Psychotherapy

OFFICIAL PUBLICATION OF DIVISION 29 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

www.divisionofpsychotherapy.org

BULLETIN

In This Issue

Psychotherapy, Diagnosis, and the Future of Psychology in Health Care

Virtual Reality Approaches to Addiction Treatment

Highlights of the APA Council Meeting

Candidate Statements

VOLUME 39 NO. 1 WINTER 2004

Division of Psychotherapy ■ 2004 Governance Structure

ELECTED BOARD MEMBERS

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

President-elect
Leon VandeCreek, Ph.D.
The Ellis Institute
9 N. Edwin G. Moses Blvd.
Dayton, OH 45407
Ofc: 937-775-4334 Fax: 937-775-4323
E-Mail: Leon.Vandecreek@Wright.edu

Secretary
Abraham W. Wolf, Ph.D., 2003-2005
Metro Health Medical Center
2500 Metro Health Drive
Cleveland, OH 44109-1998
Ofc: 216-778-4637 Fax: 216-778-8412
E-Mail: axw7@po.cwru.edu

Treasurer
Jan L. Culbertson, Ph.D., 2004-2006
Child Study Ctr
University of Oklahoma Hlth Sci Ctr
1100 NE 13th St
Oklahoma City , OK 73117
Ofc (405) 271-6824, ext. 45129
Fax: (405) 271-8835
Email: jan-culbertson@ouhsc.edu

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

Board of Directors Members-at-Large
Norman Abeles, Ph.D. , 2003-2005
Michigan State Univ.
Dept. of Psychology
E. Lansing, MI 48824-1117
Ofc: 517-355-9564 Fax: 517-353-5437
Email: Norman.Abeles@ssc.msu.edu

Mathilda B. Canter, Ph.D., 2002-2004
4035 E. McDonald Drive
Phoenix, AZ 85018
Ofc/Home: 602-840-2834
Fax: 425-650-2929
Email: drmatcan@cox.net

Jean Carter, Ph.D., 2005-2007
3 Washington Circle, Suite 205
Washington DC 20037
Ofc: 202- 955-6182 Fax: 202-955-5752
Email: jeancarter5@comcast.net

Jon Perez, Ph.D., 2003-2005
IHS
Division of Behavioral Health
12300 Twinbrook Parkway, Ste 605
Rockville, MD 20852
Office: 202-431-9952
Email: jperez@hqe.ihs.gov

Alice Rubenstein, Ed.D., 2004-2006
Monroe Psychotherapy Center
20 Office Park Way
Pittsford, New York 14534
Ofc: 585-586-0410 Fax: 585-586-2029
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
E-mail: 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@cox.net

COMMITTEES AND TASK FORCES

STANDING COMMITTEES

Fellows
Chair: Roberta Nutt, Ph.D.
Director, Counseling Psychology Doctoral Program
Department of Psychology and Philosophy
P. O. Box 425470
Texas Woman's University
Denton, TX 76204-5470
Ofc: 940-898-2313 Fax: 940-898-2301
E-mail: F_Nutt@twu.edu

Membership
Chair: Rhonda S. Karg, Ph.D.
Research Triangle Institute
3040 Cornwallis Road
Research Triangle Park, NC 27709
Ofc: 919.316.3516 Fax: 919.485.5589

Student Representative to APAGS:
Anna McCarthy
2400 Westheimer #306-W
Houston, TX 77098
E-mail: annamuck@hotmail.com

Nominations and Elections
Chair: Leon VandeCreek, Ph.D.

Professional Awards
Chair: Patricia Bricklin, Ph.D.

Finance
Chair: Jan Culbertson, Ph.D.

Internet Editor
Abraham W. Wolf, Ph.D.

Education & Training
Chair: Jeffrey A. Hayes, Ph.D.
Counseling Psychology Program
Pennsylvania State University
312 Cedar Building
University Park, PA 16802
Ofc: 814-863-3799
E-mail: jxh34@psu.edu

Continuing Education
Chair: Jon Perez, Ph.D.

Student Development
Chair: Georgia B. Calhoun, Ph.D.
Associate Professor
Department of Counseling and Human Development
University of Georgia
Athens, Georgia 30602
Ofc: 706-542-4103 Fax: 706-542-4130
E-mail: gcalhoun@uga.edu

Diversity
Chair: Jennifer F. Kelly, Ph.D.
Atlanta Center for Behavioral Medicine
3280 Howell Mill Road Suite 100
Atlanta, GA 30327
Ofc: (404) 351-6789 Fax: (404) 351-2932
E-mail: jfkphd@aol.com

Program
Chair: Alex Siegel, Ph.D., J.D.
915 Montgomery Ave. #300
Narbeth, PA 19072
Ofc: 610-668-4240 Fax: 610-667-9866
E-mail: ams119@aol.com

Psychotherapy Research
Chair: William B. Stiles
Department of Psychology
Miami University
Oxford, OH 45056
Voice: 513-529-2405 Fax: 513-529-2420
Email: stileswb@muohio.edu

TASK FORCES

Interdivisional Task Force on Health Care Policy
Chair: Jeffrey A. Younggren, Ph.D.
Ofc: 310-377-4264

Task Force on Children, Adolescents & Families
Robert J. Resnick, Ph.D
Department of Psychology
Randolph Macon College
Ashland, VA 23005
Ofc: 804-752-3734 Fax: 804-270-6557
Email: rjresnic@hsc.vcu.edu

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

PUBLICATIONS BOARD

Chair: John C. Norcross, Ph.D., 2002-2008
Department of Psychology
University of Scranton
Scranton, PA 18510-4596
Ofc:570-941-7638 Fax:570-941-7899
norcross@uofs.edu

Publications Board Members:
Jean Carter, Ph.D., 1999-2004
3 Washington Circle, #205
Washington, D.C. 20032
Ofc: 202-955-6182
jeancarter5@comcast.net

Lillian Comas-Dias, Ph.D., 2001-2006
Transcultural Mental Health Institute
908 New Hampshire Ave. N.W., #700
Washington, D.C. 20037
Ofc: 202-775-1938
cultura@erols.com

Raymond A. DiGiuseppe , Ph.D., 2003-2008
Psychology Dept
St John's University
8000 Utopia Pkwy
Jamaica , NY 11439
Ofc: 718-990-1955
DiGiuser@STJOHNS.edu

Alice Rubenstein, Ed.D. , 2002-2006
Monroe Psychotherapy Center
20 Office Park Way
Pittsford, New York 14534
Ofc: 585-586-0410 Fax 585-586-2029
Email: akr19@aol.com

George Stricker, Ph.D., 2003-2008
Institute for Advanced Psychol Studies
Adelphi University
Garden City , NY 11530
Ofc: 516-877-4803 Fax: 516-877-4805
stricker@adelphi.edu

***Psychotherapy* Journal Editor**
Wade H. Silverman, Ph.D. 1998–2003
1390 S. Dixie Hwy, Suite 1305
Coral Gables, FL 33145
Ofc: 305-669-3605 Fax: 305-669-3289
whsilvermn@aol.com

***Psychotherapy* Journal Editor**
Charles Gelxo, Ph.D. 2005-2011
Psychology Dept.
University of Maryland
College Park, MD 20742
Ofc: 301-405-5909
gelso@psych.umd.edu

***Psychotherapy* Bulletin Editor**
Craig N. Shealy, Ph.D.
Department of Graduate Psychology
James Madison University
Harrisonburg, VA 22807-7401
Voice: 540-568-6835
Fax: 540-568-3322
E-mail: shealycn@jmu.edu

Internet Editor
Abraham W. Wolf, Ph.D., 2002-2004
Metro Health Medical Center
2500 Metro Health Drive
Cleveland, OH 44109-1998
Ofc: 216-778-4637 Fax: 216-778-8412
axw7@po.cwru.edu

DIVISION OF PSYCHOTHERAPY (29)

Central Office, 6557 E. Riverdale Street, Mesa, AZ 85215
Ofc: (602) 363-9211 • Fax: (480) 854-8966 • E-mail: assnmgmt1@cox.net

www.divisionofpsychotherapy.org

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
e-mail: assnmgmt1@cox.net

EDITOR
Craig N. Shealy, Ph.D.

CONTRIBUTING EDITORS

Washington Scene
Patrick DeLeon, Ph.D.

Practitioner Report
Ronald F. Levant, Ed.D.

Education and Training Corner
Jeffrey A. Hayes, Ph.D.

Professional Liability
Leon VandeCreek, Ph.D.

Finance
Jack Wiggins, Ph.D.

For The Children
Sheila Eyberg, Ph.D.

Psychotherapy Research
Robert J. Resnick, Ph.D.

Student Corner
Anna McCarthy

STAFF

Central Office Administrator
Tracey Martin

Website

www.divisionofpsychotherapy.org

PSYCHOTHERAPY BULLETIN

Official Publication of Division 29 of the American Psychological Association

Volume 39, Number 1 Winter 2004

CONTENTS

President's Column 2

Editor's Column 5

Letter to the Editor 9

Practitioner Report 11

Feature: Psychotherapy,k Diagnosis and the Future of Psychology in Health Care 15

Ballot for Revisions/Changes to the Division 29 Bylaws 21

Feature: Virtual Reality Approaches to Addiction Treatment.....23

Feature: Highlights of the APA Council Meeting 26

Candidate Statement 27

Proposed Revision to Division 29 Bylaws 38

PRESIDENT'S COLUMN

Initiative for the Advancement and Advocacy of Psychotherapy

Linda F. Campbell, Ph.D.

I am honored to be speaking to you as the president of our division. You have been hearing from me for several years as the editor of the *Psychotherapy Bulletin*. Even though the *Bulletin* will always hold a special place in my heart, I couldn't be more pleased to pass the editorship on to Craig Shealy. I am confident that he will nurture and develop the *Bulletin* with the same commitment that I still feel for the publication.

Last year, during President Pat Bricklin's watch, Leon VandeCreek, as President-Elect Designate, and I, as President-Elect, began an ambitious initiative. We boldly call it the Division 29 Initiative for the Advancement and Advocacy of Psychotherapy. It is a mouthful to be sure (and if you have ideas for a good acronym, please let me know). The project itself, however, is anything but a yawner and I am most pleased to give you a description of our purpose and to provide a progress report on what we have done so far.

Division 29 is the only division of APA that represents the welfare, interests, and advancement of psychotherapy. Our professional experiences and scholarly writings warn us that the future of psychotherapy may be in question. Psychologists and students who are members of Division 29 may differ in work settings and in career direction, but we all have in common a commitment to psychotherapy. We value psychotherapy as a powerful and critical part of our profession and consider psychotherapy as fundamental to our identity as psychologists.

Division 29 is the natural and rightful representative of psychotherapy in APA. Our division is the APA home for practice, research, theory, and training in psychotherapy. Our intent is never to discount the importance of other divisions in pursuit of practice or training concerns nor to to devalue other societies outside of APA that represent the research interests of psychotherapy. An important part of our objective is to work in close alliance with other divisions and societies to form stronger coalitions.

The most important point for me to convey in this column is that, as Uncle Sam says, "We Want You." The project is underway, but a critical part of the project is to bring members into its activities. This could mean joining a focus group, sending suggestions through listserv dialogue, submitting feedback on proposed iniatives, contacting Leon or me to talk about your ideas. A major goal of this initiative is to bring members into the pursuit of strategic objectives that will promote psychotherapy. Following is a short summary of the initiative.

