Psychotherapy

OFFICIAL PUBLICATION OF DIVISION 29 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

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BULLETIN

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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 2,250 words), interviews, commentaries, letters to the editor, and announcements to Jenny Cornish, PhD, 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 jcornish@du.edu with the subject header line *Psychotherapy Bulletin*; please ensure that articles conform to APA style. Deadlines for submission are as follows: February 1 (#1); May 1 (#2); July 1 (#3); November 1 (#4). Past issues of *Psychotherapy Bulletin* may be viewed at our website: www.divisionofpsychotherapy.org. Other inquiries regarding *Psychotherapy Bulletin* (e.g., advertising) or Division 29 should be directed to Tracey Martin at the Division 29 Central Office (assnmgmt1@cox.net or 602-363-9211).

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PRESIDENT'S COLUMN

Jeffrey E. Barnett, Psy.D., ABPP

On March 13 and 14, 2008 I had the pleasure and privilege of representing Division 29 at the APA conference "Culturally Informed Evidence-Based Practices: Translating Research and Policy for the Real World." Division 29 was a supporting sponsor of this event and I was very pleased to be there on our behalf. I was also joined there by Division 29 Diversity Domain Representative, Caryn Rodgers, Ph.D.

Rather than list it all here I have included the following materials on the Division 29 website: the schedule of all presentations with the names and affiliations of the presenters, a list of web-based resources on evidence-based practice, and a list of resources provided at the conference on cultural competence, culturally adapted interventions, and evidence based practices and diversity issues. These resources may be accessed at www.divisionofpsychotherapy.org/2008CultureConference.pdf. Additionally, the power point slides for many of the presentations at the conference may be accessed online at http://psychology.ucdavis.edu/aacdr/ciebp08.html. I hope you will find these resources of value to you. Additionally, this website is the home of the Asian American Center on Disparities Research. Please explore the website. I hope you will find much of interest and relevance to your professional work there.

This conference examined currently available research on treatment interventions (not just psychotherapy), how to effectively move research findings into practice by practitioners, how cultural adaptations may be made to evidence based practices, ways clinicians and researchers may better collaborate for the benefit of those we serve, how policy impacts research and practice and how we may better impact policy, and how to develop new models and approaches for culturally sensitive and culturally informed evidence based practices. As is noted above, the focus of this conference goes beyond psychotherapy. Treatment interventions such as parenting skills training with at risk populations, assessment, community-based addiction treatment programs, anger management and violence prevention programs, suicide prevention programs, and others were addressed. Still, psychotherapy received significant attention throughout the conference.

A main focus of the presentations was how to effectively integrate currently available research into psychotherapy practice with the goal of developing culturally relevant treatments. Some psychotherapists may be concerned about rigid expectations for the application of evidence based practices. But, as was emphasized throughout the conference, these treatments must be adapted in our work with diverse populations. Cultural adaptations that help ensure that treatments are more relevant and effective for the diverse populations we serve is essential. At the same time, it was stressed that researchers must more effectively include diverse individuals in the populations we study. How to more effectively study the effects of evidence-based practices with diverse populations was a focus as well.

As the home of psychotherapy researchers and practicing psychotherapists within APA, Division 29 members are uniquely qualified to advance our knowledge base in these important areas. We will hope to share such research efforts by our members here in *Psychotherapy Bulletin* and online in our News You Can Use section of *Psychotherapy E-News* in the future. Members willing to share their culturally-relevant psychotherapy research findings and practices with the membership please contact our Research Committee Chair Sarah Knox at sarah.knox@marquette.edu or our Associate Chair Susan Woodhouse at ssw10@psu.edu. Please also see in this issue the call for nominations for Division 29's new award for the Outstanding Publication in Psychotherapy Research. All nominations from all relevant journals are encouraged.

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A number of interesting and thought-provoking presentations were given by senior leaders at the Substance Abuse and Mental Health Services Administration (SAMHSA). Additionally, numerous resources of possible interest were provided to include their listing of evidence-based practices on the web. A partial listing of these online resources is included below for your use and information. The comprehensive list can be found on the website as indicated above.

- Center for Evidence-Based Practice: Young Children with Challenging Behavior
  http://challengingbehavior.fmhi.usf.edu
- Center for the Study and Prevention of Violence, University of Colorado at Boulder
  http://www.colorado.edu/cspv/blueprints
- The National GAINS Center for Systemic Change for Justice-Involved Persons with Mental Illness
  http://www.gainscenter.samhsa.gov/html/ebp/
- The National Implementation Research Network
  http://nirn.fmhi.usf.edu/
- Promising Practices Network
  http://www.promisingpractices.net
- Suicide Prevention Resource Center
  http://www.sprc.org

This issue of *Psychotherapy Bulletin* marks a significant transition. We say goodbye to our outgoing Editor, Craig Shealy, and our outgoing Associate Editor, Harriet Cobb. Each have provided Division 29 members with important, timely, and relevant information to keep us informed about the division's activities and to help advance our knowledge about psychotherapy research, training, education, and practice. I hope you will join me in extending my most sincere appreciation to Craig and Harriet. Each has made valuable contributions to the success of Division 29.

I also have the great pleasure of welcoming our new Editor, Jenny Cornish, and our new Associate Editor, Lavita Nadkarni. Each is a colleague and friend who I have worked with previously in other roles and who I know will help move the division forward with their many contributions. They have begun serving in their new roles with great energy, enthusiasm, and creativity. We will be seeing changes in *Psychotherapy Bulletin* in the issues to come that I hope you will agree build on an already successful publication. Again, welcome to Jenny and Lavita.

Another significant transition has taken place recently in Division 29. I am pleased to welcome our new Web Editor, Abe Wolf. Abe is a Past President of the division and brings great creativity and knowledge of the division to this new role. At the same time we say goodbye to our outgoing Web Editor, Bryan Kim. Bryan has done a great job for Division 29 and its members. His work on *Psychotherapy E-News* as well as on the website has been very important for the division. We'll hope to keep Bryan involved in the division in other capacities in the future. We don't want to lose good people!

Abe also joins Division 29's new Website Development Task Force. This group is chaired by Laura Brown. Other members of the task force are Ray DiGiuseppe, Jeffrey Magnavita , Jon Mohr, and Libby Nutt Williams. Together they will begin work on a redesign of our website. If you have any ideas or suggestions please forward them directly to Laura at Lsbrownphd@cs.com.

In the next issue of *Psychotherapy Bulletin* you will see Division 29's outstanding convention program and the many events we have scheduled for you. Please plan now to attend the APA Convention in Boston, August 14-17, 2008. We will be celebrating Division 29's 40th Anniversary there. Please be sure to join us at our Awards Ceremony and Social Hour on Friday, August 15 to participate in these festivities. Division 29 has a rich history. Many of our members have made significant contributions to the development and advancement of psychotherapy practice, research, training, supervision, and education. We have much to celebrate. Please plan to be there to join us in celebrating this significant milestone. Be connected! Jeff

EDITOR'S COLUMN

Jenny Cornish, Editor
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It is with great enthusiasm and humility that Lavita Nadkarni and I begin our positions as editor and associate editor of the Division 29 *Psychotherapy Bulletin*. We are particularly excited since this is the 40th year of the *Bulletin*, giving us the chance to reflect on its significance to the division.

The *Bulletin* clearly has a long and productive history. It has been a channel of information for Division 29 events, awards, and opportunities, and has served as a forum for articles covering a wide range of issues relevant to psychotherapy theorists, researchers, practitioners, educators, and trainers. Students, early career professionals, and longer-term members have offered useful perspectives. As past editor Linda Campbell stated to me, it has been a way for people who are passionate about psychotherapy to publish in an unencumbered way.

Following in the footsteps of the previous *Bulletin* Editors is daunting to say the least. According to Tracey Martin, Division 29's Administrator, and Matty Canter, former Division 29 President and Historian, the first editor, Pincus Gross, served from1968, when the *Bulletin* was founded, to 1971 when Robert Schaef took the helm. Constance Nelson followed from 1973 – 1974, and then Ernst G. Beier held the position from 1974 – 1980. Benjamin Fabricant was editor from 1980 – 1983, concluding the first 15 years of the *Bulletin.*

Laura Barbanel served from 1983 – 1986 and reports that "being editor of the Division 29 newsletter was a lot of fun." In fact, she feels that "being a newsletter editor is like being in the kitchen, since you know everything that is going on but are not exactly involved in all of it. You hear all the news and publish what you see as fit to be published, trying to be newsy without being intrusive or offensive." That is certainly not always easy. Barbanel goes on to say that during her term "it was a time of great development for Division 29 and it was a great honor to work with so many luminaries in the field of psychotherapy when psychotherapy was still a relatively new field of psychology." She "learned so much and appreciated it so much."

Wade H. Silverman was editor of the *Bulletin* for six years from 1987 – 1993, and then moved on to become editor of the Division 29 Journal, *Psychotherapy: Theory, Research, Practice, Training* for an additional 10 years from 1994 – 2004. He had just been newly introduced to Division 29 when Stanley Graham recruited him to serve as *Bulletin* Editor. He remembers feeling trepidation about taking on so much important responsibility while still being relatively "green." Yet, he reports thoroughly enjoying his time as editor, particularly his role as "social director," meeting wonderful people and encouraging them to interact with each other. He was advised to take many pictures, and did so with enthusiasm. Obviously, his editorial talents were recognized, and he reports being greatly honored to have edited the *Bulletin* and the division's journal for 16 consecutive years. He states without equivocation that the

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Bulletin is the heart of the division, while the journal is the soul.

Linda F. Campbell served nine years as editor from 1994 – 2003 and still clearly retains her passion for the *Bulletin.* Her vision was to provide the *Bulletin* to the membership not just as readers, but as active participants. In addition to continuing the tradition of serving as a conduit of information, she was extremely successful in developing the *Bulletin* as a journal without peer review for members to write "from the heart" about psychotherapy. Nobody she asked to submit a paper ever turned her down; not, she says, because of her persuasiveness (we may all disagree with this) but because they had so much to say about their work. As with Wade Silverman, she enjoyed interacting with the membership, and taking photographs.

Most recently, Craig N. Shealy was editor for 17 issues over four years. He added the "Perspectives on Psychotherapy Integration" and "A World of Psychotherapy" sections to the *Bulletin* as well as introducing student interviews with senior/distinguished members of the division, along with publishing the three award winning student papers from the Student Development Committee on an annual basis. Craig has been a tremendous help to Lavita and me during this transition, and we want to thank him for all of his support and assistance as we have assumed our new editorial roles.

Our vision for the *Bulletin* is to support Division 29 as " an educational and scientific organization, the purposes of which shall be to foster collegial relations among members of the APA who are interested in psychotherapy, to stimulate the exchange of information about psychotherapy, to encourage the evaluation and development of the practice of psychotherapy, to educate the public regarding the service of psychologists who are psychotherapists, and to promote the general objectives of the APA." Thus, we hope to promote, nurture, and advocate for psychotherapy across domains. We seek to work collaboratively with the membership of Division 29 in providing interesting, timely, scholarly, and useful articles. In addition to relying on our talented contributing editors, we invite ***all*** Division 29 members to actively participate in writing for the *Bulletin.* We solicit your articles (up to 2250 words), interviews, commentaries, letters to the editor, and announcements, as well as any suggestions or questions. You will notice in this issue several articles written or co-written by students. We hope to continue the tradition of providing regular publishing opportunities for students, early career professionals, and those of us who are longer-term professionals.

