Psychotherapy

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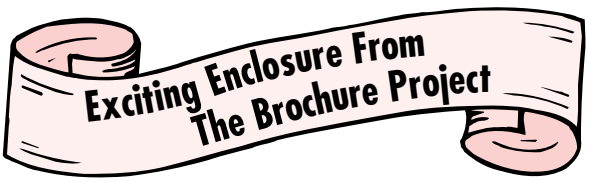
BULLETIN

In This Issue



An Historical Review of the Field of Psychology

Psychotherapy With African-Americans and Other Americans

2003 Nominations Ballot

31st Mid-Winter Convention Information & Registration Form

VOLUME 36 NO. 4 FALL 2001

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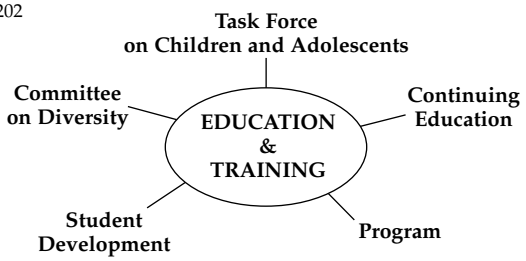

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PRESIDENT'S COLUMN

A Nation United

Diane J. Willis, Ph.D., President

I just returned from a 25-day trip to Germany and England where I co-taught a basic graduate course on "Introduction to Human Relations" to men and women in our armed forces at Ramstein Air Force Base in Germany and Mildenhall Royal Air Force Base in England. As you can imagine, the bases were on high alert for terrorist activity. The men and women in my courses were captains, general services or special operations personnel, pilots, or those who held jobs running the base postal service, or worked in social and family services. A few were wives of servicemen. Given the daily threat under which people of the bases are living since the events of September 11, 2001, and since our War on Terrorism began, I could not have been more proud of the men and women wearing the uniforms of the United States of America. Discussing human relations (HR) took on a new and different slant, given the circumstances of the conflict in which we are engaged. In my course, besides the basic text on HR, I required the students to read Siddhartha by Herman Hesse, The Myth of Sisyphus by Albert Camus, Raising Children in a Socially Toxic Environment by James Garbarino, and The Education of Little Tree by Forrest Carter. The Hesse and Camus readings were selected because I wanted the students to think about one's search for meaning in life and the "quest to answer the enigma of our human role on this earth" — that regardless of one's role (or job), one can find satisfaction and inner peace. The Carter book was selected because I also wanted my students to appreciate cultural issues. This book speaks to the human spirit and reaches the very depth of the human soul, as it tells how Little Tree and his family confronted prejudice and discrimination. Every student enrolled in the course spoke of the emotions they felt in reading the book and how meaningful it was to them. It is a book I think members of this Division would enjoy.

I was blessed in these two courses with mature and dedicated career men and women who were thinking about their future once they left the armed services. Some want to go into administrative work or business careers, a few plan to obtain their doctorate, and others want to enter the counseling field. A few of these men and women will see conflict in or over Afghanistan and, perhaps, a few will not return alive. It made my teaching and my feelings for each and every student particularly heartfelt, and it made much of what I do back home seem insignificant. I think not only of our men and women in uniform and their families, but also about the impact of the terrorists' activities upon the innocent children and families in Afghanistan.

This is a war that we will win because we truly do have the best trained military service personnel and the best equipment in the world, but it is a war that we must win in the hearts and minds of men and women who see America as evil. It is a war against poverty and illiteracy, and a public relations war of words over the airwaves to educate people on the goodness and the generosity of people in the United States of America. What can we do as members of the Division of Psychotherapy? Some of our members have contributed training

manuals on working with children and families exposed to trauma. Drs. Jack Wiggins and Jon Perez have started a listserve on our re-emerging Task Force on Emergency Psychology that members can access. Dr. Wiggins is working with the Department of Defense to review PTSD and other topics. Those of you engaged in other activities might let us know by e-mailing me or Linda Campbell, who is editor of the Psychotherapy Bulletin, and we will share the information with the Division listserve.

In the meantime, stay involved in our Division and APA, be kind to each other, and reach out to groups who may feel disenfranchised. We are all Americans and we all need each other to make, and keep, this Nation a Nation united.

Division 29 Members

Remember to assign either part or all of your Apportionment votes to Division 29! Division 29 lost an APA Council seat this past year and thus lost one more voice for psychotherapy and clinical practice. We need to regain that seat to regain our strength on Council, especially as budgetary and APA policy issues are discussed and voted upon.

PLEASE VOTE AND HELP YOUR DIVISION !

EDITOR'S COLUMN

Linda Campbell, Ph.D.

A Salute to APA, Division 29, and Our Disaster Response Network

The unimaginable happened on Tuesday, September 11th. The country was in shock, sorrow, fear, and compassion at the same time. Psychologists felt all this plus a desire to help those in need. Within two hours of the tragedy, the APA Disaster Response Network (DRN), directed by Marguerite Schroeder was in collaboration with the Red Cross. Disaster Response members were sent e-mail communiqués through their state associations and the wheels began moving. Psychologists, including many Division 29 members, came from all over the country to New York to assist in seeing families who lost loved ones and to talk with those working at ground zero. APA Disaster Response Psychologists worked not only with the Red Cross but with the New York Municipal Labor Council and the New York State Psychological Association in setting up help centers. Our DRN members also worked with the New York City Police Department in staffing missing persons hotlines.

Our members in the Washington, D.C. area were also immediately present to assist at the Pentagon site. DRN members mobilized to work with families in grief and to assist the workers in providing food, equipment, and clothing. The APA-DRN set up sites at Dulles, Boston's Logan and Los Angeles airports to help families and friends of those on the hijacked planes.

Russ Newman, Ph.D., J.D., APA's executive director for practice said "The DRN brings psychology where it needs to be—into the community. The expertise of the DRN enables us to bring what we know to the community, under difficult circumstances and short notice."

The APA Disaster Response Network was developed in 1992 and has trained over 2,000 psychologists. Mental health had not been included in disaster assistance until that time. APA was the first mental health organization to develop a collaborative agreement with the Red Cross. Since that time, our DRN members have responded to many events including the Oklahoma City bombing, the crash of TWA flight 800 in 1996, the recent school shootings, and the Seattle earthquake earlier this year.

The APA Office of Public Communication under the direction of Rhea Farberman has also made important contributions through public information, interviews, and public service announcements. A national radio feed featuring an interview with APA President Dr. Norine Johnson was recorded and fed to radio stations across the country on September 12th. APA members gave interviews that were quoted in *The New York Times, Wall Street Journal*, the *Washington Post*, and *USA Today*. FOX News directed viewers to the APA web site via an on-screen message the weekend after the disaster.

The APA Office of Public Communication also created a special section on the standard web page (www.helping.apa.org) which includes many helpful documents about dealing with trauma and terrorism such as managing traumatic stress, reactions and guidelines for children following trauma, and coping with the aftermath. APA is continuing to address the ongoing effects by developing coping and response materials, posting guidelines for hosting a youth forum, and creating a brochure for "Coping with Terrorism."

Division 29 members were among the early response psychologists. They mobilized resources and came from all across the country to New York and Washington and they worked collaboratively with the other disaster teams. Further, many of our members have set up response and educative programs in local communities. Division 29 gives a special salute to the fine work of our members.

The work of APA, our leadership and staff, the state associations, and our divisions continues and will continue through the coming months. The responsiveness, compassion, and tireless efforts of all of these individuals to help others and be useful during this time of national tragedy are profound and will become part of our professional pride and honor.

The Members and the Board of Directors of Division 29 would like to acknowledge the hard working members of the 2001-2002 Fellows Committee of the Division. The work of this committee is time intensive and laborious, but is critically important to the welfare of the division.

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STUDENT COLUMN

STUDENTS: FOR YOUR EYES ONLY!

Gary R. Hann, M.S.Ed., Student Liaison

Ode To Missed Opportunities In Life…

"What do you mean you were at Lake Lucern and didn't go to Jung's home?" "You could have at least looked at the outside of it," I said to my mother-in-law upon her return from a recent trip to Switzerland. She replies, "Well…I think I knew it was there, but the guide…" blah, blah, blah. I hear nothing after "well." I knew where it was heading. Too blasé, that woman, missing a chance of a lifetime.

How about those folks who passed up chances to meet Freud, Watson, or Skinner? I bet they're kicking themselves now! It was 1994 and I was a graduate student in New York. Taking a break from my studies, I pick up Time magazine; quickly flip to the Obituaries section (my favorite part) only to find out that Erik Erikson had just passed away in Massachusetts. I had only been a few short hours away from a (formerly) living legend and never knew it. How could I have been so careless, thoughtless, heartless…(so I have issues—I'll seek help). Anyway, I've just realized that I'm no different from my mother-in-law; we both passed up opportunities that were gifts that we would have remembered for the rest of our lives.

Please, Let Me Save You From Yourself

Why am I telling you all of this? The fact is that I care about you and me, as burgeoning psychologists, and want to save us from the "pain." Just because I've squandered opportunity doesn't mean that you have to. **Here's the deal**. On February 22-24, 2002, a once-in-a-lifetime meeting of living legends will convene to talk about psychology and psychotherapy. Included will be Drs. James F.T. Bugental, Albert Ellis, Alvin R. Mahler and Rachel Hare-Mustin—these luminaries have agreed to sit informally, in addition to their workshops, and chat with little old you—the student and aspirant to the throne. Now I know you've all had the opportunity to see their presentations or read their names in texts and journals, but we're talking about unheard of student access, here, the likes of which you may never see again! But that's not all, oh no…. In addition to the "living legends," students will have the chance to hear from and talk with another esteemed cohort of "cutting edge" therapists and psychologists: Drs. Norman Ables (Geriatric Psychotherapy and Assessment), James Bray (Psychotherapy in Primary Care Settings), Gary DeNelsky (Tobacco Addiction), Hanna Levinson (Time-limited Dynamic Psychotherapy for Personality Disorders), Don David Lusterman (Divorce Mediation), Francine Shapiro (EMDR), and Jeffery Younggren (Risk Management). These are the approaches and perspectives of tomorrow presented today, and if you miss it, your children will berate and pity you.

Yes, There is Such a Thing as a Free Lunch (well, not quite, but almost)

We all know nothing is completely free, but Division 29, realizing that you, the student, are the future of our field has made us a sweet little deal by reducing the fee for the three days of workshops to $125. This small fee includes 1) entrance to all workshops, 2) a welcoming reception, 3) buffet lunches Friday and Saturday (Closest thing

to a "free lunch"), 4) a dessert reception on Sunday, and of course, 5) the chance of a lifetime that I've already mentioned. Rooms at the Chaparral Suites Resort in Scottsdale, Arizona where the meeting will take place run $169 per night for a single (Yikes!—but, there are other hotels in the area, or bring a buddy, split the cost, and make 'em sleep on the floor).The suite will sleep 3-4 . The room fee includes a cooked-to-order breakfast and transportation to and from the airport. Hey, you gotta admit, this whole deal screams ROAD TRIP to Arizona (who says all the starch has been beaten out of us grad students)!!

AND IF YOU SIGN UP NOW…!

Wait, there's more!! If you sign up now, you too can possibly submit your own research! Remember the all-important vita, no matter your professional goals. Just follow the submission guidelines in this issue of the Bulletin. Also, Dr. Robert J.Resnick, the 1995-6 APA President and 2002 Division 29 President has extended an invitation to students to meet with him in an informal setting for a drink (on him). The subject matter is up to you! You'll just need to let me know if you're coming to this one so we can plan appropriately. You may email me at my address below.

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Don't miss it!! Think road trip, road trip, road trip…hope to see you there.

