the ACA with uncertainty over what will take its place), immigration and refugee status (including an initial freeze on entry to the U.S. for people from seven predominantly Muslim countries and the wall along the Mexican border), potential reinstatement of "enhanced" interrogation techniques, and high levels of stress and tension in the community. Change is to be expected with any new White House; however, some of the

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proposed changes to date seem to have a different quality.

Not long ago, buried in the jumble of news about executive orders, I read that ISIS forces, having reoccupied Palmyra in Syria, had destroyed unique antiquities in the Roman theater and the Tetrapylon at the UNESCO World Heritage site (see, e.g., Domonoske, 2017). They had defiled the site a year before by a mass execution of prisoners on the stage. In 2001, the iconoclast Taliban blew up the giant statues of Buddha in Bamiyan, Afghanistan, destroying a cultural heritage from the years 507-553 CE. These are lost forever, despite the valiant 3D image projected into the niches today.

Such "cultural cleansing" is of course not new. It is part of psychological warfare aimed at demoralizing the civilian population, and it has taken many cruel forms over the centuries. Destruction of cultural icons is meant to ensure the enemy's annihilation, to repress their spirit, to keep the defeated defeated. Undoing progress has similar effects, as we saw for instance in the situation in Afghanistan or Iran where women who were previously able to be educated and emancipated were subjugated by the theocratic regimes.

There are some things you cannot undo.

One of the first executive orders from the pen of our new president effectively reinstated the "Gag Order," a measure that defunds any NGO offering abortion services as part of its social/health services (see, e.g., Sengupta, 2017). This has been a reversible policy with alternate presidents reinstating and withdrawing the support over the years. However, the impact of such policy change has far-reaching consequences. By seizing on a single issue (in this case abortion) other (presumably) unintended outcomes ensue. The NGOs in question provide health services to the poor, disadvantaged, and underserved—often in conditions of great hardship. They vaccinate, treat, provide contraceptive advice, and prevent sexually transmitted disease. Without such services, public health suffers, and uncontrollable population growth occurs, not because there is no access to abortion, but because there is no access to health care and contraception. Burgeoning human population places enormous stress on the capacity of a place to sustain life, to provide food, fuel, housing, education. Habitats are destroyed, species lost, nonrenewable resources are depleted. These are irreversible changes.

Removing environmental protections and dismantling endangered species policies are now being considered in the U.S. Are you old enough to remember what Los Angeles used to look like smothered in a thick brown cloud of pollution from industrial and automotive emissions? Have you heard of a "pea-souper," the London fog, caused by burning coal, so thick that you could not see your hand at the end of your arm? If not, look at Beijing nowadays, or New Delhi, Kuala Lumpur, or Singapore, all regularly smogged in, with severe health consequences. LA and London demonstrate that clean air is possible, a reversible change, but those with lung disease from the pollution are not so lucky. From the creation of the EPA in 1970, we have officially as a nation recognized the need for stewardship of the earth in defense of the public interest, with some definite sacrifice in the short-term for the long-term benefit of all. Undoing important protections now would have serious consequences at the micro and macro level.

What does any of this have to do with psychology?

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Is this just "politics"? I do not believe that these issues are party-political. No one party owns the moral ground or the ethical arguments. At stake here are values embedded in our mission and Ethics Code.

The environment—physical, social, cultural, political—is where we all live. Ballooning human population growth puts immense pressure on the environment, and in return, the environment puts pressure (mental and physical stress and hardship) on people. APA's mission statement begins: "Our mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives" (American Psychological Association, n.d.).

Psychologists look to the research to address complex, multifaceted questions affecting public health and the public interest. APA presidents and divisions frequently assemble task forces to study the best available science. These groups of experts work to answer some of society's most pressing questions and offer policymakers and the public evidence-based solutions.

Over the past several years, APA task forces have examined such matters as psychological ethics and national security (2005, amended 2013), the mental health effects of abortion (2008), working with refugee children and families (2009), the psychosocial impacts of climate change (2010), and the psychology of immigration (2012), among others. We recognize many of these issues in the headlines now. Psychologists will benefit from reviewing the reports of these and other task forces as they go forward in their work.

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EARLY CAREER

Positives and Potential Pitfalls of Saying Yes

Christopher Leonard, PsyD
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For students who are in graduate school, saying "yes," can feel like a must. Graduate school, for most, was our identity, life, and job. Upon graduation, our roles change, we further develop our professional identity and our hours change. In this new chapter of our lives, as early career psychologists, saying yes becomes a choice. We are no longer matched; we not only choose our place of employment, we have more control over our role at our job. Thus, we do not have to feel the pressure to say yes to boost our curriculum vitae or impress an advisor (Toor, 2010). However, navigating this transition can be challenging for some; therefore, here are some points to consider in helping us when deciding whether to say yes.

Saying yes can influence numerous areas of our professional and personal lives. Deciding whether a yes is warranted requires deciding how much of an impact such an obligation would have on our lives. Therefore, it is important to consider the outcomes when making that choice. Before moving forward, we need to start this discussion by saying it is okay to say no. For some people, no is a "four-letter word," but this reflection is about giving us the freedom to say no by focusing on when to say yes. So, as early career psychologists, we will have multiple chances to say yes. Examining why and when we will say yes can increase the fruitfulness of the times when we decide to say yes. Similarly, as we move from early career psychologists towards becoming mid-career psychologists with more ease defining our direction (Markin, 2014), we can use our current vision for ourselves to help guide which opportunities to which we say yes.

Positives

To begin, we should look at all the positives that can come from agreeing to take something on—such as how saying yes can help us in achieving our career goals, building relationships, and increasing personal growth. In addition, saying yes can be personally rewarding, as well.

First, saying yes can build relationships within our places of employment, increase referrals, and give us a greater presence in our communities. An ECP may benefit from both current and future prospects from these relationships. By networking, we can open new pathways for our careers, research, and mentorship. Thus, we should ask, "where does saying yes take me?" Accepting opportunities can help us garner more administrative exposure as well as help us gain more responsibility in our workplaces. Consider saying yes when it gives you the chance for career advancement in a desired direction. For example, McCarthy's (2014) advice to "never turn down the opportunity to give a talk" (p. 27) rings true when discussing the importance of saying yes. This is due to the multiple ways presenting can benefit us outside of the

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presentation itself, which can include networking, demonstrating expertise, and personal growth. New career doors or possibilities for advancement might be other benefits from saying yes.