As you know, Division 29 is currently undergoing some reorganization, with new domain representatives. We have decided to try a hybrid approach to the contributing editors, combining current contributing editors with domain representatives. Therefore, the new contributing editors are as follow: Erica Lee and Caryn Rogers (Diversity), Jean M. Birbilis and Mary M. Brant (Education and Training), Norman Abeles, Sarah Knox, Michael J. Murphy, and Susan S. Woodhouse (Psychotherapy Research, Science, and Scholarship), George Stricker (Psychotherapy Integration), Patrick DeLeon (Washington Scene), Early Career (Michael J. Constantino), and Student Features (Michael Stuart Garfinkle). We offer our sincere appreciation to all our contributing editors and know that you will enjoy reading their articles, covering all domains associated with psychotherapy.

So, following in the footsteps of the previous editors, we are attempting to reduce our intimidation at our new roles, enjoy being in the Division 29 "kitchen," facilitate the division's "heart," and encourage all members to publish in the *Bulletin.* We look forward to interacting with each of you, and will try our best to facilitate

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collaboration and dialogue among the division's members. However, neither of us have camera skills, so we ask you to please take many pictures for us! We do our best work when involved with others, so please contact us any time.

It is an incredible honor to work with you on the Division 29 *Psychotherapy Bulletin*. Again, please contact us any time with your ideas, suggestions, submissions, and photographs.

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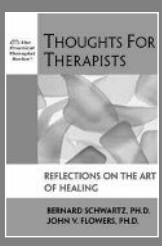
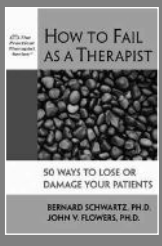
Resources for the Practical Therapist





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Linda F. Campbell, Ph.D.
Division of Psychotherapy, Council Representative

Submitting this report for the first time as one of your Council Representatives is an honor and privilege for me. The wellbeing and development of Division 29 has been and continues to be a top professional priority for me and I am so very pleased to be serving as your Council Representative along with Dr. Norine Johnson who is representing us very admirably and effectively. Dr. John Norcross rotated off of his second term as our Council Representative. He is respected and revered by all Council members and our colleagues who know him within the division and across many venues of training, scholarship, research, and public interest. John has made immeasurable contributions to our division through his governance and publications and I want to recognize here the valued service he rendered through his Council representation of us.

Personnel Changes
Much activity is going on at APA with the changing of the guard in several areas. Dr. Russ Newman is leaving the Practice Directorate after years of dedication and commitment to the advancement of practice through successful accomplishments in legislation, advocacy, technology services to members, building consultative services for members, and many other objectives that have resulted in promotion of the wellbeing of psychology. Coming into the position of Director of the APA Practice Directorate is Dr. Katherine Nordal who is known to many of us not only in practice, but in training, public sector interests, and education. Katherine has practiced for over twenty years in Mississippi and was ready for a change and a challenge, both of which she says will be part of the package in moving to Washington and to APA. Katherine brings with her a great respect and admiration for her work from all who know her. Her experience, expertise, and knowledge base are most impressive, but most of all is the personal regard that psychologists have for her integrity, character, and collaborative style.

Mr. Jack McKay, who is in a league of his own in the accomplishments and contributions that he has made to APA, is retiring. In his stead, Mr. Archie Turner will become our new Chief Financial Officer. Mr. Turner comes to us with impeccable credentials, expertise, and knowledge that will advance APA and our financial future.

Budget Approval
The Council approved the final 2008 APA Budget with a forecasted surplus of $332, 600. This level of surplus would be an increase over the 2007 budget surplus of $23,200. Council also voted to approve the following change in the Association Rules:

> "…It shall be the goal to present a surplus budget annually (after consideration of the cash flow from building operations) of between 1% and 2% of budgeted revenues in order to provide a basis for orderly expansion of operations and services in successive years and to provide a margin of safety against contingencies."

Approvals of Policies, Reports, and a New Division
Many of the actions of Council come in the form of approvals and acceptances of

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important work done by boards, committees, and task forces. Some of those that were approved or accepted by Council this cycle include the following:

- The proposed Division of Trauma (Division 56) was voted upon and approved as a permanent APA Division.
- The Resolution of the Americans with Disabilities Act was adopted by APA. This means that APA can pursue disability-related activities at the federal and state level.
- The report on the 2007 Presidential Task Force on Integrative Health Care for an Aging Population was accepted. The report is a significant step forward for us and can be found in its entirety at www.apa.org/pi/aging/blueprint.html.
- Council approved the Revised Principles for the Recognition of Specialties in Professional Psychology. The important change essentially recognizes the importance of cultural and individual differences and diversity in the education and training of specialists.
- Council voted to adopt as APA policy the Report of the Task Force on the Implementation of the Multicultural Guidelines. The next step will be to identify the fiscal implications and what entity has the responsibility to carry out the actions approved.

Allocations
Council allocated funds from the 2008 discretionary fund for several activities:

- A task force on student Council representation.
- A three day conference to provide quantitative training and support for students from underrepresented groups.
- A three day meeting of the task force to develop an APA designation process for postdoctoral psychopharmacology education and training programs.
- The 2008 APA National Conference on Undergraduate Education in Psychology to be held in June at the University of Puget Sound in Tacoma, Washington.
- A meeting of the National Standards for High School Psychology Working Group and the National Standards Advisory Panel.
- An APA Presidential Task Force on the Psychological Needs of U.S. Military Service members and their families.

Membership Vote Needed
Two important items are going to be sent to the full membership for consideration and a vote:

- The membership will be asked to vote on the proposal that a member of the APA Graduate Students become a full voting member of the APA Board of Directors. The APA Graduate Students (APAGS) has had no voting representation on the Board for several years and is now asking for voting privileges on the Board. APAGS has conducted interaction with Council and the Board in a very admirable and meritorious manner and has offered important consultation, advisement, and input on many items related to the development of the field. Dr. Johnson and I encourage you to consider this vote and to contact one of us if you have any questions about the item.
- APA offered a full membership vote some months ago on the proposal of adding new seats on Council for the four ethnic minority psychology organizations: The Asian American Psychological Association, the Association of Black Psychologists, the National Latina/o Psychological Association, and the Society of Indian Psychologists. The proposal was defeated marginally in the first vote. The Council discussed and decided that adequate information, Q&A, and relevant discussion was not provided to the membership in a way that members could make informed decisions.
- Council strongly supports the approval of this motion and will be sending additional information to the membership regarding this vote. These additional

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seats would be outside the regular Council representation apportionment process so no current or future division or state representation would be at risk for losing their seats due to the addition of these new seats. Dr. Johnson or I would be very pleased to discuss with you any questions regarding this proposal.

Reaffirmation of Stance Against Torture
Council voted to add new clarifying language to the 2007 Resolution on torture to more clearly express APA's no-torture, no exceptions policy. The entire Resolution with new language can be found at www.apa.org/governance/resolutions/councilres0807.html.

Dr. Norine Johnson (NorineJ@aol.com) and I (lcampbel@uga.edu) are happy to answer any questions or to hear out any concerns that you have as Division of Psychotherapy members. We are here to serve you and to bring significant information back to you but more importantly, we are here to deliver your thoughts, opinions, and recommendations to the Council and to ensure that Division 29 has its rightful place at the table of professional psychology.

ATTENTION GRADUATE STUDENTS AND EARLY CAREER PROFESSIONALS

You are invited to our second annual

"Lunch with the Masters: For New Professionals Interested in Psychotherapy"

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Including Gatekeeping Among Competencies Applied to Supervision Education and Training

Jean M. Birbilis, University of St. Thomas
Mary M. Brant, University of St. Thomas

The psychotherapeutic supervision literature has recently turned to the development and assessment of supervision competencies in order to parallel the evolution of what it means to be a competent psychotherapist (Falender et al., 2004). Supervisors have been identified in the literature as competent or "ideal" when they exhibit foundational relational skills such as empathy, respect, genuineness, concreteness, self-disclosure, self-knowledge, tolerance, superior ability in psychotherapy, and emphasis on personal growth (Allen et al., 1986; Carifo & Hess, 1987) within dimensions such as interpersonal attractiveness, sensitivity, and task-focused behavior (Friedlander & Ward, 1984). However, in traditional supervisory theory which focuses on the trajectory of supervisor skills, beginning supervisors are more apt to exhibit negative traits such as high anxiety, feeling overwhelmed, over-identification with the supervisee, lack of awareness, inflexibility, intolerance, and rigidity (Hess, 1986; Stoltenberg, McNeil, & Delworth, 1998; Watkins, 1997). Supervisors who exhibit mastery of the supervision process actually have been identified with more "ideal supervisor" traits; they pay less attention to trivia and more to complex psychotherapeutic issues (Kivlighan & Quigley, 1991).

Despite these themes noted in the supervision literature, the initial gatekeepers in our profession are often the most inexperienced and have only rudimentary training in supervision. It is typical for the newest assistant professors to be placed as supervisors in practica of entry level students, with the belief that these supervisors are simply managing entry level skills. Also concerning is the absence of previous training for this role; for example, a survey of supervision training indicated that a didactic course in supervision is offered (but not required) in 85% of counseling programs and only 34% of clinical programs (Scott et al., 2000). Supervisors and students are frequently matched to their level, or more accurately, their lack of expertise. This leads to potential difficulties which are reflected in these questions: Are we providing students with clinical wisdom and grounding from seasoned professionals soon enough? Are we allowing ourselves to be satisfied with minimum counseling abilities while counselors need specific and strong skill sets in this marketplace? Have we become satisfied with "competence in our training incompetence," where all can succeed at initial levels and are not weeded out until it is too late (after extensive client contact)? Finally, if we are to provide gatekeeping in areas of character and fitness (Birbilis & Brant, 2007; Johnson et al., 2005), how are the most inexperienced and interpersonally unaware supervisors able to identify potential concerns in psychotherapy students?

Proposed supervision competencies are complex in conceptualization and in practice and range from working alliance skills, ethical decision-making capacity, and multicultural competencies to specific technical proficiencies (Falender & Shafranske, 2004). Falender and Shafranske (2007) have also summarized a variety of insightful ways one can implement supervision competencies, i.e., through self-assessment, development of collaborative and evaluative processes, providing ongoing feedback,

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and modeling. However, these competencies must also include the gatekeeping responsibilities noted in the Association for Counselor Education and Supervision (2005) guidelines:

> …..Supervisors have the responsibility of recommending remedial assistance to the supervisee and of screening from the training program, applied training setting, or state licensure those supervisees who are unable to provide competent professional services. (Principle 2.12)

This supervisory gatekeeping must occur with the understanding of the foremost goal (client protection), the developmental needs of the supervisee, abilities for remediation, potential hazards for practice, and individual student characteristics and has been theorized to be a comprehensive and systemic discipline (Holloway, 1995). Important attention to student rights has created specific procedures for impaired students, or the exhibiting of "problematic behavior," creating another layer of complexity to potential supervisory gatekeeping (Forrest et al., 1999). Gatekeeping responsibilities of supervisors have been historically discussed (Bradley & Post, 1991; Miller & Koerin, 2001) and have been described as successful when formalized (Gabetz & Vera, 2002), but, again, have not been adequately described in the competencies suggested for supervisors (Falender et al., 2004), even when noted as a necessary component of ethical supervision (Barnett et al., 2007).

Current professional demands have placed the initial supervisor in a pivotal role in need of supervisor competencies that range from relationship skills to effective gatekeeping in order to identify problems early and manage them in a sensitive and mature manner. Current proposed competencies for supervisors do not place enough emphasis on the need for higher-order skill sets in these critical positions. Recommendations for supervisor effectiveness should emphasize training and screening to improve the gatekeeper, including: mandated training in supervision, required supervision of supervision of all supervisors for several years, creation of supervisory teams for students, recruiting seasoned professionals to supervise at entry level, and eventual supervisory credentialing.