In order to understand what our members think are the impediments to the continued advancement of psychotherapy, we formed working groups in accordance with our division's three mission areas of training, research, and practice. About 15 members who are practitioners are involved in the practice working group, 12 leading psychotherapy researchers are involved in the research working group, and 12 prominent leaders in education and training are in the training working group. We held several conference calls with each working group and discussed a set of stimulus questions to identify problems in a systematic way. The

conference calls were lively and illuminating. The result in each case was an impressive list of feasible and specific recommendations that will become our master action plan.

Examples of concerns and corrective recommendations from each working group may help explain our direction. In the practice group, members cited that the evidence-based movement may discount the multiple streams of evidence that practitioners use. Multiple forms of evidence are not validated for the contribution they make to practitioner decision making. Practitioners also cited the semantic differential of practice as separate from science implicitly discounts the value of practitioners as scholars. Practitioners are the local clinical scientists who frequently identify powerful methods and relationships before they reach the statistical data set. They are the canaries in the coal mines. Practitioners would like our division to champion these mattters.

The research group identified difficulties in acquiring federal funding because often the grant guidelines are incpatible with the research directions that psychotherapists would pursue, such as common factors, working alliance, and other process research. A related recommendation is that practitioners and researchers would like work together from the onset in practice based research rather than receiving information after the studies are conducted. Alice Rubenstein, Leon VandeCreek, and I attended the Newport meeting of the North American Society for Psychotherapy Research meeting and held a focus group there. Several members of our division who attended suggested that we develop an internet means by which researchers could list projects they want to pursue and practitioners could sign on to participate. Simultaeously, practitioners could identify practice questions they would like researchers to investigate. The researchers were very interested in Division 29 being the home for this exchange. Also, researchers suggested that the division pursue CE credit for practitioners who participate in these studies.

The training group noted that there is excellent training in psychotherapy in many doctoral programs, but also expressed concern whether students are able to identify the type of psychotherapy training in programs to which they are applying. One recommendation was for our division is to pursue a mentoring program in which students interested in research could communicate through a mentoring listserv and work with researchers on projects who are at different universities than the students.

These are a few ideas that have already sprung up in the focus groups. During the next months, the three working groups, along with an APAGS group and an early career group. will hone down specific recommendations. These will be presented to the Board of Directors for approval. The process is ongoing and each recommendation may need a different time frame from others. Some will have budgetary implications and some will not. One of the few (in my opinion) advantages to the arrival of the technology age is that much communication can be accomplished with little cost.

To this end, the Board of Directors approved a Task Force on Psychotherapy Advancement and Advocacy. This TF will work with standing committees of the division, with other APA entities and with other associations outside APA that are committed to the advancement of psychotherapy. The TF is composed of Alice Rubenstein (representing practice), Jeffrey Hayes (representing training), Bill Stiles (representing research), John Norcross (representing the Publications Board), and Leon VandeCreek and myself as co-chairs.

Our hope is that this initiative becomes a division-wide project involving you, the members, not just a few governance people. Please contact Leon (Leon.Vandecreek@Wright.edu) or Linda Campbell (lcampbel@uga.edu) if you would like to come on board.

DIVISION 29 AWARDS RECOGNITION

Pat Bricklin (Past President) and Tracey Martin (Administrator)

Charlie Gelso, Incoming Journal Editor

Clara Hill, Past Chair of Psychotherapy Research

Pat Bricklin (Past President) and Linda Campbell (President)

Craig Shealy (Bulletin Editor) and Jon Perez (CE Chair)

Leon VandeCreek (President-elect), James Bray and Mike Murphy

EDITOR'S COLUMN

Psychotherapy Is On the Move

Craig N. Shealy, Ph.D.

Division 29, Psychotherapy, is on the move. As the incoming editor of *Psychotherapy Bulletin*, I am honored and delighted to participate in this process of transformation. For the past three years, I have served as Membership Chair for our Division. In that role, I was able to survey, talk, and correspond with many of you. I know first hand that our members are among the most experienced, thoughtful, and dedicated psychologists within the American Psychological Association. As researchers, theorists, practitioners, and trainers, we share a common commitment to ensuring the integrity and viability of all aspects of psychotherapy, in times that are anything but certain. Fortunately, I believe we have good and demonstrable reasons to hope.

First, the three-year "initiative" described by President Campbell in her inaugural column represents a fundamental and essential reexamination of the challenges and opportunities that are before us now, as researchers, practitioners, and trainers. Please heed Dr. Campbell's call to participate in this initiative as it represents an opportunity to envision anew how we can build upon our strengths and affirm our historic values and traditions while also asserting our legitimate right to influence dialogue, processes, and policies regarding research, theory, practice, and training in psychotherapy. There is much work to be done, but with your active representation and participation, there is every reason to believe that we can create a reinvigorated Division of Psychotherapy.

Second, as a Division, our members are among the oldest in the American Psychological Association. That reality offers both advantages, in terms of the tremendous expertise and wisdom of our members, and disadvantages, in that our membership base has been on the decline for over a decade. I am pleased to report that with much effort from many individuals, we have slowed our membership decline considerably. This year, it is possible that we may even reverse our decline altogether, and actually show a net gain in members. Thus, if you know of someone who would like to be a member, or who has not yet renewed their membership dues, please encourage them to fill out the membership form in this Bulletin and send it in today. We need everyone's participation and support to achieve our goal of a net increase in members for 2004.

Third, consistent with the above point, one of the most encouraging developments within our Division is the increase in student members. It is a cliché and truism to be sure, but for the APA in general, and our Division in particular, students are the future. Simply put, we must recruit and retain a new generation of student members if we are to remain viable over the long term. Fortunately, over the past few years, I can attest that the officers you have elected to the Division demonstrably grasp this reality, and have subsequently embraced student recruitment and retention as a principle objective. This organizational investment is beginning to pay dividends. In the issue of the Bulletin, for example, you will see some bylaws that were just approved by the Board of Directors at our 2004 midwinter meeting. These changes would significantly enhance the role and visibility of students in our Division, providing them legitimate

representation, the means to get involved, and a clear voice so that we can hear directly from them about the realities and opportunities they face in today's world. So, please vote yes on this ballot and return it promptly. Your affirmative vote is nothing short of a declaration of commitment to our future.

Fourth, prior to assuming this new role, I spent time reviewing a number of other Division newsletters within APA. Under the superlative editorial leadership of Dr. Linda Campbell, who built upon the excellent foundation of editors before her—and in conjunction with a wonderful and supportive publications board, chaired by Dr. John Norcross—I am convinced that our newsletter is already among the very best. From my discussions with many of you, I know that you share that perception, a contention that receives further support from survey data showing that the *Psychotherapy Bulletin* is one of the most highly valued aspects of Division 29 membership. As Dr. Campbell mentioned in her last column, she and I will be discussing various roles and possibilities for the Bulletin and Division in subsequent issues. In the meantime, I want to thank Linda for her outstanding stewardship of this most important resource for you, our members, and for her warm and gracious welcome to me in this new role.

So, what does the future hold for Psychotherapy Bulletin? Well, at the just completed midwinter meeting, I presented some thoughts to the Publications Board regarding what we should preserve and what we might consider. I wanted to share that perspective with you, in hopes that you might be inspired to tell me what you think. So, here goes. From my review, some of the best features of Psychotherapy Bulletin are as follows:

What Should Be Retained

1) the "journal" look of the Bulletin, which includes contents on the front cover (rather than a president's message, etc.);
2) the layout is very clear and (usually) not complicated or cluttered by confused intermingling of different features/content;
3) clear headings and standing columns that are typeset in a professional and appealing manner;
4) the "small" size of the format (it's distinctive and transportable);
5) the student column occurs early on, is prominent, and afforded liberal space;
6) the organizational structure is clearly and professionally listed inside the front cover, and contact information is very accessible;
7) the content is highly credible, and includes thoughtful and relevant pieces that are well-executed and scholarly; and,
8) Division events are covered well, routinely, with accompanying pictures.

Potential Additions and Modifications

1) consider updating the logo (any graphic artists out there?);
2) consider a different color (anyone hugely invested in pink?);
3) use a thicker but still glossy stock for the front cover;
4) maintain a predictable sequence for all content, which does occur now but could be more standardized (columns first, articles second, events third, announcements fourth, etc.);
5) consider other regular features, including (but by no means limited to) the following:
   (a) "From the Front Lines" (each issue would include half a page devoted to four separate members speaking to theory, research, practice, and training in psychotherapy);
   (b) "A World of Psychotherapy," would feature one or more of our international members describing the state of science/art in their country/region, and helping us to forge global inroads/professional connections;
   (c) rename the columns (e.g., "Student Column" to "Voice of a New Generation", etc.);

(d) consider a "Hot Button Issue" or Point/Counterpoint, etc. where two of more perspectives could be presented on a single relevant issue;
(e) consider a "Meet A Member" feature, in which a picture of a member would be accompanied by a bio and some thoughts from them about the Division, their professional activities, and so forth;
(f) consider a standing column on how the Division can maximize its influence, relevance, and viability.

6) each issue, we should have some sort of update from standing committee as well as a clear call to members to get involved in committee activities or projects;
7) all contributors (columnists, papers) should include a picture with their material;
8) every way possible, students must be included/cited/prominently featured in various activities and events;
9) our "electronic version" should be state of the art and very accessible;
10) perhaps most important of all, we must feature the initiative over the next two years (hopefully beyond), with timelines, targets, plans, and accomplishments.

I'd also like to consider a "letters to the editor" section, where members could write in regarding any number of matters (e.g., articles in the Bulletin, events within our profession, and so forth). The Bulletin is also a great place to feature reviews of current and upcoming articles in the Division's premier and widely respected journal, *Psychotherapy*. It would also be good for us to promote greater cross-generational dialogue between our new and student members and those of you who have been working as psychotherapy researchers, theorists, practitioners, and trainers for decades, in many cases. For example, perhaps our student members could pose "thought questions" that could be answered by some of our more "senior" members? Similarly, through our just revamped website, which includes a new student section and other updates courtesy of Dr. Abe Wolf, we could also host chat sessions on various topics, and announce those in the Bulletin (check it out at http://www.divisionofpsychotherapy.org/). I will be exploring these possibilities with our creative and dedicated Student Representative, Anna McCarthy, and many others in the months to come. In the meantime, I'd really like to hear from you regarding any of the above ideas as well as thoughts or suggestions that you might have. Maybe you'd like to write an article. Perhaps you have announcements or information you'd like to share. It could be that you need more information about something you've seen presented, or would like to get involved in an initiative or event. Whatever the case, I encourage you to contact me directlyat shealycn@ jmu.edu.

Ultimately and in closing, I want our Bulletin to 1) provide an open, lively, and accessible forum for professional discourse and debate; 2) foster professional collaboration and facilitate connections among our members; 3) update our members about relevant, recent, and upcoming events and opportunities; and 4) showcase all that we're doing and striving to become. This is your newsletter, so help me make it everything a professional newsletter can and should be. Psychotherapy is indeed "on the move," and I want to thank you for affording me the opportunity to be part of it all, while continuing to pursue our common commitment to a crucial cause: promoting excellence and innovation in psychotherapy research, theory, practice, and training.

