Psychotherapy

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BULLETIN

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A Slightly Different, Yet Interesting Perspective

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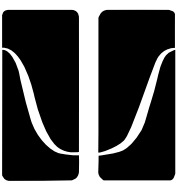
The Psychotherapist's Pregnancy, Childbirth, or Adoption and the Psychotherapy Process

Multicultural Research in Psychotherapy Supervision: Current Status and Future Directions



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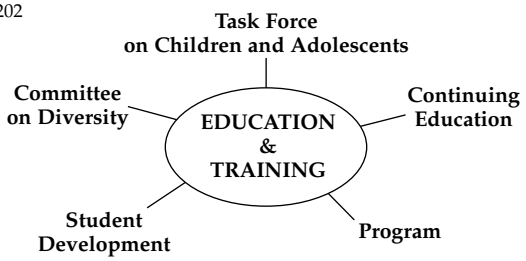

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WELCOME TO TRACEY MARTIN

Division 29 Central Office Administrator

We have passed the one year anniversary of Tracey Martin's work with us as our Central Office Administrator. She continues to do an excellent job working with our leadership, membership, and publications. The following interview was conducted by Linda Campbell, the *Psychotherapy Bulletin* Editor, with the intent of giving the membership a more personalized introduction to Tracey.

Q: Tracey, would you tell us a little about yourself, your growing up years, and how you came to live in the Phoenix area?

I was born in Pennsylvania (many years ago) and lived most of my life in the Washington-metropolitan area of Maryland. I worked for a large, non-profit membership association for 15 years, where I learned the association management skills necessary to administer a large, complex division like Psychotherapy. I served in several different capacities during that 15 years, but mostly in the areas of public/media relations, project development, and marketing.

I moved to the Phoenix area in 1993 to start a new life with my then-fiance, now-husband.

Q: How did your professional experience and interests draw you to the Division of Psychotherapy?

About a year after I arrived in Phoenix, I started work with the largest association management firm in the area. Instead of working for only one association, as before, I was now working for about forty client organizations! What an eye-opener! In this type of environment, it was important to be a "multi-tasker" and very organized, because you were responsible for all facets of an association's health and growth.

The Division of Psychotherapy was one of the associations with which I worked at that firm, and I became quite knowledgeable, particularly about its membership database and recruitment efforts.

During the four years that I worked at that firm, I grew to respect and admire the Division's governance and membership, and the diverse viewpoints that make up a dynamic, interactive association like the Division.

Q: What do you find most interesting in your work with our Division? What is most challenging?

The most interesting part of my job is that it is so unstructured. The Division has certain events that happen at certain times each year, so those you can plan for. But, it's the unplanned things that are absorbing. Some days, I am working on membership, some days the Psychotherapy Journal subscriptions, some days a combination of everything.

Of course, the most challenging is any aspect of financial accounting and planning. The precision of working in a numbers environment can be quite taxing (pardon the pun), and the accuracy becomes so important when making projections and working within the limitations of budgets.

Q: How would you describe your professional aspirations at this point in your career and how can your work with Division 29 contribute to your goals?

At this point, I have four clients, all non-profit membership or professional associations. I am comfortable in this environment and with these clients, so my professional aspirations are intrinsically linked to my clients' goals.

For instance, Division 29 is my largest and most active client. I would like to see the Division expand its membership and financial resources, and by doing so create a greater atmosphere for intellectual exchange, promoting division goals, and conducting division programs. By helping the Division achieve its ends, I also grow my own business and gain a greater personal satisfaction.

We thank Tracey for this interview and encourage our membership to contact Tracey with questions about committees, membership, continuing education, our publications, and any other member related area that would be informative.

WANT TO GET INVOLVED IN DIVISION 29?

Please fill out this questionnaire below, attach your resume, and mail immediately to:

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- **Families with parents in prison (children, mothers, fathers)**
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WASHINGTON SCENE

A Slightly Different, Yet Interesting Perspective

Pat DeLeon, APA Past-President

The past two years have been truly extraordinary. As APA President-Elect and President, I had the opportunity to meet with colleagues across the nation, receiving invitations from a variety of small rural state and territorial psychological associations (e.g., Alaska, Hawaii, New Hampshire, and the Virgin Islands) and from larger associations (e.g., California, Florida, Pennsylvania, Texas/Oklahoma, and Virginia). These are very exciting times for our nation and for professional psychology. The dedication, enthusiasm, and vision of our colleagues is simply inspirational. I particularly enjoyed meeting and spending quality time with graduate students; they are the future and they are very optimistic. In Wyoming, it was downright fun to be on public radio with Mike Enright. In Seattle, it was exciting to visit a high school with Andy Benjamin and Connie Umphred and later that evening, participate in a more formal event, where I could publicly reflect upon the national significance of the contributions of APA Board Member Ruth Paige and U.S. Women's Soccer Team Mental Skills Coach Colleen Hacker. Each week I called two individuals who were not involved in the APA governance and continued to be awed by their accomplishments and day-to-day efforts to make a difference in real peoples' lives. I met many extraordinary people over the last two years. Psychology has so much to offer society and across the nation, we are successfully engaged in doing so.

This year has been somewhat different. In my role as Past-President, I find myself reflecting more and looking for the "bigger picture", as Norine Johnson has taken over the helm. Norine has a magnificent vision for where our field can evolve. Her work with adolescent girls is world class; her efforts to include "health" in APA's underlying mission statement and her Psychology Builds a Healthy World Presidential initiative will have major long term benefits. The deliberations of her Commission on Education and Training Leading to Licensure in Psychology will bring us into the 21st Century. I will be taking time off from my involvement in APA governance activities, although I know that I will sincerely miss the comradery and the challenges of grappling with important psychological agendas. However, it is time for others to serve in elected offices and for me to reflect and contribute from a different vantage point.

I now find myself primarily focusing upon those policy agendas which should, as they mature, provide the foundation for long term changes within psychology. This February, the APA Board of Directors and Council of Representatives addressed several issues which I believe, based upon my experiences over the past two years, are of considerable importance to all of psychology as we enter the 21st Century.

Reciprocity of Licensure Among States

The Council was asked to, and did, approve a strategic plan developed by the Committee for the Advancement of Professional Practice (CAPP), at Council's earlier direction, for helping to provide a climate within which existing mechanisms for professional mobility can continue to develop. A year ago, in February, 2000, Council suspended its rules and approved a New Business item, "Reciprocity of

Licensure Among States," introduced by Carol Goodheart. Carol's item affirmed that the attainment of reciprocity of licensure and other mechanisms for professional mobility are urgently needed. It further directed CAPP, as the lead group, and the Board of Professional Affairs (BPA) to work in collaboration with the Association of State and Provincial Psychology Boards (ASPPB) to develop a plan to achieve this goal.

In March, 2000 CAPP and the Practice Directorate made time available before the start of the State Leadership Conference for representatives of state psychology licensing boards and state psychological associations to meet to discuss mobility, in a forum coordinated by ASPPB. This was the second consecutive year for this particular forum. At its meeting later in March, CAPP discussed the Council item and decided to convene a conference call among representatives of CAPP, BPA, and ASPPB to determine what would be most helpful in promoting reciprocity. This call took place in June. It highlighted several relevant issues, including the distinction between reciprocity and endorsement, the type of support by APA, the implications of technology changes and telehealth on licensure, and the recognition that other organizations have also developed initiatives to facilitate licensure for psychologists moving to different states. Importantly, it was noted that there are two different mechanisms for promoting professional mobility: Reciprocity, which refers to agreements between jurisdictions in which states are willing to recognize each other's licensees based on comparable requirements for licensure; and Endorsement, which is a vehicle to recognize individuals as having met a high standard qualification, such as the Certificate of Professional Qualification (CPQ) developed by ASPPB, which is accepted by jurisdictions as meeting most of the qualifications for licensure. In the past decade, only 10 states have entered into reciprocity agreements. This makes endorsement the more promising mechanism for promoting mobility, since more than two dozen states are in various stages of recognizing the more recently developed CPQ.

In July CAPP continued discussion of this issue with representatives of ASPPB and the National Register for Health Service Providers in Psychology. CAPP noted that decisions about licensure reciprocity and mobility are not really the province of APA but instead of state and provincial psychology boards. Our nation has a long history of the States overseeing professional practice acts in their role of protecting their citizenry. CAPP also noted that BPA has a work group examining telehealth issues, and that these issues are clearly relevant to any consideration of reciprocity and mobility. CAPP felt that it could take three additional actions as being supportive of reciprocity and mobility at the present time: 1) provide a climate and create an environment in which existing mechanisms for mobility can flourish, by informing members about the various mechanisms for mobility offered by ASPPB, the National Register, and the American Board of Professional Psychology (ABPP); 2) inform Council of the distinctions between reciprocity and endorsement, and the status of the latter as being the mobility mechanism more widely accepted by states and provinces; and 3) defer further discussion of the implications of telehealth on reciprocity and mobility until BPA completes its report on telehealth.

As part of providing a climate to support existing mechanisms for mobility, CAPP offered to compile and disseminate to state and provincial psychological associations (SPPAs) invited articles written by ABPP, ASPPB, and the National Register about the various mechanisms and initiatives each has developed to promote licensure reciprocity and mobility. Each of the orga-

nizations was contacted and agreed to prepare a brief article suitable for publication in SPPA newsletters. These three articles were circulated in September and have been reprinted in various SPPA newsletters. In October CAPP reviewed the progress made in publicizing the various mechanisms for promoting mobility and the increasing acceptance which these mechanisms are receiving, and decided that a continuation of the current strategy would be recommended to the Board and Council. In December the Board of Directors approved the strategic plan prepared by CAPP. Council concurred in February, 2001.

Implementation Plan: CAPP has been implementing a strategic plan to provide a supportive environment for giving visibility to existing mechanisms for professional mobility, through programs at State Leadership Conference, dissemination of invited articles to state and provincial psychological association newsletters, and other actions. CAPP proposes a continuation of this plan. Now that this has been approved by Council, additional articles on the status of the various mobility mechanisms will appear, as appropriate, in APA and Practice Directorate publications, additional conference programs will be arranged, and meetings among parties of interest will be facilitated. Examination of the impact of telehealth on licensure will be done through coordination with the activities of the Board of Professional Affairs. Actions already completed have been covered by the Practice Directorate's operating budget; future activities involve absorbable costs to the ongoing operating budgets for the Monitor and for the Practice Directorate's Committee Operations and Board Operations programs.

The issue of licensure mobility is extraordinary important for the future of professional psychology and, in my judgment, is an area in which national association leadership by APA will eventually be required. During the closing years of the Clinton Administration, various high level policy discussions were held — interestingly often outside of formal governmental channels — regarding the underlying issue of whether, given the unprecedented advances occurring within the technology and communications fields, the states were still capable of fulfilling their traditional responsibilities for determining professional scope of practice issues. Has the time come, for example, for the Congress to establish a National Commission charged with reviewing the ever expanding, and often overlapping, clinical functions of the various health professions? As advanced technology (e.g., telehealth) allows practitioners of all disciplines to provide clinical services without regard for geographical distances, is the public well served by seemingly arbitrary limitations on professional practices? This is, and will continue to be, a far reaching national debate and one that addresses underlying issues of deep concern to many of our colleagues who are not involved within the APA governance. We must become proactive.