Supervisor competencies are crucial and more comparable to the attributes of a seasoned psychotherapist than to the bare minimum of acceptable provision of service. Competencies must take into account the developmental process of the supervisor and the trainee within the complex demands of the current training environment. Competencies are, then, systemic, developmental, contextual, and evolving. Supervision competencies are more than basic skills, and on reflection of our own supervisory experiences, might be better framed in terms of concepts that are difficult to quantify in either psychotherapy or supervision: wisdom, artful endeavor, compassion, humility, respect, discernment, intuition, and sacred trust. Supervision of our beginning and most impressionable trainees requires more attention to these higher order skills and to developing sophisticated, formalized, and standardized processes for gatekeeping as a competency.

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PERSONAL REFLECTIONS FROM DIVERSE EARLY CAREERS

Michael J. Constantino (Series Editor)
University of Massachusetts, Amherst, Massachusetts

Over its next few issues, *Psychotherapy Bulletin* will publish a 4-5 part series that will focus on first-hand accounts from early career psychologists (ECPs) in diverse positions that value psychotherapy practice, training/teaching, and/or research. In these papers, the authors will (a) describe the nature of their position, (b) outline how they got to their current position, (c) share the most satisfying aspects of their job, (d) discuss the most challenging aspects of their job and how they have negotiated such challenges, and (e) provide pearls of wisdom for achieving and succeeding in their type of position.

The Daily Joys and Challenges of Working in a College Mental Health Center

Eliza T. McArdle
Hampshire College, Amherst, Massachusetts

Imagine a career that will bring about moments of pride interspersed with periods of great humility. Picture a job in which one is rarely bored and is never at risk of "knowing everything." A typical day might include being witness to lightness and laughter, as well as to sadness, anger, and uncertainty. These experiences, among many others, reflect the job of a college mental health counselor.

POSITION DESCRIPTION

I am a full time psychologist at a small liberal arts college in Amherst, Massachusetts. Hampshire College has 1350 students, each developing their own area of study and being judged by narrative evaluations rather than grades. Hampshire draws bright, creative students who are independent and original in their thinking and lifestyles, who often think outside the box, and who aspire to study in a non-traditional academic setting.

The Hampshire College Counseling Center is small, with two full time psychologists, two half-time psychologists, and two half-time practicum students. Like the academic structure at Hampshire, the Counseling Center has maintained the importance of self-exploration and self-awareness. Unlike the current trend in college counseling centers across the country, which are becoming more like crisis management centers with session limits and numerous referrals to private practitioners, we have no session limits and are as likely to meet with students who are working on identity and family issues as we are to work with students who are living with severe mental illness.

Ultimately, my job can be broken down into three primary roles: psychotherapist, consultant, and supervisor.

Psychotherapist

Although the majority of my time is spent doing individual psychotherapy with students, my role also incorporates group therapy and on-call responsibilities. Each year we run psychotherapy groups focusing on topics such as relationship difficulties, social anxiety, and eating disorders. Because we are a small clinic, group types change annually based on the interests of the students and the therapists.

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I am on-call for a week at a time, a shared responsibility with the psychologists in our office. Being on-call adds excitement and diversity to each day, requiring us to be on our toes at all times. For example, we may get paged at 2:00 a.m. because a student is feeling suicidal or emotionally unsafe. Calls may result in hospitalizing a student for safety reasons or may be resolved simply by helping the individual to feel calmer and more connected. When hospitalization occurs, the role of a college psychotherapist shifts to that of a consultant, requiring that we remain in constant contact with the staff, meet with the student in the hospital, and assist in discharge planning.

Consultant

I am often called upon by administrators, faculty and staff to consult about their concerns related to particular students, including advice about the best way to talk to a parent or to break bad news to a student. Counseling services staff are often asked to do outreach and trainings for both students and staff on topics including eating disorders, self-injurious behavior, and substance abuse. Since the tragedy at Virginia Tech, colleges and universities across the country have become more active in reaching out to disturbed students and in expressing their concerns to the college counseling center. At Hampshire College the counseling center's role as a consultant to the community has also increased.

Supervisor

At Hampshire, we are fortunate to be located near several well regarded clinical psychology graduate programs; thus, our clinic is able to serve as a training site. This opportunity adds diversity to our staff, and it keeps us actively involved in the constantly growing and changing field of clinical psychology. Although the ultimate goal of the training program is to help students develop the competencies to become empathic, effective clinicians, they undoubtedly teach us and enrich our clinical work as well.

ROAD TO CURRENT POSITION

Early in my academic career, I envisioned myself a future psychology professor who would focus on research. While I was an undergraduate student at Wellesley College I thrived on formulating research questions, collecting data, and manipulating numbers. Upon graduation I planned to apply to graduate programs in personality psychology.

Before applying to graduate school, I worked at Massachusetts General Hospital doing research. While running drug trials, I worked alongside doctors who were successfully blending scientist and practitioner roles. The experience of doing research that was *directly* related to patient care added a level of human connection and complexity to my vision of a career in psychology. As a result, I went on to graduate school in clinical psychology, choosing a university that strongly valued the scientist-practitioner model.

During graduate school, my practicum positions included both long and short term therapy with college students, including those with psychological disabilities. I loved working with this bright, diverse group of young people at a period in their lives in which there is arguably more growth and transition than at any other time. I received the invaluable advice that, to work more with this population, I would need experience treating people with severe mental illness. College students today carry diagnoses of severe and chronic mental illness; many of these illnesses emerge during the college years. After suggestions by my supervisor, I completed a medical school-based internship with an inpatient hospital rotation and worked with homeless, chronically mentally ill people, as well as with patients struggling with severe mental illness in a partial-hospitalization program. This experience was immeasurably valuable in preparing me to work with the full range of mental health issues presented by students in a college counseling center.

MOST SATISFYING ASPECTS OF CURRENT POSITION

Perhaps the most evident aspect of this job

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is also the most satisfying: working with the bright, diverse, energetic students who are in constant growth. Although the advertised goal of being in college is to advance academically and intellectually, students experience similarly important interpersonal and intrapersonal growth. Each May, I watch students with whom I have worked cross a stage, shake the hand of the college president, and graduate. Many of these students wondered if they would be able to make it and had to overcome significant internal and external obstacles to be there. It is this moment that is often the most rewarding.

There are, of course, aspects of being a college psychologist that are gratifying on a daily basis. There is an endless variety of roles that a college psychologist plays. It can be enormously satisfying to consult with a residence director, a faculty member, a parent, or a group of peer counselors, each of whom present an endless variety of questions and concerns.

It is not only the variety outside of the therapy room that is satisfying, but also the variety of presenting issues within the therapy itself. The difficulties that college students bring to therapy are as diverse as the students themselves. There is no story that is "the same" as anyone else's. Some students yearn for a place to "explore" themselves, while others present with more concrete, symptom-focused concerns. Ultimately, this job is never boring, and a college counselor is *never* at risk of feeling as though the job is predictable or unchallenging.

MOST CHALLENGING ASPECTS OF CURRENT POSITION

Many of the most satisfying aspects of this job also fall under the heading of "most challenging." Perhaps it is exactly the daily challenges and the negotiation of the complexities of our roles that ultimately leads to a large sense of satisfaction. I will focus on two "triangles" that clinicians on college campuses work with on a regular basis: the dynamics between the clinician, the client, and the greater college community; and the relationship between the clinician, the client, and the parents.

Being a Psychologist within a College Community

Negotiating the role of "consultant for the community" vs. "psychotherapist for the client" proves to be quite complicated, as these roles are often conflicting. That which is best for the community may, ultimately, not be what is best for the client and vice versa. For example, college counselors are sometimes faced with the question: Who should decide what situation warrants that a student be asked to leave the college against their will? A student who is disruptive to the college community and is struggling to take care of their emotional health may best be served by leaving the school to focus on getting well. However, at other times returning the student to the home environment may do more harm than good. No one, quite understandably, wants to be the person to make this decision or to deliver the message. The college administration often wants the college counselor to determine whether the student should stay or go, while ultimately, this is a conflict of interest in the role of psychotherapist. Consistent with the Americans with Disabilities Act, students with even the most severe mental illness have the right to seek an education, but when their *behavior* begins impacting the larger community (e.g., overt behavior that is disruptive to the community such as ongoing suicidal crises that repeatedly leave other students concerned about their classmate's safety) the administration must step in to address the behavior.

At Hampshire College we have excellent communication and a collaborative relationship with the Dean's office. Students here are never asked to leave based on a diagnoses, but might (and even this happens quite rarely) be asked to leave based on their *behavior* and the way it is impacting the community. This allows the psychologist to maintain an alliance with disturbed students and therefore be able to help them to move forward and access the treatment that they need.

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The Relationship with Parents

As is evidenced by the recently coined phrase "helicopter parent," many parents and children are in much closer contact these days than in the past. With email, cell phones, and text messaging, contact can be maintained at almost all times and, thus, presents can be quite involved in solving their children's dilemmas. This can be seen in both positive and negative lights. Certainly a close relationship with a caring, loving parent can foster confidence and growth in a child. However, there is the risk that the parent takes over and solves the issues for the child, thus leaving the child with few skills to do so himself. So, when a parent calls to tell me that I will be seeing their child, and that they would like to "fill me in" on some of the child's history, it can be seen as a loving, connected gesture or as a parent usurping a child's right and ability to tell their story themselves. Similarly, after meeting with a student for several sessions, the student may say, "My parents want you to call them to tell them how you think I'm doing." Once again, the clinician is left with a question about whether this is indicative of helpful or unhelpful family dynamics.

Ideally, the college years are a time of increasing independence, self-reliance, and independent thought. Because of this, I usually try to maintain a primary relationship with the student, encouraging them to speak directly to their parents and helping them negotiate this shifting relationship. But, parents too are members of the college community and deserve to be heard and respected. In fact, parents are occasionally the only people in these student's lives who are hearing how their child is truly doing. At our clinic, a separate clinician returns phone calls to parents to obtain important information regarding safety while maintaining the therapeutic alliance and the confidentiality of the therapist-student dyad.

I have presented both of these challenging situations in a simplified manner given the limited scope of this paper. These dilemmas can, of course, become much more complicated when adding factors such as safety, confidentiality, and hospitalization. The challenges and complexities of working in college mental health are plentiful and diverse, but the challenges of this job can also be the most satisfying.

PEARLS OF WISDOM

Although there are many routes to becoming a college psychotherapist, there are several pieces of information that will be helpful to the therapist in training. One should plan on gaining diverse training experiences including working with people who have severe mental illness, as well as those who are quite healthy and high functioning. You will undoubtedly work primarily with higher functioning individuals (as one needs to have a certain level of functioning in order to apply and to get accepted into college), but you must be able to recognize and be comfortable with the more extreme mental disorders, as they will undoubtedly enter your office as well.

Be prepared to be challenged both intellectually and emotionally. College students are taught to question and challenge the systems around them. This testing, not surprisingly, includes the adults who are in supportive and helping roles. Avoiding becoming defensive and remaining emotionally open and available to these students makes the therapeutic relationship more challenging, but is ultimately more rewarding and beneficial to the student.

I am lucky to have a job that is ever-changing, sometimes challenging, and often rewarding. I recommend it to future therapists who would enjoy working with a diverse group of young people within the context of an active community that is inherently supportive of young people's growth and development.

AUTHOR'S NOTE

I welcome any follow up communications or questions at emcardle@hampshire.edu.

