Psychotherapy

OFFICIAL PUBLICATION OF DIVISION 29 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

BULLETIN

In This Issue

Collaborative Practice Between Psychologists and Primary Care Physicians: Marketing Your Practice

The Impact of Psychotherapy Supervision on Client Outcome: A Critical Examination of Two Decades of Research

Attachment and the Psychotherapy Relationship: Client Attachment to the Therapist and Transference

Proposal for a New DSM Diagnostic Category: Political Apathy Disorder

2004 Nominations Ballot

VOLUME 37 NO. 4 FALL 2002

Division of Psychotherapy ■ 2002 Governance Structure

OFFICERS

President
Robert J. Resnick, Ph.D., 2002-2003
Department of Psychology
Randolph Macon College
Ashland, VA 23005
Ofc: 804-752-3734
Fax:804-270-6557
Email: rjresnic@hsc.vcu.edu

President-elect
Patricia M. Bricklin, Ph.D. 2002-2004
470 Gen. Washington Road
Wayne, PA 19087
Ofc: 610-499-1212
Fax: 610-499-4625
Email: pmb0001@mail.widener.edu

Secretary
Abraham W. Wolf, Ph.D., 2000-2002
Metro Health Medical Center
2500 Metro Health Drive
Cleveland, OH 44109-1998
Ofc: 216-778-4637
Fax: 216-778-8412
Email: axw7@po.cwru.edu

Treasurer
Leon VandeCreek, Ph.D., 2001-2003
The Ellis Institute
9 N. Edwin G. Moses Blvd.
Dayton, OH 45407
Ofc: 937-775-4334
Fax: 937-775-4323
Email: Leon.Vandecreek@Wright.edu

Past President
Diane J. Willis, Ph.D., 2002
Child Study Center
4520 Ridgeline Drive
Norman, OK 73072
Ofc: (405) 364-9091
Fax : 405-271-8835
Email: Diane-Willis@ouhsc.edu

Board of Directors Members-at-Large
Norman Abeles, Ph.D. , 2000-2002
Michigan State Univ., Dept. of Psychology
E. Lansing, MI 48824-1117
Ofc: 517-355-9564
Fax: 517-353-5437
Email: abeles@pilot.msu.edu

Linda F. Campbell, Ph.D., 2001-2003
University of Georgia
402 Aderhold Hall
Athens, GA 30602-7142
Ofc: 706-542-8508
Fax:770-594-9441
Email: lcampbel@arches.uga.edu

Mathilda B. Canter, Ph.D., 2002-2004
4035 E. McDonald Drive
Phoenix, AZ 85018
Ofc/Home: 602-840-2834
Fax: 602-840-3648
Email: drmatcan@FASTQ.COM

Nadine J. Kaslow, Ph.D., 2000-2002
Dept. of Psychology &
Behavioral Science
Emory University—Grady Health System
80 Butler St., S.E.
Atlanta, GA 30303
Ofc: 404-616-4757
Fax: 404-616-3241
Email: nkaslow@emory.edu

Alice Rubenstein, Ed.D. , 2001-2003
Monroe Psychotherapy Center
2 Tobey Village Office Park
Pittsford, New York 14534
Ofc: 716-586-0410
Fax 716-586-2029
Email: akr19@aol.com

Sylvia Shellenberger, Ph.D., 2002-2004
3780 Eisenhower Parkway
Macon, Georgia 31206
Ofc: 478-784-3580
Fax: 478-784-3550
Email: Shellenberger.Sylvia@mccg.org

APA Council Representatives
John C. Norcross, Ph.D., 2002-2004
Department of Psychology
University of Scranton
Scranton, PA 18510-4596
Ofc:570-941-7638 Fax:570-941-7899
Email: norcross@uofs.edu

Jack Wiggins, Jr., Ph.D., 2002-2004
15817 East Echo Hills Dr.
Fountain Hills, AZ 85268
Ofc: 480-816-4214 Fax: 480-816-4250
Email: drjackwiggins@uswest.net

PUBLICATIONS BOARD
John C. Norcross, Ph.D., 2002-2004
Department of Psychology
University of Scranton
Scranton, PA 18510-4596
Ofc:570-941-7638 Fax:570-941-7899
Email: norcross@uofs.edu

Members:
Jean Carter, Ph.D.
Lillian Comas-Dias, Ph.D.
Sylvia Shellenberger, Ph.D.
Alice K. Rubenstein, Ed.D.
Abraham W. Wolf, Ph.D.

Ex-Officio Members:
Wade H. Silverman, Ph.D., 1998-2002
Linda F. Campbell, PH.D., 2000-2002

EDITORS OF PUBLICATIONS
Psychotherapy Journal
Wade H. Silverman, Ph.D.
1390 S. Dixie Hwy, Suite 2222
Coral Gables, FL 33145
Ofc: 305-669-3605 Fax: 305-669-3289
Email: whsilvermn@aol.com

Psychotherapy Bulletin
Linda F. Campbell, Ph.D.
University of Georgia
402 Aderhold Hall
Athens, GA 30602-7142
Ofc: 706-542-8508 Fax:770-594-9441
Email: lcampbel@arches.uga.edu

Internet Editor & Webmaster
Abraham W. Wolf, Ph.D.
Metro Health Medical Center
2500 Metro Health Drive
Cleveland, OH 44109-1998
Ofc: 216-778-4637 Fax: 216-778-8412
Email: axw7@po.cwru.edu

Task Force on Children, Adolescents & Families
Chair: Sheila Eyberg, Ph.D.
Professor of Clinical & Health Psychology
Box 100165
University of Florida
Gainesville, FL 32610

Federal Express Address
1600 SW Archer Blvd.
Email: seyberg@hp.ufl.edu
Fax 352-265-0468
Co-Chair: Beverly Funderburk, Ph.D.

Brochure Project
Chair: Alice Rubenstein, Ed.D.

STANDING COMMITTEES

Fellows
Chair: Douglas K. Snyder, Ph.D.
Professor and Director of Clinical Training
Department of Psychology
Texas A&M University
College Station, TX 77843-4235
Ofc: 979-845-2539 Fax: 979-845-4727
Email: dks@psyc.tamu.edu

Membership
Chair: Craig N. Shealy, Ph.D.
James Madison University
School of Psychology
Harrisonburg, VA 22807-7401
Ofc: (540) 568-6835
Fax: 540-568-3322
Email: shealycn@jmu.edu

Student Representative to APAGS:
Anna McCarthy
1941 Lexington #3
Houston, TX 77098
annamuck@hotmail.com

Nominations and Elections
Chair: Patricia M. Bricklin, Ph.D.

Professional Awards
Chair: Diane J. Willis, Ph.D.

Finance
Chair: Leon VandeCreek, Ph.D.

Task Force on Policies & Procedures
Chair: Mathilda B. Canter, Ph.D.

EDUCATION & TRAINING

Education & Training
Chair: Jeffrey A. Hayes, Ph.D.
Associate Professor and Director of Training
Counseling Psychology Program
Pennsylvania State University
312 Cedar Building
University Park, PA 16802
Ofc: (814) 863-3799
E-mail: jxh34@psu.edu
www.ed.psu.edu/cnpsy/hayes/index.html

Continuing Education
Chair: Jon Perez, Ph.D.
6202 East Cactus Road
Scottsdale, AZ 85254
Home: 480-948-2234
Cell: 480-251-2234
cactusroad@yahoo.com

Student Development
Chair: Louis Castonguay, Ph.D.
Penn State University – Dept. of Psychology
308 Moore Bldg.
University Park, PA 16802
Ofc: 814-863-1754
Fax: 814-863-7002
Email: lgc3@psu.edu

Diversity
Chair: Dan Williams, Ph.D., FAClinP, ABPP
185 Central Ave- Suite 615
East Orange, New Jersey 07018
Tel: 973-675-9200
Fax: 973-678-8432
E-Mail - DWilliamsp@aol.com
Pager - 1-888-269-3807

Program
Chair: Gary DeNelsky, Ph.D.
30580 Woodall Rd.
Solon, OH 44139
Ofc: 440-498-0895
GDeNelsky@aol.com

Co-chair: Susan K. Corrigan, Ph.D.
Department of Pediatrics
University of Oklahoma Health Sciences Center
1100 NE. 13th St. Oklahoma City, OK 73117
(405) 271-6824, ext. 45120 (Child Study Center)
(405) 271-4500, ext. 202 (UAP)
FAX: (405) 271-8835
e-mail: susan-corrigan@ouhsc.edu

PROFESSIONAL PRACTICE

Task Force on Therapeutic Relationships
Chair: John C. Norcross, Ph.D.

Psychotherapy Research
Chair: Clara Hill, Ph.D.
Dept. of Psychology
University of Maryland
College Park, MD 20742
Ofc: (301) 405-5791
hill@psyc.umd.edu

Interdivisional Task Force on
Managed Care and Health Policy
Chair: Jeffrey A. Younggren, Ph.D.

DIVISION OF PSYCHOTHERAPY
American Psychological Association
6557 E. Riverdale
Mesa, AZ 85215

Non-Profit
Organization
U.S. Postage
Paid
Utica, NY
Permit No. 83

PSYCHOTHERAPY BULLETIN

Published by the
DIVISION OF PSYCHOTHERAPY
American Psychological Association

6557 E. Riverdale
Mesa, AZ 85215
602-363-9211

EDITOR
Linda Campbell, Ph.D.

CONTRIBUTING EDITORS

Medical Psychology
David B. Adams, Ph.D.

PSYColumn
Mathilda Canter, Ph.D.

Washington Scene
Patrick DeLeon, Ph.D.

Practitioner Report
Ronald F. Levant, Ed.D.

Education and Training Corner
Charles J. Gelso, Ph.D.

Professional Liability
Leon VandeCreek, Ph.D.

Finance
Jack Wiggins, Ph.D.

Gender Issues
Gary Brooks, Ph.D.

For The Children
Sheila Eyberg, Ph.D.

Psychotherapy Research
Marvin R. Goldfried, Ph.D.

Student Corner
Anna McCarthy

STAFF

Central Office Administrator
Tracey Martin

PSYCHOTHERAPY BULLETIN

Official Publication of Division 29 of the American Psychological Association

Volume 37, Number 4 Fall 2002

CONTENTS

President's Column 2
Call for Award Nominations....3
Student Column 4
2002 Distinguished Psychologist Award....8
Student Invitation 12
Research Corner 14
Feature: Collaborative Practice Between Psychologists and Primary Care Physicians 19
APA Council Report 21
2004 Nominations Ballot 23
Practitioner Report 25
For the Children 29
An Invitation 33
Mathilda B. Canter Education and Training Student Paper Award 34
Mathilda B. Canter, Ph.D., American Psychological Foundation Gold Medal for Lifetime Achievement in the Practice of Psychology 36
Donald K. Freedheim Student Paper Award 37
Randy Gerson Memorial Grant 39
Feature: Proposal for a News DSM Diagnostic Category 40
APA Membership Application 44

PRESIDENT'S COLUMN

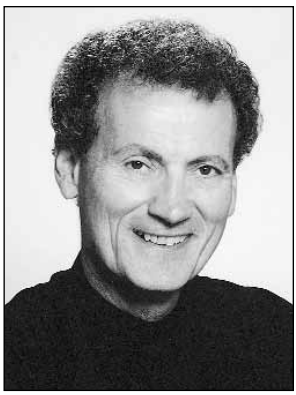
These Are The Best Of Times and The Worst Of Times

Robert J. Resnick, Ph.D. ABPP

With appropriate acknowledgement to "Tale of Two Cites" for the title, let me begin my last presidential column. Some will note this is actually only my second column. Well, that is because it was the worst of times. The Division was faced with significant and unanticipated budget shortfalls and Draconian cost-saving measures were instituted. These included eliminating the face-to-face meetings of the Division's executive committee and reducing the number of issues of the *Psychotherapy Bulletin* from four to two. Here is an overview:

The budget for the Division was, from the beginning, very tight this year. Several factors have combined to both reduce our income and increase our expenses. On the income side, we, like many divisions, continue to lose membership. In recent years, we have been budgeting for a loss of about 3% per year and that projection has been quite accurate. Other divisions have fared worse (better of times?).