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THE DIVISION OF PSYCHOTHERAPY AWARDS

2001 Distinguished Psychologist Award

Lenore E. A. Walker, Ed.D.

President Diane Willis, award recipient Lenore Walker, and Past President John Norcross

Dr. Lenore E. A. Walker is professor of psychology at Nova Southeastern University, principal of Walker and Associates, and internationally renown for her pioneering efforts in identifying and treating domestic violence. Her 1979 book – *The Battered Woman* – remains a classic. She has testified repeatedly to Congress on family violence, chaired an APA Board of Director's Task Force on Child Abuse Policy and another Task Force on Violence and the Family. For APA, she has served on the Board of Directors and as President of Divisions 35, 46, and 42. She has served on the editorial board of seven journals, and has received a plethora of awards, including, in 1987, the APA Distinguished Professional Contributions to Psychology. For all these and other lifetime contributions, we present Lenore with gratitude the 2001 Distinguished Psychologist Award.

FEATURE

An Historical Review of the Field of Psychology — From the Year 2199

by Alvin Mahrer, Ph.D.

Now that I look back, I think it only took about ten minutes for me completely to lose my mind. Everything started when I was in a small village in southern India. I stopped at a book stall in the flea market and the lady at the book stall handed me a book, saying, "This is for you."

THE BOOK WAS PUBLISHED IN 2199.

I looked at the title: *An Historical Review of Extinct Professions*. The publication date was 2199. 2199?! What? How could that be? The lady looked at me.

"Chapter 24 is for you."

I glanced at the table of contents. Chapter 24 was entitled, "The Rise and Fall of the Era of Professional Psychotherapists." I couldn't figure out how that lady knew I was a psychotherapist, and I thought the book was just science fiction. 2199? That was ridiculous. So, I found a nearby coffee shop, sat down, and looked at the preface.

It said that the author was born in Oslo in 2138, and had been a professor of history since 2180. The thesis of the book was that throughout history, each profession believed it would last almost forever, and that developments and advances rendered each profession extinct.

According to the preface, the first section would be an historical review of ancient professions such as soothsayers and court jesters. The second section would cover professions that rose and fell in the period from 1600 to 1899, and would cover extinct professions such as coopers and cartwrights, lithographers and blacksmiths, telegraphers and daguerreotypists, wheelwrights and phrenologists. It was during this period, the preface said, that professions gave themselves elevated respectability by forming guilds and professional associations, giving themselves licenses and accreditations, having formal training programs and apprenticeships, having books and journals, annual meetings and conventions, their own oaths and professional codes, their own lobby groups, boards of examination, professional committees and organizations with officers and dues. All that sounded remarkably familiar.

The third section of the book covered professions that rose and fell during the period from 1900 to 2199. There it was, chapter 24, "The Rise and Fall of the Era of the Professional Psychotherapists." I turned to that chapter and read, "The era of 'professional psychotherapists' formally began in the early 1900s and came to a close during the middle 2100s and, like other extinct professions, believed that it would last almost forever. Two developments and advances brought to a close the era of professional psychotherapists." As I kept reading, I had one reaction and then a second reaction, and then I think I went over the edge, went bonkers, lost my poor little mind altogether.

As I tell you what I read in that chapter, see for yourself what your own reactions are. My first reaction was normal—I was amused. This book was pleasant science fiction. It was probably written a few years ago. Would I find out who the real author was?

It was after reading another page or so that the second reaction clicked in. I started feeling tense, wary, irritated, argumentative, defensive. I fell into the trap of the thesis of the book. I stopped drinking coffee, gripped the book with both hands, and

started mumbling. There would always be a profession of psychotherapy. People will always need treatment for their mental disorders, pathological problems, their distresses and troubles. Our noble profession will be here almost forever. Yes, there will be developments in the field, new and better methods and theories. Yes, the field will advance, change, improve. But, these will help the field, not lead to its ending, not extinguish our noble field. The book is wrong!

Then, I must have had my third and final reaction. I actually was compelled and fascinated to know how our field would be brought to a close. What were the two developments that ended the era of professional psychotherapy? I was no longer tense, wary, irritated, argumentative, defensive. I believe I was a true believer in what the chapter said. I admit that I was out of my mind, bonkers. I had lost it. I was crazy. The book made sense.

Here are the two major developments that the historical analysis, written in 2199, said would bring the era of professional psychotherapy to a close. From now on, I am quoting from the book:

1. **The important personal feelings that clients and psychotherapists used to get from being with one another, they could now get much better from advances and developments in technology.**

During the era of professional psychotherapists, the prevailing mind-set was that clients came to therapy mainly for relief of their personal problems and distress, and therapists were there to provide treatment of the mental illness and relief of clients' personal problems and distress. Clients came because they needed treatment; psychotherapists were there because they provided treatment.

Once the era of professional psychotherapy began to crumble, a radically different mind-set prevailed. The main thing that happened in sessions of what had been called psychotherapy was that both clients and psychotherapists were able to have important personal feelings. These could be highly important feeling, personal and precious feelings. According to this mind-set, psychotherapy sessions were mainly opportunities for both people to have important personal feelings.

Clients went to psychotherapists to be able to have their important personal feelings; psychotherapists were with clients to be able to have their own important personal feelings. If the client and psychotherapist hit it off, they each were able to have their own important personal feelings, and they tended to have more times when they were together with one another. If the client and psychotherapist did not click, if there was no chemistry, if they did not have their own important personal feelings, then they each parted company, they each dropped out of being with one another, the client generally looked elsewhere, and the psychotherapist turned to the next client. If they did hit it off from the start, they generally stayed together for as long as they had the important personal feelings with one another, and they stayed together for better or for worse, depending on the kinds of important personal feelings they had in being with one another.

What brought the era of psychotherapy to a close? One factor was the wonderful developments and advancements in technology. Once a person could have these important personal feelings by means of the technology we have today, that person did not have much of a reason for seeking out a psychotherapist, nor did the person have much of a reason for being a psychotherapist. Today, a person can go into a room where he lives, push a few buttons, and the room becomes a virtual reality world, with virtual reality scenes and situations with just the right people, the right sounds and smells, the right circumstances, and the person him or herself becomes just the right virtual reality new

person so that the payoff, the ultimate achievement, is that the person now has all the important personal feelings that clients and psychotherapists used to have, and more, far more precious and important personal feelings.

Here are some of the important personal feelings a person can get much better from technology than from professional psychotherapists:

- You are so interested in me, in the essential person that I am, in the real me. You want to know and understand everything about me!
- Being here with you is like sanctuary. No pressures, No pushes or pulls. You leave me be. I am so safe here with you.
- You do like me. You are so happy to be with me. I give you pleasure and joy.
- You are so attractive. I am so sexually aroused when I am with you. Being with you is safe sex. I could never really attract someone as attractive as you.
- You are my best friend, my confidante. I can say anything to you. I trust you so!
- I depend on you. I am passive to you. I put myself in your hands.
- You are on my side. You are my ally, my defender.
- You are my rock, my anchor, my solid ground. I am not fragmented and confused and bewildered when I am with you.
- You are my hero, my God. I admire you, look up to you. I worship you.

And here are some important feelings a person can get much better from technology than from being in the extinct role of "psychotherapist":

- I have special knowledge about what you are really like, your inner world, the world of your insides.
- I am mentally healthy, an optimal person. Well-adjusted.
- I can tell what is wrong with you. I see into the problem, the inner difficulty, the disorder.
- I can understand, I can empathize. I can know how you really feel.
- I can give you help, provide relief from your suffering. I can heal what troubles you.
- What I say is so important. I give you insight and understanding. I can explain it all for you.
- I am so wise, so sage. I know the world. I know about life, about pain and happiness.
- Depend on me. Trust me. Put yourself in my safe hands. Let me decide everything for you.
- I give you intimacy and closeness. No one else could provide such intimacy and closeness.
- I give you the gift of happiness, freedom from pain, reduction of inner strife. With me, you can feel good again, perhaps better than ever in your life. I offer you joy, salvation, peacefulness.

The era came to an end when the important personal feelings that clients and psychotherapists used to get from being with one another almost anyone could get much more fully and richly, easily and efficiently, far more cheaply, far more often, and for as long as the person wanted. When advances in technology could do a much better job of offering these important personal feelings, the era of psychotherapy was ready to come to a close.

There was a second major development that effectively ended the era of professional psychotherapy.

2. Advances and Developments in Self-change Made Psychotherapy Obsolete.

During the late 2000s, there was such an explosive development in the methods and the popularity of self-change that the era of professional psychotherapy ended with a whimper. Now that we can look back, here are the ways in which advances and developments in self-change brought psychotherapy to an end:

Many of the actual methods that professional psychotherapists relied on had been used for centuries before the era of professional psychotherapy arose, and were reclaimed when self-change went through its explosive developments in the 2000s. It turns out that professional psychotherapy only borrowed such self-change methods as talking out loud to yourself, deep-breathing exercises, gradually facing and doing whatever made you tense and scared, putting yourself into a hypnotic state, having visual images of past incidents, having intense and powerful feelings, rehearsing and modifying what you will say and do, deliberately having and exaggerating things about you that are bothersome, deliberately being the other person or thing that bothers and troubles you, focusing on bodily sensations that are going on inside, labeling your thoughts and ideas as crazy and irrational and deliberately trying to have better and less crazy thoughts, letting your thoughts and fantasies flow freely and without restriction, learning to control such bodily events as the rate of your heartbeats and the sensation of heat or cold in your hands, coming to understand the way you think and the beliefs you have, learning to stop before you get way out of control, being able to talk to other parts of yourself, studying what you are like by examining your dreams, and many other methods.

People had used these methods for centuries before the era of professional psychotherapists. When these methods were made public and were reclaimed as part of the self-change movement, the era of professional psychotherapists lost much of its steam.

Virtually every person counted on some ways of helping to reduce pain, and would probably welcome better ways. Virtually every person had some ways of helping to feel better, to reduce their pain and unhappiness, to get over some trouble or worry. They did something when they felt awful, upset, torn apart.

All of these people, all over the world, were the ones that the self-change movement sought out, talked to, and offered perhaps better ways of doing something to relieve their pain. As increasing millions of people learned their own self-change methods, the era of professional psychotherapy withered and came to a close.

The attainment of elevated states of ecstasy and joy, and inner states of peacefulness and tranquillity, were central to self-image, and declined by professional psychotherapy. The era of professional psychotherapy essentially staked out the morbid, the pathological, the painful, as its main territory. It specialized in treating mental illnesses and pathological problems. It essentially declined what had been central to self-change for so many centuries. Self-change was the field of attaining inner peacefulness, inner tranquillity, inner harmony. Self-change was the field of attaining higher and elevated states of ecstasy, bliss, freedom, selflessness, joyfulness. Professional psychotherapy limited itself to mental illness and pathological problems. For virtually everything else that so many people valued and yearned for, people turned to self-change.

Perhaps the greatest breakthrough in the field of self-change was the discovery and development of ways to achieve deep-seated qualitative change in the very person that the person was capable of becoming. This was a matter of radical and wholesale

metamorphosis, self-transformation, the becoming of a qualitatively new person.

Historically, it was understandable that this watershed advancement would come from the growing practice of self-change, because self-transformation had been the passionate interest of self-change, of eastern and existential philosophies, and not especially of the general field of professional psychotherapy. The actual soup from which self-transformation emerged was the ancient practice of meditation and the ancient practice of spiritual self-transformation.

When the field of self-change grew far bigger and stronger, and when there were remarkable advances in technology's ability to provide important personal feelings, the era of professional psychotherapy came to a close. Starting around 1900, it was a mere blip in history.

All of that was from the chapter entitled, "The Rise and Fall of the Era of Professional Psychotherapists." These were the two major developments that brought the era to a close. When I put the book down, I wondered what reactions professional psychotherapists might have to the possibility of the demise of their noble profession, which they probably believe would last almost forever.

