Psychotherapy

OFFICIAL PUBLICATION OF DIVISION 29 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

www.divisionofpsychotherapy.org

BULLETIN

In This Issue

Alexithymia: Considerations for Psychotherapists

Bylaws Ballot

Candidate Statements

2007 VOLUME 42 NO. 1

Division of Psychotherapy ■ 2007 Governance Structure

ELECTED BOARD MEMBERS

President
Jean Carter, Ph.D
5225 Wisconsin Ave., N.W. #513
Washington DC 20015
Ofc: 202–244-3505
E-Mail: jcarterphd@aol.com

President-elect
Jeffrey Barnett, Psy.D.
747 Buckeye Ct.
Millersville, MD 21108
E-Mail: drjbarnett1@comcast.net

Secretary
Armand Cerbone, Ph.D., 2006-2008
3625 North Paulina
Chicago IL 60613
Ofc: 773-755-0833 Fax: 773-755-0834
E-Mail: arcerbone@aol.com

Treasurer
Steve Sobelman, Ph.D., 2007-2009
Department of Psychology
Loyola College in Maryland
Baltimore, MD 21210
Ofc: 410-617-2461
E-Mail: sobelman@loyola.edu

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

Board of Directors Members-at-Large
J. G. Benedict, Ph.D., 2006-2008
6444 East Hampden Ave., Ste D
Denver, CO 80401
Ofc: 303-753-9258,or 303-526-1101
Fax: 753-6498
E-Mail: JGBENEDICT@aol.com

James Bray, Ph.D., 2005-2007
Dept of Family & Community Med
Baylor College of Med
3701 Kirby Dr, 6th Fl
Houston , TX 77098
Ofc: 713-798-7751 Fax: 713-798-7789
E-Mail: jbray@bcm.tmc.edu

Irene Deitch, Ph.D., 2006-2008
Ocean View-14B
31 Hylan Blvd
Staten Island, NY 10305-2079
Ofc: 718-273-1441
E-Mail: ProfID@AOL.COM

Jennifer Kelly, Ph.D., 2007-2009
Atlanta Center for Behavioral Medicine
3280 Howell Mill Rd. #100
Atlanta, GA 30327
Ofc: 404-351-6789
E-Mail: jfkphd@aol.com

Michael Murphy, Ph.D., 2007-2009
Professor and Director of Clinical Training
Department of Psychology
Indiana State University
Terre Haute, IN 47809
Ofc: : 812-237-2465 Fax: 812-237-4378
E-Mail:
mmurphy4@isugw.indstate.edu.

Libby Nutt Williams, Ph.D., 2005-2007
Chair, Dept of Psychology
St. Mary's College of Maryland
18952 E. Fisher Rd.
St. Mary's City, MD 20686
Ofc: 240- 895-4467 Fax: 240-895-4436
E-Mail: enwilliams@smcm.edu

APA Council Representatives
Norine G. Johnson, Ph.D., 2005-2007
13 Ashfield St.,
Roslindale, MA 02131
Ofc: 617-471-2268 Fax: 617-325-0225
E-Mail: NorineJ@aol.com

John C. Norcross, Ph.D., 2005-2007
Department of Psychology
University of Scranton
Scranton, PA 18510-4596
Ofc: 570-941-7638 Fax: 570-941-7899
E-Mail: norcross@uofs.edu

COMMITTEES AND TASK FORCES

COMMITTEES

Fellows
Vacant

Membership
Chair: Annie Judge, Ph.D.
2440 M St., NW, Suite 411
Washington, DC 20037
Ofc: 202-905-7721
E-Mail: Anniejudge@aol.com

Student Development Chair
Michael Garfinkle, 2007
Derner Institute for Advanced
Psychological Studies
Adelphi University
1 South Avenue
Garden City, NY 11530

Nominations and Elections
Chair: Jeffrey Barnett, Psy.D,

Professional Awards
Chair: Abe Wolf, Ph.D.

Finance
Chair: Bonnie Markham, Ph.D., Psy.D.
52 Pearl Street
Metuchen NJ 08840
Ofc: 732-494-5471
Fax 206-338-6212
E-Mail:
drbonniemarkham@hotmail.com

Education & Training
Chair: Jean M. Birbilis, Ph.D., L.P.
University of St. Thomas
1000 LaSalle Ave., TMH 455E
Minneapolis, Minnesota 55403
Ofc: 651-962-4654
E-Mail: jmbirbilis@stthomas.edu

Continuing Education
Michael J. Constantino, Ph.D.
Department of Psychology
612 Tobin Hall - 135 Hicks Way
University of Massachusetts
Amherst, MA 01003-9271
Ofc: 413-545-1388
Fax: 413-545-0996

Diversity
Chair: Jennifer F. Kelly, Ph.D.

Program
Chair: Jeffrey J. Magnavita, Ph.D.
Glastonbury Psychological
Associates PC
300 Hebron Ave., Ste. 215
Glastonbury , CT 06033
Ofc: 860-659-1202
Fax: 860-657-1535
E-Mail: magnapsych@aol.com

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

PUBLICATIONS BOARD

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

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
E-mail: norcross@scranton.edu

Lillian Comas-Diaz, Ph.D., 2002-2007
Transcultural Mental Health Institute
908 New Hampshire Ave. N.W., #700
Washington, D.C. 20037
cultura@erols.com

Nadine Kaslow, Ph.D., 2006-2011
Grady Hospital
Emory Dept. of Psychiatry
80 Jesse Hill Jr. Dr.
Atlanta, GA 30303
Ofc: 404-616-4757 Fax: 404-616-2898
Email: nkaslow@emory.edu

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

Beverly Greene, Ph.D., 2007-2012
Psychology
St John's Univ
8000 Utopia Pkwy
Jamaica , NY 11439
Ofc: 718-638-6451
E-mail: bgreene203@aol.com

EDITORS

Psychotherapy Journal Editor
Charles Gelso, Ph.D., 2005-2009
University of Maryland
Dept of Psychology
Biology-Psychology Building
College Park, MD 20742-4411
Ofc: 301-405-5909 Fax: 301-314-9566
Gelso@psyc.umd.edu

Psychotherapy Bulletin Editor
Craig N. Shealy, Ph.D., 2007-2009
International Beliefs and Values Institute (IBAVI)
James Madison University
MSC 2802, 1241 Paul Street
Harrisonburg, VA 22807
Phone: 540-568-6835 Fax: 540-568-4232
E-Mail: shealycn@jmu.edu

Psychotherapy Bulletin Associate Editor
Harriet C. Cobb, Ed.D.
Combined-Integrated Doctoral Program in
Clinical/School Psychology
MSC 7401
James Madison University
Harrisonburg, VA 22807
Ofc: 540-568-6834
cobbhc@jmu.edu

Internet Editor
Bryan S. K. Kim, Ph.D. 2005-2007
Department of Psychology
University of Hawaii at Hilo
200 W. Kawili Street
Hilo, Hawaii 96720-4091
Ofc: 808-974-7460 Fax: 808-974-7737
E-mail: bryankim@hawaii.edu

Student Website Coordinator
Nisha Nayak
University of Houston
Dept of Psychology (MS 5022)
126 Heyne Building
Houston, TX 77204-5022
Ofc: 713-743-8600 or -8611 Fax: 713-743-8633
nnayak@uh.edu

PSYCHOTHERAPY BULLETIN

Psychotherapy Bulletin is the official newsletter of Division 29 (Psychotherapy) of the American Psychological Association. Published four times each year (spring, summer, fall, winter), *Psychotherapy Bulletin* is designed to: 1) inform the membership of Division 29 about relevant events, awards, and professional opportunities; 2) provide articles and commentary regarding the range of issues that are of interest to psychotherapy theorists, researchers, practitioners, and trainers; 3) establish a forum for students and new members to offer their contributions; and, 4) facilitate opportunities for dialogue and collaboration among the diverse members of our association.

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).

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

www.divisionofpsychotherapy.org

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.

ASSOCIATE EDITOR
Harriet C. Cobb, Ed.D.

CONTRIBUTING EDITORS

Washington Scene
Patrick DeLeon, Ph.D.

Practitioner Report
Ronald F. Levant, Ed.D.

Education and Training
Jean M. Birbilis, Ph.D.

Psychotherapy Research
William Stiles, Ph.D.

Perspectives on Psychotherapy Integration
George Stricker, Ph.D.

Student Feature
Michael Garfinkle

STAFF

Central Office Administrator
Tracey Martin

Website

www.divisionofpsychotherapy.org

PSYCHOTHERAPY BULLETIN

Official Publication of Division 29 of the American Psychological Association

2007 Volume 42, Number 1

CONTENTS

President's Column 2

Alexithymia: Considerations for Psychotherapists 4

Washington Scene 8
New Directions—A Time For Change

Psychotherapy Education and Training 13
Gatekeeping in Admisssions Procedures: The Step Before Education and Training in Competencies

Perspectives on Psychotherapy Integration 17
Principles of Change in Psychotherapy Integration: A Theme That Can Unite Us All

Bylaws Ballot 21

Editor's Note 29

Council Report 33
Council of Representatives Meeting

Candidate Statements 35

The Division of Psychotherapy On-line Academy 43

Membership Application 44

PRESIDENT'S COLUMN *Jean Carter, Ph.D.*

Making Changes and Moving Forward

This is my first column as President of this wonderful Division. I'm looking forward to this year and to the opportunities we will have to move the interests of the Division and of psychotherapy forward. The Board of Directors has just had a retreat and winter meeting. You should be proud of your Board of Directors; I am honored to be among them. This is a group of thoughtful, dedicated individuals who worked very hard throughout the meeting to strengthen the ability of the Division to attend to the needs of members and the enhancement and protection of psychotherapy. After you read about the retreat, and plans for the year to come, please take the time to read and vote on recommended Bylaws changes later in this Bulletin.

We began the retreat on a positive, energizing note by each of us sharing what engages our passion for psychotherapy. We talked about our fascination with people, our wish to help people's lives go better, our curiosity about how psychotherapy works and how and why people change, and our wish to make the world a better place through changing lives. It was clear that we choose to be engaged with psychotherapy as teachers, practitioners, and scholars for reasons that are positive and very alive. We used that strong energy to begin developing a vision and purpose for the Division to guide us in bringing new vigor to the Division, its activities and its members. We then considered two areas of interest:

1) how to more effectively utilize the members-at-large of the Board and the committees to meet the needs of members and
2) how to better attend to issues of diversity in a world that is increasingly multicultural and cognizant of the range of individuals within our community.

We came up with the following recommendations, that we then translated into recommended Bylaws changes which would allow us to move forward with implementing them. [See the Bylaws votes later in this issue.]

First, we would like to increase the number of member-at-large positions by two and change them to "Domain Representatives," with each Representative responsible for attending to and making recommendations regarding Division initiatives and working with the relevant committees for the following domains: a) Education and Training, b) Psychotherapy Practice, c) Science and Scholarship, d) Public Interest and Social Justice, e) Membership, f) Early Career Psychologists, and g) two Representatives for Diversity, with the Board maintaining responsibility for using these positions to bring valued perspectives and sources of knowledge to the Board. The Student Representative, who also chairs the Student Development Committee, would continue to serve on the Board, but with a two year (rather than one year) term, allowing him/her to bring stronger representation through having greater continuity. Importantly, our current members-at-large and committee chairs look forward to this reorganization as a way to bring greater vibrancy to the Division.

Second, we want to improve the structure of

continued on page 3

the committees by developing a rotating chair and member structure and standard terms, which increases opportunities for member participation.

The other Bylaws changes that you have the opportunity to vote on are primarily "housekeeping"—implementing policies that have already been passed and cleaning up language.

Some of the other plans we're working on: developing a domain for the Division on international interests in psychotherapy, joining the Divisions for Social Justice, continuing our collaboration with Society for Psychotherapy Research, and strengthening and expanding our On-Line Academy CE offerings. Keep watching for more developments as the year proceeds!

As always, if you have comments, ideas, questions, wish to volunteer, or yes, even have complaints, please contact me at jcarterphd@aol.com or 202 244-3505. I am eager for your feedback!

FEATURE

Alexithymia: Considerations for the Psychotherapist

John S. Ogrodniczuk, Ph.D., Department of Psychiatry, University of British Columbia

Most psychotherapeutic approaches assume that individuals have some access to their emotions. Thus, patients who are unable to identify, differentiate, and articulate their emotions present therapists with a difficult challenge. Such patients may suffer from alexithymia. Alexithymia constricts a person's ability to elaborate on inner feelings, to engage in abstract thought, and to empathise (Sifneos, 1973). They have difficulty presenting material spontaneously, somatize emotional distress, and fixate on minute details of external events. Patients with high levels of alexithymia know that they don't feel good, but don't know how to say or describe what they're feeling.

Despite much attention in the clinical literature, research on alexithymia in the treatment setting has been negligible. Most research has focused on etiological factors and associated pathologies. Thus, many of the assumptions about psychotherapeutic treatment of an alexithymic patient remain untested.

Does Alexithymia Affect the Outcome of Psychotherapy?