On the expense side, two significant factors have cost us more than we anticipated. First, we had hoped that the Mid-Winter Convention would make money. Second, and most significant, shifting the printing, marketing, and distribution of the *Psychotherapy Journal* to APA from our self-publishing operation brought to light an accounting glitch for the Division. For many years, the Division spent subscription income for the journal in the year when the income was received rather than budgeting the income for the year to match the subscription year. That is, money received in late 2001 for subscriptions for 2002 was budgeted and spent in 2001 rather than in 2002. Consequently, when we shifted the Journal to APA this year, they rightfully requested that we send them the subscription money for 2002, but we had already spent it. APA has graciously agreed to let us pay them the 2002 subscription money over two years, so fiscal years 2002 and 2003 have a large, unexpected expense. In order to meet these financial goals, the Board has approved very severe budget restrictions in all categories. The picture should begin to improve in 2004.



Before leaving this topic, let me apologize to all of you for not keeping you, the members of the division, advised sooner of our financial travails. The board of directors and my focus was on cutting costs and we were neglectful. It won't happen again. While candor requires me to state I would have preferred to have some fiscal "best of times," there is daylight at the end of the financial tunnel.

In February of this year, in Scottsdale, Arizona, Division 29 held a mid-winter meeting offering several continuing education workshops including the Risk Management Workshop, under the auspices of the American Psychological Association Insurance Trust (APAIT) and five living legends of psychotherapy presenting their unique approaches to theraputic change. It was particularly meaningful to me to meet and chat with Jim Bugenthal who had a great impact on my

thinking with regard to the psychotherapeutic process. While the attendance fell short of projections, the feedback we received was uniformly very positive. What the board of directors sadly concluded was that the "glory days" of the small and intimate mid-winter meetings are over (the best of times) and must necessarily pass into our history.

Ok, now it is the best of times. I was privileged to have many talented people in the governance who worked hard and long to enrich the division. While they are too numerous to mention, I will cite two: Dr. Craig Shealy, membership chair and Dr. Jon Perez, continuing education chair were outstanding. The Division has instituted, for the election of board members-at-large a dedicated "newer, younger members" slate to ensure a constant stream of new people and ideas. Because you, the members, allocated so many Council of Representatives apportionment ballots, the Division secured an additional seat on Council. This new seat became a designated ethnic minority seat. Alice Chang will join us as a Division 29 Council Representative in January 2003. In Tracey Martin, the Division has an outstanding executive administrator whom I know works many more hours than her contract requires. As the presidential gavel is passed to Pat Bricklin, it is also clear that the division will be in very capable and caring hands. Yes, in these and in other respects, these are the best of times. Thank you for the opportunity and privilege of being the Division's president. And thank you for continuing your membership in the only APA division totally dedicated to what we do best: Psychotherapy.

ANNOUNCEMENT

Call for Award Nominations

The APA Division of Psychotherapy invites nominations for its two annual awards in 2003

The Distinguished Psychologist Award
recognizes lifetime contributions to psychotherapy, psychology, and the Division of Psychotherapy.

The Jack D. Krasner Memorial Award
recognizes promising contributions to psychotherapy, psychology, and the Division of Psychotherapy by a Division 29 member with 10 or fewer years of post-doctoral experience.

Letters of nomination outlining the nominee's credentials and contributions should be forwarded to the Division 29 Past-President: Robert J. Resnick, Ph.D., Department of Psychology, Randolph Macon College, Ashland, VA 23005 Fax:804-270-6557 Email: rjresnic@hsc.vcu.edu

The applicant's CV would also be helpful. Self-nominations are welcomed.
DEADLINE IS JANUARY 1, 2003.

STUDENT COLUMN

Tools for your Toolbox

Carolyn Johnson

Carolyn is currently a first year doctoral student at James Madison University in Harrisonburg, Virginia, working toward her Psy.D. in Clinical, Counseling and School Psychology. Although she works with a range of clientele, she is focusing her clinical work on providing services to children and families. She has particular interests in working with sexually abused children and developing her play therapy skills. Carolyn's experience prior to attending JMU includes providing therapy, case management, and other support services to children and adolescents in foster care and residential treatment facilities as well as to mentally retarded adults living in the community.

Tools for Your Toolbox: Two Books to Help You Through Graduate School

You've spent hours researching schools, filling out applications, preparing for standardized tests, and writing essays about who you are and why you want to attend graduate school. And it paid off. You've been accepted into a graduate program! There's a phase of excitement that follows acceptance into a program, and why shouldn't there be? You've worked hard to get to where you are. But over the course of your entry into and progression through your program, you might experience a range of reactions. Initially, as the excitement fades and the reality of what lies ahead starts to sink in, you might begin to feel uncertain or anxious about the road ahead. What will be expected of you? Will there be anyone there to guide you? As you make your way through your program, your excitement might recede even farther in memory. As you struggle to meet all of the demands placed on you, you might begin to feel overwhelmed, questioning how you can make it through the rest of your training. The tasks and challenges you are facing are likely to be new and unfamiliar. You might find your present toolbox of resources lacking and begin to feel lost. If any of this feels familiar, you might be heartened to know that there are resources out there that speak directly to your experiences.

Until this year, a search for such resources might have been unsuccessful. Although there have been several books available to help students get into a graduate program in psychology (e.g., American Psychological Association, 1993; Keith-Spiegel & Wiederman, 2000; Mayne, Norcross, & Sayette, 2001) there have been surprisingly few designed to help them get successfully through and out again. Furthermore, the books that have been available tend to be more specific to certain aspects of graduate study such as writing a thesis or dissertation or completing an internship. This year, however, two very helpful guides on succeeding (or thriving) in a graduate school program in psychology were published: *Succeeding in Graduate School: The Career Guide for Psychology Students* by Walfish and Hess (2002); and, *Thriving! A Manual for Students in the Helping Professions* by Echterling, Cowan, Evans, Staton, Viere, McKee, Presbury, and Stewart (2002).

What They Offer

Succeeding in Graduate School: The Career Guide for Psychology Students takes a comprehensive, practical approach to guiding its readers through the graduate school experience. It addresses interpersonal relationships as well as how to effectively develop pertinent skills and tackle projects such as completing a dissertation or internship. It also covers the spectrum of graduate training, from considering different degrees and applying to schools to tips on

how to transition into the professional world after graduating.

The book is 400 pages in length and is divided into five sections: "Considering Career and Degree Options in Psychology," "Mastering the Personal and Political Dynamics of Graduate School," "Learning Career Skills," "The Internship," and "Becoming a Professional." There are 27 chapters in all, each covering a pertinent issue. In addition to practical information and advice, there are personal accounts and several references to additional resources scattered throughout each chapter.

Thriving! A Manual for Students in the Helping Professions is largely a guide on how "to be" in graduate school in order to get the most out of it. The content and style are designed to promote self-exploration as well as more traditional aspects of personal and professional development. The authors illustrate their points with vignettes of personal experiences and provide a multitude of exercises facilitating growth. The book is also filled with colorful metaphors and inspirational quotes. The authors also provide practical advice regarding concrete issues such as developing skills in the areas of reading, writing, researching, and presenting; completing practicums and internships; and obtaining employment.

The book is 357 pages in length and is structured into nine chapters, three appendixes, and an index. Exercises and vignettes are found throughout the book, and there is a list of resources at the end of each chapter. The appendixes are comprised of a list of favored counseling and therapy books, the American Counseling Association's *Code of Ethics and Standards of Practice* and the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct.*

Who They're for

Succeeding in Graduate School seems primarily relevant to students attending doctoral programs in clinical, counseling, or school psychology. However, it has much to offer master's degree students as well as those still considering graduate study in psychology. It also provides information useful to those in other psychological disciplines such as industrial/organizational psychology, consulting psychology, and developmental psychology. The book also seems equally relevant to those in research-oriented and more applied programs.

Thriving! seems most relevant for those who are training to be clinicians. It is also appropriate for those who are looking for inspiration or guidance on how they can approach their training in order to reap the most benefits. The information and resources contained in the book are less relevant for those who are in graduate school primarily to do research or another form of applied psychology. The book is not for those who have a low tolerance for metaphor or who are uninterested in personal growth.

What's Good

Succeeding in Graduate School is a useful resource to have throughout your training. Its biggest strength is its comprehensiveness. Not only does it cover more traditional topics such as how to complete and defend a dissertation or thesis, but it also addresses issues particular to women, sexual and racial minorities, international students, and graduate student couples. There are also separate chapters addressing skill areas such as research, teaching, testing and assessment, psychotherapy, consultation, and working in the school system. The information provided is, for the most part, practical and valuable. The authors also offer a number of resources that the reader can consult for more extensive information.

Thriving! is truly inspirational. The authors convey a sense of support and encouragement that is often needed during graduate study. The personal accounts offer reassurance that others have had similar experi-

ences and insight into how others have handled particular situations. The exercises found throughout the book are ideal for promoting growth. They can be very powerful and help the reader explore what he or she brings to graduate study and how to augment those experiences and capabilities. The resources identified are plentiful and conveniently listed at the end of each chapter. Stylistically, *Thriving!* is fluent and enjoyable to read.

What's Not So Good

As is sometimes the case with edited texts, one of the weaknesses of *Succeeding in Graduate School* is that it sometimes does not flow smoothly. Each chapter is written by different individuals, and some chapters are more reader-friendly than others. Furthermore, some chapters get bogged down with too many relevant, but not particularly helpful, research findings. I also found a few chapters to be overly pessimistic and not necessarily generalizable, which left me feeling more discouraged than I would have liked. For example, one chapter described a sort of "fiefdom" mentality characterizing the current "milieu" of graduate programs. I'm not sure that portrait is necessarily accurate or helpful to current or potential graduate students. It also seemed some authors were at times addressing faculty rather than students, making the information seem less personally relevant. Finally, it might be helpful to the reader if the resources were located at the end of each chapter as opposed to at various points throughout.

Thriving! might be strengthened by providing more comprehensive and concrete advice about topics such as writing dissertations or applying to internships. The authors also seem to assume that most, if not all, professors are invested and supportive, and that the student is likely to find him or herself surrounded by others who value personal as well as professional growth. Although I admire this optimism, I can imagine that some students might find it incongruent with their experiences.

When To Use the Books

Succeeding in Graduate School is a good resource for all stages of the graduate school process, including pre-admission. It is certainly worth looking through if you are considering graduate school or have just completed a bachelor's degree. For example, there is an excellent chapter entitled "Pursuing a Career With a Bachelor's Degree in Psychology." If you already attend graduate school, the book is worth reading early in your program to get an idea of what you might encounter and how to prepare for each stage of your training. Although internship might seem a far cry from where you are, there is information on how to prepare for this adventure from the get go. Rereading or reading more closely the chapters relevant for you at a particular point in time is also likely to be helpful.

Thriving! is also an excellent resource to use throughout your training. If you are currently considering a graduate degree in the helping professions, this book is bound to be an inspiration and provides practical information on applying to graduate school. For current graduate students, the book will be of most use to you if you read it early in your graduate school training. It is a great way to get motivated for the "journey" you are about to begin and to start your personal and academic growth experiences. Substantial time should be devoted to the activities outlined by the authors in order to get the most from them. The book is also a good one to keep by your bedside and pick up when you need some support or inspiration.

Succeeding in Graduate School and *Thriving!* are both useful and somewhat complementary tools. The former is comprehensive and provides the most practical information; the latter is ideal for developing a basic, but invaluable, approach to training as well as promoting personal and professional growth and providing inspiration. Although there is some overlap in regard to the targeted audience of each book,

which one you will find most useful will likely depend on who you are, your course of study, and your objectives in reading the book. In short, for those entering or already in the fields of counseling or therapy, I highly recommend both as very valuable tools.

