Psychotherapy

OFFICIAL PUBLICATION OF DIVISION 29 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

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BULLETIN

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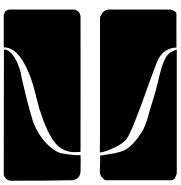

2008 VOLUME 43 NO. 4

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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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EDITORS' COLUMN

Jenny Cornish, Editor
Lavita Nadkarni, Associate Editor

As we approach the end of our first year as editors of the *Psychotherapy Bulletin,* we wish to express our gratitude to the Division 29 Board of Directors, Publications Board, and membership for giving us the opportunity to be involved with all of you. Thank you for making our first year so pleasurable.

In this issue, you will find the final column of our outgoing president, Jeffrey Barnett, reflecting on his many successful initiatives, and a report from our APA Council Representatives. The Division of Psychotherapy benefits tremendously from the work of our amazing president and council representatives, along with the rest of our hard working board members. We hope you also enjoy the history of Division 29 written by past-president Matty Canter, and the photos from our 40th anniversary celebration.

Consistent with our vision to support Division 29 as "an educational and scientific organization," we are pleased to present the abstracts for our three student paper awards. These include a meta-analysis of the impact of client treatment preferences on outcome; an article on older adults, sexuality, and psychotherapy related to ethnic and sexual minorities; and a paper on the effects of training, clinical, supervisory, and scholarly experience on supervisors' vies of therapeutic techniques. In the same spirit of education and mentorship, we include the next in a series written by early career professions; this one by a psychologist working within the Federal Bureau of Prisons.

Also included in this issue are papers on psychotherapy integration and on enhancing therapeutic effectiveness. An article on informed consent and cultural implications should be useful for all our readers. Our Washington Scene contribution this issue provides important information on a national health policy perspective related to managed care. Finally, a useful holiday guide for psychotherapists is included.

Firsts for us in our new tenure as editors is a letter to the editor, and an informative book review on *Financial Success in Mental Health Practice: Essential Tools and Strategies for Practitioners*. We find our first letter to the editor to be quite provocative, and while we disagree with the author, we are glad to begin a dialogue among members on its content.

Best wishes for happy holidays! We are honored to be working on behalf of the Division of Psychotherapy and eagerly anticipate the upcoming issues of the *Psychotherapy Bulletin* in 2009 and beyond. Please continue to send us your ideas, papers, letters, book reviews, photos, and feedback!

PRESIDENT'S COLUMN

Jeffrey E. Barnett, Psy.D., ABPP

As I write this last column as President of the Division of Psychotherapy I am amazed with how quickly the year has gone by. It's been an exciting, busy, and productive year. I've had the opportunity to work with such an amazing group of colleagues, doing meaningful work. Our joint efforts to advance the Division of Psychotherapy and to advance psychotherapy have been challenging, stimulating, rewarding, and enjoyable. What follows are an account of many of the activities of the past year as well as some final thoughts about Division 29 and about psychotherapy.

I find myself still reflecting back on our recent APA Convention with warmth and pride. We had an outstanding Division 29 convention program. Our convention co-chairs, Nancy Murdock and Chris Brown, did an expert job putting together a stimulating and comprehensive program for our members. Since they have a two-year commitment to serving in these roles I very much look forward to our 2009 APA Convention in Toronto as well. We also had our annual *Lunch With the Masters* event which, despite some of the logistic difficulties of a convention spread out over a large area, was still a great success. During this event, Mike Constantino, our Early Career Psychologists domain representative on our Board of Directors, Jeffrey Magnavita, our incoming President-Elect, and I met with several early career psychologists (two former students of mine and one a former student of Jeffrey's). Their energy and enthusiasm about psychotherapy, their careers, and the Division of Psychotherapy were inspiring. Together we created, on an ad hoc basis, a new Early Career Psychologist Committee for Division 29 (hard to believe we haven't had one thus far!). At our recent Division 29 Board meeting this ad hoc committee was approved for the remainder of 2008 and for 2009. Our former students who we have appointed to our new committee are Rachel Gillard Smook, Chair, Patricia Gready, and Shreya Hessler. They are moving forward with their work as I write this. I know they are also looking for other Division 29 early career psychologists to join them on this committee. If you are interested in getting involved, please contact Rachel at Rachel@birchtreetherapy.com.

For me, a great highlight of the APA Convention was Division 29's 40th Anniversary Celebration events. At our Awards Ceremony, Matty Canter shared her reflections and perspectives on 40 years of Division 29. Her presentation was truly remarkable and a very poignant and important historical record for us all. Please see it elsewhere in this issue. We also had a great celebration at the Division 29 Social Hour. There we honored all past Division 29 award winners and Past Presidents of Division 29 who were in attendance. Please see the great photographs from these events included in this issue.

An important initiative I began this year is our international student initiative. Many international psychology students have very limited access to needed resources and many lack the financial means to access them. Division 29 has access to a larger number of subscriptions to our journal for our members than the number of members of the division at present. Thus, we are able to offer subscriptions to the journal to international students at no cost to them or to the division. All other Division 29 materials will be accessed online by them via the website (which will offer may more resources for students once it is redesigned). We will also offer our new international student members two new resources of potentially tremendous value,

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an online mentoring program with members of the division and an online peer-to-peer program to enable them to connect with other student members of the division. It is hoped that each of these will be a great success and be rewarding for all involved. Our incoming 2009 Student Development Chair, Sheena Demery, will be coordinating the peer-to-peer program. Our Early Career Psychologist committee will be coordinating the mentoring program. I encourage all Division 29 members to consider becoming an online mentor to an international graduate student in psychology. The obligation will likely only be e-mail contact on a periodic basis. The benefit and value may be tremendous. If you are willing to share a little of your time, expertise, and support with an international graduate student in psychology please let me know. Please contact me at drjbarnett1@comcast.net. In your message please include the following: Name and degree, e-mail address, professional areas of interest. Thank you in advance for your willingness to support and assist our newest Division 29 members and these future members of our profession.

We've had so much more going on this year in Division 29. Our various Domain Representatives have been serving the division in these new roles that we implemented this past year. Several are ending their terms at the end of 2009. Please consider running for office in Division 29. See the call for nominations in the center spread of this issue. In addition to electing a new President-Elect and a new Treasurer for 2010, we will be electing new Domain Representatives for the Board of Directors for Professional Practice, Membership, Education and Training, and one of our two Diversity Domain Representatives. If you would like information about any of these positions please contact me or contact the psychologist presently serving in that role (see the inside covers of this issue for that information).

This year, your Division 29 Board of Directors voted to have the Division become a Silver Sponsor of the upcoming National Multicultural Conference and Summit, to be held January 15-16, 2009 in New Orleans, Louisiana. A number of the division's leaders will be there representing Division 29 and several are participating in presentations there. For more information and to register for this important event visit http://www.multiculturalsummit.org/. Look for our advertisement in the summit program, and our flyers in their attendees' packets. Division 29 is also participating in APA President-elect James Bray's Convention Within a Convention initiative at the upcoming APA Convention. This looks to be a way to provide much more programming of interest that focuses on the needs and interests of psychotherapists in the areas of practice, education and training, research, and theory. Your Division 29 Board of Directors has also approved supporting the APA Practice Summit that will be held in 2009. Division 29 is very well represented on the planning committee of this important event and we look forward to actively participating in the Summit. This is another of APA President-elect (and Division 29 Fellow) James Bray's initiatives. Division 29 Fellow Carol Goodheart is a co-chair of this initiative and Division 29 Board member Jennifer Kelly is on the planning committee. Incoming Division 29 President-Elect, Jeffrey Magnavita, is our liaison on the Practice Summit E-mail list that will be active during the planning process. I am sure we will be sharing more information with you about the APA Practice Summit as it becomes available.

We have a new Division 29 motto: *Be Connected!* and we are presently developing a new Division 29 logo. We are also pleased to announce that our student paper awards (the Mathilda B. Canter Education and Training Award; the Donald K. Freedheim Student Development Award; and, the Student Diversity Award) will now provide a $250 cash prize to each win-

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ner. Please see the abstracts for each of our 2008 award winning student papers in this issue.

This year we began the tenure of our new Editor and Associate Editor of *Psychotherapy Bulletin,* Jenny Cornish and Lavita Nadkarni, respectively. As you will have seen in recent past issues, and as is clearly evident in the present issue, Jenny and Lavita are doing an outstanding job. I am appreciative of the great work they are doing for Division 29 and you, our members, and look forward to their continued service. We also have a new Interim Internet Editor, Past President of Division 29, Abe Wolf. Abe is doing an amazing job for the division in ways that are not readily evident since so much work is going on behind the scenes. Together with Laura Brown, Abe is leading the division's Website Redevelopment Task Force. Funding for the redesign and redevelopment of our website was approved at our recent Board meeting and this important work is moving forward. I also express my thanks to Internet Editor, Abe Wolf, for his ongoing work on *Psychotherapy E-News* the division's online e-newsgram. If you're not receiving it, please send me an e-mail and I'll make sure you receive this important communication from your division.

Our journal, *Psychotherapy: Theory, Research, Practice, Training* under the leadership and direction of our fine editor, Charles Gelso has continued leading the way in our profession. It is the must-read journal for those with an interest in the field of psychotherapy. In addition to Charlie, I express my thanks to our fine associate editors, Nicholas Ladany and Lisa Wallner Samstag, and all the Editorial Consultants and ad hoc reviewers whose contributions are clearly evident to all who read this fine publication. Members are strongly encouraged to use the journal for continuing education credit. See the announcements and easy to follow instructions in each issue of the journal. As our website is redesigned and updated members will be able to obtain CE there online.

This year the Division 29 Publications Board has gone through a process of soliciting nominations for a new journal editor to continue the fine work Charlie Gelso has done throughout his tenure as Editor. Charlie will serve as Editor through the end of 2009. Also, during 2009 our new Editor will begin his work, set up his editorial office, select his editorial board, and begin accepting manuscripts. Following the review of candidates' materials and the interview process, upon the recommendation of the Publications Board, the Executive Committee and the Board of Directors have enthusiastically approved the appointment of Mark Hilsenroth as our incoming journal Editor. Please join me in welcoming Mark to his new role. As you will see in the next issue of the *Bulletin*, he brings a wealth of experience, talents, ideas, and creativity that make him ideally suited for this position.

Division 29 is in excellent shape financially, despite the tough economic times we are in at present. Our Treasurer, Steve Sobelman, and our Finance Committee Chair, Bonnie Markham, and committee members Ron Fox, Carol Goodheart, and John Norcross (what a great group!) have done an outstanding job in managing our financial resources. We continue to put money into the division's long term reserves each year to further build the division's financial stability. This is especially important considering current economic conditions. In addition to the great job these individuals have done I would be remiss if I didn't mention that a significant part of the division's financial health is due to the success of our fine journal. The licensing agreements with libraries and research institutions, and the individual downloads of individual articles, have greatly enhanced the division's financial health.

At our recent Board meeting I appointed a task force to update the division's bylaws

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and policies and procedures. This task force of Jean Carter (Chair), Mike Murphy, and Steve Sobelman will review these documents, recommend all needed changes to bring them in line with recent changes in the division's structure and mission, and bring all needed bylaws changes to you for approval. For example, we will need to include the new Early Career Psychologists Committee as a Standing Committee in our bylaws. Additionally, the Finance Committee has recommended a number of changes in policies and procedures to bring them in line with our Board-approved financial policies and practices. We are also updating the Division 29 mission statement to ensure that it is current and consistent with our actual mission.

Our Membership Committee, Chaired by Sonja Linn, has been working diligently this year on membership recruitment and retention. They sent a membership recruitment letter to historically black colleges and are in the process of contacting all former members of the division who resigned in the past year. The division is reaching out to other organizations whose missions are consistent with ours and with whom we share many members. We are collaborating on continuing education with the Society for Psychotherapy Research. As a result, all Division 29 members will be able to attend their annual conference and receive CE for attendance at the SPR member rates. We have also reduced the student membership fee in the hope of further encouraging student participation in Division 29. The new fee for student membership is $20 (reduced from $29).

As you have read, the Division of Psychotherapy has worked to collaborate, innovate, and to help our members to "Be Connected."

One additional initiative this past year was to hold our Mid-Winter Board Meeting in conjunction with Psychologists in Independent Practice (Division 42). In addition to great collegial interactions and an outstanding CE workshop provided by Division 29 Fellow, Donald Meichenbaum, a significant amount of planning for the upcoming APA Practice Summit took place as the two divisions' boards held joint working groups during the meeting. It was a successful meeting and hopefully will serve as a model for further collaboration.

I've greatly enjoyed to opportunity to serve as your president. It has been a rewarding, enjoyable, and very educational experience. I've learned so much about our profession and about the field of psychotherapy. It is clear to me that the future of psychotherapy is bright. The level of scholarship and innovation I see in our field is truly inspiring. One has only to look at the work of the division's 2008 award winners, the authors in our journal, and the presenters on our convention program. I'm also proud to turn over the President's gavel to my dear friend and colleague, Nadine Kaslow, who begins her tenure as President of the Division of Psychotherapy in January 2009. I know the division is in able hands and I look forward to contributing to its continued success in anyway I can.