A widely held assumption is that alexithymic individuals are ill-suited for dynamic psychotherapy and that supportive psychotherapy is more appropriate (Sifneos, 1996). We used data from two clinical trials of individual and group psychotherapies to test this assumption (McCallum, Piper, Ogrodniczuk, & Joyce, 2003). Each trial involved randomly assigning patients to either interpretive or supportive psychotherapy. Briefly, the objective of interpretive therapy was to enhance the patient's insight about repetitive intrapsychic and interpersonal conflicts that served to underlie and sustain the patient's problems. The interpretive therapist focused on exploring uncomfortable emotions, interpreting unconscious conflicts, using the transference as a therapeutic mechanism, and emphasizing the patient's role in the development and resolution of problems. The objective of supportive therapy was to improve the patient's immediate adaptation to his or her life situation. The supportive therapist focused on guiding the patient toward more adaptive modes of behaviour by using guidance, advice, and problem solving, directed blame for the patient's problems on external circumstances, and did not emphasize affect exploration.

We assessed alexithymia using the Toronto Alexithymia Scale-20 (Bagby, Parker, & Taylor, 1994). It measures the three core features of alexithymia: difficulty identifying feelings, difficulty communicating feelings, and externally oriented thinking. Outcome in the individual therapy study was represented by three outcome factors: general symptoms, social-sexual maladjustment, and personalized target objectives. Outcome in the group therapy study was also represented by three factors: general symptoms, grief symptoms, and personalized target objectives. There were 144 treatment completers in the individual therapy study, and 107 in the group therapy study.

In the individual therapy study, difficulty identifying feelings was related to less improvement in general symptoms and social-sexual functioning. Externally oriented thinking was also associated with less improvement in social-sexual functioning. The negative influence of these alexithymia traits was evident across both forms of therapy. Only one interaction between type of therapy and alexithymia was found. In supportive therapy, greater difficulty communi-

continued on page 5

cating feelings was associated with less improvement in general symptoms, but was unrelated to change in general symptoms in interpretive therapy.

In the group therapy study, difficulty communicating feelings was associated with less improvement in general symptoms and personalized target objectives. Externally oriented thinking was associated with less improvement on all three outcome factors. Again, the negative effect of alexithymia was evident in both interpretive and supportive therapies.

Overall, we found that alexithymia adversely affected the outcome of interpretive and supportive forms of individual and group psychotherapies. The inability to convey the experiential nature of one's problems can impair the patient's capacity to effectively communicate problems to the therapist. The therapist would be confronted with vague complaints (often of a somatic nature), thus making it difficult to develop an appropriate treatment plan.

Is There Other Evidence of the Clinical Relevance of Alexithymia?

We further investigated the clinical relevance of alexithymia by looking at whether it was predictive of residual symptoms of depression following psychotherapy. Residual symptoms of depression refer to symptoms that persist despite apparent response or remission, and appear to increase the risk of relapse (Judd, Schettler, & Akiskal, 2002). Because alexithymic people have a poor capacity to regulate and resolve negative emotions, they may be susceptible to residual symptoms.

We examined the relationship between alexithymia and residual symptoms for 33 patients with major depression who had successfully responded to individual therapy (Ogrodniczuk, Piper, & Joyce, 2004a). We found that alexithymia, measured before therapy, was associated with residual symptom scores at post-therapy, even after taking into account the effects of type of therapy received, use of antidepressant medication, and pre-therapy levels of depression and anxiety.

This provides further evidence suggesting that alexithymia impedes one's ability to fully benefit from some forms of psychotherapy. It may also suggest that alexithymia, especially difficulty identifying feelings, may predispose patients to experience residual depressive symptoms. This finding is important considering that residual symptom scores at post-therapy were predictive of relapse and psychosocial functioning 6 months later (Ogrodniczuk, Piper, & Joyce, 2004b).

What Might Account for the Poor Outcome of Alexithymic Patients?

We began to wonder how alexithymia produces this negative effect on the outcome of psychotherapy. There have been several suggestions about possible mechanisms. One concerns the therapists' negative reaction to alexithymic patients (Taylor, 1984). In other words, alexithymia may exert some of its negative effect through the therapist. Patients with high levels of alexithymia are often perceived as dull, boring, and frustrating for therapists. In response, therapists may behave in ways that communicate dislike, contempt, or frustration with the patient. We used our group therapy data to examine whether therapist reactions to the patient mediated the effect of alexithymia on treatment outcome (Ogrodniczuk, Piper, & Joyce, 2005).

We assessed therapists' reaction to patients by asking the therapists to rate their patients on three features: positive qualities, personal compatibility, and significance as a group member. Then, using Baron and Kenney's (1986) 4-step procedure for identifying mediation, we found four significant relationships. The therapist's reaction to the patient partially mediated the effects of difficulty communicating feelings and externally oriented thinking on general symptoms and target objectives, accounting for 30% to 47% of the effect of these alexithymia features on

continued on page 6

outcome. That is, alexithymic patients may have poorer outcomes in part because their therapists perceive them as having fewer positive qualities, as being less compatible, and as having little significance as a group member. Therapists may inadvertently express these feelings in ways that adversely affect the patient's experience of therapy, ultimately contributing to poor outcome.

Summary

Alexithymia was associated with poor outcome in interpretive and supportive forms of individual and group psychotherapies. Difficulty identifying and communicating one's feelings, as well as a propensity to focus on external events rather than internal ones, appears to constrain a person's ability to effectively utilize some types of psychotherapy. We also found that alexithymia was related to severity of residual symptoms among patients who responded to psychotherapy, which provides further evidence of the negative effect of alexithymia on the outcome of therapy. It may also suggest that alexithymia can predispose one to experience a persistent dysphoric state. Finally, we found that higher levels of alexithymic features elicit negative reactions from one's therapist, which may partially contribute to the poor outcome experienced by such patients, at least in group therapy.

Despite the ubiquitous negative impact of alexithymia on the psychotherapeutic process implied by our findings, all is not lost. Several reports of success in the psychotherapeutic treatment of patients with high levels of alexithymia give reason for optimism (e.g., Beresnevaite, 2000; Swiller, 1988). We believe that our findings provide reasonable evidence for continuing to study alexithymia to gain a better understanding of the circumstances that contribute to an alexithymic patient's difficulties in some types of therapy and successes in others. It is important to identify techniques that can be used to effectively reduce alexithymic characteristics or accommodate to them in order to make psychotherapy a more successful enterprise for patients with high levels of alexithymia.

References

Bagby, R. M., Parker, J. D. A., & Taylor, G. J. (1994). The twenty-item Toronto Alexithymia Scale: I. Item selection and cross validation of the factor structure. *Journal of Psychosomatic Research, 38*, 23-32.

Baron, R. M., Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182.

Beresnevaite, M. (2000). Exploring the benefits of group psychotherapy in reducing alexithymia in coronary heart disease patients: A preliminary study. *Psychotherapy and Psychosomatics, 69*, 117-122.

Judd, L. J., Schettler, P. J., & Akiskal, H. S. (2002). The prevalence, clinical relevance, and public health significance of subthreshold depressions. *Psychiatric Clinics of North America, 25*, 685-698.

McCallum, M., Piper, W. E., Ogrodniczuk, J. S., & Joyce, A. S. (2003). Relationships among psychological mindedness, alexithymia, and outcome in four forms of short-term psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice, 76*, 133-144.

Ogrodniczuk, J. S., Piper, W. E., & Joyce, A. S. (2004a). Alexithymia as a predictor of residual symptoms in depressed patients who respond to short-term psychotherapy. *American Journal of Psychotherapy, 58*, 150-161.

Ogrodniczuk, J. S., Piper, W. E., & Joyce, A. S. (2004b). Residual symptoms in depressed patients who respond to short-term psychotherapy. *Journal of Affective Disorders, 82*, 469-473.

Ogrodniczuk, J. S., Piper, W. E., & Joyce, A. S. (2005). The negative effect of alexithymia on the outcome of group therapy for complicated grief: What role might the therapist play? *Comprehensive Psychiatry, 46*, 206-213.

continued on page 7

Sifneos, P. E. (1973). The prevalence of alexithymic characteristics in psychosomatic patients. *Psychotherapy and Psychosomatics, 22*, 255-262.
Sifneos, P. E. (1996). Alexithymia: Past and present. *American Journal of Psychiatry, 153* (Supplement), 137-142.
Swiller, H. I. (1988). Alexithymia: Treatment utilizing combined individual and group psychotherapy. *International Journal of Group Psychotherapy, 38*, 47-61.
Taylor, G. J. (1984). Alexithymia: Concept, measurement, and implications for treatment. *American Journal of Psychiatry, 141*, 725-732.

Brief Bio

Dr. John Ogrodniczuk is an Assistant Professor and Associate Director (Research) of the Psychotherapy Program in the Department of Psychiatry, University of British Columbia, and is a CIHR New Investigator. His research program examines relationships among pre-therapy characteristics of patients, therapy process patterns believed to mediate change, and multivariate outcomes. His research has involved a variety of psychotherapies and patient populations, however, he has a particular interest in studying group therapies. John is a recent recipient of the Early Career Award that is presented annually by the Society for Psychotherapy Research.

Address for Correspondence:
John S. Ogrodniczuk, Ph.D.
Department of Psychiatry
University of British Columbia
Suite 420 – 5950 University Boulevard
Vancouver, BC V6T 1Z3 Canada
Tel: 604-822-8034
Fax: 604-827-4106
E-mail: ogrodnic@interchange.ubc.ca

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

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.

WASHINGTON SCENE

New Directions — A Time For Change

Pat DeLeon, Ph.D., former APA President

The November elections are finally over and the nation has spoken. The time has come for us to collectively establish a new sense of direction and focus for the future. I recently had the exciting opportunity, in my capacity as former APA President, of visiting with two university training programs. The enthusiasm and sense of purpose which existed among the students was very impressive. I begin to wonder, however, if our educational institutions truly appreciate the magnitude of change that they are facing in preparing our next generation of colleagues for the education and healthcare environment of the 21st century, as well as the critical importance of instilling a sense of social responsibility. **Cynthia Belar**, Executive Director of the APA Education Directorate, understands that "bigger picture" and in my judgment, has very nicely begun to systematically provide the necessary foundation. Institutional change is always surprisingly unsettling for many.

"The APA Education Directorate has been very active in encouraging advocacy on the part of faculty, supervisors and students. Under the auspices of the Board of Educational Affairs, a Sample Curriculum for Advocacy Training was developed that can be adapted to local program needs (http://www.apa.org/ed/sample_home-.html). Education Directorate public policy staff have also conducted numerous advocacy training workshops at APA conventions and Education Leadership Conferences (ELC). In addition, a number of focused workshops have been provided for members of the American Psychological Association of Graduate Students (APAGS), the Council of Chairs of Training Councils, the National Council of Schools and Programs in Professional Psychology, the Association of Counseling Center Training Agencies, the Council of Counseling Psychology Training Directors, and the Association of Psychology Postdoctoral and Internship Centers. **Nina Levitt** and I speak to related issues at nearly every meeting we attend, since grassroots participation is essential to our work. We started our Federal Education Advocacy Coordinators network on a 10 region basis, and now have Campus Training Representatives at well over 200 academic institutions and training sites across the country. This year we were successful in establishing the Education Advocacy Trust to permit the full range of activities fundamental to the advocacy process.

"In September, as part of the ELC, more that 60 leaders went to Capitol Hill to advocate for two items on the Education Directorate's appropriations agenda: the APA initiated Graduate Psychology Education (GPE) program and the Garrett Lee Smith Memorial Act, of which APA and its members drafted key provisions. Since the inception of these two programs just a few years ago, over $24 million has gone to more than 108 institutions of higher education (counseling centers or psychology training clinics) or psychology doctoral, internship or postdoctoral programs to train health service psychologists to work with underserved populations or to facilitate behavioral health services on campus. These programs have benefitted not only the education community, but practitioners and related research efforts as well. Both programs also highlight how APA and its members can make a real difference in national policy, and how we need the involvement of our community in

continued on page 9

order to be successful. In the words of one ELC attendee: 'I thought the (advocacy) training was hokey... until I got up on Capitol Hill.'"

Over the years, it has been evident to those of us who have worked on Capitol Hill that many of our colleagues are simply not comfortable in viewing themselves as "social change agents" and, in all candor, do not feel that they know how to become effectively involved. The world of politics (with its own language and rules) has not been an integral component of our training experiences. Accordingly, we were particularly pleased that **Nadia Hasan** of the University of Akron will Chair APAGS during the coming year. Nadia's platform called for the increased involvement of our next generation in the public policy process—thereby, controlling their own destiny. And as a result, obtaining that all important "hands on" experience that will give them a personal sense of the "art of the possible." During her campaign for the APA Presidency, **Katherine Nordal** talked about the need for APA publishing a public policy textbook targeted towards our next generation. As APAGS and our educational leadership become more intimately involved, Katherine's vision will undoubtedly become reality.

Nadia: "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. Psychology graduate students are the future of psychology! Currently, there are over 40,000 student members making us a large constituency within APA. As students we have unique needs and perspectives.... I shall: * Listen to the diverse and unique voices of graduate students regarding training issues. * Empower graduate students with knowledge about emerging issues in psychology such as the use of technology, prescription privileges, and globalization. * Advocate for our collective needs as graduate students within APA and on the state and federal levels, with respect to issues such as licensure requirements, research funding, internship availability, and graduate school funding. [And] * Promote diversity among APAGS members and throughout graduate training." By becoming involved in the public policy process our future will hopefully begin to understand their societal responsibility, as members of a "learned profession," to provide proactive and visionary leadership, rather than passively respond to agendas established by those who simply do not understand psychology's potential contributions to society's pressing needs.