References

Succeeding in Graduate School: The Career Guide for Psychology Students is published by Lawrence Erlbaum Associates (LEA). The paperback sells for $32.50 and is available from the LEA website. *Thriving! A Manual for Students in the Helping Professions* is published by Lahaska Press of Houghton Mifflin Company and sells for $34.76.

American Psychological Association. (1993). *Getting in: A step-by-step plan for gaining admission to graduate school in psychology.* Washington, DC: American Psychological Association.

Echterling, L.G., Cowan, E., Evans, W.F., Staton, A.R., Viere, G., McKee, J.E., et al. (2002). *Thriving! A manual for students in the helping professions.* Boston: Lahaska Press of Houghton Mifflin Company.

Keith-Spiegel, P., Wiederman, M.W. (2000). *The complete guide to graduate school admission: Psychology, counseling, and related professions.* Mahwah, NJ: Lawrence Erlbaum Associates.

Mayne, T.J., Norcross, J.C., & Sayette, M.A. (2001). *Insider's guide to graduate programs in clinical and counseling psychology.* New York, NY: The Guilford Press.

Walfish, S., & Hess, A. K. (Eds.). (2002). *Succeeding in graduate school: The career guide for psychology students.* Mahwah, NJ: Lawrence Erlbaum Associates.

WANT TO GET INVOLVED IN DIVISION 29?

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

Robert J. Resnick, Ph.D., ABPP
President, Division 29
address
City, State, ZIP
email

Name _____

Work Address _____

_____

City _____

State_____ **ZIP** _____

Telephone _____

E-mail _____

AREA OF INTEREST

- **Families with parents in prison (children, mothers, fathers)**
- **Children and depression**
- **Smoking cessation & treatment approaches**
- **Diversity issues**
- **Education & training issues in psychotherapy**
- **Research in psychotherapy**
- **Aging issues**
- **Child abuse: treatment issues**
- **Family therapy**

THE DIVISION OF PSYCHOTHERAPY AWARDS

2002 Distinguished Psychologist Award

Ronlad F. Levant, Ed.D., M.B.A., A.B.P.P.

Ron Levant and his students form Nova Southeastern University

Ronald F. Levant, Ed.D., M.B.A., A.B.P.P. is a national leader in American Psychology. Since earning his doctorate with "great distinction" and "High Honors" in Clinical Psychology and Public Practice from Harvard in 1973, Ronald F. Levant has been a clinician in solo independent practice, clinical supervisor in hospital settings, clinical and academic administrator, and academic faculty member. He has served on the faculties of Boston, Rutgers, and Harvard Universities. He is currently Dean and Professor, Center for Psychological Studies, Nova Southeastern University in Florida.

Dr. Levant has authored, co-authored, edited or co-edited over 200 publications, including 13 books and 100 refereed journal articles and book chapters on psychotherapy, family and gender psychology, and advancing professional psychology. In addition to his writing, Dr. Levant has served as Editor of a journal, as a guest editor of journals and serves on the Editorial Boards of a dozen journals.

One of Dr. Levant's major contributions to psychology is in pioneering the new psychology of men, which is so clearly important to understanding male psychotherapy clients. He has been an active investigator in this area, conducting a respected research program on masculinity ideology in multicultural perspective. Some of his publications are regarded as seminal in this new field. He was also the co-founder and first President of APA Division 51 (the Society for the Psychological Study of Men and Masculinity). It is of note that this effort grew up in the Division of Psychotherapy, where he served as a member of our Board of Directors, guest editor of the journal Psychotherapy, membership chair, and also co-chaired the Task Force on Men's Roles and Psychotherapy with our late good friend and colleague, Dr. Herb Freudenberger.

Having served in national leadership positions in scientific and professional organizations, Dr. Levant has achieved a very high level of visibility in the behavioral science and mental health communities. He has, for example, represented the American Psychological Association at White House meetings and worked with state and federal legislators on a number of issues linked to health and mental health policy. In every instance he has been an articulate and dignified spokesperson whose comments were very well received and heeded. Colleagues have marveled at his unique ability to forge consensus among people with intensely held divergent views.

Dr. Levant has also made multiple contributions more generally in the field of psychology, having served as President of the Massachusetts Psychological Association, President of APA Division 43 (Family Psychology), two term member and two term Chair of the APA Board for the Advancement of Professional Practice, two term member of the APA Council of Representatives, and Member-at-Large of the APA Board of Directors. As a member of the APA Board of Directors he chaired a Task Force that practically resolved the long-standing issue of representation of state and provincial psychological associations (SPPA's) on the APA Council of Representatives through the creation of the "Wildcard Plan" which seated most SPPA's in January 1999. In addition, as Recording Secretary of APA he has co-chaired a task force that has developed the 503c6 organization to house APA's advocacy programs. He has also advanced the expansion of the scope of practice of professional psychology by furthering such agenda items as obtaining prescriptive authority, redefining psychology as a primary health care profession, and expanding the involvement of psychologists in areas of great public need, such as preventing school violence, reducing recidivism through drug and mental health treatment programs in correctional institutions, and diverting individuals diagnosed with serious mental illness from the criminal justice system. He currently chairs the Board of Directors Subcommittee on Psychology's Response to Terrorism.

Dr. Levant has been previously recognized for his accomplishments and contributions. As a young psychologist, the Division of Psychotherapy recognized him as the 1984 recipient of the Jack Krasner Memorial Award. In addition he was the 1994 winner of the Heiser APA Presidential Award for Advocacy, the 1995 recipient of the Ezra Saul Psychological Service Award from the Massachusetts Psychological Association, the 1996 recipient of the Distinguished Service Award from Division 51 of APA, the 1996 recipient of the Family Psychologist of the Year Award from Division 43 of APA, the 1997 recipient of the Outstanding Psychologist of the Year Award from Division 31 of APA, the 2001 recipient of the Continuing Service to Advocacy from the Association for the Advancement of Psychology. He is a Fellow of the American Psychological Association, a Diplomat of the American Board of Professional Psychology, and a Distinguished Practitioner of the National Academies of Practice.

Ron's distinguished record of contributions and accomplishments merits awarding him the 2002 Distinguished Psychologist Award from this Division. His work has truly helped change the face of our profession.

THE DIVISION OF PSYCHOTHERAPY AWARDS

2002 Distinguished Psychologist Award

Frank M Dattilio, Ph. D., ABPP

Frank Dattilio and his wife receiving the
Distinguished Psychologist of the Year Award

Frank M. Dattilio, PhD, ABPP, holds a joint faculty position with the Department of Psychiatry at Harvard Medical School and the University of Pennsylvania School of Medicine. He is the Clinical Director of the Center for Integrative Psychotherapy in Allentown, Pennsylvania and is board certified in both behavioral psychology and clinical psychology with the American Board of Professional Psychology.

Dr. Dattilio trained in behavior therapy through the Department of Psychiatry at Temple University School of Medicine under the direction of the late Joseph Wolpe, M.D., and received his postdoctoral fellowship through the Center of Cognitive Therapy, University of Pennsylvania School of Medicine under the direction of Aaron T. Beck, M.D. He has also completed one year of post-doctoral forensic training through the Department of Psychiatry at the University of Pennsylvania School of Medicine under the direction of Robert L. Sadoff, M.D.

Dr. Dattilio has more than 130 professional publications in the areas of anxiety and behavioral disorders, forensic and clinical psychology, and marital and family discord. He also has presented extensively throughout the United States, Canada, Africa, Europe, South American, Australia, Mexico and Cuba on cognitive-behavior therapy (CBT). His works have been translated into more than one dozen languages.

Dr. Arnold Lazarus wrote in his letter of support that Dr. Dattilio has made a large number of significant contributions over

the past decade since his respecialization in clinical psychology.

Dr. David Barlow said that Frank has been one of the greatest ambassadors for psychotherapy both in this country and around the world. When Dr. David Barlow saw him most recently Frank had just returned from Cuba where he had spent a substantial amount of time, pro bono, teaching the latest developments in psychotherapy from CBT and other orientations. He has replicated this activity in many other countries around the world including the Philippines, Africa, Turkey, and Russia. In fact, he and his wife have created a scholarship fund to support this activity as well as to support underprivileged students, and most of the money going into this fund come from royalties from his many books on therapy. I might add that Frank has also donated many hours of pro bono service to needy families and underprivileged individuals.

Frank is principally a clinician and writes from the wisdom of a clinician's vantage point and his 130 professional publications and case studies have been widely distributed around the world. He is perhaps one of the finest examples of a scholar practitioner who not only carries on a busy and vibrant practice but also finds time to keep up with the literature and teach not only in other countries but also at universities and medical schools in this country. His teaching is so highly thought of that he carries several appointments in prestigious medical schools in addition to his past activities at Lehigh University. His videotape series entitled, "Five Approaches to Linda" is perhaps one of the best teaching tools for examining similarities and differences among different approaches to psychotherapy that psychotherapists have yet encountered.

Finally, Frank's letters of support state that he is in many ways the exemplar of a committed, skillful, and caring clinician, and his books are regarded as significant contributions to the field of cognitive-behavior therapy. The Division of Psychotherapy is pleased to present Frank The Distinguished Psychologist Award.

STUDENT INVITATION

Student Membership Committee

Greetings students,

My name is Anna McCarthy and I am this year's Graduate Student Liaison for Division 29. On behalf of the Student Membership Committee, I would like to take this opportunity to welcome you to a really exciting year at Division 29. Those of you who have been avid readers of the Bulletin know that last year, in the capable hands of Gary Hann, the Student Membership Committee was founded—and a student voice was created.

This coming year, the fledgling committee is going to take flight as we witness, among other things, the launch of the student webpage and listserve, an increase in the number of student members, and exciting articles related to our issues in this column of the Bulletin. These formative years of the Student Committee can be molded to meet your needs and fit your interests. I URGE you to contact us with your comments and ideas for Division 29—ask all those things you wanted to know, but didn't ask about psychotherapy research and practice, graduate school etc. We, as Division 29 members, will inherit a rich legacy filled with exemplary journals, research articles, and members who are among the finest that APA has to offer. I look forward to shaping our future with you over the next academic year.

Anna McCarthy
Student Representative to APAGS
1941 Lexington #3
Houston, TX 77098
annamuck@hotmail.com

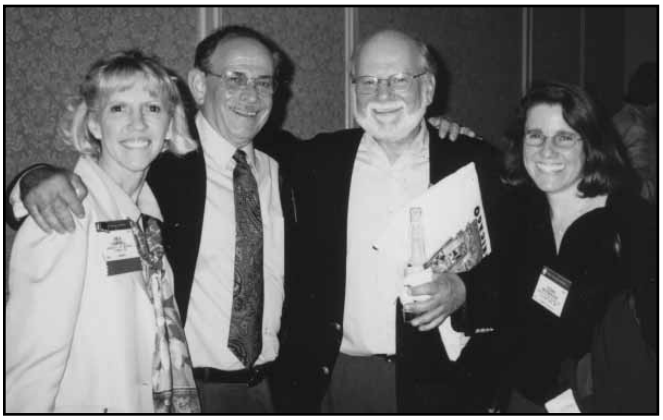
APA CONVENTION • 2002

The Division of Psychotherapy Social and Awards Reception

Fran and Bob Resnick

Larry Beer, Lisa Firestone, Abe Wolf, and Gina Carvalho

John Norcross and Leon VandeCreek



Linda Campbell, Marvin Goldfried, Charles Gelso, and Susan Woodhouse

Clara Hill and Al Mahrer

RESEARCH CORNER

Psychotherapy Supervision: How Dressed is the Emperor?

Nicholas Ladany

Nicholas Ladany, Ph.D. is Program Coordinator and Director of Doctoral Training for the Counseling Psychology Program at Lehigh University in Bethlehem, PA. He received his doctorate in Counseling Psychology from the University at Albany, State University of New York in 1992. He has written a variety of articles, and presented nationally and internationally on psychotherapy supervision, and is co-editor of the book Counselor Supervision: Principles, Process, and Practice. He is presently on the editorial board of the Journal of Counseling Psychology and completing the book Critical Incidents in Psychotherapy Supervision: A Guidebook.