Knowing about and reflecting on these benefits is an important step in making decisions about how to spend one's professional development time as an ECP. "Yes" could allow us to be a part of an important grant, obtain a teaching position, or offer other unique experiences that could have substantial positive effects on our careers.

Next, we are in this field to do many things, personally and professionally, but the cornerstone of our field is changing people's lives and having a positive impact on others. Therefore, when yes involves impacting others in a significant way, saying yes should be easier. Whether yes is volunteering at a soup kitchen or participating in awareness walks, our presence and empathy can greatly impact individuals' lives. Think about the talents we have to offer as professionals in this field: By saying yes to certain things, we are able to use those talents/skills/expertise to improve others' lives.

We should also ask ourselves if saying yes will expose us to new cultures, values, and diversity in experience. These kinds of opportunities will assist in our cultural competence and broaden our experiences with differing or new worldviews. Understanding and appreciating other cultures is a positive result from saying yes, and recognizing this as a chance to give and learn is a major benefit professionally and personally.

Finally, saying yes has an impact on who we are as a person. In addition to the impact we can have on others, saying yes can have a positive impact on us individually. The right opportunity might help us overcome confidence hurdles, self-doubt, and imposter feelings. "Yes" can allow us to further build/apply our expertise in areas we have developed, show our willingness to be team players, and help cement our professional identities. As McCarthy (2014) noted, saying yes to talks allows individuals to deeply engage in their own expertise and changes individuals on a professional level, which then can be generalized to other situations.

Therefore, there are significant reasons why we would benefit from saying yes, which can include career advancement, creating new career opportunities, networking, increasing diversity experiences, positively impacting others, and growing personally as well as professionally. There are multiple reasons to say yes, and these should be considered carefully when opportunities arise. However, like every coin there is another side. Therefore, other aspects of our decision-making should be explored to better understand the limits for when we say yes.

Potential Pitfalls

When thinking about all the reasons to say yes, ECPs should also think about any potential pitfalls from doing so. First, how are we going to plan self-care after saying yes? Are there time-related issues which would result in us feeling pressured, burned out, or rushed to a final product? We must also consider how this new responsibility may take us away from other regularly assigned duties or responsibilities at our main place of employment. Then, we should contemplate whether the tasks to which we are saying yes are reasonable or may take more time than available or pull us away from personal and professional

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goals. If so, would we feel comfortable saying yes?

In addition to the impact saying yes can have on us, we must also think about how it impacts our significant others and family—which may outweigh the benefits of saying yes. Is it possible to say yes and maintain our healthy relationships? We will need to plan how to work this new opportunity into our lives in a way that does not create ruptures or undue stress on our relationships. Consequently, thinking about how saying yes would impact our relationships is vital and must be something to consider.

Before agreeing to a new obligation, we should ask: Does the time commitment take up weekends or nights, and will there be increased stress from work? If we still say yes to the opportunity, we will have to think about how it fits into our personal lives. This is important because multiple factors in a psychologist's life, such as work-life balance and spending time with family and friends, have been found to impact psychologists' level of satisfaction in their careers (Rupert, Stevanovic, Tuminello Hartman, Bryant, & Miller, 2012). We will need to find ways to integrate the additional task into our balance between work and our personal lives. Thus, consider how long the commitment is to the task. Is the experience temporary or is it a shift in roles? These considerations help inform us about potential issues with time commitments and how new commitments may impact our lives.

Finally, as ECPs we must be mindful of any ethical issues or dilemmas that may result from responding with a yes. We must be conscious of any blind spots the requesting person (or we) may have about any ethical issues that are present or could arise. We should ask, is the person making the request someone who passes the buck? A mentor or possible mentor? And does this individual have our best interests in mind? The role of the person doing the asking in relation to our existing job structure can indicate something about the priority of the task, the value of what is being requested, and the impact yes (or no) might have on our organizations as a whole.

Conclusion

As ECPs, we must consider what will be the end result of saying yes. Is saying yes in line with our career goals and aspirations? Knowing what the end will look like can give us greater insight into the value and worth of the task we are considering to engage in to grow. We then will be better equipped in planning and knowing how impactful our endeavors will be for us. Thus, saying yes has many advantages and knowing when to say yes can maximize those benefits. Considering when and why we are saying yes allows us to feel confident in our decisions to say no. Thinking about yes gives us options, and knowing we have those choices is empowering at this stage of our careers. Examining all the positives and potential pitfalls of saying yes gives us more data points and a better idea of possible outcomes. So, good luck with your decision-making and may you be successful in all the future opportunities you choose to take.

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EARLY CAREER

Looking Ahead in the New Year: How You Can Benefit From Your Society Membership in 2017

Leigh A. Carter, PsyD
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Like many, I typically associate the start of a new year with themes of resolutions, change, and looking ahead to what lies in store for the coming year. This was particularly relevant for me this past New Year, as it marked the start of my time serving as the Early Career Domain Representative for the Society for the Advancement of Psychotherapy. As I enter this position with much excitement and enthusiasm, I would like to take this opportunity to introduce myself, reflect on why I value my division membership as an Early Career Psychologist (ECP), and share with you my goals and aspirations for the Society's Early Career Domain. A new year is also a time to reflect on the past, and for this I want to recognize and sincerely thank those who have helped shape the Society's Early Career domain to its present form. Specifically, I express much gratitude to the previous Early Career Domain Representative Rayna Markin, PhD, for her many contributions and to the ECP Committee, including Chair Kevin McCarthy, PhD, with whom I look forward to continuing to work in the coming year.

My first introduction to joining a professional organization came (I am somewhat embarrassed to admit) as an extra credit opportunity offered in one of my doctoral courses during my first year of graduate school. One of the organizations I joined as a student member was Division 29. Though the initial decision to join this division was motivated primarily by the Type-A graduate student in me to gain a few extra credit points, what has kept me in organizations like this division are the ways in which they have greatly assisted with my professional development as a psychotherapist. For example, one of my earliest memories of participating in a Division 29 event was attending the Lunch with the Masters for Graduate Students and New Professionals (now Social Hour with the Masters) while participating in my first APA convention early on in graduate school. During the luncheon I was struck by the genuine openness and interest the "Masters" demonstrated towards myself and the fellow attendees and their willingness to reflect on their career paths and inquire about our current work and future goals. The experience of learning from those who have contributed so much to our field and the dedication they exemplified towards helping the future of the field is something that has remained with me. I am also grateful to the faculty members within my graduate program who modeled their own enthusiastic involvement in professional organizations and recruited students, including myself, to take on active roles within these organizations. Doing so helped me to learn the value of not only what these organizations can offer for members, but also what we, in turn, can provide as a means of continuing to foster the growth and development of our field.