Former APA Practice Directorate State Advocate **Mike Sullivan** has often noted that our prescriptive authority agenda (RxP) has the most political traction in those areas of the nation that are truly underserved and possess the least desirable health, education, and social-economic statistics. In our judgment by seeking to serve society, in the long run professional psychology will be well served by our nation's elected officials. In New Orleans, I urged those looking to establish "hands on" RxP practica to explore developing relationships with their own community health centers. Hawaii's RxP efforts are based upon practicing within health centers and has the enthusiastic support of each of their medical directors. One of the issues raised during my university visits was the perceived shortage of internship sites for senior graduate students. Thus, the e-mail which former Hawaii Psychological Association President **Kate Brown** recently shared with her colleagues made me wonder:

"Funding Opportunity for Mental Health Providers Committed to Working with

continued on page 10

Underserved Populations—Vacancies in the National Health Service Corps Loan Repayment Program (NHSC LRP). The NHSC LRP continually seeks clinicians dedicated to working with our nation's underserved. There are currently over 150 vacancies listed for clinical psychologists across the country. For additional information on this NHSC vacancy and other opportunities, visit http://nhsc.bhpr.hrsa-.gov/\jobs/search_form.cfm. Approximately 50 million people live in communities without access to primary health care. The National Health Service Corps (NHSC) is working to change this by helping medically underserved communities recruit and retain primary care clinicians, including mental and behavioral health professionals, to serve in their community. In the 30 years of the NHSC's existence, over 24,500 clinicians have been recruited to serve medically underserved populations through their programs. Currently, there are over 3,900 clinicians serving commitments to the NHSC. However, the NHSC seeks additional clinicians committed to working with underserved populations.

"The NHSC Loan Repayment Program (LRP) is one way the NHSC works to unite communities in need with caring health professionals. This federal program makes contract awards to clinicians that agree to serve full time for two-years at approved sites in designated health professional shortage areas (HPSAs) of greatest need. In return for this service, NHSC LRP participants receive money to repay qualifying educational loans that are still owed. Maximum repayment during the required initial 2-year contract is $25,000 each year with the possibility of extension of service and loan repayment at $35,000 per year. In addition to loan repayment, clinicians receive a competitive salary and a chance to have a significant impact on a community. To be eligible for the Loan Repayment Program (LRP), you must be a fully trained mental or behavioral health professional (e.g., health service psychologist). Loans qualifying for repayment include government (Federal, State, or local) and commercial loans obtained by the participant to pay for school tuition, required fees, and other reasonable educational and living expenses incurred by the participant for undergraduate or graduate education leading to a health professions degree....

"Another way the NHSC works to improve the health of the nation's underserved is through the Ambassador Program. The NHSC Ambassador Program is a membership organization comprised of volunteers, representing the NHSC eligible health professions, on campuses and in communities across the nation. Ambassador activities focus on four areas: recruitment/retention, preparation/training, mentoring, and advocacy. The NHSC is currently recruiting Campus and Community Ambassadors in the areas of clinical or counseling psychologists. The Ambassador program provides a unique opportunity for psychologists committed to working with underserved populations by extending their roles to guiding future practitioners in this area and gaining advocacy skills to highlight the importance of this work. For additional information... on becoming an Ambassador, visit http://nhsc.bhpr.hrsa.gov/ambassadors/index.asp." We would rhetorically ask: What better contribution (or role) could our State Associations have as we enter the 21st century? We understand that each of the Armed Services are also having difficulty in filling their psychology slots. Shouldn't our profession's educational institutions have a significantly greater presence in developing training locations; especially, for example, within those 3400+ community health centers, initiated during President Johnson's War on Poverty?

During his New Orleans Presidential Address, long time RxP advocate **Gerry Koocher** cautioned our future generation:

continued on page 11

"Advances in psychopharmacology and the demonstrated effectiveness of prescribing psychologists, with appropriate post-doctoral training, signal the end to any claims of uniqueness or incremental quality by medical providers trained in the traditional psychiatric model.... As psychologists with post-doctoral credentials in psychopharmacology grow in numbers, and the aging population of baby-bloomer psychiatrists retire, psychiatry will disappear as a medical specialty. The hazard facing us will involve avoiding the pitfalls that 20th century psychiatry ignored. We must guard against potential loss of competence in the skills that have traditionally offered our clients incremental value: our scientific foundations in assessment, psychotherapy, and other non-medical interventions. Reaching for a prescription pad is easier than conducting a well founded assessment and expert psychotherapy. The demands of the marketplace may make it more lucrative to prescribe than to talk."

In all candor, I keep wondering whether our next generation of colleagues (and more importantly, today's teaching institutions) truly appreciate the importance of addressing society's pressing needs. Why don't we more often hear about initiatives established by our professional schools which are expressly designed to reach out to the community health center population? As the proud father of two AmeriCorps participants, I was intrigued to learn that the National Association of Community Health Centers, Inc. (NACHC) launched a Community HealthCorps initiative in 1995 to bring national service resources to community health centers, primary care associations, and clinic consortia that provide primary health care to residents of medically underserved areas. Today over 600 Community HealthCorps members serve in 33 partner organizations at over 100 delivery sites across 18 states, Washington, DC, and Puerto Rico. These HealthCorps members serve both in rural and urban areas, meeting the needs of migrant farm workers, the uninsured and underinsured, and homeless individuals. During the first decade of the program, 2,500 HealthCorps members provided: * over 411,150 outreach and case management encounters; * over 321,230 patient encounters to improve utilization of health care services through education and self-management efforts; and, * over 170,500 patient encounters to link patients with other health and social services (e.g., housing, employment, and child care) provided by other agencies and organizations in the community.

HealthCorps members (generally serving in teams of 8-15) are part of the AmeriCorps network of community and national service programs engaging more than 75,000 Americans annually in intensive service to meet critical needs in health and human needs, education, public safety, homeland security, and the environment. These dedicated citizens receive a living allowance, health insurance; and if eligible, child care benefits. One of my daughter's colleagues remarked after receiving her first paycheck: "Now I know what volunteering really is!" After completing their term of service, each full-time participant receives an educational award of $4,725 to be used towards student loans or future education costs. Over 80 percent of HealthCorps members express interest in pursuing careers in the health professions. We would rhetorically ask: Would not a program like HealthCorps be an excellent vehicle for our educational institutions to provide meaningful mentoring services and from which to actively recruit our future generations?

A New Direction For Psychology?

One of the underlying tenants of the 21st century will be individually focused, scientifically based, "gold standard" care. On December 1, 1999, then-First Lady Hillary Rodham Clinton stated: "Ask any young

continued on page 12

parent whom they turn to first with questions and concerns about their children, and they're likely to answer, 'The pediatrician.' When our children are young, many of us call the pediatrician at the first sign of a sniffle. We rely on them to calm our anxieties about the full range of complaints—from colic to chicken pox, bronchitis to boyfriends. Last month, with overwhelming bipartisan support, Congress passed the Children's Hospitals Education and Research Act... (which) will provide long overdue financial support to the very institutions—the children's medical centers and teaching hospitals—that are the most important training facilities for our children's doctors.

"In an increasingly competitive healthcare market, dominated by managed care, teaching hospitals struggle to cover the significant costs associated with training and research. While other teaching hospitals receive support for these costs through Medicare [GME], children's hospitals receive virtually no federal funds, even though they train 30 percent of the nation's pediatricians and nearly 50 percent of all pediatric specialists. In many cases, they provide the regional safety net for children, regardless of medical or economic need, and they are the major centers of research on children's health problems. Millions of American children each year are treated by physicians affiliated with or trained in one of 60 independent children's hospitals across the country. As I have traveled around the country over the past 25 years, I have had the opportunity to become acquainted with the valuable services many of them provide....

"Earlier this year, I invited a group of senior children's hospital administrators to the White House to discuss the burdensome costs of graduate medical education. A typical independent children's teaching hospital receives less than 1/200th, or .005 percent, of the Medicare graduate medical education support that other teaching hospitals receive. This inequity is only exacerbated by the fact that these centers face the additional costs of serving the poorest, sickest and most vulnerable children, as well as conducting research that benefits all children.

"That day, I was pleased to announce that, in order to address this issue, the President would earmark $40 million in his FY2000 budget plan to provide federal financing of graduate medical education for freestanding children's hospitals. On average, hospitals could receive nearly $10,000 per resident, or almost $700,000 for each facility. We worked tirelessly to win these funds, and were extremely pleased that Congress authorized them in the budget agreement. When the President signs the Children's Hospitals Education and Research Act, we will have taken an important first step towards putting children's teaching hospitals on an even footing with other medical education centers—a critical investment in a healthy future for all our children" [Now, Public Law 106-310]. Today the annual funding for this program approximates $300 million. Will psychology's educational institutions seek recognition under this important initiative? Shouldn't we seek to ensure that our nation's Children's Hospitals have access to pediatric psychologists? Aloha,

Pat DeLeon, former APA President – Division 29

Gatekeeping in Admissions Procedures: The Step Before Education and Training in Competencies

Jean M. Birbilis, Ph.D. and Mary M. Brant, Ph.D.

Ironically, educators and trainers of psychotherapists appear to be less concerned with assessment of character and fitness for practice than educators and trainers in many other professions, such as law and medicine. There is sparse attention to this issue for psychotherapists in the psychological literature, while screening for character and fitness by educators in other professions is well-documented (e.g., Anfang, Faulkner, Fromson, & Gendel, 2005; Johnson & Campbell, 2002). For example, Johnson and Campbell (2002) note that "…nearly every state has carefully screened bar applicants on the basis of character and fitness for at least 50 years" (p. 46). In contrast, Johnson, Porter, Campbell, and Kupko (2005) indicate that an "…examination of psychology licensure application materials from all 50 states and the District of Columbia reveals wide heterogeneity with respect to explicit screening for moral character and psychological fitness" (p. 659). Another example can be found in *The American Psychiatric Association's Resource Document on Guidelines for Psychiatric Fitness-for-Duty Evaluations of Physicians* (Anfang et al., 2005), which describes homogenous, explicit screening criteria for physicians.

The relative lack of consistent attention to criteria for character and fitness screening, particularly of applicants to programs training psychotherapists, is perplexing given the widespread understanding of the centrality of the relationship as a therapeutic factor in psychotherapy (e.g., Norcross, 2002) and the role that psychologists are given to be gatekeepers of the profession (Bernard & Goodyear, 2004). With the centrality of the person of the therapist as a curative factor and the mandate to protect the profession as well as clients, there are arguably more compelling reasons for assessing the character and fitness of applicants to professional psychology programs than of applicants to programs associated with other professions. The heavy current emphasis of many professional psychology programs' admissions processes on cognitive qualities of applicants (e.g., emphasizing GPA and standardized test scores) and the potential for abdication of the role of gatekeeper regarding character and fitness by the profession is particularly difficult to understand, given the focus of the field of psychology on affect and behavior as well as cognitions. Furthermore, potential clients' expectations regarding psychologists' caring in addition to their competency (Bremer, 2001) is a critical factor that the profession must give greater consideration during the screening process.

The *Guidelines and Principles for Accreditation of Programs in Professional Psychology* (G & P) (American Psychological Association, 2005) do not overtly address criteria regarding applicants' and students' character and fitness for practice of the profession of psychology. The G & P does address the process of admissions, but not the content of admissions' requirements. For example, Domain A, Section 6, of the G & P states:

> The program adheres to and makes available to all interested parties formal written policies and procedures that govern: academic admissions and degree requirements; administrative and financial assistance; student performance evaluation, feedback, advisement, retention and termination decisions; and due process and grievance procedures for

continued on page 14

students and faculty. It has policies and procedures that are consistent with those of its sponsor institution that pertain to faculty and student rights, responsibilities, and personal development (p. 6). and Domain E, Section 4, of the G & P states: At the time of admission, the program provides the students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students. Students receive, at least annually, written feedback on the extent to which they are meeting the program's requirements and performance expectations... (p. 11).

Nowhere in the G & P are the contents of such policies, procedures, rights, responsibilities, requirements, or expectations either defined or described in association with character or fitness. Granted, allowing programs wide latitude in admissions' criteria acknowledges academic freedom and the diversity of missions, goals, and cultures of the institutions within which programs reside. However, it also potentially dilutes the screening potential of programs as gatekeepers at the door of the profession.

Furthermore, at the beginning of the professional life of psychotherapists, overt attention by graduate programs in professional psychology to character and fitness gives potential applicants advance notice that provides the opportunity for remediation prior to applying, underscores a program's commitment to development of the person of the therapist, and signals the incorporation of personal characteristics into education and training. Given the move within the profession to insure that students receive informed consent regarding personal disclosures (Ethical Principle 7.04, American Psychological Association, 2002), such overt attention to character and fitness can also prevent misunderstandings and miscommunication.