As I indicated in my April, 2000 Presidential Monitor column, professional nursing has already institutionally recognized the necessity of facilitating mobility. The National Council of State Boards of Nursing has endorsed a mutual recognition model for interstate practice, encouraging reciprocal arrangements for licensure and disciplinary action. Subsequent discussions with national nursing leaders indicates that nursing has a single national exam (like psychology) with a nationally determined designated pass score (unlike psychology) and no subjective clinical observation component. Essentially, their model is the driver's license approach, with licensure recognized across state lines with the practitioner subject to the rules of the state where practicing. Pharmacists facilitate mobility through uniform licen-

sure requirements and their Electronic Licensure Transfer Program (ELPT), which acts as a clearinghouse – transforming a pharmacist's license from one state to another, verifying background information, and screening for disciplinary actions. All but two states accept ELPT. The Canadian provinces have recently been given an ultimatum by their government that the professions must eliminate barriers to the mobility of qualified professionals. Council's February action does represent a nice step forward. However, I would sincerely hope that collectively we would become a bit more proactive. We must begin to appreciate the monumental nature of the changes that technology is bringing to the health care arena. Licensure mobility is critical to the future of our profession.

APAGS

With its 40,000+ members, the American Psychological Association of Graduate Students (APAGS) is the future of our profession. APAGS celebrated its 10th anniversary at our last San Francisco annual convention and it is expected that this Fall, in San Francisco, Council will vote to recommend to the entire APA membership that APAGS be granted a voting seat on the Board of Directors and on Council. At its December, 1999 meeting the Board approved the attendance of a student representative at the open sessions of all business meetings of the Board of Directors, for a two-year trial period. The APAGS representative, who does not vote or attend retreat meetings, began serving in February, 2000. Mitch Prinstein was the first selectee.

Since 1992 APAGS has had a non-voting presence on Council, which has been beneficial to both groups. In addition, APAGS has full voting membership on the Committee on Accreditation and the Ethics Code Task Force. APAGS participates as a full voting member of the Psychology Executive Roundtable (PER) and during my Presidency, then-APAGS Chair Carol Williams co-hosted the 2000 PER meeting with Russ Newman. Invitations to APAGS for participation and representation to Divisions, State and Provincial Psychological Associations, and various boards and committees has grown over the years due to increasing awareness of the importance and benefits of including students' perspectives. It is felt that these and other formal relationships with boards and committees established over the last 12 years demonstrate the maturity of the group and the importance of the student perspective in Association endeavors. Moreover, recruitment and retention trends of both current and former APAGS members is in jeopardy, thus demonstrating the need for the Association to be more aware of, and represent, issues that are important to budding psychologists in all areas of Association governance.

Other professional and educational organizations have long had student representatives on their boards. The American Psychological Society (APS) has had a voting student member on its board for some time. The American Psychiatric Association (ApA) has had two "Members in Training" (residents) on their board since 1988, one of which votes. ApA also has several voting Members in Training on their Assembly of Representatives. The National Association of Social Workers (NASW) has two student seats on their board, both of which vote. The American Medical Association (AMA) has several student voting seats on all of their major boards, including their Board of Trustees, the Medical Education Group, and several voting seats in their House of Delegates. The American Bar Association (ABA) has a Law Student Division, which liaisons with approximately 53 of the ABA sections, divisions, and forums. Liaisons serve on the governing board of the group to which

they liaison. Many universities have voting students on their Board of Trustees. Division 31—State Psychological Association Affairs – is working to change their by-laws to permit a full voting student member of the Board; Division 43—Family Psychology—has a full student member seat on their Board. Six State and Provincial Psychological Associations have voting student seats on their Boards: Alberta, Arizona, California, Hawaii, Nova Scotia, and Washington. Non-voting student seats exist in 17 State Associations: Connecticut, Georgia, Illinois, Maryland, Michigan, Minnesota, Missouri, Montana, New Jersey, New York, Ohio, Oklahoma, South Carolina, Texas, Vermont, Virginia, and Wyoming. During the closing hours of my Presidency, I urged Carol Williams, now the recently appointed APA APAGS staffer, to send a letter to every state psychological association urging that a voting seat be provided for an APAGS member. If we wish to thrive in the 21st Century as a viable profession, we must actively engage the future of our profession.

One State, One Vote

During my travels representing APA, I became even more convinced that our Council of Representatives needs to hear the voting voices of every state association, not just the larger ones. If one looks around Council, the large states are well represented; not only do they have several designated voting seats, but the reality is that this is also where the Divisions select their representatives. Where are the thoughts and experiences of West Virginia, Rhode Island, and the rural states? The passage of the "Wild Card" plan by the APA membership in 1997 was an important step forward. During the past year, however, — under the exceptional leadership of Ruth Paige, Ron Levant, and Ray Fowler — additional significant progress has again been made. Following up on a special task force meeting prior to one of the Consolidated meetings, it is now expected that this Fall in San Francisco, the Council of Representatives will vote to recommend to the entire APA membership that every State and every Provincial Psychological Association have at least one voting seat on Council (as currently do all the Divisions).

In this light, the action by Council this past February to approve the affiliation of the Guam Psychological Association with APA represents another very nice maturation. Guam becomes the 60th state/provincial/territorial psychological association to be affiliated with APA. Our sincerest congratulations to Guam President Mamie Balajadia and their 11 members. Last Fall, I had the genuine pleasure of recognizing Mamie, George Kallingal, and James Kiffer during my Presidency while presenting them with the Karl F. Heiser Presidential Award for their outstanding success in passing prescriptive authority (RxP-) legislation.

The Prescriptive Agenda (RxP-) Advances

Our APA Recording Secretary Ron Levant was successful again this year in obtaining flexible funding for the Practice Directorate from the contingency account of the Council of Representatives for the RxP- agenda. Specifically, Council approved $35,000 to Assist in the Passage of a Prescriptive Authority Law. Rochelle Jennings, the APA RxP-er, reported that the Board contingency account had provided $30,000 in 1996, $4,100 in 1999, and $35,000 in 2000; with Council providing an additional $16,000 in 1999. The first successful effort was initiated by Ron Fox when he was on the Board, at that time to fund the first RxP- task force to explore the feasibility of our successfully evolving into this arena. As we collectively come to appreciate that we really are one of our nation's health professions, I am confident that this expansion of practice will be extraordinary beneficial for the profession and for our patients.

State Leadership — Outstanding As Always

This March the APA Practice Directorate conducted its annual State Leadership meeting, "Launching the APA Practice Organization: Expanding the Power of Psychology". It was an outstanding event with 538 colleagues participating, the most ever. The RxP- agenda was ever present, with presentations each day and at least three of the DoD Fellows actively participating. Over the past several years, we have developed a decidedly Southern strategy and there is every reason to expect that the coming year will see increasingly aggressive legislative efforts in Florida, Georgia, Louisiana, Tennessee, and Texas. Significant numbers of colleagues in these states have now completed their RxP- training and review courses are underway, preparing for the national psychopharmacology exam developed by the APA College of Professional Psychology. Jan Ciuccio, Executive Administrator of the College, indicated that already 30 applicants have taken the exam and that over 100 applications have been mailed out.

I was particularly pleased, however, with the evident determination at State Leadership of the Maryland Psychological Association's elected officials to really "get into the RxP- fray" this coming legislative session. Maryland is the only State in the nation when the psychology licensing board actually invited me to participate in their annual retreat meeting, in order to discuss the RxP- agenda in depth and its accompanying public health rationale. It is also where my family and I live. Maryland is a progressive State and the legislature has a long history of demonstrating genuine concern for, and appreciation of, the complexity of insuring quality health care for all it citizens, including valuing the contributions of non-physicians. Accordingly, I fully expect that the Maryland Psychological Association will soon be on the cutting edge of our national RxP- agenda. This year Connecticut Psychological Association President Michael Schwarzchild was successful in having legislation introduced and public hearings held, with accompanying dialogue in their local news media. Our colleagues in the South are finally be joined by their East Coast brethren.

The Little Engine That Could

Without question, the highlight of Mike Sullivan's State Leadership extravaganza were the updates on the absolutely unexpected legislative activity exploding in New Mexico. Spontaneous applause and cheers were everywhere. Elaine LeVine could not be present as the New Mexico RxP- bill suddenly took off and successfully cleared five separate votes in committees and on the New Mexico House floor, where it passed 37-21. In the closing hours of the session, the Senate Majority Leader prevented a vote; clearly indicating that Elaine and Mario Marquez had the votes. Our sincerest CONGRATULATIONS to NM Presidents Anne Rose and Jullie Lockwood. The literature of the State Legislators, the Health Policy Tracking Service, for the first time ever will record a Psychology RxP- bill as having passed one chamber. History in the making!

FOR THE CHILDREN

Sheila Eyberg & Beverly Funderburk

The observant may note our new column title. It happened after someone mentioned something about Billy goats. Undaunted, we continue our look at empirically supported treatments for children. In this issue, Wendy Silverman describes treatments for children with anxiety disorders, and brings research and practice another leap closer.

Treating Anxiety Disorders in Children: *Key Therapeutic Principles and Procedures*

Wendy Silverman, Ph.D.
Florida International University

Evidence from several clinical research programs has shown that anxiety disorders in children can be effectively treated using exposure-based cognitive behavioral treatments. Strong empirical evidence of both short and long-term effectiveness has been demonstrated in randomized controlled clinical trials of individual child focused treatments (e.g., Kendall, 1994; Kendall et al., 1997), group treatments (e.g., Barrett, 1998; Silverman et al., 1999a), and treatments involving increased parental (Barrett, Dadds, & Rapee, 1996) and peer involvement (Beidel, Turner, & Morris, 2000). A number of recent books and journals provide useful summaries of the theoretical and research base of these child anxiety treatments for children (e.g., Silverman & Treffers, 2001; Vasey & Dadds, 2001) as well as practical, 'nuts-and-bolts' therapeutic implementation strategies (e.g., Friedberg & Crosby, 2001; Rapee, Wignall, Hudson, & Schniering, 2000; Silverman & Kurtines, 1996).

Although many questions in child anxiety treatment research remain, it seems clear that only the cognitive-behavioral treatments involving gradual exposure of the child to anxiety provoking situations have accumulated adequate evidence with respect to "working" (i.e., they produce positive child treatment response/ decreased anxiety). Yet, efforts at dissemination of the research findings need to be improved. In my work as Director of the Child Anxiety and Phobia Program at Florida International University, I continue to be surprised when I hear of the previous treatment experiences of the families we see. Medications are prescribed for children as young as 5 based on 10-minute interviews, and parents describe long-term therapies aimed primarily at understanding the child's feelings or teaching breathing exercises. Other parents report being advised to ignore the anxiety or to "just put Juan in the car and drive him off to school even if he kicks and screams." I hasten to add that the things I just described have a place in treating children with anxiety disorders. That is, for some children there is utility for medication and for such strategies as relaxation and extinction. However, the use of evidence-based treatment for childhood anxiety disorders seems not yet to be the "standard" of care for these children. As a consequence, many children receiving professional help for severe and debilitating fear and anxiety may be receiving either unhelpful or possibly even deleterious treatments. The purpose of this article is to

describe the 'basic" evidence-based treatment approach for anxiety disorders in children and to discuss how the basic approach provides flexibility in clinical application.