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Fast forward through internship, postdoctoral fellowship, and licensure, I found myself transitioning into the role of an ECP and seeking opportunities for networking, ongoing learning and professional development, and overall connection with fellow psychotherapists. Like many of us, I wear multiple hats in my various professional roles. For me, this includes engaging in practice, training, and outreach at a university counseling center, and most recently, beginning to develop a part-time psychotherapy practice. Thus, in addition to joining local and state-level psychological associations, I returned to the Society to benefit from the national and international reach it offers to connect with others focused on the advancement of psychotherapy science, teaching, and practice.

So what does the Society have to offer for ECPs? Given the many unique challenges ECPs face (Green & Hawley, 2009) and the transitions in both personal and professional life that is often typical of this stage of an ECP's career, the value of mentoring for ECPs cannot be overstated. For early career members of the Society, this includes opportunities to establish mentoring relationships with seasoned professionals within the realms of psychotherapy research, teaching and training, or practice. Not looking for a formal mentoring relationship? Plan to attend one of our online ECP Mentoring Hour Series, where ECPs have the opportunity to learn from experts in the field on a given topic, and network with fellow ECPs without needing to leave the comfort of your office. Past Mentoring Hour topics have included *How to Establish a Research Agenda and Publish for Days* with Jesse Owen, PhD, and *Alliance Ruptures in Research and Clinical Practice* with Jeremy D. Safran, PhD. Keep on the lookout for announcements for upcoming Mentoring Hours. We will once again be hosting the Society's Social Hour with the Masters at the upcoming annual APA Convention this August 2017 in Washington, DC. This is an exciting opportunity to meet and talk with experts in the field and fellow ECPs. I look forward to meeting many of you at this event. Furthermore, as Domain Representative, I plan to continue to support both formal and informal mentoring opportunities for ECP members, particularly through the use of technology and other means to accommodate the busy lives of our ECPs.

The Society also has several awards and grant opportunities available related to its commitment to the advancement of psychotherapy, including an Early Career Award acknowledging demonstrated achievement related to psychotherapy theory, practice, research or training. Our Division 29 Listserv is also a great resource for ECPs and all members to communicate and exchange relevant professional information. Additionally, ECP members have the opportunity to submit writings to the Society's *Psychotherapy Bulletin*. Whether you are interested in sharing your own experience as an ECP in the *Bulletin's* ECP Column, or would like to contribute to another area of the *Bulletin*, this is a wonderful opportunity to contribute and share with fellow Society members. As we continue to grow as an international association of psychotherapists in study and practice, contributing to the *Bulletin* can be a great venue for exchange of diverse ideas, findings, and experiences.

Perhaps most importantly, I hope to continue to provide details on services, events, and information that reflect our Society's ECPs in my time as Domain Representative. Throughout the year I will be reaching out to our ECP members to find out how we can continue to meet the diverse and unique needs of

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our ECPs as a Society. However, I also invite members to contact me directly (leighacarterpsyd@gmail.com) at any time with input on what you may be looking for from the ECP Domain. As we enter this new year, I hope you too will take time and reflect on what involvement in professional organizations, such as the Society, means to you. I truly believe that ECPs can offer fresh and significant contributions to our field and look forward to realizing those contributions together in the road ahead.

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DIVERSITY

2017 National Multicultural Conference and Summit Visit

Astrea Greig, PsyD
Boston Health Care for the Homeless

The 2017 National Multicultural Conference and Summit (NMCS) celebrated its 10th anniversary this year and occurred from January 4th to 6th in Portland, Oregon. Also this year, the Society for the Advancement of Psychotherapy's Diversity Committee was provided with funding for one member to attend NMCS. I was happy to attend this year as Chair of the Diversity Committee, representing the Division. The Division additionally provided $1,500 to NMCS as a sponsor, given its alignment with our Division's long-term diversity efforts—which include increasing our presence at this great event.

The theme of NMCS this year was "looking back to look forward." The programming this year was rich in a myriad of topics, including both presentations related to psychotherapists' own experiences as persons from underrepresented and/or marginalized populations, as well as psychotherapists' experiences in working with persons from underrepresented and/or marginalized populations. Highlights included an opening discussion with many of the original founders of NMCS as well as a closing discussion with multiple up-and-coming early career professionals (ECPs).

The organizers of NMCS do a great job including ECPs in their conference, ensuring that there is a pipeline for the future in this vital area. The wonderful, welcoming, and open culture of NMCS easily allows one to feel at home among others. This culture is explicitly emphasized to all attendees during the opening keynote presentation and then continued throughout the duration of the conference through other events like the "Breakfast with the Stars." As an ECP, I had a particularly meaningful time at the Breakfast with the Stars event. The breakfast provides graduate students and ECPs the opportunity to meet and talk with those who are already settled in their careers. This is a wonderful example of the welcoming culture of NMCS: It breaks down hierarchy and provides a casual social event for all.

In addition to this, I attended multiple meaningful presentations on topics such as assessment with transgender persons, feminist conflict resolution, and the intersection of sexual orientation and race. In addition to presentations, NMCS also screens relevant films and holds many 2-hour "difficult dialogue" sessions in which facilitators and attendees are provided with a supportive space for in-depth discussion of hot issues. All of the events were well attended and CE credits were provided for many presentations. Members of our Division both attended and presented their work. Although it was cold in Portland this January, I feel a warmth thinking of this conference.

WASHINGTON SCENE

"When the Sun's Coming Up"

Pat DeLeon, PhD
Former APA President

A Renewed Vision

This January, Beth Rom-Rymer invited me to attend her second networking event in furtherance of the Illinois Psychological Association's (IPA) prescriptive authority (RxP) quest. "It has never been more clear to me that the work of legislation is an ongoing process. Our RxP law's Rules are moving through a careful approval process. Beyond the Rules, I am committed to our work in the shaping of our statute so that prescribing psychologists continue to achieve the broadest possible range of prescriptive authority. It is also so clear that nurturing relationships with 'community partners' is critical to psychologists' forming significant alliances within our larger community and achieving mutually important legislative and other professional goals, involving improvements in the statewide healthcare delivery system.