What Reactions do Professional Psychotherapists Have to the Likely Demise of the Noble Profession?

One reaction is polite indifference. The historical review is an interesting fantasy, fanciful fiction, a playful diversion, not meant to be taken seriously.

A second reaction is to argue and attack. There will be professional psychotherapists in the foreseeable future and beyond. Of course, the field will change, advance, develop. That is the nature of the noble science and profession of psychotherapy. The historical review is wrong, misguided, groundless, without solid basis in empirical fact, a waste of time, ridiculous, outrageous, inflammatory, deliberately provocative, pessimistic, reflecting the radical view of a rouge perspective of the field. The reaction is to dismiss it, ignore it, marginalize it, trivalize it, label it and file it away.

Ah, and there is a third reaction. Maybe, just maybe, the historical review strikes a little chord. Maybe there is a flow of possibility that it might be time to get ready for a sea change, a paradigm shift, a transformational change, in what we now know as the field of psychotherapy.

Those who have this third reaction include a few who are ready to become the pioneers in guiding the future development in the field, in moving the field toward becoming what it is capable of becoming. Some may pioneer in the advancement of technology to provide important personal feelings and experiences. Some may contribute to the grand advancement of the field of self-change. Some may pioneer in other future developments that will replace what we know as the field of professional psychotherapy.

The future of the field awaits your reaction. What will it be? What will you do?

Conclusions and Invitations

These four conclusions and invitations hold hands with one another and form a circle, rather than standing in line, with one following the other:

1. If you are even a little bit ready to consider that there could be a dramatic, radical, qualitative change in the field of psychotherapy, play a game in which, in less than two hundred years, the field will be all but unrecognizable. It will undergo some explosive transformations. Some may say that it no longer exists. Can you let yourself get into that mindset? Go ahead and try.

2. If you can play the game, you may be ready to visualize a world in which dramatic, explosive, radical transfor-

mations have occurred. The field of psychotherapy has been replaced with a whole new field. There has been a catastrophic change in what used to be the field of psychotherapy. There has been a metamorphosis. You may not see what the new field looks like, but it bears almost no resemblance to what you now know as the field of psychotherapy.

3. After you play the game, it may just be that you can reserve a little bit of room for the possibility that there can be dramatic, explosive, radical transformations in the entire field of psychotherapy. In order to play the game in the first place, it also helps if you can reserve a little bit of room for the possibility that there can be dramatic, explosive, radical transformation in the entire field of psychotherapy.

4. If there is a glow of readiness in you to accept these conclusions, then you can become one of the pioneers in the advancements and developments that will eventually replace the field of professional psychotherapy. If you are ready, then go ahead, take the next step. Develop the grand new technology. Develop the field of self-change. Develop your own way to help the field of psychotherapy become what it can become.

CALL FOR AWARD NOMINATIONS

The APA Division of Psychotherapy invites nominations for its two annual awards in 2002.

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recognizes lifetime contributions to psychotherapy, psychology, and the Division of Psychotherapy.

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Letters of nomination outlining the nominee's credentials and contributions should be forwarded to the Division 29 Past-President: Diane J. Willis, Ph.D., Child Study Center, 4520 Ridgeline Dr., Norman, OK 73072, Diane-Willis@ouhsc.edu. The applicant's CV would also be helpful. Self-nominations are welcomed.

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Michael J. Lambert, Ph. D.

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Dr. Michael J. Lambert is professor of psychology at Brigham Young University and an internationally respected psychotherapy researcher. He has served as Associate Editor of the *Journal of Consulting and Clinical Psychology* for 6 years and is on the editorial board of four other journals. He currently serves on the Publication Board of the Division of Psychotherapy. His 150 plus articles and chapters concern the practice and training of psychotherapists. He is also editor of the new edition of Garfield and Bergin's landmark *Handbook of Psychotherapy and Behavior Change.* Among his awards are the Maeser Research Award, given to the Brigham Young University faculty member with outstanding research, and Professor of the Year Award, voted by graduating seniors. And to his list of honors he now adds the Distinguished Psychologist Award from the Division of Psychotherapy.

FOR THE CHILDREN

Sheila Eyberg & Beverly Funderburk

This issue provides important information for every clinician who sees children or families. Barbara Bonner, Endowed Chair in Pediatrics at the Oklahoma University Medical Center and Director of the Center on Child Abuse and Neglect, outlines an approach to evaluating concerns about sexual behavior in children that begins with the important question of "What is *normal* sexual behavior in children?" An approach that begins with sound understanding of normal child development and adds the best available assessment techniques and evidence-based treatments provides an excellent model for us all.

Normal and Abnormal Sexual Behavior in Children

Barbara L. Bonner, PhD
University of Oklahoma Health Sciences Center

Introduction

Increasing numbers of children are being referred to psychologists by parents, teachers, child welfare personnel, and the courts for problems with inappropriate or aggressive sexual behavior. Referral behaviors range from masturbatory behavior, which in many cases would be considered normal or expected sexual behavior, to aggressive sexual behavior that is highly problematic. Several recent articles and books have focused on problematic sexual behavior in children (American Academy of Child and Adolescent Psychiatry, 1999; Araji, 1997; Burton, Nesmith, & Badten, 1997; Chaffin & Bonner, 1998; Jones, 1999; Vizard, Monck, & Misch, 1995).

In reviewing the literature, it quickly becomes evident that the study of sexual development in children is quite limited. Unfortunately, we have learned more about children's normal sexual behavior as a result of treating sexually abused children than from research studies focused on children's sexual development. Gordon and Schroeder (1995) have compiled an overview of normal sexual development, including sexual knowledge and sexual behavior, that is a main reference for this article. In addition, Friedrich and his colleagues developed and validated the *Child Sexual Behavior Inventory* (CSBI-3), a 38-item questionnaire that describes normal and abnormal sexual behavior in children (Friedrich, 1997). The CSBI-3 has separate norms for boys and girls ages 2-12.

This article will discuss sexual behavior in pre-school and school age children and provide guidelines for practitioners to differentiate between behaviors that are viewed as sexual play and those that are seen as aggressive and problematic. The normal sexual knowledge and behavior of children from birth to two, three to five, and six to twelve will be described below, followed by a description of problematic sexual behavior and treatment interventions.

Birth to Two Years

It is now generally accepted that the physiological mechanisms for sexual arousal, orgasm, and a variety of other sexual behaviors are present at or before a child's birth. Penile erections in newborn male babies and vaginal lubrication in infant

females have been documented (Martinson, 1981). During these first two years, children begin to develop gender identity and learn the labels for their body parts, including the genitalia. Few parents teach their children the anatomical names for their genitals and most children of all ages use slang terms such as tee-tee and poop.

Young children explore their bodies and find the genital areas are pleasurable. They touch their own and sometimes other children's private parts in an exploratory manner. They also enjoy taking their clothes off in public, such as the backyard, and running around nude. All of these behaviors would fall within what is considered normal sexual development.

Ages Three to Five

It is during these years that gender permanence is established and children learn the gender differences between boys and girls. However, they still have limited specific knowledge about pregnancy and childbirth. Children this age are curious about their genitalia and most children engage in sexual play, such as looking at, touching, and exploring their own and other children's genitalia. Other sexual behaviors considered to be normal at this age are exhibiting the genitals and mimicking or attempting to have intercourse. These are the years in which children may be found in a closet or under the bed covers "playing doctor."

It is important to remember that although young children are engaging in various sexual behaviors, they clearly lack the cognitive ability to understand the sexual nuances or cultural and societal attitudes related to their behavior. This early sexual behavior is therefore viewed as more "pleasure" seeking behavior than "sexual" behavior (Martinson, 1981).

Children at this age are more likely to know the anatomical terms for their genitals but they continue to use slang or elimination words with their peers. They may masturbate for pleasure and some may experience an orgasmic-like response.

Ages Six to Twelve

This is a broader age range and a time in which children learn a great deal about sexual behavior. By age 12, children typically know about the sexual aspects of pregnancy and the physical changes associated with puberty. Girls may begin menstruation and boys may begin to have wet dreams by the time they are 12. In some cases, children participate in sexual education classes at school or through a church, synagogue, or community agency, and discuss sexuality and sexual behavior with a teacher or other adult. However, children are increasingly exposed to explicit adult sexual behavior through movies, television, videos, and the internet without adult supervision and discussion.

School age children use sexual language with their peers, understand the genital basis of gender, and are more likely to masturbate in private. They are learning cultural and societal values about sexual behavior and sexuality, may become modest or embarrassed about their bodies, and tend to hide their sexual play or masturbatory behavior from adults. Children this age may fantasize or dream about sex, show an interest in media sex, and have an increased knowledge about masturbation and sexual intercourse. They continue to engage in sexual play with their peers and siblings, which may include kissing, mutual touching or masturbation, simulated intercourse, and "playing doctor."

Continuum of Sexual Behavior

A continuum of sexual behavior in children, from normal, expected sexual play to aggressive, problematic sexual behavior, has been described (e.g., Hall, Mathews, Pearce, Sarlo-McGarvey, & Gavin, 1996). At some time during the preschool and school age years, most children are involved in some form of what is considered normal sexual play. This includes behaviors such

as looking at or touching other children's sexual parts or being on top of another child and simulating sexual intercourse. Behavior that is viewed as sexual play is typically exploratory, spontaneous, intermittent, by mutual agreement, and between children of similar age, size, and developmental level, such as siblings, peers, or cousins. The sexual play is not accompanied by intense feelings of anger, fear and/or anxiety.

Problematic sexual behavior has clearly been documented in young children (e.g., Bonner, Walker, & Berliner, 1999). Any sexual behavior that involves force, threats, or aggression falls into this category, such as a 10-year-old making two preschool children undress and sexually experiment with him/her or with each other. Numerous aggressive sexual behaviors have been reported in school-age children, including forced oral, vaginal, and anal intercourse (Bonner et al.,1999). Other problematic behaviors in children include compulsive masturbatory behavior that occurs at school or in other public places, sexual preoccupation, or age-inappropriate knowledge of sexual behavior. In the late 1980s and early 1990s, professionals thought that these behaviors were a strong indicator that a child had been sexually abused. It is now recognized that there are many children with aggressive or problematic sexual behavior who do not have a known or reported history of being sexually abused, (Bonner et al., 1999).

Suggestions for Parents

Parents are now more knowledgeable about the relationship between child sexual abuse and inappropriate sexual behavior in children. They may have questions about the seriousness of their child's sexual behavior. Some suggestions for parents are: (a) do not overreact as most sexual behavior in children is within the normal range; and (b) most children stop the behavior if they are told the rules, mildly restricted, well supervised, and praised for appropriate behavior. If the behavior is highly inappropriate, aggressive, or persistent, professional assistance may be needed.

Treatment Approaches

In 1991, the National Center on Child Abuse and Neglect in HHS funded two treatment outcome research studies on children ages 6 to 12 with sexual behavior problems. One study compared a structured, cognitive-behavior group approach for children and their caregivers with a dynamic play therapy group approach. At the two year follow-up, both approaches had similar rates of recurrence, 13% –15% (Bonner et al., 1999). The second study compared a modified relapse prevention group approach for children and caregivers to an experiential group approach (Pithers, Gray, Busconi, & Houchens, 1998). Again, both approaches were found to have similar effectiveness over time (Note: The final reports and treatment manuals for both studies can be obtained from the National Clearinghouse on Child Abuse and Neglect at 1-800-394-3366.)