Johnson and Campbell (2004) surveyed training directors and concluded that although they are concerned about character and fitness issues "…and attempt to consider them during admission and prior to graduation, we are aware of no well-developed model or exemplar for character and fitness screening, nor are we aware of any empirically validated tool or procedure for such screening" (p. 409). Problems identified by training directors include: inadequate clinical skills, defensiveness in supervision, and inadequate interpersonal skills (Vache-Haase, Davenport, & Kerewsky, 2004). Dismissals and prompted resignations most commonly involve clinical competency issues, ethical violations, or academic concerns (Busseri et al., 2005). Training directors and programs typically spend inordinate amounts of time on a few "impaired students" with consistent themes of personality or emotional disturbances and unethical behavior (Forrest, Elman, Gizara, & Vache-Haase, 1999). The APA Ethics Committee Report (2006) lists sexual boundary violations as the most frequent cause of ethics complaints; thus, gatekeeping procedures appear to have evolved into a "passing of the buck," from programs to the practicum sites, to the internship selection process, and finally, to licensure boards—with the same types of "character and fitness" issues apparent at every level (Johnson, & Campbell, 2002; Johnson, & Campbell, 2004; Johnson et al., 2005).

With professional psychology currently graduating the bulk of doctoral-level practitioners, it is important to revisit the dimensions of personality and fitness issues and a standardized admissions process. As noted earlier, the Bar and the American Medical Association both require extensive evaluation of fitness and character, with attention to concerns within the professions, legal issues and substance abuse, respectively. With the ADA and the APA Ethical Code (2002) authoriz-

continued on page 15

ing the use of personal material in applications as long as there is informed consent, a variety of assessment procedures are recommended here for use in standardized admissions processes by graduate programs in professional psychology: a criminal background check, pertinent questions that psychology licensing boards often ask about prior dismissals from programs, alcohol and drug treatment, psychiatric hospitalizations, and/or criminal history; use of a standard, evidence-based interview process that attends to personality disorders (Widiger & Samuel, 2005), a return to the use of standardized measures that address potential fitness diagnoses of concern (MMPI-2 or MCMI-III), development and standardization of a selection exam that addresses typical character and fitness dimensions, and use of standardized clinical judgment assessment such as one employed in medical school admissions (Lievens, Buyse, & Sackett, 2005).

Taking a firmer and consistent stance about the necessity of gatekeeping during the initial stages of education and training of psychotherapists, beginning with admissions, is essential for ethical and responsible training practices. Division 29 has the opportunity to take the lead in the development and promotion of principles, guidelines, and procedures for assessing the character and fitness of applicants to professional psychology programs as one aspect of psychologists' roles as gatekeepers of the profession.

References

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57,* 1060-1073.

Anfang, S. A., Faulkner, L. R., Fromson, J. A., & Gendel, M. H. (2005). The American Psychiatric Association's resource document on guidelines for psychiatric fitness-for-duty evaluations of physicians. *Journal of the American Academy of Psychiatry and the Law, 33*(1), 85-88.

Bernard, J., & Goodyear, R. (2004). *Fundamentals of clinical supervision* (3rd ed.). Boston: Allyn and Bacon.

Bremer, B. A. (2001). Potential clients' beliefs about the relative competency and caring of psychologists: Implications for the profession. *Journal of Clinical Psychology, 57*(12), 1479-1488.

Busseri, M. A., Tyler, J.D., & King, A. R. (2005). An exploratory examination of student dismissals and prompted resignations from clinical psychology Ph.D. training programs: Does clinical competency matter? *Professional Psychology: Research and Practice, 36*, 441-445.

Committee on Accreditation, American Psychological Association. (2005). *Guidelines and principles for accreditation of programs in professional psychology* (G & P) and *Accreditation operating procedures* (AOP). Washington, D.C.: Author.

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

Johnson, W. B., & Campbell, C. D. (2002). Character and fitness requirementsfor professional psychologists: Are there any? *Professional Psychology: Research and Practice, 33*(1), 46-53.

Johnson, W. B., & Campbell, C. D. (2004). Character and fitness requirements for professional psychologists: Training directors' perspectives. *Professional Psychology: Research and Practice, 35*(4), 405-411.

Johnson, W. B., Porter, K., Campbell, C. D., & Kupko, E. N. (2005). Character and fitness requirements for professional psychologists: An examination of state licensing application forms. *Professional Psychology: Research and Practice, 36*(6), 654-662.

Lievens, F., Buyse, T., & Sackett, P. R. (2005). The operational validity of a video-based situational judgment test for medical college admissions:

continued on page 16

Illustrating the importance of matching predictor and criterion construct domains. *Journal of Applied Psychology, 90*, 442-452.

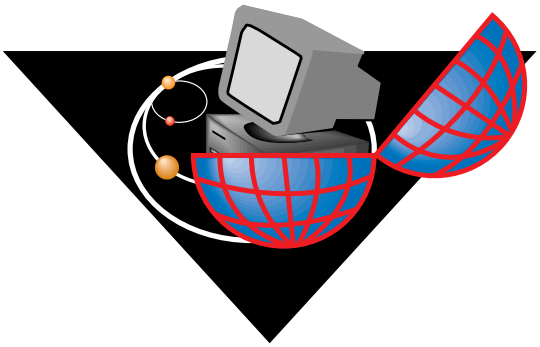
Norcross, J. C. (Ed.). (2002). *Psychotherapy relationships that work.* New York: Oxford University Press.

Rem, R. J., Oren, E. M., & Childrey, G. (1987). Selection of graduate students in clinical psychology: Use of cutoff scores and interviews. *Professional Psychology: Research and Practice, 18*, 485-488.

Report of the Ethics Committee. (2006). *American Psychologist. 61(5)*, 522-529.

Vache-Haase, T., Davenport, D. S., & Kerewsky, S. D. (2004). Problematic students: Gatekeeping practices of academic, professional psychology programs. *Professional Psychology: Research and Practice, 35*, 115-122.

Widiger, T. A. & Samuel, D. B. (2005). Evidence-based assessment of personality disorders. *Psychological Assessment, 17*, 278-287.



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

Principles of Change in Psychotherapy Integration: A Theme That Can Unite Us All

Marvin R. Goldfried, Ph.D. and Bethany A. Burum, Stony Brook University

After reviewing the empirical support for integrative therapies as part of this series on psychotherapy integration written by members of SEPI's Steering Committee, Arknoff, Glass, and Schottenbauer (2006) emphasize the promise of studying principles of change that operate within different therapies in addition to therapies' effectiveness as a whole. They note that this may be especially essential to researching psychotherapy integration as practiced, as "eclectic" or "integrative" clinicians use a virtually infinite number of different forms of integrative therapy, but may draw on the same general principles of effective change. This article, taken from a chapter by Pachankis and Goldfried in *The Art and Science of Psychotherapy* (2007), continues the series by focusing on the role that principles of change could play in the future of psychotherapy integration.

Principles of Change

Despite increasing awareness of the promise of psychotherapy integration, many therapists continue to operate from circumscribed theoretical orientations. These orientations, whether psychoanalytic, cognitive-behavioral, experiential, or any other, offer a framework from which to consider the origin and maintenance of problematic behavior. The means through which therapists reduce such clinical problems take the form of clinical procedures or techniques. Techniques—such as analysis of transference, between-session homework, or two-chair—are usually unique to each orientation. However, somewhere between the abstract level of theory and the more concrete level of technique we may be able to identify common principles of change—shared by all theoretical orientations—that account for the effectiveness of therapeutic techniques (Goldfried, 1980). These principles of change include, for example, 1) promoting client motivation to change and belief that therapy can help; 2) establishing an optimal therapeutic alliance; 3) facilitating client awareness of the factors associated with his or her difficulties; 4) encouraging the client to engage in corrective experiences; and 5) emphasizing ongoing reality testing in the client's life. These general principles may underlie the effectiveness of the many different techniques that vary largely as a function of therapist theoretical orientation.

The first principle, promoting client belief in the fact that *therapy can help*, is essential to all approaches and can be implemented using a variety of means. Prochaska and DiClemente (2005) demonstrated that clients who have not yet contemplated the necessity of change are unlikely to respond well to therapy. Thus, successful therapists of all orientations, using a variety of techniques, recognize the importance of first increasing precontemplative clients' motivation for change and, later, offering therapy to produce such change (Miller & Rollnick, 2002).

Likewise, a strong *therapeutic alliance* is essential for optimal change to occur across orientations. Clinicians can encourage a strong alliance by focusing on a variety of factors, many of which are outlined by Safran and Muran (2000). Such factors include attuning to a client's own experience of interventions, accepting one's contributions to therapeutic interactions, and identifying markers of problematic interpersonal functioning. Bordin (1979) has suggested that a

continued on page 18

successful alliance adequately addresses three factors: 1) the establishment of a personal bond between therapist and client, in which the client accepts the therapist as competent and understanding, 2) an agreement on the goals of the therapeutic work, and 3) an agreement on the tasks or methods in which the client-therapist dyad will engage in order to reach their goals. According to Bordin, the presence of these factors is essential to all therapeutic approaches, regardless of the theory from which a particular therapist works or the techniques that she or he subsequently employs.

The *facilitation of client awareness* is also a principle of change common to all theoretical orientations, even though the actual therapeutic technique used to encourage such insight likely differs across therapists from various theoretical backgrounds. For example, providing feedback regarding the interpersonal effectiveness of a role-play performance, as well as making an interpretation about the cyclical themes that guide clients' relationships**,** *both* facilitate client awareness of possible factors that may be maintaining their unsatisfactory relationships, despite the fact that a distinct theory informs each technique.

Alexander and French (1946) first suggested the importance of facilitating "corrective emotional experiences," those therapeutic experiences that serve to disconfirm previously held negative expectations. Therapists can facilitate a *corrective experience*, for example, by encouraging clients to behave more assertively in situations that they have heretofore perceived as risky, or by responding in session in a manner that serves to challenge clients' previous expectations of others' reactions. Both instances promote a corrective experience in that they can update original expectations that have prevented clients from behaving in ways more conducive to adaptive functioning. Because one such experience is unlikely to lead to long-lasting change, therapists can encourage clients to engage in *ongoing reality testing* until a critical mass of corrective experiences is encountered to allow for more stable and long-lasting changes in expectations, feelings, and behavior.

Increased Interest in Principles

Renewed interest in principles of change has resulted from a series of developments within the field. The first of these was the ambitious process of identifying treatments for which enough empirical support exists to support their effectiveness. This task was carried out by the Society for Clinical Psychology (Division 12) of the APA (Chambless, Baker, et al., 1998) and resulted in the publication of *A Guide to Treatments that Work* (Nathan & Gorman, 1998; 2002), a voluminous compendium outlining efficacious treatments and the empirical evidence supporting them. Criticisms of this endeavor, such as dissatisfaction with the over-emphasis on cognitive-behavioral and other treatments that are most able to meet the assumptions of randomized clinical trials (RCT) methodology, prompted the Division of Psychotherapy (Division 29) to convene another task force to identify client, therapist, and client-therapist relationship factors that research has shown to influence client change. The resulting volume, *Psychotherapy Relationships that Work* (Norcross, 2002), was an important advance, but was also limited in that it focused solely on relationship factors without considering other components that have been shown lead to client change, such as other treatment approaches and models.

The dissatisfaction that resulted from these related attempts to delineate effective treatment approaches to client problems led to the formation of yet another task force sponsored jointly by the Society for Clinical Psychology and the North American Society for Psychotherapy Research (NASPR) to identify therapeutic principles that have been shown to lead to client change

continued on page 19

(Castonguay & Beutler, 2006). The members of the task force, as well as others (e.g., Goldfried & Davila, 2006), noted that pitting technique and relationship factors against each other in the quest to account for the "best" agents of therapeutic change seemed a less-than-ideal approach to identifying how therapy works. Instead, some have pointed out that the client-therapist relationship and therapy techniques can *both* produce change, and, in fact, at times the provision of a supportive, corrective relationship *is* the technique accounting for this change (Arkowitz, 1992; Castonguay & Beutler, 2005; Gelso & Hayes, 1998; Goldfried & Davila, 2006). Instead of focusing on *either* the relationship *or* technique offered to clients, it would seem more fruitful to focus on the higher-order principles of change, such as encouraging client motivation to change and expectations that therapy will help, which both the relationship and technique can facilitate. These principles, in turn, can flexibly guide therapists working from a variety of modalities with a range of client characteristics and clinical issues.

Westen, Novotny, and Thompson-Brenner (2004) argue for the clinical value of principle-based research in their critique of the randomized clinical trial approach to identifying treatments that work. They suggest that rather than using a research paradigm that produces potentially constraining manuals attempting to outline exactly what needs to be done in treating a client with a particular problem, it might be more useful to attempt to identify principle-based intervention strategies that can be incorporated into therapists' overall approach to treating clients. Such principle-driven interventions would attempt to determine what treatment techniques provided to whom under which conditions work best (Paul, 1967). This endeavor is clearly consistent with the definition of principles that has been agreed upon over the years (e.g., Castonguay & Beutler, 2006; Goldfried, 1980). The definition of principles that guided the recent task force on that topic—"general statements that identify participant characteristics, relationship conditions, therapist behaviors, and classes of intervention that are likely to lead to change in psychotherapy" (Castonguay & Beutler, 2006, p. 5)—clearly calls for researchers to identify the correlates, mediators, and moderators of change facilitated by principles such as those noted earlier (e.g., increasing client expectation that therapy can help).