APA CONVENTION 2008

Division of Psychotherapy Special Events at the American Psychological Association in Boston, August 14–17

- Business Meeting and Awards Ceremony: Celebrating the 40th Anniversary of the Division of Psychotherapy
- Social Hour Celebrating the 40th Anniversary of the Division of Psychotherapy
- Lunch with the Masters: For Graduate Students and Early Career Psychologists

Division of Psychotherapy Invited Programs

- Eminent Psychotherapists Revealed: Microanalysis of Essential Components of Psychotherapy
  Presenters: Jeffrey J. Magnavita, Lorna Smith Benjamin, Arthur Freeman, Judith Beck, David Barlow
- MySpace, YouTube, psychotherapy, and professional relationships: Crisis or opportunity?
  Presenters: Jeffrey E. Barnett, Karen Lehavot, Kelly Land, David Powers, Steven Behnke
- The Role of Psychotherapy in Health Care
  Presenters: Norine G. Johnson, Armand R. Cerbone, Michael Hoyt, Lillian Comas-Diaz, Susan H. McDaniel

For more information, visit the Division webpage at www.divisionofpsychotherapy.org

2006 DONALD K. FREEDHEIM STUDENT PAPER AWARD WINNER

Cognitive Behavioral Therapy with Sex Offenders

LaTanya A. Carter, M.A.
Michigan State University

The 2006 Donald K. Freedheim Student Development Award was given to LaTanya A. Carter, M.A., Michigan State University for her paper on cognitive Behavioral Therapy with Sex Offenders. The extended abstract is presented here; the complete article is available on the Division 29 website: http://www.divisionofpsychotherapy.org/Freedheim_Award_Carter.pdf

The present paper briefly reviews studies analyzing the effectiveness of cognitive-behavioral therapies in reducing recidivism in convicted sex offenders. In the selection of the reviewed studies, particular attention was given to their unique methodological contributions to the literature. Outcome studies were chosen which included multiple comparison groups, multiple definitions of recidivism, risk indices, and measures of individual characteristics (e.g., personality).

Cognitive-behavioral therapy (CBT) is often the default therapy for sex offenders. As with traditional CBT, CBT with sex offenders focuses on maladaptive cognitions and behaviors; however, there are a few modifications that tailor the treatment to this population. The more comprehensive CBT treatment programs for sex offenders usually take a group therapy format, and typically include elements of each of the following: 1) behavior therapy to reduce inappropriate and increase appropriate sexual arousal; 2) prosocial skills training and development; 3) restructuring of cognitive distortions and enhancement of victim empathy; and 4) relapse prevention.

Suggestions for more stringent methodology were introduced following Furby and colleagues' (1989) review of the sexual recidivism literature from which they concluded the data available were not sufficient to draw concrete conclusions of the treatment's efficacy. These authors criticized the methodologies of previous studies, including the reliance on retrospective rather than prospective studies, the use of single- instead of multiple-group designs, and a lack of consistency in the definitions of recidivism. Researchers, in turn, made efforts to address these critiques in their studies by incorporating such components as multiple comparison groups. Such studies, as well as others, which provide a unique methodological approach even if they do not coincide with Furby and colleagues' (1989) critique (e.g., using risk and personality measures), are briefly reviewed.

The studies reviewed generally indicated that CBT therapy is efficacious in reducing recidivism in sexual offenders. Results showed recidivism rates ranging from 1.4% to 8.2% for sexual offenders. This range is well below the estimated population recidivism rate of 14% (Hanson and Morton-Bourgon, 2005). The inclusion of control groups and multiple measures of recidivism (e.g., arrests and convictions) served to more accurately assess recidivism rates, as did including the unique measures of risk for recidivism (e.g., RRASOR, Hanson, 1997) and personality. Based on these findings, CBT appears to be an effective intervention for sex offenders, though continued improvement is necessary.

While this review was helpful in answering many questions, it raised questions as well. First, what is the effect of CBT on

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recidivism when compared to other types of treatment? How exactly do the components of CBT treatment (e.g., relapse prevention) affect recidivism rates? Why do certain types of offenders respond differently to the same treatment? Is a recidivism rate of 8.2% still too high? Providing answers to these questions would enhance treatment efficacy and inform clinicians of the specific intervention strategies that should be provided to offenders.

Despite these questions, the empirical support for the benefits of CBT with sex offenders is impressive. Therefore, it seems reasonable for law enforcement agencies and treatment facilities to continue to use CBT programs to affect change. Nonetheless, outcome studies should continue to improve upon their methodology and to identify unique features of their interventions that contribute to treatment effectiveness. Sex offenders are persistently outcast from society and few people feel compelled to help them. Therefore, these individuals are at the mercy of researchers and clinicians in the field to provide them with the best services and the greatest chance of successful rehabilitation as possible.

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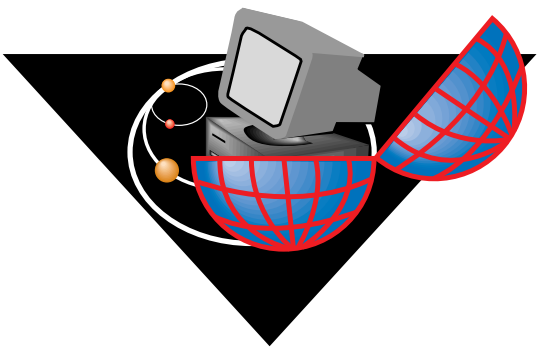

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PSYCHOTHERAPY SCHOLARSHIP

Psychotherapy Supervision: Three Critical Considerations

Jessica Walker

When conducting psychotherapy supervision, there are countless supervision process and outcome variables to consider. Parallel process factors, critical incidents, response modes, working alliance components, satisfaction assessments, and identity stages are only a few of what may seem like endless ingredients that mix together to make supervision. Especially for those who are mentoring new supervisors (the supervision of supervision), the conceptualization is vast! This brief contribution to the *Psychotherapy Bulletin* is not meant to overwhelm the reader with more supervision nuances. Rather, the hope is to provide a motivating and appealing reminder of what some consider three of the most important elements of psychotherapy supervision: (1) supervisory countertransference, (2) supervisor self-disclosures, and (3) gender dynamics in the supervision relationship.

Supervisory Countertransference

Supervisors may be acutely aware of their trainee's countertransference when working with clients. However, many supervisors fail to acknowledge their own supervisory countertransference that can manifest in several different ways (e.g., exaggerated positive or negative reactions to the trainee's personality, process or content; and exaggerated positive or negative reactions to the client's personality, process or content).

Most recently, a book by Ladany, Walker, Pate-Carolan and Gray Evans (2008) followed the experience of six supervisors over the course of a two-year investigation, asking about exaggerated negative and positive reactions to trainee and client material after every weekly supervision session. Four categories emerged when discussing negative countertransference (those thoughts and feelings that interfered with the supervision work). Supervisors reported being distracted, during supervision, by external events outside the supervision session, such as feeling sick, tired, cold, and thinking about personal issues. Second, supervisors identified feelings related to the supervision process or relationship, such as feeling unsure about a supervisory intervention, or feeling guilty for lack of supervisory investment. Third, supervisors acknowledged reactions to trainees' counseling behavior (e.g., frustrated or bothered by trainees' clinical choices). Supervisors finally noted experiencing negative reactions to trainees' supervision behavior, such as arriving late to supervision, or not appearing motivated to learn. Such examples of supervisory countertransference remind many of what trainees often report they are feeling toward their clients! Thus, awareness and management of one's own personal reactions as a supervisor can serve as an inspiring template to model for counselors in training regarding how to acknowledge and work through their interfering thoughts and feelings in therapy.

Interestingly, in the Ladany et al. (2008) text, supervisors also commented on their behaviors in supervision that corresponded to such interfering thoughts or feelings. Essentially, the research interviews prompted supervisors for their initial acknowledgement of countertransference, and then challenged them to reflect on their behavioral manifestation of the countertransferential thoughts and feelings.

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Although there was no report of corresponding interfering behaviors nearly 37% of times supervisors were asked this question, three categories emerged from the remaining responses that represented how countertransference might play out with observable supervisory actions in session. First, supervisors noted that when they felt countertransferential feelings, they began to adopt a more concrete and direct supervisory style in session (e.g., felt pushier, talked more, and possibly rushed the session). Secondly, supervisors reported becoming less engaged with their trainee (e.g., becoming distanced, closed off or shutting down). Finally, supervisors reported becoming less authoritative at times (e.g., withholding evaluative feedback, being less prescriptive). Thus, supervisors appear to demonstrate a range of behaviors related to their own countertransference management within the session (e.g., become more or less authoritative, shut down, etc). Supervisors are encouraged to use these data (1) to validate and normalize their own supervisory interfering feelings, (2) to prompt further self reflection and exploration of similar or different countertransferential behaviors, and (3) to encourage peer supervision and case review as a means to address potential barriers to effective supervision work. Although clearly not every personal reaction is helpful to share with a trainee, surely there are some countertransferential moments that can be disclosed as a learning opportunity. We turn now to the considerations of supervisory self-disclosure.

Supervisor Self-Disclosure

Supervisors self-disclose about a range of topics, from their own counseling successes and struggles, to non-counseling related professional experiences or opinions about the training site (Ladany & Lehrman-Waterman, 1999). Some disclosures may be heard as effective, while others may be perceived as harmful.

It appears that the frequency of supervisor self-disclosure shares a relationship to supervisory style, as measured by the Supervisory Styles Inventory (Friedlander and Ward, 1984). Trainees have reported that the supervisors perceived as using a more attractive style (e.g., friendly, warm and flexible) were likely to make self-disclosures more frequently. The more task-oriented the supervisors were, the less likely they were to reveal personal issues or counseling successes (Ladany & Lehrman-Waterman, 1999). And, it appears that supervisors agree with these reports from trainees. Supervisors who perceived that they used both attractive and interpersonally sensitive styles (e.g., invested and intuitive) were more likely to see themselves as self-disclosing; however, there was no relationship between a task-oriented approach and self-disclosure (Ladany, Walker, & Melincoff, 2001). What this might tell us is that supervisors who focus more on the tasks of supervision may have less of an appreciation for the utility of personal disclosures. Conversely, being task-oriented may lead to a more appropriate use of professional boundaries.

In addition to supervisory style, there also appears to be a relationship between supervisor disclosure and the supervisory working alliance (based on Bordin's 1983 model and measured by the trainee version; Bahrick, 1990). Trainees have reported that the more supervisors self disclosed, the stronger they perceived the agreement between themselves and their supervisors on the goals and tasks of supervision and the stronger the emotional bond they felt with their supervisors. Specifically, trainees perceived a strong emotional bond with those supervisors who revealed counseling struggles (Ladany & Lehrman-Waterman, 1999).

Thus, there is some evidence to suggest that disclosures can be very helpful and effective supervisory interventions. Yet, we know that not all disclosures are positive and meaningful to the trainee experience (Ladany & Walker, 2003). When trying to assess when or if to make a personal

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disclosure, supervisors may find it helpful to follow a model across three general personalization dimensions: (1) discordance vs. congruence, (2) intimate vs. nonintimate, and (3) in the service of the supervisor vs. the trainee. Essentially, a supervisor can ask herself or himself three questions: Is my potential disclosure congruent with my trainee's presenting material? Is this disclosure relatively intimate without being inappropriately personal? And, perhaps most importantly, is this disclosure more in the service of my trainee, or is this disclosure serving my needs as a supervisor (Ladany & Walker, 2003)? We can easily notice a compelling connection between countertransference and disclosure when we remember that sometimes supervisors behaviorally manage their countertransference by talking more, thus potentially providing unhelpful disclosures that serve the needs of the supervisor.