Treatment Overview

The key procedure in evidence-based treatments for anxiety is *exposure*. The evidence seems incontrovertible that reduction of children's fear and anxiety requires that they be exposed to the anxiety-provoking situation—that they "face" their fear— and thereby allow for emotional engagement/activation and habituation (see Silverman & Kurtines, 1996; 2001). In previous writings, Bill Kurtines and I have discussed our view that treatment involves a "*transfer of control*," wherein the therapist serves as a consultant or collaborator who provides (or "transfers") information to parents and children about strategies they can use to facilitate or control the child's exposure or approach behavior.

Education Phase. In the first phase of exposure-based cognitive-behavioral treatment, the therapist provides information about the strategies that make it easier for child exposures to occur. Families must understand the importance of the child's approach behaviors. Therapists explain that when a child stays away from (or avoids) what makes him/her feel afraid, the anxiety is maintained because the child does not have the opportunity to learn that "there is nothing to lead him/her to feel afraid or anxious." We emphasize that to learn this, the child must approach what is feared, or do what is avoided. We give the family numerous examples, including the analogy of "getting back on a bicycle after falling off," which are readily understood. We explain that the family will learn several *facilitative strategies* in treatment to encourage exposures, including *contingency management* and *self control*.

In teaching contingency management, we explain to children and parents the concept of reinforcement and the proper delivery of reinforcement. We differentiate the types of rewards (social, tangible, activity), and highlight the use of social and activity rewards. We also explain that rewards are provided contingent on completion of desired behaviors, specifically approaches or exposure to the fearful object or situation. The importance of consistency and follow-through is explained to parents as well as the potential difficulties they may encounter that could prevent effective follow-through. The advantages of using contingency contracts that explicate the specific rewards to be given contingent on specific behaviors are described.

In teaching self control, we explain to children and parents the concepts of self-observation, self-evaluation, and self-reward. We differentiate positive and negative self-statements, stress the "power of non-negative thinking" in light of current research findings (Kendall & Chansky, 1991), and explain that like the rewards given by the parents, the child's positive, self-rewarding statements should also be contingent on the child's approach or exposure to the fearful object or situation. The importance of parental support and encouragement for the child's use of cognitive self control procedures is highlighted for parents as well as the difficulties they may encounter in providing support.

Application Phase. In this phase, the parents and children practice the principles and procedures they were taught in the Education Phase. The therapist serves as a coach as they perform graduated exposure tasks that begin with the lowest (easiest) steps on a hierarchy of the child's fears. For example, a child with a social phobia might begin with saying hello to another child, then asking the child a question, then holding a conversation, and finally calling the

child on the telephone to a question. The importance of "staying with the feeling of fear/anxiety" for "as long as they can" until the fear/anxiety "goes down" is underscored.

Contingency management is also implemented in the treatment sessions to help the parents decrease the child's avoidant behaviors. To do this, the therapist helps the parent and child generate a *contingency contract*, which is a detailed agreement about the specific exposure task that the child will try (e.g., what to do, when to do it, how long to do it) and the specific reward the parent will give to the child for successfully attempting, or completing the task.

Once the parent has some control of the child's exposure behavior, we begin teaching the child to control the behavior with self control procedures. Treatment concentrates on the child's thoughts and *self-statements* (statements the child makes silently to him- or herself about the fear) and how these statements inhibit successful child exposure. To gain self-control, children learn to use the mnemonic *STOP*: Scared, Thoughts, Other thoughts or Other things I can do to handle my fear, and Praise myself for successful handling of my fear and exposure (e.g., "I'm really proud of myself," and "I am a brave boy/girl").

Relapse Prevention Phase. In the final phase of treatment, the children and parents learn the importance of continued exposures. That is, we explain that the more the child continues to engage in exposure, the less likely it is that he or she will have a relapse. We explain that much of what the child has accomplished is due to the exposure exercises, and like any accomplishment, "if you don't use it, you lose it." They also learn how to interpret "slips." We explain that no matter how much the child may continue to practice exposure, it is likely that a relapse, or slip, will occur. We use the analogy of a person on a diet who successfully loses 20 pounds but then eats a piece of cake at a party, and we explore the different ways that the person could interpret the slip. This case is analyzed with the child and parents until it becomes evident that the most adaptive interpretation is that the slip is a single event: "It does not mean that everything is blown or ruined. I need to pick myself back up and get back on the positive track I was on." The parents' role in handling a slip is also stressed, and we point out that children look to their parents for cues in interpreting slips.

Clinical Flexibility

In the beginning of this article, I mentioned that in previous writings Bill Kurtines and I have discussed our view that treatment involves a "*transfer of control*," wherein the therapist serves as a consultant or collaborator who provides (or "transfers") information to parents and children about strategies they can use to facilitate or control the child's exposure or approach behavior. In the basic intervention described above both child and parental involvement is expected, thereby allowing for a transfer of control from therapist to parent to child. However, the evidence suggests that there are multiple ways by which to transfer control, thereby providing therapists with maximal clinical flexibility in their work with anxious children.

The evidence suggests that either contingency management strategies or self control strategies are efficacious when used alone to facilitate exposure (Silverman et al., 1999b). In other words, one can think of a transfer from therapist to child (self control) as one that will be efficacious. This is important given that in some settings, such as school settings, parents are not readily available to participate in child interventions. Or in other settings, such as psychi-

atric or community settings, parents may be too impaired themselves to be actively engaged in the child's treatment. One also can think of a transfer from therapist to parent (contingency management) as one that will be efficacious. This is also important given that in some instances, children are unable to grasp the cognitive or self control aspects of the intervention, perhaps because of developmental factors.

In addition, as already noted, there exists evidence that a group treatment format is efficacious (e.g., Barrett, 1998; Silverman et al., 1999a), and there is further evidence that group and individual treatment are similarly efficacious (Flannery-Schroeder & Kendall, in press). A group approach offers many clinical advantages (e.g., opportunities for peer support, peer comparison, intrinsic "social" exposures which may be useful for social phobics), and also is a time- and cost-effective approach, thereby offering many additional practical advantages for use in a number of different institutions or settings.

We also have evidence that depending on the way a particular child primarily manifests his/her anxiety problem (e.g., a "worrier") (Eisen & Silverman, 1998), or depending on the "function" of that child's avoidant behaviors (e.g., it helps the child to obtain positive consequences such as parental attention) (Kearney & Silverman, 1999), the above mentioned basic treatment or "package" may be dismantled or taken apart. Those aspects of the treatment that are particularly applicable to that child's "response class" of anxious behaviors (e.g., self control strategies for the worrier) or "functional condition" (e.g., rearranging parental contingencies for the child who is obtaining positive consequences) may be "prescribed" to that particular child.

Finally, we even have preliminary evidence that for some families wherein a child has a phobia, the phobia can be effectively treated by providing children and parents useful information/education, within a therapeutic and supportive relationship, about effective fear reduction methods, including the need for and importance or exposures (Silverman et al., 1999b); that is, without the highly structured and directive approach of prescribing specific exposures each week. Perhaps this is yet another way to transfer control from therapists to families.

In sum, what appears to be most critical in working with children with excessive fear and anxiety problems is that the children engage in exposure or approach behaviors in order to help reduce his/her problems. However, it appears that therapists have clinical flexibility in the therapeutic procedures, strategies, formats and even potential stances (i.e., directive, nondirective) that they might use/adapt when working with anxious children and their families. This is good news in light of the multitude of settings in which therapists work, as well as the heterogeneity that exists among children and families.

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FEATURE

The Psychotherapist's Pregnancy, Childbirth, or Adoption and the Psychotherapy Process

Jeffrey E. Barnett, Psy.D. & Elizabeth Herrmann, M.S.

The relationship between the client and psychotherapist is generally considered to be one of the most significant components of the therapeutic process. Therefore, a crucial part of the client's treatment includes the development of this relationship with the psychotherapist. The treating professional's role in this relationship involves concern for the client's needs and keeping the client's best interests in mind when making decisions during the course of treatment. While a focus on clients and their needs typically guides the psychotherapy process, and a neutral stance is often emphasized, there are times when the professional's personal life can and will inevitably impact on the treatment process and the client. One example to be considered is when the psychotherapist begins a family, either following a pregnancy or through adoption. How these issues affect the client *and* the psychotherapist, and options for appropriately addressing and responding to them, are of great importance to consider *before* finding oneself in that situation.

A psychotherapist's pregnancy breaks the role of neutrality that one may have thought existed in psychotherapy and alters the image of the psychotherapist held by the client. The reality of the professional as a real person becomes more prominent as the pregnancy increasingly becomes more apparent. Depending on the client's emotional issues, needs, conflicts, and history the pregnancy may stimulate a number of reactions, both positive and negative. Issues such as a fear of abandonment, concerns that the psychotherapist will be preoccupied or emotionally unavailable, and for some clients, issues or conflicts concerning one's own decision to have or not have children, the ability or inability to have children, and feelings of inadequacy, anger, and guilt may possibly be stirred up.

These reactions are each important and should not be overlooked or avoided. Appropriately addressing them in a timely manner may have a significant impact on the client, the treatment relationship, and on the psychotherapy process. Many clients will either act in ways that indicate some awareness of the psychotherapist's pregnancy or they will acknowledge it openly and ask realistic questions that indicate their concerns. Responding appropriately to each situation is of great importance. Some authors (eg. Rapoport, Phillips, and Fenster, 1990) suggest waiting for the client to raise these issues, but caution that a more proactive role on the psychotherapist's part may be necessary. If not broached by the client three months before the due date, they recommend that the psychotherapist raise the issue and its impact on the client as important to discuss. Doing so hopefully leaves sufficient time to address these issues and to prepare together for the interruption of the client's treatment.

Rapoport, Phillips, and Fenster (1990) suggest that psychotherapists may feel increasingly compelled to self-disclose to clients over the course of their pregnancy and clients frequently exert a natural pressure for information. Regardless of the psychotherapist's theoretical orientation an acknowledgement of these real issues and an open discussion of the client's needs

and concerns are important. Doing so effectively can help enhance the therapeutic alliance as well as to decrease anxiety the client may be experiencing (Stockman and Green-Emrich, 1994).

Attempts to conceal the obvious may negatively impact the therapeutic relationship. When a psychotherapist fails to respond to personal questions, the genuine quality of the relationship may become tarnished and insincere (Barnett, 1998). Therefore, self-disclosure is often necessary; however, as Guy (1987) and Barnett (1998) discuss, there are several important issues clinicians should attend to prior to deciding what and how much to disclose. A primary concern should always be a focus on the client's best interests and the extent to which the client *needs* to know certain details (Guy, 1987). For example, practical issues, such as the anticipated due date and the length of the psychotherapist's leave of absence, should be discussed openly so that plans may be made for coverage for the absent psychotherapist and when and if the therapist plans to return to work (Guy, 1987). Additionally, such information may alleviate needless anxiety for clients by attending to their treatment needs and replacing the unknown with realistic expectations (Guy, 1987). The amount of self-disclosure also hinges on one's comfort level with the issue and how much information the psychotherapist feels comfortable sharing with a client (Barnett, 1998).

The client's history, emotional state, and presenting problems should also be considered when self-disclosing personal information. For example, more concern should be taken when disclosing an upcoming adoption with a client who has recently had an abortion (Stockman & Green-Emrich, 1994). When considering the meaning of a client's questions psychotherapists should keep in mind that the client may genuinely want to know how the psychotherapist is feeling and convey his or her own excitement for the therapist. Professionals should remember that a caring relationship *does* exist between the client and therapist; not all seemingly invasive questions should be interpreted as meeting the needs of a hidden agenda on the part of the client.

