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BULLETIN

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2006 VOLUME 41 NO. 4

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PSYCHOTHERAPY BULLETIN

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Contributors are invited to send articles (up to 4,000 words), interviews, commentaries, letters to the editor, and announcements to Craig N. Shealy, Ph.D., Editor, *Psychotherapy Bulletin*. Please note that *Psychotherapy Bulletin* does not publish book reviews (these are published in *Psychotherapy*, the official journal of Division 29). All submissions for *Psychotherapy Bulletin* should be sent electronically to assnmgmt1@cox.net; with the subject header line *Psychotherapy Bulletin;* please ensure that articles conform to APA style. Deadlines for submission are as follows: February 1 (spring); May 1 (summer); July 1 (fall); November 1 (winter). Past issues of *Psychotherapy Bulletin* may be viewed at our website: www.divisionofpsychotherapy.org. Other inquiries regarding *Psychotherapy Bulletin* (e.g., advertising) or Division 29 should be directed to Tracey Martin at the Division 29 Central Office (assnmgmt1@cox.net or 602-363-9211).

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PRESIDENT'S COLUMN

Abe Wolf, Ph.D.

Professional identity, clinical autonomy, and accountability

Professional psychologists won hard fought battles for inclusion in the community of health-care professionals, and we continue to reap the benefits of membership. Yet, membership also made psychologists vulnerable to the powerful forces reshaping health-care, particularly managed care and evidence-based practice. Managed care intrudes on the treatment relationship, controlling how psychologists can work with their patients and how they are reimbursed. Evidence-based practice alters the professional identity of psychologists by stipulating how research findings establish a set of best treatment practices. These two forces converge to challenge the ideal of the scientist-practitioner that has defined the identity of professional psychologists since the Boulder conference in 1949.

Professional psychologists are increasingly polarized into two camps. There are methodological purists who practice psychological interventions based on empirical studies modeled along medical-pharmaceutical designs. In the other group are psychologists who assert that clinical practice is too complex to be reduced to a set of standardized guidelines based on one type of research and who assert that clinical expertise is a valid basis for making clinical decisions. These battles are not unique to psychotherapy; every branch of medicine is currently experiencing similar tensions. The key feature in these battles is the use of clinical practice guidelines. The battle between the two camps of psychologists is just one instance (although a very interesting and unique instance) of a much larger struggle in health-care to standardize the delivery of services through clinical practice guidelines that summarize research findings and prescribe how practitioners should do their job.

Psychotherapy as a clinical science needs to define a specific area of expertise in order to establish a unique professional identity. Defining a professional territory means that professional organizations set standards for training programs and professional licensure, and monitor the activities of its members. Most important, though, is the identification of a specialized body of knowledge that defines the parameters of the field. This is the scientific base of accumulated research that frames the area of expertise of practicing psychologists. As a service to its members, professional organizations will sort through and summarize the research literature, arriving at a consensus of which practices have the strongest research support. These sets of practices, which are descriptive summaries of a research literature, will be presented to the professional community as a set of best practices—clinical practice guidelines— that then serve to prescribe how a practitioner should do their daily work. In order to create and maintain a sense of professional autonomy and identity (that should be read as staking out market share), professional organizations engage in an intellectual alchemy where the lead of a body of research is turned into the gold standard of clinical practice guidelines. This is the magic of turning the descriptive into the prescriptive.

The clinical practice guideline represents a very unique professional standard. In contrast to standards that define criteria for admission to a profession, practice guidelines prescribe how the members of that profession function in their daily work activities. While practice guidelines serve

to legitimize a profession's claim to a set of clinical practices, they simultaneously limit the clinical autonomy of practitioners to practice as they see fit.

When guidelines fit with established practice, then practitioners do not resist attempts to set these as standards for practice. But when the gap between the guidelines and clinical practice is too large, the profession becomes internally fragmented. This is when attempts to establish a unique professional identity conflict with clinical autonomy, and guidelines are correctly seen as attacks on the specialized domain of competence of the practice community, constraining their freedom to be innovative and to use clinical expertise as a basis for decision making. This intra-professional conflict is further heightened when managed care companies adopt the clinical practice guidelines as standards for quality assurance and a basis for reimbursement. It is at this point that the tension between the scientific and practice communities turns into hostile suspicion and distrust, crumbling the ideal of the scientist-practitioner.

When the treatment relationship was limited to the physician and the patient, accountability for treatment was evaluated primarily in terms of patient satisfaction. As insurance companies and government agencies assumed greater responsibility for reimbursing services, these third parties demanded accountability from the treating physician in the form of adherence to clinical practice guidelines and the evaluation of treatment by specific outcome measures. It is unlikely that clinical practice guidelines will be used to prescribe how psychotherapists function. The use of randomized clinical trials to assess the efficacy of psychological treatments is an essential means of establishing the credibility of psychotherapy. If we want to show that psychotherapy works, we need to use the standard of proof used in other areas of health-care—the randomized research design. The Society of Clinical Psychology's Task Force on empirically supported treatments performed a tremendous service to the field of psychotherapy in this respect. Yet, the use of these designs as a basis for prescribing guidelines ignores important factors, such as the treatment relationship, and creates unpractical issues of retraining an entire field in their use. Nevertheless, there will be increasing pressure for psychotherapists to demonstrate accountability for their practices in terms of specific outcome measures. Many state agencies are already requiring the use of self-report outcome measures as one component of quality assurance procedures and clinical accountability.

Psychotherapists need the clinical autonomy to use their hard gained expertise in treating their patients. But is a reliance on clinical expertise also a way of avoiding accountability for how we practice? We can set standards for how individuals are trained as psychologists, how they are licensed, and how they can obtain advanced ABPP credentials. But does this tell us anything about how well that individual practices as a psychotherapist? Perhaps it is time for us to consider the use of measures that assess certain forms of outcome in our patients, such as changes in the symptom severity, as a way of making us accountable for how we function as psychotherapists. If we do not find a way to monitor ourselves, someone else will do it for us.

INTERVIEW

Interview with Dr. John Norcross

Emilie Ma, University of Maryland, College Park

Dr. John C. Norcross is a professor of psychology and distinguished university fellow at the University of Scranton and a clinical psychologist in part-time practice. He has been heavily involved in the Division of Psychotherapy and played many important roles in its governance. Dr. Norcross served as chair of the Education and Training Committee from 1995 to 1999, as president of Div. 29 in 2000, as chair of the Task Force on Empirically Supported Therapy Relationships from 1999 to 2002, as chair of the Publications Board from 2002 to 2006, and is currently one of the Division's two APA Council Representatives. Dr. Norcross also received Div. 29's Distinguished Psychologist Award in 2004.