"To these ends, I hosted another networking event in my home, just a couple of weeks ago, at which I invited prescribing psychology trainees at the undergraduate, graduate, and independent practice levels; the prescribing psychologist Marlin Hoover; prescriptive authority advocacy leaders in neighboring states, including Bethe Lonning of Iowa; CEOs and medical directors of major medical centers and free-standing hospitals and clinics; representatives from the Illinois Hospital Association; Illinois managed care directors; the president and executive director of the state NAMI; the CEO of the oldest and largest social service agency in Illinois; Illinois University faculty and administrators; State government officers and State government Department chiefs of mental health and psychiatry; Nneka Jones Tapia, the first psychologist warden/executive director of the Cook County Jail; and the president and president-elect, the former executive director and current legislative liaison, and other governance and stalwart members of IPA. More than 80 people were in attendance. As hoped for, there was tremendous electricity in the air and a certain knowledge that we are creating revolutionary changes in the healthcare system in Illinois, changes that are reverberating throughout the country. What makes me most proud is the sense of community that we all feel. We are working together to provide excellent, comprehensive, integrated care to our patients and we understand the important role that each of us plays in this ever changing healthcare environment" [Beth Rom-Rymer].

During the memorable evening, Marlin, one of the true clinical and educational pioneers within the psychopharmacology movement, discussed the evolving status of the Psychopharmacology Examination for Psychologists (PEP). In August of 1997, the APA Council of Representatives authorized the development of the exam by the College of Professional Psychology for use by state and provincial licensing authorities as relevant prescriptive authority legisla-

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tion became enacted within their jurisdictions. From the beginning, the Association of State and Provincial Psychology Boards (ASPPB) was actively engaged. The original Expert Working Group was interdisciplinary in nature and purposely broad in its expertise. It included seven of the 10 graduates of the Department of Defense's Psychopharmacology training program. As Marlin accurately reported, the exam is currently being transferred from the APA Practice Organization to ASPPB, with the original PEP examination remaining available to candidates until March 30, 2017. This January, ASPPB issued a broad call for volunteers to assist in developing the new version of the national exam. "An exam of this nature requires periodic updates to ensure that it continues to assess current knowledge required for competent practice." And, since the enactment of the 2002 and 2004 New Mexico and Louisiana statutes, organized psychology has obtained considerably more experience with the practicalities of clinical psychopharmacology. It was also quite striking, as Beth has alluded to, that there was genuine enthusiasm for RxP within the younger generation; in contrast to the proffered hesitancy we sometimes hear from senior colleagues.

Colleagues Making a Real Difference

As she enumerated during the recent APA leadership conference, one of President-Elect Jessica Henderson Daniel's Presidential initiatives will be fostering psychologists as citizen advocates involved in policy at the state, local, and federal level.

At the federal level. Hawaii's Kathy McNamara, who will be retiring from the Department of Veterans Affairs (VA) after 28 years, personifies that vision. "While in Washington in September for Hill meetings at the request of the APA Education Directorate Government Relations Office, I had an opportunity to meet with our Senator Mazie Hirono. The planned meeting was with her health counsel to discuss APA's interest in having the Mental Health Reform legislation pass the Senate. While I was meeting with her staff, the Senator joined us. She voiced her absolute support of efforts to improve access to quality mental health care, though this legislation had not yet come to the Senate floor for her to weigh in with a favorable vote. The House already had voted almost unanimously in favor. I had been told in a meeting with the staff of another member of our Congressional delegation that what was holding up the scheduling for a Senate vote was the difficulty one other Senator had with a single part of the bill. Senator Hirono's response to this reason for the delay, that one person could hold up something so essential, was to quip, 'That is why I stay here!'

"While I appreciated the Senator's statement of support, I appreciated even more the time she then took to stay in a conversation with me, sharing about her childhood in Japan, with a fond memory of being with her mother and eating persimmons (a reference to our persimmons season in Hawaii!). Among other personal aspects of her background, she proudly mentioned that her undergraduate major was Psychology, so her interest in psychological services has been long-standing. From her own background, she shifted to express an interest in my career. When I noted that I was about to retire from my work with our Veterans, but was considering volunteering in a Congressional office to address the issues which come from Veterans struggling with the VA system, she immediately commented that she would welcome me in her office! What a gracious, competent, and compassionate

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side of Senator Hirono was evident in this unplanned visit. And the legislation has still not come for a vote." [The 21st Century Cures Act eventually passed the Senate 94-5 and was signed into Public Law by President Obama including Rep. Tim Murphy's mental health provisions].

At the community level. Eric Pauli of the Uniformed Services University of the Health Sciences Daniel K. Inouye Graduate School of Nursing (GSN) arranged for a tour of the aircraft carrier USS George H.W. Bush (CVN 77) on which Navy psychologist Lieutenant Amanda Berg serves. Amanda: "Mental health on an aircraft carrier takes psychologists out of the office and onto the deckplates to the heart of human experience. Mental health professionals in these settings are on the front line of preventive medicine and *in vivo* training to enact change and reinforce healthy behaviors. The embedded psychologist becomes an accessible resource for Sailors dealing with stressors as well as leaders seeking ways to enhance the performance of their 'organization.' By living and working together around the clock, this nontraditional approach to mental health care breaks down the barriers of seeking help from experts in human behavior, emotions, cognitions, and motivation to promote individual and group development.

"These nontraditional practices parallel movements across the field of psychology which is becoming to note the 'value added' by mental health through integration in primary care settings and multidisciplinary teams. Even within the U.S. Navy, specialty populations such as Marine Logistics and the submariner communities are requesting the addition of psychologists for mitigating risk and advancing the performance of their teams. We are no longer merely the "Wizard" that makes service members disappear (an amusing moniker given to military psychologists by the Marines). We do not simply sit in our offices conducting assessments and performing evidence-based therapies; we are sought after as consultants to solve problems on an individual and organizational level. Where mental health was previously considered taboo, we are now welcomed. We are changing the reputation of mental health."

At the local level. Steve Ragusea: "All my grandparents came from the small city of Bari in Italy and settled in New York. My family didn't have much money but we had a big family that provided the richness of love and acceptance. Of course, growing up in the South Bronx could be tough. I started carrying a knife for protection around the time I was eleven years old. My parents had dropped out of school after eighth grade and worked in relatively menial jobs. Kids like me didn't know what we were going to do in life, but I for one knew I was going to college; it was certain because my parents told me I would go to college. By so doing, I could do more than drive a coal truck like my dad. Eventually I found myself teaching inner city school kids where I was one of seven white staff members in an otherwise all black school and during my first year, two other teachers had already been run out of that classroom. I was the third piece of fresh meat. I did what little I could to teach those kids about reading, writing, dramatics but most of all I taught that somebody cared. Despite the recent race-riots that left tank tracks in the street, despite the murders that took their fathers' lives, I helped them learn that some of the adults in their lives were still in control and cared enough to tough out the bad times with them. My success came as one girl wrote on my annual evaluation: 'I like Mr. Goose cause he kind.' As time passed, I

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became less enamored with the subject matter and more focused on the kids, their lives, their families, their challenges, their psychology. After six years of teaching, I decided to become a psychologist. Maybe I could do more good that way, I thought. That was 41 years ago."