Best wishes to all –

Jeff

COUNCIL REPORT

Norine G. Johnson, Ph.D. & Linda Campbell, Ph.D.

This fall, APA passed the petition for a new policy to prohibit psychologists from working in detainee setting in which International Law or the U.S. Constitution are violated, unless the psychologists are working directly for the persons being detained or for an independent third party working to protect human rights on the position of psychology passed. Although not on the Council Agenda specifically for August 2008 the petition and the issues it spoke about were nevertheless in the forefront of Council members' minds. The Board of Directors and many other Boards and Committees within APA are working hard to develop policies that meet the members' intent in the passing of the petition to amend APA policy.

The American Psychological Association under the direction of the CEO Norm Anderson is conducting a thorough review of purpose and activities of the association in order to develop a strategic plan: Mission and Vision. Council voted on a new mission statement: "The mission of the APA is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives." Discussion will continue at the February Council meeting. As always Linda and I welcome your reactions and recommendations.

The 2009 Budget was reviewed and voted on. Council approved a $116 plus million dollar budget. The major revenue sources continue to be our publications and areas related to publication such as Licensing/Royalities/Rights.

Council received a report from APA's General Counsel, Nathalie Gilfoyle indicating activity since February 2008. The primary new developments were: Marriage Cases: Appeal to the Supreme Court of CA and APA vs AbeBooks, Inc. The expanded report can be read on line at APA's site. APA's position was in support of reversing the trial court decision that upheld as constitutional California's Family Code defining civil marriage as the union between a man and a woman. We recommend that you read the APA summary as the legal arguments were extremely well defined and used psychological research to argue effectively the harm of such legal restrictions. APA vs AbeBooks, Inc resulted in AbeBooks dropping its opposition to APA's registration of APA BOOKS.

Practice and Professional Issues
Dr. James Bray, APA President-Elect, is holding as his primary presidential initiative a **Summit on the Future of Psychology Practice** in mid May of 2009. Funds were allocated to support this activity. We encourage all Division 29 members who are involved and/or interested in professional practice issues to email either of us with your ideas regarding psychology practice—now and in the future.

Dr. Pierre Ritchie argued effectively for APA providing financial support so that a psychologist could—for the first time be an **integral part of the WHO revision of the International Classification of Diseases and related Health Problems**. This passed with significant financial support from Council.

Approval of specialties: Operating under the currents rules and guidelines regarding

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Specialties and Proficiencies in Professional Psychology, Council voted to adopt the revised Principles for the Recognition of Proficiencies in Professional Psychology. Council then approved two proficiencies: a) the Psychological Treatment of Alcohol and other Psychoactive Substance Disorders, b) Police Psychology, and one specialty: Forensic Psychology. Council voted to grant an extension of the recognition of both a) Psychopharmacology and b) Behavioral Psychology as proficiencies in professional psychology for a period of one year until August 2009.

Further, members of Council expressed concern about the number of specialties and proficiencies and asked that the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) engage in further study of the role, purpose, and function of proficiencies in the taxonomy of psychology, building on the work of the Board of Directors Taxonomy Task Force, providing updates as appropriate to the Board of Directors.

Council voted to receive several reports that you may access on the APA web site: The 2007 APA Presidential Task Force on Institutional Review Boards and Psychological Science as amended; Report of the Task Force on Recommending Changes to the APA Convention That Would Appeal to Scientists; The Task Force on Mental Health and Abortion; Task Force on Resilience and Strength in Black Children and Adolescents; Evidence-Based Practice with Children and Adolescents; Report of the Task Force on Gender Identity and Gender Variance.

Council voted to establish committees on: Education and Training Awards, Scientific Awards, and Public Interest Awards. There was already a committee for the awarding of Professional Practice Awards.

A resolution on transgender, gender identity, and gender expression non-discrimination was passed and is available on the APA web-site.

We thank you again for allowing us to represent the Division of Psychotherapy on Council and encourage you to let us know your interests and concerns for APA and its policies.

Norine Johnson, Ph.D.
norinej@aol.com & lcampbel@uga.edu

A HISTORY OF DIVISION 29

Presented by Mathilda B. Canter on 8-15-08 as part of the Celebration of the 40th Anniversary of the Division of Psychotherapy, APA Convention, Boston, Massachusetts

Preparing for this talk has been a delightful trip down memory lane for me, and I am grateful for the opportunity to tell you what I hope you will find a very interesting story.

Once upon a time, actually, at the APA Convention in 1960, a group of psychologists got together and formed an organization called Psychologists Interested in the Advancement of Psychology (PIAP), because they felt that there was no place in APA representing their interests. They were a dedicated, energetic, enthusiastic group, who presented programs, gave workshops, and started to establish a journal, which they entitled *Psychotherapy: Theory, Research, Practice*.

In 1963, PIAP was invited, by unanimous vote of its Board, to become a Section of the Division of Clinical Psychology—Division 12. The invitation was accepted, and all PIAP members—about 600 of them by then —joined the Section, and for the first time in the history of the American Psychological Association, psychotherapy was officially recognized! Their dues were $5 at the time. In 1964, the first issue of *Psychotherapy* was published, with Eugene Gendlin as Editor. The Editorial Board was quite impressive, including such respected psychotherapists as Rollo May, Erik Dreikurs, Sid Jourard, Hans Strupp, Clark Moustakus, James Bugenthal, Charlotte Buhler, Art Kovacs, etc... !

But as time went on, the Section leaders were not happy with Division 12, since they had difficulty having their programs accepted, were denied assistance in conducting elections, and in general felt that they were not receiving the support they had been led to expect. After much discussion, in 1966, they drew up a petition to form a Division. Among the signers were Ron Fox, David Orlinsky, Ted Blau, Hans Strupp, Aaron Canter, Carl Zimet, Walter Klopfer, Al Ellis, Erika Fromm, Jules Barron, Stanley Graham, and Jack Wiggins... Familiar names?

The petition was submitted, and on September 4, 1967, the APA Council of Representatives established Division 29, the Division of Psychotherapy!! And there was joy in Mudville, for finally practitioners had a home of their own in APA!!! Our first President (1967-68) was Fred Spaner, who was followed by Ted Blau and then Vin Rosenthal. Ron Fox served as our first Treasurer - a three year term, with Al Ellis and Max Siegel among the Board members.

As President Jules Barron wrote in the *Psychotherapy Bulletin*, in 1973: "Since our inception as a Division,...we have been a significant force in the psychological revolution. While fighting for the legitimacy of professional psychology we have tried to maintain our scientific heritage." And we still do so!

It is impossible for me to tell a 40 year history in the 25 minutes allotted to me. So I shall just say here that the Division has been very active in all of its major areas of interest: practice, teaching, training psychotherapists, and research! And I'd like to point out some highlights, many of which you probably are not even aware:

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In addition to being the first home in APA for practitioners, 29 was

- First division to hold a Midwinter Meeting!—more about that later.
- First division to have a Central Office.....This was located first in the New York area, with Gloria Gottsegen in charge, but she had to resign when she left for Australia. We moved to New Jersey, where Jack Krasner, and then Ben Fabrikant, with the help of Rhoda Schneider, took over. How many of you remember that Kinderkamack Rd. address? In 1986, the office moved to Phoenix and hired The Administrators (Pauline Wampler). And since 1999 Tracey Martin has been taking great care of us!
- Division 29 was the first division to have a Hospitality Suite at Convention and hold conversation hours and programs there (in 1971, participants included George Albee, Albert Ellis, Hans Strupp, Al Mahrer...just to give you an idea of the caliber of presenters.....not shabby!).
- First division to offer Student Travel Awards for paper submissions—(1971)

Among the recipients I noted Vicky Mays, Lynn Rehm, and our President-elect, Nadine Kaslow!!!

- First division to have a Student Development Committee—more about that later
- First division to establish an Ethnic Minority Affairs Committee! Our first Chair was Maxine Rawlins, followed by G. Rita Dudley-Grant, and then Lisa Porche-Burke. Rita told me, when we met last month at a Policy and Planning Board retreat, that the 1985 Journal special issue: *Psychotherapy with Ethnic Minorities*, edited by Maxine and Rita, represented the first time any journal published an issue on ethnic minorities.
- We were one of the first, if not the first, to have a Committee for Women, established in 1974, with Joy Kenworthy as chair. Actually, the Old Boys' Board had turned down a request in 1971 by then-Secretary Leah Gold Fein, to form the committee, saying we didn't need one. But it only took us a few years to raise their consciousnesses and say yes in 1974. With Rachel Hare-Mustin, Hannah Lerman, Annette Brodsky, Jacquie Resnick, Gloria Gottsegen, Aphrodite Clamar, and myself.. we were a very active and effective group, over the years, to the point where in 1991 then Chair, Carol Goodheart, requested that the committee be sunsetted—it was—and that a Gender Issues Committee be established—it was, too!

The division was a leader in bringing practitioners into APA Governance! In fact, Ted Blau was the first practitioner elected to serve as president of APA in 1977. Ted told me that many people said that Abraham Maslow was really the first practitioner/president, but that he AND MASLOW thought that that was ridiculous!! After Ted came Max Siegel, Nick Cummings, Stanley Graham, Jack Wiggins, Ron Fox, etc., etc.

The division was also a leader in involvement over the years in practitioner issues like insurance (Jack Wiggins), professional schools, practice guidelines, education and training, coalition building among practice divisions, giving financial support to a broad spectrum of professional activities....

I have only 25 minutes, so I had to make some choices, and I am going to use the rest of my time telling you about a few Division 29 initiatives that I think were very special and that many of you may not know about:

MIDWINTER MEETINGS: Ron Fox told me that the new Division could not afford Board meetings in the sunny South, where they wanted to meet. So what they did was

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hold workshops, and since they were a well-known and highly respected group of psychotherapists, they took in enough money to pay for their Board meetings! In 1970, President Vin Rosenthal had the idea that they really should invite the Division membership to join in, and so the first official Midwinter Meeting of the Division of Psychotherapy was held in Tampa, Florida in 1970. It was publicized as "29 in the Sun," and in fact it WAS—it was 29 degrees, breaking a 101 year record!! (During the 1978 Midwinter meeting in Scottsdale, Arizona, chaired by Ron Fox, with me as Local Arrangements chair, we experienced a 100 year flood....but Division 29 people are usually very kind, and I remember so many comforting me by saying "You don't have to shovel rain...."!!)

In 1981, Division 42, the Division of Independent Practice was established, and in 1982 we invited them to attend our Midwinter meeting in Monterey, California. It was a very successful meeting, and there was such a great overlap in the membership of the two divisions, that we decided to share sponsorship, and the 1983 Midwinter Meeting at the Greenbrier in West Virginia was the first official joint meeting of 29 and 42. In 1984 we met in San Diego, with Division 39 overlapping their meeting with ours. And in 1987, at the request of Gloria Gottsegen, Division 43 was added as a limited sponsor. If imitation is the highest form of flattery, we certainly were flattered, and as more and more Midwinter Meetings were held by other groups, the competition for attendance grew, agendas changed, and ultimately our regular Midwinter meetings came to an end.

STUDENT DEVELOPMENT COMMITTEE

In 1986, President Suzanne Sobel established this committee, with Ellin Bloch as chair, to recruit and focus on the special needs and interests of students. At that time, our Ethnic Minority Affairs Committee was chaired by Lisa Porche-Burke. That year, more than 275 student affiliate members were recruited, 49 of them ethnic minorities (in 1985, there had been only six.) In1988, we created a Student Paper Competition, with the winners receiving a monetary award and the opportunity to present at the APA Convention. By then, we had 406 student affiliates, 100 of them ethnic minorities! Ellin Bloch and two very active student committee members, Scott Mesh and David Pilon, were invited by the then-Office of Educational Affairs to come to APA to discuss student recruitment, and Scott and David were invited to address the Division Leadership Conference. Division 29 funded their work with APA. And in August 1988, APAGS, the APA Graduate Students was formed.... and has become such an important part of APA and our pipeline! I think we did well.....

DESERT SHIELD/DESERT STORM

In 1990, in response to the Persian Gulf Crisis, and under the leadership of President Norman Abeles, the Division sponsored a project run by Ellin Bloch and Jon Perez of the LIFE PLUS FOUNDATION, which was providing psychological support and educational materials, at no cost to the families of those in the military. Congress and the Department of Defense showed much interest in this program. In August of 1990, Ellen McGrath, our President-elect, was invited to Fort Bragg to run a support group for the wives of servicemen. On her return, she requested the establishment of a TASK FORCE ON TRAUMA RESPONSE AND RESEARCH; this was done, with Ellin Bloch and Jon Perez as co-chairs. They developed a network of volunteer psychologists to help those affected by DESERT SHIELD and assess the outcomes of the interventions.