Other relevant situations to consider are the case of the male psychotherapist whose partner is pregnant and who is planning to take time off after the child's birth and in the case of a planned adoption by a psychotherapist. In the case of a male psychotherapist, whose pregnant spouse is not a part of the therapeutic relationship, self-disclosure of the event may be unexpected for the client. The lack of an obvious pregnancy suggests that he has the option and, potentially the advantage, of not disclosing the event. In the same vein, either a male or female psychotherapist may decide to adopt children. In such situations, there is no obvious factor suggesting the decision to begin a family and therefore, it is to the professional's discretion to share details of his or her personal life. But, due dates and adoption dates are often not known until the last minute. Out of respect for one's clients giving advance notice seems appropriate since the psychotherapist's departure may be abrupt in either situation. To do otherwise would likely result in harm to the therapeutic relationship, stimulate the negative reactions discussed earlier, and not prepare the client for the interruption in treatment. But, obviously the length of the psychotherapist's anticipated absence will have some bearing on these decisions.

Because of the significant potential impact such events may have on a client and on the psychotherapy process (Guinjoan & Ross, 2000; Safran, 1993) attending to such issues early in a way that addresses clients' needs and concerns is of great importance. This guidance is consistent with standards

in our profession's ethics code (APA, 1992). In particular, Standard 4.01, Structuring the Relationship, states "Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy…" (p. 165). Additionally, Standard 4.08, Interruption of Services, states "(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's …unavailability…" (p. 1606).

As discussed by authors such as Rapoport, Phillips, and Fenster (1990**)** there are several practical issues for psychotherapists in any of the above situations to consider. When the psychotherapist learns of one's own or one's partner's pregnancy or decides to adopt a child, the issues of terminating current cases, transferring their clients' treatment to colleagues, and accepting new referrals all become increasingly important. Clearly, clients who may appropriately be terminated prior to the psychotherapist's departure should have the benefit of a thoughtful termination phase to treatment. Arrangements with an appropriately trained colleague should be made to address any treatment needs that may arise after termination, but before the psychotherapist's return to practice. Transfers to colleagues of clients in need of ongoing treatment should be done with a sensitivity to the abandonment and other issues that may be present for clients. Open discussion with the client and active collaboration in decision-making are important as well. Transfer and termination dates should be set well in advance of the anticipated departure of the therapist. Also, as Stockman & Green-Emrich (1994) point out, some clients may benefit from joint sessions with both the current psychotherapist and temporary replacement prior to the leave of absence to enable a smoother transition. As always, each client's particular treatment needs will dictate the course of action taken.

The importance of attending to termination and transfer issues well in advance should not be underestimated. They are of great importance and a thoughtful approach is needed in order to comply with the Ethics Code's Standard 4.09, Terminating the Professional Relationship, so that clients are not abandoned. Thus, before termination we are advised that "the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one" (p. 1606).

Accepting new referrals into one's practice should also be done with increasing caution as one approaches the anticipated departure date. Attention should be paid to potential clients' likely treatment needs and a date should be set in advance after which no new clients are accepted. For the pregnant psychotherapist who is approaching her due date tapering one's case load over time is also appropriate as increasing attention is given to preparations for the baby's arrival. Psychotherapists may also wish to consider issues such as the anticipated length of absence from practice, whether one will return to work and if so, if it will occur gradually over time or all at once on a certain date. Contact with clients during the period of absence should also be considered, and if the absence is planned for, discussed in advance of one's departure, again to help clients prepare for the period of interruption of treatment realistically and to alleviate any anxiety that may be present.

Psychotherapists may also consider self-disclosure upon their return to clinical practice. Many clients will naturally want to know what has transpired in the thera-

pist's personal life during the interruption from treatment. Professionals should be cognizant of their client's natural curiosities while maintaining boundaries with which they personally feel comfortable and for the sake of the client's treatment needs and the therapeutic relationship.

Considering in advance a policy on the acceptance of gifts is also prudent. While gifts should not be expected or anticipated, some clients will send or bring gifts to the psychotherapist. It is important to address this in a manner consistent with the pre-existing therapeutic relationship. A consideration of the meaning and impact of a client of the psychotherapist refusing a gift for one's new baby or overly analyzing the client's motivations may also prove harmful to the therapeutic alliance. Yet, depending on one's theoretical orientation, addressing over time the meaning and role of sharing the gift may prove important therapeutically.

The pregnancy of a psychotherapist or a psychotherapist's partner and the adoption of a child by a psychotherapist are typically positive and much anticipated events in a psychotherapist's personal life. But, they bring with them a number of issues that impact on aspects of the psychotherapist's professional life such as the psychotherapy process and relationship. Attention to the issues raised and suggestions given will help the thoughtful psychotherapist to effectively work with clients through each phase of this process. As with all clinical challenges psychotherapists face, a flexible approach is recommended as well as the use of supervision and consultation with experienced colleagues. These steps will assist psychotherapists to strike a reasonable balance between meeting their own needs and those of their clients.

Authors

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MEET THE NEW MEMBERS OF THE DIVISION 29 LEADERSHIP

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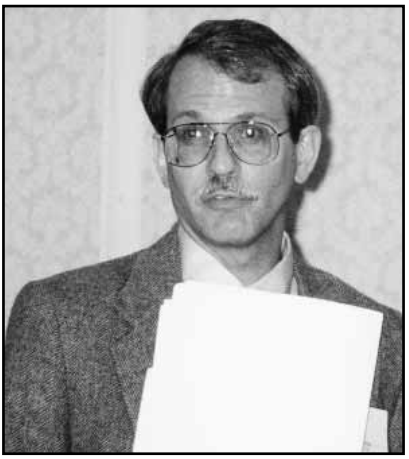

Doug Snyder, Fellows Chair

Multicultural Research in Psychotherapy Supervision: *Current Status and Future Directions*

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Madonna G. Constantine is an Associate Professor of Psychology and Education in the Department of Counseling and Clinical Psychology at Teachers College, Columbia University. She received her doctorate from the University of Memphis in 1991, and has done significant writing and research on the topic of multicultural issues in the context of psychotherapy training and supervision.

Abstract

This article briefly summarizes multicultural psychotherapy research to date and identifies future research directions in this area.

Multicultural Research in Psychotherapy Supervision: Current Status and Future Directions

Multicultural supervision has received increased attention in the psychotherapy literature over the past several decades. Although recent conceptual writings in this area have addressed issues such as cross-racial dyads (e.g., Fong & Lease, 1997; Leong & Wagner, 1994; Priest, 1994), racial and cultural identity attitudes (e.g., Cook, 1994; D'Andrea & Daniels, 1997; Stone, 1997), and interpersonal process issues (e.g., Bernard & Goodyear, 1998; Brown & Landrum-Brown, 1995; Gonzàlez, 1997), of particular interest has been empirical efforts to explore salient aspects of multicultural supervision (Constantine, 2001a).

Vander Kolk (1974) was among the first investigators to explore trainees' experiences of cross-cultural supervisory relationships. He reported that Black trainees, as compared to their White peers, anticipated that their supervisors would be less empathic, respectful, and congruent. Several years later, Cook and Helms (1988) noted that racial and ethnic minority supervisees' perceptions of their supervisors' liking and positive feelings for them were critical to relationship satisfaction in supervision. These two investigations, in particular, served as catalysts for several data-based examinations of multicultural issues in psychotherapy supervision.

For example, Fukuyama (1994) found that focusing on multicultural issues was an important aspect of psychotherapy supervision for previous racial and ethnic minority predoctoral interns in her university counseling center internship site. Furthermore, several researchers (e.g., Constantine, in press; Pope-Davis, Reynolds, Dings, & Nielson, 1995; Pope-Davis, Reynolds, Dings, & Ottavi, 1994) have indicated that receiving multicultural supervision was significantly predictive of trainees' self-reported competence in addressing multicultural issues in psychotherapy. In a study of predoctoral interns and their supervisors, Constantine (1997) reported that almost 15% of their supervision time was spent addressing multicultural issues. Moreover, some respondents in her study believed that their supervision relationship would have been improved if they had spent more time attending to multicultural issues. Using an analogue situation, Ladany, Inman,

Constantine, and Hofheinz (1997) found that supervisees who were "instructed" by their supervisors to address multicultural issues in conceptualizing a client's presenting concerns were better able to incorporate multicultural issues into their conceptualizations than supervisees who did not receive such instruction.

Taken together, the results of the aforementioned studies suggest that supervisor feedback may represent an important means by which supervisees may improve their multicultural psychotherapy skills in working with multicultural populations (Constantine, 2001b). Thus, psychotherapy supervisors appear to be crucial catalysts in influencing the extent to which cultural issues are addressed in supervisees' psychotherapy relationships. In particular, multicultural supervision may be a vital mechanism by which supervisees develop self-efficacy in working with culturally diverse clients because of its potential for providing supervisees with (a) multicultural knowledge about critical psychotherapy tasks, (b) opportunities to develop multicultural skills through structured practice, and (c) support and encouragement regarding multicultural psychotherapy tasks (Constantine, 2001b; Lent, Hackett, & Brown, 1998). Therefore, supervisors who attend to cultural issues in supervision relationships and who encourage supervisees to attend to such issues when warranted in psychotherapy relationships may ultimately be successful in increasing trainees' effectiveness in working with culturally diverse clients.

Although heightened attention to multicultural issues in psychotherapy supervision research has occurred in recent years, it is important to note that many current psychotherapy supervisors may have not been sufficiently trained to address multicultural issues in supervision. For example, Constantine (1997) found that 70% of the predoctoral intern supervisors in her study had never taken an academic course related to multicultural counseling issues, whereas 70% of their intern supervisees had. Her findings suggested that supervisors in general might be less aware of multicultural issues than their supervisees. Because the United States in becoming increasingly culturally diverse, it is vital that psychotherapy supervisors who have not been trained to address cultural issues in supervision identify opportunities to develop appropriate competencies in this area (Constantine, 2001a).

In terms of future directions for multicultural psychotherapy supervision research, it will be important for investigators to explore the efficacy of specific multicultural supervision interventions in fostering the development of supervisees' multicultural competence. In particular, the use of experientially-based, cultural self-awareness activities in psychotherapy supervision has been noted as important in increasing trainees' (a) awareness of themselves as racial and cultural beings, and (b) feelings and reactions to various cultural issues (Arnold, 1993; Constantine, Juby, & Liang, in press). Thus, such interventions should be evaluated across a broad range of supervision configurations (e.g., dyads and small groups) and professional practice settings to test their effectiveness in preparing future psychotherapists to work effectively with diverse client populations.

Researchers should also explore the roles of culturally-based supervisee attitudes (e.g., racial identity attitudes and worldviews) in the context of psychotherapy supervision activities (e.g., case conceptualizations). These types of cultural variables are likely to impact the ways in which supervisees perceive and respond to a host of culturally-based client variables. Furthermore, because multiculturally-competent supervisees are expected to pos-

sess (a) multicultural attitudes/beliefs in relation to working with culturally-diverse clients, (b) knowledge about the impact of various cultural group memberships on clients, and (c) appropriate intervention skills in the delivery of psychological services to culturally-diverse clients (Constantine & Ladany, in press), it may be important for future studies to systematically examine the processes by which supervisees develop competence in working with culturally diverse clients. Lastly, there is a need for researchers to identify the extent to which the multicultural competencies emphasized in the context of psychotherapy supervision relationships can be successfully applied to professional practice situations.