Substantive Change Always Takes Time

In 2015 the Institute of Medicine (IOM)'s Forum on Promoting Children's Cognitive, Affective, and Behavioral Health (C-CAB) released its workshop summary "Opportunities to Promote Children's Behavioral Health: Health Care Reform and Beyond." Psychologist Mary Ann McCabe chaired the planning of this workshop and several psychologists gave presentations (Parinda Khatri, Rahil Briggs, Lori Stark, Terry Stancin, Joan Asarnow, and the late Mark Chaffin). The participants noted that President Obama's Affordable Care Act (ACA) "has several provisions that could greatly improve the behavioral health of children and adolescents in the United States. It requires that many health insurance plans cover mental health and substance abuse disorder services, rehabilitative services to help support people with behavioral health challenges, and preventive services like behavioral assessments for children and depression screening for adults. It increased funding for community health centers to improve the delivery of care for millions of children and their families. It legislated the standards of pediatric well-child and preventive coverage recommended by the American Academy of Pediatrics. It established a grant program to provide voluntary, evidence-based home-visiting services to young at-risk children and their families. These and other provisions provide an opportunity to confront the many behavioral health challenges facing youth in America."

The IOM's C-CAB Forum also noted that mental, behavioral, and developmental problems are at epidemic levels among children in the United States. Of the developed nations, our nation ranks among the lowest in terms of the maternal well-being, health, safety, and education of its children—with some of the highest levels of risky behaviors, and among the poorest housing and environmental conditions. A growing number of children have multiple conditions, such as asthma, obesity, and attention deficit hyperactivity disorder (ADHD). Childhood disability nearly quadrupled in the five decades after 1960.

There are exciting opportunities ahead for those with vision and passion.

"Thank God I'm a country boy."

Aloha.

NOTICE TO READERS

References for articles appearing in this issue can be found on the Society's website under "Publications," the "*Bulletin*." Please click on the Bulletin issue for which you would like references. Go to the Table of Contents, and find "References." References for all articles in the issue will begin on that page.

BOOK REVIEW

Book Review of *Stories From Child & Adolescent Psychotherapy: A Curious Space* by Henry Kronengold. New York, NY: Routledge, 2017, 122 pp. ISBN: 9781138912878.

John W. Seymour, PhD, LMFT
Minnesota State University-Mankato
Mankato, MN

Henry Kronengold (2017) invites readers to experience with him a "curious space" of relational connections, playfulness, symbols, and metaphors that characterize psychotherapy with children and adolescents. What is it like for both client and therapist as they tentatively begin a therapeutic relationship, find common channels of communication, solve problems, and make sense of life's experiences? What occurs as this relationship develops, has setbacks, and advances? Kronengold's response to these questions is a collection of vignettes drawn from his clinical experience, each of which combines the surface details of what occurred in session with the therapist's personal and professional reflections of his observations, assessment, and decision making in the therapeutic process. Some of these musings are personal, as the therapist deals with his own history and feelings that arise in session. Some are both personal and professional, considering assumptions about clients and the therapeutic process. Some focus on the purposes and methods of the therapy in progress as it relates to treatment models and techniques. Ethical issues are reviewed as they present in the vignettes, ranging from privacy/boundary issues to addressing the quality and improvement of theories and methods.

The therapist contributes to the creation of the curious space through taking the role of a play companion with a sense of wonder and not-knowing, helping the child to rally personal strengths in response to their challenges. To help children address their anxieties in session, therapists need to manage their own anxieties when experiencing the fears, anger, and uncertainty of the child's experience. Creating and maintaining this curious space is facilitated through play and playfulness in session. Play is much more than an ice breaker used as a prelude to the "real work" of therapy. It is a way of harnessing the qualities of natural developmental play into therapeutic powers of play that allow the therapist to fully engage the child in the child's world and begin a path toward healing.

Each chapter allows readers to observe and reflect on work with specific children, which leads to larger discussions of many aspects of child psychotherapy. This curious space becomes a blending of the world of challenges in childhood, such as divorce adjustment, learning difficulties, attachment injuries, peer problems, and life cycle challenges, with the world of wonder, imagination, symbol, and metaphor—a world inhabited by bear families, world soccer stars, and fantastical characters rallying to the aid of the child in facing these challenges. We meet Abby, with her history of early losses, who brings a lively imagination, vivid stories, and more than a little

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bossiness to the sessions. Her play—which would "zig zag to the point of bewilderment" (p.14)—left Kronengold at a loss in knowing what to do, yet on personal reflection it became a way of better understanding Abby's sense of losses and being lost.

Then there is Ethan, with his booming voice, impulsivity, and history of developmental challenges, who develops personal strengths and a new confidence in battling the diabolical Captain Pineapple. Throughout this process, Kronengold comments on his own decision making processes of when and how to be directive, when to be playful rather than evocative, and the benefits and pitfalls of humor. With Alex, the office-as-soccer-pitch became the venue both for Alex to better manage his strong feelings and for the therapist to consider the usefulness of physical play and athletic themes in addressing self-expression and self-regulation concerns more often addressed by imaginative or expressive play approaches. David, dealing with life-restricting anxiety, would often ask for details of the therapist's personal life, prompting Kronengold to experiment with several ways of managing his responses, with commentary on pros and cons of self-disclosure, therapeutic boundaries, and trust.

This brief book is successful in providing the reader with vivid descriptions of sessions and thoughtful personal and professional reflections that stimulate the engagement and self-reflection of therapists working with children and adolescents. The use of reflection-in-action and reflection-on-action is reminiscent of the reflective practitioner model proposed by Schön (1983) and illustrates the concept of continuous reflection, identified by Rønnestad and Skovholt (2013), as crucial to the development of an effective psychotherapist. Kronengold is also candid in describing his own anxieties, limitations, and doubts, inviting readers into curious spaces for candid self-reflection on their work.