Gender

Gender is only one multicultural factor to be considered within the supervision relationship. Clearly, other cultural dimensions (e.g., disability status, age, sexual identity, religion, race, and ethnicity) are similarly important. I feel particularly drawn to examining gender roles, as the current climate of gender identity is more overtly fluid and less binary than ever before. Long gone are the days when individuals identify only as male or female, as a man or a woman. Transsexuals, Gender-Benders, Tranny-Fags and other Transgender populations are ever present. In 2009, gender represents an extremely vital multicultural dimension. Yet still, many of us have heard our trainees tell us at one point or another that "gender doesn't matter" or "gender differences don't affect" the counseling relationships in which they may be engaged. Although we should be open to trusting our trainees' perceptions (and the client's report), many would argue that often gender indeed plays some role in the therapeutic dyad. Similarly, others have argued that gender represents an important consideration for supervision. By definition, a supervisory gender-related event is an interaction, process or event in psychotherapy supervision that the trainee felt was directly or indirectly related to or influenced by the (a) trainee's sex or the client's sex, (b) the social construction of gender or (c) stereotypes and assumptions of gender roles (Walker, Ladany, & Pate-Carolan, 2007).

Literature tells us that trainees who discuss gender similarities and differences in supervision reported higher levels of overall satisfaction with supervision and working alliances (Gatmon, et al, 2001). Specifically, female trainees who report discussing gender-related client conceptualizations in supervision were more likely to agree with supervisors on the tasks of supervision. Also, supervisors who engaged in processing trainee feelings about gender-related transference and countertransference issues were found to share a stronger emotional bond with their trainees. Thus, working alliance factors are stronger when supervisors attend to gender not only in clinical conceptualizations, but also in trainees' personal feelings. Conversely, and not surprisingly, those supervisors who made negative comments based on gender-related stereotypes of the trainee were less likely to agree on goals and tasks of supervision, in addition to having a weaker emotional bond with their female trainees (Walker, Ladany, & Pate-Carolan, 2007). Therefore, gender-related events alone do not necessarily lead to a stronger working alliance. Rather, supportive gender-related events appear to share a positive relationship with the supervisory alliance.

Interestingly, we also see a correlation between gender-related events and trainee disclosure. When female trainees report experiencing supportive gender-related events in their supervision relationships, they tend to disclose more in supervision (Walker, Ladany, & Pate-Carolan, 2007).

Conclusion

There is much to consider when engaging

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in psychotherapy supervision. The goal of this contribution was to highlight three critical factors of supervisory relationships. First, it is essential to monitor countertransference and be mindful about its behavioral manifestations. Second, self-disclosures should be purposeful, taking into account the three personalization dimensions. Third, acknowledging and processing multicultural factors such as gender can be a powerful and meaningful experience in the supervision relationship. For better or worse, your trainees may model your techniques and interventions. Therefore, try not to underestimate the significance of these supervisory considerations.

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ETHICS IN PSYCHOTHERAPY

Managed Care and Informed Consent

Lara Austan, B.A., Loyola College in Maryland and
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Psychologists practicing within managed care are faced with a variety of ethics challenges and dilemmas including those relevant to confidentiality, multiple relationships, conflicts of interest, and termination and abandonment. Psychologists have the troubling and sometimes burdensome task of balancing dual obligations owed to both managed care companies and to their clients. Numerous authors have noted concerns among psychologists regarding the impact of managed care on the field of psychology. For example, Murphy, DeBernardo, and Shoemaker (1998) reported that 91% of psychologists they surveyed stated that managed care organizations (MCOs) have impacted their practices with 71% reporting a negative effect. Additionally, 45% reported that their involvement with MCOs presented more ethical concerns than associated with the general practice of psychology. In a more recent survey conducted by Danziger and Welfel (2001), 75% of mental health professionals surveyed reported their participation in managed care to be a primary source of ethics dilemmas.

Informed Consent

Informed consent holds significant importance when working within managed care as it plays a pivotal role in addressing the demand of adhering to MCO policies while promoting client welfare. A comprehensive and well-implemented informed consent allows psychologists to address ethics issues inherent in managed care and maintain an appropriate standard of care. Thus, psychologists must be especially attentive to informed consent issues when treating managed care subscribers. This article serves to highlight the various ethics implications of managed care on informed consent.

Informed consent is an integral part of all professional mental health services. In order to make an informed decision about their treatment, clients must be provided sufficient information relevant to the proposed course of treatment so they may make an informed decision about their participation. Informed consent has as its primary goals "promoting client autonomy and self-determination, minimizing the risk of exploitation and harm, fostering rational decision-making, and enhancing the therapeutic alliance" (Snyder & Barnett, 2006, p. 37). Psychologists have an ethical obligation to inform prospective clients about the nature of their treatment as cited in the APA Ethics Code (2002). Standard 10.01, Informed Consent to Therapy, states that "psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality" (p. 1072). Working within managed care requires psychotherapists to alter their informed consent in order to make clients aware of the full involvement of the third party, or managed care organization (MCO). Potential limits such as length of treatment and confidentiality must be discussed at the outset of treatment.

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Informed Consent and Confidentiality

It is important not to assume that clients will automatically know such things. For example, in a study of the public's knowledge and beliefs about confidentiality, Miller and Thelen (1986) found that 69% of those surveyed believed that everything shared with a psychologist in the psychotherapy relationship was confidential. Seventy four percent of respondents also expressed the belief that there should be no exceptions to this absolute confidentiality. Finally, 96% of those surveyed expressed a strong desire to be informed of all information relevant to confidentiality.

The APA Ethics Code (2002) mandates that psychologists take reasonable steps to protect confidential information (Standard 4.01), to discuss the limits of confidentiality at the outset of the therapeutic relationship (Standard 4.02), and to minimize intrusions on clients' privacy (Standard 4.04). Although the Ethics Code provides general guidance regarding the handling of confidential information, the majority of professionals in the practice of psychology express concerns regarding compromises in their patients' confidentiality when they are involved with a managed care company (Murphy et al., 1998). Managed care has a significant impact on confidentiality and presents a unique set of threats to client privacy.

Relevant to clinical work within managed care, there are some circumstances when psychotherapists are forced to breach confidentiality. Managed care companies use the utilization review process to determine the medical necessity of procedures used in treatment as well as which diagnoses will be covered by insurance. During utilization review, MCOs often require practitioners to submit a treatment plan and may demand full access to a client's records to justify treatment so that coverage is provided. Many individuals within the MCO may have access to their treatment information and it is difficult to control or predict the level of care MCO staff members will take in protecting the client's confidentiality. Psychologists have an ethical responsibility to fully inform clients of potential breaches of confidentiality and their implications during the informed consent process. Even if the client has already signed a release form with the MCO when they signed up for their insurance coverage, specifically discussing these issues and their potential implications for the psychotherapy process should always occur at the outset of the treatment relationship.

Confidentiality is paramount to the psychotherapeutic relationship. Thus, the impact of managed care imposed limits to confidentiality may be a serious risk to the development of client-psychotherapist trust. Psychologists have a two-fold responsibility to their clients regarding confidentiality within managed care. First, they must be aware of the MCO's policies that limit confidentiality. Second, psychologists must incorporate client understanding of these policies into the informed consent process. Informed consent must serve to educate the client about potential exceptions to confidentiality and ensure understanding of these limits from the start of treatment.

Protecting Client Rights Through Informed Consent

Although managed care companies may place strains on confidentiality within the psychotherapy relationship, psychologists must strive to protect client information to the fullest extent possible. Various authors have offered suggestions for safeguarding client confidentiality when working with managed care companies. Daniels (2001) suggests that when MCOs require information about clients and treatment as a part of the utilization review process that practitioners simply provide MCOs with summaries rather than detailed information. It is also recommended that psychotherapists provide the minimum amount of information necessary to fulfill utilization review requirements in an effort to protect each client's confidentiality. This is especially important, as O'Neill (1998) points out,

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because psychotherapists are unable to control or even fully anticipate what happens to client information once it is shared with managed care personnel.

Before actually disclosing personal information in treatment, clients must be made aware of and understand all such limits that exist. Keith-Spiegel and Koocher (1985) suggest the following statement that may be integrated into informed consent to better inform clients of limits to confidentiality that may exist when working within managed care:

> If you choose to use your coverage, I shall have to file a form with the company telling them when our appointments were and what services I performed (i.e., psychotherapy, consultation, or evaluation). I will also have to formulate a diagnosis and advise the company of that. The company claims to keep this information confidential, although I have no control over the information once it leaves my office. If you have any questions about this you may wish to check with the company providing the coverage. You may certainly choose to pay for my services out-of-pocket and avoid the use of insurance altogether, if you wish. (p. 76)

Treatment Limitations

An additional issue likely to have a significant impact on the course of treatment is any limitations on treatment that may result from limits to insurance coverage as well as limits that result from the utilization review process. Before beginning treatment, it is vital that each client's benefits are confirmed. The anticipated number of authorized sessions, types of services covered by insurance, and information regarding fees and payment responsibility are essential to treatment planning and the development of appropriate goals. Treatment goals should be consistent with the limits of a client's coverage. Setting long-term treatment goals when only 12 sessions per year are covered would be inappropriate and has implications for termination and abandonment.

In keeping with Standard 3.12, Interruptions of Psychological Services, of the APA Ethics Code (APA, 2002), psychologists are required to discuss any anticipated limitations to treatment resulting from insurance coverage limitations and to make appropriate advance arrangements to help ensure that clients' treatment needs are adequately met. Further, Standard 10.09, Interruption of Therapy, delineates the responsibility of psychologists to make reasonable efforts to plan for further treatment in the event that current services are interrupted. Psychologists maintain responsibility for their clients' welfare even when insurance benefits are exhausted and must take appropriate actions to ensure that clients are not abandoned. Courts have consistently held that if treatment is terminated due to MCO refusal of further coverage the psychologist is responsible for any harm that occurs as a result of abandonment (e.g., Wickline v. State of California, 1986).

Because a psychologist is held liable until treatment needs are appropriately met, how these needs will be satisfied in the event that insurance benefits are exhausted must be addressed during informed consent. Clients should be informed of alternative arrangements that may be made if needed, including referrals to other professionals who may accept a reduced fee or work with a sliding fee scale, the use of a payment plan, or possibly referral to community clinics or other reduced fee settings.

All other anticipated potential limitations on treatment should be fully discussed in the informed consent process. In an effort to reduce mental health care costs, MCOs often place restrictions on treatment. For example, some MCOs endorse a brief treatment approach for clients overall. However, brief psychotherapy is not always an appropriate substitute for longer-term treatments that may be needed for some individuals. Other MCOs may mandate group treatments or treatment

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with medication for clients, regardless of their specific treatment needs.

Conflicts of interest are inherent in managed care due to the obligations owed by the practitioner to the client and MCO. Financial incentives offered by MCOs result in a pressure to give less care and are a major factor contributing to conflicts of interest; treatment endorsed by MCOs is often associated with higher payout for the psychotherapist. Psychologists have an obligation to educate clients about the cost-containment strategies and financial incentives used by MCOs. In addition, clients should be informed when required or recommended treatments are not clinically indicated and other therapeutic interventions not covered by insurance may be more effective forms of treatment (Osheroff v. Chestnut Lodge, 1985).

Engaging the client in discussion regarding appropriate alternative treatments available via self-pay and their associated fees is recommended as part of informed consent. Discussing appropriate alternative treatments not covered by insurance ensures that clients realize that treatment decisions made by the psychologist were motivated by the client's best interest, not by cost containment pressures or financial incentives. Clients must be aware of and understand the financial constraints and incentives imposed on their treatment in order to make an informed decision about their treatment.

Conclusion

The APA Ethics Code (APA, 2002) requires psychologists to obtain informed consent from clients at the outset of treatment. A comprehensive informed consent agreement is essential in order to address the numerous ethical complexities that arise when working within managed care. Understanding the importance of informed consent enables psychologists to avoid potential ethics pitfalls and to competently deal with the challenges and dilemmas engendered by the realities of managed care so that clients' treatment needs and interests may best be met.

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STUDENT INTERVIEW

Profile of James Bray

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James Bray, Ph.D.