With PROJECT ME of Tucson, Arizona, the Division published materials disseminated through FAMILY LIFE UNITS of the Department of Defense. And the Division funded a pilot study by Ellen McGrath and

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Harry Wexler examining data from military wives regarding attitudes and stress reduction.

Then, in 1991, Desert Shield became DESERT STORM, and significant contributions were made by Division 29 to the government and the public. The Task Force was divided into three sections:

1. COMMUNITY INTERVENTIONS (co-chaired by Ellin Bloch and Jon Perez): They mobilized support groups at community levels for families separated by the conflict; they served as consultants to local groups; and they acted as media spokespersons As a measure of their impact, let me tell you that at the time of the L A RIOTS, the Secretary of Health and Human Services and the LA Director of the Department of Mental Health both called them in to help!!
2. EDUCATION SECTION (co-chaired by Alice Rubenstein and Dennis Embry): They had been working on a book for principals and counselors in schools with lots of kids coping with military separations. Division 29 provided $5,000 to fund this effort, and the material was sent to the Department of Defense and ALL military base schools in the United States and Europe—with a research questionnaire!
3. GENERAL APPLICATIONS IN TRAUMA (co-chaired by Harry Wexler and Wade Silverman): Their commitment was to research, their focus on how psychologists need to respond to natural and man-made disasters!

The division worked with the APA Practice Directorate to coordinate and develop educational material which was given to all members of the U. S. Congress, for distribution to their districts! The Practice Directorate "forgot" to list the division as a co-sponsor, but we knew what we had done!

Charlie Spielberger gave Presidential Citations to Ellin Bloch and Ellen McGrath for their superb work in response to the Gulf Crisis. And Jack Wiggins told me that it was as a result of working with Ellin Bloch, Ellen McGrath, and Jon Perez that he created the Disaster Response Network, as APA'S Centennial gift to the nation in 1992!

Through the years, the division has been active, at first as the sole voice for practice in the APA divisions. In 1972, it instructed its Council Representatives to vote against giving Masters level psychologists full membership in APA. The division was an organizer of coalitions to deal with the many areas of common concern. Its Education and Training Committee, (when chaired by Tommy Stigall) became part of the Joint Commission on Professional Education in Psychology. It was a leader in fighting for the establishment of Fellow criteria that were appropriate for practitioners.

The Division was a co-plaintiff with CAPPS (Committee for the Advancement of Psychological Professions and Sciences) in the Blues suit, supported the suit against the American Psychoanalytic Association, the fight for hospital privileges, etc. We supported the establishment of the California School of Professional Psychology, The Wright State University School of Professional Psychology....etc., etc.

We have a proud history of publications from our very beginnings, monitored by a distinguished series of Publication Boards, an excellent journal, and a fine Bulletin. Early in our history, we had Al Mahrer's edited series of Creative Contributions to Psychology; an Early Audiotape Series, brochures, position papers, the *History of Psychotherapy*, which Don Freedheim edited for the Centennial, a Videotape Series on Psychotherapy , etc., etc. We even had Fran Pepitone-Rockwell who was charged with deleting sexist language in our journal....!

It was fun looking at the Early Career Award winners! The first winners, in 1986, were Annette Brodsky and Gerry Koocher! Others were Jacquie Resnick, Gary VandenBos, Ron Levant, Raymond

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DiGiuseppe, G. Rita Dudley-Grant, Alice Rubenstein, Lisa Porche-Burke, John Norcross, Abe Wolf, and Nadine Kaslow.... Now it's the APF/Division 29 Early Career Award....we were pretty good at recognizing talent!

My time is up, so let me close by saying: 29 is STILL different from other divisions—it is in the forefront of helping to connect practice and research.....Jules Barron said it in 1973—and in 2008 his words still hold true.

So this is the end of my Once Upon a Time story....and May the Division Live Happily—and Productively—Ever After.....!!

Thank you.

CALL FOR NOMINATIONS

APF DIVISION 29 EARLY CAREER AWARD

The American Psychological Foundation (APF) provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come.

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

AWARD: One $5,000 award will be given annually

ELIGIBILITY CRITERIA

Applicants must be:

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

APPLICATION MATERIALS

The following are the required application materials:

- A nomination letter written by a colleague outlining the nominee's career contributions (no self-nominations are allowed)
- A current vita

APPLICATION PROCEDURES

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

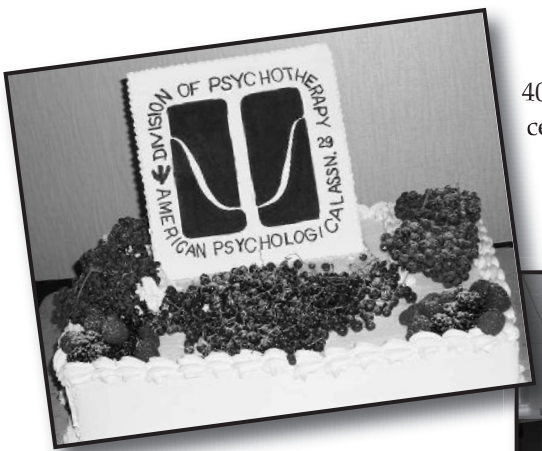
DEADLINE: January 1, 2009

Please direct questions to Emily Leary, Program Officer, at eleary@apa.org.

DIVISION 29 40TH ANNIVERSARY CELEBRATION

August 16, 2008
Boston, Massachusetts – APA Annual Convention

Division 29 Past Presidents and Past Award Winners



40th anniversary
celebration cake

Armand Cerbone, Linda
Campbell, Jeff Barnett

Linda Campbell and Matty Canter

Rita Dudley-Grant and
Laura Barbanel

Mamta Dadlani, Caryn
Rodgers and
Mike Constantino

Hanna Levenson and
Jenny Cornish

LETTER TO THE EDITOR

Dear Editor:

Barnett and Goncher (2008) pose the question: "Psychotherapy for the psychotherapist: Optional activity or ethical imperative?" They come down on the side of ethical imperative. I do not believe it is ethical to require graduate students to have psychotherapy. I briefly present two arguments below.

The putative reason for requiring psychotherapy of potential psychotherapists is that it is supposed to increase effectiveness. Yet, overall, the literature does not support this. One study cited by Barnett and Goncher on the benefits of personal psychotherapy is that of Bellows (2007). They fail to mention that this study was of the *perceptions* of benefit from psychoanalytically-oriented psychotherapists. Since psychoanalysis has long held that it is important for therapists to have their own therapy, this result is not surprising. Other studies cited are also of therapists' perceptions of benefits. However, research that has looked at the actual relationship of personal therapy to therapist efficacy has repeatedly failed to demonstrate any relationship (Beutler, Machado, and Neufeldt, 1994; Beutler et al., 2004). Beutler et al. (2004) said "…we conclude that there is no persuasive evidence for a positive relationship between the act of receiving personal psychotherapy and treatment outcome" (p. 277).

To make matters worse, there is reason to believe that psychotherapy can be harmful. Lambert and Ogles (2004) conclude "…the evidence suggests that psychotherapy can and does harm a portion of those it is intended to help. A relatively consistent portion of individuals (5 to 10%) deteriorate. .." (p. 158). In one national survey of therapists' perceptions of the benefits of personal psychotherapy, Buckley, Karasu, & Charles (1981) found that although most respondents reported positive effects, 38% also reported negative effects, including psychological distress and marital or family stress. I believe it is unethical to require people to participate in a procedure which may be harmful to them when there is no clear personal reason for them to be in it, and when there is no clear research support for the rationale leading to participation.

Second, the authors' argument seems to rest on a particular view of the kind of psychotherapy required—something like a self-exploration approach geared to achieving a general kind of personal tune up. However, what if the student were to choose to go to a cognitive-behavior therapist to overcome a smoking habit? What if the student saw a solution-focused therapist who used the miracle question and scaling to help decide what area of clinical specialization to choose? Would any of these count? Or, would Barnett and Goncher require students to participate in a particular kind of psychotherapy? If so, would that be ethical?

There are more arguments but I shall stop here. I should note that there is evidence that psychotherapists who are suffering emotional problems can be less effective. Clearly they need to deal with those problems. However that is a different issue.

As a relevant disclosure, I have had several experiences where I went to psychotherapy when I needed help for a personal issue. In particular, I had three years of therapy when I was in graduate school for an anxiety problem. One therapy experience for this ultimately was negative and made the problem worse. Another experience later on was beneficial. Unfortunately, in terms of the idea that being in the client's role helps to understand how to be a good therapist, I don't think I learned as much from the positive experience as I did from the negative experience. Yet I would not require students to have negative experiences in order to be better therapists.

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In conclusion, psychotherapy for the beginning psychotherapist should be an optional activity. Not only is it not an ethical imperative, to require psychotherapy is unethical.

Arthur C. Bohart
Saybrook Graduate School

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CALL FOR NOMINATIONS

APF Rosalee G. Weiss Lecture for Outstanding Leaders

The American Psychological Foundation's Rosalee G. Weiss Lecture honors an outstanding leader in psychology or a leader in the arts or sciences whose work and activities has had an effect on psychology. The lecture is delivered at the annual APA convention; the 2009 Convention will be held in Toronto. The APA Divisions of Psychotherapy (29) and Independent Practice (42), administer the lectureship in alternate years. The lecture was established in 1994 by Raymond A. Weiss, Ph.D., to honor his wife, Rosalee G. Weiss, Ph.D. The lecturer receives a $1,000 honorarium.

ELIGIBILITY CRITERIA

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

NOMINATION MATERIALS

Self-nominations are welcomed. Letters of nomination should outline the nominee's credentials and contribution. Nomination letters and a brief CV should be forwarded to the Division 29 2009 Awards Chair:

Jeffrey E. Barnett, Psy.D., ABPP
1511 Ritchie Highway, Suite 201
Arnold, MD 21012
Phone: 410-757-1511 Fax: 410-757-4888
E-mail: drjbarnett1@comcast.net

Deadline: January 1, 2009

STUDENT ABSTRACTS

Diversity Award

Older Adults, Sexuality and Psychotherapy: Implications for Ethnic and Sexual Minorities

Arien Murzacz, City College of the City University of New York

Abstract
Very little research exists that looks at sexuality and sexual health among adults over 65, and even less specifically addresses the sexual experiences and attitudes of ethnic and sexual minority older adults. Professional training rarely includes specific information on working with older adults, but given the growing number of adults over 65 in the U.S., it is increasingly likely that therapists will have older adult clients, and it is important that these professionals have the knowledge, attitude and skills that will enable them to provide psychotherapy to older adults around a myriad of sexual concerns, not just physical. This review of the literature on older adults and sexuality uses work from the past two decades to examine: the stereotypes and myths related to sexuality and aging; the biological, social and psychological factors that can affect sexual function; and the ways in which psychotherapy can be used to promote healthy sexuality and sexual expression among older adults, especially older adults who are members of ethnic and/or sexual minority groups. Guidelines for taking a sexual history are offered, along with suggestions for talking about sexuality and sexual concerns with clients who identify as members of minority groups.

Mathilda B. Canter Education and Training Student Paper Award

The Effects of Training, Clinical, Supervisory, and Scholarly Experience on Supervisors' Views of Therapuetic Techniques

Jenelle M. Slavin
Derner Institute of Advanced Psychological Studies
Adelphi University

Mark J. Hilsenroth
Derner Institute of Advanced Psychological Studies
Adelphi University

Mathew D. Blagys
Erik H. Erickson Institute of the Austen Riggs Center & Harvard Medical School

Mark A. Blais
Department of Psychiatry
Massachusetts General Hospital & Harvard Medical School

Abstract
This study examines psychotherapy techniques characteristic of prototypic practice among expert psychodynamic-interpersonal (PI) and cognitive-behavioral (CB) supervisors. These supervisors rated interventions as being characteristic of an ideal session from each respective approach to treatment using the Comparative Psychotherapy Process Scale (CPPS; Hilsenroth, Blagys, Ackerman, Bonge, & Blais, 2005). Results demonstrated that supervisors' number of years in post-graduate clinical practice, training, and supervising trainees as well as amount of scholarship relates to the techniques they view as the most figural. Further, experience within a given

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orientation tends to lead to a greater endorsement of techniques within that orientation, although this finding is more uniform for CB supervisors than PI supervisors. Finally, differential types of experience lead to differential focusing on specific techniques. The clinical importance of these findings is discussed in relation to past research.

Please visit the Division of Psychotherapy website (www.divisionofpsychotherapy.org) for the complete text of Jenelle Slavin's award winning paper.