As with the therapeutic process, answers to questions lead to many more questions about child psychotherapy. Readers looking for specific recommendations of models and techniques may be disappointed at times in the book, while others will find these curious spaces an invitation to broaden perspectives and deepen understanding in their therapeutic practices. Kronengold proposes an integrative approach to child psychotherapy, informed by his own training in psychoanalytic, developmental, and humanistic treatment models, and incorporating aspects of many others, including cognitive behavioral, systemic, and narrative models. A more comprehensive integrative approach might have included recent findings in interpersonal neurobiology that have expanded our understanding of the role of natural play in human development and on the cultivation of the therapeutic relationship. Whatever the reader's theoretical orientation, they will find both confirmation of their approach as well as some challenging new perspectives to incorporate into their practice. A deliberate effort was made to use language shared across models that focuses more on the therapeutic relationship, mechanisms, and processes rather than fidelity to therapeutic orientation.

The book reads like a thoughtful conversation that valued colleagues would have with each other, spoken in a direct and honest manner, respectful of the children seen and the work done in session, with references to theory, research, and best practices. Clinical educators and supervisors will find it useful in introducing trainees to the process of con-

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tinuous reflection. Novice therapists will have the opportunity to experience some of the inner workings of the therapeutic process not easily taught in the classroom. Experienced therapists will have the opportunity to refresh their observation skills and decision making for more intentional and effective practice.

References for this article can be found in the online version of the Bulletin published on the Society for the Advancement of Psychotherapy website. www.societyforpsychotherapy.org

NOTICE TO READERS

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Find the Society for the Advancement of Psychotherapy at www.societyforpsychotherapy.org

MEET YOUR NEW STUDENT MEMBER OF THE PUBLICATIONS AND COMMUNICATIONS BOARD

Brien J. Goodwin
University of Massachusetts Amherst

I am honored and excited to be appointed to serve as Student Member of the Society for the Advancement of Psychotherapy's Publications and Communications Board. I am a third-year student in the clinical psychology program at the University of Massachusetts Amherst. My research interests include examining the relation between client motivational language and treatment efficiency, and exploring interpersonal therapeutic processes through fine-grained observer coding systems. My research questions are rooted in my clinical experiences and I see clinical work and research as integral to my development as a clinical scientist.

I have been a student member of Division 29 since I began my graduate training, and I appreciate the opportunity to become more involved in an organization whose critical mission to advance the science, practice, and training of psychotherapy strongly resonates with me. Division 29 has already been instrumental in my development as a graduate student psychotherapy researcher and clinician. I have been an avid consumer of content published in *Psychotherapy* and the *Psychotherapy Bulletin*. I have particularly enjoyed the numerous special issues on clinical process in *Psychotherapy*. It is an honor to give back to this organization and to play a small role in maintaining the strengths of and determining future directions for the Division's print and electronic publications.

Rosemary Adam-Terem, Ph.D.

I am humbled and honored to have been nominated to the slate for president of SAP. I know that most people will not know me, so I'll try to introduce myself briefly.

A full-time clinical psychologist in independent practice in Honolulu, Hawaii for over 25 years, I also teach classes in psychotherapy or practicum supervision occasionally as an adjunct to the UH Clinical Studies Program. I am a dedicated consumer of research, and enjoy bringing academic findings into clinical practice.

The SAP feels like my professional home, bridging all my interests as a psychologist: research, teaching, and clinical practice. For the last six years, I was involved as the Public Policy and Social Justice Domain representative and committee chair on the board. This area is my passion. I represent the SAP on the Divisions for Social Justice, a coalition of APA divisions that operates outside of the parent organization, and I am honored to be the chair of DSJ this year.

My contributions to the field of psychology have been in the form of service. In my home state organization, HPA, I think I have done every job available from stuffing envelopes, to being the president, to being the Council representative to APA COR. I believe that all work is good work. I was awarded two honors: the Significant Professional Contribution and the Lifetime Achievement Award.

Within APA, I have served on two committees, Rural Health (as co-chair) and Continuing Education. Otherwise my experience has been with the SAP.

Here in Honolulu, I have been the chair of the Continuing Education and Convention Committee for about 30 years. I have also chaired the Ethics Committee for many years, turning away from an adjudicative towards an educational perspective. I was appointed to the Hawaii State Board of Psychology in 2014 and currently serve as the chair. One of our major issues is the legislation permitting prescriptive authority for psychologists. Originally, many years ago, I was opposed to this extension of our professional role. However, having faced the realities of shortages of prescribing psychiatrists in the state, especially in our harder-hit remote rural areas, I have come to support the measure and even completed the training myself to see what caliber of education it offered.

My main goal however is to see that psychotherapy flourishes as a profession, recognized for its true value across the spectrum of interests. The issues of access to care, modes of delivery of care (e.g. telepsychotherapy), equal recognition of our services and reimbursement for services, and universal healthcare coverage including psychotherapy services are high priorities. In addition, the pipeline of development of early career psychotherapists, and the need for mentorship into the profession and leadership of the profession are essential to our flourishing as a learned profession.

Thank you for considering me as a candidate. I hope I can earn your vote.

Aloha. ■

Nancy L. Murdock

It is a great honor to be nominated for the office of President-elect of the Society for the Advancement of Psychotherapy. The Society is vibrant and active, contributing in many significant ways to all things psychotherapy and continues under the board's capable leadership to expand our knowledge of, and support for, the science, teaching, and practice of psychotherapy. I have been a member of the division for many years and yet I continue to marvel at the productivity, dedication and commitment of the members of the Society to its mission and priorities.

With all that said, the state of our world today does not allow us to rest on our laurels! Although there are many issues that deserve our attention as scholars, teachers, and practitioners of psychotherapy, I will highlight only a few in the interest of keeping myself from feeling totally overwhelmed with the responsibility that accompanies the honor of potentially serving the Society as president-elect.

Most prominent in my musings these days is the level of uncertainty, and yes, anxiety, that is evident in our society, both in the U.S. and globally. The Society for Advancement of Psychotherapy is positioned to contribute to addressing this psychological climate in many ways. I am aware that the Society is ramping up our international engagement and firmly believe that this is an effort that needs our special attention. We also need to continue other initiatives of the Society identified by those wise folks who have and continue to lead us, such as disseminating state of the art science on psychotherapy and providing valuable resources to those who teach and practice psychotherapy.

I believe the current psychological climate of our world is telling us that our efforts are badly needed and that further, we are called to extend our practice and science beyond traditional boundaries of all kinds. Therefore, my presidential theme, should that honor be bestowed upon me, will be *get out of the office and into the streets*. I am convinced that our professional skills are to be shared, and by taking them out of the consulting office into wider venues, we address a multitude of issues, not the least of which is providing support and service to traditionally underserved populations, many of whom feel particularly vulnerable of late. As president, I would look for every opportunity to promote this message and to support those engaged in it. One essential piece of supporting this theme is to attend to diversity of person, skills, and activities within our own ranks; therefore, supporting and expanding upon current efforts of the Society and APA efforts to grow and diversify membership would remain a top priority.