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APA SYMPOSIA FOR CE CREDIT

Division of Psychotherapy (29) • American Psychological Association
109th Convention, Washington, DC
August 24-28, 2000

The Division of Psychotherapy will again feature six of its symposia for Continuing Education credits on Friday, Saturday and Sunday at the 109th APA Convention. We do so in order to highlight several of our sterling clinical symposia and as a membership benefit. Each symposium will provide two CE credits for full attendance.

FRIDAY, AUGUST 24

Name of Symposia	Presenters	Time	Place
#1- Psychology Online: Current Issues in Behavioral Telehealth	Abraham W. Wolf, Ph.D., David Nickelson, Psy.D., J.D., Gerald P. Koocher, Ph.D. John M. Grohol, Psy.D. Leigh Jerome, Ph.D. & Patrick H. DeLeon, Psy.D., J.D. (Discussant)	10:00-11:50	SF Marriott Hotel Golden Gate Salon B2
#2- Smoking Cessation and the Practice of Psychotherapy	Frank Collins, Ph.D., Maxine Sitzer, Ph.D. Thad Leffingwell, Ph.D., Daniel F. Siedman, Ph.D., Miles McFall, Ph.D., Michael Kellar, Psy.D. Thomas Brandon, Ph.D. (Discussant)	1:00-2:50	SF Marriott Hotel Golden Gate Salon B3
SATURDAY, AUGUST 25			
#3- Clinical or Developmental? Psychotherapy and Older Adults	Irene Deitch, Ph.D., Marcella B. Weiner, Ph.D., Margot Tallmer, , Ph.D., Rhoda Fisher, Ph.D., Norman Abeles, Ph.D., Helen Strauss, Ph.D., Thomas Peake, Ph.D. & Mathilda Canter, Ph.D. (Discussant)	11:00-12:50	Moscone Center South Bldg Room 310
#4- Incorporating Self-Help into Psychotherapy: Autobiographies, Bibliotherapy, Internet, Movies, Writing	John Norcross, Ph.D., Robert Sommer, Ph.D., Linda F. Campbell, Ph.D., Thomas P. Smith, Psy.D., Edward L. Zuckerman, Ph.D., Danny Wedding, Ph.D., MPH, James W. Pennebaker, Ph.D. & Janet L. Wolfe, Ph.D. (Discussant)	3:00-4:50	Moscone Center South Bldg Room 300
SUNDAY, AUGUST 26			
#5- Innovative Group Applications of Cognitive-Behavioral Therapy: Expanding our Parameters	Mark D. Terjesen, Ph.D., Janet Wolfe, Ph.D., Kristene Doyle, Ph.D., F. Michler Bishop, Ph.D., & Albert Ellis, Ph.D. (Discussant)	12:00-1:50	Moscone Center South Bldg Room 303
#6- How Do Eminent Psychotherapists Personally Embody Their Own Theories?	Alvin R. Mahrer, Ph.D., John C. Norcross, Ph.D., Michael F. Hoyt, Ph.D., Laura S. Brown, Ph.D., Albert Ellis, Ph.D. & Ernesto Spinelli, Ph.D.	2:00-3:50	Moscone Center South Bldg Room 307

PRE-REGISTRATION POLICY: The preregistration fees apply only for payments received before August15th, 2001.

CE CREDIT POLICY: Continuing Education credit for each symposia will be given as indicated in the description. The number of credits is equal to the number of contact hours. **Full attendance is a prerequisite for receiving CE credit**. Partial credit will not be given. It is the responsibility of the attendee to determine whether these CE credits are valid in his/her state of licensure.

Full refund will be given for a registrant cancellation received prior to August 1. A 50% handling charge is imposed on cancellations received between August 1 - 17. No refunds are given for cancellations received after August 17.

ON-SITE REGISTRATION: On-site registration will be conducted for 10 minutes prior and 5 minutes into each symposia in the assigned convention room. Check at the assigned room for further details.

Please take the time to review this schedule and ensure that you will be available at the times and places indicated. Should a change occur in scheduling, you will be notified as soon as possible.

Administrative Processing Fees: $10 per symposium - Division 29 members
$20 per symposium - Non-members and on-site registrants

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The APA Task Force on Envisioning, Identifying, and Accessing New Professional Roles, chaired by Ronald Levant, has resulted in the publication of three articles on this topic in the current issue of Professional Psychology. The citations are listed below.

Levant, R., Reed, G., Ragusea, S., Stout,C., DiCowden, M., Murphy, M., Sullivan, F., & Craig, P. (2001). Envisioning and Accessing New Professional Roles. *Professional Psychology: Research and Practice, 32*, 79-87.

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PRACTITIONER REPORT

Ronald F. Levant

These are exciting times for psychology, with positive movement on a number of fronts: The APA Commission's review of the sequence of education and training leading to licensure; primary care/clinical heath psychology; Medicare, Medicaid and SCHIP Benefits Improvement; prescriptive authority; and limiting the abuses of managed care.

Commission on Education and Training Leading to Licensure in Psychology

Inside the Association, the Commission on Education and Training Leading to Licensure in Psychology reported its recommendations to the APA Board of Directors in December. They now go to Council for consideration, discussion, and action in February, 2001.

To provide a little background, the APA Council of Representatives in February 2000 approved the establishment of a 30 member, presidentially-appointed, cross-constituency Commission on Education and Training Leading to Licensure in Psychology. Quoting from the Report of the Commission on Education and Training Leading to Licensure in Psychology: "The Commission was charged to report back to the Board of Directors within one year with recommendations for modifications in education, training, examination, and supervision requirements leading to licensure in psychology, particularly as they relate to the current and future marketplace for psychological services. The Commission's review of the education, training, and licensure process was to include an examination of the content of training in relation to the twin goals of quality of education and training and relevance to the changing marketplace and emerging specialties. Council requested that the Commission's report include specific mechanisms for achieving its recommendations. "

"APA President Dr. Patrick DeLeon appointed APA President-Elect, Dr. Norine Johnson, to chair the Commission. The Commission was co-chaired by two members of the APA Board of Directors, Dr. Ronald F. Levant and Dr. Ruth Ullmann Paige. Nominations for commissioners were solicited from the organizations and governance constituencies specified by the Council of Representatives….Meetings of the Commission were held May 19-21 and September 8-10, 2000…"

"The Commission was charged with reviewing the current state of education and training in professional psychology for the purpose of determining at what point basic readiness for independent practice is achieved. Given that licensure is intended to be a proxy for this basic readiness to practice, the Commission used as a starting point for discussion the *Model Act for State Licensure of Psychologists* (Model Act), the current APA policy that provides recommendations regarding education and training leading to licensure. The Commission was aware that its recommendations were intended to inform policymakers and that only the APA Council of Representatives can make changes to APA policy."

"The Commission asserted that professional training, whether at the practicum, internship, or postdoctoral level, needs to be organized, sequential, and well supervised with

ongoing evaluation of competence in a breadth of professional areas. The Commission's review of the current state of education and training in professional psychology highlighted the changes in predoctoral supervised professional training that have occurred over the last fifty years, and especially within the past decade."

"The Commission specifically and explicitly stated that two years of organized, sequential, supervised, professional training experience (in addition to completion of the doctorate) is necessary and sufficient for entry-level professional practice. The Commission affirmed a one-year, formal, predoctoral internship as a necessary component in the sequence of education and training, and recommended that this be added as an explicit aspect of APA policies regarding licensure. Students currently receive a substantially increased amount of supervised professional training in practica prior to internship. Provided that this pre-internship practicum experience is organized, sequential, and well supervised, the Commission believed that this experience met the need for a second year of training in addition to the internship. However, the additional year could also be obtained after the predoctoral internship and the granting of the degree, through postdoctoral experience. Thus, the Commission did not recommend decreasing supervised experience for licensure, but rather recommended increased flexibility in the timing of these experiences. The Commission believed that this flexibility would strengthen the profession by better matching current training models and also by encouraging accountability among training programs for providing organized and sequential training, regardless of whether it is predoctoral or postdoctoral."

"The Commission was committed to the importance of APA accreditation of both doctoral and internship programs, yet wanted to ensure that opportunities remain available for new and innovative programs to develop as well as for postdoctoral respecialization."

"The Commission concluded that current training of many doctoral psychologists provides them with sufficient experience to be competent for entry-level practice upon completion of the internship and doctoral degree (when they have completed two years of organized, sequential, supervised professional training experience predoctorally). At the same time, the Commission explicitly and strongly wished to affirm the value of organized, sequential, supervised postdoctoral experiences for those who wish to receive further training. Obviously, psychologists who do not receive two years of such training predoctorally should have the option of receiving it postdoctorally. In addition, for those psychologists who have received two years of training predoctorally, the Commission saw organized postdoctoral training programs, postdoctoral consultation, and postdoctoral supervision as an important mechanism for the development of advanced competency and expertise for professional practice. "

"The Commission was aware that implementing changes in APA policy and in licensing laws and regulations would require significant commitment of time and both human and financial capital and a significant shared commitment among the various communities within organized psychology. The Commission was further aware that changes in APA policy do not automatically translate into changes in legislation and regulation. Further, decisions about implementation and the impact of efforts to implement policy changes will need to be considered in the context of legislative priorities in a given state, but also in the context of other priorities and initiatives underway within organized psychology."

STATEMENT OF THE COMMISSION

The Commission on Education and Training Leading to Licensure in Psychology recommends that psychologists be eligible to sit for licensure upon completion of the following education and training:

1. *A doctoral degree from an APA- or CPA-accredited program in psychology.1 Where accreditation in the program's substantive area is not available, the program will be required to be designated as a doctoral program in psychology by the Association of State and Provincial Psychology Boards or the National Register of Health Providers in Psychology.*

2. *The equivalent of two years of organized, sequential, supervised professional experience, one year of which is an APA- or CPA-accredited predoctoral internship, or one that meets APPIC membership criteria, or, for school psychologists, a predoctoral internship based in a school setting which meets CDSPP Doctoral Level Internship Guidelines.2 The other year of experience also may be completed prior to receiving the doctoral degree.*

An aspect of this training is the ongoing assessment of competence in a breadth of professional areas. Postdoctoral education and training is an important part of the continuing professional development and credentialing process for professional psychologists.

PRIMARY CARE/CLINICAL HEALTH PSYCHOLOGY

In the primary care/clinical health psychology arena, six new CPT codes have been approved for use by psychologists in 2002. According to an email announcement from the APA Practice Directorate: "After several years of advocacy by the Practice Directorate, the American Medical Association (AMA) committee in charge of CPT codes recently voted in favor of an APA proposal to institute codes that reflect psychological and behavioral services provided to patients with medical diagnoses, rather than limiting these services to patients with psychiatric diagnoses. Although these codes will not be available for use until the publication of AMA's 2002 CPT coding manual, this extremely important development significantly broadens the range of services psychologists can capture through use of a CPT code and much better reflects psychologists' activities with medical and surgical populations. Traditionally, payers have regarded psychologists as suppliers of psychotherapy—-period. Therefore, coding and coverage policies have restricted psychologists by requiring them to pair procedural codes with mental health diagnoses for purposes of reimbursement."