Yueher (Emilie) Ma is a doctoral student in the counseling psychology program at the University of Maryland, College Park. Her current research interests center on application of attachment theory and mindfulness to psychotherapy. She is a member of the Division 29 Student Development Committee.

Emilie: What draws you to psychology or specifically clinical psychology?
Norcross: It's a simultaneous embrace of practice, research, and teaching. I had three majors as an undergraduate: psychology, English, and philosophy. Psychology afforded me the greater diversity and synergy of professional activities. English informed and strengthened my writing ability as well as my ability to better critique the literature. Philosophy allows us to think a little deeper about the fundamental epistemological and ontological questions, for example, the implicit but often neglected questions beneath the evidence-based practice (EBP) movement.

Emilie: What do you consider as your most important accomplishment?
Norcross: A long and satisfying marriage, two reasonably healthy and happy kids, the ability to devote my life to a meaningful vocation. The professional awards and honors are simply icing on the cake.

Emilie: What brought you to psychotherapy integration?
Norcross: Psychotherapy integration appeals to me on both professional and personal levels. Most psychotherapy theories are polarizing, which unfortunately parallels much of what occurs on the national and international political scenes. Integration tends to draw on the best of the various traditions and methodologies. I'm committed to informed pluralism. It's the best way of advancing psychotherapy, in my view. It's also one of the best ways of enhancing psychotherapy outcome.

Integration also appeals to me on a personal level as I am a product of parents from conflicting religions, geographies, and families of origin. For example, I attended a Jewish nursery school and kindergarten, a Lutheran elementary school, a private high school, onto an originally Protestant university, then onto the public sphere for graduate training, and now I'm teaching in a Jesuit university. The usual purported conflicts have never particularly bothered me. I try to embrace the underlying similarities and value their remaining differences. So on a personal plus a professional level, I'm very comfortable with integration. I believe that any mature profession should be aspiring toward that end, as Thomas Kuhn discussed in his book *The Structure of Scientific Revolutions.*

Emilie: What is the greatest challenge of integration for you?
Norcross: The greatest challenge in doing psychotherapy integration is trying to become competent in the various treatment methods associated with the different systems of psychotherapy. I try not to become a jack of all trades, but a master of several. It is professionally challenging to remain aware of and competent in the diverse clinical methods and therapeutic relationships that different patients require. It is clinically difficult but quite possible.

Psychotherapy integration is one of the major future directions for psychotherapy. In a recent Delphi poll on the future of psychotherapy, the experts predicted that the integrative, cognitive-behavioral, and multicultural approaches will be in the ascendancy in the next decade.

Emilie: What specifically about multiculturalism?
Norcross: Multiculturalism clearly will be in the forefront of psychotherapy practice. Culturally incompetent therapists pose clinical and ethical hazards. Psychotherapists in the future will need to be committed and competent in multicultural approaches. Multiculturalism to me is one extension of the integrative perspective: "Different strokes for different folks." Integration is characterized by dissatisfaction with single-school therapies and the concomitant desire to look across all boundaries to see how patients can benefit. Multiculturalism stands firmly in that tradition.

Emilie: What advice would you like to give to young aspiring psychologists?
Norcross: Be rigorously trained and passionately committed to all that a psychologist can do. Avoid narrowly defining yourself as a psychotherapist, but rather as a full-fledged psychologist who is competent to conduct psychotherapy, assessment, supervision, teaching, research, evaluation, and so on, for a variety of mental, health, and relational concerns. Be a fully trained psychologist, not a narrowly and generically trained therapist. This view reflects the underlying theme of my work—integration.

Another underlying theme is a healthy respect for the empirical research. An important theme to my research and books is the sensitive application of the empirical research to clinical life. In *Psychotherapy Relationships That Works*, for example, we analyzed literally thousands of studies to show what works in general in the therapy relationship and what works for particular clients. In *The Handbook of Psychotherapy Integration*, for another example, we are interested in not just mixing models and methods, but knowing when integration is particularly effective for different patients. It's informed pluralism rooted within the empirical research.

Emilie: What do you think will be the future for the Division of Psychotherapy?
Norcross: As the sole APA division committed to psychotherapy, Div 29 should be a spirited advocate for psychotherapy practiced by psychologists. It is distinctive in its abiding commitment to the integration of practice, research, and training. It is inclusive for the treatment of children, adolescents, adults, older adults, couples, families, and groups. It should be a natural and inevitable home for all psychologists conducting psychotherapy.

Emilie: What do you think we can do to make Division 29 better?
Norcross: We should probably work on three targets. First, to make the Division a truly inclusive and multicultural organization, specifically with reference to early-career psychologist, and members of underrepresented groups. Second, to infuse valuable research findings into our practice and teaching. And third, we should be more vigorously advocating for psychotherapy and everything psychology does.

Emilie: Thank you very much for this interview!
Norcross: You're most welcome. I enjoyed it!

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Thinking about the Alliance in Practice

Robert L. Hatcher, Ph.D. and Alex W. Barends, Ph.D.

In a recent publication (Hatcher & Barends, 2006), we offered several suggestions for clarifying alliance theory. Our main argument revolves around the conceptual role of alliance in thinking about therapy. Bordin (1979) proposed alliance as a very general framework for conceptualizing and evaluating therapy. His core idea was that therapy is collaborative and purposeful work. Our research on alliance and alliance measurement (Hatcher, 1999; Hatcher & Barends, 1996; Hatcher & Gillaspy, 2006) led us back to Bordin's core idea, and in our recent paper we called alliance a superordinate concept.

The idea that alliance refers to the collaborative, purposeful quality of therapy is central to virtually every review of the alliance literature. It is the idea behind the Working Alliance Inventory, our most widely used alliance measure: Optimally, client and therapist should agree on the goals and tasks of the treatment, and this agreement should be supported by mutual respect.

The problem with current thinking about alliance is the tendency to narrow the concept of alliance to something *specific* that clients and therapist *do* or *feel* in therapy, such as agreeing on goals and tasks, or having a warm relationship.