Castonguay and Beutler (2006) summarize the attempts of their Task Force to identify additional principles that guide client change. They categorize these principles using three general domains (i.e., relationship, treatment, and participant characteristics). Suggested principles involving at least two of the four disorders covered in their book (i.e., dysphoric disorders, anxiety disorders, personality disorders, and substance abuse disorders) include, for example, that clients who experienced significant interpersonal problems during early childhood may have difficulty responding to therapy. They also find that the provision of a structured treatment and clear focus throughout therapy is associated with beneficial change, as is addressing clinically-relevant interpersonal issues, facilitating changes in clients' cognitions, and helping clients to accept, tolerate, and, at times, fully experience their emotions. Keeping factors such as these in mind can greatly inform therapist's work with clients. Additionally, therapist familiarity with so-called "matching" principles (e.g., the principle that therapist directiveness should inversely match client level of resistance) can substantially guide therapists in implementing a particular intervention strategy when working with a client with particular personality characteristics and a particular clinical disorder (Castonguay & Beutler, 2006).

An Integrative, Principle-Based Approach to Training

We suggest that training therapists to think conceptually in terms of the integrative principles of change noted above would be

continued on page 20

an improvement over training that emphasizes manual-based treatments. Manuals, developed to specify therapy approaches as implemented in research that places one theory-based treatment in competition with another, have now become the primary tools by which some professionals encourage all beginning therapists to be trained (e.g., APA, 1996, Calhoun, Moras, Pilkonis, & Rehm, 1998). However, the implementation of such training may not be as widespread in training programs as many advocates of empirically-supported therapy believe ideal (Crits-Christoph, Frank, Chambless, Brody, & Karp, 1995). The resistance on the part of many training programs may be due to the fact that faculty members see more benefit in training beginning therapists to focus on understanding and implementing treatment approaches that facilitate principles of change such as those mentioned above than in training them to implement any of the myriad manuals that currently exist. Principle-based training encourages clinicians to think at a more abstract and effective level about what treatment approach would most likely lead to client change given the contextual factors relevant to the case at hand.

Process research has revealed that strict adherence to therapy manuals may contribute to poorer outcomes than allowing greater flexibility. For instance, in a study of the efficacy of cognitive therapy techniques in reducing depressive symptoms, Castonguay, Goldfried, Wiser, Raue, and Hayes (1996) unexpectedly found that therapists' focus on clients' cognitive distortions was negatively correlated with client outcome, seemingly because in sessions where the alliance was rated as low therapists persisted in encouraging skeptical clients to appreciate the benefit of focusing on their cognitions. These suboptimal outcomes may have been avoided if the therapists in this study had been afforded more flexibility, especially to focus on strengthening the therapeutic alliance. In the Vanderbilt II study (Henry, Strupp, Butler, Schacht, & Binder, 1993), training that aimed in part to address certain interpersonal and clinical skills in therapists learning brief psychodynamic therapy seemed instead to diminish these skills. The researchers hypothesized that "attempts at changing or dictating specific therapist behaviors may alter other therapeutic variables in unexpected and even counterproductive ways" (Henry, et al; p. 438). Revisiting their work a few years later, the researchers note that manuals should not be expected to be of much help except as a "useful beginning or a reference" (Strupp & Anderson, 1997; p. 80).

In light of findings such as these that warn against strict conformity to manualized therapy instructions, some have pointed out that therapy manuals afford greater flexibility than is often assumed (e.g., Kendall, 1998; Wilson, 1998), and can include self-correcting features in response to patient progress (e.g., Jacobson & Christensen, 1996; Westen et al., 2004), as well as a greater focus on common factors that account for client change (e.g., Addis, 1997). Still, we would maintain that knowledge of the principles that underlie client change—such as ensuring the client's positive motivation and expectation for change, establishing a strong therapeutic alliance, increasing awareness, facilitating corrective experiences, and encouraging ongoing reality testing—will prepare therapists to effectively implement such flexibility, self-correction, and attention to essential factors that can foster or impede progress. Thus, training in the effective use of such manuals first requires a strong grounding in principles of change.

Integrative, principle-based approaches to training could take a variety of forms. Essential to any approach, however, is a broad background in knowledge of psychopathology and intervention strategies. Whether or not the intervention background should be grounded in one prima-

continued on page 25

BYLAWS BALLOT

These changes to the Division's bylaws were approved by the Board of Directors at its January 2007 meeting. They are being presented to the membership for adoption.

1. Article V, Section H - Add the text in italics to the current wording
H. In the case of death, incapacity, or resignation of any officer except the President or Past President, the Executive Committee shall, with the approval of the Board of Directors, appoint as a replacement the individual who was the first eligible runner-up in the most recent election for that office to serve the remainder of the term. *Should there be no eligible runner-up who is able or willing to serve, the Executive Committee will nominate and submit for approval by the Board of Directors an individual to serve the remainder of the term.*

Pro: There has been no provision for filling an empty seat if there is no runner up who is available to serve, leaving the Board of Directors with an open seat until the next election cycle, which could be as much as 2 years. This would create a process for filling that seat.

Con: No con statement.

2. Article VI, Section A, Paragraph 3. Delete the text stricken out, add the text in italics:
The ~~Division's journal, newsletter, and Internet editors~~ *Chair of the Division's Publications Board,* who shall be *a* member~~s~~ of the Board ex officio and without vote. The ~~editors~~ *Chair* shall be chosen in the manner specified in Article XIV, Section E of these Bylaws.

Pro: The Chair of the Publications Board is responsible for broad oversight of the Publications arm of the Division, and thus can bring significant perspective to the Board and creates a smoother working relationship between the Board of Directors and the Publications Board. The Publications Board recommended this change.

Con: No con statement.

NOTE: Should this change be adopted, it will institute new wording in several other sections of the bylaws to comply with the change.

3. Article VI, Section A, Paragraph 4. Delete the text stricken out, add the text in italics:
~~Six (6) Members-at-large, two (2) of whom shall be elected each year for a three (3) year term~~. *Eight (8) Domain Representatives, to be elected for staggered three (3) year terms. The Domains represented by these positions shall be: a) Science and Scholarship; b) Education and Training; c) Psychotherapy Practice; d) Public Interest and Social Justice; e) Membership; f) Early Career Psychologists; and g) two (2) Diversity. Annually the Nominations and Elections Committee shall recommend to the Executive Committee a composition of slates intended to ensure breadth of representation on the Board by individuals representing diverse backgrounds, interests, identities, cultures and nationalities. Domain Representatives will coordinate with appropriate committees of the Division.*

Pro: These changes would offer several advantages. 1) This change in the structure of the Board would enhance the Division's ability to track, monitor and be connected to the central areas of its areas of interest through the creation of domain representatives who have responsibility for those areas. This may include liaison activity, recommendation of actions and policies, and tracking of issues. 2) This change would foster greater responsibility and initiative on the part of the members-at-large, who currently carry no portfolios, with consequent greater investment and activity on behalf of the Division. 3) The inclusion of "Diversity" as one of the domains would encourage the Division's investment in diversity as an area of expertise, as well as prepare us for the expanding multicultural and global perspectives on psychotherapy that is occurring as a content area, an essential component of psychotherapy practice, and a growing segment of our membership. Members at large support these changes.

Con: These changes would put increased responsibility on members-at-large, and would add the expense of 2 additional individuals to meetings of the Board. The working relationship between the professional committees and the Domain Representatives would require building and maintaining a collaborative model that does not currently exist in that form.

NOTE: Should this change be adopted, it will institute new wording in several other sections of the bylaws to comply with the change.

4. Article VI, Section A, Paragraph 5. Delete the text stricken out, add the text in italics:
The Student Representative, who shall be a Student Affiliate of The Division, elected by the student members for a term of ~~one (1)~~ *two (2)* years. 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.

Pro: A one year term has been insufficient for students to acclimate to effective membership on the

continued on page 22

Board, limiting the opportunity to bring creative vision to the Board's initiatives and support for students. This was initiated by the student affiliates.

Con: This would limit the number of students involved at the Board level.

5. Article VI, Section D, add this section as number 3:
Monitoring, representing and recommending actions in the various Domains to ensure appropriate attention and action by The Division;

NOTE: Should this change be adopted, it will effect changes in the numbering of the remainder of the Section.

Pro: This change would be part of implementing Domain Representative positions.

Con: No con statement.

6. Article VI, Section E. Delete the text stricken out, add the text in italics:
The Board of Directors shall meet at least twice per year*, at times and dates to be determined by the Board and Officers.* ~~The annual meeting of the Board of Directors shall be held each summer in conjunction with the annual meeting of the APA.~~ ~~Another meeting of the Board of Directors shall be held during the winter.~~ Additional meetings may be called by the President with the concurrence of a majority of the Board of Directors.

Pro: This change would increase the Board's flexibility in scheduling of meetings to enhance effectiveness and maximize productivity. Meetings of the Board held in conjunction with convention are often inefficient and it is difficult to ensure full representation by Board members. Although meetings are open, few Division members attend.

Con: This change would eliminate the requirement that one of the Board meetings be held in conjunction with convention, which would make it more difficult for Division members to attend the meetings.

7. Article VII. Add this as Section B
B. Annually, the Committee on Nominations and Elections shall review the composition of the Board to determine available positions and to develop recommendations for slates that would 1) ensure breadth of representation in the composition of the Board and 2) ensure appropriate candidates for Domain representation, attending particularly to diversity, as defined by the APA, and to areas of expertise as appropriate. The Committee on Nominations and Elections will submit the recommended slating to the Executive Committee for approval

Pro: This change locates responsibility for effective Domain Representation with the Committee on Nominations and Elections and increases responsibility of the Executive Committee and the Board in developing appropriate slates.

Con: This change puts additional responsibility on governance groups and individuals.

NOTE: Should this change be adopted, it will effect changes in the numbering of the remainder of the Section

8 Article VII, Section C. Add this text as paragraph 6
Candidates for Domain Representatives shall have appropriate qualifications for the domain to be represented.

Pro: This change is part of effective implementation of Domain Representation.

Con: No con statement.

9. Article VIII. Delete Section C.
~~If a Mid-Winter Meeting is held by The Division, a second Open Mid-Winter Membership Meeting shall be held in conjunction with it, with the stipulations as described in Article VIII Section B above. A Mid-Winter Meeting may be called for the purposes of holding such a Mid-Winter Membership Meeting and may also be structured to provide the membership with the opportunity to design and/or participate in an array of scientific and professional programs in the fields of The Division's interests. The Mid-Winter Meeting may be held in conjunction with other applied divisions of the American Psychological Association with whom the Board of Directors may enter into cooperative arrangements for said purpose.~~

Pro: This is permission giving but unnecessary.

Con: No con statement.

10. Article X, Section E.
The Board of Directors, on recommendation of the Finance Committee and the Executive Committee, shall adopt, for the following calendar year, an annual balanced budget of anticipated income and expenditures at its annual meeting. *The Board of Directors, on the recommendation of the Finance Committee and the Treasurer, will establish policies to insure that the annual budget is balanced with regard to income and expenses. The Board of Directors, on the recommendation of the Finance Committee and the Treasurer, will establish policies for the management of the Division's investments and the creation of a reserve fund*

Pro: This change inserts sound financial policies into the Board's responsibilities. These changes were recommended by the Finance Committee and Treasurer.

Con: No con statement.

continued on page 23

11. Article XI, Section D:
The President-elect shall appoint, with the advice and consent of the Board of Directors, in consultation with the current chair, a chair designate who shall serve as a member of the appropriate committee during the year preceding the one in which he or she shall serve as chair and shall assume the duties of the chair in the year in which the President-elect becomes President. *The immediate Past Chair shall remain as a member of the committee during the year following his/her service as Chair. Except as otherwise specified in these Bylaws, committee membership shall include at least a chair, chair designate, past chair, and three (3) members, who shall serve in staggered three year terms. Chairs may be reappointed for a subsequent term as chair.*

Pro: This change standardizes committee structures across committees, increases both continuity and opportunities for member participation through establishing rotation of membership, and creates a structure for drawing on the organizational history and experience that past chairs can provide.

Con: This change imposes structure on committees that have been more flexible, sometimes working well but often leading to disorganization and confusion about both membership and goals for the committees.

NOTE: Should this change be adopted, it will effect changes in the text throughout Article XI, Section G

BYLAWS VOTING BALLOT

Please indicate your vote, sign the envelope portion of the ballot, fold where indicated, and return to the Division 29 Central Office.

1. Article V, Section H ❑ I accept the change ❑ I reject the change

2. Article VI, Section A, Paragraph 3 ❑ I accept the change ❑ I reject the change

NOTE: Should this change be adopted, it will institute new wording in several other sections of the bylaws to comply with the change.

3. Article VI, Section A, Paragraph 4 ❑ I accept the change ❑ I reject the change

NOTE: Should this change be adopted, it will institute new wording in several other sections of the bylaws to comply with the change.

4. Article VI, Section A, Paragraph 5 ❑ I accept the change ❑ I reject the change

5. Article VI, Section D ❑ I accept the change ❑ I reject the change

NOTE: Should this change be adopted, it will effect changes in the numbering of the remainder of the Section.

6. Article VI, Section E ❑ I accept the change ❑ I reject the change

7. Article VII ❑ I accept the change ❑ I reject the change

NOTE: Should this change be adopted, it will effect changes in the numbering of the remainder of the Section.

8 Article VII, Section C ❑ I accept the change ❑ I reject the change

9. Article VIII ❑ I accept the change ❑ I reject the change

10. Article X, Section E ❑ I accept the change ❑ I reject the change

11. Article XI, Section D ❑ I accept the change ❑ I reject the change

NOTE: Should this change be adopted, it will effect changes in the text throughout Article XI, Section G.

Name (Printed) _____

Signature _____

FOLD THIS FLAP IN.