"However, these CPT codes are intended to capture treatment geared toward the improvement of a patient's well-being utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate disease-related problems. Thus, the focus of all these services is not on mental health, but on the biopsychosocial factors important to physical health problems and treatments."

"There will be six new codes published for the first time in the 2002 CPT manual: two codes for health and behavior assessment services and four for health and behavior intervention services. Publication of the codes, in addition to being formal recognition of a service, is the first step to having payer reimbursement for these codes."

The next step in this battle to obtain recognition for the expanding role of psychologists in the health care arena involves gathering survey data from APA members. This is where APA needs your help. Please respond to the request for data from the Practice Directorate. The data you provide

will be used to determine the "value" of the professional work involved in performing these services. This "work value" is then used as an integral part of the Health Care Financing Administration's (HCFA) reimbursement formula. Because HCFA often sets the standard for the health care insurance industry, HCFA reimbursement for these services is critical to the future recognition of these services with other third party payers.

Medicare, Medicaid and SCHIP Benefits Improvement

In Washington, Congress recently approved the bipartisan "Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000" which will, according to a Congressional press release will: "increase Medicare and Medicaid health care provider payments; add preventive benefits and reduce beneficiary cost sharing under Medicare; and improve health insurance options for low-income children, families and seniors. Legislation to enhance benefits and appropriately adjust Medicare and Medicaid payments has been long-sought by the Clinton-Gore Administration. The President, Vice President and Congressional Democrats are particularly pleased about recent improvements to this legislation that extend new health coverage options for children and people moving from welfare to work and increase assistance for rural and teaching hospitals, hospices and home health agencies. This legislation invests about $35 billion over 5 years, with approximately $5 billion for Medicare and Medicaid beneficiary improvements, $12 billion for hospitals; $2 billion for nursing homes, $2 billion for home health agencies, $3 billion for other providers, and $11 billion for managed care plans. Of this, about $2 billion is dedicated to rural providers."

Prescriptive Authority

The numbers of actual and potential nonphysician prescribers are increasing dramatically, forcing the AMA to devote increasing attention and resources to this issue. The American Medical News recently reported that: "The AMA's House of Delegates approved several actions intended to both slow down and study nonphysicians seeking independent practice and prescriptive rights — a trend many physicians believe encroaches on the practice of medicine. Dominating physician concerns with expanding scopes of practice for nonphysicians is the perception that much of the emphasis on granting independent practice rights seems to be placed on saving money rather than improving patient care. The House of Delegates agreed to encourage research and monitor quality data on nonphysicians, including advanced practice nurses, psychologists and optometrists…. By the year 2015, nonphysician providers are expected to nearly double to more than 540,000, while doctors involved in patient care are expected to increase to more than 675,000 by 2020, according to a report by the AMA's Council on Medical Education." However, the CME's report concludes "there are no validated data in sufficient volume to conclude that there are inferior outcomes from the ... care provided by those relatively few nonphysician health care professionals who do practice independently."

Limiting the Abuses of Managed Care

On the managed care front there have been a number of interesting developments. The most significant, of course is the favorable settlement of the *New Jersey Psychological Association (NJPA) v. MCC Behavoiral Care*, which was well described in Russ Newman's Column in the January 2001 *Monitot on Psychology* (p. 40). In addition, The *New England Journal of Medicine* recently published an article which demonstrates that the lower costs of HMOs are not due to giving less unnecessary care, but rather are due to skimping on needed care, at least in regard to coronary care. The article reports

the results of a large-scale study of coronary angiography after myocardial infarction. The authors used treatment guidelines from the American College of Cardiology and the American Heart Association to categorize 50,000 MI patients as to whether or not they were likely to benefit from angiography. They found that those who would likely benefit received angiography 46% of the time in Fee For Service (FFS) care, but only 37% of the time in Health Maintenance Organizations (HMO). Those who were assessed as not likely benefit received angiography 13% of the time in either condition. In hospitals lacking angiography facilities, those who would likely benefit were transferred to facilities with angiography facilities in 31% of the FFS cases but only 15% of the HMO cases. This is a landmark study which speaks for itself. You can access the article at www.harp.org/nejm2000;343;1460.htm.

Finally, a Corpus Christi MD was awarded $4 million in damages after suing Humana Health Care Plan in District Court for wrongful de-selection from Humana's proved panel. According to the *Caller Times*: "The 70-year-old family practitioner alleged that Humana terminated him from its network for speaking out against Humana's cost-cutting policies to other physicians out of the belief that the policies result in substandard care. Humana plans to appeal the jury decision, maintaining that the de-selection decision by an eight-physician peer review committee was justified."

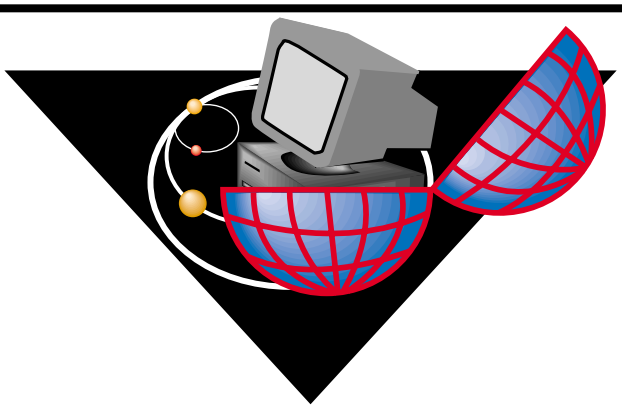
As always, I welcome your thoughts on this column. You can most easily contact me via email: Rlevant@aol.com

Biographical Sketch

Ronald F. Levant, Ed.D., A.B.P.P., has been reelected Recording Secretary of the American Psychological Association. He was the Chair of the APA Committee for the Advancement of Professional Practice (CAPP) from 1993-95, a member of the Board of Directors of Division 29 (1991-94), a member of the APA Board of Directors (1995-97), and APA Recording Secretary (1998-2000). He is Dean, Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, FL.

[1]*Individuals with doctoral degrees in psychology who wish to respecialize may complete the education and training requirements described in this document postdoctorally.*

[2]*By 2010, all internships shall be APA- or CPA- accredited.*



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COUNCIL OF REPRESENTATIVES REPORT

Ronald E. Fox, Ph.D.

Ably and creatively led by President Norine Johnson, the Council of Representatives worked its way through a lengthy and interesting agenda at its February meeting in DC. Beginning with a report of CEO Ray Fowler on the how the new administration will impact APA's policy and advocacy agenda (looks like a mixed bag, not all bleak), Council acted on some 52 agenda items and still found time for in-depth discussion and debate of several important issues, taking a crack at long-term planning and approving a 2001 budget of over $86 million.

Two new Divisions were approved: Clinical Child Psychology (53) and the Society of Pediatric Psychology (54). Although they appear to be similar, there is little overlap between the two groups. One is heavily clinical; the other is primarily focused on research. Several items of significance were approved with only a modicum of debate including the acceptance of the Guam Psychological Association as an APA affiliate (Guam is the first state or territory to pass a prescriptive authority bill for psychologists.), an additional $35,000 appropriation from Council's contingency fund for some specified new prescriptive authority efforts, and approving a by-law amendment that will now go to the membership for vote that would add the word "health" to APA's mission statement.

The two most controversial subjects addressed by Council concerned proposed changes in the ethical code and procedures and a resolution on assisted suicide. There were two separate agenda items dealing with ethics. One was a report on possible revisions in the current ethical code and procedures for feedback as the process unfolds. Interested members can provide input on any part of the code simply by calling up **apa.org/ethics** on the web. Most of the heat about ethical issues had to do with a discussion item regarding the need for possible adjudication reforms. Under the current system state and national procedures sometimes duplicate each other. Additionally, a great deal of time and money is devoted to adjudicating cases for minor infractions. Members willing to resign in order to avoid the cost and embarrassment of being reprimanded or censured are not presently allowed to do so. While Council members seemed willing to accept some changes to streamline the adjudication process, there appeared to be no sentiment for backing away from the association's historically firm commitment to high ethical standards.

The strongest feelings expressed during the two and a half days of meetings were with regard to a resolution on assisted suicide. After passing a resolution on end-of-life issues and care as a part of the consent agenda, Council members repeatedly found themselves at loggerheads over honest differences of opinion regarding assisted suicide. The item that passed by a narrow margin after being tabled several times and following several unsuccessful attempts to find language acceptable to all, neither endorsed nor opposed assisted suicide. Instead it called for various efforts to help the profession and practitioners to address the issue and for more study of what is obviously a complicated and emotionally laden matter.

A less touchy, but still complicated matter had to do with a report by a special commission regarding possible changes in the

timing of the supervised experiences required for licensure. Currently, most states require two years of supervised experience, one which can be completed before the degree is awarded (typically a formal internship in an approved setting) and another which must be completed after obtaining the degree. The proposed change would allow the second year of supervision to be completed either pre- or post-doctorally under some circumstances. Making such a significant change would require a massive effort over a long period of time, but seems worth it to some in return for a system that exposed students to less exploitation, recognized positive changes in the amount of structured supervision now provided in many doctoral programs, and enabled students to receive pay for services that can already be legally provided by various masters-level providers with much less training. Council received the report without taking any action and forwarded it for review and comment to various internal and external groups.

Council learned that the APA convention is slated for some experimental changes in 2002 (Chicago) in response to many complaints and criticisms over the years. Likely changes include: cutting the convention by two days, scheduling more thematic programs, and fewer program conflicts with hot topics and big name presenters. The Board of Convention Affairs provided details of the plan. While there was some grumbling about not being consulted sooner about the proposed changes, most Council members applauded the proposed changes.

What might arguably be the most significant action taken was Council's decision to develop priorities for the association. First Council was divided into a number of small groups to brainstorm priority proposals. After the separate lists developed by the groups were integrated, members were asked to rank the final 11 top priorities. Over the coming months, Council will be engaged in a process of refining the priorities and considering various means to use them in planning and resource allocation. If successful, this effort could be a tremendous help in many of the decisions and proposed new directions that Council routinely confronts.

Council members were uniformly impressed with a short, emotionally charged public service TV ad jointly developed by APA, the National Association for the Education of Young Children and the Advertising Council. Project ACT (Adults and Children Together –Against Violence is a violence prevention project composed of a national multimedia campaign and community-based training programs. The campaign which will span a number of years focuses on adults who raise, care for, and teach children ages 0 to 8 years. It is designed to prevent violence by providing young children with positive role models and environments that teach nonviolent problem solving. Watch for further announcements and developments of this project. The first ad and the brochures are dynamite. This one will make you proud to be a psychologist and a member of APA.

FREE MEMBERSHIP IN ASAP TO MEMBERS OF DIVISION 29

This is to offer a free one year membership in the American Society for the Advancement of Pharmacotherapy (ASAP), Division 55 to current members of Division of Psychotherapy, Division 29. With the growing use of combined psychotherapy and pharmacotherapy, our purpose in this free offer is to acquaint members of Division 29 with the activities of Division 55. We recognize that psychologists' interest in psychopharmacology is not restricted to any one Division and is shared by many Divisions. With this free membership comes the offer for three hours continuing education credits free for completing psychopharmacology education courses. These CE credits are short segments of training representative of the systematic courses which meet APA psychopharmacology guidelines. This is not the free psychopharmacology course that we offered to Charter Members who joined ASAP for $20 before February 22, 2001. Yet, these segments provide substantial amounts of information not typically offered in CE training.