We propose that we use alliance as a superordinate concept that links the overall theory of therapy (e.g., interpersonal-experiential) to the more specific activities of therapy, such as helping the client deepen awareness of feelings. At this superordinate level, alliance theory expresses a broad claim about therapy. It says that client and therapist must work together purposefully in order for treatment to be effective. As a broader concept, alliance carries the ideas of the clinician's overall theory regarding the purpose of therapy. If, for example, the theory says that good therapy involves clients getting in touch with their authentic selves, then the treatment is purposeful to the extent that the client's and therapist's work together helps reach this goal. It is collaborative to the extent that both participate actively in pursuit of the goal.

Thinking of alliance as superordinate means that any and all features of the work of therapy embody the alliance. Any feature of therapy—technique, relationship, client and therapist attitudes and characteristics—can be evaluated with these overall alliance questions:

- In what way does this feature of therapy contribute to collaborative, purposeful work?
- In what way does this feature of therapy express or evidence collaborative, purposeful work?

For example, one might ask, does this technique (say, clarifying a feeling) contribute to, or hinder, purposeful, collaborative work? Does this feature of the relationship (say, therapist hostility) enhance or detract from collaborative, purposeful work? What effect did this effort to engage the client in a discussion of the goals of the therapy have on collaborative, purposeful work?

We are not saying that previous ideas about alliance were wrong. When we see clients and therapists agreeing, or when we see them having difficulty agreeing, or when we detect that their relationship is respectful or find that it is subtly critical and demeaning, we are seeing evidence of the nature and quality of their collaborative, purposeful work. These features certainly give us an indication of the state of the alliance.

So what's the problem? The problem is, if our concept of alliance is limited to specific types of interaction, or to warmth,

respect and other relationship features, we lose the overall perspective on treatment that the broader alliance concept offers. Alliance becomes just one factor among many that constitutes treatment. These other factors include technical activities, client and therapist personal characteristics, and relational elements like warmth. As practitioners, we are given the useful advice to build an alliance at the start of treatment by focusing on gaining agreement about goals and tasks and by finding ways to help the client experience us as concerned, interested, and committed to the client. We are advised to look for signs of strain or rupture in the alliance – client withdrawal or anger, for example – and to address these with alliance-repairing techniques (Samstag et al., 2004). This approach casts alliance as a specialized or focused activity in therapy. In research, alliance competes with all the other therapy factors in accounting for therapeutic outcome. Thinking of alliance as a specific feature of therapy leads researchers to ask the question, which is more important, technique or alliance?

By locating the alliance in particular activities or attitudes, or in particular aspects of the therapy relationship such as warmth, we lose the perspective that the broader concept offers.

The broader, superordinate perspective has bearing on the current controversy in psychotherapy research over the respective roles of alliance and technique in accounting for outcome (e.g., Barber, Connolly, Crits-Christoph, Gladis, & Siqueland, 2000). The superordinate approach to alliance indicates that it makes no sense to pit alliance against technique, because technique embodies and facilitates alliance. It *would* make sense to pit a technique that you believe is more likely to promote collaborative, purposeful work against a technique that you think is less likely to do so. Another way to put this is, good technique is a marker of good alliance. Good technique is correlated with good alliance. Conversely, if a technique does not promote purposeful, collaborative work, it is not a good technique, and should be modified accordingly.

How can we use this understanding of the alliance to think about clinical work? Taking the broader view of alliance, a clinician would always have this idea in mind: What I do next should promote our collaborative, purposeful work. Is the next thing I do something that the client will understand and experience as relevant and helpful to achieving the goals of therapy? Will it help us move towards these goals? The clinician would also consider, can I characterize what we are doing now as collaborative, purposeful work? Or are we off track? The clinician can consider whether the client's response promotes or detracts from collaborative, purposeful work. If it detracts, what is the client's alternative goal here? Should we redefine or modify our goals for the session? Does the client have a different idea about how we should deal with the problem? How can I adjust my technique to better recruit the client's collaboration in our work? Is there some attitude or feeling that I am conveying that diminishes the client's collaboration in our work? Is there an attitude or feeling that I could convey that would enhance collaboration? We believe that these questions at least implicitly guide most therapists' work. The value of coordinating these questions with the overall alliance concept is that alliance considerations become an explicit and integrated part of everyday clinical functioning.

Taking a broader view of the alliance, we evaluate features of the relationship in therapy, such as warmth, bond or personal caring, in terms of purposefulness and collaboration. For example, we can ask, in what way does warmth contribute to the collaborative purposefulness of a given treatment? Are there times when there can be too much warmth, hindering the purposes of therapy? When more objectivity would be helpful? In this way, elements of

the relationship are seen in terms of their links to therapeutic goals. This approach has implications for alliance measurement in research work. Alliance measures are composed of questions about many aspects of the client's and the therapist's experience of therapy, and quite a few of them, especially bond questions, have no clear links to the overall concept of alliance as purposeful, collaborative work. Questions such as "Do you like your therapist?" neglect the purposefulness of the relationship. Bordin (1979) had two divergent ideas about bond. One is the familiar "good feeling" bond, unlinked to purposefulness; the other is the question of what depth and extent of bond is needed to optimize the effectiveness of the therapy. We believe that this approach to bond better fits the overall conception of alliance. A question matching this approach would be "Do you trust your therapist sufficiently to do the work you need to do in therapy?"

By emphasizing collaboration, viewing alliance as superordinate alliance also highlights the implicit and explicit negotiations between client and therapist that set the therapeutic agenda. This collaborative activity is generally not explicitly taken into account in studies of the therapeutic encounter. Even in research paradigms that explicitly address the importance of the negotiating stance of the therapist (e.g. Safran & Muran, 1996), there is relatively little emphasis on the client's role in initiating and supporting their collaboration (Hatcher, Barends, & Rogers, 2005).

The superordinate alliance concept serves as a bridge between the guiding theory of therapy and specific technical principles. As an illustration, consider the technical principle in psychodynamic work that recommends addressing defenses, and the motives for defense, before dealing with the thoughts, feelings, or impulses that are being defended against. This principle follows from psychodynamic theory, which says that clients achieve optimal mastery of feared thoughts, feelings, or impulses when the reasons for their fears and the methods they use to protect themselves against them are dealt with first. Working this way is thought to optimize the client's resources for dealing with the feared material, and this goal in part defines the purpose of psychodynamic therapy. It is a purpose that is intended to respect and enhance the client's collaboration with the therapist in seeking mastery of the dangerous material. A clinician successfully carrying out this approach would be exemplifying collaborative, purposeful work. The temptation to get around defenses, to move away from this purpose, can be quite strong in the psychodynamic clinician because the "problem" that the client brings that leads to symptoms and/or dysfunction may be quite obvious to the clinician, even though, because of his or her defenses and fears, the client may see little of what the problem is. But focus on the defenses and fears can be very alliance enhancing, meeting the client at the point of current experience and moving forward together.