Conclusion

In conclusion, it is now clear that most children engage in mild forms of sexual play and that not all sexual behavior in children is problematic. Further, it is now known that not all problematic sexual behavior is indicative of a history of sexual abuse. When inappropriate sexual behavior occurs in children, it is recommended that the child or children be well supervised by adults. If the behavior persists or is highly aggressive, professional intervention is recommended. Several group treatment approaches, including cognitive-behavioral, dynamic play, modified relapse prevention, and experiential, have been found effective in reducing children's inappropriate sexual behavior.

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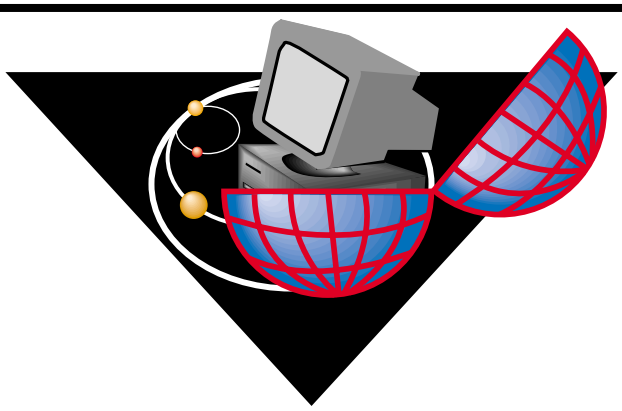

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Are all cognitive therapies alike?
A comparison of cognitive and non-cognitive therapy process and implications for the application of Empirically Supported Treatments (ESTs)

Central to the Empirically Supported Therapy (EST) movement has been the delivery of therapies by clinicians trained according to one of a increasingly large number of training manuals. The growing use of these manualized treatments has been fostered under the assumption that the resulting therapies can be repeatedly applied in a uniform manner, even when delivered to different patients by different therapists at different treatment sites. Studies to date involving manualized treatments have demonstrated that manuals representing different theoretical orientations evoke different treatment processes (e.g., DeRubeis, Hollon, Evans, & Bermis, 1982; Evans, Hollon, DeRubeis, Tuason, Wiemer, & Auerback, 1983; Luborsky, Woody, McLellan, Brien, & Rosenzweig, 1982) and that following treatment manuals tends to reduce variability of outcomes (e.g., Crits-Christoph, Barancackie, et al., 1991). However, the assumption that theoretically similar manualized interventions resemble one another more than the resemblance between theoretically different manuals has not yet been tested.

In this study, we tested some of these assumptions underlying the use of manualized treatments by comparing archival process data from a large multisite study (N = 235) involving three cognitive (CT) and six non-cognitive (non-CT) therapies. We used these data to evaluate two primary assumptions: 1) that manualized treatments derived from different theoretical models should evoke different therapy processes in a way consistent with their theoretical assumptions, and 2) that manualized treatments derived from the same theoretical model should be more similar to one another than they are to interventions derived from different models.

Therapy process was measured by external raters trained in the use of the Systematic Treatment Selection Therapy Process Rating Scale (TRS). Process measures involved four dimensions that distinguish various treatment models and theories: the degree to which the therapy session was directed by the therapist rather than the client (directiveness), the degree to which the therapist acted to increase the client's emotional arousal during the therapy session (emotional arousal), the extent to which the therapist worked by focusing on behaviors rather than by fostering insight (behavior vs. insight focus), and the level of the therapeutic alliance (alliance). Based on the expectations of treatment manualization, we hypothesized that the CTs would be more directive, less arousing, and more behavior-focused than the non-CTs. We also hypothesized that the CTs

would be more homogenous with respect to therapy process than the non-CTs.

Our first hypothesis was supported by our data, and the CTs were found to be significantly more directive, more emotionally arousing, and more behavior-focused than the non-CTs. However, our second hypothesis was only partially supported. Although the non-CTs as a group were found to be significantly more variable than the CTs along two dimensions of process (directiveness and emotional arousal), no significant differences in variability were found with respect to the degree of behavior focus. In addition, we found significant differences among the CTs with respect to these process dimensions, suggesting considerable variation in therapy process among these three different applications of CT.

Our results are tempered by several caveats, the foremost of which is that each of the three CTs involved a different modality (individual vs. couples vs. group). Thus, some of this observed process variation may be due to the effects of modality. However, the amount of process variation observed in the context of the rigorous therapist training, manualization, and adherence checks employed in these studies suggests that it may be premature to assume the equivalence of even carefully administered versions of what should be quite similar manualized treatments. Further research is needed comparing repeated applications of putatively equivalent manualized treatments before assuming that equivalent interventions have been administered to all.

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Deadlines for Submission

August 15 for Fall Issue
December 1 for Winter Issue
February 15 for Spring Issue
May 1 for Summer Issue

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

PRACTITIONER REPORT

APA Recording Secretary

Ronald F. Levant

Psychology is definitely on the move. I have reported in recent columns that I have observed signs of a new spirit of optimism, perhaps even a renaissance in psychology. The Annual Convention in San Francisco was no exception. This very high-spirited event was distinguished by the decision of United States Surgeon General David Satcher, M.D. to use the occasion of our convention to present his most recent report on mental health, this one focusing on mental health care for ethnic minorities.

One of the most important lessons that I have learned over the years is how vital it is for psychologists to participate in the public policy process—to be at the table where important policy decisions are made and to speak to policy makers at every available opportunity. This lesson was perhaps most strongly reinforced by my participation in the White House Summit Meeting on Children's Mental Health hosted by former First Lady Hilary Rodham Clinton and in the resulting Surgeon General's conference on Children's Mental Health, public policy events in which psychology's voice was clearly heard.

Opportunities for psychologists to interact with such high-level officials seem to be increasing. For example, this is not the first time that the Surgeon General has come to APA meetings. Further, during Pat Deleon's Presidency, we were honored with the presence of both HHS Secretary Donna Shalala and Education Secretary Richard Riley at APA meetings during the year. And this year the Association of Veteran's Administration Psychology Leaders brought Anthony Principi, Secretary of the Veterans Administration, to their meeting as the keynote speaker. The importance of such events lies not only in the fact that psychology becomes more visible to the high level public official, but also in the opportunities to build a relationship in which we are increasingly called upon for information and expertise deemed helpful to that official.

The Convention offered a wonderful array of choices of programs and social events, plus all of the attractions of that beautiful city by the bay—San Francisco. I had the honor of chairing one of the new experimental programs for President Norine Johnson's miniconvention on "Pioneering and Reinventing: Innovative Practices for the 21st Century from a Diversity of Perspectives and Backgrounds." This program used a new model called the "pod," which is sort of a hybrid between a poster session and a symposium. It is an interactive group, in which presenters post the highlights of their work on poster boards, give 5 minute overviews and then engage in a very rich dialogue with the audience for over an hour. There are some issues that need to be resolved, such as noise from adjacent pods, but overall this format offered a much higher level of group interaction than other models, and will likely be continued when the convention changes next year.

The meeting of the Council of Representatives was quite lively, and resulted in a number of significant actions. One action that I would like to highlight was the passage by Council of the modified Wildcard Plan, which (if approved by the membership) will result in the seating of all affiliated state, provincial and territorial psychological associations (SPPA's) and APA divisions. For 50 years (Since APA was re-orga-

nized in the late 1940's) SPPA's have been poorly represented on Council. This is unfortunate because even the smallest jurisdiction can have a major precedent-setting impact on professional psychology (witness Guam's passage of prescriptive authority legislation). Hence, many leaders in the practitioner community have been working for over a decade to find a way to seat all SPPA's. Several years ago we developed the Wildcard Plan through a process of interest-based bargaining among all major APA constituencies (using the expertise of APA Past President Ron Fox and CEO Ray Fowler), which resulted in the seating of all divisions and most SPPA's (Peterson & Levant, 2000).

During his presidency, spurred on by such advocates as Ruth Paige, Pat DeLeon started an initiative to seat all remaining SPPA's. This resulted in the establishment of the Task Force on Council Representation 2 (TFCR2), Co-Chaired by Ron Levant and Ruth Paige, with representatives from all of the major constituencies in APA, and with Ron Fox reprising his role as the interest-based bargaining consultant and APA CEO Ray Fowler acting again as a resource to develop the mechanics of the plan. TFCR2 developed the modified Wildcard plan, which will cap Council at 162 seats and preserve the one-person one vote1 principle of the apportionment ballot (developed by the Albee Commission in the 1960's). It will create two pools of seats, one for divisions, and one for states, based on the proportion of the apportionment vote that each group gets. Then, each unit will get one seat. Remaining seats in each pool will be distributed in two steps. First, units that qualify for a second, third, etc. seat based on the percent of the apportionment vote that they got will get those seats. Second, any remaining seats will be assigned to those units which came closest to getting a next seat, based on the percent of the apportionment vote that they received. This is admittedly a complicated process, which resulted in quite a bit of discussion on Council. Fortunately, Dr. Leona Aiken, representing the Division of Evaluation, Measurement, and Statistics, came to our aid and developed an understandable step-by-step algorithm for explaining how seats are allocated.

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

Reference

Peterson, M. & Levant, R (2000). Resolving conflict in the American Psychological Association: A historical note on the use of mediation methods. *American Psychologist, 55*, 957-959.

Biographical Sketch

Ronald F. Levant, Ed.D., A.B.P.P., is 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] Actually: one person, ten votes.

2003 NOMINATIONS BALLOT

Dear Division 29 Colleague:

The best talent in the American Psychological Association belongs to the Division of Psychotherapy (29), and we hope to draw from that pool to serve in the governance structure. It is time for us to put our combined talents to work for the advancement of psychotherapy.

NOMINATE YOURSELF OR SOMEONE YOU KNOW TO RUN FOR OFFICE IN THE DIVISION OF PSYCHOTHERAPY. THE OFFICES OPEN FOR ELECTION IN 2002 ARE:

President-elect (1)
Member-at-large (2)
Secretary (1)
All persons elected will begin their terms on January 2, 2003.

The Division's eligibility criteria are:

1. Candidates for office must be Members or Fellows of the division.
2. No member many be an incumbent of more than one elective office.
3. A member may only hold the same elective office for two successive terms.
4. Incumbent members of the Board of Directors are eligible to run for some position on the Board only during their last year of service or upon resignation from their existing office prior to accepting the nomination. A letter of resignation must be sent to the President, with a copy to the Nominations and Elections Chair.

Simply return the attached nomination ballot in the mail. The deadline for receipt of all nominations ballots is December 31, 2001. We cannot accept faxed copies. Original signatures must accompany ballot.

EXERCISE YOUR CHOICE NOW!

If you would like to discuss your own interest or any recommendations for identifying talent in our division, please feel free to contact Dr. Patricia Bricklin, via the Division central office, 6557 E. Riverdale St., Mesa, AZ 85215, or e-mail Patricia.M.Bricklin@widener.edu

Sincerely,

Diane J. Willis, Ph.D.
President

Robert J. Resnick, Ph.D.
President-elect

Patricia Bricklin, Ph.D.
Chair, Nominations and Elections Committee

Nomination Ballot

President-elect	Members-at-large	Secretary
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate your nominees, and mail now! In order for your ballot to be counted, you must put your signature in the upper left hand corner of the reverse side where indicated.

Name (Printed) _____

Signature _____

FOLD THIS FLAP IN.

Fold Here.

_____
_____
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Division29
Central Office
6557 E. Riverdale St.
Mesa, AZ 85215

Fold Here.

DIVISION 29 ACTIVITIES AT THE APA

The Division 29 Executive Committee and Board of Directors Meetings

Linda Campbell, Matty Canter, Abe Wolf, Tracey Martin, Lee VandeCreek, Diane Willis, Wade Silverman and John Norcross

Alice Rubenstein, Susan Corrigan, Sheila Eyberg, Wade Silverman, John Norcross

Gary Hann, Lee VandeCreek, Doug Snyder, Jon Perez, James Bray

Art Kovacs, Matty Canter, Ron Fox and Gary Hann

BACK TO THE FUTURE: AGAIN, THE MID-WINTER 2002

Robert J. Resnick, Ph.D., President-elect

As we go "back to the future," the Division of Psychotherapy will return to a clinically oriented meeting in a resort hotel that features small workshops and promotes a social intimacy with places where friends and colleagues can congregate in a pleasant ambience.