James Bray, Ph.D., is currently an associate professor at the Baylor College of Medicine in Houston, Texas, and a long-standing, active member of Division 29. I spoke with James recently to discuss his professional path to psychology and to president-elect of the American Psychological Association. James became involved in the Division of Psychotherapy (29) after he started attending the annual meetings of the APA and the midwinter conferences of 29, and our division's foci on psychotherapy, research, and practice drew him closer. James served as member-at-large twice for the division and was on the publications board for six years.

Dr. James Bray's interest in psychology came from classes on meditation that he took in high school "that got me interested in human potential." At the time, James was interested in medical school, with a particular interest in the functioning of the brain. While James's interest in and practice of meditation continues today, his interest in medicine gave way to psychology in college.

Dr. Bray's college education started at the University of California, Santa Barbara, was followed by a year at the University of Hawaii, and culminated at the University of Houston, where he graduated in 1976. When asked why he attended three colleges, James declared without pause, "football and surfing." But clearly his college years were not frittered away, as it was during this time that James developed his interest in research in psychology. While his interest in meditation brought James to Colorado for a semester, where he studied eastern philosophies, it was meeting George Howard, a counseling psychologist, as an undergraduate that showed James a path that excited him.

In his final year at the University of Houston, James wrote his undergraduate thesis on research methodology. After college, James began graduate school at the University of Texas Health Sciences Center, but left the program after one year in search of a more research-oriented training center, which he found at the University of Houston. At Houston, James reconnected with George Howard who, along with Scott Maxwell, a quantitative psychologist, mentored James in his early work in educational psychology and methodology. Over time, this interest in education gave way to clinical interests, which has occupied most of James's time ever since. It is only in the past seven years that James, through his professional development work at Baylor, has reconnected with his work in education.

James's path to APA President-elect, however, began long before graduate school. As the son of a politician, James grew up in an atmosphere of political advocacy and action. This background served James well as he was uniquely prepared to engage in political advocacy first for the Texas Psychological Association, and subsequently for APA at the national and divisional levels. While running for president "wasn't on [his] radar screen," James was asked to run for the position while he was

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president of the Division of Family Practice (43). At that time, James's attention was elsewhere as he was considering running for the United States Congress, and he instead joined the APA Council of Representatives. In 2002 and 2006, James was on the ballot for APA President and finished second but he was not deterred, perhaps owing in part to enjoying campaigning: "you get to experience the depth and breadth of psychology." When asked to recall experiences on the campaign trail that impressed James with the breadth of psychology, meeting engineering psychologists and hearing of their importance to the Federal Aviation Association stood out. Recalling his experiences training as a pilot several years ago, James identified aspects of his education, which seemed to model itself after cognitive-behavioral psychotherapy. It wasn't until James started meeting psychologists involved in aviation that he discovered that cognitive-behavioral psychotherapists were behind the original training manuals for aviation.

In 2007, on his third campaign, James Bray was elected to President of the American Psychological Association for 2008.

I asked James what challenges he envisions for freshly graduated psychologists beginning their practice in the early 21st century. James reflected on the number of mental-health providers with whom psychologists compete and how psychology has not protected itself as a profession sufficiently. On his prescription for the future, James offered that we need to "refocus on how we're unique—we need to hold on to our identities as psychologists." To that end, one of James's presidential initiatives includes a 2009 Task Force and Summit on the Future of Psychology Practice, where James hopes some of this important work can come together.

ALAN D. ENTIN, PhD TO DELIVER ROSALEE WEISS LECTURE

The APA Divisions of Psychotherapy (29) and Independent Practice (42) jointly select nominees for the Rosalee Weiss Lecture, which is administered by the American Psychological Foundation (APF). The Board of Trustees of the Foundation has selected Alan D. Entin, PhD, ABPP, to present the 2008 Rosalee Weiss Lecture at the APA Convention in Boston. He exemplifies what the Weisses had in mind when they funded this lecture: to be given by a leader of psychology or a leader in the arts or sciences whose work and activities have had an effect on psychology. Dr. Entin is a pioneer in the field of phototherapy, the use of photographs in psychotherapy, and writes and presents about the importance of family albums to understand relationships. His work appears in many major publications. He is also an award winning photographer. He has been active in the governance of APA for over 25 years. Dr. Entin was President of the Divisions of Independent Practice (42), Family Psychology (43), and Media Psychology (46), was the 2001 Division 42 Distinguished Psychologist of the Year, and received the Division 46 Award for Distinguished Professional Contributions to Media Psychology in 2007. The lecture will be presented at 3:00 p.m. on Saturday, August 16 at the Convention Center in Room 252A.

WASHINGTON SCENE

A Yellow Submarine

Pat DeLeon, Ph.D., former APA President

An Exciting Vision: This Spring I had the wonderful experience of participating in the California Psychological Association (CPA) annual convention held at the Disneyland Hotel in Anaheim. The theme selected by President Miguel Gallardo was: "Who We Are and Why It Matters: The Many Faces Of Psychology." As former CPA President Gil Newman and I reflected during one of the impressive student poster sessions, here is the future of the profession.

Youth, excitement, multi-cultural student populations, focusing intensely upon society's most pressing needs. Outstanding presentations by APA Board Members, national Award Winners, and senior staff – Doug Haldeman, Melba Vasquez, Vicki Mays, Stephen Behnke, and Eric Harris. The active presence of psychologist-elected officials. Every time I might wander away from our psychology colleagues, the true inhabitants of the Magic Kingdom reminded me of what is really important to each of us – our friends and families. The boundless hope and vitality of our citizenry is so important for each of us to appreciate, as Miguel noted in one of his earlier CPA Presidential columns:

> We have been on the defense for so long that we have begun to defend against one another. We need to be more proactive, rather than reactive.... More importantly, we establish for many of our clients ways to develop a sense of connectedness, purpose and collaboration with others.... My greatest fear is that we have come to socially, politically and professionally occupy spaces which have been systematically forced upon us.... If psychology is going to create the change we have demanded for so long, we must begin to work together, define our priorities collaboratively, and do a better job designing our plan for implementation....

Our colleague from the West Coast is absolutely correct. We must collectively focus upon the larger picture and particularly by systematically addressing society's most pressing needs. That sense of hope and promise for the future is what was so present in Disneyland that inspirational weekend. That is why CPA has attracted 900 new members. "And our friends are all aboard, Many more of them live next door … Every one of us, has all we need, Sky of blue and sea of green, in our yellow submarine.... We all live in a yellow submarine, yellow submarine, yellow submarine."

What Consumers Want: As the profession of psychology evolves into the 21st century, we must pay increasing attention to the interests of our nation's educated consumers. In 2005, the Institute of Medicine (IOM) released its report *Complementary and Alternative Medicine (CAM) in the United States*, for which health psychologists Susan Folkman and Ellen Gritz served as Committee members. Highlights: Complementary and alternative medicine (CAM) therapies have existed from antiquity. In 1992 Congress established the Office of Alternative Medicine (OAM) within the National Institutes of Health (NIH) and by 2003, 19 institutes and centers within NIH were collectively spending $315.5 million on CAM-related research and other activities. APA's Norman

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Anderson reminds us that Margaret Chesney served as Deputy Director of this Office until very recently. Americans' use of complementary and alternative medicine (CAM) is widespread. More than a third of American adults report using some form of CAM, with total visits to CAM providers each year now exceeding those to primary-care physicians. An estimated 15 million American adults take herbal remedies or high-dose vitamins along with prescription drugs. The annual out-of-pocket costs for CAM are estimated to exceed $27 billion.

The IOM's core message: "The committee recommends that the same principles and standards of evidence of treatment effectiveness apply to all treatments, whether currently labeled as conventional medicine or CAM." The IOM acknowledges that the characteristics of some CAM therapies are difficult to incorporate into treatment-effectiveness studies and although not unique to CAM, are more frequently found in CAM than in conventional therapies. Thus, while randomized controlled trials remain the "gold standard" of evidence for treatment efficacy, other study designs can be used to provide information about effectiveness, such as when the results may not generalize to the real world of CAM practice.

The IOM further notes that very little research has been done on the cost-effectiveness of CAM. And, although there is great opportunity for scientific discovery in the study of CAM treatments, it is an opportunity largely missed. This is an area that will particularly benefit from the contributions of more than one discipline and which is inextricably linked to practice. I would suggest that this is also an area in which health psychologists should provide visionary leadership. CAM therapies are already in widespread use today, thus it is reasonable to attempt to evaluate the outcomes of that use. And in the practice setting, one can focus on research that answers questions about how therapies function in the "real world" where patients vary, often have a number of health problems, and are using multiple therapies. As Steve Ragusea has been urging psychology at the national level to appreciate for years, practice-based research addresses real world practice issues and facilitates adoption of practice changes that are based on research results.

Some CAM treatments, for example, are presumed to depend upon the unique characteristics of the healer and on features of the healer-patient relationship. Further, as Steve has also been stressing, the reimbursement coverage of CAM services is an important issue for the integration of conventional medicine and CAM. The IOM recommends that NIH develop and implement a sentinel surveillance system (composed of selected sites able to collect and report data on patterns of use of CAM and conventional medicine), practice-based research networks, and CAM research centers to facilitate the work of the networks. CAM-relevant questions should be included in federally funded health care surveys and in ongoing studies of specific groups of individuals over time. And, NIH (as well as other elements of the Department of Health and Human Services) should implement periodic comprehensive, representative national surveys to assess the changes in prevalence, patterns, perceptions, and costs of therapy use (both CAM and conventional), with an oversampling of ethnic minorities.

Even as CAM and conventional medicine each maintain their unique identities, traditions, and practitioners, integration of CAM and conventional medicine is occurring in many settings today, with cancer treatment centers in particular often using CAM therapies in combination with conventional approaches. Most importantly, patients frequently do not limit themselves to a single modality of care—they do not see CAM and conventional medicine as being mutually exclusive—and this pattern will probably continue and may even

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expand as evidence of therapists' effectiveness accumulates. Accordingly, the IOM finds it important to understand how CAM and conventional medical treatments (and providers) interact with each other and to study models of how the two kinds of treatments can be provided in coordinated ways. In this spirit, there is an urgent need for health systems research that focuses on identifying the elements of these integrative-medicine models, their outcomes, and whether they are cost-effective when compared to conventional practice.

The IOM also notes the long-term importance of getting our nation's health professional training institutions actively involved. Specifically, the IOM views it essential to conventional and CAM practitioners alike to obtain accurate education about the others' field. Conventional professionals, in particular, need enough CAM-related training so that they can counsel patients in a manner consistent with high-quality comprehensive care. The IOM committee recommends that health professional schools (e.g., schools of medicine, nursing, pharmacy, and allied health) incorporate sufficient information about CAM into the standard curriculum at the undergraduate, graduate, and postgraduate levels to enable licensed professionals to competently advise their patients about CAM. Interestingly, the Federation of State Medical Boards of the United States has developed Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice. CAM practitioners, for their part, need training that will enable them to participate as full partners and leaders in research so that studies may accurately reflect how CAM therapies are practiced. Yet, training in research has not traditionally been part of CAM curricula, nor for the most part have CAM practitioners' careers been dependent on publishing research findings since CAM institutions focus primarily on training for practice.

The IOM further notes that both CAM research and the quality of CAM treatment would, in its view, be fostered by the development of practice guidelines. Accordingly, the committee recommends that national professional organizations for all CAM disciplines ensure the presence of training standards and develop practice guidelines. Health care professional licensing boards and accrediting and certifying agencies (for both CAM and conventional medicine) should set competency standards in the appropriate use of both conventional medicine and CAM therapies, consistent with practitioners' scope of practice and standards for referral across health professions.