Supervision continues in its very early stage of development to emerge as an interdisciplinary field (e.g., counseling, psychiatry, psychology, and social work) unique from psychotherapy (Bernard & Goodyear, 1998; Bradley & Ladany, 2001; Watkins, 1997). Intriguingly, both psychotherapy and supervision theory can be traced to Freud (Binder & Strupp, 1997), however, empirical examinations of supervision process and outcome has consisted of only a few hundred articles (Ellis & Ladany, 1997; Goodyear & Guzzardo, 2000; Russell, Crimmings, & Lent, 1984). In contrast, empirical investigations of psychotherapy process and outcome consist of thousands of articles.

In this paper, I will focus on my contribution to the empirical supervision literature. In general, my research has can be seen as examining two overarching research questions in relation to psychotherapy supervision process and outcome: (1) What works in psychotherapy supervision? and (2) What doesn't work in psychotherapy supervision? For better and worse, I, along with the contributions of numerous colleagues, have found that we seem to know more about what doesn't work than what works. Throughout this paper my intention is to discuss a series of clinically relevant and meaningful points about supervision that are based on my research, my clinical practice in psychotherapy supervision, my teaching of psychotherapy supervision, and my role as a training director.

Building a Foundation for Effective Supervision

Over and over again when I ask students about how their supervision is going, their first comments have to do with the supervisory relationship (e.g., "I really like my supervisor;" "I can't stand my supervisor," etc.). In a related fashion, my empirical work speaks to the importance of the supervisory relationship (e.g., Ladany, Ellis, & Friedlander, 1999). It is in this vein that I see the supervisory relationship as the foundation upon which supervision effectiveness, or ineffectiveness, is based (Muse-Burke, Ladany, & Deck, 2001). I have found that the most useful definition for the supervisory relationship is Bordin's (1983) model of the supervisory working alliance.

Bordin (1983) defines the supervisory working alliance as consisting of three components: (a) mutual agreement between the supervisee and supervisor on the goals of supervision (e.g., mastery of psychotherapy skills, increased conceptualization ability), (b) mutual agreement between the supervisee and supervisor on the tasks of supervision (e.g., review tapes, live observation), and (c) an emotional bond between the supervisee and supervisor (e.g., mutual caring, liking, trusting). To date, the research has suggested that a

strong supervisory working alliance is related to enhanced trainee multicultural competence (Ladany, Brittan-Powell, & Pannu, 1997), effective evaluation practices (Lehrman-Waterman & Ladany, 2001), a balanced supervisory approach consisting of collegial, interpersonally sensitive, and task-oriented styles (Ladany, Walker, & Melincoff, 2001), increased trainee self-disclosure (Ladany, O'Brien, Hill, Melincoff, Knox, & Petersen, 1997; Walker, Ladany, & Pate, 2000), and trainee satisfaction (Ladany et. al., 1999). Alternatively, a weak supervisory working alliance is related to trainee role conflict and role ambiguity (Ladany & Friedlander, 1995), increased trainee nondisclosure (Ladany, Hill, Corbett, & Nutt, 1996), supervisor unethical behavior (Ladany, Lehrman-Waterman, Molinaro, & Wolgast, 1999), and counterproductive events in supervision (Gray, Ladany, Walker, & Ancis, 2001).

Hence, the supervisory working alliance seems to play a significant role in supervision process and outcome. That said, the alliance in supervision also seems to be the one thing that supervisors, particularly beginning or untrained supervisors, are most apt to forget about or not consider. In many instances, the lack of attention to the supervisory alliance appears to be a benevolent act in the service of "causing insight" in trainees. In other words, some supervisors so much want to help trainees learn psychotherapy skills and develop into effective clinicians that they do not attend to the trainees perceived needs. As a result, many superb supervisor interventions are left unheard. Conversely, some supervisors seem to take the "I don't care if they like me or not" approach to supervision. Their basic intention is to teach trainees and their expectation is that trainees will learn, regardless of how they feel about one another. Unfortunately, this style of supervision typically results in trainees essentially ignoring their supervisor's feedback. Moreover, as will be seen later, many times this style of supervision results in harmful effects on trainees.

Supervisors Behaving Badly

All too often we learn how to do things by first learning what not to do. Relatedly, my research in psychotherapy supervision has led to the realization that supervisors too frequently do more harm than good. For example, in a study that examined supervisor ethical behaviors, it was determined that over 50% of the trainees sampled reported that their supervisors violated at least one supervisor ethical guideline. In particular, the guideline "providing appropriate feedback and evaluation to trainees" was the most frequently violated (33% of the time) guideline. In these instances it was found that supervisors were not listening to trainee tapes or not providing any evaluative feedback about the trainees' psychotherapy work. In other studies as well as anecdotally, we find similar results where trainees report that their supervisors never listened to their audiotapes. These findings speak to a serious breakdown in the provision of supervisory services to trainees.

In other investigations we have observed problems in supervision that include supervisors' inability to enhance their trainees' multicultural competence (Ladany, et al., 1997; Ladany, Inman, Constantine, & Hofheinz, 1997); supervisors' infantilization of trainees based on a misguided adherence to developmental models (e.g., offer the trainee too much structure out of the belief that all beginning trainees are simple minded, afraid to give trainees critical feedback because trainee may not be "developmentally ready"); and supervisors' act in ways that make supervision a counterproductive experience for trainees (e.g., excessive supervisor self-disclosure, excessive supervisor criticism of trainee). In each of these cases supervisors are misusing their power to the detriment of their trainees. Moreover, these events create an environment where the trainee will change her or his behaviors in supervision and will likely diminish the lines of communication between trainees and supervisors. As part of this communication breakdown, trainees will hide many clinically impor-

tant things from their supervisors (Ladany et. al., 1996), such as clinical mistakes or their sexual attraction to clients. As a result, trainee learning is minimized

Speculating on the reasons for these misbehaviors, it seems that poor supervision is the result of any combination of (a) lack of supervisor training, (b) lack of supervisor accountability, and/or (c) supervisor psychopathology. In terms of lack of supervisor training, it is quite surprising that accrediting organizations (e.g., American Psychological Association) do not require supervision training as part of the curriculum of their accredited programs, yet they fully know that supervision is a primary activity for the graduates of these programs. In a related fashion, lack of supervisor training seems to speak directly to the difficulties that supervisors have with enhancing trainee multicultural competence. In particular, we find that as training programs offer multicultural training to its students, more supervisory relationships are unbalanced in terms of who has more multicultural competence (e.g., regressive relationships). Specifically, supervisors, unless they receive advanced training themselves, are frequently less multiculturally adept than their trainees, a situation fraught with potential problems.

In relation to supervisor accountability, although supervision is an expected role for many clinicians, especially those in agency, hospital, or counseling center settings, evaluating the supervisor is a tenuous task at best. In many cases, for instance, the primary supervisor is the director of the agency who reports to an administrative head who is not a clinician by training. In other cases there is no mechanism for evaluating supervisors, in part, because procedures are not in place for observing a supervisor conducting supervision. At best, directors of agencies rely on feedback from trainees who will likely prefer to give a favorable supervisor rating so as not to jeopardize their supervisor's rating of them. Moreover, training programs, especially those in areas where the supply of supervisors is less than the demand of trainees, find themselves in situations where supervisors are given more latitude in terms of their abilities. As a result, trainees suffer the consequences.

In terms of supervisor psychopathology, although there is mounting concern for trainee impairment (e.g., Forrest, Elman, Gizara, & Vacha-Haase, 1999), the literature on supervisor impairment is virtually nonexistent. Ironically, there is some evidence to suggest that supervisor impairment begets trainee impairment. For example, the literature suggests that trainees who have been sexually active with their supervisors are more likely to be sexually active with their subsequent trainees or clients (Pope, Levenson, & Schover, 1979; Pope, Sonne, & Holroyd, 1993). Similarly, it would not be unexpected to find that supervisors, who are verbally or interpersonally abusive toward their trainees, create trainees who become supervisors who act in comparable ways. It seems clear that more attention in this realm is warranted.

In sum, I have explored possible precursors to effective and ineffective supervision. Based on my experiences, the emperor has a ways to go!

References

Binder, J. L., & Strupp, H. H. (1997). Supervision of psychodynamic psychotherapists (pp. 44-62). In C. E. Watkins, Jr. (Ed.), *Handbook of psychotherapy supervision.* New York: Wiley.

Bordin, E. S. (1983). A working alliance model of supervision. *The Counseling Psychologist, 11,* 35-41.

Bradley, L. J., & Ladany, N., (Eds.) (2001). *Counselor Supervision: Principles, Process, & Practice (3rd Edition).* Philadelphia: Brunner-Routledge.

Ellis, M. V., & Ladany, N. (1997). Inferences concerning supervisees and clients in clinical supervision: An integrative review (pp. 567-607). In C. E. Watkins, Jr. (Ed.), *Handbook of Psychotherapy Supervision.* New York: Wiley.

Constantine, M. G., & Ladany, N. (2000). Self-Report Multicultural Counseling Competence Instruments and Their Relation to Multicultural Case Conceptualization Ability and Social Desirability. *Journal of Counseling Psychology, 47,* 155-164.

Constantine, M. G., Ladany, N., Inman, A. G., & Ponterotto. (1996). Students' perceptions of multicultural training in counseling psychology programs. *Journal of Multicultural Counseling and Development, 24,* 241-253.

Ellis, M. V., Ladany, N., Krengel, M. Schult, D. (1996). An investigation of supervision research methodology: 1983 - 1993, a decade of empirical work. *Journal of Counseling Psychology, 43,* 35-50.

Forrest, L., Elman, N., Gizara, S., & Vacha-Haase, T. (1999). Trainee impairment: A review of identification, remediation, dismissal, and legal issues. The Counseling Psychologist, 27, 627-686.

Goodyear, R. K., & Guzzardo, C. R. (2000). Psychotherapy supervision and training. (pp. 83-108). In S. D. Brown & R. W. Lent. (Eds.), Handbook of Counseling Psychology (3rd ed.).

Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology, 48,* 371-383.

Ladany, N., Brittan-Powell, C. S., & Pannu, R. K. (1997). The influence of supervisory racial identity interaction and racial matching on the supervisory working alliance and supervisee multicultural competence. *Counselor Education and Supervision, 36,* 284-304.

Ladany, N., Constantine, M. G., Miller, K, Erickson, C., & Muse-Burke, J. (2000). Supervisor countertransference: A Qualitative Investigation Into Its Identification and Description. *Journal of Counseling Psychology, 47,* 102-115.

Ladany, N., Ellis, M. V., & Friedlander, M. L. (1999). The supervisory working alliance, trainee self-efficacy, and satisfaction with supervision. *Journal of Counseling & Development, 77,* 447-455.

Ladany, N., & Friedlander, M. L. (1995). The relationship between the supervisory working alliance and supervisee role conflict and role ambiguity. *Counselor Education and Supervision, 34,* 220-231.

Ladany, N., Hill, C. E., Corbett, M., & Nutt, L. (1996). Nature, extent, and importance of what therapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43,* 10-24.

Ladany, N., Inman, A. G., Constantine, M. G., & Hofheinz, E. (1997). Supervisee multicultural case conceptualization ability and self-reported multicultural competence as functions of supervisee racial identity and supervisor focus. *Journal of Counseling Psychology, 44,* 284-293.

Ladany, N., & Lehrman-Waterman, D. E. (1999). The content and frequency of supervisor self-disclosures and their relationship to supervisor style and the supervisory working alliance. *Counselor Education and Supervision, 38,* 143-160.

Ladany, N., Lehrman-Waterman, D. E., Molinaro, M., & Wolgast, B. (1999). Psychotherapy supervisor ethical practices: Adherence to guidelines, the supervisory working alliance, and supervisee satisfaction. *The Counseling Psychologist, 27,* 443-475.

Ladany, N., & Melincoff, D. S. (1999). The nature of counselor supervisor nondisclosure. *Counselor Education and Supervision, 38,* 161-176.