_____
_____
_____

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

Fold Here.

ry theory is subject to debate (e.g., Norcross & Halgin, 2005). However, teachers and supervisors should at least systematically and non-judgmentally expose students to the existing therapeutic approaches (e.g., psychodynamic, experiential, cognitive-behavioral). Although some students may initially become frustrated with the lack of one solid framework within which to conceptualizing human behavior, as they subsequently approach integrative thinking they will be able to appreciate the overarching, unifying nature of principles of change.

At this point, intervention courses could introduce and explicate core principles of change alongside approaches that ensure their effective implementation. Trainers could emphasize how each of these principles cuts across theoretical orientations, albeit through a variety of techniques (e.g., corrective experiences often occur in the context of the therapy relationship in psychodynamic therapy, but occur in between-session homework in cognitive-behavioral approaches). In this way, the training approach advocated here seeks to integrate various theoretical orientations by focusing on a framework at a mid-level of abstraction (i.e., between theory and technique) that conceptually unifies the various approaches.

This training would include readings that encourage thinking in terms of principles of change. The work of Miller and Rollnick (2002) can demonstrate how to activate clients' motivation and expectations that therapy can help. Likewise, the work of Safran and Muran (2000) provides a framework from which to address ruptures and strains in the therapeutic alliance while offering suggestions for using these occurrences in an optimally therapeutic manner. In conjunction, students could read research articles that demonstrate the effectiveness of specific therapy techniques and interventions, with a particular focus on those approaches that address principles related to client, therapist, and relationship factors, as outlined by Castonguay and Beutler's (2006) volume on effective principles of change, and the treatment approaches that work best in conjunction with them.

Fostering thinking in terms of principles can also occur during practica and supervision. Supervisors can have students bring in therapy tapes from particular sessions while encouraging them to think of principles of change that may have been relevant in that session. Further, supervisors could spend separate sessions of group supervision on each principle, having every student present a case in which each of the core principles noted here might have been applicable. Fellow students could subsequently offer feedback on each others' attempts to guide treatment according to the particular principle on which they were focusing in that supervisory session. Such a principle-guided approach to supervision allows students to witness, firsthand, the manner in which principles of change guide specific technical and theoretical approaches to treatment.

Conclusion

As attempts at psychotherapy integration become increasingly common, the renewed interest in identifying principles of change has the potential to further strengthen the integration movement. In fact, this growing trend is coming closer to producing the types of changes for which Goldfried (1980) expressed hope over a quarter-century ago, when he described a "textbook of the future" that would not be divided into separate sections for each theoretical approach, with a final chapter offering an attempt at integrative therapy, but instead would present agreed-upon principles of therapeutic change and an outline of the effectiveness of various techniques as used in the context of a variety of client, therapist, and relationship variables. The attempts of the recent Task Force charged with identifying principles of change as

continued on page 26

summarized by Beutler and Castonguay (2006) has produced a volume that comes close to resembling this textbook. With more process-outcome research to back up the existence of these principles, subsequent editions of this book will come even closer to looking like the clinician-friendly, empirically-informed text described several generations ago.

References

Addis, M.E. (1997). Evaluating the treatment manual as a means of disseminating empirically validated psychotherapies. *Clinical Psychology: Science and Practice, 4,* 1-11.

Alexander, F. & French, T. (1946) *Psychoanalytic therapy: Principles and applications*. New York: Ronald Press.

American Psychological Association (1996). *Guidelines and principles for accreditation of programs in professional psychology.* Washington, DC: Author.

American Psychological Association. (2002a). Criteria for evaluating treatment guidelines. *American Psychologist, 57,* 1052-1059.

American Psychological Association (2005). *Report of the 2005 Presidential Task Force on Evidence-Based Practice.* Washington, DC: Author.

Arkowitz H. (1992). Common factors therapy for depression. In J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 402-433). New York: Basic Books.

Arnkoff, D. B., Glass, C. R., & Schottenbauer, M. A. (2006). Outcome research in psychotherapy integration. *Psychotherapy Bulletin, 41,* 43-50.

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research and Practice, 16,* 252-260.

Calhoun, K. S., Moras, K., Pilkonis, P. A., & Rehm, L. P. (1998). Empirically supported treatments: Implications for training. *Journal of Consulting and Clinical Psychology, 66,* 151-162.

Castonguay, L.G., & Beutler, L.E., (Eds.). (2006). *Principles of therapeutic change that work.* New York: Oxford University Press.

Castonguay, L.G., Goldfried, M.R., Wiser, S., Raue, P.J., and Hayes, A.H. (1996). Predicting outcome in cognitive therapy for depression: A comparison of unique and common factors. *Journal of Consulting and Clinical Psychology, 64,* 497-504.

Chambless, D.L., Baker, M.J., Baucom, D.H., Beutler, L.E., Calhoun, K.S., Crits-

Christoph, P., Daiuto, A., DeRubeis, R., Detweiler, J., Haaga, D.A.F., Johnson, S.B., McCurry, S., Mueser, K.T., Pope, K.S., Sanderson, W.C., Shoham, V., Stickle, T., Williams, D.A., & Woody, S.R. Update on empirically validated therapies, II. *The Clinical Psychologist, 51,* 3-13.

Crits-Christoph, P., Frank, E., Chambless, D. L., Brody, C., & Karp, J. F. (1995). Training in empirically validated treatments: What are clinical psychology students learning? *Professional Psychology: Research and Practice, 26,* 514-522.

Gelso, C.J., & Hayes, J.A. (1998). *The psychotherapy relationship: Theory, research, and practice.* New York: Wiley.

Goldfried, M. R. (1980). Toward the delineation of therapeutic change principles. *American Psychologist, 35,* 991-999.

Goldfried, M.R., & Davila, J. (2006). The role of relationship and technique in therapeutic change. *Psychotherapy: Theory, Research, Practice, and Training.*

Henry, W.P., Strupp, H.H., Butler, S.F., Schacht, T.E., & Binder, J.L. (1993). Effects of training in time-limited dynamic psychotherapy: Changes in therapist behavior. *Journal of Consulting and Clinical Psychology, 61,* 434–440.

Jacobson, N.S., & Christensen, A. (1996). *Acceptance and change in couple therapy: A therapist's guide for transforming relationships.* New York: Norton.

Kendall, P.C. (1998). Empirically supported psychological therapies. *Journal of Consulting and Clinical Psychology, 66,* 3-6.

Miller, W.R., & Rollnick, S. (2002).

continued on page 27

Motivational interviewing (2nd ed.). New York: Guilford.

Nathan, P.E & Gorman, J.M. (Eds.) (1998). *A guide to treatments that work.* New York: Oxford University Press.

Nathan, P.E. & Gorman, J.M. (Eds.) (2002). *A guide to treatments that work (2nd ed.).* New York: Oxford University Press.

Norcross, J.C. (Ed.). (2002). *Psychotherapy relationships that work*. New York: Oxford University Press.

Norcross, J.C., & Halgin, R.P. (2005). Training in psychotherapy integration (pp. 439-458). In J.C. Norcross and M.R. Goldfried (Eds.), *Handbook of psychotherapy integration (2nd Ed.).* New York: Oxford University Press.

Pachankis, J.E. & Goldfried, M.R. (2007). An integrative, principle-based approach to psychotherapy (pp. 49-68). In S. Hofmann & J. Weinberger (Eds.), *The art and science of psychotherapy*. New York: Routledge.

Paul, G.L. (1967). Strategy of outcome research in psychotherapy. *Journal of Consulting and Clinical Psychology, 31*, 109-119.

Prochaska, J.O., and DiClemente, C.C. (2005). The transtheoretical approach. In J.C. Norcross & M.R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 147-171). New York: Basic Books.

Safran, J.D., & Muran, J.C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide.* New York: Guilford.

Strupp, H.H., & Anderson, T. (1997). On the limitations of therapy manuals. *Clinical Psychology: Science and Practice, 4*, 76-82.

Westen, D., Novotny, C.M., & Thompson-Brenner, H. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials, *Psychological Bulletin, 130*, 631-663.

Wilson G.T. (1998). Manual-based treatment and clinical practice. *Clinical Psychology: Science and Practice, 5*, 363–375.

WE'VE GOT YOU
COVERED
PUTTING YOUR TRUST WHERE IT BELONGS
1-800-477-1200
Professional Liability Program • Student Liability Insurance • Income Protection Insurance
Group Term Life • Office Overhead Insurance • Automobile & Homeowner's Insurance
• Retirement Plan Services • Long Term Care Insurance
THE TRUST
American Psychological Association Insurance Trust
www.apait.org

EDITOR'S NOTE

To highlight the importance of culture, race, and ethnicity to psychotherapy research, theory, training, and practice, we are reprinting two editorials from the most recent issue of our journal, Psychotherapy (43, 4, Winter 2006), which represents timely and innovative scholarship from a range of distinguished contributors. It is our hope that these editorials will encourage our membership to read this compelling issue from cover to cover, as we seek to apprehend and respond to the needs and opportunities of our increasingly diverse society.

Psychotherapy Editorials: Special Issue on Culture, Race, and Ethnicity

When guest editors Fred Leong and Steve Lopez recommended to me two years ago the development of a Special Issue of the *Journal* on culture, race, and ethnicity in psychotherapy, the idea resonated with a number of my own reflections on this topic. Not only did this seem like a vital topic for the field of psychotherapy, and a topic that has been increasingly examined in recent years, but to my mind it appeared that the time was right for the field to move beyond admonition, beyond the recommendation that therapists be attentive and responsive to culture, race, and ethnicity when doing psychotherapy. It seemed to me that what was most needed at this point in time were articles that probed how culture, race, and ethnicity actually displayed themselves in the process of psychotherapy, as well as ways in which their doing so affected the process and outcome of treatment. In a word, what I hoped for were articles that probed the inner workings of psychotherapy around culture, race, and ethnicity. Happily, Fred and Steve shared this viewpoint. With this view in mind, a Call for Papers was placed in the first issue of *Psychotherapy* under my editorship and all subsequent issues until the deadline for submission was reached. Several authors whom we believed would effectively address the topic from various racial and ethnic positions were also invited to write conceptual pieces.

So, this Special Issue contains both invited articles and articles that were submitted. It contains conceptual and empirical pieces. As the articles for the Issue came together, it became clear that not all racial and ethnic groups were written about and certainly many key topics were not present. I look forward to receiving submissions related to groups and topics that do not appear in this Special Issue, and am always on the lookout for our readers' recommendations of special sections of the J*ournal* devoted to given multicultural topics.

I want to take this opportunity to thank Guest Editors, Fred Leong and Steve Lopez who worked long, hard, and effectively in organizing the Special Issue. The two were instrumental in planning an organizing this Special Issue, and both of them served as action editors and reviewers for virtually all articles that were submitted. Both also wrote articles themselves. They deserve our gratitude.

Have the articles in this issue fulfilled the editors' intentions to illuminate the inner workings of psychotherapy in terms of the ways in which culture, race, and ethnicity manifest themselves in the process? I think so, and as the editor I am proud to present this series of articles. I expect this Special Issue of *Psychotherapy* to have an impact on both signs and practice as related to the topics of culture, race, and ethnicity in psychotherapy.

—Charles J. Gelso, Editor

continued on page 30

GUEST EDITORS' INTRODUCTION

The last issue of *Psychotherapy* that focused on this topic was published over 20 years ago (1985). Since then, the field has witnessed considerable growth and development, and we intended the special issue to reflect that growth. This special issue celebrates the study of culture, race, and ethnicity in the context of psychotherapy. In the call for papers, our goal was to identify quality conceptual and empirical papers that are addressing how to integrate cultural, racial, and ethnic factors in psychotherapy. We were particularly interested in articles that would move beyond the admonishment of the field for greater cultural sensitivity to actually advancing our understanding of the process and outcome of psychotherapy where culture, race, and ethnicity play a central role. The response has been most encouraging. We were quite pleased with not only the number of submissions but also the range of conceptual perspectives, the levels of analyses, and the different grounds of the client/patients under study. We believe that the diversity of approaches speaks well for this growing area of theory and research.

There are many ways to describe the content of this special issue. We have chosen to categorize the collected papers with regard to their major thrust or aim. A set of three papers focuses on key issues in carrying out psychotherapy with specific populations. Lillian Comas-Diaz, Alan Roland, and Lewis Schlosser draw on relevant research and clinical cases to point out the importance of specific aspects of culture, race, and ethnicity in providing psychotherapy to Latinos, Asian North Americans (with particular reference to psychoanalytic therapy), and Jewish Americans, respectively.

Another three papers address specific conceptual models of culturally informed practice that can apply across ethnic groups; however, each one draws on case material from clients from specific ethnic groups to illustrate the particular model. Wei-Ching Hwang presents a conceptual model of acculturative family distancing observed in immigrant families and draws on two cases of Asian American families to illustrate the key ideas of both the phenomenon and its treatment. Frederick Leong and Szu-Hui Lee describe a cultural accommodation model of cross cultural psychotherapy and applied it in the case of an Asian American woman. Their approach recommends adapting interventions according to the cultural background of the individual client, not unlike the approaches described in the following paragraph. Kimberly Lakes, Steven Lopez and Linda Garro argue that anthropologically informed conceptions of culture can help advance our understanding of cultural competence and illustrates the key points in the case of a Latino family.