Donald K. Freedheim Student Development Award

The Impact of Client Treatment Preferences on Outcome: A Meta-Analysis

Joshua K. Swift, Oklahoma State University
Jennifer L. Callahan, University of North Texas

Abstract

While including client preferences is thought to be an integral part of best practice standards (APA, 2006), there is little agreement in the research as to whether including client treatment preferences has a positive effect on treatment outcome (Glass et al., 2001; King et al., 2005). Although previous reviews have been conducted examining the preference effect, the findings of these reviews have been less than conclusive due to a number of shortcomings. Specifically, previous reviews have either failed to use a statistical procedure to summarize the findings (box count method only) or have failed to account for differing study designs [match/no-match trials, partially randomized preference trials (PRPTs), randomized controlled trials (RCTs)]. Study design may particularly confound the results of previous research given that the differing designs use various methods to assign clients to preference conditions. For example, while RCTs when used to study preference effects compare clients who by chance were randomized to their preferred treatment to clients who were by chance randomized to a non-preferred treatment, PRPTs compare clients who refused randomization and were given a preferred treatment to clients who agreed to randomization. Given these factors, it was deemed important that a to-date meta-analytic review be conducted, specifically comparing the effects from various study designs.

PsychInfo, *ProQuest*, and relevant journals were searched for research articles comparing the outcome effect of matching or not matching clients to a preferred treatment. A total of 26 studies were deemed eligible for inclusion. Results from the studies were averaged and compared using the *r* statistic and computed using the Comprehensive Meta-Analysis-2 program (Borenstein et al., 2005). Overall effect sizes were calculated comparing (1) dropout rates and (2) outcomes between preference matched and unmatched clients. The *Q*-statistic was used to compare effect differences between the various study designs.

Twenty-six studies were included in the analysis, representing over 2,300 clients (1,240 clients received their preferred treatment, while 1,116 did not). Results from the meta-analysis indicated that clients who received their preferred treatment were about half as likely to drop out ($OR = 0.58$, $CI.95$: 0.10-0.18, $p < .05$), and on average showed greater improvement in outcomes ($r = .15$, $CI.95$: .09 to .21, $p < .001$). Study

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design was found to be a significant moderating variable [Q (2) = 7.72, $p < .05$], and post-hoc comparisons indicated that PRPTs resulted in lower effect size estimates when compared to match/no-match trials [Q (1) = 5.06, $p < .05$] and RCTs [Q (1) = 5.56, $p < .05$]. In short, this meta-analysis found that there was a significant effect on treatment outcome in favor of clients who received their preferred treatment. Although significant, the found effect size was small, indicating that preferences are only one of a number of factors contributing to successful therapy outcome. Further, given the small effect size it can be deduced that leaving all decision-making in the hands of the client may be counterproductive in some cases. On the other hand, it can be recommended that clinicians at minimum include client preferences in the treatment decision-making process, possibly through using a shared decision-making model (Charles, Gafni, & Whelan, 1997). Further research is needed to address these limitations and to explain why the outcome effect in favor of clients who received their preferred treatment was observed.

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PERSONAL REFLECTIONS FROM DIVERSE EARLY CAREERS

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

This is the fourth installment of a 4-5 part series that focuses 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 FEDERAL BUREAU OF PRISONS: AN EARLY CAREER PSYCHOLOGIST'S PERSPECTIVE

*Kenneth R. Liberatore, Ph.D.**
Federal Correctional Complex, Lompoc, CA

*Opinions expressed in this article are those of the author and do not necessarily represent the opinions of the Federal Bureau of Prisons or the Department of Justice.

Clinical practice within the correctional environment is a complex enterprise (Magaletta, Patry, Dietz, & Ax, 2007). As an early career psychologist (ECP) working for the Federal Bureau of Prisons (BOP), the experiences thus far have provided me the opportunity to work clinically with a diverse population of inmates arrested for and/or convicted of federal offenses. Starting with my predoctoral internship at a Federal detention facility in Los Angeles, and continuing in my current job in Lompoc, California, the BOP has given me a vast set of experiences and the chance for growth as both a clinician and a correctional worker. At this point in my professional career, I could not have asked for more.

POSITION DESCRIPTION

My current employment at the Federal Correctional Complex (FCC) in Lompoc, California, is in the position of Staff Psychologist. As stated on the Bureau of Prisons (BOP) website (www.bop.gov):

In many BOP institutions, doctoral-level psychologists function as front-line providers of mental health services to inmates. Departments range in size from a single individual to as many as 10 psychologists, and operate from a community psychology framework. In this framework, the correctional environment is the community and psychologists provide direct services to inmates and consultative services to staff who interact with the inmates while operating the correctional institution. Direct inmate services may include crisis intervention; long-term, short-term, and group therapies; psychological assessments; and comprehensive substance abuse treatment. Most inmates are self-referred, while some are sent by other staff, or are advised by the Federal Courts or parole boards to seek treatment. …Consultative services to staff may range from personnel interviews, employee assistance counseling, and mental health consultation to hostage negotiation or crisis support. (United States Department of Justice, Federal Bureau of Prisons, n.d.)

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The Psychology Services Department at FCC Lompoc currently operates with three Staff Psychologists; one Drug Abuse Programs Coordinator (a doctoral-level psychologist supervising nine Drug Treatment Specialists); and the Chief Psychologist. Duties are divided among me and these clinicians. My specific responsibilities include: conducting admission/orientation and psychological screenings of newly designated inmates; providing brief and long-term counseling for adjustment symptoms and crisis intervention services when necessary; providing routine follow-up to inmates suffering from severe and persistent mental illness; conducting suicide risk assessments and monitoring inmates placed on suicide precautions watch status; referring inmates for psychiatric consultation; coordinating treatment of inmates with Health Services, Unit Team, and Correctional Services staff; conducting psychological testing and assessment; serving as Program Coordinator for the complex's Suicide Prevention Program; and providing Employee Assistance Program (EAP) services to institution staff.

ROAD TO CURRENT POSITION

Looking back, I can trace my road to BOP employment to my second year of graduate school when my interest was piqued in a particular full-time field practicum at a local jail (Twin Towers Correctional Facility) in Los Angeles. This practicum, unfortunately, was discontinued before I applied. Regardless, I focused on attaining its still functioning half-time internship, and the following year was chosen to participate in their 2005-2006 internship class. During a six-month rotation at the Twin Towers Women's Forensic Outpatient Program, I was fortunate to have a wonderful supervisor who introduced me to the BOP through her own experiences as a former BOP intern. Her descriptions of the many benefits of an internship through the BOP (e.g., a foot-in-the-door to potential BOP employment; forensic psychology experience), coupled with my enthusiasm after reviewing the internship's brochure, sealed the deal for me. Later, as I steadfastly navigated my way through the APPIC internship process, my top-ranked choice—and where I ended up attending—was the Metropolitan Detention Center (MDC) in Los Angeles.

MDC-LA represented an excellent experience as a predoctoral clinical psychology internship. A Federal jail facility housing male and female inmates of all security levels (minimum, low, medium, and high security), MDC-LA represented the opportunity I was waiting for, and it allowed me to take advantage of further learning the fundamentals of correctional psychology and BOP employment via three outstanding rotations (i.e., General Population; Mental Health; and Forensic Evaluation). A great year, however, did have to come to an end, and with baited breath I searched for my postdoctoral experience. Would it be a fellowship? A job with (hopefully) postdoctoral hours supervised by a California-licensed psychologist? Ultimately, the search led me to FCC Lompoc (one of my first options)—a correctional complex consisting of a medium-security institution, a low-security institution, and two satellite camps (minimum-security).

MOST SATISFYING ASPECTS OF POSITION

What makes working at FCC Lompoc (and for the BOP) most satisfying—aside from the West Coast climate!—is the level of respect bestowed upon Psychology Services staff, something I have not directly witnessed in other practicum and internship experiences. For example, we are seen as "correctional workers first," a specific tenet of the BOP involving the fact that all employees, regardless of position, are part of the Bureau family and, thus, trained as correctional workers primarily. That is to say, employees partake in training (known as "Introduction to Correctional Techniques") for three weeks at the Federal Law Enforcement Training Center in Glynco, Georgia. There new psychologist employees are trained in the

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correctional aspects of BOP employment alongside correctional officers, nurses, educators, and other various staff from institutions across the country. This excellent training prepares one for the inter-department (and interdisciplinary) relations that continually occur once re-integrated into the home facility.

In addition to the respect and rapport among staff, I am incredibly humbled by the clinical experiences that I have encountered. The range of services that I have been able to provide (e.g., crisis intervention; brief counseling; individual and group psychotherapy; confrontation avoidance; suicide risk assessment)—all under direct supervision—have been conducted with such a variety of clientele (i.e., inmates), that I feel well prepared as I progress in my own realm of job responsibilities. The clinical supervision that I have received has been vital, assisting me in making the correct interventions, and fortunately enough, I have not felt overwhelmed or "in over my head."

MOST CHALLENGING ASPECTS OF POSITION

Of course, one does face challenges when working in a correctional environment, be it at either the local, state, or federal level. At times, working clinically with clients who have a high incidence of Axis II psychopathology, most notably antisocial personality disorder (Hare, Hart, & Harpur, 1991; Hare, 1996), can be difficult, especially when treating comorbid Axis I symptomatology (e.g., major depressive disorder; schizophrenia). Clinical supervision is the key to success, particularly when encountering novel situations, which can occur on a routine basis. I can remember a specific instance in the Special Housing Unit in which supervision—provided via telephone due to the time-constrained nature of my seeking consultation—served to assist me in making what turned out to be effective interventions. Experiences such as these make the challenges easier to confront efficiently.

Additionally, one could bring up concerns about worker safety within the correctional environment. In my case, though, I have not yet felt any issue with safety, as staff members take the security of the institution very seriously. Employees from each and every department work on a unified front to overcome concerns with regard to worker safety; case in point: when staff members are notified of assistance required anywhere in the institution, *everyone responds immediately.* I repeat: *everyone responds.*

On a positive note, I have viewed challenges not only as learning experiences, but also as chances to enhance my expertise in dealing with a wide array of situations. Such situations abound routinely, and I look forward to them enthusiastically.

PEARLS OF WISDOM

If I could offer guidance to those interested in clinical practice within corrections (at any level – local, state, or federal), I would begin by recommending discussing the option with a number of practitioners already working in these locations. One person's opinion could provide an informed, yet skewed perspective regarding the correctional environment, whereas three or four or more viewpoints add more data for what could be a significant career decision. Furthermore, it would be important to consider not only the environment where you would be working, but the clientele you would likely encounter who present with a variety of problems (e.g., adjustment disorders; anxiety, mood, and psychotic disorders; comorbid Axis II disorders). Above all – and this applies to any profession within any employment setting – self-care is vital to success at your job. If you are not achieving some sort of balance between your professional life and your personal life, your chances of experiencing burnout increase dramatically. Take care of yourself! (Your coworkers, and loved ones, will thank you.)

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There are over 400 doctoral-level psychologists employed in the BOP, and I am proud to serve as one of them. As my experiences so far have demonstrated, there will always be opportunities to learn and to grow as a professional clinician and as a correctional worker. I look forward to the challenge—and to the rewards—that come with providing mental health services to inmates in the correctional environment requiring these interventions.

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AUTHOR NOTE

I welcome any follow up communications or questions at krliberatore@bop.gov.

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The APA Division of Psychotherapy invites nominations for its 2009 *Distinguished Psychologist Award,* which recognizes lifetime contributions to psychotherapy, psychology, and the Division of Psychotherapy.

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The applicant's CV would also be helpful.
Self-nominations are welcomed.

Deadline is January 1, 2009

PSYCHOTHERAPY INTEGRATION

Milestones in Psychotherapy Integration

George Stricker
Argosy University, Washington DC

The current series on psychotherapy integration was introduced three years ago with an article that outlined the major categories of this field (Stricker, 2005). To review, these are Common Factors (those aspects of psychotherapy that are present in most, if not all, therapeutic systems), Technical Integration (a combination of techniques are drawn from different therapeutic systems without regard for any specific theoretical approach), Theoretical Integration (an attempt to understand the patient by developing a superordinate theoretical framework that draws from a variety of different frameworks), and Assimilative Integration (treatments are drawn from different approaches but remain guided by a unitary theoretical understanding). The series that followed this initial presentation has presented several different variations of these approaches, as well as some indication of the evidence for them. In this article, I will review some of the historical milestones in the development of psychotherapy integration. In doing so, I will present an abbreviated and idiosyncratic selection of references. The reader wishing a more comprehensive historical account should refer to the work by Goldfried, Pachankis, and Bell (2005).

Before psychotherapy integration was identified as a movement and an approach to psychotherapy, there were some proto-integrationist articles that were very influential. The first of these was by French (1933), a prominent psychoanalyst, who noted the contributions that had been made by Pavlov and learning theory and wondered how these might be reconciled with the developments of psychoanalysis. This can be seen as a forerunner of Theoretical Integration, as well as an early predecessor of the important later work by Dollard and Miller (1950), who attempted to translate the languages of learning theory and psychoanalysis to each other. By doing this, they hoped to get beyond the limitations of jargon and show the underlying similarities of the phenomena approached by each theory. Unfortunately, neither the proponents of psychoanalysis nor those of learning theory were ready for this, and the contribution was not as influential a step toward integration as it deserved to be.