Ladany, N., O'Brien, K., Hill, C. E., Melincoff, D. S., Knox, S, & Petersen, D. (1997). Sexual attraction toward clients, use of supervision, and prior training: A qualitative study of psychology predoctoral interns. *Journal of Counseling Psychology, 44,* 413-424.

Ladany, N., Walker, J., & Melincoff, D. S. (2001). Supervisor style, the supervisory working alliance, and supervisor self-disclosures. *Counselor Education and Supervision, 40,*263-275.

Lehrman-Waterman, D. E., & Ladany, N. (2001). Development and validation of the Evaluation Process within Supervision Inventory. *Journal of Counseling Psychology, 48,* 168-177.

Call for Papers for Special Issue

Psychotherapy and Computers

Guest Editor: Abraham W. Wolf, PhD

Psychotherapy: Theory/Research/Practice/Training will publish a special issue focusing on the effects of information technologies on the practice of psychotherapy. The use of computers and the Internet to deliver psychological services, and the ethical challenges posed by these applications, will be reviewed. The treatment of psychopathology related to computer use will be discussed. The use of computers to model the psychotherapy process and assist in psychotherapy research will also be reviewed.

Manuscripts are sought in the following areas:

- Uses of information technologies to provide clinical care at a distance
- Computer-assisted assessment
- Artificial intelligence models of the psychotherapy process
- Use of the Internet for psychotherapy research
- Ethical issues related to treatment delivery and research on the Internet
- Treatment of psychological disorders related to computer use, such as computer addiction and cyber-infidelity

Please submit manuscripts to:
Wade H. Silverman, Ph.D., Editor
Psychotherapy: Theory/Research/Practice/Training
1390 S. Dixie Hwy., Suite 2222
Coral Gables, FL 33146-2946

Muse-Burke, J. L., Ladany, N., & Deck, M. (2001). The supervisory relationship. In L. J. Bradley and N. Ladany (Eds.), *Counselor Supervision: Principles, Process, & Practice (3rd Edition).* (pp. 28-62). Philadelphia: Brunner-Routledge.

Pope, K. S., & Levenson, H. Schover, L. R., (1979). Sexual intimacy in psychology training: Results and implications of a national survey. *American Psychologist, 34,* 682-689.

Pope, K. S., Sonne, J. L., & Holroyd, J. (1993). *Sexual feelings in psychotherapy: Explorations for therapists and therapists-in-training*. Washington, DC: APA.

Russell, R. K., Crimmings, A. M., & Lent, R. W. (1984). Counselor training and supervision: Theory and research. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (pp. 625-681). New York: Wiley.

FEATURE

Collaborative Practice Between Psychologists and Primary Care Physicians: Marketing Your Practice

James H. Bray, Ph.D.

James H. Bray, Ph.D. is a candidate for President of the American Psychological Association. He is Director, Family Psychology Programs and Associate Professor in the Department of Family and Community Medicine, Baylor College of Medicine, 5510 Greenbriar, Houston, TX 77005, (713) 798-7751, jbray@bcm.tmc.edu. He is a member of the APA council of representatives for the Division of Family Psychology. He also maintains an active clinical practice focusing on children and families.

Collaboration between health care providers and the use of a collaborative practice model between psychologists and physicians is a growing area to meet the multiple needs of patients. With managed care, there are increased pressures on primary care physicians (PCPs) to diagnosis and treat a broad spectrum of biomedical and psychosocial problems. PCPs treat over 60% of all mental health problems in the United States, without assistance from mental health providers. Psychologists are often the most highly trained mental health and substance abuse professionals functioning in these communities, however we are frequently isolated from the primary health care system.

PCPs need help with patients who suffer from a broad range of behavioral and mental health problems. Successful collaboration with PCPs needs to be a win-win business relationship for everyone. From PCPs perspectives this includes solving a patient care problem, being given feedback and information about their patients' status and progress, receiving referrals back from the psychologist and reducing their hassle with patient care. Psychologists can provide important diagnostic information about the patient, recommend additional treatment options, provide information about progress of psychotropic medications and help increase patient compliance and satisfaction.

It is important to remember that PCPs are "over marketed" by pharmaceutical companies, medical supply companies, and other specialists. Thus, a variety of contacts will need to be made to establish and maintain an ongoing relationship with the PCP. The psychologist needs to arrange for regular contact— "once is not enough." Many PCPs welcome psychologists to practice in their offices either part-time or full-time. In addition, arrangements to get through the doctor's staff or to rapidly contact the psychologist need to be established.

Most PCPs take phone calls during sessions, while most psychologists usually do not. Establish ways to have regular meetings with the PCP to discuss patients (regularly scheduled breakfast, lunch, consultation time). Other opportunities for seeing PCPs include joining the hospital staff at medical/surgical hospitals, joining hospital staff committees, providing continuing medical education seminars and providing patient education and prevention services. Be sure to market to the entire medical community, which includes physician assistants, nurse practitioners, nurses, and medical staff and clerks.

PCPs strive to have long-term relationships with their patients and provide continuity of care that includes comprehensive, continuous services in sickness and in health. Thus, feedback on patient progress is essential to the PCP. Most PCPs only want a brief note (1 to 3 paragraphs, no

longer than one page) about your work with the patient. They want a diagnosis, a brief explanation of your treatment plan, and any recommendations you may have to improve patient care. It is also important to help the patient return to his/her PCP for follow-up visits. Arranging for follow-up visits is a way of continuing to market your services to the PCP.

Working with PCPs is a great way to expand your practice. Further information about working with PCPs can be found in:

Bray, J. H., & Rogers, J. C. (1995). Linking psychologists and family physicians for collaborative practice. Professional Psychology: Research and Practice, 26, 132-138.

Bray, J. H. & Rogers, J. C. (1997). The linkages project: Training behavioral health professionals for collaborative practice with primary care physicians. Families, Systems, & Health, 15, 55-63.

Haley, W. E., McDaniel, S. H., Bray, J. H., Frank, R. G., Heldring, M., Johnson, S. B., Lu, E. G., Reed, G. M., & Wiggins, J. G. (1998). Psychological practice in primary care settings: Practical tips for clinicians. Professional Psychology: Research and Practice, 29, 237-244.

Bulletin ADVERTISING RATES

Full Page (8.5″ x 5.75″)	$300 per issue
Half Page (4.25″ x 5.75″)	$200 per issue
Quarter Page (4.25″ x 3″)	$100 per issue

Send your camera ready advertisement, along with a check made payable to Division 29, to:

Division of Psychotherapy (29)
6557 E. Riverdale
Mesa, AZ 85215

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.

APA COUNCIL REPORT

Report on APA Council Meeting of August 2002

By Jack G. Wiggins, Ph.D.
Council Representative Division 29

This Council meeting marked the changing of the guard with the introduction of Norman Anderson as the CEO nominee of APA. Norman has since been confirmed by a unanimous vote of Council to replace Raymond D. Fowler who is retiring at the end of this year. Ray has led APA through very difficult times and has stabilized the Association with financial solvency and membership solidarity. He has served as CEO for 13 years, longer than any other APA CEO. He and his wife Sandy received an extended standing ovation in appreciation of his and her many services to the discipline of psychology and the Association.

The shortfall of $1 million associated with 911 events resulted in a postponement of many items on Council members aspirational agendas. A $10 dues increase was approved along with a voluntary reduction in staff to deal with the shortfall. In an independent action, the refinancing of the Headquarters building and the purchase of the 8% interest of NASW in the 750 First St. building was approved. The purchase of the Trammel Crowe 1% interest in the "G Place building" was also approved. Neither of these purchases will have any immediate financial impact on APA but will have along term positive effect on cash flow and financial stability. The CFO and Finance Committee is serving the Association well at a time many professional organizations are struggling. For example, the American Medical Association is reported to have lost 40% of its members and is considering becoming an association of medical specialties. NASW is also retrenching.

The other major piece of business was the amending and approval of the Revision Draft 7 "Ethical Principles of Psychologists and Code of Conduct." The basic structure of the 1992 code remains in place with significant wording changes befitting current standards of practice. The number of revisions of the document attest to the active participation of the membership in devising the new code.

Council also approved an APAGS representative to Council as a voting member. APAGS has previous had authorization for a non-voting representative to the APA Board of Directors.

Council approved sending a Bylaw revison to the membership for the addition of "education" to the APA Mission statement. This follows the Bylaw approval by the membership of adding "health" to the Mission statement last year.

Linda Campbell, Editor of the Psychotherapy Bulletin of the Division, was made a Fellow of APA. Your Council Representatives John Norcross and myself, send our hearty congratulations to Linda with great appreciation for contributions she has made to the Division.

APA CONVENTION • 2002 • CHICAGO, ILLINOIS

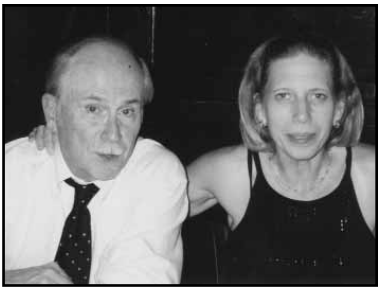
The Division of Psychotherapy Social Hour and Awards Reception

John Norcross and Pat Bricklin

Rochelle Balter and Alice Chang

Bob Kleemeier, Carol Kleemeier, Jim Calhoun, Georgia Calhoun

Abe Wolf, Leon VandeCreek, Norm Abeles, and Jeanette Abeles



Andy Steinbrecher and Alice Rubenstein

2004 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 2004 ARE:

President-elect (1)
Member-at-large (2)
Treasurer (1)
All persons elected will begin their terms on January 1, 2004.

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, 2002. 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. Linda Campbell, via the Division central office, 6557 E. Riverdale St., Mesa, AZ 85215, or e-mail lcampbell@arches.uga.edu

Sincerely,

Robert J. Resnick, Ph.D.
President

Patricia Bricklin, Ph.D.
President-elect

Linda Campbell, Ph.D.
Chair, Nominations and Elections Committee

Nomination Ballot

President-elect	Members-at-large	Treasurer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

_____
_____
_____

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

Fold Here.

PRACTITIONER REPORT

Ronald F. Levant, Ed.D., MBA, ABPP
APA Recording Secretary

Ron Bassman and I met at consumer/survivor/ex-patient (c/s/x) and psychologist dialogue in Washington DC sponsored by the Center for Mental Health Services. Two days of facilitated discussion, breaks and dinners enabled some networking and friendships to begin. Since that time, we have been co-chairs of a mini convention on serious mental illness at our Annual convention in Boston. There, psychologists and c/s/x collaborated in presenting workshops to bring about better mutual understanding.

Ron Bassman who is both a psychologist and a psychiatric survivor asked me about presenting an essay written by one of his students in a course in Community Mental Health at Sage Graduate School. He tells me that it was the first time that he taught this course and tried to teach from the perspective of a psychiatric survivor who had been diagnosed and treated for schizophrenia and as a licensed psychologist. Students were required to write a 4–6 page essay on "What I need to do and learn to be become an effective mental health professional." Dr. Bassman believes, and I agree,that this essay by Vanessa Andrews articulates a missing component in the education of clinicians.

What I Need to Do and Learn to Become an Effective Mental Health Professional

Vanessa Andrews

I thought after five years of higher education I would have both the knowledge and confidence to enter the mental health field and make a difference in the lives of others. Until recently, I believed that I had successfully received and absorbed this knowledge and I was on my way to completing my dream. However, when I really think about it, in five years of learning, I have actually been taught to unlearn the most important feature of being in the mental health profession, the thing that drew me into the profession to begin with, compassion and a true desire to make a difference. Though this was never directly taught to me, this important part of the mental health profession was overshadowed by the emphasis on diagnosis, statistics, generalization and medication.

I do not believe that the knowledge I have gained from my educational experience is totally useless; it serves a valuable purpose and is essential to this field. My educational experience is not a total failure; it is just incomplete. Metaphorically speaking my eyes were only allowed to be half open. Fortunately, I believe that it is still possible to return to the method of thinking that once allowed me to be intrigued by this profession.