Reserve the dates now: February 22-24,2002. The Place: Chaparral Suites Resort, Scottsdale, Arizona. The hotel cost is $169 single, $179 double room. Each room is a suite, with a cooked-to-order breakfast in the dining room. The room costs also include complimentary transportation to and from the airport and a guest reception each evening. The theme: Back to the Future— Living Legends and Cutting Edge Therapies. The Division of Psychotherapy's living legends presentors are: Drs. James F.T. Bugental, Albert Ellis, Alvin R. Mahrer, and Rachel Hare-Mustin. The cutting edge therapists and therapies include Drs. Norman Ables (Geriatric Psychotherapy and Assessement), James Bray (Psychotherapy in Primary Care Settings, Gary DeNelsky (Tobacco Addiction), Hanna Levinson (Time-limited Dynamic Psychotherapy for Personality Disorders), Don David Lusterman (Divorce Mediation), and Francine Shapiro (EMDR). Also, Drs. Norm Abeles (Psychotherapy with Seniors), Nadine Kaslow (Family Psychotherapy) and Jon Perez (Psychotherapy and Debriefing with Disaster Survivors) The "legends" will present three-hour workshops and "cutting edge" will present three hour workshops. On Saturday there will also be a six hour workshop, the highly acclaimed and valued, Risk Management workshop by Dr. Jeffery Younggren, co-sponsored by the American Psychological Association Insurance Trust (TRUST). Psychologists insured by the TRUST who complete this workshop receive 15% discount in their liability premium for two years. And, there will be a poster session one evening, in conjuction with a Division 29 reception.

The registration fee is $200 for the weekend (Friday, Saturday, and Sunday morning) which includes all the workshops, continuing education credits for all workshops attended, welcoming reception on Thursday evening (with the poster session), buffet lunches Friday and Saturday and a coffee and desert reception Saturday evening. One day registrations are available for $125.00 and a special student discount weekend rate is available as well.

On behalf of the Mid-winter 2002 committee (Drs. Ron Fox, John Norcross, Jon Perez, Leon Vandecreek, Division President Diane Willis, Jack Wiggins and our convention chairperson, Dr. Matty Canter), we urge you to join us in "going back to the future."

A TIME TO REFLECT & PERSEVERE

Pat DeLeon, Immediate Past APA President - Division 29

Proclamation 7461 of September 11, 2001—"Honoring the Victims of the Incidents on Tuesday, September 11, 2001. By the President of the United States of America. A Proclamation. As a mark of respect for those killed by the heinous acts of violence perpetrated by faceless cowards upon the people and the freedom of the United States on Tuesday, September 11, 2001, I hereby order, by the authority vested in me as President of the United States of America by the Constitution and the laws of the United States of America, that the flag of the United States shall be flown at half-staff at the White House and upon all public buildings and grounds, at all military posts and naval stations, and on all naval vessels of the Federal Government in the District of Columbia and throughout the United States and its Territories and possessions until sunset, Sunday, September 16, 2001. I also direct that the flag shall be flown at half-staff for the same length of time at all United States embassies, legations, consular offices, and other facilities abroad, including all military facilities and naval vessels and stations. IN WITNESS HEREOF, I have hereunto set my hand this eleventh day of September, in the year of our Lord two thousand one, and of the Independence of the United States of America the two hundred and twenty-sixth. [Signed,] George W. Bush."

These are extraordinarily difficult times for our nation as we are vividly reminded that it is impossible to predict the future with any sense of confidence. It is also A Time To Reflect—Why is it that we, as individuals, originally decided to become psychologists? During my weekly calls across the nation last year as President of APA, to colleagues who have not been personally involved within the Association's national governance, I found considerable pride and enthusiasm within the membership "grass roots" for the contributions that they, as individuals, have been making to society. Almost everyone that I talked with was very proud to be a psychologist and felt that they were making a difference in the daily lives of their patients and their local communities. During our recent San Francisco annual convention, I was personally proud and genuinely touched that at the Council of Representatives meeting our APA President, Norine Johnson, formally honored those psychologists who had served in Viet Nam. As former chief U.S. Army psychologist Bob Nichols commented to me, "This was long overdue." Our public service colleagues contribute much to the health and well being of our nation and unfortunately, their often truly cutting-edge contributions are frequently overlooked or unappreciated by many of us. Those who are supportive of psychology's prescriptive authority agenda (RxP-), for example, owe much to our military colleagues who have demonstrated once and for all that psychologists can be trained to effectively and safely prescribe.

Morgan Sammons is one of ten graduates of the Department of Defense (DoD) program, which was given life during the Congressional deliberations on the Fiscal Year 1989 Appropriations bill for the Department of Defense, when the conferees directed the Department to establish a demonstration pilot training project under which military psychologists would be trained and authorized to issue appropriate psychotropic medications under certain circumstances. On June 17, 1994 then APA President Bob Resnick and I attended the graduation ceremonies at the Walter Reed Army Medical Center of the first two DoD Psychopharmacology Fellows, U.S.

Navy Commander John Sexton and Lt. Commander Morgan Sammons. Numerous subsequent external evaluations of the prescribing practices of the DoD Fellows have been extraordinarily laudatory. For example, the Department of Psychology at Eisenhower Army Medical Center (where Debra Dunivin was stationed) conducted a customer satisfaction survey of all patients seen by her, during her first year after graduation from the training program. The results indicated: "a high level of overall satisfaction with the services she provided. The most common answer to questions regarding satisfaction with Dr. Dunivin, desire to work with her in the future, and willingness to refer a friend to Dr. Dunivin is 'Strongly Agree'. The percentage of those who agree or strongly agree on these three areas are 94%, 88%, and 86%, respectively." We should be very proud of these colleagues who have shaped our profession in a way that no one could have foreseen. Collectively, they have provided the entire profession with a positive, proactive policy agenda which we definitely need at this point in our maturation. In this light, the efforts over the past several years of Randy Taylor (immediate Past-President of Division 18 (Public Service)) and Bob Ax (current Division President) to have that Division systematically work with potential RxP- training institutions to target the needs (and potential) of all of our public service colleagues is extraordinarily significant. These are the individuals who provide psychological care to the underserved and often uninsured members of our society and thereby fulfill critical governmental responsibilities. And, we would add— often under very difficult circumstances.

"The first couple of days after the attacks (Tuesday and Wednesday), it took me approximately four hours to get into work. In all the years I've worked at Tripler Army Medical Center (also the location of the Spark M. Matsunaga Veterans Administration Medical Center), we have never been at Force Protection Condition Delta. On Wednesday, all entering cars were inspected—even by the bomb detection dogs. Things got a bit less intense on Thursday when the threat level moved to Charlie. Still, we have fully armed soldiers and concrete blockades at all vehicle entrances. I imagine that the security in our nation's Capitol must be absolutely intense" [Ray Folen].

An incredible APA Response: Within the Practice Directorate, Margie Schroeder has been the point-person for APA's Disaster Response Network (DRN). Her report: "As you can imagine, the Practice Directorate has been deluged with calls and e-mails from APA members asking for resource materials and offering to volunteer their services to help in the aftermath of Tuesday's events. In response, and through the combined efforts of our Disaster Response Network and the Public Education Campaign network, the Directorate has developed materials for APA members to use in facilitating group discussions with youth about the events of this week. We decided to focus specifically on youth reactions to this tragedy for three reasons. First, there are many requests for information coming into APA, State Psychological Associations, and individual APA members centered around how to talk to youth about Tuesday's events. Second, many APA members involved in the Warning Signs component of the Public Education Campaign have already developed relationships with their local schools, which would enable them to use these materials quickly. Third, by facilitating youth discussions, psychologists can provide a tangible and needed service in their local communities, without overwhelming disaster response centers that may already have more volunteers than they can work with. Materials for psychologists are available on our website [http://www.apa.org/practice]. The web-based resources include a cover memo outlining the purpose of the materials, a discussion guide for use by psychologists,

a list of Internet resources as background materials, suggested steps for reaching out to local schools, and 'Reactions and Guidelines for Children Following Trauma/Disaster.' For those who are not involved in either the DRN or the Public Education Campaign, the materials suggest you contact your State Psychological Association so that they know of your interest in these activities.

"Also, we have received many offers from members interested in volunteering with APA's Disaster Response Network, which works in conjunction with the American Red Cross. The APA does not operate an independent disaster response initiative. Therefore, those interested in volunteering should contact your local Red Cross Chapter, keeping in mind that one must hold a current license and that the Red Cross typically requires prior training. Finally, APA's website, as well as our HelpCenter [http://www.helping.apa.org], provides information useful to the general public on this topic. The HelpCenter documents include 'Coping with Terrorism', geared specifically towards reactions to terrorist events and 'Managing Traumatic Stress', a general brochure about common reactions.

"The APA State Associations have begun collaborative efforts with the Red Cross in 41 states, as have the Provincial Psychological Associations in Canada. There has been an outpouring of volunteers particularly in New York, New Jersey, and at the Pentagon. Psychologists trained in critical incident stress debriefing have begun providing services within hours of the incidents to survivors, family members, and rescue workers in New York; New Jersey; Virginia; Western Pennsylvania; at the airports in Boston, Los Angeles, San Francisco, Toronto; at the Pentagon; and elsewhere."

APA's institutional response to the public media requests during the first week included, 66 inquiries from the media; 264 psychologists have spoken to print, radio and television reporters as a result of these referrals, which according to CEO Ray Fowler is unprecedented. APA members were quoted in the New York Times, The Wall Street Journal, The Washington Post, and USA Today, Friday morning alone. A national radio feed featuring an interview with President Norine Johnson was recorded and fed on Wednesday afternoon. FOX News will be directing viewers to the APA website via an on-scene message throughout the weekend. Former APA Congressional Science Fellow, Paul Eckert, informed us that the National Register has established a website listing of 1,000 psychologists wishing to be of assistance. Ray further reported that offers of help and support have been received from around the world, including from colleagues and psychology organizations in Canada, Mexico, India, and Belgium. All of us should be truly proud of the heroic efforts of our Association and our profession in response to this national tragedy. Mahalo.

DIVISION 29 CONVENTION SYMPOSIA

Presidential Address

Barbara Bonner presents her research on Children with Sexual Behavior Problems

Training for Healthy Psychological Practice

James Guy, John Norcross, Nadine Kaslow, Linda Forrest, Karen Saakvitne

Incorporating Self-Help into Psychotherapy

Janet Wolfe, Ed Zuckerman, Tom Smith, Linda Campbell, Danny Wedding, John Norcross, Robert Sommers

Rosalee G. Weiss Lecture

Honoree and Presenter James O. Prochaska, Ph.D.

Matty Canter and Irene Deitch receive recognition for their years of service on the Division 29 Board of Directors from John Norcross

FEATURE

Psychotherapy With African-Americans and Other Americans

Roderick W. Pugh, Ph.D., ABPP
Professor of Psychology, Emeritus
Loyola University of Chicago

Two recent articles in this journal have joined the ranks of published concerns regarding the present readiness of professional psychology to deliver appropriate and adequate services in cross-racial and cross-cultural research, assessment, and treatment situations. The first article, D. E. Williams (2001), "Psychotherapy with African Americans," appeared in the Winter issue. That was followed by M. G. Constantine (2001), "Multicultural research in psychotherapy supervision: Current status and future directions," in the Spring issue. Further, APA has by now convened two annual National Multicultural Conferences and Summits, the first held in January, 1999 (Chin, 1999). APA also is currently distributing an educational pamphlet by M. Feinberg entitled "Racism and Psychology." All of this is against the backdrop of *Newsweek*'s feature article last September, "The new face of race" (Meacham, 2000), and *Time*'s feature this June, "Welcome to Amexica" (Roche, 2001). Further, there have been a number of other scholarly research-oriented articles such as Sue's (1999) "Science, ethnicity, and bias: Where have we gone wrong?" Then finally in this listing is another by Dumas and Rollock, et al. (1999), "Cultural sensitivity: Problems and solutions in applied and preventive intervention," which, in my opinion, is a standout and a must-read for its usefulness for both practicing clinicians as well as those primarily involved with research.