Robert L. Hatcher, Ph.D. is Director of the Institute for Human Adjustment and Director of the Psychological Clinic at the University of Michigan. His research work focuses on the alliance in therapy and on assessment of interpersonal features. He is active in national training organizations as past president of the Association of Directors of Psychology Training Clinics and chair of the Practicum Workgroup of the Council of Chairs of Training Councils.

Alex W. Barends, Ph.D., is Senior Staff and Research Psychologist at the University of Michigan Psychological Clinic. With Dr. Hatcher, his research focuses on alliance in therapy. He maintains a large adult psychotherapy practice.

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AMERICAN PSYCHOLOGICAL FOUNDATION (APF) 2007 CALL FOR PROPOSALS

The American Psychological Foundation (APF) is requesting proposals for the 2007 ***Randy Gerson Memorial Grant***, which supports the advancement of the systemic understanding of couple and/or family dynamics and/or multigenerational processes. Work that advances theory, assessment, or clinical practice in these areas shall be considered eligible for grants through the fund.

The Gerson Fund will provide a $5,000 to a doctoral-level graduate student. Individuals from a variety of educational settings are encouraged to apply. Applications must include a statement of the proposed project and how it meets the grant's goals, a project budget, a statement about how the recipient will disseminate the project's results (such as a published paper, report or monograph), a curriculum vitae, two letters of recommendation and an official transcript.

The application deadline is February 1, 2007. All materials must be submitted online at http://forms.apa.org/apf/grants/. For more information, visit www.apa.org/apf.

WASHINGTON SCENE

The Critical Importance of Personal Involvement and Vision

Pat DeLeon, Ph.D., former APA President

The 109th Congress adjourned for the 2006 elections, postponing critical decisions on the ultimate level of funding for domestic programs important to our nation and to psychology (e.g., health initiatives of the Veterans Administration, Indian Health Service, and Department of Defense). A "Lame Duck" session thereby became inevitable. Five psychologists served in the U.S. House of Representatives, two of whom decided not to seek re-election in order to run for Governor. Unfortunately, **Tom Osborne** was unsuccessful in his Nebraska primary. However, **Ted Strickland** entered the final weeks of the general election with a substantial lead in Ohio. History is in the making for professional psychology.

Former APA Practice Directorate State Advocacy guru **Mike Sullivan** and I have often wondered how to assist our profession's training programs in instilling into our next generation an understanding of, and passion for, the public policy process that is so critical for psychology facing the unprecedented changes that the 21st century will bring to healthcare. As highly educated citizens, it is our societal responsibility to provide proactive leadership, especially to ensure that educated consumers appreciate the importance of the psychosocial-economic-cultural gradient of healthcare. Accordingly, we are very pleased that **Ellin Bloch** of Alliant International University-California School of Professional Psychology has taken up this challenge.

"Our clinical Ph.D. program at Alliant International-CSPP, Los Angeles has recently begun to introduce advocacy as one of the roles that students need to familiarize themselves with as they pursue their graduate degree. The literature is increasingly addressing the fact that psychologists are now pursuing multiple roles as professionals. This is driven partly by economic considerations, partly by increased confidence in professional identity and skill level, and partly by the desire to engage in meaningful work and contribute to local, regional and national 'communities' that benefit from our expertise and commitment to participate, both in the private sector and for the public interest. Our program faculty have expanded their program philosophy of late to incorporate the roles not only of clinician and researcher, but to a lesser but important extent of those of teacher, supervisor, consultant, and advocate.

"The program has for a number of years mentored student involvement in the first state graduate association of students (California Psychological Association of Graduate Students (CPAGS)). Since 2000 all CPAGS chairs have been students of our program. This model was recently adopted by the Ohio Psychological Association, my former home state. Because of my earlier role in the formation of APAGS, the participation of students at the state level seemed the next logical development. This past year, our student **Dorie Weiss**, was selected the Early Career Psychologist representing California and also will sit on the CPA Board of Directors. She is co-chair of the governmental affairs committee for the LA County Association, and past chair of CPAGS. Our professors will introduce new students to the importance of joining local, regional, and national organizations and will be holding several assemblies (introducing role models like Dorie) to forward this mission. Students need much more than to be handed leaflets and brochures about the benefits of professional organization membership. They need to know that their department actively mentors this kind of activity and strongly encourages peer-to-peer mentoring. It provides a lifelong lesson in teamwork, leader-

ship, and professional advocacy.

"In addition, the program will be incorporating opportunities for advocacy-related research in one of our courses, Research in Applied Settings. This opportunity is slightly different. It offers students the chance to consult with and design studies for local, community-based organizations which themselves advocate for social services and for social change. Conceptualizing research that focuses on agencies that promote peace, justice, multicultural understanding and equality is of great importance, particularly in the times in which we now live. It is my own view that professionals can no longer live as 'isolationists,' but must participate actively in our national and world community using a multiplicity of skills, including research.

"Speaking for myself, when I teach my yearly course, History and Systems of Psychology, I tell my students that the course is not about dead white men (which of course it must in part be), but about them. About what they desire to do with their knowledge, their exposure in the course to different kinds of role models; the realization that they are, themselves, beginning the next phase of the history of our profession and it will be what they make of it, and of themselves. And my hope that at least one of them in the present class will run for Congress! Because the root problems of many psychological disorders lie in the environment: in poverty, lack of education, unemployment, homelessness, ill health, and war and violence. Because as psychologists we are well equipped to deal with the consequences of these conditions, we must participate in the political process. Because, contrary to popular opinion, there will be too few and not too many psychologists, and not enough of us to ever go around. One learns advocacy, hopefully, from history. Martin Luther King wrote a wonderful article for the American Psychologist, published in 1968 shortly before his death, that all of my students read. In it, he expresses his chagrin that the war in Vietnam has siphoned off monies that otherwise could have been devoted to education, health, and social services. Nearly 40 years later we are now faced with similar concerns. And if we cannot teach the next generation of psychologists the value of advocacy, we will not be as proud a profession as we could have been.