DIVISION 29 BUSINESS MEETING

Pat Bricklin, Linda Campbell, Norm Abeles, and John Norcross

Bob Resnick, Roberta Nutt, Craig Shealy, John Norcross, and Norm Abeles

Trisha Hannigan-Farley, Clara Hill, and Bob Resnick

Don Freedheim and Linda Campbell

Clockwise: Norm Abeles, John Norcross, Leon VandeCreek, Jon Perez, and Pat Bricklin

Clara Hill and Brian Glaser

LETTER TO THE EDITOR

Dear Editor:

Upon reading the brochures on ADHD that were published by Division 29 in conjunction with Celltech Pharmaceuticals, I was concerned about the following three statements:

"ADHD is generally considered a neurochemical disorder."

"Most people with ADD/ADHD are born with the disorder, though it may not be recognized until adulthood."

"ADHD is not caused by poor parenting, a difficult family environment, poor teaching or inadequate nutrition."

I had two concerns:

1. There is not adequate scientific evidence to support the statements.

2. The statements contribute to harmful misunderstandings and ineffective treatment. This because the statements imply that ADHD is a result of genetic determinism and/or random biological dynamics rather than an attempt by an individual to respond to a situation in a way that has been largely determined by his or her experience in the world and the attitudes, beliefs, habits and assumptions that arise from such experience. Thus, the statements support a treatment approach based mainly on medication rather than on interventions that will help the individual understand his or her response and learn how to respond in a more effective way and on interventions which are aimed at correcting factors in family, school and community environments that contribute to the response.

On February 17, 2002 I sent a letter to Dr. Alice Rubenstein, Director of the Brochure Project, expressing my concerns. In her reply of March 17, 2002, she included supporting information and references provided to her by Dr. Robert J. Resnick and Dr. Kalman Heller including the statement that "evidence to date suggests a biological cause."

Dr. David Walker and I reviewed the information and references provided by Dr. Rubenstein and came to the following conclusions:

A. The statements are not supported by adequate scientific evidence.

1. The statement that "ADHD is generally considered a neuro-chemical disorder" is based on evidence that the brains of persons diagnosed with ADHD are significantly different from those of persons not so diagnosed. The evidence of research on the brains of ADHD patients is equivocal and inconclusive. The biggest problem with the research is that most of the patients whose brains have been studied have been taking stimulant medication and no attempt was made to control for this factor. Even if the evidence were unequivocal and totally conclusive, it would not be evidence that ADHD is a neuro-chemical disorder. To think so is to confuse correlation with causation. There is no doubt that neurochemical dynamics are involved in ADHD. The human central nervous system is a neurochemical machine. But it is more likely that such dynamics are a **result** of psychological variables such as thoughts, feelings, habits, assumptions, beliefs and intentions than a **cause** of them. After all, that is clearly the case with the stress response, the mind-body dynamic which has been most thoroughly subjected to scientific investigation. In our letter to Dr. Rubenstein, we cite numerous scientific studies that support this conclusion.

2. The statement that "people with ADD/ADHD are born with the disorder" implies that the etiology is essentially

genetic. The research that is used to support that belief is deficient in a number of ways. Studies that are cited base their conclusion on the fact that interclass correlations for the symptoms of ADHD are significantly greater between monozygotic twins than between dizygotic twins. In order to impute a genetic explanation for this fact, one must assume an equal environment for monozygotic and dizygotic twins. Such is not the case. Research has demonstrated that monozygotic twins spend more time together, study together more, have the same close friends, attend the same social events, are more closely attached, are more inseparable as children, experience more identity confusion in childhood and are emotionally closer than dizygotic twins. The research also fails to account for the complexity of gene expression, a process involving the synthesis of proteins which is much affected by environmental factors. Finally, the research fails to control for the impact of attachment and trauma, factors which begin to exercise their influence even before birth.

3. The statement that "ADHD is not caused by poor parenting, a difficulty family environment and poor teaching" is refuted by a mountain of evidence. In fact, a preponderance of evidence demonstrates that ADHD is significantly associated with unmet needs for nurturance in childhood, difficult family environments and inhumane and oppressive school and community environments. The letter to Dr. Rubenstein contains numerous citations of scientific articles containing such evidence.

B. Treatment that is based on these scientifically unfounded beliefs harms children. It harms them because it fails to honor their behavior as a functional response to a situation which for them may be difficult, off-putting, oppressive, discounting and/or irrelevant. It is harmful because it fails to use the child's crisis as an opportunity for learning how to manage emotions, thoughts, intentions and behavior in more adaptive and life-enhancing ways rather than an opportunity to learn how to take medicine.

C. As the ADHD category has begun to be exported from its current white, middle-class, male youth focus to children of color, who continue to grow under conditions of poverty and oppression, the die is being cast for psychology's complicity in fostering a new, modern class of eugenics survivors – the ADHD child of color, shuffled to special education rooms as an individual "behavior issue." Thus, we rationalize away our failure to accurately identify and effectively address his or her problem as having a primary origin in inequity, injustice, disadvantaged parenting and the failures of American public education.

Dr. Walker and I sent a 25-page letter to Dr. Rubenstein describing our conclusions. We asked that the Division cease the distribution of the brochures and develop brochures that reflect a more balanced conception of ADHD and its treatment. The Division has refused to do that.

The letter to Dr. Rubenstein was originally signed by 12 members of the APA. It has since been signed by additional members. Division 29 members may access it by going to the Division web site—http://www.divisionofpsychotherapy.org –and clicking on the "Brochure Project" link; by e-mailing me at agalves2003@yahoo.com; by sending me a letter at 2168 Sagecrest Ave.; Las Cruces, NM 88011 or by calling me at 505-571-3105.

Sincerely,

Albert O. Galves, Ph.D.

PRACTITIONER REPORT

Lessons Learned on the Campaign Trail

Ronald F. Levant, Ed.D., MBA, ABPP
Nova Southeastern University
APA President-Elect

Ronald F. Levant, Ed.D., M.B.A., A.B.P.P., is President-Elect of the American Psychological Association. He was the Chair of the APA Committee for the Advancement of Professional Practice (CAPP) from 1993-95, a member at large of the APA Board of Directors (1995-97), and APA Recording Secretary for two terms (1998-2000, 2000-2003). He is Dean and Professor, Center for Psychological Studies, Nova Southeastern University, Fort Lauderdale, FL.

Having just enjoyed two weeks vacation following 12 months on the campaign trial for the APA Presidency has given me some to reflect on the experience, which I would like to share with you.

Before I do this, I want to express my profound gratitude to many members of the Division of Psychotherapy for their support of my campaign! As one of my mentors, former APA president Pat DeLeon, might say at a time like this, Mahalo!

Being a candidate for APA President is truly an extraordinary experience, one that puts the candidate in touch with the grassroots of our Association in a very direct way. I was able to attend 37 different meetings during calendar year 2003. Of course, this included regular APA governance meetings like Board, Council, Consolidated, and Leadership meetings, but also included many state and county psychological association meetings, as well as APA divisional, specialty organizational, and university colloquial meetings. At most of these meetings I was an invited speaker, either as keynoter on the topic of the future evolution of professional psychology, psychological health care, or serious mental illness, or a workshop presenter on the new psychology of boys and men or a train-the-trainers workshop on the "Road to Resilience" campaign. So although I was clearly a candidate, I actually gave very few "stump speeches" and mostly shared my perspective and expertise. And of course I spent a lot of time talking with psychologists and graduate students, individually and in smaller and larger groups, in the exhibit areas or in the gym, on walks or jogs, or at lunches or dinners.

What I found was quite varied. Admittedly, my observations are based on selected encounters, and cannot in any way be viewed as representing a scientific sampling of our profession, but for what it's worth, here it is. First, I was disturbed to see that many psychologists are disconnected from APA. Either they are not members, or if they are members they fail to see its relevance to the issues of importance to them. Of course, this to some extent a reflection of former U.S. House Speaker Tip O'Neill's trenchant observation that "all politics is local." But I think it also reflects the need for APA leadership to make a much greater effort to connect with our grass roots. On this note I am pleased that APA CEO Norman Anderson plans to visit all of the state, provincial and territorial psychological associations over the next few years. I think that this will help a great deal, and will be much appreciated by the members.

I also found that many psychologists have moved from where many were a few years ago—namely, stunned by managed care — and have been evolving into new practice niches in nursing homes, the schools,

courts, businesses and industries, sports and performance, and elsewhere. However, I was also surprised to see that relatively few psychologists were aware of the enormous potential opportunities in healthcare, and even fewer knew about the new health and behavior codes that allow psychologists to bill under a medical diagnosis like diabetes or hypertension.

I was absolutely delighted to see how many of the local leadership were willing to get actively involved in APA presidential politics, which I think is fitting, given that this is the only office in APA that members vote for. Many state associations and divisions, for the first time ever, endorsed a candidate for the APA Presidential election (see list below). Some, like Washington State, actually changed their policies, and, under the leadership of Andy Benjamin, Ruth Paige, and others, developed a new process for reviewing and endorsing candidates, whereas others, like Wisconsin, under the leadership of Rick Hurlbut, Asher Pacht, Barbara Van Horn and others, created the conditions for a one-time only endorsement that established no precedent for future APA elections. Given these enormous changes, I think that my experience this year of being the only candidate present at the overwhelming majority of the meetings I attended will not be repeated by future candidates. Candidates will soon get the message that state associations and divisions are important, and will therefore make an effort to visit them. My wish is that this new political activism in the state associations and divisions will continue to grow and perhaps spill over to enhance psychology's political activism on behalf of the profession and our clients at the state and national levels.

One sour note on the campaign trail was the negative campaigning that unfortunately occurred. Rather than viewing that as the act of an individual, I have come to see it as part of a larger pattern that we are now seeing both in the profession (on our listservs, for example) and in society more generally (e.g., talk radio, reality TV), a pattern of a marked decrease in civility. Regrettably, we seem to be becoming an uncivil society. Most troubling, this is showing up in the filing of frivolous ethics complaints, which I want to spend a few moments discussing.

As you know, the new APA Ethics Code has recently gone into effect (June, 2003). It consists, as did the 1992 code, of both Aspirational Principles (non-enforceable) and Ethical Standards (enforceable). It is intended to provide guidance and assistance to psychologists struggling with ethical dilemmas in their daily activities. Secondarily, it provides a basis for imposing sanctions on psychologists who fail to adhere to these basic standards. The code makes it explicit that it is not intended to be used as the basis for civil liability. It is also clear that it does not constitute, legally, a standard of care, nor is it to be used retrospectively, to sanction psychologists who, despite due diligence, are not aware of certain issues at the time they rendered professional services. The code of ethics also discourages the filing of frivolous complaints.

Unfortunately, ethics committees and psychology boards have seen an increase in such complaints. These are especially troubling because many of these unwarranted complaints come from one psychologist trying to discredit another. Nothing can be more devastating to a careful, ethical, and conscientious psychologist than to be asked whether she/he is "under ethics investigation." Even if there is no basis, the damage is done. Managed care panels have dropped psychologists who are "under investigation" regardless of the validity of the complaint. Courts and attorneys will not retain psychologists to do forensic work if they are "under investigation," even if the motive is clearly questionable. One such recent case involved a psychologist who had developed and researched some new scales for a psychological test. An opposing expert witness, in an attempt to discredit the first psychologist, accused the first psychologist, in testimony, of

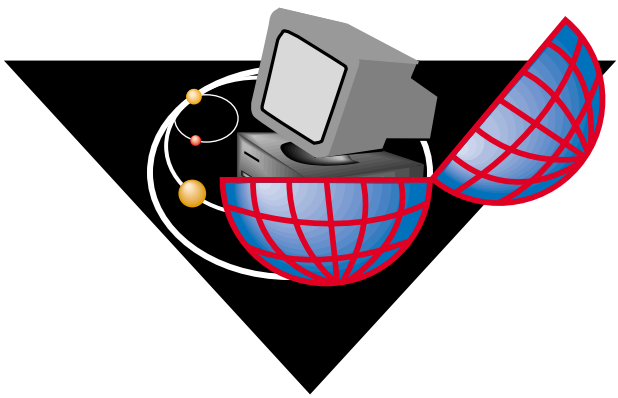
unethical and grossly negligent research. Clearly, we all need to make a decent living but when this involves trying to discredit others by the misuse of the code of ethics, this is shameful behavior, and casts discredit on all psychologists. The Code of Ethics is designed for education and sanctions when necessary, and should not be used to discredit or attack others with whom one has a professional disagreement.