I thank the Society's leadership for the honor of being nominated as president-elect. ■

Rebecca M. Ametrano, Ph.D.

I am honored to be nominated for Secretary of the Society for the Advancement of Psychotherapy (APA Division 29). My deep commitment to the integration of psychotherapy science and practice began as a graduate student in the Psychotherapy Research Lab at the University of Massachusetts Amherst. There, my work focused broadly on patient and therapist factors that predict psychotherapeutic change, with particular attention to the influence of patient expectations on treatment process and outcome. In my current position as a Health Behavior Coordinator at VA Boston, I remain dedicated to the advancement of psychotherapy through my work adapting treatments for use in integrated medical settings, staff education and consultation, direct patient care, and supervision of clinicians-in-training. I also teach psychotherapy courses and maintain active involvement in psychotherapy-oriented professional associations (e.g., the Society for Psychotherapy Research, the Society for the Exploration of Psychotherapy Integration, and Division 29).

I feel particularly indebted to Division 29 for awarding me the 2012 Donald K. Freedheim Student Development Award, as well as publishing my work in the Division's journal, *Psychotherapy*, and the Division-sponsored book, *Psychotherapy Relationships that Work (2nd edition)*. As an early career psychologist, I am enthusiastic about the prospect of giving back to Division 29 through a leadership position. I have broad administrative experiences that would serve me well in the role of Secretary, such as co-organizing the 2013 North American Society for Psychotherapy Research meeting, coordinating multi-site research trials, and implementing program development projects within the VA system. I have also served as the graduate student member of the University of Massachusetts Psychology Department Executive Committee and as a Postdoctoral Fellow Representative of the Psychology Training Executive Committee at VA Boston. I am responsible, detail oriented, and possess strong organizational skills, all of which have allowed me to successfully execute these administrative tasks. Furthermore, I would bring great enthusiasm to the Secretary role, as I strongly believe in the Division's vital mission to advance the science, practice, and teaching of psychotherapy. Thank you for your consideration! ■

THE ADVANCEMENT OF PSYCHOTHERAPY & NOIVA
AMERICAN PSYCHOLOGICAL ASSOC

William D. Ellison, Ph.D.

Dear colleagues, I am honored to have been nominated for the position of Secretary and would welcome the opportunity to serve this vital and influential Division. My background: I received a BA from Princeton University and a Ph.D. in clinical psychology from Penn State University. At Penn State, I worked with Kenneth Levy and benefited greatly from the psychotherapy (and psychotherapy research) training there. I completed my predoctoral internship at the Massachusetts Mental Health Center/Harvard Medical School and a postdoctoral fellowship at Alpert Medical School of Brown University. I am currently an Assistant Professor in the Department of Psychology at Trinity University in San Antonio, where I teach classes in psychopathology, personality, and statistics/methods.

I am an active psychotherapy researcher and really value this part of my professional identity. For example, I use meta-analytic methods to investigate what client, treatment, and relationship factors influence therapy outcome. A particular interest of mine is psychotherapy for borderline personality disorder. I am also working on a project that will examine the effect of providing smartphone-mediated diagnostic reports on early therapy process and outcome.

I am also very interested, both as a practitioner and a researcher, in psychotherapy integration (both the integration of science and practice and the integration of different therapies). My clinical training includes a diverse array of therapy "brands" across different theoretical orientations, including Transference-Focused Psychotherapy, CBT, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy. I have not found any of them to be perfect, and I'm fascinated by the questions of how a therapist chooses what intervention to use in the moment, and how distinct these techniques actually are. In line with this interest, I recently began serving on the editorial board of *Journal of Psychotherapy Integration*. I'm very excited by the possibility of continuing to serve the interests of the profession as Secretary of Division 29. ■

THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY
AMERICAN PSYCHOLOGICAL ASSOCIATION DIVISION 29

CANDIDATE STATEMENTS
International Affairs Domain Representatives

Fred Leong, Ph.D.

I am pleased to be nominated for the International Domain Rep position in the Society. Rod Goodyear appointed me to chair the Internationalization Task Force during his Presidency. In that role, I was ably assisted by Patrick Leung as the international co-chair and Changming Duan who later succeeded me as chair of the international affairs committee. In addition to organizing a Presidential Symposium on international perspectives in psychotherapy, we invited a group of colleagues to serve as international liaisons to the Division. As we launched more activities, we decided to establish an International Domain which came into fruition in 2016 by the appropriate change in the bylaws. I accepted the Board's invitation to serve as the interim International Domain Rep until December 2017 in order to implement some of our initial plans. I was honored to be invited to run for a full term as the elected International Domain Rep (2018-2020). I accepted this invitation with the goal of continuing the various activities that we have started such as the partnership with Oriental Insight, the World Congress of Psychotherapy in Paris in July 2017 (we have been invited to organize 5 Symposia), and the establishment of the a Distinguished Award for International Advancement of Psychotherapy and a research grant for early and midcareer members to conduct international research. We have many other plans for the International Affairs Committee which we have been sharing with the Board. During my 30-year career, I have been actively involved in international psychology and helped found the Counseling Division (Division 16) in the International Association for Applied Psychology. I have served on the APA Committee on International Relations in Psychology as well as the executive council of the International Test Commission. In 2007, I received the APA Distinguished Award for the International Advancement of Psychology. If elected as the International Domain Rep, I hope to use my experience and skills to continue to help the Division in the international advancement of psychotherapy. ■

THE ADVANCEMENT OF PSYCHOTHERAPY AS A SOCIETY FOR AMERICAN PSYCHOLOGICAL ASSOCIATION

Andreea Visla, Ph.D.

I am honored to be nominated for the position of International Affairs Domain Representative to the Division 29 Board of Directors. I received my Clinical Psychology doctorate in 2014 from Babes-Bolay University (Romania), and I am currently an Assistant Professor at Stefan cel Mare University of Suceava (Romania) and a Postdoctoral Researcher at University of Zurich (Switzerland). My primary scientific interests include (1) investigating mechanisms involved in psychopathology and psychotherapeutic treatment, (2) examining patient and therapist characteristics that influence psychotherapy outcome, and (3) improving the sustainability of the psychotherapeutic interventions by integrating pantheoretical principles of clinical change.