"There is some indication that our recent graduates also view the importance of advocacy as part of their professional role identity. In a 2005 survey, while very few (roughly 6-7%) projected advocacy as part of the role they anticipated 3-5 years out of graduate school, a significant minority (24%) saw advocacy as a role they hoped to engage in 10-20 years hence. Our program is just now beginning its more explicit and expanded efforts to introduce the role of advocacy into a number of aspects of our program, and welcomes hearing from other departments and programs who are embarking, or have embarked on, similar missions as part of their overarching program philosophy. We have just completed our survey of students who graduated this year (80% response rate). Wow, in 3-5 years, 15% expect to engage in advocacy; in 10-20 years, 62%. This is amazing. We must be doing something right. The numbers here certainly would fit with new grads. The first 3-5 years, primarily clinical work (but note, not in private practice only 31% here), including assessment and some research. But as they get more seasoned and more into their careers 10-20 years out, advocacy, teaching, consultation, and private practice rank high. It all makes sense, when you think about a career trajectory."

Ellin's vision fits very nicely with that of APAGS Chair-Elect **Nadia Hasan**: "One of my initiatives is to empower graduate students with knowledge about emerging issues in psychology such as the use of technology, prescription privileges (RxP), and globalization. I feel it is important for graduate students to know more about RxP. I hope that we can educate students and perhaps motivate them to advocate for this clinical authority within their state psychological associations." Personal involvement and vision are the keys to our collective future. Aloha!

CALL FOR NOMINATIONS

APF Rosalee G. Weiss Lecture for Outstanding Leaders

The American Psychological Foundation's Rosalee G. Weiss Lecture honors an outstanding leader in psychology or a leader in the arts or sciences whose work and activities has had an effect on psychology. The lecture is delivered at the annual APA convention; the 2007 Convention will be held in San Francisco. The APA Divisions of Psychotherapy (29) and Independent Practice (42),administer the lectureship in alternate years. The lecture was established in 1994 by Raymond A. Weiss, Ph.D., to honor his wife, Rosalee G. Weiss, Ph.D. The lecturer receives a $1,000 honorarium.

Eligibility Criteria:
The nominee must be an:
Outstanding leader in arts or science whose contributions have significance for psychology, but whose careers are not directly in the spheres encompassed by psychology; or, outstanding leaders in any of the special areas within the spheres of psychology.

Nomination Materials:
Self-nominations are welcomed. Letters of nomination should outline the nominee's credentials and contribution. Nomination letters and a brief CV should be forwarded to the Division 29 2007 Awards Chair:

Abraham W. Wolf, Ph.D.
Department of Psychiatry
MetroHealth Medical Center
2500 MetroHealth Drive.
Cleveland, OH 44109-1998
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Deadlines for Submission

July 1 for Fall Issue
November 1 for Winter Issue
February 1 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.

DIVISION OF PSYCHOTHERAPY

Executive Committee and Board of Directors Meetings
September 15-17, 2006 • Washington, D.C.

Armand Cerbone

Adam Leventhal and Jan Culbertson

Libby Williams and Irene Deitch

Jeffrey Magnavita

2007 NOMINATIONS BALLOT

Dear Division 29 Colleague:

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

NOMINATE YOURSELF OR SOMEONE YOU KNOW TO RUN FOR OFFICE IN THE DIVISION OF PSYCHOTHERAPY. THE OFFICES OPEN FOR ELECTION IN 2007 ARE:

President-Elect (1)
Member-at-Large (2) (1 Early Career Psychologist Slate; 1 General Slate)
Representative to APA Council (2)
All persons elected will begin their terms on January 2, 2008.

The Division's eligibility criteria are:

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

Simply return the attached nomination ballot in the mail. The deadline for receipt of all nominations ballots is January 19, 2007. We cannot accept faxed copies. Original signatures must accompany ballot.

EXERCISE YOUR CHOICE NOW!

If you would like to discuss your own interest or any recommendations for identifying talent in our division, please feel free to contact the division's Chair of Nominations and Elections, Dr. Jeff Barnett, at (410)-757-1511 or by Email at drjbarnett1@comcast.net.

Sincerely,

Abe Wolf, Ph.D.
President

Jean Carter, Ph.D.
President-elect

Jeffrey E. Barnett, Psy.D., ABPP
Chair, Nominations and Elections Committee

NOMINATION BALLOT

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Member-at-Large (General Slate)

_____

_____

Member-at-Large (Early Career Slate)*

_____

_____

* Less than 10 years since the receipt of the doctoral degree in Dec. 2009

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

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Signature _____

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Reflections on What We Need to Know

Jean M. Birbilis, Ph.D.

As the incoming chair of the Division 29 Education and Training Committee, I appreciate having this opportunity to share this year's goals of the Committee and my perspectives on education and training in psychotherapy that will inform the Committee's activities this year. In four action items in "Tasks for the Education and Training Committee," the past-president of Division 29 (VandeCreek, 2005) calls for: the development of competencies for psychotherapy training and practice; strategies for their implementation; collaboration with APA in advocacy for psychotherapy training and research funding, and; a survey of training directors on the types of training required.

VandeCreek's document notes that some aspects of these action items have already been addressed and information already exists, e.g., outcomes associated with the Competencies Conference in 2002. He suggests a path for follow up and next steps, which I am delighted to undertake along with the other two members of the current Education and Training Committee (ETC), Dr. Mary Brant and Michael Garfinkle. In addition, the ETC will also explore contextual elements associated with those action items.

One particularly prominent contextual element is the process by which a psychotherapist acquires and maintains any/all competencies. For example, the NCSPP model of training, which I know well from the doctoral program that I have worked in for 17 years, addresses seven competencies. A program training students in the NCSPP core competencies must flesh out not only *what* to teach students about each competency (e.g., about the content of the Relationship competency, such as interviewing skills, techniques, counseling and therapy dynamics, and ability to utilize cultural sensitivity in counseling), it must also determine *how* to assist each student in acquiring and maintaining each competency (e.g., such as how to use self–examination in the course of developing and maintaining therapeutic relationships), both currently as a student and lifelong as a psychotherapist. In other words, the program must determine how to train the person of the psychotherapist, not just what knowledge and skills to convey.

Contextual elements of psychotherapy can be vexing, especially those associated with the person of the therapist. Boswell and Castonguay (2006) note that of the categories of variables associated with client improvement (e.g., technique variables, relationship variables, participant variables), we know less about "…the specific therapist variables that contribute to process and outcome in psychotherapy" (p. 17) than other variables. Perhaps this missing information is due, as some gaps in our field are, to the difficulty of operationalizing the construct, "therapist variables," and assessing it. This supposition seems to be supported by Boswell and Castonguay's focus in this particular training-related article on one of the more measurable therapist variables, theoretical orientation.