As always, I welcome your thoughts on this column. You can most easily contact me via email: LevantR@nova.edu.

Campaign Endorsements

- APA Division 2, Society for the Teaching of Psychology
- APA Division 8, Society for Personality and Social Psychology
- APA Division 16, School Psychology
- APA Division 18, Psychologists in Public Service
- APA Division 19. Military Psychology
- APA Division 31, State Psychological Association Affairs
- APA Division 35, Psychology of Women
- APA Division 39: Psychoanalysis
- APA Division 42, Psychologists in Independent Practice)
- APA Division 49, Group Psychology and Group Psychotherapy
- APA Division 51, Society for the Psychological Study of Men and Masculinity
- APA Division 55: American Society for the Advancement of Pharmacotherapy
- APA Assembly of Scientist/ Practitioner Psychologists
- APA Association of Practicing Psychologists (APP)
- APA Caucus for the Optimal Utilization of New Talent (COUNT)
- APA Caucus of State and Provincial Representatives (CSPR)
- APA Coalition for Academic, Scientific, and Applied Psychology
- APA Ethnic Minority Caucus
- APA Public Interest Caucus
- APA Women's Caucus
- Association of VA Psychologist Leaders
- Psychologists Endorsing Prescriptive Treatment Options (PEPTO)
- Alaska Psychological Association
- Arizona Psychological Association
- Arkansas Psychological Association
- Association of Virgin Islands Psychologists
- Connecticut Psychological Association
- Florida Psychological Association
- Illinois Psychological Association
- Kansas Psychological Association
- Los Angeles County Psychological Association
- Louisiana Psychological Association
- Louisiana Academy of Medical Psychology
- Manhattan Psychological Association
- Massachusetts Psychological Association

- New Jersey Psychological Association
- New York State Psychological Association
- Ohio Psychological Association
- Puerto Rico Psychological Association
- South Dakota Psychological Association
- Texas Psychological Association
- Utah Psychological Association
- Vermont Psychological Association
- Virginia Academy of Clinical Psychology
- Washington State Psychological Association
- Wisconsin Psychological Association
- Wyoming Psychological Association



Find Division 29 on the Internet. Visit our site at www.divisionofpsychotherapy.org

FEATURE

Psychotherapy, Diagnosis, and the Future of Psychology in Health Care

Jack G. Wiggins, Ph.D.

At the February 2004 Division of Psychotherapy Board meeting, we considered the integration of practice, training and research into a unified framework. Inevitably, the discussion came back to reimbursement issues as the lynchpin of practice and its impact on training and research. Reimbursement rates have remained almost stationary under managed care for the last decade while the time required in processing the paper work for insurance claims has increased eightfold. In contrast, managed care companies profits have increased elegantly without contributing to the health of the beneficiaries for whom they authorize payment of services. This continues to raise questions about the value of psychotherapy in the future of health care, and, most importantly for our membership, what the place of psychologists as practitioners providing psychotherapy in health care will be, especially as it is controlled by managed care companies? In order to provide some answers to the above questions, it may be helpful to review how the current state of affairs came to be.

Prior to the beginning of reimbursement of mental disorders through insurance in the late 1950's, the standard exclusions in health insurance included tuberculosis (TB) and mental illness and alcoholism, including substance abuse. There was no known treatment for tuberculosis beyond rest in a TB sanatorium. Mental illness led to confinement in a publicly operated mental hospital. (Over half of all hospital beds in the US were filled with mental patients, which was very costly to state budgets). Alcohol/substance abuse was deemed a voluntary condition on the part of the beneficiary, hence, not a covered condition in the contract. Insurance coverage of these exclusions began changing due to pressure from unions, the advent of effective treatment of TB, and the urgent need to develop outpatient resources for the mentally disturbed. Alcoholism was mainly left to the Salvation Army and Alcoholics Anonymous.

The high demand for office- based psychotherapy quickly outstripped the supply of psychiatric services. Psychologists and social workers began to "moonlight" in the offices of psychiatrists and physicians who would sign the insurance forms for them for a fee. Independent practice by professionals other than physicians was hampered by insurance restrictions limiting payment to physicians who could diagnose and supervise the treatment of mental disorders. This restriction was gradually loosened to allow treatment and referral of patients diagnosed by a physician to another professional, who would work in collaboration with the diagnosing physician. As may be evident, at this time, the "independent" practice of psychology was beholden to a physician, and dependent upon an insurance reimbursement system, which required usage of the existing diagnostic system.

Psychology was thus faced with the following choice: 1) remain diagnostic testing technicians who could not make a diagnosis legally, could only make diagnostic suggestions to a qualified physician, and then accept psychotherapy patients on referral from the diagnosing physician; 2) compete directly with psychiatry by asserting the right of psychologists to diagnose and treat independently and accept the flawed diagnostic system, treatment modes and pay-

ment system; or 3) abandon the practice of psychotherapy altogether. As may be evident, these were not particularly nuanced options, although they inspired great debate at the time. As many readers will recall, psychology resolved the legal issues of independent practice by passing state licensing laws that defined a scope of practice that included the ability to diagnose, as well as, treat mental conditions. Because states not only controlled scope of practice of health professions but also regulated health insurance, existing "certification" laws that merely protected the title of "psychologist" quickly became archaic.

Interestingly, academic psychologists vigorously opposed emerging laws that licensed practicing psychologists and won an exemption from licensure for the teaching of psychology. Other milestones included the first "freedom of choice" law (passed in New Jersey, in 1967), which permitted psychologists to be reimbursed in medical insurance contracts. (This included medical services in automobile insurance coverage.) The Internal Revenue Code was also amended to make psychotherapy and other mental health services of psychologists a tax-deductible medical allowance to the patient. Insurance carriers subsequently implemented "freedom of choice" laws by classifying psychologists as "physicians" for the purposes of the health insurance contract. Being defined as "physicians" worked relatively well for psychologists. Prior to this new recognition, psychologists were often considered social scientists that were unconcerned with psychiatric diagnosis. Although the diagnosis of the patient had little relevance to the psychotherapeutic work psychologists were performing, all practicing psychologists quickly learned which diagnoses worked for insurance reimbursement of patients. Thus, in short order, psychologists began applying their excellent diagnostic skills, and promptly mastered the Current Procedure Terminology Codes (CPT) required for insurance reimbursement. Psychological practice thrived.

There were obstacles to face, however. As noted above, psychology was saddled with a diagnostic system based on signs and symptoms that did not fit the profession's skill in reducing limitations in functioning and enhancing coping skills. The Current Procedure Terminology Codes (CPT) were owned by the American Medical Association (AMA) and only diagnostic testing and "medical psychotherapy" were recognized for reimbursement. Slowly psychology's protests to state insurance commissioners succeeded in removing "medical" from procedure codes. Complicating matters, however, psychology was not included in Medicare, Medicaid, Vocational Rehabilitation and other federal health service programs. Federal laws were changed through political advocacy by psychologists to obtain parity for mental disorders with physical conditions and equality with psychiatry in Vocational Rehabilitation. Eventually, psychology was included in CHAMPUS, federal employee health benefit plans, and federal Worker's Compensation. Medicare and Medicaid became our last stumbling blocks and remain so to this day. Although Medicare has developed its own procedure codes, these are strikingly similar to the AMA's CPT codes. Thus, the Medicare/Medicaid diagnostic and procedure codes are modeled after those used by the private insurance industry. Now, with the government in control of codes, they are more difficult to change through lobbying.

Medicare had already been enacted in 1966 but psychology had not been included. Efforts to include psychology were rebuffed ostensibly because the federal agency in charge was having so much trouble implementing Medicare, and did not want to make other changes in this complicated health plan for the elderly. In essence, the federal government, for the first time, was coping with the management of the complexities of health care and reimbursement. Overall, the health system was found to be chaotic, irrational, and unmanaged. Likewise, the insurance

industry had witnessed a meteoric rise in health care costs, and subsequently requested federal relief from state-mandated benefits such as first day coverage for infants, "freedom of choice laws" and alcohol coverage. Insurers were also fearful of being frozen out of health insurance by national health insurance. The result was passage of the Employee Retirement Income Security Act (ERISA) in 1975. This act effectively wiped out state "freedom of choice" laws, in part because ERISA allowed corporations to be "self insured" and write their own employee benefit plans using third party administrators or insurers to "manage" their unique plan. The resulting confusion from this act evoked a large amount of litigation, which required years to resolve. Ironically, ERISA also had a paradoxical effect, since employees lost health benefits and retirement plans remained problematic. Close to home, psychology and other health care providers suffered from the advent of managed care, with the mental health field experiencing the greatest loss of income and autonomy.

In an attempt to overcome the "chaos" in health care, Congress passed the HMO Act in 1982. After intense lobbying, 20 sessions of mental health services or crisis interventions were included. The provision for "crisis intervention" became the gateway for employing of master's level counselors in direct competition with doctoral level psychologists. The "time of service" payment system which worked well under the previous "fee for service" was now coming back to haunt the mental health specialists in psychology and psychiatry, as they were now competing on a per-hour pay basis with master and bachelor level counselors. Psychiatrists quickly shifted their practices to medications, doubling the income they were making when providing psychotherapy. Psychiatry was aided in this decision by the development of new psychotropic medications. Also, psychiatry was not able to recruit enough physicians from American medical schools to fill its training slots. Psychiatry was thus forced to recruit international medical graduates who often had a limited command of English and a meager understanding of the subtleties of American psychosocial and cultural influences. This made training in psychotherapy a very difficult task. As a result of these and other forces, psychiatry became dependent on the biological model and the chemical ingenuity of the pharmaceutical industry.

So, how does psychology fare today as a result of this historical, political, and socioeconomic mix? Psychologists still use the flawed ICD-9 and its derivative DSM IV system to diagnose. Doctoral level psychologists are competing with master degree counselors for psychotherapy patients. Furthermore, master level counselors are gaining the right to diagnose mental conditions, state by state. Complicating matters, psychologists still use the AMA's Current Procedure Terminology codes for billing psychological services. It is true that psychology has been able secure six new procedures codes so that patients with chronic health conditions no longer have to be given a psychiatric label in order to treat them. Yet, these new codes are still poorly understood and infrequently used; moreover, practitioners are having difficulty collecting full payment using these codes (e.g., Medicare has not yet recognized these codes for reimbursement). However, if these codes are not used they will disappear from the CPT system.