When I was fourteen, knowing that my high school and/or family would not provide me with an adequate education, I took learning into my own hands. I found myself sitting cross-legged on the floor of my school's one room library, searching randomly for a book that looked interesting. My eye caught a book with a bright yellow and white cover called *I Want to Grow Hair, I Want to Grow Up, I Want to go to Boise*, by Erma Bombeck (1990). I leafed through finding that the book was about children with cancer. What caught my eye however was that, as bizarre as this

sounded then and it sounds now, the book was written in a humorous fashion.

I have since discovered that Erma Bombeck has written many books on serious topics in this manner and used it as a healer through comic relief. In this particular book, Erma states the following in response to people's reaction about what her latest book would be about:

> When I said it was a book on children surviving cancer, the expression on their faces changed. Their eyes took on a look of pain. Their smiles disappeared and their lips formed a firm line. They looked at me with a pity usually reserved for a woman who had just lost her bankcard. When I explained that it would reflect humor and optimism, the look changed again this time to one usually reserved for a woman who had just lost her mind (Bombeck, 1990, p. 13).

I read the entire book and made the decision that I was going pursue a career where I could make a positive difference in the lives of others, and I was going to do it 'Bombeck style.' I was not going to give them medicine, I was not going to simply tell them what was wrong, I was going to be their friend, I was going to help them believe that they could help themselves and I certainly was not going to give them my pity or change my feelings for them just because they had tougher challenges. It is especially scary to me that these things were so obvious to me then, yet after five years of higher education they have been overshadowed, put far back in the closet, as far as emphasis.

In the nine years since I sat cross-legged on that library floor, I have read several other books that have touched my heart in similar ways. However, looking back, all of them were books I found on my own. My educational professors or peers suggested none of them to me. This scares me. It scares me that I have invested thousands of dollars and a portion of my life to learning only half the information I needed. I have only been taught psychology through the eyes of a psychologist, never through the eyes of the consumers, clients, or ex patients. I am embarrassed and angry that in a field where open minds and varying perspectives are necessary, the perspective of the individuals we are attempting to help is consistently left out.

As a future mental health professional, I am prepared to take the necessary steps to make up for the deficiencies in my educational background. First, I plan to keep up with current findings and movements, especially those from the consumer/survivor/ex-patient (c/s/x) perspective. It is only through reading and experiencing the c/s/x perspective that I can know what the clients in this profession really need and want.

These individuals who have experienced mental health and/or the system in various ways, have a tremendous amount of invaluable insight and information that they can offer to individuals interested in the profession. They have been there, we have not. They have lived and experienced the system and they know better than anyone what works and what does not. Overlooking this population's vital input only succeeds in advocating the current flaws in this profession, and undermines the ignorance of many mental health professionals. It is unfortunate that a group of such highly educated individuals lack the ability to remove the lens through which they see consumers, survivors and ex-patients. Continuing in this manner makes as much sense as playing baseball with a tennis racquet. You might be able to make contact, but you will never hit a grand slam.

Additionally, I believe that one of the only ways to truly assist someone in this profession is to maintain true empathy with them and at the same time, instill clients with the sense that you believe in them and their ability to achieve their goals. Because I personally have not been in the mental health

system, it will be difficult for me to obtain a perfect empathy with individuals who have. However, though true empathy is not possible, by listening to clients and genuinely caring for their well-being and safety, a trusting relationship will develop and the healing process can begin.

Another one of my goals in the mental health profession is to diminish the hierarchical relationship that most helping professionals have developed with their clients. As Patricia Deegan states in her article, *Spirit Breaking: When the Helping Professions Hurt,* "Traditional, institutionalized power relationships are dehumanizing, precisely because they lack the possibility of true mutuality" (Deegan, 1990). There is no value for either participant in any kind of hierarchical relationship. This type of relationship only invites a power struggle where no work can be done. Additionally, hierarchies eliminate the possibility of either individual involved in the relationship emerging with a sense of accomplishment and/or satisfaction. On the other hand, I am not advocating that no power be involved in the relationship. Like Deegan, I believe it takes power to make a change, but it is not power over another person, it is the type of power found in empowerment. Mental health professionals and the individuals they work with should collaborate to help clients achieve the goals that they set for themselves.

I will listen to the individuals I work with and ask them what they need and want. Additionally, I will hear what these individuals are saying to me and asking for without putting a mental health filter or stigma on their wishes. Though this will be a difficult habit to break it will both free up my thinking and give the individuals I work with a sense of freedom and autonomy.

In addition to these goals, I will also keep in mind the simple notion that every individual is different. What might work for one person could be ineffective for someone else. We live in a society where speed and efficiency is of utmost importance, the quicker and easier you can get something done, the more praise you receive. Because of this, people tend to get caught up in labeling and wanting to place everyone into precise categories so they can be dealt with by a prescribed system. This tactic does not work for the mental health profession. Though two people may both have schizophrenia, each of them brings with them baggage of the many years of their lives, as well as different personality traits and ways of dealing with feelings and situations. Because of this diversity, it is counterproductive to come up with a 'system' to deal with a group of labeled individuals. By being aware of this diversity as I enter the profession I will begin to combat the portion of the system that does not work. Flexibility is paramount when dealing with other people in any given situation. As much as we think we know about others, there is still an enormous amount of unpredictability that must be taken into account if progress is going to be made for both agents and clients in the mental health community.

These steps are simpler to complete than anything I have learned thus far in my educational process. They should not have to be taught or learned. These steps should be the natural reaction and interactions of anyone interested in the field of mental health. It both frustrates and saddens me that as you move up on the hierarchal ladder of education, the emphasis moves farther away from these essential issues.

References

Bombeck, E.(1990). *I want to grow hair, I want to grow up, I want to go to Boise.* New York: Harper & Row.

Deegan, P. E. (1990). Spirit Breaking: When the Helping Professions Hurt. *Humanistic Psychologist.* 18, 301-313.

Social Hour and Awards Receiption

Karen Zager and Don Freedheim

Tommy and Connie Stigall

Gina Carvalho, Tracey Martin and Abe Wolf

Larry Beer and Lisa Firestone

Carl Goldberg and Virginia Crespo

FOR THE CHILDREN

Sheila Eyberg, Ph.D. and Beverly Funderburk, Ph.D.

In this issue Dr John Lutzker provides an overview of applied research at its best, tackling the difficult area of child neglect and abuse through the application of sound, empirically-guided clinical practice. This article is re-printed with permission from the *Section on Child Maltreatment Newsletter* , a quarterly publication of Section I (*Section on Child Maltreatment*) of Division 37, *Child, Youth, and Family Services* (www.apa.org/divisions/ div37).

Issues in Applied Research in Child Maltreatment

John R. Lutzker, Ph.D.
Centers for Disease Control and Prevention

Described here are some practical issues in trying to conduct applied research in child maltreatment, summarizing an article recently published in *Children's Services: Social Policy, Research, and Practice* (Lutzker, Tymchuk, & Bigelow, 2001) in which we laid out the ecobehavioral model for applied research in child maltreatment and discussed the systemic, cultural, and familial difficulties in conducting it.

Applied, socially significant research is difficult to conduct at best, let alone with families who may not welcome intervention, as is often the case in child maltreatment. Attrition is a well recognized problem in working with these families and is an issue that deserves study in its own right. We need to glean a better understanding of the factors that contribute to attrition and develop functional strategies for reducing it.

There is often a gap between science and practice in all human service fields. In child maltreatment, child protective service caseworkers have well documented case overloads that may preclude them from being able to deliver prescribed services or assist the applied researcher with a family in the manner that might be most desirable.

The Ecobehavioral Model

These difficulties notwithstanding, the ecobehavioral model was created in 1979 when Project 12-Ways began offering multifaceted assessments and interventions for families reported for child maltreatment in rural southern Illinois (Lutzker, Frame, & Rice, 1982). The basic tenets of the ecobehavioral model are: in home skill training, direct observation and repeated measurement of behaviors, single-case research designs to evaluate behavior change, outcome measures such as recidivism and social validation, content validated protocols, performance criteria for staff and participant training, and frequent process fidelity measures. The model has been demonstrably effective over its continuous application since 1979. Project SafeCare (Lutzker, Bigelow, Doctor, & Kessler, 1998) was a systematic replication of Project 12-Ways conducted in the urban San Fernando Valley of Los Angeles, CA. More succinct than Project 12-Ways, Project SafeCare, with its largely Hispanic sample, offered five training sessions each to reported and high-risk families in bonding (parent-child training), child health care training, and home safety training. Data have shown significant reductions in home safety hazards in the homes, dramatic improvement in parenting skills directly observed, new skills shown in following child health care protocols (Gershater-Molko, Lutzker, & Wesch, in press [a]), and, families who completed services were significantly less likely to be reported for child maltreatment, even

after two years than families in a comparison group (Gershater-Molko, Lutzker, &Wesch, in press [b]).

The Wellness model at UCLA provides another example of the ecobehavioral model. Participants were young parents who had very limited skills, many without reading skills. Materials were developed such that parents could learn protocols without needing to read. The protocols focused on child health and safety and how to enjoy interacting with children. One randomly assigned group was provided home instruction; the other group was provided only the materials. The former group showed significantly more improvements in skills.

Strengths, Limitations, and Suggestions

These programs offer parent training based upon well-defined, reliable, direct and indirect measures. Each program relies on protocols that receive content validation by experts, and inherent in the training and strategies is programming for generalization of skills over time, across behaviors, and across settings.

Conducting random clinical trails can not only be difficult, but may at times be unethical or impossible, given the way child protective service systems must operate. More work is needed examining how to optimally deliver demonstrably effective procedures. We may need to modify when assessments are offered. For example, we may produce more valid assessments only after staff have spent some time in the home building trust with a family. It has also been suggested that community members take active roles in developing new skill and strength based assessments (Fantuzzo, Weiss & Coolahan, 1998). Cultural competence has received much recent attention. We have suggested that cultural relevance may be an appropriate term. That is, cultural relevance can be defined, validated, measured, and evaluated in manners similar to they ways we do so for other skill protocols. Even when cultural issues appear to have been addressed there are often cultural or at least class differences between the mediators of service and the recipients. Focus groups may be utilized to develop protocols that have cultural relevance and at the same time may reduce attrition because they have acceptance from the communities who participate in that qualitative process. This is an issue that can also be examined empirically.

Adherence to interventions is often a difficulty in working in child maltreatment and should also receive empirical examination. Different strategies for increasing treatment (intervention) adherence can and should be examined.

Finally, we need to develop assessment strategies that allow a "best-fit" between a given family's characteristics and a "menu" of protocols and methods of delivery. For example, some families served by Project SafeCare showed improvements in home safety and parenting skills when the protocols were delivered by video rather than by counselor training (Mandel, Bigelow, & Lutzker, 1998). Many families may prefer such training, yet others may prefer a live counselor.

In summary, applied research in child maltreatment is difficult to conduct for a variety of reasons. Yet, the ecobehavioral model has been shown effective in rural southern Illinois and urban Los Angeles. Attention needs to be devoted to systemic issues, cultural issues, attrition, and adherence in conducting applied research in this area.

References

Fantuzzo, J., Weiss, A.D., & Coolahan, K.C. (1998). Community-based, partnership-directed research: Actualizing community strengths to treat child victims of physical abuse and neglect. (pp. 213-238) In J.R. Lutzker (ed.) *Handbook of child abuse research and treatment*. New York: Plenum.

Gershater-Molko, R.M., Lutzker, J.R., & Wesch, D. (in press [a]). Project SafeCare: Improving health, safety, and parenting skills in families reported or at-risk for child maltreatment. *Journal of Family Violence*.