If the difficulty in defining and measuring the construct of therapist variables is indeed the origin of the lack of knowledge about it, the implications for training the person of the psychotherapist are profound. Educators and supervisors may err on the side of limiting the training of students to knowledge, theory, and skills—a

necessary, but not sufficient, focus on the externally-derived aspects of psychotherapy. Therefore, it is incumbent upon the profession of psychotherapy to press forward to identify and validate all relevant therapist variables, including the personal characteristics of the therapist (Bachelor & Horvath, 1999) and to use all assessment tools available to measure internally-derived aspects of the process of psychotherapy, including self- reflection (e.g., Kottler, 1999), self-supervision (e.g., Bernard & Goodyear, 2004), and the self-reflective loop (e.g., Yalom, 2002).

Ironically, the history of psychotherapy is replete with examples of those who acknowledged, studied, and trained others in the use of internally-derived, contextual elements of psychotherapy (e.g., the self-analysis of Freud and his followers, the personal process work of Rogers, and the self-reflective loop of Yalom), even as current authors like Boswell and Castonguay (2006) remind us that we know the least about therapist variables. One might at least expect a focus on therapist variables from educational programs that specifically strive to produce practitioners. Unfortunately, some sectors of the educational and training community in psychology may be reticent to embrace process variables. It is noteworthy that APA ethical principle 7.04 (American Psychological Association, 2002) recently delineated the first written restrictions associated with student disclosure of personal information. While protecting students' rights to privacy is essential, there is the unfortunate potential for misinterpreting the intent of this ethical principle to intend the exclusion of vital, contextual training components for practitioners.

Furthermore, there has been conversation (most recently, see the fall, 2006 issue of *The General Psychologist* which focuses on "the science-practice divide") regarding whether or not one particular model of training (i.e., scientist-practitioner) is more desirable than another (i.e., practitioner-scholar) for training psychologists. Dismissal of viable alternative models of training is unfortunate and misguided. It is noteworthy that many traditional Ph.D. programs in counseling psychology have closed in recent years and that more doctoral-level psychologists are now graduating with Psy.D.s than with Ph.D.s. The market appears to have spoken regarding the desirability of training in the practitioner-scholar model of training, which in turn implies an affirmation of including therapist variables in education and training.

The literature supports the historical precedent for attending to therapist variables and incorporating those variables that pertain to the person of the therapist into the education of psychologists, and the public/clients appear to expect it. Furthermore, educators may find that it ultimately enriches their work. For example, Sue and Sue (2003) note that some populations may focus more on the therapeutic relationship than others. Miller and others (e.g., Miller & Stivers, 1997) identified the critical nature of relational variables in the treatment of women, and their work continues to have a profound impact on the training of psychotherapists. Not only are the contextual variables of psychotherapy associated with client improvement, they appear to be a path, if not the path, to making psychotherapy more inclusive and therefore more attractive and accessible to diverse populations.

Other contextual elements of therapy (such as political climate, social justice, advocacy, and spirituality, to name a few) are also potent factors in the education and training of psychotherapists and merit examination. As the Division 29 Education and Training Committee pursues VandeCreek's (2005) action items and seeks to identify contextual elements that should be addressed in conjunction with the action items, we invite your thoughts and suggestions regarding our work this year (jmbir-

bilis@stthomas.edu). We look forward to sharing our results with you at the end of the year.

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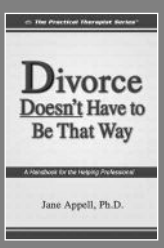
For the Practical Therapist



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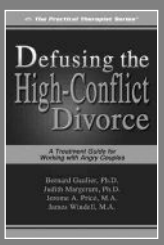

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A WORLD OF PSYCHOTHERAPY

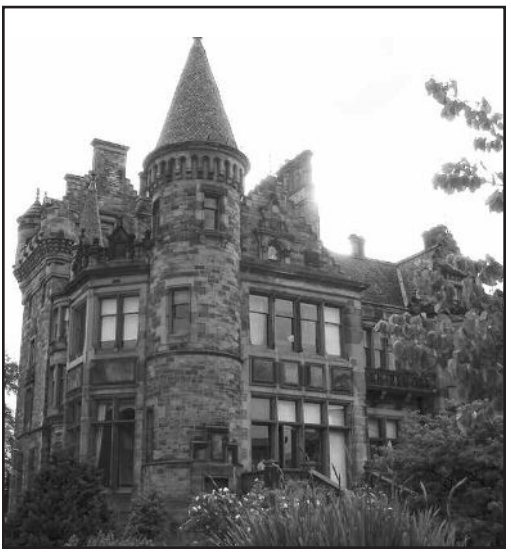
Connections and Collaborations

Libby Nutt Williams, Ph.D.

Division 29 has a wonderful and growing relationship with the Society of Psychotherapy Research (SPR). As such, I was asked to write a bit about this past summer's fabulous SPR conference in Edinburgh, Scotland.

My husband and I arrived from London, flying gracefully over the Firth of Forth (well, gracefully until the last 10 minutes when the wild winds played a game of hacky sack with our plane!). We headed straight into Pollack Halls of the University of Edinburgh. Neither of us had stayed in a dorm room for many, many years, so we weren't sure what to expect. The rooms, though Spartan, were quite nice. Some of the people staying there even found ways to "relive" the undergraduate experience, including some very enthusiastic late night/early morning impromptu hall romps by some very dedicated World Cup fans. (By the way, traveling in Britain during the World Cup is an experience— luckily we were coached at an opening session on the vast differences between the English and the Scots – careful etiquette is required when cheering for the various "British" teams!)