At about the same time as French's early work, Rosenzweig (1936) presented the first formulation of what came to be known as Common Factors. He noted that there were some features that were present in all approaches to therapy. These included the therapist's personality and ability to inspire hope; interpretations, which provide alternative and more plausible way of understanding problems, whether or not they are true; and the synergistic effects of one change on others. Rosenzweig also used the term Dodo Bird effect to apply to the lack of difference in effectiveness of the various therapeutic approaches, and it was this finding, which continues to be replicated to the present day, that led him to identify common factors that can account for common effects.

The most important work in the area of Common Factors, and the one most often cited in the psychotherapy integration literature, is the first of the landmark volumes by Frank (1961). This work was far more ambitious than simply seeking com-

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mon factors in psychotherapy, as it sought to discover the common factors in all healing processes, including such things as faith healing and shamanism along with psychotherapy. Among the factors identified were an emotionally charged healing relationship; a healing setting; a myth based on a rational and credible conceptual scheme to explain symptoms; and a healing ritual. Certainly these are all present in psychotherapy, but they also exist in the other healing processes.

The first work that might be classified as Technical Integration was introduced by Lazarus (1976) in the form of Multimodal Therapy. Lazarus refers to this as an eclectic approach, although an argument might be made that it is assimilative integration, with social learning theory providing the organizing theory and other interventions being assimilated. However, the difficulty in classification is indicative of a more recent problem, as the four categories usually employed have somewhat fuzzy boundaries. In any case, Lazarus provided an excellent example of an approach to psychotherapy that did not hold rigidly to any single orientation, but drew interventions from many orientations in developing a flexible approach to treatment.

The 1960s and 1970s were noteworthy for numerous unconnected examples of integrationist efforts, as the Zeitgeist seemed prepared for a departure from single school approaches to psychotherapy. Interestingly, one of the most important contributions of that period, the Cognitive-Behavioral approach (CBT) of Beck (1976), actually is an integration of cognitive theory with the existing behavioral approach, but it rarely is viewed as being part of psychotherapy integration because it has emerged as the most popular single school at the present time.

The preparation of the field for integration came to fruition with the watershed book by Wachtel (1977), an integration of psychodynamic and behavioral thought in the first fully realized example of Theoretical Integration. It not only was important as a work of integration, it also made psychotherapy integration an acceptable form of treatment, and led to a series of works that now could be classified together rather than viewed as unconnected and discrete apostasies. Perhaps the most important aspect of Wachtel's integration was the presentation of his system, Cyclical Psychodynamics, which contained the notion of a cyclical rather than a linear process of causality. Thus, it was possible for insight to lead to behavior change, as psychoanalysis long had held, but also for behavior change to lead to insight, so that it was reasonable to intervene at either point in order to produce change.

Shortly thereafter, Goldfried (1980) presented an important article that also might be classified within the Common Factors area. He recognized the difficulty in achieving integration at the level of theory, which often provided incompatible formulations, or at the level of technique, which also were quite disparate. Instead, he looked for commonalities at an intermediate level that he referred to as clinical strategy. Orientations that differed widely in theory and in preferred interventions were compatible at this middle strategic level, which included processes such as providing feedback and corrective emotional experiences.

The important work of Wachtel and Goldfried set the stage for the establishment of a professional organization that promised to provide a reference group for the growing number of professionals who were interested in psychotherapy integration. The Society for the Exploration of Psychotherapy Integration (SEPI) was established in 1983 and has grown into an international organization that hosts an annual conference and publishes the Journal of Psychotherapy Integration, a quarterly journal that contains the most

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current contributions to the area of psychotherapy integration (for further information about SEPI, see http://www.cyberpsych.org/sepi/). The contributors to this series of articles all have been SEPI members, and their work is indicative of the creativity and enthusiasm that characterizes the organization and the area.

Prochaska's (Prochaska & DiClemente, 1984) Transtheoretical approach might be viewed as belonging within Theoretical Integration, because it provides a metatheory of the therapeutic process, or within Common Factors, because it identifies common stages in therapy. This again points to the difficulty in classification that has emerged (Stricker & Gold, 2006b). The most influential aspect of the Transtheoretical approach is the stage theory, and within that, the notion that some patients are in a precontemplative stage and not yet ready to consider change. They require a different set of interventions than patients who have progressed to later stages of change, such as preparation or action.

Beutler also presented an important work that falls within Technical Integration (Beutler & Clarkin, 1990). His approach, Prescriptive Psychotherapy, is a matching approach that identifies critical patient presentations and, on the basis of research, prescribes specific interventions for each presentation. For example, a patient who is high on reactance and does not easily accept direction from others would be best suited to an expressive therapy such as a psychodynamic approach, whereas a patient low on reactance would respond better to a more directive approach such as CBT.

The last major class of approaches to psychotherapy integration, assimilative integration, was presented by Messer (1992). He provided the theoretical structure for this approach, which later was instantiated by works such as that of Gold and Stricker (2001). Their assimilative psychodynamic integration uses a relational psychodynamic theory as the organizing theory but incorporates interventions from CBT and humanistic-experiential theories to supplement standard psychodynamic interventions when it is indicated clinically.

One indication of the maturity of a field of study is the publication of compendia that bring together many diverse contributions within the field. For psychotherapy integration, there are two such volumes. The first is the second edition of a Handbook (Norcross & Goldfried, 2005) that brings together scholarly contributions in all the areas mentioned in this review as well as a great many other promising approaches. The second is a Casebook (Stricker & Gold, 2006) that has many clinical contributions from the authors referred to in this review, as well as contributions from several others. These two books have been used together in graduate courses in Psychotherapy Integration, and the presence of such courses is another sign of the development of psychotherapy integration as a recognized approach to treatment.

In this day of evidence-based practice, something also should be said about the evidence for psychotherapy integration. The most comprehensive review can be found in Schottenbauer, Glass, and Arnkoff (2005). Without going into a great deal of detail, their review found that psychotherapy integration had substantial support in 9 studies, some support in 13 studies, and preliminary support in 7 studies.

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We ask members of the Division to nominate articles for consideration by April 15. Nominations should include the complete citation for the article, and should be emailed to the Chair of the Research Committee, Dr. Susan Woodhouse, at ssw10@psu.edu.

A selection committee appointed by the Chair of the Research Committee, in consultation with the President of the Division, will evaluate all nominated articles, and will make a recommendation to the Division's Board of Directors by June 1. Upon approval by the Board, the author(s) of the winning article will be notified so that they may be recognized and receive the award at the upcoming APA Convention. Accompanying this award is a plaque.

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The Practice of Psychotherapy: Lost or Found?

By Patricia Coughlin, Ph.D., Philadelphia, PA

Some in our profession have suggested that the practice of psychotherapy is lost; that the need for our services is declining, and that we are deceiving students into thinking they have a future in the field (Cummings, 2008). Is there any real evidence to support such claims? A review of recent literature suggests that the opposite is true—that the need and demand for psychotherapy is greater than ever. Perhaps our own state of passivity and resignation is the problem, rather than something "out there."

It is important to remind ourselves that the evidence to support the efficacy of psychotherapy is overwhelming and generally far more compelling than that of most medical interventions (Smith & Glass, l977; Lipsey & Wilson, l993; Wampold, 2001). Research also demonstrates that some forms of emotionally focused psychotherapy are highly cost effective as well clinically effective (Abbass, 2002, 2003). In fact, Dr. Abbass has been able to substantiate that short-term dynamic psychotherapy (at least as practiced by him) saves three dollars for every one dollar spent on treatment. Not only do patients go off their medications and drastically reduce their reliance on the medical system, but those who were unemployed and on disability resumed employment after an average of only 8 sessions (Abbass, 2003). The cost savings for the 89 patients studied was well over $400,000.00 and that savings was duplicated in each of the three years following completion of a 15 session treatment.

At the same time that psychotherapy is receiving such strong support, the largest meta-analysis of the effectiveness of antidepressants (SSRIs) revealed that the great majority of patients received no clear benefit over that achieved by placebo (Kirsch, Deacon, Huedo-Media, Moore, & Johnson, 2008). The United Kingdom, which had spent $300 million pounds on these prescriptions in the previous year, recently announced (Alan Johnson, Health Secretary, personal communication, 2008) that 3600 therapists will be trained in the next 3 years in order to increase patient access to talking therapies, which are more effective, efficient, and pose far fewer risks than medication.

Not only has therapy proven more effective than medication for many psychiatric patients, but research suggests that the majority of physical complaints reported to primary care physicians and emergency rooms are psycho-social, rather than organic, in nature (Kroenke, 2003; Reid, Rayforth, & Hotopf, 2001). Often, as little as one session of short-term dynamic psychotherapy can alleviate suffering and avert costly medical treatment (Abbass, et al, 2008).

So, the good news is that psychotherapy works. The sobering news is that it has been very difficult to prove that one form of therapy is more effective than others. The research suggests that the *therapist*, rather than the therapy, is the more potent variable when considering outcome (Blatt, et al, l996; Crits-Cristophe, et al, l99l; Luborsky, McLellan, Diguer, Woody, & Seligman, l997). Therapists vary widely in their level of skill and effectiveness over time and across patients. While we may not like to acknowledge it, some of us are really good at what we do, some are down right awful, and most are just average.

As Atul Gawande (2007) pointed out in his

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essay on this sensitive topic, the bell shape curve seems to pop up everywhere, including the effectiveness of health-care providers. In his essay on the subject (Gawande, 2007), he concluded that the average practitioner is fine for the average patient. In other words, if you have a mild or garden variety case of anxiety or depression, your average psychologist can help you. However, if a patient suffers from a complex disorder that is difficult to treat, like somatization or borderline personality disorder, not just any psychologist will do. Some produce far better outcomes, more often, than others. It really matters who you consult.

Gawande (2007) found that physicians who achieved the best results were the most passionate and determined; simply refusing to accept average results, and pressuring themselves and their patients to work hard to achieve the very best results possible. Evidence suggests the same is true of psychotherapists (Wampold, 2001). The therapist's passion for his/her craft, persistence in achieving positive results, ability to manage the therapeutic relationship, form a solid working alliance, deal with barriers and obstacles to collaboration, and be open to feedback, as well as being a life long learner, are all factors characteristic of the most effective therapists. While the results of clinical trials suggest that "common factors," like those just outlined, have the greatest impact on outcome, what is clear is that these common factors are "not so common" (Weinberger, l995).

What does all this mean? What is the take home message? It is clear—in order to enhance your effectiveness as a therapist and as a teacher or supervisor of other therapists, it is essential to focus on the development of these core competencies. Who you are in your being and how you conduct yourself, particularly your ability to create and maintain an emotional connection with your patient, is far more important than what you do. In my own experience, this attention to the person of the therapist is neglected in practice, as well as in the research literature (Luborsky, et al, l997). If we continue to fail in our training of therapists in this way, we could get "lost." However, if we heed the call and add this focus on personal development to our training programs, we will enhance the therapeutic experience for all involved.

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REQUEST FOR PROPOSALS
Randy Gerson Memorial Grant

The American Psychological Foundation (APF) provides financial support for innovative research and programs that enhance the power of psychology to elevate the human condition and advance human potential both now and in generations to come.

APF is requesting applications for the Randy Gerson Memorial Grant. The grant has been created to advance the systemic understanding of family and/or couple dynamics and/or multi-generational processes. Work that advances theory, assessment, or clinical practice in these areas shall be considered eligible for grants through the fund.

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- What are the intended outcomes, and how will the project achieve them?
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ETHICS IN PSYCHOTHERAPY

Informed Consent with Culturally Diverse Clients

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According to the U.S. Census Bureau (2002), by the year 2025, 40% of adults and 48% of children in the United States will be from a racial, ethnic, or cultural minority group. The rate of population growth for racially, ethnically, and culturally diverse youth is projected to substantially surpass population growth for White youth. For instance, between 1995 and 2015, population growth is expected to be 74% for Asian American youth, 19% for Black youth, and 17% for Hispanic youth, as compared to 3% for White youth (Snyder & Sickmund, 1999). With this increasing racial, ethnic, and cultural diversity as well as the unique health related needs of specific diverse populations, mental health service systems and psychotherapy providers are routinely challenged to develop and implement strategies to provide all racial, ethnic, and cultural groups with efficacious treatment with the intention of eliminating the disparities in the quality of care minorities receive (U.S. D.H.H.S., 2001). The process of initiating effective treatment for clients from diverse backgrounds begins at the outset of the therapeutic relationship.

Informed Consent: What is it exactly?
Informed consent has been defined as: "a shared decision-making process in which the professional communicates sufficient information to the other individual so that she or he may make an informed decision about participation in the professional relationship" (Barnett, Wise, Johnson-Greene, & Buckey, 2007, p. 179) Practicing psychologists and those in graduate training are routinely involved in diverse professional relationships and perform a myriad of professional roles. Regardless of the professional role or relationship, psychologists are ethically and legally bound to initiate these relationships only after completing the process of informed consent (APA, 2002; Knapp & VandeCreek, 2006).

Informed consent brings with it several other important benefits, including "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).