Obviously something of considerable importance is brewing in our land which Psychology, as a scientific and professional discipline, cannot afford to take lightly. "Racially" speaking and "culturally" speaking, our society is in the midst of change at a pace beyond previous experience. The progressive commingling of peoples and cultures is, in fact, a global phenomenon not limited to these United States. It rides on the back of persistent technological advancements in verbal communication and physical mobility. Eventually all peoples and cultures will be affected and changed. The resultant consequences will be multidetermined and multidirectional. We have become aware of being in the midst of a bit of the persistent flow of evolutionary social processes which previously, when the pace was slower, was not so easily recognized as taking place before our very eyes, so to speak. Personally, I find this state of affairs both challenging and exciting, despite the relevant events of September 11, 2001.

Jackson & Jones (2001) recently concluded that: "For better or worse 'race' has perhaps been the most ongoing significant factor in the history of American Society" (p 1). They note that "race" essentially determines our way of being by way of its influencing our laws and politics, where we select to live, where we educate our children, where we worship, and how we relate to each other in general. They note as well the dependable correlation between racial statistics and inequalities in socioeconomic and educational status such that in 1941, at the start of WWII, approximately ninety percent of African Americans "lived in poverty" (p 3). Most importantly, they underscore that we are now confronted with the necessity of relinquishing the more simplistic black/white view of our population in keeping with today's reali-

ties. It was not until 1970 that Hispanics were identified as such in the U.S. census. But current projections by these authors and other sources indicate that by the year 2010 Hispanics, Asians, and Native Americans together will outnumber African Americans. Thus the traditional biracial concept of the U.S. population is even currently no longer applicable.

We are now veritably a multiracial and multicultural society. This spells out the circumstances and the challenge of the present and future to which psychology as a science and profession must address itself. The question being asked is: What is our potential for justifying the support, trust, and confidence of today's multiracial and multicultural population in terms of our theories, our research methods, our educational initiatives, and our clinical competence to serve such a population?

The attention currently being given to this situation, as outlined above, is only a beginning. Our efforts must be continuous and progressively refined. As of now the recruitment and training of psychologists drawn from all these populations and cultures must have top priority. Our graduate offerings in research methodology, clinical practica, and internship training must be increasingly relevant for the population realities which determine the real life contexts in which we function. We must also face the fascinating probability that fifty to one hundred years from now that reality will have again changed. But as of today, what can the individual practicing clinician make of this whose graduate training may have had little or no meaningful focus on the delivery of services in cross-racial or cross-cultural settings? Let me review a few observations from my own clinical experiences which I have found of value. The matter of providing psychotherapeutic services in cross-racial or cross-cultural situations was essentially not on the table when I was a graduate student. Therefore, I am self-taught with regards to these interventions which are now of growing importance. My career has spanned a little more than fifty years. Officially I am now supposed to be retired (!).

I am an African American male. Professionally I identify as an academician and dedicated psychotherapist who specializes in work with the adult individual. My motivation for studying psychology derived from an early and continuing curiosity about human behavior. Participating in the psychotherapeutic endeavor provides not only the rewarding experience of responding to another who is seeking assistance, but additionally it provides a productive vantage point from which to observe, study, and develop hypotheses about human behavior, about the human behavior change process, and about the potential of the genuine and positive client-therapist relationship for facilitating successful behavior change outcomes in psychotherapy.

In the role either of instructor or psychotherapist I have been actively interested in working with persons regardless of their racial or cultural identities. Cultures are differentiated principally by the social contingencies (interpersonal, verbal, and visual) which characterize them. Work which I consider "cross-cultural" involves persons who have grown up in circumstances or societies characterized by behavioral or social contingencies which are foreign to me and my experience. Generally, I view work involving the typical European American or "white" person as "cross-racial" more than "cross-cultural." By the time an African American in this country has progressed through graduate education to the doctoral level he or she is quite familiar with the dominant "culture" in this society, has had to adapt to it, and in fact has become a product of it. However, because racism has been such an identifying feature of our social experience, white persons and black persons who have grown up at the same time, in the same

village or city, and have attended the same schools will have had some quite different individual experiences. Taking this a bit further, under these circumstances and broadly speaking, the white person in our society generally will not have had as much exposure to that which is rather specific to African American "culture" as the black person has had to that which is specific to the European American "culture."

When I began a part-time private practice in psychotherapy in the late fifties, I let it be known that I placed no restrictions on referrals in terms of racial or cultural identity, and my office location was chosen with that in mind. On the other hand, because of the realities of our society, I did prefer that referred clients know in advance that I am an African American professional. I honored my deceased father, who was unmistakably African American, by placing his picture on the wall of my reception room so that any persons entering, should they not have known beforehand, would then have an indication, before seeing me for the first time, that this is the office of an African American.

Because cross-racial and cross-cultural work has demands of its own beyond those routinely associated with conducting psychotherapy, from my point of view it is advisable that professionals who lack interest in cross-racial and cross-cultural work not be in positions that might force them to attempt it.

My cross cultural experiences in psychotherapy have involved an interesting spectrum of persons, some in this country temporarily from Africa, China, and Japan, and others who have been U.S. citizen members of the Asian American and Hispanic American cultural subgroups. Additionally, I have worked with members of two different orthodox religious groups. Regarding a client's group affiliation or identity, a therapist has to be mindful of the possibility that at least some of a client's presenting anxiety may be reactive to known or anticipated effects the client's adapting to a new and different culture may have on relationships with significant others who continue to live in or adhere to the customs of the native culture.

First and foremost, in all instances my approach to the client presenting for professional assistance is characterized by Rogerian "unconditional positive regard" (Rogers, 1961). This concept has been one of Rogers' most durable and valuable contributions to psychotherapy. Such a level of respect for the person of the client (though a person beset with problems) is, in my experience, a prerequisite in all instances of psychotherapy for progressively involving the client in a productive working relationship. Further, the importance of the therapist's genuineness or "realness" (as contrasted with pretend or put-on) cannot be overstated. It is my longstanding experience that these two therapist variables, unconditional positive regard and genuineness, over and above the therapist's particular theoretical orientation, are highly related to successful treatment outcome. Therapists with these characteristics may also be more open to themselves and, therefore, better prepared to monitor prejudicial influences which could derive from cultural preferences and biases, which all of us have.

In cross cultural psychotherapeutic relationships I find that it is most productive to be totally honest and open about one's limited knowledge of the client's native culture, if that is the case. I frankly admit to the client that in this regard our work together will be an educational experience for me and that this will account for requests for clarification of certain behaviors, events, and experiences which would be unnecessary were our cultural backgrounds the same. Fortunately this has always been understood and well accepted by the client.

Now for a bit of a switch. Beyond the foregoing, the theoretical principles which

guide my work, broadly speaking, are derived from behavior analysis. Ordinarily, such principles are applied towards understanding how the client's past learning history may be contributing to current problems in living as they manifest themselves in the context of the client's interpersonal contingencies. In that case the client is assisted in understanding the source and nature of the problem, how this relates to the client's current role and experiences in his or her interpersonal environment, and what alternate behavioral strategies seem appropriate for the client to learn and employ in order to move towards constructive change, including, if indicated and feasible, a change of some sort in interpersonal environments (see Kohlenberg & Tsai, 1991).

In cross racial or cross cultural work, or in my case simply work with African American clients, this assessment may occasionally take on added complexity for there is an increased probability in such instances that the client possibly may be subject to an oppressive set of circumstance tied to some social or political system or authority which he or she may have little or no immediate possibility of influencing and or leaving. Thus, the need may be to devise the best possible strategy for the client's extended survival rather than a plan to affect tangible change in the prevailing social contingency situation in the immediate or foreseeable future. It so happens that was the kind of situation that I along with a thousand other African American soldiers of the Quartermaster Corps found ourselves in while serving our country in the then segregated army during World War II (see Pugh (1972), Ch. 6). The post war Civil Rights movement was a collective effort on the part of citizens to achieve corrective action pertaining to the long-standing oppressive social and political circumstances which that army experience also represented.

Finally I would like to offer briefly some clinical observations about changes in African American utilization of psychotherapy from the late forties to the present. My doctoral internship training took place roughly between 1947 and 1949 in the largest Veterans Administration General Medical and Surgical Hospital in the V.A. system located just outside Chicago. At that time this particular facility treated male veterans only. I was in the first wave of graduate students to benefit from the V.A.'s new training program in clinical psychology. In that setting at that time African American veterans were noticeably more reluctant to participate in either individual or group psychotherapy than were the European American veterans. My assumption has been that African American veterans were then much less secure than other veterans about genuine self-disclosure which these new treatment programs encouraged, particularly in a predominately white governmental setting. This is easy to understand in that the past learning histories of African Americans in this country entailed no instances that I know of when such behavior in such a setting had been either expected or positively reinforced. In some southern states such behavior might even have had a tragic ending.

My part-time private practice was established in 1958. During the first couple of years or so the majority of my referrals were white clients, which was related to the fact that my full-time employment was in an essentially white setting. However, as the civil rights movement began to gather steam there was a progressive decrease in the number of white clients seen and a progressive increase in the number of black clients seen. That trend continued until eventually by the early seventies the overwhelming number of clients seen were African American and that continued until my retirement in 1999. However, there was yet an additional development which I found especially intriguing: during the last three to five years of my practice the majority of my clients were African American males! This was nothing I had planned

and my view is that it reflected an interesting self-selection on the part of the clients.

This pertains to an interesting and relevant hypothesis in terms of the subject of this article: I have observed that the more I have in common with a client the more assured I feel about my understanding of that client. This refers to the urgency of our recruiting future psychologists from across the board of racial and cultural groups in this country. Since I am an African American male I do find it easier to feel secure about my level of understanding of the African American male client. I am happy to say that I have worked very well with a variety of other clients some of whom have achieved exceptional successes in their efforts in terms of my observations and experience as a psychotherapist. But as my retirement approached it seems that some special word must have gotten around among African American males who were interested in psychotherapy for themselves. Times do change and, interestingly, patterns of behavior change with them.

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BIOGRAPHICAL/CAREER SUMMARY

Roderick W. Pugh, Ph.D., ABPP
Professor of Psychology, Emeritus
Loyola University of Chicago

As stated in the accompanying article, I am a retired academician and dedicated psychotherapist who has specialized in work with the adult. I was fortunate to have developed an interest in and curiosity about human behavior as a child. Consequently, by the time I was in mid-high school I had decided on psychology as a career, which in 1934 was something unusual for any kid, and especially an African American one. I was born in Richmond, Kentucky, in 1919, but my family relocated to Dayton, Ohio, where I grew up from age ten.

I am very active in the alumni association of my undergraduate school, Fisk University, Nashville, an Historically Black College where I spent four of the most important years of my life. Later I served on its Board of Trustees from 1968-1978. Currently, Al Gore is offering a course there!

Fortunately Carl R. Rogers was my faculty advisor throughout my graduate education, first at Ohio State where I did a master's, and then at the University of Chicago where I did my doctorate. When I was discharged from the service after WWII I was one of a number of Roger's students who followed him to Chicago from OSU, so this is how I find myself still in Chicago! My work has been highly influenced by my training with Rogers; however, for many years now my theoretical preference by and large consists of the principles of behavior analysis as applied in the usual circumstances of everyday life.