In contrast to the issue-oriented or conceptual model papers, six individual contributions point out the value of adapting existing psychotherapy methods for culturally diverse groups. Four of these studies were carried out as part of a treatment outcome study. Stanley Huey and David Pan examined the efficacy of incorporating key Asian values in the delivery of a one-session exposure and modeling treatment for Asian American college students with phobias. Martin La Roche and colleagues studied whether modifying the imagery used in relaxation (being alone or being with significant others) was associated with Latino clients' level of allocentrism, treatment adherence, and reductions of anxiety symptoms. Edward Shane and associates described the modifications they made to cognitive-behavior therapy for depression to render it culturally appropriate for the treatment of Cantonese- speaking immigrants from Hong Kong now living in Canada. Devon Hinton and colleagues point out how they used ethnography to (a) understand the symptoms and local theories of post traumatic stress disorder of Cambodian refugees living in the United

continued on page 31

States, and, in turn, to (b) modify cognitive-behavioral methods in treating this population. Lydia Jackson and colleagues examined the congruence between the principles of cognitive behavior therapy and a community sample of American Indians' and European Americans' values and beliefs. Based on the findings, they identified some areas where CBT might best be adapted for this American Indian group. Finally, Derek Griner and Timothy Smith present a meta-analysis of 76 studies that examined the effects of a broad range of culturally adapted interventions and report that there is a moderately strong benefit to such interventions.

The final pair of empirical papers examined aspects of the multicultural competence of therapists. In an effort to go beyond practitioners' self-report measures of their multicultural competence, Susan Neufeldt and colleagues examined the cultural, racial, and ethnic themes identified in the case conceptualizations of psychotherapists-in-training. Jairo Fuertes complements their work by examining therapists' multicultural competence in the context of on going therapy with particular attention to its interrelations with important therapist variables (e.g., attractiveness and expertness) and process variables (e.g., working alliance).

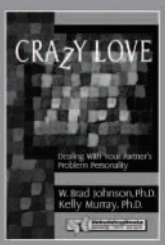
There is a significant need to bridge two important directions in psychotherapy research; cultural competence and empirically supported treatment. The articles in this special issue take significant steps in bringing together these two important directions. Presentations of issues in treating culturally diverse communities can serve as guideposts for clinicians in their practice. It is important to translate these important issues into systematic conceptual models to train practitioners and to guide their interventions. Most importantly, empirical tests of issues raised, conceptual models, cultural adaptations, and the correlates of therapists' multicultural competence are needed. As this early developmental stage of research, it is important that we encourage many approaches to addressing culture, race, and ethnicity. Given the increasing diversity within our nation and through out the world, bold efforts are needed to advance the field. It is our hope that such efforts will not only improve psychotherapy for the underserved, but they will also serve to advance the conceptual and empirical foundation of psychotherapy more generally.

In closing, we would like to express our gratitude to Charles Gelso, editor of *Psychotherapy*, for his tremendous support for the idea and the execution of this special issue.

His wisdom and insights throughout this process are much appreciated. We also wanted to use this opportunity to acknowledge the significant contributions of two leading authorities in the field who have recently passed away: Enrico E. Jones from University of California at Berkeley and Samuel M. Turner from the University Maryland at College Park. We dedicate this special issue to them for their pioneering work, for their integration of research and practice, and for lighting the way for future generations of researchers, scholars, and clinicians dedicated to understanding the role of culture, race, and ethnicity in psychotherapy.

—Frederick T. L. Leong
Michigan State University
and Steven Lopez
University of California at Los Angeles
Guest Editors

Books with IMPACT!



Moved by the Spirit: Discovery and Transformation in the Lives of Leaders NEW!

Jeffrey Kottler, Ph.D. and Jon Carlson, Ed.D., Psy.D.

Softcover: $18.95 *240 pages*

Twenty internationally recognized healers — including Arun Gandhi, Thomas Moore, Jose Cervantes, Laura Brown, Gay Hendricks, Pat Love — reveal personal incidents of spiritual transformation. An inspirational guide!

NEW!

Crazy Love: Dealing With Your Partner's Problem Personality

W. Brad Johnson, Ph.D. and Kelly Murray, Ph.D.

Softcover: $17.95(t) *256 pages(t)*

Enlightening guide to the odd but common disorders of personality. Offers strategies for avoiding relationships with personality-disordered partners and help for those in committed relationships to make the union more livable.

Since 1970 — Psychology you can use, from professionals you can trust.

Impact Publishers®

P.O. Box 6016, Dept. A05, Atascadero, California 93423-6016

Ask your local or online bookseller, or order direct: 1-800-246-7228 or www.bibliotherapy.com.

COUNCIL REPORT

2007 Council of Representatives Meeting

John C. Norcross, Ph.D. & Norine G. Johnson, Ph.D.

The 2007 APA Council of Representatives met in Washington, DC on February 16, 17, and 18. The Division of Psychotherapy was represented by your two Council members, Drs. Norine G. Johnson and John C. Norcross throughout the 2.5 day meeting.

APA President Sharon Brehm welcomed the Council Reps and chaired the meeting. APA CEO Norman Anderson spoke about the value of a strategic planning process and the implementation of the diversity plan. He also updated us on the monumental task of upgrading and consolidating APA's multitude of websites.

The chair of the APA Ethics Committee, Dr. Olivia D. Moorehead-Slaughter, delivered an impressive overview of the contentious debate surrounding APA's positions on the ethics of interrogation. She reviewed the many documents that demonstrate APA's strong, unwavering position that psychologists are never to be involved in torture. The APA Ethics Committee has joined forces with the Social Justice Divisions to offer several programs at the APA annual convention in San Francisco on this and related topics.

On a related note, the Division of Psychotherapy formally joined the Coalition of Social Justice.

Money doesn't simply talk; it screams. Fortunately, APA finances are in excellent shape: approximately $65 million in the long-term investment portfolio plus equity in two downtown DC buildings. All told, APA is worth about $200 million. Council passed a balanced budget, in fact, a budget with a tiny surplus for 2007.

At each meeting, literally dozens of actions and decisions are made by the Council of Representatives—the ultimate governing body of APA. The minutes of each Council meeting are available on the APA webpage, so below we highlight 12 actions that may be of particular interest to members of Division 29.

- ☐ Advanced the Division 29 initiative to rewrite the APA Mission Statement in order to highlight psychological practice. We did so by making a motion that Council direct the APA CEO to revise the Mission Statement. Council voted overwhelmingly to do so, and Norman Anderson welcomed the opportunity.

- ☐ Voted, on the recommendation of the Canadian Psychological Association and the Canadian Council of Accreditation, to fade out concurrent APA accreditation of Canadian doctoral programs in professional psychology.

- ☐ Approved the aspirational Guidelines for Psychological Practice with Girls and Women. These are available at www.apa.org/ and will eventually appear in the *American Psychologist.*

- ☐ Approved the revised Record Keeping Guidelines. These guidelines update the 1993 policy, which addressed neither technological advances nor HIPAA requirements.

- ☐ Accepted the Report of the Task Force in the Sexualizaton of Girls, a cutting-edge summary of the research and an inspiring program of action.

- ☐ Learned that our Division 29 New Business Item from 2006, entitled

continued on page 34

Reclaiming Recognition of Psychology, is successfully moving through the APA review process. Our aim is for APA to enhance brand recognition of psychology and to reclaim the distinctiveness of the term *psychology*.

☐ Allocated Council discretionary funds to a number of worthy task forces and work groups. These include Cultural Competency in Geropsychology, Evidence-Based Practice with Children and Adolescents, Guidelines for Assessment and Treatment of Persons with Disabilities, Center for Psychology Workforce Analysis Projects, Resiliency and Strength in Black Children and Adolescents, Appropriate Therapeutic Responses to Sexual Orientation, and a Review of APA Psychopharmacology Curricula. Lots of practice and education initiatives are afoot!

☐ Funded a multiyear initiative to pursue international GOALS—Global Opportunities and Long-Term Strategies. APA is increasingly taking its international responsibilities and relationships to heart (and wallet).

☐ Established a new Strategic Planning Process for the Association. This process will create a more coordinated means of forming and pursuing APA's major goals.

☐ Accepted the report of the Task Force on Military Deployment Services for Youth, Families and Service Members. APA will establish a two-year task force to develop a long-term action plan regarding mental health services for members of the armed forces and their families.

☐ Passed a resolution rejecting intelligent design as scientific and reaffirming support for evolutionary theory. This resolution has been erroneously construed in some corners as anti-religious; in actuality, the resolution specifically and solely condemns the teaching of intelligent design as part of a science curriculum.

☐ Resolved that APA, as an organization, opposes discriminatory legislation and initiatives aimed at lesbian, gay, and bisexual persons. This resolution responds to specific actions taken by certain state legislatures and supports our LGB members, clients, and communities.

As always, please share your concerns with us directly (Norcross@scranton.edu and NorineJ@aol.com). We are on Council to give voice to the Division of Psychotherapy and its membership.

Nadine J. Kaslow, Ph.D., ABPP

I would be honored to be elected as President of Division 29, because I am passionate about conducting psychotherapy and psychotherapy research, training the next generation of psychotherapists, and advocating at the state and national level for psychotherapy for all persons. As a Professor at Emory School of Medicine and Chief Psychologist at Grady Hospital, I conduct psychotherapy with adolescents, adults, couples, and families and perform intervention research with abused and suicidal African American women, medically ill youth and their families, and families with a history of violence. I provide psychotherapy supervision to interns and postdoctoral fellows. My involvement with the Division dates back to my graduate school days, when I received a graduate research award from the division, which helped me pay for new tires for my car. Since then, I have coordinated the Midwinter Conference, been a Member at Large, and now serve on the Publications Committee. I would bring my experience with APA to the position: serving as President of two divisions (12, 43), participating on the Board of Educational Affairs and the Council of Representatives, and being involved in countless taskforces and conferences. I have been touched to receive a number of key awards from APA: Presidential Citation for my work with Katrina, Distinguished Contributions to Education and Training, and Heiser Award. If chosen as President, I would bring a collaborative and consensus building leadership style to (1) advancing psychotherapy training at all stages of professional development; and (2) ensuring the developmental sensitivity, gender relevance, and cultural competence of the psychotherapy we practice, research, and teach.

Jeffrey N. Younggren, Ph.D., ABPP

I truly appreciate having been nominated as a candidate for the Presidency of Division 29. Having been a member and fellow of this division for many years, I see it as a vital group that shares a common interest in the central function of our profession, psychotherapy.

This division has demonstrated outstanding leadership in the past that has made it a vital player in the American Psychological Association. I hope to be able to continue that type of able leadership as President Elect of Division 29, because I believe psychology is truly a profession in flux. For example, there is movement underway to expand the scope of practice of the profession to include prescriptive authority for psychologists, a movement that has been successful in a limited number of states. Other movements are underway designed to enhance and further define specialization standards. In addition, there is significant pressure from both inside and outside of psychology to increase accountability regarding what we do and how well we do it. Further change is on the horizon designed to make the training requirements of the profession more unified by, for example, doing away with postdoctoral training requirements for licensure. While all of this change is quite exciting, it also poses significant challenge to the identity and future of our profession.

I light of the above; I believe that the Division of Psychotherapy should maintain an active role within APA and APA Governance to accomplish the following:

- To assure that broad and general training in psychotherapy be a requirement of all approved training programs in professional psychology.
- support the establishment of guidelines that uphold the high standards of the

continued on page 36

profession, but not by placing the profession at risk by creating unrealistic expectations regarding professional performance.
- To participate actively in APA governance to assure that psychotherapy remains a core function of professional psychology.
- To increase the membership of the Division through the inclusion of various non-fee based programs designed to make membership more attractive.

I have been a professional psychologist for thirty-five years and during the majority of those years have had an independent psychotherapy practice. In addition, I am a clinical faculty member of the UCLA School of medicine and also serve as a Risk Management Consultant to the American Psychological Association Insurance Trust. Finally I have served as both a member and chair of the APA Ethics Committee and I am finishing a six-year term on the APA Committee on Accreditation. I hope to use the benefits of those experiences as the President Elect of the Division of Psychotherapy.

CANDIDATE STATEMENTS — Council Representative

Linda F. Campbell, Ph.D.

Each semester when the new psychology doctoral students begin their psychotherapy training in our departmental clinic, I begin the orientation by telling them that no one else working or training at the university is doing anything more important than they because they are helping people change the course of their lives forever. Psychotherapy is the heart and soul of psychology and our Division of Psychotherapy is the only division charted with the mission of integrating training, research, and practice through psychotherapy.

Our division has an exciting and crucial role to play in the future of our profession. Consider the major pursuits of recent years including the findings of the evidence based practice task force, the multicultural guidelines, the competencies initiative, and the prescription curriculum; each assumes a role for psychotherapy in the success of these missions.

When I was honored to be your president in 2004, Leon VandeCreek and I held over 20 focus groups of practitioners, researchers, trainers, early career, and student groups and we asked them to identify obstacles to the advancement and promotion of psychotherapy in practice, training, research, and beginning careers. Our members know exactly what the obstacles are and they are very hopeful that our division will continue working side by side with them in promoting their important work in psychotherapy.

My commitment to the division began when I became editor of the *Psychotherapy Bulletin* ten years ago and continued when I was honored to serve as your president. If elected as your Council Representative, I will work with the same commitment, energy, and perseverance to overcome these obstacles our members experience and to promote the advancement of psychotherapy.