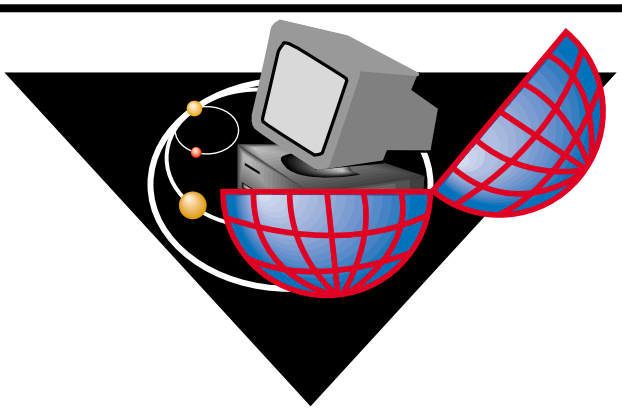
Gershater-Molko, R.M., Lutzker, J.R., & Wesch, D. (in press [b]). Using recidivism to evaluate Project SafeCare: Teaching "bonding", safety, and health care skills to parents. *Child Maltreatment*.

Lutzker, J.R., Bigelow, K.M., Doctor, R.M., & Kessler, M.L. (1998). Safety, health care, and bonding within an ecobehavioral approach to treating and preventing child abuse and neglect. *Journal of Family Violence, 13*, 163-185.

Lutzker, J.R., Frame, R.J., & Rice, J.M. (1982). Project 12-Ways: An ecobehavioral approach to the treatment and prevention of child abuse and neglect. *Education and Treatment of Children, 5*, 141-155.

Lutzker, J.R., Tymchuk, A.J., & Bigelow, K.M. (2001). Applied research in child maltreatment: Practicalities and pitfalls. *Children's's Services: Social Policy, Research, and Practice, 4* (3), 141-156.

Mandel, U., Bigelow, K.M., & Lutzker, J.R. (1998). Using video to reduce home safety hazards with parents reported for child abuse and neglect. *Journal of Family Violence, 13*, 147-162.



Find Division 29 on the Internet. Visit our site at http:www.cwru.edu/affil/div29/div29.htm

Awards Recognition

Past President Recognition—

Diane J. Willis

Donald K. Freedheim Student Paper Award—

Martin Becker and Award Winner Susan Woodhouse

Student Development Chair Recognition—

Louis Castonguay

AN INVITATION

Louis G. Castonguay, Ph.D.
President, North American Chapter
Society for Psychotherapy Research

I would like to invite you to join the Society for Psychotherapy Research (SPR). Dedicated to the advancement of scientific knowledge about psychotherapy and behavior change, SPR represents researchers and clinicians from a variety of theoretical orientations and professional backgrounds

Research conducted by SPR members involves a rich diversity of methodologies and spans a variety of treatment modalities (individual, couple, family, and group therapies), client populations (children, adolescents, adults, older adults), and clinical problems.

The primary mission of SPR is to foster the development and dissemination of scientifically rigorous and clinically relevant studies related to the outcome of psychological interventions, process of change, and the characteristics of clients and therapists. Among the many topics that have been addressed at SPR meetings are the working alliance, therapist's techniques and competence, inpatient psychotherapy, brief therapy, behavioral medicine, computerized treatments, empathy, expectations, transference and counter-transference, emotional expression, defense mechanisms, attachment, treatment length, diversity, gender, assessment and case formulation, supervision, and training.

For more than 30 years, SPR has provided an ideal forum to address questions such as: "Does psychotherapy work?"; "Are there forms of therapy that are particularly indicated for specific clients?"; "Can we predict who will benefit from therapy, who will terminate treatment prematurely, and who might get worse during psychotherapy?"; "Is client-therapist cultural-matching beneficial?"; "Are there therapeutic factors that cut across different type of treatments?"; and "Do expert therapists do what they say they do?" SPR has also fostered discussion among leaders in the field about controversial issues, such as the link between research and practice, the pros and cons of treatment manuals and empirically-supported treatments, and strengths and limitations of efficacy and effectiveness research.

Every year, researchers and clinicians from around the world attend SPR's international meetings. Regional chapters (e.g., North America, Europe) are also meeting regularly, as are local SPR organizations. In addition, SPR has it own journal, *Psychotherapy Research.* Published by Oxford University Press, this highly respected peer-reviewed journal features exciting and influential articles aimed at improving our understanding of psychotherapy.

If you are a student, clinician, educator, or researcher and you are interested in psychotherapy, I strongly encourage you to join SPR. The dues are reasonable ($35 US for students or $75 for regular member), the meetings offer great opportunities to network, and the journal will keep you abreast of cutting edge, clinically relevant research.

To join, visit SPR web site at www.psychotherapyresearch.org or email me at NASPR@psu.edu or lgc3@psu.edu

I invite you to join us!

MATHILDA B. CANTER EDUCATION AND TRAINING STUDENT PAPER AWARD

The Impact of Psychotherapy Supervision on Client Outcome: A Critical Examination of Two Decades of Research

Gary J. Freitas, M.A.
Doctoral Candidate in Counseling Psychology
University of Maryland at College Park

Although research on psychotherapy supervision has historically lagged behind research in the areas of therapy process and outcome, the past two decades have seen a veritable explosion of studies examining numerous aspects of supervision (Ellis & Ladany, 1997; Ellis, Ladany, Krengel, & Schult 1996). Major foci of interest have included supervisor development, theoretical approaches to supervision, supervisor-supervisee working alliance, and counselor skill development (Ellis & Ladany, 1997). Investigations into these areas have enhanced our knowledge of psychotherapeutic supervision, but they fail to address what has been called the "acid test" of good supervision; namely, does supervision lead to improved client outcome in therapy (Ellis & Ladany, 1997, p.485). Indeed, in their extensive review of the supervisory literature, Ellis and Ladany (1997) found only nine studies between 1981 and 1993 that were dedicated to client outcome.

The purpose of the current review was to explore in detail six of the nine studies uncovered by Ellis and Ladany's (1997) extensive critique of the supervision literature and to review four additional studies not included in that critique. Three studies from Ellis and Ladany's review were not included due their limited external validity and to the fact that one addressed counselor education rather than supervision. The resulting review covered 10 studies, which encompass all of the research published in the past two decades on the impact of supervision on therapeutic outcome.

Detailed review of these 10 studies revealed a variety of potentially important results. First, it seems likely that client-focused supervision results in more beneficial therapeutic outcome than does administrative supervision (Harkness & Hensley, 1991; Triantafillou, 1997). Although such a finding may come as little surprise, it should be remembered that many mental health care trainees receive largely administrative supervision if they receive supervision at all. A second important topic addressed by these studies was the role of interpersonal influence in supervision. Specifically, when supervision was conducted just two hours before the next therapy session, supervisors took on the role of consultant, a role the supervisee seemed to welcome as evidenced by greater application of supervisor suggestions in the subsequent therapy session (Couchon and Bernard, 1984). Third, although supervisors may not specifically instruct trainees to emulate them, there was evidence that supervisor skills and behavior permeated their supervisees' counseling sessions (Harkness, 1995, 1997; Harkness & Hensley, 1991). Forth, Kivlighan and colleagues found that live supervision led to rougher counseling sessions, to more supportive therapeutic intentions, and to higher client ratings of alliance than did videotaped supervision. Finally, Iberg (1991) presented

a compelling case for the use of a statistical procedure (statistical process control and improvement or SPC) that could revolutionize counselor training and supervision by enabling supervisors to tailor supervision to trainee needs, thereby reducing costly, often redundant training methods.

Despite the numerous caveats, questionable designs and statistical methods, and the limited generalizability of these findings, there is reason to be hopeful about the future of supervision research. The growing interest in the area of psychotherapy supervision is testament to the realization among researchers of the importance of this area of study. As research designs and statistical methods continue to improve, there is reason to believe that research related to supervision's impact on therapy outcome will advance along with the area of general psychotherapy research. In short, if researchers begin to take seriously the criticisms found in this and other reviews, perhaps supervisors will soon know how to translate positive supervision into psychotherapeutic gains.

MATHILDA B. CANTER, PH.D.

Recipient of the
American Psychological Foundation Gold Medal for Lifetime
Achievement in the Practice of Psychology
Mathilda B. Canter, Ph.D.

Matty Canter, her daughter Shelley, and her son Steve

Matty Canter, Ph.D. was honored this year with this most prestigious APA/APF award . The Division of Psychotherapy also wished to honor Dr. Canter for the invaluable contributions she has made and continues to make to the Division. Matty's impact in the Division is noted by her Presidency (1983-84), Council Representation, author of the official History of the Division of Psychotherapy, her continued service in writing the by-laws. Her significant influence within the profession is acknowledged more recently by her selection for the APA/APF Award for Distinguished Contributions to Applied Psychology as a Professional Practice and her leadership on the APA Ethics Committee and Revision Subcommittee for the 1992 Code of Ethics.

Congratulations to our own Dr. Matty Canter for a lifetime truly devoted to the profession of psychology.

DONALD K. FREEDHEIM STUDENT PAPER AWARD

Attachment and the Psychotherapy Relationship: Client Attachment to the Therapist and Transference

Susan Woodhouse, Lewis Z. Schlosser, Rachel E. Crook, Daniela P. Ligiéro, and Charles J. Gelso
University of Maryland College Park

Attachment theory (Bowlby, 1988) provides a useful lens through which to examine and better understand psychotherapy and aspects of the psychotherapy relationship, such as transference. Bowlby (1988) viewed the therapy relationship as a special form of adult attachment, strongly influenced by a client's early attachment experiences. Internal working models influence later attachment relationships in adulthood, including the psychotherapy relationship. In fact, Bowlby (1988) wrote about the importance of understanding transference in terms of clients' internal working models of attachment.

This study was principally concerned with an exploration of the relation between client attachment to the therapist and therapist perceptions of transference. We hypothesized that level of security would be inversely related to transference (positive, negative and amount). We expected secure attachment would allow the client to perceive the therapist accurately and realistically, rather than unconsciously distorting the therapist in one way or another. We hypothesized that the level of preoccupied-merger attachment to the therapist would be positively correlated with both positive and negative transference, as well as with amount of transference. Based on clinical experience and the infant attachment literature, we theorized that people high in preoccupation would tend to feel a great deal of ambivalence towards attachment figures. Finally, we hypothesized that level of avoidant-fearful attachment to the therapist would be positively correlated with negative transference. Since, in some of the adult attachment literature, this style is associated with a negative model of self and a positive model of the other, persons scoring high on this style would tend to exhibit more negative reactions towards others, including their therapists.

Participants were 51 client-therapist dyads in on-going therapy. The therapists were experienced therapists who had an average of about 15 years of experience, with the majority working in private practice settings. All clients had at least 5 sessions with their current therapists, and the median and modal time in treatment was 10 months. After the next regular therapy session, clients completed a measure of their attachment to their therapist, the Client Attachment to Therapist Scale (CATS; Mallinckrodt, Gantt, & Coble, 1995). Therapists rated levels of positive, negative and overall amount of client transference for the most recent session and the past five sessions. Therapists rated transference using the Missouri Identifying Transference Scale (MITS; Multon, Patton, & Kivlighan, 1996) and the Therapy Session Checklist Transference Items (TSCTI; Graff and Luborsky, 1977)

Contrary to prediction, the more securely attached to the therapist clients were, the greater the tendency toward negative transference. Also contrary to prediction, level of security with the therapist was not associated with amount of transference. The expected inverse relation was not found. Apparently security with the therapist actually allows negative transference to emerge. This result would be consistent with Bowlby's (1988) idea that the client is able to explore difficult material with the

therapist because the client is able to use the therapist as a secure base from which to explore painful issues. It is not the case that security allows clients to see their therapists realistically and positively. The results of the present study instead emphasize the importance of the therapist as an attachment figure who serves as a secure base for the client such that more difficult material can emerge for exploration.

As we had predicted, when the level of preoccupied-merger attachment with the therapist was higher, both the amount of transference and negative transference were higher. In addition, higher levels of preoccupied-merger attachment were associated with a higher degree of positive transference. Together, these results offer support for the idea that clients who score high on the preoccupied-merger style are ambivalent and tend to show both positive and negative distortions of their therapists. Such clients would tend to desire to merge with the idealized other, yet also perceive the therapist as neither available nor helpful enough.