In addition to the three free online CE credits, ASAP has an active list serve where questions about psychopharmacology are posed and answered. The web site for Division 55 is at http://www.apa.org/divisions/div55. You will find an application form there. When you complete the application and send it in, you will become a member of ASAP and entitled to any other member benefits that become available to members of ASAP. We have two workshops on psychopharmacology planned for August in San Francisco sponsored by pharmaceutical companies. Details of these will be announced upon completion of the local arrangements there.

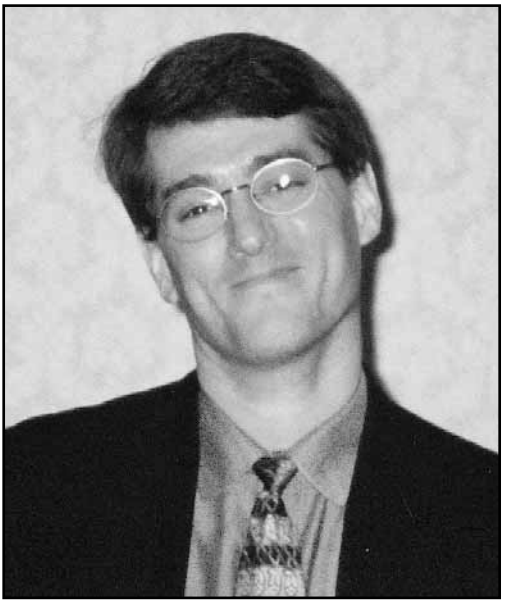
Division 55 has other member benefits in the planning stage which should be of significant interest to members of Division 29 once we are able to implement them. We hope this no risk membership offer will appeal to members of Division 29 and this will be a congenial, user friendly, opportunity to expand psychopharmacological expertise and enhance the practice of psychotherapy.

Cordially,

Jack G. Wiggins, Ph.D.
President ASAP

NEW MEMBERS OF DIVISION 29 LEADERSHIP – WELCOME ABOARD

Jan Culbertson, Program Co-chair



Craig Shealy, Membership Co-chair

Susan Corrigan, Program Co-chair

CANDIDATE STATEMENTS

Candidates for President

Jon Perez, Ph.D.

Photo by Ben Arnold

I am pleased and more than a little humbled to be nominated for President of Division 29. I have spent my professional life practicing the art and science of psychotherapy. From a Bedford Drive practice in Beverly Hills for almost ten years, to where I work now with the numbing poverty of Native American reservations in the Southwest, I have seen the life changing value of our profession. I have seen it create extraordinary change across life circumstance and heal wounds not touched by other therapeutic interventions.

It is ironic, then, that as powerful and positive as our therapeutic practice is, my central concern as a presidential candidate is that our profession is on the verge of irrelevance.

I believe that, without substantial change, the ***profession*** of psychotherapy as we know it will no longer support its practice. We are being folded in to the generic "counseling" interventions promoted outside the profession which are, I believe, euphemisms for substandard care and substandard remuneration. I am worried that psychotherapy will be an adjunct to a professional's practice, not a primary endeavor. I am worried that we define our practice too narrowly and focus on antiquated methods of service delivery and promotion of our skills and abilities. I am worried that our science, while demonstrating the

Pat Bricklin, Ph.D.

I am honored to be a nominee for President-elect of Division 29. I have been a member and fellow of the Division for many years, a participant in mid-winter meetings and an avid reader of the bulletin and journal. I have not, however, participated in the board and committee work of the Division. I do, however, have lots of experience in leadership roles. This is a wonderful opportunity for me to give back to the Division some of the time, commitment, and knowledge it has given me over the years.

I am a professor at Widener University and a principal in Bricklin Associates. I have served many governance roles, including the APA Board of Directors, the Insurance Trust, and currently, CAPP; President of ASPPB, NCSPP, the Pennsylvania Psychological Association and chair of the Pennsylvania State Board of Psychology.

Let me tell you a bit about what I might bring to the office of President-elect.

- An understanding of the workings of many of psychology's organizations and an ability to communicate with them as the Division might need.
- An awareness of the needs of psychotherapists in the current climate and a knowledge of how education and training institutions, regulatory bodies,

Perez Statement, Continued

power of psychotherapy, has done little to help practitioners promote themselves to the wider population (Yes, I am promoting science as a means to promote the profession). I am worried that gifted students who now routinely rack up the equivalent of a home mortgage to become psychologists, will find other professional pursuits less demanding and more profitable.

I am concerned, in short that our profession is dying.

I don't have ready answers to the above concerns, but I can assure you that, as President, addressing them will be the exclusive focus of my attention. The profession is in need of therapy if it is to survive, and only through directly confronting the manifold problems apparent, and focusing on the profession itself for a year—not the practice—do we have any hope to begin saving this most special and valuable endeavor.

Bricklin Statement, Continued

and state associations serve these needs. It is this knowledge, with experience that I believe could assist the Division in implementing its agenda.

- A special interest in Division and State association relations.

Among the personal characteristics I would bring to the office are:

- Demonstrated leadership skills.
- Commitment and energy to any task I undertake.
- The ability to listen and consider all points of view, and
- The ability to represent with vigor the positions of the Division on important issues.

I am excited about the possibility of serving the Division as President-elect. If you believe my experience and personal characteristics are a good match for the Division and would serve your needs, please vote for me.

CANDIDATES FOR MEMBER-AT-LARGE

Mathilda B. (Matty) Canter, Ph.D.

The Division of Psychotherapy has been my home in APA for more years than seem possible! Over three decades, I've served on committees, been your Treasurer your first woman President, and your Council Representative. I am now seeking a seat on the Board. Obviously, I know the Division well. My terms on the APA Board of Directors, CAPP, and the APA Policy and Planning Board, have taught me to know APA well, too.

As the Division's historian, I am keenly aware of the role that Division 29 has played within APA. We were trail blazers, the first division to give Student Travel Scholarships, to have an Ethnic Minorities Committee, a Committee for Women, a person to monitor our journal for sexist language, to have a Midwinter Meeting! Our Student Membership drives were so successful, that APA called on us in 1988 to help them establish APAGS – which is now known as the hope of APA. In the 90s, our work in response to Operations Desert Shield and Desert Storm were impressive, preceding APA 's involvement in Disaster Response. I could go on. And we must.

Certainly, we must continue to address the concerns of our members who practice as psychotherapists. But I also believe that this Division's unique focus on psychotherapy in **all** of its aspects, is and should be a model of science/practice collaboration, as we all work together to inform each other and ultimately improve our capacity to affect public policy and serve the public most effectively. As a semi-retired psychotherapist in a very part-time practice, I have time, as well as the enthusiasm and energy to invest in helping to make the Division flourish, and trying to make us increasingly responsive to **your** priorities.

Irene Deitch, Ph.D.

I appreciate the opportunity to continue serving our Division.

Division 29 must meet today's **challenges** & **change**s, playing **leadership** role within APA and undertaking **proactive initiatives,** to maintain **status,** as **major division:revitalize mission and reorganize priorities:** outreach for **diversity** in **membership;** reactivating **marketing strategies**; recognizing **media options; professional programs, ce workshops** for **academics, scientists and practioners;** utilizing **new technologies; election** to **apa boards and committees; dissemination of legislative, public policy, health and welfare issues** to members.

Every effort must be made to secure additional seats on council.
Publicitze **voting;** ***overcome*** member **apathy through** ***involvement*** **and** ***incentive;*** **become a more** ***visible*** **&** ***identifiable*** **division,** ***collaborate interdivisionally*****; offer** ***professional assistance*** **to** *practitioners*.

Dr. Deitch offers **newer visions** of **leadership**, **service**, **experience; is innovative,**

Irene Deitch, Ph.D., Continued

industrious, and inclusive. **Irene functions proactively** and **energetically, encouraging collaborative** efforts**; educating** the **public; applying expertise** to **various areas** in **psychotherapy. S**he **initiates** and **follows through projects. Irene is successful committee chair and participant in governance matters. Irene is deeply committed to psychotherapy and the future of our division**

Background

Dr. Irene Deitch is professor of psychology at the College of Staten Island; City University of New York. A licensed psychologist with professional practice, Dr. Deitch holds certification as death educator and grief therapist. Dr. Deitch presents programs nationally/internationally; produces/hosts "Making Connections" cable television.

Division – Activities: Fellow Psychotherapy; chairs," Interdivisional Coalition Psychologists Working with Older Adults"; "Interdivisional Committee Psychologists Working Enhancing Quality of Life Issues"; offers continuing education programs mid-winter conferences; APA conventions; liaison Pres. Johnson's Health Council

APA Activities:

- Vice-chairperson- Membership Committee
- Chairperson–Public Information Committee
- President- Division Media Psychology
- Member -Committee International Relation Psychology
- Observer/Liaison CAPP
- Delegate – International Council Psychologists
- President Abeles's Working Group "What Psychologists Should Know Working with Older Adults"
- Participant "Public Education Campaign"
- Presenter – Smithsonian Lecture series
- Cadre violence experts

Gloria B. Gottsegen, Ph.D.

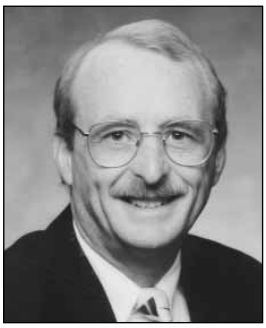
My longstanding involvement in the field of psychotherapy, over twenty years that include professional practice and university teaching, along with concern about protecting and enhancing the vital interests of psychotherapists, led me to a devoted and extensive relationship with Division 29. In addition to becoming a Fellow of the Division, I have been fortunate in serving in various capacities, with gratifying support from the membership as: Administrative Coordinator, Secretary, Council Representative, Fellows Chair, Associate Editor of PSYCHOTHERAPY and member of the Task Force on Children and Adolescents.

Most recently I served the Division as Treasurer for two terms and I am proud that the Division survived a tumultuous and difficult financial period. While considering service to our members of paramount importance, we were able to trim expenses through cost cutting measures and to increase our membership base.

My broad experience in APA Governance, always helpful in Division work with APA Central Office, includes positions as Chair of the Membership Committee (two terms), Committee on Structure and Function of Council, and Board of Convention Affairs and member of the Policy and Planning Board. Currently I serve as the liaison to the Division as a Member of the Committee on Division and APA Relations.

I am eager to continue my record of proven and effective service, energy and commitment to our Division.

Michael J. Lambert, Ph. D.



I am delighted to run for a seat as member-at-large on the Board of Directors of Division 29. My first contact with Division 29 dates back to February of 1976, when I first became a member. While enjoying associations with Division 29 members, my career led me to primary involvement in psychotherapy research. I have felt at home with both practitioners and psychotherapy researchers finding both activities intellectually and emotionally enriching. I would like to be a member of the Board in order to be a part of Division 29's efforts to foster the growth of others through psychotherapeutic applications.

Psychotherapy practice and research have been at the center of my life since my graduate student days. I have maintained a small private practice throughout my career. In addition I have had the opportunity to be involved in a variety of other professional endeavors related to professional psychology. I served for nine years as a member of the board of examiners for the practice of psychology in the state of Utah, have been Executive Officer for the Society for Psychotherapy Research, President of the Utah Psychological Association, and taught and supervised in the doctoral clinical psychology program at Brigham Young University. In all these capacities the practice of psychology and psychotherapy have been central themes—they have allowed me to be an advocate for practice in various ways. The opportunity for continued promotion of psychotherapy is my major motivation for being on the board.