From a public policy perspective, it definitely appears that the considerable interest of the American public has truly moved the CAM clinical and research agenda. Prevalence estimates for CAM use range from 30 percent to 62 percent of U.S. adults, depending upon the definition of CAM, with the prevalence of CAM use projected to have increased by 25 percent from 1990 to 1997. Women are more likely than men to seek CAM therapies, use appears to increase as educational level increases, and there are various patterns of use by race. Adults who undergo CAM therapies usually draw on more than one type, and they tend to do so in combination with conventional medical care – although importantly, a majority do not disclose the CAM use to their physicians, thereby incurring the risk, for example, of potential interactions between prescription drugs and CAM-related herbs. Studies of specific illnesses have documented the popularity of CAM for health problems that lack definitive cures, have unpredictable courses and prognoses, and are associated with substantial pain, discomfort, or medicinal side effects. "We are in the midst of an exciting time of discovery, when evidence-based approaches to health bring opportunities for incorporating the best from all sources of care, be they conventional medicine or CAM. Our challenge is to keep an open mind and to regard each

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treatment possibility with an appropriate degree of skepticism."

What Psychology Needs: It is becoming increasingly evident, from a health policy perspective, that the future for a substantial number of our colleagues will reside within our nation's healthcare system. For those interested in pursuing the prescriptive authority (RxP) quest, Steve Tulkin, Director of the Psychopharmacology Program at Alliant International University —California School of Professional Psychology (CSPP):

> Since 1999 we have had 303 graduates. Our student population is changing. Over the past several years we have seen growth in the number of students who want to take our classes from home, taking advantage of the unprecedented advances occurring within the communications and computer fields. They download the lecture notes, PowerPoint slides, etc. prior to the class, and phone in on a toll-free number to listen to the lecture. Alliant currently has approximately 140 students enrolled in the Postdoctoral Master of Science Program in Clinical Psychopharmacology, with almost half taking the classes from home; including nine students in Missouri, where this year's most active RxP legislative efforts have surfaced. Alliant continues to sponsor video conference sites in California and Louisiana, with Baton Rouge now being the largest classroom site. Sixty-five psychologists will graduate in December, 2008, including 20 public service psychologists under the auspices of Division 18.

"In the town where I was born, Lived a man who sailed to sea, And he told us of his life, in the land of submarines.... We all live in a yellow submarine, yellow submarine, yellow submarine." Aloha,

Pat DeLeon, former APA President—Division 29—April, 2008

DIVISION 29 PROGRAM SUMMARY

THURSDAY, AUGUST 14, 2008

Symposium (S): *Psychotherapy for Cardiac Patients—Translating Research Into Practice*
8:00 AM - 8:50 AM
Boston Convention and Exhibition Center
Meeting Room 155

Symposium (S): *Supervision From Multiple Theoretical Perspectives—Integrating These Approaches*
9:00 AM - 9:50 AM
Boston Convention and Exhibition Center
Meeting Room 251

Workshop (S): *Sexual Relationship Satisfaction, Sexual Dysfunction, and Differentiation—Research and Treatment*
10:00 AM - 11:50 AM
Boston Convention and Exhibition Center
Meeting Room 209

Symposium (S): *Real Relationship in Psychotherapy—Latest Findings About a Controversial Concept*
12:00 PM - 1:50 PM
Boston Convention and Exhibition Center
Meeting Room 101

Symposium (S): *Therapist as Human—Crying, Lying, and Expressing Anger*
2:00 PM - 2:50 PM
Boston Convention and Exhibition Center
Meeting Room 150

Workshop (S): *Challenges in the Integrated Practice of Psychotherapy and Psychopharmacology*
3:00 PM - 3:50 PM
Boston Convention and Exhibition Center
Meeting Room 254B

FRIDAY, AUGUST 15, 2008

Symposium (S): *Emotional Healing in Tibet—Implications for Psychotherapy*
8:00 AM - 9:50 AM
Boston Convention and Exhibition Center
Meeting Room 207

Symposium (S): *MySpace, YouTube, Psychotherapy, and Professional Relationships—Crisis or Opportunity?*
2:00 PM - 3:50 PM
Boston Convention and Exhibition Center
Meeting Room 261

Hate Crimes—Psychological Research, Legislation, and Their Connections
3:00 PM - 4:50 PM
Co-sponsor with Division 9

Poster Session I
4:00 PM - 4:50 PM
Boston Convention and Exhibition Center
Exhibit Halls A and B1

Business Meeting and Awards Ceremony: Celebrating the 40th Anniversary of the Division of Psychotherapy
5:00 PM - 5:50 PM
Boston Marriott Copley Place Hotel
Wellesley Room

Social Hour (N): *Celebrating the 40th Anniversary of the Division of Psychotherapy*
6:00 PM - 6:50 PM
Boston Marriott Copley Place Hotel
Suffolk Room

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SATURDAY, AUGUST 16, 2008

Symposium (S): *New Look at Grief—Evidence on Process and Treatment Outcome*
8:00 AM - 8:50 AM
Boston Convention and Exhibition Center
Meeting Boom 156B

Ending Long-Term Trauma Psychotherapies—Clinical and Ethical Considerations
9:00 AM - 10:50 AM
Co-sponsor with Division 56

Symposium (S): *Eminent Psychotherapists Revealed—-Microanalysis of Essential Components of Psychotherapy*
10:00 AM - 11:50 AM
Boston Convention and Exhibition Center
Meeting Room 258C

Conversation Hour (N): *Lunch With the Masters—For Graduate Students and Early Career Psychologists*
12:00 PM - 1:50 PM
Sheraton Boston Hotel
Commonwealth Room

Workshop (S): *Treatment of Body Dysmorphic Disorder*
12:00 PM - 1:50 PM
Boston Convention and Exhibition Center
Meeting Room 251

Committee Meeting (N): *Psychotherapy—Theory, Research, Practice, Training Editorial Board Meeting*
3:00 PM - 3:50 PM
Sheraton Boston Hotel
Berkeley Room

Poster Session II - Co-sponsor with Division 17
4:00 PM - 4:50 PM
Boston Convention and Exhibition Center
Exhibit Halls A and B1

SUNDAY, AUGUST 17, 2008

Symposium (N): *Practice, Training, and Outcomes in Walk-In, Single-Session Therapy*
8:00 AM - 9:50 AM
Boston Convention and Exhibition Center
Meeting Room 213

Symposium (S): *Innovating Evidence-Based Practice With Session-by-Session Outcome Measures*
10:00 AM - 11:50 AM
Boston Convention and Exhibition Center
Meeting Room 213

Symposium (S): *Role of Psychotherapy in Health Care*
12:00 PM - 1:50 PM
Boston Convention and Exhibition Center
Meeting Room 158

CALL FOR FELLOWSHIP APPLICATIONS DIVISION 29—PSYCHOTHERAPY 2009

Jeffrey J. Magnavita, Ph.D., Chair, Fellows Committee
Jeff Hayes, Ph.D., Co-Chair

This is a call for those who would like to nominate themselves or recommend a deserving colleague for Fellow status with the Division of Psychotherapy. Fellow status in APA is awarded to those individuals in recognition of outstanding contributions to psychology. Division 29 is eager to honor those members of our Division who have distinguished themselves by exceptional contributions to psychotherapy in a variety of ways such as researcher, clinician, teacher, etc.

The minimum standards for Fellowship under APA Bylaws are:

- The receipt of a doctoral degree based in part upon a psychological dissertation, or from a program primarily psychological in nature;
- Prior membership as an APA Member for at least one year and a Member of the Division through which the nomination is made;
- Active engagement at the time of nomination in the advancement of psychology in any of its aspects;
- Five years of acceptable professional experience subsequent to the granting of the doctoral degree;
- Evidence of unusual and outstanding contribution or performance in the field of psychology; and
- Nomination by one of the Divisions in which member status is held.

There are two paths to fellowship. For those who are not currently Fellows of APA you must apply for Initial Fellowship through the Division, which then sends applications for approval by the APA Membership Committee and the APA Council of Representatives. The following are the requirements for initial Fellow applicants:

- Completion of the Uniform Fellow Application;
- A detailed curriculum vita (please submit 3 copies);
- A self-nominating letter (self-nominating letter should be sent to endorsers);
- Three (or more) letters of endorsement of your work by APA Fellows, at least two of whom must be Division 29 Fellows who can attest to the fact that your "recognition" has been beyond the local level of psychology;
- A cover letter, together with your C.V. and self-nominating letter, to each endorser.

Those members who have already attained Fellow status through another Division may pursue a direct application for Division 29 Fellow by sending a curriculum vita and a letter to the Division 29 Fellows Committee, indicating in your letter how you meet the Division 29 criteria. **The absolute deadline for receipt of a complete application is December 15, 2008**.

Initial Fellow applications can be attained on-line or from the central office:

Tracey Martin
Division of Psychotherapy
6557 E. Riverdale St.
Mesa, AZ 85215
Phone: 602-363-9211
Fax: 480 854-8966
Email: assnmgmt1@cox.net

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Completed Applications should be forwarded to:

Jeffrey J. Magnavita, Division 29 Chair,
Fellows Committee
Glastonbury Medical Arts Center
300 Hebron Ave. Suite 215
Glastonbury, CT 06033
Email: MagnaPsych@aol.com
Phone: 860-659-1202

Jeff A. Hayes, Ph.D., Co-Chair,
Fellows Committee
Professor of Counseling Psychology
312 Cedar Building
Penn State University
University Park, PA 16802
Phone: 814-863-3799
Email: jxh34@psu.edu

Please feel free to contact us or other Fellows of Division 29 if you think you might qualify and you are interested in discussing your qualifications or the Fellow process. Also, Fellows of our Division who want to recommend a deserving colleague should contact us with his or her name.

CRITERIA FOR FELLOWS STATUS – DIVISION OF PSYCHOTHERAPY

Fellow status in APA is awarded to members in recognition of significant, outstanding, and lasting contributions to the profession of psychology. Division 29 is eager to honor those members of our division who have distinguished themselves by exceptional contributions to psychotherapy in a variety of ways to include researcher, psychotherapist, teacher/trainer, scholar, theorist, etc.

The minimum standards for Fellowship under APA Bylaws are:

- The receipt of a doctoral degree based in part upon a psychological dissertation, or from a program primarily psychological in nature;
- Prior membership as an APA Member for at least one year and a Member of the division through which the nomination is made;
- Active engagement at the time of nomination in the advancement of psychology in any of its aspects;
- Five years of acceptable professional experience subsequent to the granting of the doctoral degree;
- Evidence of unusual and outstanding contribution or performance in the field of psychology; and
- Nomination by one of the divisions in which member status is held.

Attaining Fellow status in Division 29 requires that the individual has achieved national or international recognition from one's colleagues for contributions to the field of psychotherapy.

Contributions may be through any of the following individually or in combination:

- Excellence in Practice of Psychotherapy. Those who have demonstrated excellence in the practice of psychotherapy which is evident by national standing. This can include innovative models or programs of practice, applications of scholarship to programs of practice, publications that impact practice, training, etc. ***continued on page 39***

- *Teacher/Trainer/Mentor.* Those who have demonstrated excellence and a national reputation as a teacher, trainer, or mentor of psychotherapists, to include the development of innovative models with a wide ranging impact.
- *Scientific Work.* Documented research in the area of psychotherapy or related areas that impact the practice of psychotherapy such as neuroscience, psychotherapy process, outcome, training, etc.
- *Theoretical and Treatment Advances*. Those who have contributed to the field with the development of theory, methods, and techniques of psychotherapy.
- *Leadership, Advocacy, Scholarly Application*. Those who have demonstrated leadership in the advancement of the art, science, and policy of psychotherapy or innovative programs of training, practice or administration.