Contrary to expectation, no relation was found between level of avoidant-fearful attachment style with the therapist and any measure of transference. This was a puzzling finding. It may be that our sample did not adequately represent clients who would score high on this subscale. Indeed, the mean score on this scale was lower than the mean scores on the two other attachment scales. It is also possible that there are different subsets of clients who might score high on avoidant-fearful attachment, and that these groups may show differing patterns of transference. More research is needed on avoidant clients.

Finally, the only variable found to be significantly correlated with time in treatment was security of attachment to the therapist. Longitudinal research would be needed to understand whether clients become more securely attached to their therapists over time, or whether clients who are not able to form a secure attachment simply drop out of treatment.

References

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* New York: Basic Books.

Graff, H. & Luborsky, L. (1977). Long-term trends in transference and resistance: A report on a quantitative-analytic method applied to four psychoanalyses. *Journal of the American Psychoanalytic Association, 25,* 471-490.

Mallinckrodt, B., Gantt, D. L., & Coble, H. M. (1995). Attachment patterns in the psychotherapy relationship: Development of the Client Attachment to Therapist Scale. *Journal of Counseling Psychology, 42,* 307-317.

Multon, K. D., Patton, M. J., & Kivlighan, D. M. (1996). Development of the Missouri Identifying -Transference Scale. *Journal of Counseling Psychology, 43,* 243-252.

AMERICAN PSYCHOLOGICAL FOUNDATION

RANDY GERSON MEMORIAL GRANT

The American Psychological Foundation (APF) announces the Randy Gerson Memorial Grant to be given in 2003. For the 2003 cycle of the grant, graduate and predoctoral students 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

Eligibility Requirements:
Applicants from a variety of educational settings are encouraged to apply. Awards will be given in alternate years to students and professionals. The 2003 grant will go to a graduate student engaged in doctoral studies.

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, two letters of recommendation, and the applicant's official transcript)

Applicants must submit seven (7) copies of their entire application packets. Send application packets by February 1, 2003, to the APF Awards Coordinator (address below). Applicants will be notified by March 15, 2003.

Amount of Grant: $5,000.00

DEADLINE: FEBRUARY 1, 2003

For additional information:

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

FEATURE

Proposal for a New DSM Diagnostic Category: Political Apathy Disorder

Geoffrey D. White, Ph.D.

Political Apathy Disorder (PAD) is proposed as a new DSM Axis II (Personality Disorder) category. It may be conceptualized as a form of Antisocial Personality Disorder (301.7 DSM-IV) or as an entirely new diagnostic categorization.

The essential feature of Political Apathy Disorder (PAD) is a pervasive pattern of overconsumption of the limited resources available in the environment and/or failure to help reduce the suffering of others.

PAD can be compared with Antisocial Personality Disorder, which is "a pattern of disregard for, and violation of, the rights of others" (DSM-IV, p. 629). Both syndromes concern moral dificiencies. That is, when one is in a position to help or hurt another human being, a moral issue has been raised. Failure to help can produce the same ill effects as actively harming another person.

This notion of moral agency "in the perpetuation of inhumanities" has been described by Albert Bandura (1990; 1999) in a series of recent papers.

Moral agency is manifested in both the power to refrain from behaving inhumanely and the proactive power to behve humanely (italics added). Moral agency is embedded in a broader sociocognitive self theory encompassing self-organizing, proactive, self-reflective and self-regulatory mechanisms rooted in personal standards linked to self-sanctions (1999, p. 193).

It is probably worth pointing out the definition of a mental disorder as used in the DSM. "A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom" (p. xxi). Those suffering from Politial Apathy Disorder are not likely to report distress over their condition. Neither do those diagnosed with a variety of other diagnoses, e.g., Antisocial Personality Disorder and Narcissistic Personality Disorder. (Some have suggested that PAD is a mixture of the Antisocial and Narcissistic types).

The term "morality" is absent from the index of the DSM-IV and one is hard put to find it anywhere in the text. Nevertheless, the description of Antisocial Personality Disorder clearly invokes the notion of morality when it says that "deceit and manipulation" are central features of this disorder (DSM-IV, p. 645). That is, moral issues arise every time there is a choice about helping or hurting others. It is moral deficits that characterize antisocial personality disorder (psychopathy).

Indeed, traditional moral philosophers considered their tasks incomplete until they specified the mentality and motivational structure of reliable moral agents who could be counted on to affect the world in a certain way (Rorty, 1993). In a

sense, it is proposed here that failure to achieve th characteristics necessary t o live a constructive moral life that benefits society should be considered grounds for inclusion in the diagnostic nomenclature (DSM).

There may be concern over the use of the term "political" in the naming of the disorder. The world "political" is not used here in the usual definition having to do with the science of government. A more general definition of politics has to do with *how the resources* of a given society are distributed and controlled (DeLaney, 1995; McLean, 1996).

With these ideas in mind, the following criteria are tentatively offered as a beginning attempt to describe this new syndrome. Even though there were attempts to inject, parody, and sarcasm within the symptom list, hopefully this will not distract from the overall seriousness of the project.

Political Apathy Disorder — Diagnostic criteria for 3xx.xx Political Apathy Disorder

A. Current age at least 18
B. A pattern of irresponsible and politically apathetic behavior, as indicated by at least eight of the following:
    1. spends at least twice as much money on vacations as on alleviating social problems (poverty, health care, racism, education, corporate welfare, campaign finance issues, etc.).
    2. owns an SUV (sports utility vehicle). These are dirty (four times more toxic emissions than regular cars) and dangerous (10 times greater mortality rte for non-SUVs that collide with them.
    3. Owns a minivan, which has three to five times the emissions of a regular vehicle.
    4. Invests in non-SRI (socially responsible investing) mutual funds, pension plans, 401k, etc. If an individual (or the company for which he works) has non-SRI investments, there are no prohibitions against investing in tobacco stocks, weapons industry, alcoholic beverage companies, etc.
    5. Buys Starbucks coffee. This company is now owned by Phillip-Morris (the world's largest tobacco company). Further, Starbucks exploits small, third- world coffee growers and has contributed to a feudal-like system in these countries.
    6. Purchases any of the following products, which are owned by Phillip-Morris: Grapenuts, Miller beer, Miracle Whip, Sanka, Post cereals, Kraft Macaroni and Cheese, Minute Rice, Shake 'n Bake, Shreddies, CoolWhip, Cracker Barrel cheeses, Maxwell House coffee, Philadelphia Cream Cheese, and Cheez Whiz.
    7. Lives in a gated community.
    8. Verbalizes conern about social problems and human suffering but does nothing about them, i.e., confuses moral sentiment with moral action.
    9. Believes that morality is completely defined by merely avoiding harm to others (has never considered that morality means helping those in need when possible).
    10. Knows more names for coffee drinks (latte, cappucino, espresso) than names of members of the Cabinet.
    11. Believes that freedom of speech is more important than "one person/one vote."
    12. Doesn't read the ballot pamphlet until in the voting booth.
    13. Is opposed to social welfare but not corporate welfare, even though more is spent on the latter.

14. Believes that the federal government should spend more on the defense budget than on social programs.
15. Failed to vote in two or more (local, state, national) elections in the last two years.
16. Has spent more time remodelling home than on involvement in a political campaign or project.
17. Buys shoes and sports equipment (especially made by Nike) manufactured by child and sweatshop labor typically in third-world countries.

C. Occurrence of four or more of the following thoughts or statements when asked, "why aren't you more involved in social issues or the political process?"
   1. I don't have the time.
   2. I'm already helping the world through my profession.
   3. One person can't make a difference.
   4. If I can't fix everything, then what's the use in fixing anything.
   5. Smarter people than myself aren't doing anything.
   6. I don't know enough about the situation.
   7. I'll get involved later.
   8. I'm a good person, that's all that counts
   9. I meditate for peace at least once a week.

D. Defensive anger, withdrawal, confusion or nervous laughter occur in response to the following vignette: Would you expect someone to help your child if it was starving or in danger of being hurt? If the answer is "yes" then why aren't you doing something significant to help the millions of starving and suffering children in this country and the world? (Typically the thoughts in C. [above] occur at this time.)

E. Occurrence of Political Apathy Disorder not exclusively during the course of major mental disorder (schizophrenia, bipolar disorder, etc.) mid-term elections, divorce, or basketball playoffs.

F. May co-exist with Narcissistic Personality Disorder.

References

Bandura, A. Moral disengagement in the perpetration of inhumanities (1999). *Personality and Social Psychology Review*. 3, 193-209.

Bandura, A. Selective Activation and Disengagement of Moral Control. (1990) *Journal of Social Issues*. 46 (1), 27-46.

DeLaney, A. *Politics for Dummies* (1995). Foster City, CA: IDG Books.

McLean, I. *The Concise Oxford Dictionary of Politics.* (1996) Oxford: Oxford University Press

Rorty, A.O., What is takes to be good. In Gil Noam & Thomas E. Wren (Eds.). *The Moral Self* (1993) . Cambridge, Mass: The MIT Press

All correspondence may be directed to Geoffrey D. White, 2566 Overland Avenue, Suite 780, Los Angeles, California 90064, phone (310) 202-7445.

Trust Professional Liability Insurance*

Jana N. Martin, Ph.D.

Dr. Martin is President-elect of the California Psychological Association, APA's Public Education Campaign Coordinator for California, Past President and current Board member of the Los Angeles County Psychological Association, and Member and Past Chair of the CPA Marketing Committee.

It's not just an insurance policy!

When you buy from the Trust, you get much more than just an insurance policy. An entire Risk Management Program is at your fingertips!

- Internet access to your policy anytime
- Free Advocate 800 Risk Management Consultation Service for any Trust Insured
- CD-ROM Ethics and Risk Management Instructional Series, CE Credits, and a big discount
- HIPAA Compliance Resources developed in conjunction with the APA Practice Organization

"It's simply the best, better than all the rest!" Call the Trust today to find out why I and 30,000 of my colleagues put our trust where it belongs.

THE TRUST

1-800-477-1200 phone • 1-800-477-1268 fax • www.apait.org

*Underwritten by Chicago Insurance Company, rated A (Excellent) by A.M. Best Co.

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!
DIVISION 29 OFFERS MUCH MORE.

JOIN DIVISION 29 AND GET THESE GREAT BENEFITS:

⇔ FREE SUBSCRIPTIONS TO:

- PSYCHOTHERAPY: THEORY / RESEARCH / PRACTICE / TRAINING

  Featuring the best, most up-to-date articles on the field of psychotherapy – the bonus of earning continuing education credits while you read!

- PSYCHOTHERAPY BULLETIN

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

⇔ ANNOUNCING A NEW BENEFIT!

- IN SESSION

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

⇔ REDUCED FEES FOR ALL DIVISION 29 WORKSHOPS

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

⇔ DISCOUNTS ON MARKETING BROCHURES PRODUCED BY "THE BROCHURE PROJECT"

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

⇔ NETWORKING AND REFERRAL SOURCES

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

⇔ OPPORTUNITIES FOR LEADERSHIP

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

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

JOIN US TODAY!

DIVISION OF PSYCHOTHERAPY ■ MEMBERSHIP APPLICATION

LAST NAME

FIRST NAME

DEGREE YEAR INSTITUTION

ADDRESS

ADDRESS

CITY STATE ZIP

( )
DAYTIME PHONE

( )
FAX

COMPLETE E-MAIL ADDRESS

Please add me to Division 29's LISTSERV

APA Membership Number

APA Status:
____ Member ____ Associate ____ Fellow

MC / VISA # _____
EXPIRATION DATE _____

Signature

CLINICAL AND RESEARCH INTERESTS:

REASONS FOR JOINING DIVISION 29:

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

DIVISION 29 Central Office
6557 E. Riverdale
Mesa, AZ 85215

Code FD

ACT NOW FOR

- ✲ **LEADERSHIP OPPORTUNITIES**
- ✲ **FREE SUBSCRIPTIONS**
- ✲ **DISCOUNTS / REDUCED FEES**
- ✲ **MARKETING TIPS**