On completing my graduate training I was offered a staff position at Hines V. A. Medical Center where I had done my internship. I continued there for seventeen years where I primarily coordinated the clinical psychology internship program and progressively developed my own skills as a psychotherapist while also carefully monitoring the progressive developments in the research literature. In 1958 I established a part-time private practice in psychotherapy.

In 1966 I joined the faculty of Loyola University of Chicago's doctoral clinical program where my teaching responsibilities covered the theories and practice of psychotherapy, this while also continuing my own part time practice. A focus throughout my career has been the development of tenable hypotheses about human behavior and the human behavior change process. I retired from Loyola University in 1989 and from my private practice in 1999. However, as busy as I keep myself doing things like this, I really don't feel retired—but I enjoy every minute of it!

1 out of 2 are great odds at a casino, but not when it comes to the risk of disability.

Trust LifeStyle Plans Feature:

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What are my chances of being disabled?

Much greater than you ever imagined! According to the American Society of Actuaries, it's greater than the risk of death between ages 25 and 65 *at every age*. Chances are *one in two* that a 30-year-old will be disabled for more than three months before age 65. It's not a risk to ignore, especially when it seems everyone is depending upon you for their financial well-being.

Who would the family turn to?

When you aren't able to work due to a serious illness or injury, who will pay the mortgage, taxes, car payments, college tuition and other expenses? Federal Housing Administration statistics show that 46% of all mortgage defaults are due to disability.

Don't gamble with your financial future. LifeStyle Plans* are a sure thing!

A practitioner at age 40 can replace $5,000 of monthly salary for just $166 quarterly.** It costs so little to protect your family. If you break an arm or a leg, it won't cost you both to stay on your feet with Trust Income Protection LifeStyle Plans.

* Coverage is individually underwritten. Policies issued by Liberty Life Assurance Company of Boston, a member of Liberty Mutual Group. Plans have limitations and exclusions. For costs and complete details, call the number listed below.

** LifeStyle-65 Plan, 90-day elimination period.

1-800-477-1200 THE TRUST **www.apait.org**

THE BROCHURE PROJECT

Exciting Changes, Exciting Opportunities

By Kalman M. Heller, Ph.D.

Over the past few years, Divisions 29 and 42 had collaborated in the development of a series of eight brochures for practitioners to use to encourage the public to "Talk to Someone Who Can Help." To date, over 80,000 brochures have been sold, with numerous repeat orders. Clearly, psychologists find the brochures a valuable tool for educating the public and promoting their services. However, many of you who work in multidisciplinary practices told us you needed brochures that did not promote only psychologists. You requested this in order not to slight your colleagues from other disciplines. The Division 29 Brochure Project has done just that. We have created an additional generic series of the same brochures by simply substituting terms such as "Licensed Mental Health Professional" or "Licensed Therapist" for "Psychologist." Now those of you who work in multidisciplinary practices can also use these very successful brochures.

AND…we have even more exciting news. Through the generosity of Celltech Pharmaceuticals, The Brochure Project, now under the sole leadership of Division 29, developed two new brochures, *Attention Deficit Hyperactivity Disorder in Children and Adolescents* and *The Hidden Problem: ADD/ADHD in Adults.* A sample of each is included in this issue of the Bulletin and I'm sure you will be impressed with the exceptional quality of these brochures. Many thanks to the Brochure Project Director, Alice Rubenstein, Publication Coordinator, Abe Wolf, and to authors Robert Resnick and Alice (she is a very busy person). Yours truly is pleased to have contributed both as an author and as Marketing Coordinator. Finally, special thanks to Tracy Martin for turning our ideas into an actual set of brochures that were available for distribution in time for APA.

So what does all this mean to those of you who offer psychotherapy services in any setting? Brochures are one of the least expensive and most effective means of promoting your services. Whether you are in a solo practice, group practice, a clinic or hospital setting, there is a place on the back of the brochures where you can imprint information on how the reader can contact you. Brochures in waiting rooms help current patients learn more about your services, perhaps even a service that they didn't realize you and/or a colleague offered. Often patients will take a brochure home to a friend in need.

Psychotherapy is an intangible and hard to describe service. The fact that it can't be seen or touched before being used is one key reason for the under-utilization of therapy. Anything you can do to make your services more tangible helps overcome people's anxiety about the risk of the unknown. Brochures help to accomplish this goal.

The role of brochures in promoting your practice is varied and effective. They are an excellent handout when you give a presentation. People may hold on to them for years, calling when the need finally arises. They may also help to spur a phone call that is already on your voice mail by the time you return to your office! Brochures are excellent inclusions in a targeted mailing, giving the recipient something helpful and impressive beyond just a letter. Similarly, at the end of a face-to-face meeting with a potential new referral source,

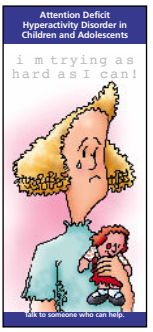
handing out a brochure along with your business card is going to leave a more lasting impression. Physicians are often willing to put a handful on display as are other potential resources, e.g., a local Children's Museum, a private preschool or day care center, a place of worship, or in the workplace. Employee Assistance Program professionals often like to be able to hand something tangible to an employee in need instead of just giving out a name. A modest investment that has so many uses makes brochures an essential component to the promotion of any practice.

Of equal importance is that these brochures are as much about public information as they are about practice development. There is valuable information in each brochure that will raise awareness of readers and encourage them to seek help when necessary. We strongly encourage you to give serious thought to the value of purchasing and distributing these brochures. To make it easier for you, we not only included an order form in this Bulletin, but we now have a website, www.thebrochureproject.org, where you can explore the content of the brochures in detail. Please take a look. We are certain you will find a brochure that addresses at least one topic that would benefit both you and your community.

For more information on The Brochure Project, see ad and order form on page 42!

THE BROCHURE PROJECT
is pleased to announce exciting changes and additions

The "Talk to Someone Who Can Help" series has been an exceptional success. Over 80,000 have been sold and many psychologists continue to reorder, giving us a clear message that those who use them value them. And now, in response to the requests from psychologists in multidisciplinary practices, we have created a generic series. Thus all of the original eight brochures are currently available in two formats, one using the term "Psychologist" and one using either "Licensed Mental Health Professional" or "Licensed Therapist." Now everyone can use these exciting brochures.



But the good news doesn't stop there. With a generous grant from Celltech Pharmaceuticals, we developed two new brochures (in the generic format only): *Attention Deficit Hyperactivity Disorder in Children and Adolescents* and *The Hidden Problem: ADD/ADHD in Adults.* These expanded, 8-panel brochures are exceptional additions to the Brochure Project providing valuable information to the public about this disorder and the role of mental health professionals in treating the problem.

To make it even easier for you to decide which brochures can help your practice as well as help educate the community, you can now go to ww.thebrochureproject.org to see each brochure in more detail.

THE BROCHURE PROJECT SERIES

Aging Today • Attention Deficit Hyperactivity Disorder • Breast Cancer • Heart Disease
Managing Difficult Behavior in Children • Psychotherapy with Children and Adolescents
Separation and Divorce • Serious Illness • Attention Deficit Hyperactivity Disorder in Children and Adolescents • The Hidden Problem: ADD/ADHD in Adults

ORDER FORM *(Please print)* **Prices & Quantities** (PRICES SUBJECT TO CHANGE)

Please check one of the boxes below		Per 50	Per 50 with Imprint	500	500 with Imprint
Division 29/42 Member	❑	$30	$45	$240	$300
APA Member (Not member of 29/42)	❑	$40	$55	$265	$325
Non-Psychologist	❑	$45	$60	$290	$350

Please Check One:
❑ Psychologist Version
OR
❑ Mental Health Professional Version

BROCHURES ARE SOLD ONLY IN LOTS OF 50. ABOVE PRICE PER QUANTITY IS FOR THAT QUANTITY OF SAME BROCHURE.

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Please indicate the type and number of brochures to be purchased.

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❑ Breast Cancer _____
❑ Heart Disease _____
❑ Aging _____
❑ Difficult Children _____
❑ Psychotherapy with Children and Adolescents _____
❑ Serious Illness _____
❑ Attention Deficit Hyperactivity Disorder _____

❑ Check here if you would like an imprint. Indicate how your information should appear on the brochure:
(Print legibly or type)

_____
_____
_____
_____

Amount due* $ _____
❑ Payment enclosed
❑ VISA ❑ Mastercard

***MERCHANDISE SURCHARGE**
Please add 25%to orders shipped outside the United States

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Expiration Date _____

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Please return to: ***The Brochure Project***, 6557 E. Riverdale, Mesa, AZ 85215. Call (480) 854-8950 for additional information.

THE BROCHURE PROJECT • The Division of Psychotherapy (29) • American Psychological Association

APA COUNCIL OF AUGUST 2001 ACTIONS AND REFLECTIONS

by Jack G. Wiggins, Ph.D. A Division 29 Council Representative

The tragedies of the attack on the United States dwarf the actions of the APA Council in August, making them seem like amoebic movements towards perfection and paradise. Yet, Council did a yeoman-like job and President Johnson, in her "stick to the schedule style," was firmly in command of the proceedings. In the light of recent events, it is ironic that the item on the Coordination of Trauma Activity within APA was postponed until August 2003 in order develop an interdivisional plan. The valiant efforts of our Disaster Response Network with the Red Cross and State led Disaster Teams underscore how important this activity is to our nation, our profession and the association. It is time to re-examine this issue and Council is doing its job. Jon Perez, Ellin Bloch and Ellen McGrath developed a powerful Trauma Response to Operation Desert Storm for Division 29 and perhaps this needs to be reactivated.

Council meetings rarely have a central theme and this was no exception. There were certain routine items such as approval of the 2002 Preliminary Budget and housekeeping changes to the association rules to cope with regulation and technology developments. There was also approval of a Net Worth Allocation Plan to guide boards and committees to develop financial plans to achieve Council approved goals. This was coupled with the 2002-2004 Financial Forecast. Although APA resources are strained, APA's financial foundation remains sound despite the downturn in the economy and a small reduction in membership. This membership reduction is due to the anticipated plateauing effect of the growth curve in membership during the second half of the 20th century. Membership recruitment and retention is a major topic of discussion for Council for both financial and political reasons. Council approved an Affiliate Membership category for teachers at 2 year colleges. Further action on member retention and recruitment was postponed until February 2002. Phil Zimbardo is considering a proposal to create a Friends of Psychology "club" for college graduates who majored in psychology.

The shortened convention for 2002 and the formation of "Clusters" of Divisions with similar programming interests was presented. This proposal met with mixed emotions and got mixed reviews from Council. It generated many questions and Council put a review process in place for evaluating the effects of this "clustering" on the 2002 convention.

Representation to Council is a perennial hot topic initiated by groups who feel underrepresented. Council approved a Modified Wildcard Plan to give representation to all states and Divisions while maintaining the same balance in representation currently present between States and Divisions. It is much too complicated to explain in space available here. It will be coming to the membership to act upon as a Bylaw revision. Your Division 29 Representatives Ron Fox, Matty Canter and myself actively supported this plan.

Another Council action was to approve a plan to increase ethnic minorities participation on Council by APA reimbursing Divisions, State or Provincial Associations for representatives who are ethnic minorities and who are elected during the years 2002 and 2004. This clearly is a part of the diversity movement within APA. A Bylaw amendment is necessary for this proposal.

A third Bylaw revision proposal was adopted to remove the restriction for Council to consider a Petition for a new Division only at its midwinter meeting. The change in APA election cycles enacted some six years ago have made this midwinter petition requirement an unnecessary impediment to implement a new Division. Council adopted this proposal and referred it to the membership for approval.