Some psychologists are seeking a way out of the 20th century choices that were made, and dynamics faced, by the profession. For example, they are seeking prescriptive authority in order to be full service provider for mental conditions. Others are attempting to reduce the art of psychological treatment by developing evidence-based protocol manuals that can be applied to treat mental conditions by minimally trained technicians. Still others focus on ridding health care of managed care. I

offer a more pragmatic and direct solution: psychology should focus on the issues of diagnosis and procedure codes by which its practitioners are paid. We know the diagnostic system is flawed. While signs and symptoms may be sufficient for diagnosing physical conditions, this method is inadequate for psychological assessment. That is because the neo-Kraeplinian signs and symptoms used in the proposed ICD-10 and the DSM IV are of limited value in treatment planning, outcome measurement, or setting reimbursement rates. We know that treatment and rehabilitation of people requires careful assessment of functional limitations in order define a corrective treatment plan. Medication alone is insufficient for this purpose. Psychotherapeutic interventions, broadly defined, are necessary to help patients become self-managing.

Along these lines, Tom Widiger (2004), a psychologist who worked on the development of the DSM IV, presents an interesting viewpoint on diagnosis in his "Looking Ahead to DSM V" article. Its sidebar states, "… the most accurate and effective determination of what specifically constitutes healthy psychological functioning need not be an arbitrary value judgment…" I agree and recommend this article to you. I also suggest we examine the International Classification of Functioning, Disability and Health (ICF). The APA Practice Directorate has been participating in the development of this system for over a dozen years. This diagnostic system is consistent with the modification of dysfunctional behaviors or "dys-control impairments" in Widiger's terminology. Holloway (2004) presents a brief outline of the ICF in the January, 2004 issue of the APA *Monitor.* It is unfortunate that research literature using diagnostic classifications has not developed the ICF more fully. In any case, research integrating psychotherapy with the ICF could be an excellent way for psychological researchers and practitioners to work together on treatment planning to reduce functional limitations and enhance healthy functioning.

Ultimately, without a new diagnostic system, psychology will remain in its present Catch 22 status in health care. Moreover, if psychology is to remain in health care it will be necessary to develop an integrated service model compatible with the practice patterns of primary care physicians. In such a context, for example, it may be necessary to provide therapeutic insights in brief sessions of 15 to 20 minutes. In order to provide such services effectively, the therapist may have to use the patient's desperation in dealing with his/her health condition as a substitute for the carefully cultured therapeutic alliance that typifies psychotherapy. Kirk Strosahl (1997) has demonstrated there can be a useful role for psychologists in primary care settings. I am not advocating that all psychotherapy should be delivered in this fashion. However, having a psychologist skilled at these brief psychotherapeutic interventions on site, in real time, is a new role that Strosahl developing in certain community health clinics here in Arizona. More specifically, Strosahl's model of brief therapy in primary care requires special expertise in chronic health conditions. New specialized procedure codes need to be formulated to capitalize on this expertise for reimbursement purposes.

In the end, as long as psychotherapy is reimbursed by time spent with patients, psychotherapy will be reimbursed as a commodity and the professional skills of the therapist ignored. Therefore, reimbursement of psychotherapy must shift to specific technical skills rather that use a Freudian couch-time format. When only 10 sessions of 45 minutes each are authorized, it is unrealistic to expect dramatic shifts in lifestyle in the 7.5 hours allotted to this process. Psychotherapy is a powerful tool, but realistic expectations and reimbursement systems must be established. Thus, I challenge the profession to formulate technical procedures and procedure codes for

reimbursement of realistic and tailored psychotherapeutic services. Formulation of these procedures is a necessary challenge for practitioners, researchers and trainers alike, who must work together to meet the mental health needs of a neglected public in primary health care.

References

Holloway, J. (2004). A new way of looking at health status. *Monitor on psychology*, 13, 1, (32.)

Strosahl, K. (1997). Building primary care behavioral health systems that work: a compass and a horizon. In N. Cummings, J. Cummings & J. N. Johnson (Eds.), *Behavioral health in primary care –a guide for clinical integration*, 37-58 & 87-101.

Widiger, T. (2004). Looking ahead to DSM V. *The clinical psychologist*, 57, 18-23.

Bob Harper, one of our past division 29 presidents as well as one of our founders died on Jan 10. He served the division in many leadership roles as board member, representative to Council, etc. He was in private practice in Washington, DC for several decades. In addition, he wrote a very popular guide to rational living for couples with Albert Ellis as well as a book on various systems of psychotherapy which became the authority for graduate student preparing for comprehensive exams. Memorial gifts of any size can be made in his name to the American Psychological Foundation. Make checks payable to the Foundation, and mail them to The American Psychological Foundation, 750 First Street, NE; Washington, DC 200002-4242.

DIVISION 29 MEMBERS GET ACQUAINTED

Drs. Linda Campbell, Susan Neufeld and Charles Gelso, with University of Georgia students

BALLOT FOR REVISIONS/CHANGES TO THE DIVISION 29 BYLAWS

1.	ARTICLE II SECTION E	❑ FOR	❑ AGAINST
2.	ARTICLE III SECTION C	❑ FOR	❑ AGAINST
3.	ARTICLE VII SECTION B	❑ FOR	❑ AGAINST
4.	ARTICLE VII SECTION D	❑ FOR	❑ AGAINST
5.	ARTICLE IX SECTION F	❑ FOR	❑ AGAINST
6.	ARTICLE IX SECTION G	❑ FOR	❑ AGAINST
7.	ARTICLE VI SECTION A	❑ FOR	❑ AGAINST
8.	ARTICLE VI SECTION D	❑ FOR	❑ AGAINST
9.	ARTICLE XIV SECTION E	❑ FOR	❑ AGAINST
10.	ARTICLE XI SECTION G	❑ FOR	❑ AGAINST

BALLOT DEADLINE: JULY 1, 2004

Please note: only Members, Fellows, and Associate Members of the Division of Psychotherapy who are also voting Associate Members of the American Psychological Association are eligible to vote in regular and special electiosn on referenda.

_____ _____

Signature of Voting Member *Printed Name of Voting Member*

Please vote for or against these particular bylaws changes,
remove this ballot, and return as instructed.

Name (Printed) _____

Signature _____

FOLD THIS FLAP IN.

Fold Here.

_____
_____
_____

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

Fold Here.

FEATURE

Virtual Reality Approaches to Addiction Treatment

Adam Leventhal

Adam Leventhal is currently a member of the Division 29 student committee and a second year student in the clinical psychology Ph.D. program at the University of Houston. Prior to moving to Houston, he graduated from the University of California, Santa Barbara where he studied animal models of addiction. Adam's research interests involve cognitive approaches to understanding addiction and diagnostic issues in substance-abusing populations with comorbid mental disorders, such as depression. Adam intends to pursue a career as a researcher and clinician.

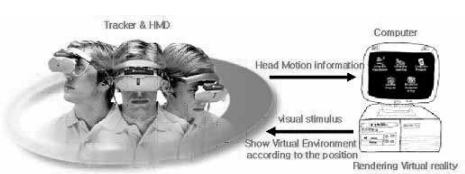
INTRODUCTION

Many drug users experience an increase in their desire to use when exposed to drug-related stimuli. This response, commonly referred to as craving, involves significant cognitive and physiological changes and is believed to play an important role in relapse. Cue exposure therapy (CET) is a treatment designed to reduce substance use by extinguishing craving reactions to stimuli associated with drug taking (Havermans & Jansen, 2003). This treatment involves frequent presentations of drug-related cues to elicit craving, while drug consumption is inhibited. Typical stimuli that have been used in CET are pictures of drugs and other related images, videos, mental imagery, and drug paraphernalia.

Theoretically, repeated exposure diminishes craving reactions and promotes learning of an abstinence response in relapse-provoking environments. However, a recent review of cue exposure treatments demonstrated that current methods are unsuccessful in maintaining abstinence because they lack some essential components (Conklin & Tiffany, 2002). The circumstances in CET may not accurately simulate cue complexes that are present in genuine drug use environments. A meta-analysis of laboratory data indicates that typical cue exposure methods effectively produce the cognitive desire to use but may not elicit strong physiological reactions that are typical of intense craving (Carter & Tiffany, 1999). In addition, existing methods of CET may not lead to transfer of learning to real-world situations. Consequently, investigators are working to construct more authentic stimuli that can be used in future CET programs.

WHAT IS IMMERSIVE VIRTUAL REALITY?

Researchers are currently exploring the use of immersive virtual reality (IVR) as a paradigm for stimulus exposure in CET for addiction (Kuntze et al., 2001; Lee et al., 2003). IVR uses a head-mounted visual display to present virtual images to make a person look, feel, hear and interact in a computer-generated situation. IVR systems link a three-dimensional environment with a tracker that senses a subject's position (Fig. 1). When a person moves, the virtual display compensates to give the participant the feeling that he or she is in the virtual situation. Because IVR environments are created by a programmer, they can be manipulated to simulate any real world situation. IVR has previously been used for psychological purposes, including the assessment and treatment of phobias, panic disorder, psychosis, chronic pain, eating disorders, obesity, sexual dysfunction, and posttraumatic stress (see Glanz, Rizzo, & Graap, 2003 for a review). Recently, IVR's therapeutic applications been utilized in addiction.



TWO EXAMPLES OF VIRTUAL REALITY APPLICATIONS FOR ADDICTION TREATMENT

Two laboratories are presently developing and testing cue exposure protocols using IVR environments (Kuntze et al., 2001; Lee, et al., 2003). Marcus Kuntze and his colleagues at the University of Basel in Basel, Switzerland have developed an IVR-based cue exposure paradigm for opiod-dependent patients. In their protocol, cue exposure is presented in a virtual bar setting, which consists of tables, stools, and other furniture decorated in a neutral style. Drug related stimuli, such as heroin, swabs, syringes, needles, and blood, are presented in the virtual setting. The presentation sequence of cues can be easily manipulated to make exposure graduated (i.e., beginning with swabs and ending with used paraphernalia that is spotted with blood) or presented in any other desired order. During exposure sessions, physiological measurements of electrocardiographic activity, oxygen saturation, respiratory rate, and blood pressure are taken to gauge the effectiveness of drug-associated cues against neutral-control stimuli (books, bread) in the same IVR environment. After cue exposure, patients participate in cognitive-behavioral therapy. Investigators at the University of Basel performed a pilot study that showed promising results for their program. They are presently conducting a controlled study to test the efficacy of IVR-based CET for opiate addiction.

In addition to narcotic-abusing populations, the potential value of IVR systems for tobacco use is currently being investigated (Lee et al., 2003). Before they developed a virtual environment for cue exposure, Lee et al. (2003) first asked smokers about what types of environments would elicit one's craving. They found that bars were most often cited by participants as a setting that evokes craving and that an alcoholic drink, a pack of cigarettes, a lighter, an ashtray, and a glass of beer were common objects that were reported to induce craving. Consequently, the IVR environment was constructed to resemble a bar (Fig. 2), in which objects previously rated to provoke craving were included as drug-related cues. Simulated human beings, known as avatars, are also included in cue exposures. During exposure sessions, avatars walk around the bar smoking a lit cigarette that produces realistic plumes of smoke (Fig. 3). In comparison to a classical method of cue exposure (picture), the IVR environment produced a significantly greater increase in self-reported tobacco craving before and after exposure (Lee et al., 2003).

IMPLICATIONS

Recent evidence indicates that cue exposure using IVR may be more effective in treating addiction than traditional CET devices, such as pictures and videos (Kuntze et al., 2001; Lee, et al., 2003). However, using IVR in addiction treatment leads to several ethical concerns. IVR exposures may induce severe craving that may be painful for the participant. There is also the potential for IVR to worsen clinical outcomes because patients may use substances to counteract the negative effects of realistic virtual exposures. Kuntze and colleagues apply cognitive therapy and progressive muscle relaxation techniques after exposures to minimize these risks. Ethical codes for IVR applications in psychotherapy, diagnostics, and research are proposed in the June 2002 issue of CyberPsychology and Behavior (Kuntze, Soermer, Mueller-Spahn, & Bullinger, 2002).