Our first order of business was to attend the Opening Session. We heard an intriguing talk by President Michael Lambert on "What have we learned from 10 years of measuring patient session-by-session treatment response." Following the Presidential Address, several awards were presented, including two Outstanding Early Career Achievement Awards (to Martin Grosse-Hotlforth of the University of Bern, Switzerland, and to me, Libby Nutt Williams of St. Mary's College of Maryland, USA) and the Distinguished Research Career Award (to Williams Piper

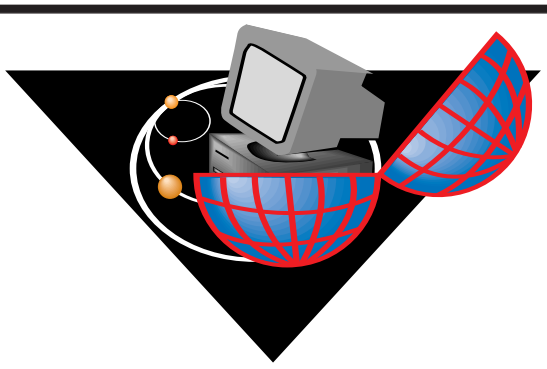


of the University of British Columbia, Vancouver, Canada). The wonderful ceremony was followed by a traditional Gaelic ceilidh (prounced kay-lee), which means a visit or "a gathering." I thought the term really captured my experiences with SPR, as they always do seem like a gathering of old friends and dear colleagues. The ceilidh included traditional dancing (thankfully with instruction provided) and delicacies of the region. This was my first experience eating haggis (or what my husband refers to as the "Scotdog"). In fact, eating haggis is much like eating a hot dog in the US—it's pretty tasty unless you find out what it's made of!

The days following were filled with a great number of stimulating and inspiring papers and presentations on psychotherapy. There were, in fact, up to nine concurrent panels at a time—evidence that psychotherapy research is alive and well. The business meetings were also engaging. At the North American Chapter meeting, President Chris Muran and President-Elect Jeff Hayes noted that the Chapter (NASPR) is financially healthy (good news for the

new CEO Nick Ladany!). Division 29 President Abe Wolf emphasized his desire to see the collaborative efforts of 29 and SPR continue to grow, and he was thanked for his work in coordinating the continuing education credits at the conference. At the full SPR Business meeting, upcoming SPR meetings were discussed (Madison, Wisconsin in 2007 and Barcelona, Spain in 2008)—I encourage everyone to attend these meetings, as these international conferences bring together unique, cross-cultural perspectives on all things "therapy." The meetings are a great place for connection and collaboration.

Finally, the conference concluded with a Whisky tasting and a festive Closing Reception. As we left, I reflected on the beauty of the city (the Castle, the Royal Mile, Holyrood Palace), the warmth and welcoming feel of the city (and its local pubs!), and the fun of meeting up with colleagues I get to see so infrequently. Our unabated passion for psychotherapy even extended well past the walls of Pollack Halls. For example, when I went to visit Charlie Gelso in the Edinburgh Hospital (he is now safely back across the Atlantic and doing really well), Charlie immediately began asking about the conference, discussing the connections between our research, and soliciting articles for *Psychotherapy*! Our impromptu discussion was a good reminder that we do psychotherapy and do psychotherapy research because psychotherapy is always intriguing, never static, and ripe with questions, contradictions and deeply relevant insights. I felt at the Edinburgh SPR conference, as I always do, inspired anew by psychotherapy and psychotherapy research. I even wish I could stay and taste the haggis again…



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DIVISION OF PSYCHOTHERAPY

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Jeff Barnett, Leon VandeCreek, and Abe Wolf

Craig Shealy and Norine Johnson

Charlie Gelso and Adam Leventhal

COUNCIL REPORT

Report on APA August Council Meeting in New Orleans

Council Representatives: Norine G. Johnson and John C. Norcross

APA President Gerald Koocher convened the 2006 APA Council during our annual convention in New Orleans against the backdrop of a city experiencing significant trauma from last year's hurricanes Katrina and Rita. In the spirit of inclusion and transparency, Dr. Koocher provided Council with both a respectful structure and sufficient time to debate crucial and intensely emotional matters such as the ethical duties of psychologists to stop incidents of torture, major revisions in accreditation policies of psychology programs, the budget for 2007, and a report on the psychological importance of social class. After a period of debate the appropriateness of APA continuing to accredit Canadian educational and training psychology programs was deferred.

Public Interest
To facilitate council's deliberations, Dr. Koocher provided a forum for diverse perspectives of psychology's role in places where torture may occur. Dr. Kiley, Surgeon General of the US Army, spoke first to Council and presented slides that contained information on the numbers and roles of US Army Clinical Psychologists. Dr. Reisner, a New York psychologist who had debated Dr. Koocher in the national media about APA's role spoke next. His remarks focused on why psychologists should not be at sites where torture occurs, such as Guantanamo and Abu Ghraibr.

After a break Council returned and debated Council's proposed **A Resolution Against Torture**. The resolution passed unanimously and is posted on the APA web site. Please read the document in its entirety as it is a thoughtful and well-researched document.

Council also approved the report of the **Task Force on Social Class** and the establishment with funding of an APA Committee on Social Class within the Public Interest Directorate.

Education
Council approved changes to the **Guidelines and Principles for Accreditation of Programs in Professional Psychology,** put forward by the Committee on Accreditation. One of the Division's Council Reps (Norine Johnson) was a member of the Accreditation Committee that formulated the current Accreditation policies in the mid 90s and therefore knew personally how much collaboration across constituencies is needed to bring forward a major restructuring. The new policy includes a change in name from the *Committee* on Accreditation to the *Commission* on Accreditation, a change in function and a change in member composition. The Commission will expand to a 32-person body in recognition of the significant increase in work in reviewing psychology programs for accreditation. Please see APA's web site for details.

A proposal to eliminate concurrent accreditation of Canadian doctoral programs in psychology engendered a lively discussion with no action taken. The item was deferred for further study and debate at a later time. Issues of impact on students from border states, the need to re-open licensure laws, passionate pleas from Canadian individuals to continue the dual accreditation, apparent mixed responses from Canadian educational facilities, and international accreditation entered into the debate.

Practice
Approval of additional funding of one million dollars for the Practice Directorate Public Education campaign followed a presentation by Russ Newman, Executive Director of the Practice Directorate. The campaign will continue with the theme of "Psychology Promoting Health."

CRSPPP's recommendation regarding recognition of Psychoanalysis in Psychology as a specialty in professional psychology was approved on the consent agenda.

Finances
APA continues to be a financially healthy organization with leadership by Carol Goodheart, APA's Treasurer. An experienced financial staff led by Jack McKay with careful oversight by Norm Anderson, (APA's CEO) have increased APA's financial position to an enviable position among non-profits. Council reviewed and approved break-even to positive budget projections for the next four years.

In addition to approving the budget, Council approved increased compensation for members of the Board of Directors and funding for the establishment of the new Committee on Social Class.

Divison of Psychotherapy's New Business Item
Our item, *Reclaiming Recognition of Psychology*, has made the New Business Progress Report as item # 43. CAPP reviewed the item and added an additional concern about terms such as "psychiatric disorder and psychiatric hospital" in relation to the activities of psychologists and other health-care professionals. CAPP will reconsider the item at its February 2007 meeting after comments from other groups.