If elected as a member-at-large I plan to be a dedicated member of the Board who joins with others in taking actions that strengthen the Division and its influence as we attempt to be of service to the public.

Sylvia Shellenberger, Ph.D.

If elected, I will bring the same energy and drive to enhancing the functioning of our Division as I bring to my personal passion of tango dancing. In the Division, it takes more than two. It takes the energy of you, me and all of us to preserve current opportunities for psychologists and create the practice, research, and training environments of our dreams. As a representative of the membership, I would listen closely to your ideas while promoting the following goals:

1. Collaboration between the practitioners and scientists in our Division. Great strides have been made in the past few years and these efforts should be expanded.
2. Build new practice through collaboration with other institutions and health care professionals such as educators and primary care practitioners.
3. Educate members through our journal, newsletter and CE offerings at APA. The field is changing rapidly and we need to keep members abreast of changes in health care policies and management, technology, clinical applications and scientific information becoming available on such topics as the aging process and gene research. Evaluate the use of new technological methods for members' education including the possibility on putting our journal on-line and providing CE through distance learning.
4. Involve a broad spectrum of new members, old members and trainees in our Division activities and governance so as to enhance our diversity and richness.

I have been actively involved in Division 29 for 5 years as a member of the Publications Board. As a result of my experiences in the Division and in the profession, I believe that I can contribute to the next phase of the Division's development. Other APA responsibilities have included 8 years of service on APA's rural task force and committee and chair of the Midwinter Convention. I hold the position of Professor of Family Medicine at Mercer School of Medicine where I teach family medicine residents how to address the psychological issues of their patients and have a private practice where I see couples, families, and individuals. Recent publications include co-author of the book *Genograms: Assessment and Intervention* and author of a chapter in *Casebook for Integrating Family Therapy*.

Sylvia Shellenberger, PhD
Professor, Department of Family Medicine
Mercer University School of Medicine
Macon, Ga 31206
912-784-3580
shellenberger.sylvia@mccg.org

Candidates for Council Representative

Alice F. Chang, Ph.D.

After nearly three decades in clinical practice, I have a substantive understanding of the professional and marketplace issues that effect my fellow psychotherapists. I have direct experience with the impact of profit obsessed managed so-called "care" corporations on our healthcare system and on the public we serve. As Division 29 Council Representative I will use my experience in effective advocacy for our profession, gathered through work with the Kansas and Arizona Psychological Associations and in previous service on Council and the Board of Directors, to promote APA's continued vigorous response to this encroachment on effective healthcare and the integrity of our profession.

Emerging technologies provide opportunities for service delivery unimaginable even a decade ago. We must develop institutional mechanisms to move us ahead of the curve as technology continues to expand. As psychologists adapt their skills to the emergence of telehealth services, we should closely track their experience to inform our responses to other opportunities and challenges presented by rapid advances in communication technologies. Psychologists also have a unique role in assessing and addressing the impact of the Internet — its potential for benefit and its potential for harm — on individuals and on society as a whole.

I remain firmly committed to assuring that professional psychologists attain prescription privileges and the training to incorporate that additional tool into responsible clinical practice.

APA must continue its efforts to promote the value of psychology in the public consciousness. Vigorous public education and advocacy must also continue to promote the doctorate as the necessary minimum standard of care.

Finally we must position our profession to seize the opportunities that abound in all aspects of our changing national demography. In addition to developing culturally appropriate services, we should look toward unmet needs across the lifespan, especially among children and seniors.

John C. Norcross, Ph.D.

I am pleased and honored to be nominated as Council Representative for the APA Division of Psychotherapy. Division 29 is my natural professional home in that my daily responsibilities entail practicing, teaching, supervising, and researching psychotherapy as a university professor and as an independent practitioner.

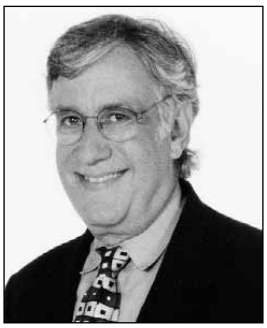
My service to the Division traverses a variety of activities and a number of years. I was elected President for the year 2000 and Member-at-Large on two occasions. I have chaired the Education & Training Committee, edited two special issues of

Psychotherapy, contributed regularly to our *Psychotherapy Bulletin*, served on the program committees for the MidWinter and APA conventions, and conducted comprehensive studies of the Division 29 membership. In addition, I was the co-developer of the APA Psychotherapy Videotape Series and a member of a dozen editorial boards. My most recent books are the *Psychologists Desk Reference* (with Gerry Koocher and Sam Hill), *Authoritative Guide to Self-Help Resources in Mental Health* (with John Santrock, Linda Campbell, Tom Smith, Bob Sommer, and Ed Zuckerman), *Systems of Psychotherapy: A Transtheoretical Analysis* (with Jim Prochaska), and *Handbook of Psychotherapy Integration* (with Marv Goldfried). All of this is to say that my primary commitment is to advance psychology and psychotherapy.

Succinctly stated, my priorities as your Council Representative will be to: maintain the quality and integrity of psychological services in the face of the industrialization of health care; reverse the polarization between the practice and scientific communities; advocate for the centrality of psychological treatment in daily life; and expand services for the membership. Perhaps most importantly, I will strive for an open mind, a responsive ear, and an active stance toward the interests of the membership.

I welcome your support and collaboration.

Wade H. Silverman, Ph.D.



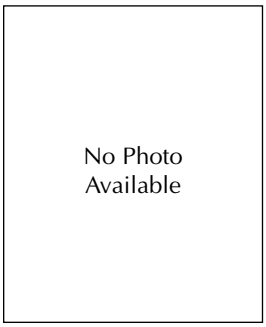
It is an honor to be nominated for the position of Council Representative especially in the company of my two friends Jack Wiggins and John Norcross. I have served the Division as Past President and as the current Journal Editor.

I am deeply concerned about the survival of psychotherapy as both science and art. It ironic that as our Journal grows richer in terms of the diversity of its articles, many graduate schools are dropping psychotherapy training. As a recent member of the APA Committee on Accreditation, I am saddened by the lack of emphasis on practitioner training.

As you know from my writing I am opposed to the political underpinnings of the empirically-validated movement (EVM). Obviously, all responsible practitioners maintain an empirical base to their practices so as to continuously improve techniques and to enrich the theories under which we operate. However, EVM has been used as an excuse to offer therapy training designed to fit the format of laboratory studies. Division scholars including Larry Beutler and Louis Castonguay illustrate that psychotherapy is far more rich and complex than the paint-by-numbers—show me the manual approach.

Managed care companies have reduced the economic worth of psychotherapy to less than the cost of auto repair. My Acura dealer charges $75.00 per hour for labor. Magellan Health Care pays $50.00 per hour for psychotherapy. As a Representative to Council I would advocate for the importance of psychotherapy to the survival of psychology. We need official recognition that psychotherapy is not merely method but an interaction of a variety of factors including the therapist. We need greater representation on the accreditation committee to accurately reflect the proportion of practitioners in the field. Finally, we need to confront the trivialization of psychotherapy whereever it occurs, but particularly in policy settings.

Jack G. Wiggins, Ph.D.



As our incumbent Representative to APA and a Founding Member, I have served the Division of Psychotherapy in a variety of capacities, including being its President. I am primarily noted for my ability to identify and implement the expansion of the practice of psychotherapy. Currently, I am working on two projects for the Division. The first is to investigate the feasibility of setting up an online screening system for anger, anxiety, depression and other psychological states using standardized psychological instruments. This system would give immediate feed back to the participant and would make available a list of licensed psychologists in their area willing to accept referrals from people requesting consultation. Since the Division decided to investigate this issue nearly 2 years ago, the National Mental Health Association has set up a Depression Screening program on its web site at www.nmha.org. Presently, our focus is on anger screening to be used in collaboration with the APA anti-violence campaign, called ACT. I would like to continue expediting this project for the Division and being a Member of APA Council provides me the credibility necessary to do this.

The second project is to get psychotherapy including in the Accreditation Guidelines for clinical training programs. The existing guidelines speak only of "psychological interventions." Some clinical training programs have used this broad definition of clinical practice to avoid training students in psychotherapy by offering training other psychological techniques instead. The APA Committee on Accreditation (COA)is insulated from the politics of Council and introduction of ideas into COA is somewhat arcane. his is a work in progress.

I ask your support of these two projects by giving me your Number One vote for Council of Representatives.

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29 - THE DIVISION OF PSYCHOTHERAPY

In challenging times, the core issue for psychotherapists remains **competence**. Without that, even the best marketing plan for being a successful therapist will eventually fail. We are the only APA Division to offer a focus on integrating **research, practice** and **training** in psychotherapy. We are about being competent.

By joining Division 29, you become part of a family of practitioners, scholars, and students who wish to exchange ideas in order to advance the field of psychotherapy.

BUT THAT'S NOT ALL!
DIVISION 29 OFFERS MUCH MORE.

JOIN DIVISION 29 AND GET THESE GREAT BENEFITS:

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- PSYCHOTHERAPY BULLETIN

  Quarterly publication containing the latest news about division activities, helpful articles on education, training, and practice, as well as current book reviews.

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  This new quarterly, a collaboration between Wiley Publications and Division 29, will focus on a clinical topic and offer discussion by a group of experts. We are very excited about this format and are pleased that Division 29 members will have the opportunity both to subscribe AND to earn CE credits at a reduced rate.

⇔ REDUCED FEES FOR ALL DIVISION 29 WORKSHOPS

We offer exceptional workshops at the APA convention featuring leaders in the field of psychotherapy. You have an opportunity to learn from the experts in more personalized settings.

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"Talk to Someone Who Can Help" is a series of brochures developed in collaboration with Division 42 (Independent Practice) to help practitioners expand their practices into new markets. Each order includes a professional skill building bibliography, resources for patients, and marketing tips. The brochures can be ordered with your name, address, and phone number printed on the back.

⇔ NETWORKING AND REFERRAL SOURCES

Access to the Division 29 Listserv where you can network with other members, make or receive referrals, and hear the latest important information that affects the profession. Imagine being able to converse with colleagues all around the country (and across our borders) about your professional concerns.

⇔ OPPORTUNITIES FOR LEADERSHIP

Expand your sphere of influence. Join us in helping to shape the future directions of our chosen field. There are many opportunities to serve on a wide range of Division committees and task forces.

MEMBERSHIP REQUIREMENTS
APA Member (Fellow, Associate, Member), payment of divisional dues; once you are a member, your Division 29 dues will appear on your APA membership dues invoice.

JOIN US TODAY!

DIVISION OF PSYCHOTHERAPY ■ MEMBERSHIP APPLICATION

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FIRST NAME

DEGREE YEAR INSTITUTION

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( )
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Please add me to Division 29's LISTSERV

APA Membership Number

APA Status:
____ Member ____ Associate ____ Fellow

MC / VISA # _____

EXPIRATION DATE _____

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Signature

CLINICAL AND RESEARCH INTERESTS:

REASONS FOR JOINING DIVISION 29:

Please return the completed application along with payment of **$40** by credit card or check (Payable to: APA Division 29) to:

DIVISION 29 Central Office
6557 E. Riverdale
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