To summarize, virtual CET is a contemporary application of modern technology that appears to be of value in addiction treatment. While current findings suggest that IVR may be useful in the treatment of nicotine and opiate addiction, future study is needed to investigate whether IVR approaches can reliably produce significant craving responses in other types of abuse. In addition, empirical evidence that directly supports virtual reality methods of CET as an effective treatment of drug addiction is currently lacking, although these investigations are in-progress (Kuntze et al., 2001). Presently, the costs of IVR systems are too high to be practically implemented in most clinic settings. Therefore, IVR-based psychotherapy remains in the research laboratory, for now.

REFERENCES

Carter, B. L., Tiffany, S. T. (1999). Meta-analysis of cue-reactivity in addiction research. *Addiction, 94*, 327-340.

Conklin, C. A., & Tiffany, S. T. (2002). Applying extinction research and theory to cue-exposure addiction treatments. *Addiction, 97*, 155-167.

Glanz, K., Rizzo, A., & Graap, K. (2003). Virtual reality for psychotherapy: Current reality and future possibilities. *Psychotherapy: Theory, Research, Practice, Training, 40*, 55-67.

Havermans, R. C., & Jansen, A.T. M. (2003). Increasing the efficacy of cue exposure treatment in preventing relapse of addictive behavior. *Addictive Behaviors, 28*, 989-994.

Kuntze, M. F., Stoermer, R., Mager, R., Roessler, A., Mueller-Spahn, F., & Bullinger, A. H. (2001). Immersive virtual environments in cue exposure. *CyberPsychology & Behavior, 4*, 497-501.

Kuntze, M. F., Stoermer, R., Mueller-Spahn, F., & Bullinger, A. H. (2002). Ethical codes and values in a virtual world. *CyberPsychology & Behavior, 5*, 203-206.

Lee, J. H., Ku, J., Kim, K., Kim, B., Kim, I. Y., Yang, B., et al. (2003). Experimental application of virtual reality for nicotine craving through cue exposure. *CyberPsychology & Behavior, 6*, 275-280.

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.

FEATURE

Highlights of the APA Council Meeting

John C. Norcross & Jack G. Wiggins, Jr.

The APA Council of Representatives met on February 20, 21, and 22 in Washington, DC. We proudly represented the Division of Psychotherapy as your two elected representatives.

The Council considered, debated, and approved a large number of agenda items. Here are 12 highlights of Council's agenda and actions:

- Reviewed APA President Halpern's three presidential iniatives: work-family interactions, retiring psychologists, and translating anti-prejudice materials into multiple languages.
- Heard detailed reports on APA's financial condition. After a disappointing 2002, APA is back on solid financial ground with a long-term portfolio and sole ownership of two Washington, DC buildings.
- Approved a 2004 final budget of $89 million, which contains a small surplus.
- Learned that, for the first time, APA's revenues from electronic publications exceeded those from print publications.
- Participated in breakout sessions in which we and other Council Representatives presented the top concerns of our respective constituencies.
- Recognized three psychologists who served on President Bush's New Freedom Commission on Mental Health and received a presentation on its recommendations. You can read and download the reports and its executive summary at www.mentalhealthcommission.gov.
- Approved new funding for a series of initiatives: an Ad Hoc Committee on Early Career Psychologists; Assessment of Competencies in Professional Education and Training in Psychology; Coalition for Psychology in the Schools; and Iniative on Regulatory Issues in Human Research.
- Adopted a number of resolutions and reports from APA committees: Resolution on HIV Prevention Strategies Involving Legal Access to Sterile Injection Equipment; APA Task Force on Advertising and Children; APA Resolution on Children's Mental Health; Addressing Missed Opportunities in Early Childhood Mental Health Iniatives. All of these documents are available at the APA website (www.apa.org).
- Held an extended discussion on former CEO Fowler's retirement and severance package, which has been erroneously represented in the mass media.
- Endorsed a new edition of *Code of Fair Testing Practices in Education* as revised and published by the Joint Committee on Testing Practices.
- Reviewed the programming schedule for the 2004 annual convention in Hawaii. The convention will be held in late July, as opposed to August, and will feature programming from 8:00 am to 2:00 pm each day, as opposed to the typical schedule of 8:00 am to 5:00 pm.
- Finally, we rejoiced in the knowledge that Division 29 had regained its third seat on APA's Council of Representatives, starting in 2005. Thank you for allocating your votes for the Division of Psychotherapy!

As always, please contact us directly (570-941-7638; norcross@scranton.edu) if you would like to speak about the actions and directions of the Council of Representatives.

CANDIDATE STATEMENTS

President-Elect

Jeffrey J. Magnavita, Ph.D., ABPP

I am pleased to be nominated to be placed on the ballet for President-elect for Division 29 of which I am a Fellow. My primary professional interest and employment for the past 23 years has been the practice of psychotherapy, originally in a private psychiatric hospital and subsequently as a clinician in a full-time private practice. During these years, I have had the privilege of receiving training in and practicing multiple modalities of psychotherapy, including individual, couple, family and group, with the full spectrum of children, adolescents and adults and in both long and short-term formats.

During the recent 15 years, I have sought to achieve a balance between pursuing science and maintaining a private practice as my interests expanded. I have experienced the synergy inherent in practicing both the art and the science of psychotherapy as I developed an evolving theoretical model of psychotherapy. I have published five books, as well as many chapters and articles, on the topics of personality and psychotherapy. My latest volume, which focuses on a personality-guided unified model, is due to be published by APA this fall.

I currently serve as an adjunct professor of Clinical Psychology at the University of Hartford, teaching and supervising students in clinical practice, and as a consultant and member of a psychotherapy research team, at Hartford Hospital. I frequently conduct training and educational seminars on a national level, with a focus on psychotherapy and personality disorders.

Psychotherapy, which was under siege during the ascendancy of managed care, is now experiencing a resurgence in popularity. Unfortunately, an entire generation of mental health professionals was not given the option of advanced training in psychotherapy. Many institutional-based and independent psychotherapy training programs closed their doors due to financial challenges brought on, in part, by cost reduction during this managed care phase. The current resurgence is being stimulated by a variety of forces, some of which include the findings from neuroscience that demonstrate how psychotherapy affects neurobiological structures and functions, the empirical documentation of the effectiveness of psychotherapy, and the need to provide advanced training for a new generation of psychotherapists.

We are now poised at a very important juncture for the future of psychotherapy. If we take advantage of the impressive gains made over the first century of contemporary psychotherapy, we can chart a course that will lead to exciting new theoretical advances and scientific developments from various disciplines to allow a truly interdisciplinary, unified clinical science. I would be honored if elected to serve as President and to assist in advancing the field of psychotherapy as an art and science. My vision is that the future can be increasingly collaborative, if researchers, theorists and clinicians work together on some of the persistent problems of our field such as enhancing psychotherapy training, treating refractory patients, establishing effective treatment protocols and moving toward a unified model. As a member of related organizations such as Society for Psychotherapy Integration, Society for Psychotherapy Research, New York Academy of Science and The Divisions of Clinical Psychology, Family

President-Elect continued

Abe Wolf

For the past 25 years, I have worked as a psychologist practicing psychotherapy at MetroHealth Medical Center, the county hospital of Cleveland, Ohio. A county hospital is a lesson in diversity—economic, cultural and professional. Working with physicians and other health professionals has taught me that psychotherapy makes a difference and that psychotherapy practiced by a psychologist has something special to offer: an integrative perspective on mind and body that is grounded in theory and research. It has also taught me that as psychologist-psychotherapists we are members of a learned discipline and health care professionals.

For the past 10 years, the Division of Psychotherapy has been a professional home. This Division is a lesson in the diversity of people who do psychotherapy as practitioners, researchers, educators, and advocates. It exemplifies the cohesiveness and consistency in a field that is usually obscured by so many people going off in so many different directions. The members of this Division are a constant reminder of creative generativity during a time of economic stagnation. My participation in the Division has kept me at the cutting-edge of our field.

I am honored to have been nominated to run for President Elect of Division 29. If elected, I will further the efforts and initiatives of past Presidents who have advanced our Division. Our leadership has worked hard to create alliances between researchers and practitioners. The implementation of a practice-research network would represent the culmination of these efforts. Furthermore, by becoming a Society of Psychotherapy, our Division can take a leadership role in the field of psychotherapy by creating new membership categories that include other mental health professions. As Internet editor, I have taken the initiative in establishing and maintaining our Division listserv and website. There is more to be done. I plan to take our website to the next level by offering continuing education courses in both research and practice. Today's students rely on computers and the Internet, and to attract these students we must be proficient in their language.

During the past 10 years I have served the Division of Psychotherapy in many capacities. I was elected twice as Division Secretary, served as Chair of the Student Development Committee, Publication Board member, Member-at-Large, Mid-Winter Convention coordinator, Internet editor, editorial consultant to the journal Psychotherapy and Publication Coordinator for the Division 29 Brochure Project. In 1996, I was honored by the Division with the Jack Krasner Early Career Award. In 2003, I edited a special issue of *Psychotherapy* on the technology of psychotherapy that focused on the impact of computers and the Internet on the practice of psychotherapy.

I am an Associate Professor of Psychology at the Case Western Reserve University School of Medicine, the Associate Director of Adult Outpatient Services in the Department of Psychiatry at MetroHealth Medical Center, and Director of Psychology at Parma General Community Hospital. I have published over 50 articles in the area of health psychology.

Magnavita, continued Psychology and Private Practice, I believe that I can affect change through increased dialogue and personal and formal bridges with these and other organizations. I look forward to the opportunity to serve the members of Division 29.

Member-at-Large (Slate 1)

Matthew Nessetti, Ph.D.

I am honored and excited about the nomination for the Division 29 board. The division's main focus is to promote education, research, high standards of practice, and exchange of information among psychologists interested in psychotherapy. It is my aspiration to continue this tradition as well as promote the development of research-based protocols that are integrated across biological, psychological, and social domains. Division 29 holds a unique position to advocate for the appropriate integration and utilization of psychotherapeutic interventions within mental health, medical, growth and many other professional environments. The technology and artistry of psychotherapy is still far underutilized. Continuous research is necessary to better understand psychotherapy's contribution to psychological, social, as well as biochemical healing.

In my career I have had the privilege of serving in a number of leadership positions. I have served with the Nebraska Psychological Association as its first Director of Professional Affairs. I am currently serving as NPA's treasurer. I have served with the American Psychological Association as a charter participant with the Business of Practice Network, State Leadership Conference participant, and played a role in the development of APA's newest division (55) The American Society for the Advancement of Pharmacotherapy. I have served as Division 55's convention chair and as an executive board member. I am presently serving as president-elect. It is my intention to serve as a liaison amongst the divisions to promote integrated/holistic research and practice protocols from a psychological model.

As a practicing psychologist, psychotherapy has been central to my professional work. I remain a student to it and am awed by the power it holds in easing psychological illness and pain. As the director of an internship program observing this skill development in early career psychologists fascinates me. The difficulty of its acquisition as a tool and the joy these professionals feel as they develop this most powerful skill is dramatic to watch. I look forward to assisting the division in promoting this within and outside of psychology.

Alex Siegel

Alex Siegel, continued???

Elizabeth (Libby) Nutt Williams, Ph.D.