What does the Ethics Code Say?
Principal E: Respect for People's Rights and Dignity of the APA Ethics Code (APA, 2002) states:

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices. (p. 1063)

Although this principle is aspirational in nature, it is essential that psychologists

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adhere to this guidance to provide optimal care to our patients from diverse backgrounds. This includes initiating an informed consent process that is mindful of racial, ethnic, and cultural differences that can influence the presentation of appropriate information to the client. For example, the enforceable Standard 3.01, Unfair Discrimination, (APA, 2002) states that "In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law" (p. 1064).

The APA Ethics Code's (APA, 2002) Standard 3.10(a), Informed Consent, states: "Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants" (p. 1065). More specifically Standard 10.01a, Informed Consent to Therapy, states "When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, 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 and provide sufficient opportunity for the client/patient to ask questions and receive answers" (p. 1072).

The content of informed consent will vary depending on many circumstances. However, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, and (3) has freely and without undue influence expressed consent (Gross, 2001).

What Should Psychotherapists Do?

Before psychotherapists can initiate a proper informed consent procedure with individuals from diverse backgrounds, they must first become knowledgeable of their own possible biases when working with diverse clients. According to the APA's Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (2003) "Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves" (p. 382). One effective bias reducing strategy is engaging in increased contact with individuals from diverse backgrounds (Pettigrew, 1998).

Additionally, psychologists must enhance their cultural competence to effectively inform diverse populations. As Sue (1998) points out, "one is culturally competent when one possesses the cultural knowledge and skills of a particular culture to deliver effective interventions to members of that culture" (p. 441). More recently, Whaley and Davis (2007) defined cultural competence as:

> a set of problem-solving skills that include (a) the ability to recognize and understand the dynamic interplay between the heritage and adaptation dimensions of culture in shaping human behavior; (b) the ability to use the knowledge acquired about an individual's heritage and adaptational challenges to maximize the effectiveness of assessment, diagnosis, and treatment; and (c) internalization (i.e., incorporation into one's clinical problem-solving repertoire) of this process of recognition, acquisition, and use of cultural dynamics so that it can be routinely applied to diverse groups. (p. 565)

Psychologists should learn how cultures vary and form each person's worldview.

Additionally, psychologists must understand how this may influence the provision of appropriate information in the consent process and the ensurance of the understanding of the therapeutic process. For

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example, it may be important to understand that a component of mainstream culture in the United States is a preference for individuals who are independent, achievement focused, and have their own personal goals for which they strive (Fiske et al., 1998; Oyserman, Coon, & Kemmelmeier, 2002). By contrast, many individuals with origins in cultures of East Asia may prefer inter-dependence with others, an orientation toward communal harmony, conformity to societal norms, and they may subordinate their personal goals and objectives to the will of the group (Fiske et al., 1998). Thus, psychologists should be cognizant of how differing societal norms may affect a client's autonomy during the informed decision-making process.

An essential aspect of cultural competence within the informed consent process is language. According to the U.S. Census Bureau (2008), a large number of Americans speak a language other than English in their home. This includes 32 million Spanish speaking Americans and it is estimated that over 2.5 million speak Chinese, 1.9 million French, 1.1 million German, 1.4 million Tagalog, 1.1 million Vietnamese, and 1 million speak Korean, Italian, or Russian. Psychotherapists must understand these linguistic differences and how they may limit their ability to make consent truly informed. One strategy to combat linguistic misunderstandings in the informed consent process is the use of an interpreter. Interpreters have been shown to be helpful in breaking language barriers for individuals with limited English fluency when seeking treatment from primarily English language health care providers (Kaufert & Putsch, 1997). However, the use of an interpreter could potentially lead to further problems in the informed consent process, including interpretive errors, biases, and other common problems of language interpretation (Simon, Zyzanski, Durand, Jimenez, & Kodish, 2006). Thus, psychologists must ensure that the client understands the information in the consent agreement, and assess the level of interpreter competence using mental health language. For written consent documents this is done by having them translated both forward and in reverse by two separate experts in the language that is used. Furthermore, the practicing psychologist must take precautions regarding maintaining confidentiality when using an interpreter.

Beyond the common element of language in properly informing diverse populations, there are underlying concepts of informed consent that can be influenced by cultural factors. Perhaps most importantly is the concept of autonomy. Autonomy is defined as the patients' right to self-determination. It mandates specifically that informed consent be free of undue outside influence and be made with a thorough understanding of what will transpire in treatment. However, the approach to autonomy varies within different cultures (Akabayashi, Fetters, & Elwyn, 1999; Pelligrino, 1992). For example, differing from the traditional Western approach of self-directedness in decision-making, many Asian Americans may tend to have a family or group orientation. For example, within the Chinese culture, for many, the concept of self is a relational one (Ho, 1995), and family relationships tend to emphasize harmonious interdependence (Fan, 1997). Additionally, Fan (1997) states that within the Chinese culture, individuals are part of family units and autonomy frequently requires family determination. Kagawa-Singer (1999) noted that many Asian-Americans' health related decisions are made by consensus, which suggests that the inclusion of family members, providing explanations on the procedures and agreement to participate, should be incorporated in the process of informed consent. These suggestions could translate to many in the Hispanic community given the high allegiance to the family that many report as well (Avila & Avila, 1995). Similarly, Shaibu (2007) found a collectivistic orientation during the informed consent process with individuals in Botswana that included the

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extended family being privy to information to make a collective decision about participation in research. Furthermore, Shaibu (2007) found that women often consulted male relatives before consenting to research participation. Each client's level of acculturation and their resulting needs and preferences should be actively assessed from the outset of the professional relationship and respected during the informed consent process and throughout the duration of the relationship.

Many Asian American families have a hierarchal/patriarchal decision-making process that often does not seek the input of others (Tien, 2003). This could impact the voluntary nature of clients seeking treatment and their ability to ask questions about the treatment process. Thus, the client may not receive information that could influence their consent to treatment. These findings highlight the need for psychotherapists to have an understanding of the culturally dynamic nature of autonomy and how this pertains to the informed consent process.

It is important to note that psychologists should never succumb to generalizations when discussing informed consent, and always ask clients about their preferences from the outset. Additionally, psychologists should assess each client's individual level of acculturation from the outset to help guide how to proceed with the informed consent process and the assessment or treatment that follows.

Another culturally important aspect to the informed consent process is the use of religious or spiritual practices in treatment. Many people in the United States report strong faith traditions that may impact treatment decisions. Recent Gallup Polls (2007) found that 93% of those surveyed believe in "God or a universal spirit". Eighty-two percent of those surveyed identified religion as either "very important" (56%) or "fairly important" (26%) and 59% stated that they believe that religion can solve "all" or "most" of today's problems. According to Hill (1997), strong religious commitment is one of the most pervasive cultural strengths of many African-Americans. Additionally, Goldston, Molock, and Whitbeck (2008) suggest that in Asian-American and American Indian cultures, their spiritual views could influence their help seeking and coping behaviors. Goldston and colleagues (2008) assert that "People of different cultural backgrounds understandably may not seek help or respect intervention efforts if they do not perceive that their faith or beliefs will be honored or respected" (p. 26).

Hawkins and Bullock (1995) discuss religion and spiritually as a neglected piece of informed consent. It is suggested that psychotherapists share spiritual and religious information with their clients when, during a thorough intake process, the importance of each client's religion and spirituality is uncovered. This will allow each client to make an informed choice about participating in treatment (Hawkins & Bullock, 1995).

Acquiring and Maintaining Cultural Competence: Several Models to Guide Psychotherapists

The United States is becoming increasingly diverse, gaining a multitude of cultures and customs with each passing year that will increasingly expand our exposure to racial, ethnic, and culturally diverse clients. Cultural competence has been defined as the knowledge and information obtained about individuals and groups that is integrated and incorporated into clinical standards, skills, service approaches, and procedures that match the cultural experiences and traditions of clients and that increase both the quality and appropriateness of health care services and health outcomes (Delphin & Rowe, 2008). Development of cultural competence is an ongoing process and does not have an endpoint (Delphin & Rowe, 2008). Thus,

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psychologists should not view cultural competence development as a singular event, but should strive to continually develop and enhance their competence through ongoing training. Additionally, psychologists should refer and adhere to tenants of APA's Multicultural guidelines (APA, 2003).

Several models have been developed to assist clinicians in considering the dynamic nature of culture and how it relates to potential clients. Hays' (1996) ADRESSING model is described as a framework that will help psychologists "explore the influence of diverse cultural factors on their own identity, world view, and work with clients, and consider the influences of cultural factors on their clients, particularly factors related to minority-group status" (p. 188). Using the most salient cultural influences psychologists need to consider in their professional work as delineated by the American Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (APA, 1993), Hays (1996) organized these factors in an acronym that forms ADRESSING. Included in the model are Age and generational influences, Disability, Religion, Ethnicity, Social status, Sexual orientation, Indigenous heritage, National origin, and Gender. According to Hays (1996), the ADRESSING acronym:

provides a framework for psychologists to (a) explore the influence of diverse cultural factors on their own identity, world view, and work with clients; and (b) consider the influence of cultural factors on their clients, particularly factors related to minority-group status, which psychologists of dominant cultural identities might be inclined to overlook. (p. 188)

The informed consent process is an ongoing endeavor that may need to be updated as treatment progresses (Barnett, Wise, Johnson-Greene, & Buckey, 2007). Thus, clinicians are encouraged to review and incorporate models of racial and cultural identity into informed consent to better understand the dynamic nature of multicultural identity in the United States.

Sue and Sue (1999) developed a broad conceptual framework for understanding racial/cultural identity, The Racial/Cultural Identity Development model (R/CID), which can be used by clinicians to facilitate a better understanding of culturally different attitudes and behaviors. However, clinicians should not ignore the many within-group differences of racial/culturally diverse populations. Clinicians are directed to identity development models encompassing African Americans (Cross & Vandiver, 2001; Helms & Cook, 1999), Asian Americans (Sodowski, Kwan, & Pannu, 1995), Latino/Hispanic Americans, and others (Ruiz, 1990). These models incorporate within-group differences and will help facilitate a better understanding of racial and cultural themes that may affect the informed consent process.

Conclusions/Recommendations

- Always assess each client's language competence and ability to comprehend information presented.
- When using translators, always discuss confidentiality issues and assess translator language competence.
- Gain cultural competence through ongoing training, exposure to diverse groups, review of the relevant literature, and by abiding by the multicultural competence guidelines (APA, 2003).
- Develop a cadre of colleagues from diverse backgrounds and consult with them when questions about various groups arise.
- Assess spiritual and religious preferences from the outset.
- Assess each client's level of acculturation and make appropriate accommodations rather than applying rigid stereotypes.
- Respect clients' preferences for family involvement in the informed consent

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process.
- Use existing identity models to gain an enhanced understanding of each client's dynamic racial and cultural identities.
- If unsure about cultural preferences DO NOT assume. ASK!

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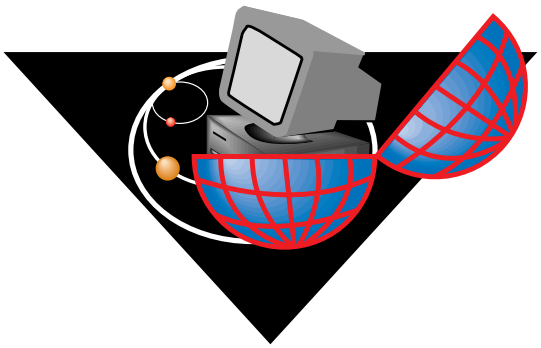

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WASHINGTON SCENE

A Vision For The Future—Integrated Care

Pat DeLeon, Ph.D., former APA President

A National Health Policy Perspective: In 2001, the Institute of Medicine (IOM) issued its far reaching report *Crossing the Quality Chasm: A New Health System for the 21st Century* which proposed an exciting and highly creative strategy for improving health care overall, attracting considerable traction both in the United States and around the world. The IOM framework proffered six aims of High Quality Care: Safe—avoiding injuries to patients from the care that is intended to help them; Effective—providing services based upon scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (i.e., avoiding underuse and overuse, respectively); Patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions; Timely—reducing waits and sometimes harmful delays for both those who receive and those who give care; Efficient—avoiding waste, including waste of equipment, supplies, ideas, and energy; and, Equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographical location, and socio-economic status. The IOM concluded that the current American health care system is in need of fundamental change.

Each year, more than 33 million Americans use health care services for their mental health problems or conditions resulting from their use of alcohol, inappropriate use of prescription medications, or, less often, illegal drugs. In 2006, Improving the Quality of Health Care for Mental and Substance-Use Conditions was released in which the IOM concluded that their Quality Chasm framework is, in fact, applicable to health care for mental and substance-use conditions. This newest report noted that these conditions are the leading cause of combined disability and death of women and the second highest for men. "Effective treatments exist and continually improve. However, as with general health care, deficiencies in care delivery prevent many from receiving appropriate treatments. That situation has serious consequences—for people who have the conditions; for their loved ones; for the workplace; for the education, welfare, and justice systems; and for our nation as a whole." Five psychologists served on the Committee issuing this report and the assistance of Jalie Tucker, then-Chair of the APA Board of Professional Affairs, was expressly noted.