Please email or call either of your Council Representatives with any questions, concerns or comments.

CALL FOR AWARD NOMINATIONS

The APA Division of Psychotherapy invites nominations for its **2007 *Distinguished Psychologist Award***, which recognizes lifetime contributions to psychotherapy, psychology, and the Division of Psychotherapy.

Letters of nomination outlining the nominee's credentials and contributions should be forwarded to the Division 29 2007 Awards Chair:

Abraham Wolf, Ph.D.
Department of Psychiatry
MetroHealth Medical Center
2500 MetroHealth Drive
Cleveland, OH 44109-1998
E-Mail: axw7@cwru.edu

The applicant's CV would also be helpful. Self-nominations are welcomed.
Deadline is January 1, 2007

THE DIVISION OF PSYCHOTHERAPY ON-LINE ACADEMY

The Division of Psychotherapy is at the forefront in offering on-line continuing education. The following programs were recorded at the 2005 APA Convention in Washington D.C., and are now available on-line in audio format with accompanying PowerPoint presentations. These programs brings together leading practitioners and researchers to discuss major topics in contemporary psychotherapy The online program provides four continuing education credits at a cost of $80.00. To register, go to www.apa.org/ce.

THE PROPER FOCUS OF EVIDENCE-BASED PRACTICE

Steven D. Hollon, Ph.D.
Treatment Method as Focus for Evidence-Based Practice

Bruce E. Wampold, Ph.D.
It is the Therapist who Makes the Difference

Michael J. Lambert, Ph.D.
The Importance of the Patient-Therapist Relationship

Arthur C. Bohart, Ph.D.
The Client as Active Self-Healer

Larry E. Beutler, Ph.D.
The "Proper" Focus of Evidence-Based Practice - A Principle-Based Treatment

John C. Norcross, Ph.D.
Discussant

TAKING CARE OF THE HATED AND HATEFUL PATIENT

Power Plays, Negotiation and Mutual Recognition in the Therapeutic Alliance
J. Christopher Muran, Ph.D.

The Vicissitudes of Race-Based Hatred
Dorothy Evans Holmes, Ph.D.

Embracing Hate in the Therapeutic Moment
Jean A. Carter, Ph.D.

Countertransference Anger And Hatred: The Last Frontier?
Karen J. Maroda, Ph.D.

CALL FOR NOMINATIONS

APF Division 29 Early Career Award

The American Psychological Foundation (APF) is a nonprofit, philanthropic organization that advances the science and practice of psychology as a means of understanding behavior and promoting health, education, and human welfare.

Background: The Division of Psychotherapy fosters collegial relations between psychologists interested in psychotherapy, stimulates the exchange of information about psychotherapy, encourages the evaluation and development of the practice of psychotherapy, and educates the public regarding the service of psychotherapists. *The APF Division 29 Early Career Award* recognizes promising contributions to psychotherapy, psychology, and the Division of Psychotherapy by a Division 29 member with 10 or fewer years of postdoctoral experience.

Eligibility Criteria

Applicants must be:

- Members of Division 29,
- Be within 10 years of receiving his or her doctorate, and
- Demonstrate promising professional achievement related to psychotherapy theory, practice, research, or training

Application Materials

The following are the required application materials:

- A nomination letter written by a colleague outlining the nominee's career contributions (no self-nominations are allowed)
- A current vita
- Up to four (4) supporting letters of recommendation

Application Procedures

Application materials must be submitted online at http://forms.apa.org/apf/grants/

Deadline: January 1, 2007

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*Coverage is individually underwritten. Policies issued by Liberty Life Assurance Company of Boston, a member of Liberty Mutual Group. The company has received financial strength ratings of "Excellent" (A) from the A.M. Best Company. Plans have limitations and exclusions. For costs and complete details, call the number listed. **Duration to age 65 and waiting period of 90 days.

The Division of Psychotherapy

The only APA division solely dedicated to advancing psychotherapy

MEMBERSHIP APPLICATION

Division 29 meets the unique needs of psychologists interested in psychotherapy.

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

Division 29 is comprised of psychologists and students who are interested in psychotherapy. Although Division 29 is a division of the American Psychological Association (APA), APA membership is not required for membership in the Division.

JOIN DIVISION 29 AND GET THESE BENEFITS!

☐ FREE SUBSCRIPTIONS TO:

Psychotherapy

This quarterly journal features up-to-date articles on psychotherapy. Contributors include researchers, practitioners, and educators with diverse approaches.

Psychotherapy Bulletin

Quarterly newsletter contains the latest news about division activities, helpful articles on training, research, and practice. Available to members only.

☐ EARN CE CREDITS

Journal Learning

You can earn Continuing Education (CE) credit from the comfort of your home or office — at your own pace — when it's convenient for you. Members earn CE credit by reading specific articles published in *Psychotherapy* and completing quizzes.

☐ DIVISION 29 PROGRAMS

We offer exceptional programs at the APA convention featuring leaders in the field of psychotherapy. Learn from the experts in personal settings and earn CE credits at reduced rates.

☐ DIVISION 29 INITIATIVES

Profit from Division 29 initiatives such as the APA Psychotherapy Videotape Series, *History of Psychotherapy* book, and *Psychotherapy Relationships that Work.*

☐ NETWORKING & REFERRAL SOURCES

Connect with other psychotherapists so that you may network, make or receive referrals, and hear the latest important information that affects the profession.

☐ OPPORTUNITIES FOR LEADERSHIP

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

☐ DIVISION 29 LISTSERV

As a member, you have access to our Division listserv, where you can exchange information with other professionals.

☐ VISIT OUR WEBSITE

www.divisionofpsychotherapy.org

MEMBERSHIP REQUIREMENTS: Doctorate in psychology • Payment of dues • Interest in advancing psychotherapy

Name _____ Degree _____

Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

Email _____

Member Type: ☐ Regular ☐ Fellow ☐ Associate
☐ Non-APA Psychologist Affiliate ☐ Student ($29)

If APA member, please provide membership #

☐ Check ☐ Visa ☐ MasterCard

Card # _____ Exp Date _____/_____

Signature _____

Please return the completed application along with payment of $40 by credit card or check to:

Division 29 Central Office, 6557 E. Riverdale St., Mesa, AZ 85215

You can also join the Division online at: www.divisionofpsychotherapy.org