I received my doctorate in Counseling Psychology in 1997 from the University of Maryland, and I am currently an Associate Professor of Psychology at St. Mary's College of Maryland, a public liberal arts honors college, where I teach such courses as Counseling theory and strategy, Abnormal psychology and a research-based Lab in psychotherapy. I also have a private practice, which I feel is a critical piece of my professional identity. In terms of service at APA, I am currently serving on the Division 17 and 35 Task Force on revising the Guidelines for Psychotherapy with Women and Girls. I am also a founding member of the Mid-Atlantic Society for Psychotherapy Research, and I am on the editorial board for the journal *Psychotherapy Research*. In terms of research, I conduct the majority of my research on psychotherapy process. I have always enjoyed being involved in clinically relevant research. In fact, I was delighted that my national survey of practicing therapists' self-awareness was just published in the Division 29 journal, *Psychotherapy*. I am honored and excited to have been nominated for Member-at-large for Division 29. I would like to be a voice for the membership. I feel that I could help provide a new vision, a voice for innovative methodologies, and a continuous focus on bridging the gap between psychotherapy practice and scholarship. I would also welcome feedback and comments from the membership and would convey the perspectives of the membership in all divisional matters. I hope to be your Member-at-large—Thank you for your consideration.

Member-at-Large (Slate 2)

James H. Bray, Ph.D.

Division 29 is at an important juncture and needs continued strong leadership to sustain its vitality and growth. As an active clinician, educator, researcher and advocate for psychology I bring a unique perspective and can represent the multiple needs of our Division. To continue the growth of the Division, I believe that we need new input and ideas.

As a board member I would focus on: (1) providing leadership to expand opportunities for all psychologists who work in psychotherapy, (2) providing leadership around new practice areas, such as primary care, (3) continuing and expanding the outstanding publications from the Division, (4) developing advocacy both within and outside of the Division and APA for the expansion of the role of the psychotherapy in psychology, and (5) expanding membership services for the changing needs of psychologists through innovative telecommunications technologies. I have extensive experience within APA and can work effectively to represent the Division as Member at Large. I welcome this opportunity to serve you and Division 29 at this important point in our history. I appreciate your vote for Member at Large.

James H. Bray is in independent practice and an Associate Professor of Family and Community Medicine and Director of Family Counseling Clinic, Baylor College of Medicine. Active in APA governance and service: Member of the APA Council representing Division 43 (2000-05), APA Board of Educational Affairs (1996-1998), Chair of the APA Committee on Rural Health, CAPP Primary Care Task Force, 1995 President of Division 43, Member at Large of Division 29, Treasurer of Division 43 & 37, APA Fellow (12, 29, 37, 42, 43, 46), Federal Advocacy Coordinator for APA for the State of Texas, Divisions 12 and 43, Editorial board member of *Psychotherapy, Journal of Family Psychology,* and others. I am a seasoned media person, with appearances on national programs like 20/20, TODAY, Good Morning America, and USA Today. Visit my website for more information: www.bcm.tmc.edu/familymed/jbray

Irene Deitch

I appreciate the opportunity to continue serving our division. Dr. Deitch is proactive, inclusive and energetic. She enjoys collaborative efforts promoting psychotherapy, her commitment, achieving diversity, addresing public interest concerns and professional growth.

Initiaties

- Advance research in psychotherapy
- Outreach to academics, researchers, practitioners and graduate students
- Share professional and scientific information: bulletins, journals
- Build and retain membership
- Offer continuing education programs
- Increased visibility divisional activities
- Publicize achievements of membership
- Expand opportunities membership involvement
- Public education via print and electronic media
- Establish liaison with state associations

Lisa Porche-Burke

It is an honor and a pleasure to be asked to serve as member-at-large for Division 29. In many ways, Division 29 feels like home. I started my involvement in APA through the Division of Psychotherapy as a student and then became the Chair of the Ethnic Minority Affairs Committee. Having served on a number of committees within the APA governance structure including on the Council of Representatives, I am keenly aware of the myriad of issues confronting psychology in general and practitioners more specifically. We are facing hard and challenging times as a profession, and it is critical that we all come together as a discipline to develop strategies and solutions to ensure that the entire field of psychology continues to grow and prosper. Having been involved in the training and education of practicing psychologists for over twenty years, I am also keenly aware of the impact that the changes in insurance reimbursement as a result of managed care have had not only on the independent practitioner but also on our ability as a discipline to attract people to the field. I am also aware of the many challenges practitioners face as they attempt to develop interventions and treatment strategies that can be evaluated for their efficacy with a diverse population of people. If elected, I will do my best to advocate for these and other issues that affect the practice of psychology and work hard to ensure that our collective voices are heard.

Deitch, continued

Candidate Background
Professor Emerita, College of Staten Island, City University, New York; Licensed psychologist, psychotherapist, certified in Thanatology, (Death, Dying and Bereavement). Producer and host, Making Connections (Cable TV program featuring psychological issues): Fellow: Divisions 29, 35, 42, 20, 49, 52. Co-edited: *Counseling the Aging and Their Families.* Chapters: Women Therapists Helping Women Treating the Changing Families. Appointed NGO delegate United Nations—International Council of Psychologists

APA-service

- Active "public education" campaign
- Cadre of violence experts
- Chair: APA Public Information Committee
- President: Running Psychologists
- President: Media Psychologists
- Chair: APA Membership Committee
- Member: Committee International Relations in Psychology
- Task Force: Helping Psychologists working with Older Adults (Publication)

Divisional Service

- Chair: Interdivisional Task Force Psychotherapists Working with Older Adults
- Chair: Interdivisional Committee—Psychotherapists Enhancing Quality of Life Issues
- Organized, chaired, presented continuing education convention, Mid-Winter programs
- Recipient Divisional Award

Support Irene Deitch — Member-at-large
Demonstrated Commitment,
Service, Leadership

APA Council of Representatives

Bruce Bongar, Ph.D, ABPP

Consulting Professor of Psychiatry and the Behavioral Sciences at Stanford University School of Medicine, and the Calvin Professor of Psychology at the Pacific Graduate School of Psychology (PGSP). Dr. Bongar is the chair and director of clinical training of the PGSP-STANFORD doctor of psychology program in clinical psychology, and the executive director of the National Center on Disaster Psychology and Terrorism (NCDPT). Dr. Bongar is a diplomate of the American Board of Professional Psychology, a chartered psychologist of the British Psychological Society, and a fellow of Divisions 12, 29, and 41. He is past president of the Section on Clinical Emergencies (Section VII) of Division 12.

First and foremost, I am honored not only to have been asked to stand for election to Council, but also to be included among such a distinguished group of Division 29 colleagues. Certainly all these candidates are truly worthy of your vote; I myself would be hard pressed for how to cast my own vote. Those who know me well, recognize that I rarely ever run for any kind of elected office—based primarily on indelible memories of my last experience over 40 years ago as a candidate in any sort of "general election"—where I might add I was completely trounced when I ran for assistant patrol leader for my Boy Scout troop in Madison, Wisconsin. Quite frankly, this is a terrific group of candidates for Council and I believe that Division 29 will be very well served by all of the distinguished candidates on the current slate.

If I were to be chosen by the Division 29 membership as one of your Council Representatives, I would strive to be an advocate for our graduate training programs and internships to provide essential required training in clinical emergencies, emergency psychotherapy and crisis intervention. The other major contribution that I would hope to make in representing Division 29 would be to work very hard to have APA advocate in the strongest possible terms for the inclusion of highly trained psychologists (and the crucial role of proper psychotherapeutic activities) as part response planning and implementation in the national preparations in Homeland Security to cope with potential and actual future terrorist attacks and mass casualty assaults using weapons of mass destruction.

Patricia M. Bricklin, PhD

I am currently a Professor at the Institute for Graduate Clinical Psychology, Widener University, Chester, PA. I also maintain an independent practice in suburban Philadelphia. I have been active in APA over the years, holding positions on a number of Boards and Committees, most recently as Chair of the Committee for the Advancement of Professional Practice. APA and my state and local psychological associations have recognized me for my contributions to the practice of psychology.

I know the workings of the APA Council of Representatives and have served on Council in the past and served as Chair of the Association of Practicing Psychologists, the practice caucus of Council. It would be an honor to serve as council representative from Division 29. As your most recent past president I know the current issues facing Division 29 and its members and have a sense of how they relate to the larger APA. I believe that I can represent you well on Council. I will bring energy, enthusiasm, experience and commitment to the job. I hope that you will give me the opportunity. Thank you.

Larry E. Beutler, Ph.D.

William McInnes S. J. Professor of Psychology, faculty Chair, and Director of Training at the Pacific Graduate School of Psychology and a Consulting Professor of Psychiatry at Stanford University. He is a fellow of both APA and APS, a Past-President of Divisions 12 and 29, and a two-term Past-President of the (International) Society for Psychotherapy Research. He is the author of approximately 300 scientific papers and chapters, and is the author, editor or co-author of fourteen books on psychotherapy and psychopathology.

STATEMENT

If elected to APA Council, I will work to ensure that the broad issues affecting clinical psychology are represented. Many of these issues are encompassed in two broad goals, to which I am committed.

1. Promoting collaboration among practitioners and scientists

Clinical psychology remains divided by the hyphen between science and practice. I am versed and experienced in both the practice and science of clinical psychology. My greatest ambition as a psychologist is to make a difference in the effectiveness with which patients are treated. I believe that we must learn to extract from our scientific knowledge, principles of therapeutic change that can guide and improve the work that clinicians do.

2. Communicating the indispensable value of psychological practice and science to the public and policy makers engaged in a world of terror and terrorism.

At its core, our work is to make this world a safer and more productive place. Knowledge and the tools that derive from this knowledge can reduce our reliance on war and aggression as means to cope with our fears. We must take our knowledge out of our laboratories to the public servants, politicians, and service agencies who can use it to change the dangerous world in which we live.

Mathilda B. (Matty) Canter

The Division of Psychotherapy has been my home in APA for more years than seem possible! For over three decades, I've served on committees, been your Treasurer, your first woman President, Council Representative, and Board member-at-large. Obviously, I know the Division well. My terms on the APA Board of Directors, CAPP, the Ethics Committee, the APA Policy and Planning Board, and the 2003 Presidential Task Force on Governance have taught me to know APA well, too.

I would like to represent you on Council, and put that knowledge to work for you. As the Division's historian, I am keenly aware of the role that Division 29 has played within APA. We were trail blazers, the first division to give Student Travel Scholarships, to have an Ethnic Minorities Committee, assign a person to monitor our journal for sexist language, to have a Midwinter Meeting! Our Student Membership drives were so successful, that APA called on us to help establish the graduate students organization, APAGS — now known as the hope of APA. In the 90s, our trauma response work was impressive, preceding APA 's involvement in Disaster Response. I could go on. And we must.

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

Frank De Piano

I am very honored to be nominated for election to Council as Division 29 Representative and flattered to be considered among the outstanding colleagues and friends who share this nomination and who served in this capacity in the past. Our division remains an important player in the APA structure and is a vital force in maintaining the independence and integrity of our practice. I have been in several leadership roles, both within the Division and outside of it, that qualify me to represent the Division at Council. Practice and research must be structured so as to support each other. Psychological research must be driven by the needs of practice; that is, the questions that arise out of practice must serve as catalyst for research priorities. This requires that clinical practice and clinical research take place side by side. In this way our practice of psychotherapy remains vital, effective and relevant and research directly contributes to the development of practice. In my role as Founding Dean for the Center for Psychological Studies at Nova Southeastern University, I was successful in establishing a model for educating psychologist that integrated relevant practice needs with the ongoing scientific activities of the faculty and students. Eight years after leaving the

Norine G. Johnson, Ph.D.