Health care for mental and/or substance-use conditions historically has been more separated from general health care relative to other specialties. In addition, there are some significant differences, including: the implications of a mental or substance-use diagnosis for patient decision-making; the more common use of coerced treatment; greater variation in the types of providers licensed to diagnose and treat these illnesses; the need for linkages with a greater number of health, social, and public welfare systems; a less-developed quality measurement infrastructure; less widespread adoption of information technology (IT); and a differently structured marketplace for consumers and purchasers of mental health/substance-abuse care. "Although science continues to advance our knowledge about the etiology of mental and sub-

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stance-use problems and illnesses and how to treat them effectively, health care for these conditions—ike general health care—frequently is not delivered in ways that are consistent with science—in ways that enable improvement and recovery. Moreover, care is sometimes unsafe; more often, it is not delivered at all. The gap between what can and should be and what exists is so large that, as with general health care, it constitutes a 'chasm'…."

With psychology's increasing presence in integrated care, one reoccurring IOM theme is particularly noteworthy; i.e., that mental, substance-use, and general illnesses are highly interrelated, occurring together approximately 20% of the time, especially with respect to chronicity. Improving care delivery and health outcomes for any one of the three depends upon improving the others. The report recommends that primary care providers and specialty mental health/substance-use providers should transition along a continuum of evidence-based coordination models from: (1) formal agreements among mental, substance-use, and primary health care providers to (2) case management of mental, substance-use, and primary health care to (3) co-location of services and then to (4) delivery of services through clinically integrated practices of primary and mental health/substance-use providers. Organizations should adopt models to which they can most easily transition from their current structure, that best meet the needs of their patient populations, and that ensure accountability. Health care for general, mental, and substance-use problems and illnesses must be delivered with an understanding of the inherent interactions between the mind/brain and the rest of the body. In conducting its deliberations, the IOM committee, like many expert panels before it, was confronted by the "destructive" and "artificial, centuries old separation of mind and body" that was criticized by former APA President Ron Levant and by the 1999 Surgeon General's report on Mental Health. The IOM continues to emphasize that the vast majority of problems found in the quality of health care are not the result of poorly motivated, uncaring, or unintelligent health care personnel, but instead result from numerous barriers to high-quality care imposed by the delivery systems in which clinicians work.

Highly significant for the future, the IOM also found that while the use of electronic health records, decision support, and other information technology [IT] applications is growing in general health care, their use in mental health and substance-use health care is more limited, including its use in supporting the delivery of mental health and substance-use therapy over the World Wide Web, by e-mail, and through other technology-mediated interactions. "Health care providers' ability to quickly obtain information on a patient's health, healthcare, and potential treatments, and share this information in a timely manner with other providers caring for the patient, is essential to the delivery of safe, patient-centered, coordinated and effective care…. (A) strong IT infrastructure (is) critical to:

- Supporting consumers in illness self-management and marketplace choices;
- Supporting providers in the delivery of evidence-based clinical care;
- Coordinating care across clinicians, settings, and time;
- Facilitating performance and outcome measurement; and
- Educating clinicians."

The President of the Institute of Medicine: "As the Committee has concluded, improving our nation's general health, and the quality problems of our general health care system, depends upon equally attending to the quality problems in health care for mental and substance-use conditions…. Dealing equally with health care for mental, substance-use and general health conditions requires a fundamental change in how we as a society and health care system think about and respond to these problems

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and illnesses. Mental and substance-use problems and illnesses should not be viewed as separate from and unrelated to overall health and general health care. Building on this integrated concept, this report offers valuable guidance on how all can help to achieve higher quality health care for people with mental or substance-use problems and illnesses. To this end, the Institute of Medicine will itself seek to incorporate attention to issues in health care for mental and substance-use problems and illnesses into its program of general health studies."

Hawaii's Insurance Plan: Hawaii Medical Service Association (HMSA) is the Blue Cross/Blue Shield plan of Hawaii, covering over 700,000 individuals (approximately 58% of the State). Over the years, HMSA has been a positive voice on behalf of instituting proactive, patient-centered changes for Hawaii's health care delivery system; including, for example, recently testifying in favor of the Hawaii Psychological Association prescriptive authority (RxP) legislation. "During our meeting, you asked if HMSA was receptive to having non-physicians apply for our innovative health information technology support program, HI-IQ. I am writing to confirm that HMSA is indeed interested in having non-physicians apply for the program. HMSA recognizes the tremendous and valued support provided to physicians by physician extenders. On January 1, 2008 HMSA expanded HI-IQ to include Physician Assistants, Nurse Practitioners, APRNs, and Mid-wives."

"HI-IQ extends HMSA's ongoing efforts to improve health and general well-being in Hawaii by supporting technological development in the health care community. HI-IQ is divided into two components: a hospital component that will invest $30 million over three years, starting in 2007, to support facility-based projects, and a provider component that will invest $20 million to support health care providers – physicians and non-physicians – in acquiring electronic medical record (EMR) systems. Participation in the HI-IQ program is a partnership between HMSA, the EMR vendor, and the health care provider to support innovative, technological advancement. In this spirit, HI-IQ funds were originally intended to cover up to 50% with a limit of $20,000 for a single provider for initial start-up EMR product costs (including software and reasonable training and installation costs). However, because HMSA understands the unique situation faced by providers on the Neighbor Islands, we have increased our assistance for providers who are starting new practices on Neighbor Islands to reduce their costs for EMR systems… To qualify for the HI-IQ program, providers must be independent, MHSA participating health care providers or belong to a health center that is an HMSA participating health center…."

APA's Forward Movement: Nina Levitt—"A very exciting new initiative was recently launched by the Education and Practice Directorates, with support from the Public Interest Directorate, on integrating health care and the utilization of psychologists and psychology trainees in our nation's federally qualified health centers (FQHCs). The FQHCs include community health centers, migrant health centers, low-income housing health centers and school-based health centers. With over 7,000 sites nationwide, this initiative promises to improve the quality of mental and behavioral health care for those in our country most in need of services. In September of this year, in conjunction with the Committee on Rural Health, chaired by Clark Campbell, an all-day meeting was hosted during the Fall Consolidated meetings, attended by representatives from the Department of Health and Human Services. Board of Education Chair Gil Newman discussed their maturing efforts in California, including obtaining student financial support." Integrated care will become a major future agenda for psychology.

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Personal Involvement Makes All The Difference: From Col. Robin Squellati, Senator Inouye's 18th DOD Nurse Fellow:

After almost a year in Senator Inouye's office, I can truly say that this experience is the highlight of my 28 years of nursing. As a United States Air Force Colonel, I have had the opportunity to serve in a variety of nursing roles, but none can compare to the impact on America that a Senate staffer has. Since this is a Presidential election year, and healthcare is one of the top concerns of Americans, I have been able to hear health policy analysts from several major organizations. Each has their own views on healthcare reform, but controlling the cost and improving the quality of care are paramount. The Commonwealth Fund ranked the United States last out of six industrialized countries for quality, access, efficiency, equity, healthy lives, and cost control. Even though we spend more than any other nation, our outcomes are poor.

Another significant observation involves disciplines actually preventing progression of their members. Nurse practitioners would like to practice according to their full scope of care, nurse educators would rather not turn away 42,000 nursing students during the country's most severe nursing shortage, psychologists are seeking prescriptive authority (RxP) in many states; and dental hygienists would like to expand their scope of practice, similar to dental hygienists in Australia. Each of these goals would benefit countless Americans. The problem is often that some in the discipline do not want to fight for the real goal—improved patient care. If the focus was the mission, and all healthcare professionals worked together to achieve the best outcomes for patients, instead of internal battles, we could easily improve our healthcare.

My role has focused primarily on health in the Labor, Health and Human Services, and Education subcommittee; and Defense health. Provisions in both appropriations bills were included, because there was interest from Americans. The Chairman and the Ranking minority member of the subcommittee work closely to develop a bill that both Democrats and Republicans will support. One of my most memorial times in the Senate was the evening that the Medicare bill was passed. When Senator Kenney appeared on the Senate floor, the clapping lasted at least three minutes.

Relationships between Members, office staff, majority and minority committee members, and lobbyists are extremely important. It takes 60 votes to pass a bill in the Senate, so people have to work together. Talking over a cup of coffee or giving a thank you to those who support you goes a long way. This is one lesson that I intend to take back to the military. Nothing is more important in any organization than the people. Caring about each other, and supporting common interests is not done nearly enough.

During the nurse's year in Senator Inouye's office, we visit Hawaii. When I visited Hilo, I knew I wanted to live and work in their community. I came back and enrolled in a doctorate in Healthcare Administration, so that I could teach at the University of Hawaii at Hilo. Teaching the next generation of nurses is a way for me to give back to a profession that I've very much enjoyed. Until I worked in this office, I had not even considered a Ph.D. Senator Inouye's staff and those who came to visit have encouraged me. Every American should be as fortunate to be surrounded by motivating individuals.

Pat DeLeon, former APA President – Division 29 – November, 2008

A HOLIDAY GUIDE FOR PSYCHOTHERAPISTS

Leon J. Hoffman, Ph.D., ABPP

The period from just before Thanksgiving to just after New Year's is unrepresentative of other times of the year. Cultural, religious, social and business pressures on patients are unlike those of any other time.

Decades ago in my psychotherapy practice and in my hospital work, I observed that many patients fell prey to these inordinate pressures. Patients with tendencies to acting-out and impulsivity proved to be most at risk. They were likelier to be triggered by such influences, causing them to engage in costly and painful re-enactments of earlier life traumata.

They might have overeaten, overspent, over-imbibed alcohol, used drugs more or engaged in reckless sexual behaviors—all in the interest of alleviating anxieties of which they were generally unaware. When awareness is raised, re-enactment and acting-out become unnecessary and irrelevant.

To help the patients reduce their risks of unnecessary loss and pain, it occurred to me to recommend (gently and with some humor) that they refrain from making any major life decisions from the weekdays preceding Thanksgiving until approximately January 15. It seemed to me that by then the "holiday dust" would have settled. Any transferences or distortions related to holiday memories, fantasies, expectations, disappointments, hopes and dreams might more safely be assumed to be less treacherous in influencing a patient.

Patients are encouraged not to buy or sell a house, intentionally get pregnant, get engaged, married or divorced or change jobs. Pretty simple actually.

Some practitioners may work in ways that might not find these recommendations fitting. My comments are meant to encourage colleagues to consider such contingencies when streamlining their practices.

I have always found it useful to observe this "moratorium" and I am aware of no ill effect on any of my patients. Rather they have found it helpful.

The basic tenet might be that if something feels urgent, be curious about that. Think and feel, but resist acting. Anything that seems important can probably wait for a few weeks. It is a win/win situation.

It is not unusual that a patient asks me when considering some major action during that time, "Are we in the moratorium period yet?" They enjoy having a chance to act reasonably.

These recommendations may apply as well to many of us psychotherapists.

Leon J. Hoffman, Ph.D., is in private practice and can be reached at Suite 2122, 111 North Wabash Ave., Chicago IL 60602

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Call for Nominations

DIVISION 29 AWARD FOR DISTINGUISHED CONTRIBUTIONS TO TEACHING AND MENTORING

Each year, Division 29 honors a psychologist who has contributed to the field of psychotherapy through the education and training of the next generation of psychotherapists by presenting the Division 29 Award for Distinguished Contributions to Teaching and Mentoring. This award is given annually to a member of Division 29 who exerted a significant impact on the development of students and/or early career psychologists in their careers as psychotherapists.

Both self-nominations and nominations of others will be considered. The nomination packet should include:

1) a letter of nomination, sent electronically, describing the individual's impact, role, and activities as a mentor;
2) a vitae of the nominee; and,
3) letters of reference for the mentor, written by students, former students, and/or colleagues who are early career psychologists. Letters of reference for the award should describe the nature of the mentoring relationship (when, where, level of training), and an explanation of the role played by the mentor in facilitating the student or colleague's development as a psychotherapist. Letters of reference may include, but are not limited to, discussion of the following behaviors that characterize successful mentoring:

- helping students to select and work toward appropriate goals
- providing critical feedback on individual work
- providing support at all times, especially encouragement and assistance in the face of difficulties
- assisting students in applying for awards, grants, and other funding
- assisting students in building social network connections, both with individuals and within organizations that are important in the field
- serving as a role model and leader for teaching, research, and academic and public service in psychology
- offering general advice with respect to professional development (e.g., graduate school, postdoctoral study, faculty positions), awards, and publications
- treating student/colleagues with respect, spending time with them, providing open communication lines, and gradually moving the student into the role of colleague.

The award recipient will receive the following: (1) an invitation to make a 45-minute presentation at the APA convention the year the award is conferred; (2) a cash award of $200 to help offset travel expenses to the APA convention for the year the award is conferred; and (3) an award plaque. These are based on the assumption that the award recipient will attend the APA convention the year the award is conferred. If the award recipient does not attend the APA convention, then he/she shall receive an awards plaque.