Evidence of Criteria Used by Nomination Committee
The following are offered as examples of the range of activities that may be considered when being nominated for Fellow but are in no way to be considered exhaustive:

- Published scholarly articles in professional journals that are considered important in the field.
- Author of books and texts in the field of psychotherapy or related areas in that have important impact on the field of psychotherapy.
- Demonstrated a high degree of involvement in the advancement of psychotherapy at the national level.
- Developed a theory of psychotherapy that is widely considered important to the field.
- Developed approaches to psychotherapy that are widely considered important to the field.
- Produced innovations in the practice of psychotherapy such as models of practice that address novel problems or the needs of special populations in the delivery of mental health services.
- Administered a novel or excellent program for training psychologists in psychotherapy or related areas.
- Demonstrated evidence of service that is distinguished.
- Demonstrated evidence of scholarly work that advances the field such as editor of an influential journal or special editions.
- Made contributions that advance the status of psychotherapy as a healing art and science.
- Exhibited excellence in serving as a mentor in the field.
- Demonstrate a program of research that advances the field.

Process for Election as a Fellow of Division 29:

- To be recommended for election as Fellow of Division 29 and of APA, an applicant must have been a Member of the Division at least since the preceding Annual Business Meeting. All endorsers must all be Fellows of APA and two of the endorsers must be Fellows of Division 29.
- Nominations may come from any member of the Division and self-nominations are welcome.

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- The completed application must follow the guidelines of APA for dates of submission and no applications will be accepted after the date specified.
- An applicant for initial Fellow must: 1) submit an application to the Division; 2) the Fellows Committee will then vote on the application and forward a recommendation to the Executive Committee; 3) if approved by the Executive Committee the application will be forwarded to the Board of Directors; 4) the Board of Directors will review and vote on the application.
- Nominees who receive a majority vote of the Fellows Committee and the Board of Directors will be recommended to the APA Fellows Committee for approval by the APA Council of Representatives for election as Fellows of the APA. Those who fail to receive a majority vote will not be recommended to the APA Fellows Committee and will be notified by the Division.
- Those who are Fellows of the APA in another division whose applications have been endorsed by the Board of Directors also become Fellows in Division 29 without further action by APA. They will be notified of their status by the division.

Procedures for Initial Fellows:
Those who are not currently Fellows of APA must apply for Initial Fellowship through the Division, which then sends applications for approval by APA Fellows Committee and the APA Council of Representatives. The following are the requirements for initial fellow applicants:

- Completion of the Uniform Fellow Blank;
- A detailed curriculum vita (please submit 3 copies);
- A self-nominating letter (self-nominating letter should be sent to endorsers);
- A minimum of three (more are acceptable) letters of endorsement of your work by APA Fellows, at least two of whom must be Division 29 Fellows who can attest to the Fellow selection criteria detailed above to include outstanding, significant, and lasting contributions to psychotherapy. A cover letter, together with your C.V. and self-nominating letter, should be sent to each endorser to assist them in preparing their endorsement letter.
- Endorsers send their completed endorsement letter and Uniform Fellow Blank to the Division 29 office at the address below.

Procedures for Current APA Fellows Seeking Fellow Status in Division 29:
Those members who have already attained Fellow status through another division may pursue a direct application for Division 29 Fellow by sending a curriculum vita and a letter to the Division 29 Fellows Committee, indicating in your letter how you meet the Division 29 criteria. **The absolute deadline for receipt of a complete application is December 15 each year**.

Initial Fellow applications can be obtained on-line or from the central office:

Tracey Martin
Division of Psychotherapy
6557 E. Riverdale St.
Mesa, AZ 85215
Phone: 602-363-9211
Fax: 480 854-8966
Email: assnmgmt1@cox.net

CALL FOR NOMINATIONS:
Editor of Psychotherapy

Psychotherapy: Theory, Research, Practice, Training is the official journal of the APA Division of Psychotherapy. The peer-reviewed journal is published quarterly by the Educational Publishing Foundation of the American Psychological Association. *Psychotherapy* publishes research studies, theoretical contributions, clinical articles, and book reviews across the spectrum of theoretical orientations. The journal—and the Division of Psychotherapy—seek to promote the integration of theory, research, practice, and training. The editor of the division's journal would serve the division's mission to provide an outlet for articles in all of these aspects of psychotherapy.

Term of Office: The incoming editor will begin receiving manuscripts, January 1, 2010. The incoming editor should begin setting up her or his editorial office 3 to 4 months before this date. The term will run until December 2015.

Prerequisites: Be a member or fellow of the APA Division of Psychotherapy
Have a doctoral degree in psychology
Support the mission of the APA Division of Psychotherapy

Qualifications: The candidate must have expertise in the coverage area of the journal. The editor must be scholarly and knowledgeable as well as sensitive to theory, research, practice, and training activities in the field. The incoming editor will be attuned to the deepening of multicultural competence in the field of psychotherapy research and practice. The editor must be a conscientious manager, create and sustain an editorial office, determine budgets, and administer funds for his or her office.

Responsibilities: The editor of *Psychotherapy* accepts or rejects manuscripts submitted for publication; this usually requires detailed communications with authors. The editor is responsible for tracking manuscripts, coordinating editorial reviews, and responding to authors in ways that will regularly provide accepted manuscripts to the publisher, where copy-editing is done according to the journal schedule. The editor selects and communicates with the associate editors and the Editorial Board. The editor is responsible for managing the journal's page ceiling and for providing reports as required. The editor uses the APA electronic manuscript tracking/review system. As an *ex officio* member of the Publications Board, the editor attends the meetings of the Publications Board and may be asked to attend the board meetings of the division.

Time Commitment: Editing *Psychotherapy* requires a major commitment of time. The candidate should be prepared to devote up to 12 to 20 hours a week editing the journal over a 5-year period. The actual time

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spent will most likely be more at the beginning of the editorship, but once routines are established, the editorial time could decrease. In view of the time commitment, it may be necessary for the candidate to negotiate with his or her institution for release time or make other necessary arrangements to ensure availability.

Honorarium: The editor receives an honorarium each year his or her name appears on the masthead. An editorial term is five years. The honorarium is currently budgeted at $12,000.00 each year.

Office Expenses: The publisher reimburses the editor's office expenses within established guidelines, which are based on the number of original manuscript submissions. Currently, the annual amount for clerical office support is $20,000. The Editor may use these funds to cover the expenses for a manuscript coordinator and an editorial assistant. Additional funds exist to cover honoraria for associate editors. The use of APA's electronic manuscript tracking/review system, which handles at least one-third of routine correspondence, reduces the amount of clerical support required.

Availability: Candidates should be available to assume the title of Incoming Editor January 1, 2010. The candidate is active in advance of the official five-year term processing and editing manuscripts for the first year of publication. The candidate will be given funds to start setting up his or her office three to four months prior to the beginning of the term. The last year of the term can be relatively inactive.

Oversight: The Editor of *Psychotherapy* reports to the Division of Psychotherapy's Publications Board.

Search Committee: The search committee will consist of members of the Publications Board and Past President of the Division: Raymond DiGiuseppe, PhD (chair); Laura Brown, PhD; Jean Carter, PhD; Jennifer Cornish, PhD; Charles Gelso, PhD; Beverly Greene, PhD; Jon Mohr, PhD; William Stiles, PhD; George Stricker, PhD; Gary VandenBos, PhD, and Abe Wolf, PhD

Search Process: Our screening of nominees will identify those who appear best to meet the criteria for editor to serve the mission of the Division. These criteria include evidence of the candidate's scientific and scholarly excellence, the candidate's broad theoretical perspective, or ability to encourage scholarly activity in a broad range of theoretical and clinical models, ability to encourage scholarship on diversity in the field, good judgment, communications skills, and management skills appropriate to an editor. All candidates should prepare a vision statement (2 to 4 pages) that could include journal changes and improvements they would foresee.

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We will also request three references who can speak to qualities relevant to the editorship. The search committee will contact some of these people as well as others of our own choosing. Three finalists will probably be interviewed in person at a Publications Board meeting at the APA convention in Boston in August 2008, or for phone interviews at a meeting in September 2008. The Publications Board will then recommend a person for ratification by the Division 29 Board of Directors who will approve the Pub Board's recommendations in January 2009.

Nominations: To be considered for the position, please send a letter of initial interest, a statement indicating your relevant credentials and your vision for the journal, your curriculum vitae, and three letters of recommendation as electronic files (either MS word or PDF files) no later than July 1, 2008 to:

Raymond DiGiuseppe, PhD
Chair, Publication Board
digiuser@stjohns.edu,
Department of Psychology
St. John's University
Jamaica, NY 11439

Inquiries about the position should be addressed to Dr. Ray DiGiuseppe, (718) 990-1955, digiuser@stjohns.edu, and/or to the incumbent editor, Dr. Charles Gelso gelso@psyc.umd.edu, 301- 405-5909.

MISSION OF THE DIVISION OF PSYCHOTHERAPY

The Division of Psychotherapy is an educational and scientific organization, the purposes of which shall be to foster collegial relations among members of the APA who are interested in psychotherapy, to stimulate the exchange of information about psychotherapy, to encourage the evaluation and development of the practice of psychotherapy, to educate the public regarding the service of psychologists who are psychotherapists, and to promote the general objectives of the APA.

DIVISION 29 Logo CONTEST

Be Connected to Division 29!

Division 29 – Psychotherapy has a new slogan: "**BE CONNECTED**." We are launching a new wave of connection with our valued members, and we want your help! Put your creativity to work to graphically depict the Division's identity of its commitment to psychotherapy. In other words, help us design a new logo.

Contest rules are as follows:

- All entries must be submitted to Tracey Martin (assnmgmt1@cox.net) by 5:00 PM Eastern Standard Time, August 1, 2008.
- Only one entry is accepted per person.
- Only members of Division 29 are invited to participate. An application for membership may accompany a submission. Application forms are available at http://www.divisionofpsychotherapy.org/membership/Membr_App.pdf. It is also possible to join Division 29 online (http://www.divisionofpsychotherapy.org/membership/application.php).
- No copyrighted information can be used in submissions.
- Entries must be submitted electronically (via email). For submissions that are not already in digital form (e.g., paintings, sketches), a digital photograph must be taken of the artwork and submitted electronically, or the artwork must be scanned and submitted electronically.
- The following may be incorporated into the logo you design: Division 29, 29, Psychotherapy, Be Connected.
- Each submission must include the following: your name; home and work addresses; home, work, and cell phone number(s); e-mail address; and website address (if applicable).
- You represent and warrant that artwork or image you are submitting to Division 29 is your original work and it does not violate any copyrights or trademarks or other intellectual property rights including trade secrets of any third party and that if this is not your original work, you have received all permissions and releases which may be necessary to secure your use of the artwork or image. You agree not to submit any logo or image that is offensive in nature, pornographic, that contains profanity or is defamatory in any way. Division 29, in its sole discretion and for any reason whatsoever may approve or refuse to approve any artwork or image you submit. You grant Division 29 the exclusive right to reproduce, distribute, publish, display, edit, modify, create derivative works and otherwise use the material for any purpose in any form and on any media in perpetuity. Should you violate this section, you agree to indemnify Division 29 for all damages and expenses that may be incurred in connection with the submitted artwork or image.
- All completed contest submissions will be entered into a raffle for one of four (4) $50.00 prizes. In addition, if one of the logo entries is selected for use by Division 29, Division 29 will pay a commission fee in the amount of $500 to the entrant.
- No submissions will be returned to you, so keep a copy for your records.
- The Board of Directors of Division 29 will determine, in their sole discretion, if any of the submissions will be used as the new logo for Division 29.
- Winners will be notified via email by August 15, 2008 and will be announced at the Division 29 Social Hour at the 2008 APA Convention in Boston.

Division 29 ~ **BE CONNECTED**