I am pleased and honored to be nominated as a candidate for APA Council Representative of the Division of Psychotherapy. As President of the American Psychological Association, as a member of the Division 29 Board of Directors, and as a practicing psychotherapist and educator, I have extensive experience and documented success in actively advocating for psychology and psychotherapy. I appreciate the opportunity to represent our Division and work to expand recognition and funding for the practice of psychotherapy, the education of future psychotherapists, and psychotherapy research.

Division 29 has a proud history and an important place in today's health system. My APA Presidential initiative, Psychology Builds a Healthy World, stimulated an overwhelming endorsement by the membership of a bylaw change to include the word health in our mission statement. If I were elected your representative to Council, I would work with you to increase the public's awareness of the importance of psychotherapy as a necessary component in health and mental health.

As a practicing psychotherapist I know the day to day challenges of helping those who come for our services. As one of Division 29's Council Representatives I would work to increase the public's awareness of the importance of psychotherapy (as I did on CNN following 9/11) decrease barriers, promote positive relationships among researchers and practitioners, and increase opportunities for students and new psychologists.

In *Psychology Builds a Healthy World: Opportunities for Research and Practice* (2003) and in over ninety publications and presentations, I have commented on the value of including strengths, life-span development, race, ethnicity, gender, class, and sexual orientation in our work as psychologists and psychotherapists.

If elected, I would actively seek your opinions and bring forward the Division 29 agenda. Again I appreciate the opportunity to be considered for this important position.

DePiano, continued deanship, this tradition is maintained.

Within the APA structure I have been a member of the Board of Educational Affairs, served as CAPP's liaison to BEA, was elected to the APA Membership Committee and am currently President-Elect of Division 30. Within our Division, I served on the Publication Board for five years and was able to observe and participate in the development of our fine Division journal and Division bulletin.

I enjoy rolling up my sleeves and contributing to the important causes of Division 29 and of the APA. If elected as Representative to the Council, I will do just that

John C. Norcross, Ph.D.

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

My service to the Division traverses a variety of activities and a number of years. I was elected President for the year 2000 and Member-at-Large on two occasions before that. I have chaired the Education & Training Committee, edited two special issues of *Psychotherapy*, contributed regularly to our *Psychotherapy Bulletin*, served on the program committees for the MidWinter and APA conventions, and conducted comprehensive studies of the Division 29 membership. In addition, I currently serve as a member and chair of the Publications Board.

My most recent books are *Psychotherapy Relationships That Work*, *Systems of Psychotherapy: A Transtheoretical Analysis* (with Jim Prochaska), *Psychologists' Desk Reference* (with Gerry Koocher and Sam Hill), *Authoritative Guide to Self-Help Resources in Mental Health* (with John Santrock, Linda Campbell, Tom Smith, Bob Sommer, and Ed Zuckerman), and the *Handbook of Psychotherapy Integration* (with Marv Goldfried). All of this is to say that my primary commitment is to advance psychology and psychotherapy.

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

I welcome your continued support and collaboration.

Note: The following changes to the Division 29 Bylaws were approved by the Division 29 Board of Directors at the February 27-28, 2004 Midwinter Meeting. The Board of Directors is now asking the Division 29 membership to approve these revisions, which are designed to strengthen the role and visibility of a student members in our Division, outline the position of internet editor, and establish a research chair. Proposed revisions are in italics. Proposed deletions are indicated via strikethrough. Please return the attached, self-addressed ballot no later than June 30th, 2004.

PROPOSED REVISION TO DIVISION 29 BYLAWS REFERRING TO STUDENT AFFILIATE PARTICIPATION AND REPRESENTATION

ARTICLE II: MEMBERSHIP

E. The minimum qualifications for election to the category of Student Affiliate shall be enrollment in *an undergraduate college/university program which is offered in a department of psychology or in a* graduate program which includes training in psychotherapy and which is offered in a department of psychology or in a department which is primarily psychological in nature or in a school of professional psychology situated in an institution of higher learning which is regionally accredited or in a regionally accredited free standing school of professional psychology.

ARTICLE III: MEMBERSHIP RIGHTS AND PRIVILEGES

C. Student Affiliates of the Division shall be entitled to attend and to participate in the meetings of the Division and shall receive its publications. Student Affiliates, however, shall not be entitled to hold office, *except as Student Representative to the Board of Directors, or serve as a chair of any standing committee of the Division except for the Student Development Committee. While they are ineligible to vote in regular or special elections or on referenda, Student Affiliates may serve as chair of ad hoc committees or task forces and may serve as voting members of all Division committees or task forces. Through the Student Representative, Student Affiliates may request consideration of relevant items by the Board of Directors or Division membership. Student Affiliates shall be eligible to hold one (1) office as the Student Representative of the Division.* A Student Affiliate of the Division may remain a Student Affiliate for a maximum of ten (10) years. Should the Student Affiliate fail after such an interval to become eligible to become a Member or Associate Member of the Division, he/she shall lose Student Affiliate status at the close of the specified interval.

ARTICLE VI: BOARD OF DIRECTORS

A. There shall be a Board of Directors of the Division of Psychotherapy. Its membership shall consist of the following persons:

1. The Officers of the Division, as specified in Article V, Section A of these Bylaws.
2. Representatives elected to the American Psychological Association Council of Representatives, as specified in ArticleVI, Section C of these Bylaws.
3. The Editor of the Division's Journal and the Editor of the Division's newsletter, both of whom shall be members of the Board ex officio and without vote. The editors shall be chosen in the manner specified in Article XIV, Section E of these Bylaws.
4. Six (6) Members-at-large, two (2) of whom shall be elected each year for a three (3)year term.
5. *The Student Representative, who shall be a Student Affiliate of the Division, elected for a term of one (1) year. During that term, the Student Representative shall be a member of the Board of Directors with right to vote and shall serve as Chair of the Student*

Development Committee. Through the Student Representative, Student Affiliates may request consideration of relevant items by the Board of Directors or Division membership.

ARTICLE VII: NOMINATIONS AND ELECTIONS

B. The Committee on Nominations and Elections shall distribute a nominating ballot to all Members, Fellows, voting Associate Members of the Division *and a separate nominating ballot to the Student Affiliates of the Division*. ~~The ballot~~ *Ballots* shall provide spaces to enter the names of three possible nominees for any office which is to be filled in the forthcoming election. The nominations ballot shall be accompanied by a statement notifying the members of the Division about the Division's eligibility criteria for standing for election. Those criteria are:

1. *With the exception of the Student Representative, c*andidates for office must be Members or Fellows of the Division. Only Student Affiliates of the Division can be candidates for Student Representative.

D. The name of any Member or Fellow of the Division who is eligible and who is willing to stand for election shall be placed on the ballot for the appropriate office by the Committee on Nominations and Elections if that member is nominated for the office in question by at least one percent (1 %) of the membership of the Division. *The name of any Student Affiliate who is eligible and who is willing to stand for election shall be placed on the ballot for the Student Representative office by the Nominations and Elections Committee if that Student Affiliate is nominated for the Student Representative office by at least one percent (1%) of the Student Affiliates of the Division.* The Committee on Nominations and Elections shall proceed to select persons to stand for election for the various offices by all persons receiving the requisite one percent (1 %) response. If two candidates for each office cannot be identified by the Committee because sufficient numbers of candidates have not received the requisite response, then the Committee shall proceed by assigning places to members who by their past contributions to the Division merit a place on the ballot. Nominees assigned places on the ballot must be willing to stand for election. When at least two candidates for each vacancy have been identified in such a fashion, the Committee shall have completed this phase of their task.

I. The Officers, Representatives to APA Council, and Members-at-large shall be elected by a preferential vote of the Members, Fellows, ~~and~~ voting Associate Members of the Division. *The Student Representative shall be elected by a preferential vote of the Student Affiliates on a mail ballot.* The Chair of the Committee on Nominations and Elections shall have responsibility for:

ARTICLE XI: COMMITTEES

F. The President and committee chairs shall consider *student representation as well as* the diversity of gender, ethnicity, age, sexual orientation and disability of the Division's membership and their diversity in terms of theoretical orientation and areas of specialization, when forming committees.

G. Standing committees of the Division of Psychotherapy shall be:

4. The Program Committee, which shall consist of a Chair, a Chair-designate, and the immediate past chair, each of whom will serve in each capacity for two (2) years. It shall be the responsibility of the Committee to solicit, evaluate, and select scientific and professional program proposals submitted by the membership *and Student Affiliates* for presentation as part of the Division's Annual Meeting to be coordinated with the Board of Convention Affairs of the American Psychological Association.

11. The Student Development Committee, which *shall consist at a minimum of a*

Chair, a Chair-designate, and the immediate past chair. The Student Representative shall serve as Chair of the Student Development Committee. During the year immediately prior to becoming Chair, the Chair-designate shall serve for a period of one (1) year as a member of the Student Development Committee. Upon immediate completion of his or her term as Chair of the Student Development Committee, the Past Chair of the Student Development Committee shall also serve for one (1) year as a member of the Student Development Committee. The President shall also appoint a minimum of one (1) Member of the Division to the Student Development Committee. The purpose of the Student Development Committee shall be to a) facilitate communication between Student Affiliates and the Board of Directors, b) promote student perspectives within the Division, c) organize and promote activities and initiatives that are of interest to students and relevant to the mission and viability of the Division, and d) foster the understanding of psychotherapy among students who are in academic institutions.

~~[which shall recruit Student Affiliates and involve them in divisional activities. The [c]Committee shall organize the student activities which shall foster the understanding of psychotherapy among graduate students who are in academic institutions]~~

PROPOSED REVISION TO DIVISION 29 BYLAWS REFERRING TO THE POSITON OF INTERNET EDITOR

ARTICLE VI: BOARD OF DIRECTORS

A.

3. The (Editor of the) Division's journal, (the Editor of the Division's) newsletter, AND INTERNET EDITORS SHALL ALL (both of whom shall) be members of the Board ex officio and without vote. The editors shall be chosen in the manner specified in Article XIV, Section E of these Bylaws.

D.

10. Upon nomination of the Publications Board and endorsement by the President, ratifying the appointment of the Division's journal (and of the editor of the Division's) newsletter, AND THE INTERNET EDITORS;

ARTICLE XIV: PUBLICATIONS

E. The editors of the Division's publications shall be appointed for fixed terms of five (5) years for the editor of the journal and three (3) years for (the editor of) the newsletter AND INTERNET EDITORS. Their appointments shall be made upon recommendation of the Publications Board, with the concurrence of the President and the Executive Committee, and ratification by a majority vote of the Board of Directors. They shall serve as members of the Board of Directors, ex officio and without vote. The editor of the newsletter shall serve in addition, as a member of the Executive Committee, ex officio without vote. Editors shall be eligible to succeed themselves.

PROPOSED REVISION TO DIVISION 29 BYLAWS REFERRING TO THE COMMITTEE ON PSYCHOTHERAPY RESEARCH

ARTICLE XI: COMMITTEES

G. Standing committees of the Division of Psychotherapy shall be:

12. The Committee on Psychotherapy Research, which shall consist of a minimum of three (3) members. It shall be the responsibility of the Committee to promote the integration of contemporary research into practice and training in psychotherapy.