Individuals who were nominated in previous years for the Teaching and Mentoring Award may carry over their complete application to a subsequent year by writing a letter to the Chair of the Professional Awards Committee requesting resubmission of the previous application. This letter must be received by March 15 of the year of the award.

The letter of nomination must be emailed to the Chair of the Professional Awards Committee. Deadline is January 1, 2009. All of items must be sent electronically. The Award is to be presented at the APA annual convention. Division 29 2009 Awards Chair:

Jeffrey E. Barnett, Psy.D., ABPP
1511 Ritchie Highway, Suite 201
Arnold, MD 21012
Phone: 410-757-1511 Fax: 410-757-4888
E-mail: drjbarnett1@comcast.net

BOOK REVIEW

Financial Success in Mental Health Practice: Essential Tools and Strategies for Practitioners

Published by APA Books, 2008

Authors: Steven Walfish and Jeffrey E. Barnett

Miguel E. Gallardo, PsyD, Associate Professor of Psychology, Pepperdine University

As I reflect on the delivery of mental health practice nationally, it is clear to me that the times are changing. Moreover, in a time when some are beginning to question the possibility of the independent practitioner as an avenue towards financial and professional independence, Walfish and Barnett have outlined, and in many ways, provided a strong sense of hope to those in doubt. I was pleased to have reviewed this book and believe it to be a well-timed, and one of the best, books I have read in the areas of practice development and financial planning for practitioners. I believe this book will serve as a resource to students, early career psychologists, and practitioners across the professional developmental lifespan. It is within this context that I will share my comments and review.

The authors begin with an analysis of mindset. From my perspective, addressing one's level of comfort in earning a decent living is foundational to engaging and embracing a career as an independent practitioner. I have been, and remain, concerned that as a profession, we are limiting our own capacity to deliver services and simultaneously earn a living. For too long people have questioned the mindset of psychologists who want to earn a good living as a provider of mental health services. There seems to be the assumption that if one wants to make money, pay off school loans without living month to month, own a home, have a nice car and take a vacation once or twice a year, that some how this takes away from one's "commitment" to the "real" purpose of being a psychologist. I have never appreciated that mindset, and believe it limits and debilitates some students and psychologists from striving to achieve all of the above. Additionally, the authors have tailored the book around twenty "Private Practice Principles" that serve as the backdrop. I found the principles to be very helpful as I began the book and as reminders throughout. As a result, this is a great book for professors to use in their classes as the examples and information provided can be incredibly helpful to those who may still be sorting through the pros and cons of private practice.

I also appreciated the authors' perspectives on helping readers understand that independent practice is a culmination of several skill sets, not on simply being a good clinician or a good business person. Walfish and Barnett do a nice job addressing how important it is for the independent practitioner to refine and transform their mindset, and skill set, as therapists. Their honest discussion about the importance of having a strong set of clinical competencies, combined with strong skill sets in being a business owner, is invaluable. This particular aspect of the book can be extremely helpful for those readers who are unsure whether or not independent practice is the right decision for them. Their discussions about the various types of practices one can create in the book can be helpful to those readers who are attempting to find the best fit for their own individual needs and levels of comfort in becoming business owners. The various independent practice options in Chapter 9 can be useful as readers reflect on the various culmination of skills necessary to create a practice. The outcome of their insights

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and experiences is that there is not a one size fits all approach to creating and being successful in practice. While I believe their discussions on this issue can be helpful for students, I also found myself really learning a lot of new information as a professional. As a result of reading this book, I was reminded of my graduate school training and what information was missing from that equation.

While I believe that many graduate programs have begun to bridge the gap between real world professional endeavors and graduate training, particularly as it relates to practice, I also believe we are still behind in fully preparing our students for a life outside of graduate training in the area of independent practice. Walfish and Barnett provide excellent information for the student just beginning to think about practice options after graduate school, to facilitating the transition for the newly graduated professional. Additionally, the information in this book can also be useful to the more seasoned professional who has been concerned about taking a "chance" on establishing their own business. As I reflected on my own process of beginning a small practice as a professional, I found myself tapping into the various resources around me. I was fortunate to have successful people in practice provide some guidance to me along the way. As I read the book, all of the information I compiled as I was beginning my own practice from numerous individuals, is included in this volume. There is no stone unturned that Walfish and Barnett have not touched upon. Their 45 years of experience is evident in this volume. Of most importance for me as a reader, was that I was able to take some of the examples they provided throughout the book, and use them in my own practice as a template. The book is practical and user friendly.

The book has clearly defined language and ideas throughout. It is easily understood and the authors do a nice job of spelling out many ideas, concepts and processes for the reader. The book is very well organized and I found myself reflecting on the practice principles and pondering some of the questions raised throughout. The book flows in a developmental way that I think will make sense to the reader and to the person delving into this process for the first time. From my perspective the most useful aspect of this book is the hands-on approach the authors take throughout the volume. In particular, I found the information contained in chapters 6-10 extremely helpful as I believe these chapters contain complex information that is easy to understand and with helpful examples. The information in these chapters seemed to resonate with me more than when I have read similar information in other practice related books. The authors address the importance of accounting, taxes, working with insurance companies, or not, engaging in other areas of the field, and long-term financial planning in a way that is easily understood and practical. Some of the more complex issues such as, accounting, taxes and dealing with insurance companies stand out as information that can be challenging to individuals thinking about practice, yet Walfish and Barnett have managed to present this information in way that I think readers will comprehend. I was particularly impressed with the details the authors' provide in familiarizing the reader with insurance claim forms and delineating the information line by line. Additionally, the sample letters they provide to insurance companies, when corresponding with insurance companies and clients, setting and changing fees, providing superbills and understanding the pitfalls associated with insurance work, was valuable to me as the reader. I learned a great deal from reading this book and was able to use some very practical aspects of this book into my practice.

The authors' pay particular attention in addressing the multitude of ways that independent practitioners can diversify their professional life. As we reexamine the independent practice of psychology today, it is clear that today's practitioners are engaged

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in a variety of professional roles. I appreciated Walfish and Barnett devoting some attention to this aspect of being and becoming an independent practitioner. The author's address directly the many ways that independent practitioners can earn a living outside of managed care, and in addition to a fee-for-service practice. This is a very important aspect to this book as it provides the reader with some realistic options that individuals across the professional lifespan can take advantage of. Additionally, these discussions can be very helpful to students who are weighing their options as they begin to create a professional identity.

Over the years, I have followed listserv discussions, attended, and participated in, various presentations on beginning a practice, and the information in this book addresses all the questions I have seen participants and attendees ask on listservs and in presentations. What I most appreciate about the book is the authors' realistic world view on practice. While they provide information that is useful, they are not attempting to paint an unrealistic picture of practice. The authors' help the reader sort through some very challenging questions about beginning a practice and what it means to delve into an area of the field that demands a certain mindset and skill set. Although the authors discuss some very important aspects related to practice, this book is not a book that attempts to "glorify" independent practice, but more attempts to paint a realistic picture of what one can expect as they move forward. Walfish and Barnett have taken their own internal processes, professional experiences and transformed them into deliberate and thoughtful questions and information in this volume. I appreciated the frank discussions about both the benefits of independent practice, combined with some of the more challenging discussions that people need to know. A valuable aspect of this book is the authors' belief that readers need to know both the intricate details of succeeding in practice, while also providing the intimate details of the struggles associated with practice.

The authors have also done an exceptional job including research throughout the fabric of the book. This book is not simply based on the author's experiences, it is based on some very important research to substantiate the authors recommendations and reflections. While the authors' experiences should not be underestimated and represent powerful voices in compiling the information in this book, it is the research component that provides another foundation to the volume that expands its utility to professional training programs for professors to use in classes. Additionally, the qualitative interviews with therapists throughout the book highlight scenarios in a very effective way to demonstrate some the principles and concepts discussed. I have always valued hearing the professional experiences of other therapists as they deal with issues that I am attempting to address. I found the interviews to be a nice snapshot into some of the personal experiences of therapists from across the country. The multitude of voices throughout, add to the books credibility and reliability.

In a time when we are reflecting on the delivery of services in psychology, and the multitude of ways that psychologists impact society, Walfish and Barnett have kept alive the endless possibilities of working in independent practice in this changing landscape. They have provided an enormous amount of information that will equip everyone who reads this book with useful information, regardless of where one falls on the professional life-span. The more seasoned independent practitioner will benefit from the chapters on strengthening one's retirement and closing a practice. Every reader will benefit from this practical volume on thriving as an independent practitioner. This book is a must have for graduate training programs hoping to prepare their students for life outside graduate school to early career psychologists building their careers, to seasoned practitioners wanting to tighten up their business and economic futures. I hope you find this book as valuable as I did.

The Society for General Psychology
Division 1

AMERICAN PSYCHOLOGICAL ASSOCIATION

CALL FOR NOMINATIONS FOR AWARDS FOR YEAR 2009

Deadline: ***February 15, 2009***

The Society for General Psychology, Division One of the American Psychological Association is conducting its Year 2009 awards competition, including the **William James Book Award** for a recent book that serves to integrate material across psychological subfields or to provide coherence to the diverse subject matter of psychology, the **Ernest R. Hilgard Award** for a Career Contribution to General Psychology, the **George A. Miller Award** for an Outstanding Recent Article on General Psychology, the **Student Poster Award** and the **Arthur W. Staats Lecture for Unifying Psychology**, which is an American Psychological Foundation Award managed by the Society for General Psychology.

All nominations and supporting materials for each award must be received on or before **February 15, 2009**.

There are no restrictions on nominees, and self-nominations as well as nominations by others are encouraged for these awards.

The Society for General Psychology encourages the integration of knowledge across the subfields of psychology and the incorporation of contributions from other disciplines. The Society is looking for creative synthesis, the building of novel conceptual approaches, and a reach for new, integrated wholes. A match between the goals of the Society and the nominated work or person will be an important evaluation criterion. Consequently, for all of these awards, the focus is on the quality of the contribution and the linkages made between diverse fields of psychological theory and research.

Winners of the William James Book Award, the Ernest R. Hilgard Award, and the George A. Miller Award will be announced at the annual convention of the American Psychological Association the year of submission. They will be expected to give an invited presentation at the subsequent APA convention and also to provide a copy of the award presentation for inclusion in the newsletter of the Society (*The General Psychologist*). They will receive a certificate and a cash prize of $1000 to help defray travel expenses for that convention.

For the **William James Book Award,** nominations materials should include: a) three copies of the book (dated post-2004 and available in print; b) the vita of the author(s); and c) a one-page statement that explains the strengths of the submission as an integrative work and how it meets criteria established by the Society. Specific criteria can be found on the Society's website (http://www.apa.org/divisions/div1/awards.html). Textbooks, analytic reviews, biographies, and examples of

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applications are generally discouraged. Nomination letters and supporting materials should be sent to John D. Hogan, PhD, Psychology Department, St. John's University, Jamaica, NY 11439.

For the **Ernest R. Hilgard Award**, nominations packets should include the candidate's vita along with a detailed statement indicating why the nominee is a worthy candidate for the award and supporting letters from others who endorse the nomination. Nomination letters and supporting materials should be sent to Thomas Bouchard, PhD., Psychology, N249 Elliott Hall, University of Minnesota, 75 E. River Road, Minneapolis, MN 55455.

For the **George A. Miller Award**, nominations packets should include: a) four copies of: a) the article being considered (which can be of any length but must be in print and have a post-2004 publication date); b) the curriculum vitae of the author(s); and c) a statement detailing the strength of the candidate article as an outstanding contribution to General Psychology. Nomination letters and supporting materials should be sent to Donald Dewsbury, WJBA Award chair, Department of Psychology, University of Florida, Gainesville, FL 32611-2250.

The **2010 Arthur W. Staats Lecture for Unifying Psychology** is to be announced in 2009 and given at APA's 2010 Annual convention. Nominations materials should include the nominee's curriculum vitae along with a detailed statement indicating why the nominee is a worthy candidate for the award including evidence that the nominee would give a good lecture. They should be sent to Harold Takooshian, PhD, Psychology-916, Fordham University, New York NY 10023.

Candidates for the **Student Poster Award** should submit their poster abstract to the Division One Posters upon call for APA Convention Programs.

General Comments may be made to
Dr. MaryLou Cheal, Awards Coordinator
127 E. Loma Vista Drive
Tempe, AZ 85282.

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☐ **NETWORKING & REFERRAL SOURCES**
Connect with other psychotherapists so that you may network, make or receive referrals, and hear the latest important information that affects the profession.

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

☐ **DIVISION 29 LISTSERV**
As a member, you have access to our Division listserv, where you can exchange information with other professionals.

☐ **VISIT OUR WEBSITE**
www.divisionofpsychotherapy.org

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

Name _____ Degree _____

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

If APA member, please provide membership #

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Please return the completed application along with payment of $40 by credit card or check to:
Division 29 Central Office, 6557 E. Riverdale St., Mesa, AZ 85215

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