As an early career clinical scientist, teacher/mentor, practitioner, and Division 29 member, I am deeply committed to integrating quality clinical practice and rigorous science, following a scientist-practitioner approach. This commitment is exemplified by several current and invited future publications (including in the Division 29 Journal, *Psychotherapy*, and in a Division-sponsored publication, *Psychotherapy Relationships that Work* (3rd ed.), talks at various conferences, and awards (e.g., Paul L. Wachtel Award, International Student Award, European Student Award, Albert Ellis Award) that I have accumulated to date.

There are multiple reasons why I am motivated to get more involved in the mission and development of Division 29. First, I am devoted to the advancement of the practice and science of psychotherapy. Second, I provide continuing education to counselors and psychotherapists. Third, I approach my work from an integrative perspective, the most commonly endorsed practitioner perspective. Thus, my background is commensurate with the philosophy and scope of the Division, and I would welcome the opportunity to serve in a Board role. I believe my energy and enthusiasm will serve the Division well, in the same way that it has for the Society for Psychotherapy Research and the Society for the Exploration of Psychotherapy Integration. If elected, I will assure an ongoing exchange and collaboration with the clinical scientists and psychotherapy practitioners outside US, with the aim of making their voices heard in the Division and in APA. I am excited about the prospect of being your International Affairs Domain Representative, and I appreciate your consideration. ■

THE ADVANCEMENT OF PSYCHOTHERAPY & SOCIETY FOR AMERICAN PSYCHOLOGICAL ASSOCIATION

CANDIDATE STATEMENTS
Public Interest and Social Justice Domain Representatives

Sheena Demery

It is an honor to be considered to serve as the Division 29 Public Interest Domain Representative. In the ever-changing landscape of our country and profession, I believe now more than ever, as psychologists we are uniquely positioned to contribute and influence by creating a deeper understanding of issues such as discrimination, human rights, trauma, and health disparities.

As an early career psychologist, I feel a responsibility to the profession in supporting and advancing our work in this critical area, and yet I am aware of how large a task this is for all of us, as we bring our own unique perspectives and understanding of the world into our work. With this in mind, I am enthusiastically dedicated to beginning the process of creating an open dialog with the members of the Division, to understand what is important to you. I want to create a space where we can understand what you are experiencing in the treatment room, classroom, and research lab, to help inform where we focus our efforts.

One of the critical areas I am committed to bringing to the Division is the work with underserved communities, by providing tools and resources for Psychologists that work with these populations, and bringing forward the clinical work being done, as a way of developing a better understanding of what is helpful and brings about meaningful change.

Throughout graduate school and post-doc training, I have spent the majority of my time working in community mental health settings in Washington, DC, specifically focused on the treatment of children and adolescents. This important work has provided me with unique insight into the complexities of our nation's underserved populations, and translates well to serving as the Public Domain Representative.

Please do not hesitate to contact me if you have any questions about my candidacy or qualifications. I can be reached at sheenademery@gmail.com. I thank you very much for considering voting for me. ■

THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

Lavita Nadkarni, Ph.D.

I am humbled and honored to be nominated for the Public Interest and Social Justice Domain Representative. The intersection of personal and professional identities has resulted in my acute awareness of the need for advocacy for those who are marginalized, whose voices are not heard, and whose rights are being invalidated. I am aware of the impact of our work, both direct and indirect, on the welfare of others and strive to lead by example and teach/mentor our students and ECPs to recognize both the value and humility of what we do.

It is a pleasure to be offered the opportunity to return to serve in this capacity for Division 29, one of my professional homes for more than 10 years. I served as the past Editor and Associate Editor of *Psychotherapy Bulletin*, and have valued the structure of Division 29's domains in allowing for the pursuit of ideas relating to the demands of psychotherapy, science, practice, training, and social justice. I am currently serving as the President of the National Council of Schools and Programs of Professional Psychology, an organization which has advanced diversity and been a leader in advocacy and social justice for the past 40 years. As an academic and clinician, I am actively engaged in training and supervising graduate students in their work with marginalized populations, expanding their ability to serve refugees and immigrants as they seek to remain in this country. I have presented at conferences, and trained mental health professionals on conducting culturally competent evaluations (such as asylum, hardship, VAWA, T-visa, U-visa, and N468). As a forensic psychologist who is training the next generation of graduate students, it is critical for them to know the social and historical context of criminalization, and the fact that our jails and prisons are serving as the mental health centers for an increasingly vulnerable population. Clinical breadth and knowledge can be used to help translate psychology so that it enhances and expands social justice in the interest of all of our communities. Social justice is the lens which I use to inform my clinical and scholarly work, my passion for advocacy and public policy, and is integrally tied to my multiple identities. I look forward to continuing to promote Division 29's leadership in this area. Thank you for your consideration. ■

THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY (DIVISION 29) DIVERSITY RESEARCH GRANT FOR EARLY CAREER PSYCHOLOGISTS

The Diversity Research Grant for early career psychologists was established to foster the promotion of diversity within Division 29 and within the profession of psychotherapy.

The Division 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:

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

The applicant *must* be a member of Division 29. 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 Division 29 Journal, Psychotherapy, or other refereed professional journal) or 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.

A complete application must be submitted by email to both Diversity Domain Representatives and Diversity Chair:
Beverly Greene, Ph.D. (bgreene203@aol.com); Rosemary Phelps Ph.D. (rephelps@uga.edu); and Astrea Greig Psy.D. (agreig@bhchp.org) 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 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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ONCE A COMPLETE APPLICATION HAS BEEN RECEIVED (ON OR BEFORE THE DEADLINE), SELECTIONS WILL BE MADE USING THE FOLLOWING 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; 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 31st).

Find the Society for the Advancement of Psychotherapy at www.societyforpsychotherapy.org

THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY (DIVISION 29) DIVERSITY RESEARCH GRANT FOR PRE-DOCTORAL CANDIDATES

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

The Division 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:

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 applicant must be a member of Division 29. 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 Division 29 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.

A complete application must be submitted by email to both Diversity Domain Representatives and Diversity Chair:
Beverly Greene, Ph.D. (bgreene203@aol.com); Rosemary Phelps Ph.D. (rephelps@uga.edu); and Astrea Greig Psy.D. (agreig@bhchp.org) 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 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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ONCE A COMPLETE APPLICATION HAS BEEN RECEIVED (ON OR BEFORE THE DEADLINE), SELECTIONS WILL BE MADE USING THE FOLLOWING 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; 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 31st).

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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

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.

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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 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. 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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