Candidate Statements for Council Representative, *continued*

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 had extensive experience and documented success in actively advocating for psychology and psychotherapy. I appreciate the opportunity you gave me to represent our Division these past three years and look forward to continuing the work that Dr. Norcross and I began.

With the change in leadership in Congress, the time is right for psychology to make major strides in advancing the Psychology agenda for increased funding in health research, education, practice, and public policy with an emphasis on psychotherapy. With my knowledge of the federal legislative process, key players in health policy and the workings of APA, I would work hard to advocate for a national health system that expands appropriate funding for psychotherapy and doctoral-trained and licensed psychologists and for increased funding for psychology students.

As a practicing psychotherapist I know the day-to-day challenges of helping those who come for our services. In *Psychology Builds a Healthy World: Opportunities for Research and Practice* (2003) and in over ninety publications and presentations, I have written on the value of including strengths, diversity, and life-span development in our work as psychologists and psychotherapists. These are the values I would continue to bring to APA Governance if elected to serve you and Division 29 for another term.

I appreciate the opportunity to be considered for this important position.

Jeffrey J. Magnavita, Ph.D., ABPP

I am pleased to be nominated for, and hope to be able to serve as Council Representative for Division 29, of which I am a Fellow and have been a devoted member for over two decades. Our Division has nurtured my development over the years and afforded me the opportunity to network, at mid-winter conventions and annual meetings, with many of the devoted members who share a passion for psychotherapy. My professional credentials include being the recipient of APA's *Distinguished Contribution to Professional Practice Award* in 2006, having numerous publications, as well as being featured in the APA video series in psychotherapy.

The field of psychotherapy has been exciting to be involved in and has produced remarkable results over the first 100 years of development. We have witnessed a number of theoretical and technical advances that have shown psychotherapy to be a robust treatment for mental disorders. We have also seen the development of a variety of investigative methods and tools with which to better understand the active ingredients that make psychotherapy effective. We have also seen a great upsurge in the acceptance by the public of the benefit of psychotherapy in modern society. We have seen the constructs of psychological science enter mainstream culture, many of which have become iconic. We have also survived the onslaught of managed care and have found ways in which to survive and thrive as psychotherapists in an often hostile economic climate. Although much has been accomplished, we are faced with a number of challenges as well as a number of exciting possibilities. We need to capitalize on the gains we have made in advancing the art and science of psychotherapy and continue to get the

continued on page 38

Candidate Statements for Council Representative, *continued*

word out to the public as to what we can offer to improve the quality of life, alleviate suffering, and treat mental disorders. We also need to revitalize psychology's interest in the wide applicability and benefit of psychotherapy, and especially make access to psychotherapy available for the severely mentally ill and disadvantaged.

My involvement with Division 29 has been an important and exciting learning experience. I currently serve as the Program Chair for the Division and will continue for an additional year. I previously ran for President of the Division and serve on the editorial board for our flagship Journal, *Psychotherapy*, as well as contributing to the *Psychotherapy Bulletin*. I hope to be able to have the opportunity to serve the members of Division 29 by representing our values and beliefs as one of the voices of psychotherapy to APA council over the next six years.

Lisa Porché-Burke, Ph.D.

It is an honor and privilege to be nominated for the position of APA Division 29 Council Representative. Serving Division 29 in this capacity would enable me to further contribute my time and experience to pursue the advancement of practice-related issues within the field of psychology.

In the past twenty years, I have had the pleasure to serve APA as a Member of the Council of Representatives representing Division 45, President of Division 45, Member-at-Large of Division 29, Fellows Chair of Division 29, and Chair of the Task Force on Diversity in Course Content, Publication and Training. Recently, I have been elected to serve on the Policy and Planning Board of APA.

As President and CEO of an educational institution of higher learning which trains doctoral and master's level students to practice in the field of psychology, I am keenly aware of the many issues that face practitioners.

I am passionate and committed to issues related to multiculturalism. As an architect and co-convener of the National Multicultural Summits and Conferences, I demonstrated support for the advancement of education, practice, training and research issues relevant to underserved populations. I have also been committed to the development of educational models, research and training programs that incorporate attention to issues of diversity in all of its forms. Making the practice of psychotherapy relevant to all people regardless of their gender, sexual orientation or cultural group is important and necessary as we continue to refine the practice of psychotherapy.

I appreciate your time and consideration on my behalf for this most important nomination.

William B. Stiles, Ph.D.

I feel honored to be nominated to be a Council Representative. I have been a member of Division 29 since 1979, and for several years, I have been chair of its Research Committee. I would be proud to represent the members and interests of Division 29 within APA.

My day job is as Professor of Psychology at Miami University in Oxford, Ohio, where I teach in our doctoral program in clinical psychology. I have been at Miami for 28 years. Previously, I taught at the University of North Carolina at Chapel Hill, and I have held visiting positions at the Universities of Sheffield and Leeds in England, at Massey University in New Zealand, and at the University of Joensuu

continued on page 39

in Finland. I am licensed to practice in Ohio and North Carolina. I have been President of the Society for Psychotherapy Research and North American Editor of its journal, *Psychotherapy Research*. I am currently Co-Editor of *Person-Centered and Experiential Psychotherapies* and Associate Editor of *British Journal of Clinical Psychology*. I have published one book and over 200 journal articles and book chapters, mostly dealing with psychotherapy theory, research, practice, and training.

I think the main purposes of professional societies are communication and advocacy. As Council Representative, I would work to enhance communication among Division members, with the rest of APA, and with external decision makers and the public. I would listen to identify and understand Division 29's interests and act to advance them within APA and beyond.

Abraham Wolf, Ph.D.

I am honored to be nominated as Council Representative for the Division of psychotherapy. I am deeply committed to the field of psychotherapy and will work to give our field a strong voice in a body that represents the entire field of psychology.

For over 25 years, I have worked as a psychologist practicing psychotherapy at MetroHealth Medical Center, the county hospital of Cleveland, Ohio. I am an Associate Professor of Psychology at the Case Western Reserve University School of Medicine, and have published over 50 articles in the area of health psychology.

As Division 29 President in 2006, I worked to establish the *Online Psychotherapy Academy*, a collaborative effort with the APA Education Directorate to provide Internet based material on psychotherapy for continuing education. I encourage you to visit the APA continuing education web site at http://www.apa.org/ce for more information on this program.

For over 10 years, I served the division in many other positions. 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.

The field of psychotherapy needs strong representation. I will strive to provide that representation on the APA Council.

CANDIDATE STATEMENTS

Member-At-Large GENERAL SEAT

Norman Abeles, Ph.D.

I am pleased to be a nominee for member at large of our great Division of Psychotherapy. For years I served as Director of our Psychological Clinic at Michigan State University where I supervised our clinical students in the practice of psychotherapy and selected outside supervisors from the community to help our clinical trainees. achieve a range of competencies. I established a psychotherapy research program in our clinic and have published papers with my students.

We need to be active in showing that psychotherapy can be helpful to multicultural clients (see the current issue of Psychotherapy, co-edited by my colleague Fred Leong). I encourage students to read such books as Ethics in Psychotherapy and Counseling by Ken Pope and Melba Vasquez as well as Evidence Based Practices in Mental Health by John Norcross, Larry Beutler and Ron Levant. I also think it is important to be familiar with the new Psychodynamic Diagnostic Manual that was published in 2006.

I am a past president of the Division and past president of APA. I will work hard at increasing the membership of our Division. Please Vote for me. E mail me at abeles@msu.edu

Lynn P. Rehm, Ph.D.

I am pleased to be running for Member-at-Large for the Board of Directors of Division 29. I am a fellow of the Division and a psychotherapy researcher. Two of my students in recent years have been the Student Development Chairs on the Board. I believe I can serve the Division well. The Division has the potential and is moving in the direction of playing major roles in APA, and in advancing psychotherapy and psychotherapy research in the US. I have a broad perspective based on wide experience in APA and in professional psychology in general. I have been president of The Society for the Science of Clinical Psychology, President of Division 12, chair of the Council of University Directors of Clinical Psychology, chair of the Board of Educational Affairs, President of the International Society of Clinical Psychology, and I am currently President of the Clinical and Community Division of the International Association of Applied Psychology.

For 10 years I chaired the licensing examination committee for the Association of State and Provincial Psychology Boards overseeing the EPPP. I am an academic who has been on NIMH research review groups. I have been the recipient of psychotherapy research grants from NIMH, the VA, and other sources to study my Self-Management Therapy Program for depression. I have been the Director of two Clinical Psychology graduate programs. I am also a practicum supervisor and have had a private practice for most of the last 35 years.

Member-At-Large — GENERAL SEAT, *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 Chair of the Psychology Department at St. Mary's College of Maryland, a public honors college, where I teach courses on psychotherapy theory, strategy, and research. I have always emphasized the importance of clinically relevant research and conduct the majority of my research on therapist self-awareness. In 2006, I was thrilled to be awarded both the Jack D. Krasner Early Career Award from Division 29 and the Outstanding Early Career Achievement Award from Society for Psychotherapy Research.

I have greatly enjoyed my first term as a Member-at-large for Division 29 and hope to be elected for another term. In particular, I have been very enthusiastic about the changes we have been making in Division 29—specifically, being more deliberate with our focus on diversity, on collaboration between science and practice, and on bringing our newest members into active roles within the division. As I said in my candidate statement three years ago, "I would like to be a voice for the membership." I feel that statement is more true now than ever before. I have been working hard to support our efforts to recruit and retain members. Most recently, I am organizing the Division 29 luncheon at APA for graduate students and new professionals. I would like to continue my work to support the vision of Division 29 and be a voice for our diverse membership. Thank you so much for your consideration.

CANDIDATE STATEMENTS — Member-At-Large EARLY CAREER PSYCHOLOGIST SEAT

Natasha Agent, Psy.D.

My name is Natasha Agent. I am running for the position of Member-At-Large of Division 29. Although new to this Division, I am not new to professional activities within the field of psychology. Since 2003, I have been a student member of the Maryland Psychological Association, the American Psychological Association, and Division 31, where I served as the Student Representative to the Board of Directors. I have attended a State Leadership Conference and a few National Conventions. However, those experiences do not necessarily set me apart.

While a graduate student at Loyola College in Maryland, I helped bring about much needed awareness to varying issues affecting psychology graduate students, early career psychologists, and minorities within psychology. The amalgamation of the experiences of graduate students, early career psychologists, and minorities will present suggestions to be utilized by those more established; thus positively changing the levels of support and guidance provided to these often underrepresented groups. If elected, this position will afford me the opportunity to facilitate this exchange of ideas between those new to and well established within the field, along with the ability to suggest/create desired and focused programming.

Early career psychologists and graduate students are the future of this field, but often are poorly educated in the professional responsibilities of psychology. As an early career psychologist with a diverse background, I will help Division 29 become a model of effective mentorship, support, programming, dialogue, diversity, and leadership, so the many facets of psychology will flourish into the future.

Member-At-Large — Early Career Psychologist Seat, *continued*

Michael J. Constantino, Ph.D.

I am honored to be nominated for Member-at-Large for Division 29. I received my Clinical Psychology doctorate in 2002 from Penn State, and I am currently an Assistant Professor at the University of Massachusetts. As a clinical scientist, instructor/mentor, supervisor, and practitioner, I am deeply committed to integrating quality clinical practice and rigorous science. This commitment is exemplified by my involvement in both Division 29 and the Society for Psychotherapy Research (SPR). For some tasks I have served as a formal liaison between these organizations. For example, I coordinated the Continuing Education (CE) Program (sponsored by Division 29) for the 2006 meeting of the North American SPR.

Despite my position in academia, there are multiple reasons why I am highly invested in the mission and development of Division 29. First, I conduct psychotherapy research. Second, I approach my work from an integrative perspective, which is the most commonly endorsed practitioner perspective. Third, I am devoted to quality psychotherapy training, which is a central Division goal. Finally, I see patients and supervise clinicians-in-training. Thus, my background is commensurate with the philosophy and scope of the Division and I would welcome the opportunity to serve in a Board role. I would bring energy and enthusiasm in the same way that I have in my current Divisional roles as the CE Committee Chair and Editorial Consultant for *Psychotherapy*. I would also provide a voice for young investigators and advocate for increased student involvement in Divisional matters. I am excited about the prospect of being your Member-at-Large, and I appreciate your consideration.

Heather Lyons

As the Division grows to attend to the changing needs of its members and those who benefit from the science and practice of psychology, an emphasis is placed on the specific concerns of early career psychologists (ECPs). ECPs are poised to uniquely contribute to the Division and the field with the diversity of talents and interests that they bring. However, in order for us to benefit from these contributions it is important that as a Division, we attend to the sometimes unique needs of ECPs as well as offer an effective way of voicing these needs. To date, I have attempted to do this by organizing ECP presentations at annual conventions and acting as an advocate for and educator of students and ECPs in my role as assistant professor. As an ECP myself I personally understand the needs and talents of this growing segment of the field. As ECP Member-at-Large I would seek to continue my role as advocate through the following two goals: 1. Increase membership of ECPs by surveying ECPs and students about the supports and barriers to Division membership.

Increasing membership provides a greater voice for ECPs and benefits the Division and 2. Because ECPs are a more diverse group in terms of race and ethnicity, sexual orientation, ability status and other aspects of identity, I would seek to meet the needs and welcome the contributions of ECPs of diverse backgrounds.

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.

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