Council referred a motion to have an APAGS representative on the Board of Directors to the B/D.

Council approved the Petition for a Proficiency in Psychopharmacology. This will allow the APA College of Professional Psychology to certify psychologists who have completed their training and having passed its national examination. This is expected to be of significant legislative importance in seeking prescriptive authority. This action was taken even before Russ Newman presented his update on prescriptive authority. Council also recognized Forensic Psychology as a Specialty and renewed the Proficiency of Treatment of Alcohol and Other Psychoactive Substance Disorders. Council also approved the Criteria for Practice Guideline Development and Education as part of its attention to scope of practice issues.

Council approved 137 new Fellows of the Association. There were no new Fellows from Division 29. It also approved the revision of the Distinguished Profession Contribution Awards.

Council politely discussed the Report of the Task Force Envisioning, Identifying and Accessing New Professional Roles for psychologists. It debated at length about the Death Penalty and passed a substitute motion which states: "Therefore be it resolved that the American Psychological Association calls upon each jurisdiction in the United States that imposes the capital punishment not to carry out the death penalty until the jurisdiction implements policies and procedures that can be shown through psychological and other social science research to ameliorate the deficiencies identified above." The deficiencies were identified by research to in the areas of inadequate counsel, investigative services, DNA proof of errors in sentencing, possible racist factors, lack of understanding of mental illness or mental retardation, etc.

There was the usual flurry of motions and frantic appeals for last minute actions but for the most part Council was civil, collegial and considered items with reason and dispatch. It adjourned on time. Your Council Representatives Matty Canter, Ron Fox and myself, like other Council members, then quickly scurried to other scheduled engagements at the convention.

DIVISION 29 MEMBERS GATHER AT AWARDS CEREMONY

Karen Calhoun, Tom Korkovec, Jim Calhoun, Georgia Calhoun, Alan Campbell

Ellen and Kal Heller

Susan Corrigan and
Jan Culbertson

Shelley Riggs, Roberta Nutt, Pat Bricklin

Seaborn Dock, Robin Dock, Carl Settles

Richard O'Leary, Larry Beer, Lisa Firestone

AMERICAN PSYCHOLOGICAL FOUNDATION

Randy Gerson Memorial Grant

The American Psychological Foundation (APF) announces the Randy Gerson Memorial Grant to be given in 2002. For the 2002 cycle of the grant, professional academicians or practitioners are invited to apply. The grant has been created to advance the systemic understanding of family and/or couple dynamics and/or multi-generational processes. Work that advances theory, assessment, or clinical practice in these areas shall be considered eligible for grants through the fund.

Projects using or contributing to the development of Bowen family systems theory will be given highest priority. Priority also will be given to those projects that serve to advance Dr. Gerson's work

Gerson, R. (1995), The family life cycle: Phases, stages and crises. In R. Mikesell, D. Lusterman, and S. McDaniel (eds.), *Integrating Family Therapy*, Washington, D.C.: APA
Gerson, R. (1996) Family systems theory and Imago Therapy: A theoretical interpretation. *Journal of Imago Relationship Therapy*, 1, 19-41.
Gerson, R., Hoffman, S., Sauls, M., & Ulrici, D. (1993). Family of Origin Frames in Couples Therapy. *Journal of Marital and Family Therapy*, *19*, 341-354.
McGoldrick, M., Gerson, R. & Shellenberger, S. (1999). *Genograms Assessment and Intervention*. New York: W.W. Norton.

WHO IS ELIGIBLE:

Applicants from a variety of professional or educational settings are encouraged to apply. Awards will be given in alternate years to students and professionals. The 2002 grant will go to a professional academician or practitioner.

APPLICATIONS MUST INCLUDE:

- Statement of the proposed project
- Rationale for how the project meets the goals of the fund
- Budget for the project
- Statement about how the results of the project will be disseminated (published paper, report, monograph, etc.)
- Personal reference material (vita and two letters of recommendation)

Applicants must submit seven (7) copies of their entire application packets. Send application packets by February 1, 2002, to the APF Awards Coordinator (address below). Applicants will be notified by March, 15, 2002.

Amount of Grant: $5,000.00 **Deadline: February 1, 2002**

FOR ADDITIONAL INFORMATION:

Contact the Awards Coordinator/Gerson, 750 First Street, NE, Washington, DC 20002-4242. Telephone: (202) 336-5814. Internet: foundation@apa.org.

The APF encourages applications from individuals that represent diversity in race, ethnicity, gender, age, and sexual orientation.

THE DIVISION OF PSYCHOTHERAPY

31st Annual Mid-Winter Convention

February 22–24, 2002

Chaparral Suites Resort
5001 N. Scottsdale Road
Scottsdale, Arizona

2002 Mid-Winter Committee Members

Matty Canter, Ph.D., Chair
James Bray, Ph.D.
Jon Perez, Ph.D.
Ron Fox, Ph.D.
Robert Resnick, Ph.D.
Walanda Walker Smith, Ph.D.
Jack Wiggins, Ph.D.

2002 Mid-Winter Convention Meeting Registration Form

Detach, complete and return payment in full amount to:

Division of Psychotherapy
2002 Mid Winter
6557 E. Riverdale St.
Mesa, Arizona 85215
(602) 363-9211

Name _____ Degree _____

Address _____

City _____ State _____ ZIP_____

Telephone (_____) _____

Email _____

METHOD OF PAYMENT

❑ Enclosed is check/money order for $_____

❑ Please charge $_____ to my ❑ VISA ❑ MASTERCARD

Card # _____ Exp. Date _____

Signature _____

REGISTRATION FEES

❑ **Full Registration**
(Friday, Saturday, and Sunday)
Division 29 Member $200
Non-members $250

Includes all workshops, continuing education credits for all workshops attended, welcoming reception on Thursday evening, Friday reception (with the poster session), lunches Friday and Saturday, and a coffee and dessert reception Saturday evening. If you would like to join Division 29 and get the member registation rate, please contact the central office for a membership form, and submit it along with your registration form.

❑ **Single Day** 29 Members $125
Non-Members $150
choose one ❑ Friday ❑ Saturday

❑ **Sunday only** 29 Members $35
Non-Members $50

Includes all workshops held on that day only, continuing education credits for all workshops attended, and any other social events on that day.

❑ **Student Registration**
$125 (Friday, Saturday & Sunday)
Some scholarships will be available.

❑ **Spouse/Guest Registration**
$75, includes lunches and receptions.
$25 for receptions only.

Name of Spouse/Guest:

_____

_____

REGISTRATION POLICIES

Meeting registration is required for admission to all sessions and receptions. **Absolutely no refunds after February 1, 2002**. Cancellations prior to February 1 will be assessed a $20 processing fee. Pre-registration will end on February 15th. After that, please register on-site

2002 Mid-Winter Convention Schedule of Programs

THURSDAY, FEBRUARY 21ST

5:00 pm – 9:00 pm — Registration
Conference Center West Foyer

8:00 pm — Welcoming Reception / No Host Bar
Kiva I and II

Many of our speakers and Board members will attend the Welcoming Reception, and we look forward to meeting you there.

FRIDAY, FEBRUARY 22ND

8:00 am – 9:00 am — Continental Breakfast and Registration
Conference Center West Foyer

9:00 am – 12:00 pm

- **Sex, Lies, and Headaches: Issues of Gender and Power in Therapy**
  Rachel Hare-Mustin, Ph.D.
  Mohave I and Kiva I
- **The Actual: Bridge to the Future**
  James T. Bugental, Ph.D.
  Mohave II and Kiva II
- **Primary Care Psychology: Applications of Psychotherapy**
  James H. Bray, Ph.D.
  Mohave III and Kiva III

The morning sessions will break at approximately 10:30 am

12:00 pm – 1:30 pm — Luncheon — West Patio

1:30 pm-4:30 pm

- **Treating Marital Infidelity**
  Don-David Lusterman, Ph.D.
  Mohave I and Kiva I
- **An Overview of Psychotropic Medication with an Antidepressant Emphasis**
  Dan Egli, Ph.D.
  Mohave II and Kiva II
- **EMDR and Information Processing: Alleviating the Effects of Trauma**
  Francine Shapiro, Ph.D.
  Mohave III and Kiva III

The afternoon sessions will break at approximately 3:00 pm

5:00 – 6:30 pm — **Poster Session with No Host Bar**
Paloma I - III

SATURDAY, FEBRUARY 23RD

8:00 am – 9:00 am — Continental Breakfast and Registration
Conference Center West Foyer

9:00 am – 12:00 pm

- **Updating the Principles and Practice of Rational Emotive Behavior Therapy (REBT) and Cognitive Behavior Therapy (CBT)**
  Albert Ellis, Ph.D.
  Mohave I and Kiva I
- **Are You Ready for a Wholesale Transformation?**
  Alvin Mahrer, Ph.D.
  Mohave II and Kiva II
- **American Psychological Association Insurance Trust***
  Dr. Jeffery Younggren
  Mohave III and Kiva III

The morning sessions will break at approximately 10:30 am

12:00 pm – 1:30 pm — Buffet Luncheon
West Patio

1:30 pm – 4:30 pm

- **From Smoking to Smoking Cessation: Building Your Own Program**
  Gary DeNelsky, Ph.D.
  Mohave I and Kiva I
- **Time-Limited Dynamic Psychotherapy: Making Every Session Count**
  Hanna Levenson, Ph.D.
  Mohave II and Kiva II
- **American Psychological Association Insurance Trust** (continuation of the morning session)*
  Dr. Jeffery Younggren
  Mohave III and Kiva III

**Special Note: You must attend both morning and afternoon sessions of the Insurance Trust workshop to receive Trust credit.*

The afternoon sessions will break at approximately 3:00 pm

9:30 pm — Coffee and Dessert Reception
Ramada Circle and East Ballroom

SUNDAY, FEBRUARY 24TH

8:30 – 11:30 am

- **Couples and Family Play Therapy**
  Nadine J. Kaslow, Ph.D., ABPP
  Mohave I and Kiva I
- **Assessment, Therapy and Ethical Issues in Working with Older Adults**
  Norm Abeles, Ph.D.
  Mohave II and Kiva II
- **When Terror Strikes: Working with Children, Families, and Communities**
  Jon Perez, Ph.D.
  Mohave III and Kiva I

Hotel Registration Form

HOTEL REGISTRATION FORM
To reserve your room, please complete the Hotel Reservation Form and mail to:

Chaparral Suites
Attn: **RESERVATIONS**
5001 N. Scottsdale Rd.
Scottsdale, Arizona 85250

***Or call* (480) 949-1414**. Be sure to mention that you are with the Division of Psychotherapy Mid Winter Convention to be assured of the convention rates.

Division of Psychotherapy Mid-Winter 2002 Convention

Name _____

Address _____

City _____ State _____ ZIP_____

Telephone (_____) _____

Email _____

Check one: ❑ Single $169 + tax ❑ Double $179 + tax

Arrival Date _____ Arrival Time _____

Departure Date _____ Departure Time _____

Chaparral Suites has a free airport shuttle. Call (480) 949-1414 upon arrival

Reservations will not be guaranteed without a credit card.

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Chaparral Suites Hotel offers 311 two-room suites designed to make your stay comfortable. Each suite has a private bedroom and spacious living room so you have the space you need to work or relax. Every suite features many extras such as two vanities, hair dryer, iron/ironing board, two remote controlled TVs, microwave oven, voice messaging, internet access, in-room movies and coffee makers. Several options are available for upgraded suites.

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ISN'T THIS WHERE YOU BELONG?

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!
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JOIN DIVISION 29 AND GET THESE GREAT BENEFITS:

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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.

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