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Society for the Advancement of Psychotherapy

2019 VOLUME 54, NUMBER 2

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PRESIDENT'S COLUMN

Nancy L. Murdock, PhD
University of Missouri-Kansas City

Editor's Note: *This issue's Column was originally sent to the membership listserv in email form; we hope many readers were able to attend APA and all of the Society activities there. Make sure and check out President Murdock's Column in the next issue of* Psychotherapy Bulletin *for a follow-up on all of these exciting events.*

Hello Everyone! As you read this, over half of my presidential year will have passed and I would again like to thank you for allowing me the opportunity to serve the Society for the Advancement of Psychotherapy (SfAP) in this role. I am very much looking forward to the APA convention and all of our wonderful events there! Be sure to review the Division's programming, currently posted on our website, and mark your calendars for the Business Meeting and Awards Ceremony to be held on Friday from 4-4:50, followed by our wonderful Awards Reception. This year we will be again reviewing student poster award finalists at the SfAP poster session (Friday at 11AM) in anticipation of presenting the winner at our Lunch with the Luminaries for students and early career professionals. You also might want to pop in on my presidential symposium at 9AM on Friday—*Out of the Office and into the Streets: Interventions for Diverse Clients and Settings*, which I promise, is made up of some very interesting presentations.

This year is also the inaugural year for the bestowal of the two Jeremy Safran Awards for Outstanding Poster Submissions by the Society for the Advancement of Psychotherapy and the Society for the Exploration of Psychotherapy Integration (SEPI). These awards, created by now SfAP past president Mike Constantino and SEPI president Catherine Eubanks, are given at the primary con-

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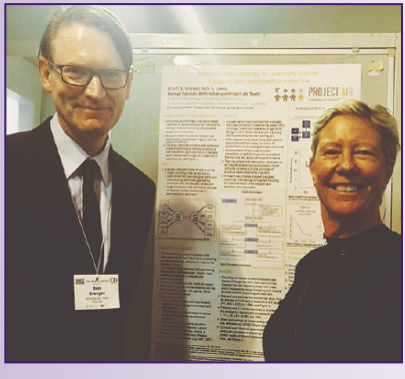

American Psychological Association—Society for the Advancement of Psychotherapy (Div. 29)—Inaugural Jeremy Safran Memorial Outstanding Poster Award, to Brin Grenyer, Kate Lewis, Mahnaz Fanaian, Beth Kotze, and Project Air Team for "Integrative Psychotherapy for Personality Disorder: A Stepped Care Randomised Controlled Trial" presented by Nancy Murdock, SAP President, at the 35th Society for the Exploration of Psychotherapy Integration meeting, Lisbon, Portugal, June 2019

ferences of the two organizations. By the time you are reading this note, I will have had the honor to present the winner at SEPI's conference in Lisbon, Portugal, and we anticipate that Dr. Eubanks will present the SEPI awardee, chosen from among our poster session submissions, at the SfAP business meeting/awards ceremony at the APA convention in Chicago.

I hope that you have also helped your division leadership out by completing the Member Survey developed by the Presidential Task Force on Communication and Member Relations. The task force, which includes members from across the division leadership, is eager to analyze our results and present them to the Board of Directors at our fall meeting, which will be held September 20-21 in Kansas City, MO, my home base. It is my hope that we can, using the survey results, better understand and perhaps find ways to improve the experience of our colleagues in SfAP.

I hope you love the new SfAP logo as much as I do! It was quite a while in the making but I personally and thrilled with the result! Huge thanks to the logo task force, led by Susan Woodhouse, for their hard work on this project. The other members of the task force were Rebecca Ametrano and Amy Ellis.

That's all for now. I look forward to seeing you in Chicago in August!

Society for the Advancement of Psychotherapy

EDITORS' COLUMN

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Welcome to another issue of *Psychotherapy Bulletin*!

Inside, you will find articles from a range of perspectives, including those of students, early- and mid-career professionals, and a follow-up article regarding retirement myths from Dr. Tom Barrett. We are pleased to offer three articles on this year's Special Focus, "Self-care Across the Lifespan" (and please note that the final deadline for the this topic—and the year—is November 1, so send in those submissions!). You will also find pieces on a variety of other topics, ranging from a primer on MTurk to tips for investing in your practice as a business, to a reflection on efforts to expand access to psychotherapy services on a college campus.

We would love to have you write for the Bulletin! You can find guidelines and the submission portal on our website: http://societyforpsychotherapy.org/bulletin-about/ (and, as always, feel free to reach out to Lynett or Cara with ideas, feedback, or suggestions).

We look forward to hearing from you!

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EARLY CAREER

Self-care Together: Strategies That Benefit Early Career Psychology Faculty and Psychology Doctoral Trainees

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In the hectic pace of being an early career psychologist (ECP) and junior faculty member, it is often more possible to extol the virtues of self-care rather than to authentically engage in it. In many cases, this challenge may partially stem from limited education and insufficient opportunity to develop effective self-care habits during doctoral training. Perhaps it is reasonable to consider that generating and maintaining self-care practices as a doctoral student and ECP faculty member are two sides of the same coin. In this article, I briefly review literature concerning stressors and potential benefits of self-care for ECP faculty and doctoral students in psychology and highlight barriers that may decrease the likelihood of self-care practice among these groups. I offer concrete strategies to incorporate in academic programs that have potential to increase productivity and well-being of ECP faculty and trainees simultaneously.

Early Career Psychology Faculty

Across the professional developmental trajectory, ECPs report more emotional exhaustion, less satisfaction with their career, and less engagement with self-care than mid- or late-career psychologists (Dorociak, Rupert, & Zahniser, 2017). Although these data are reflective of professional psychologists, similar experiences are encountered by ECPs in academia, who must develop and teach new courses, establish and fund a program of research, and manage multiple service and administrative commitments (Good, Keeley, Leder, Afful, & Stiegler-Balfour, 2013). There is evidence that academic psychologists are more stressed earlier in their careers, and on the whole, experience greater stress and less personal fulfillment from their work compared to licensed practitioners (Boice & Myers, 1987; Radeke & Mahoney, 2000; Watkins, 1992), although these phenomena have been understudied among ECPs.

In a health services psychology doctoral program, an ECP faculty member may simultaneously be in the process of integrating newly acquired roles such as licensed psychologist, clinical supervisor, and/or clinical training director. ECP faculty are also likely to be juggling additional responsibilities and life transitions, such as repaying student loans, entering a committed relationship, starting a family, relocating, settling into a home, and assuming responsibility for elderly or ill family members. Indeed, research indicates that among the greatest challenges encountered by ECP faculty is achieving a "balance" between academic and home demands (Good et al., 2013). To borrow loosely from Daniel Stern's concept of "motherhood constellation" (Stern, 1995), the transition from doctoral trainee to an ECP faculty mem-

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ber thus involves a vulnerable and heightened state of negotiation and reorganization of identities, during which self-care is unlikely to be a priority.

Although there is a sizeable literature—and even a division within the American Psychological Association—devoted to pedagogical practices within psychology, which are essential to supporting instructional skills and professional development, there is less emphasis on self-care and its potential utility in addressing academic burnout and stress (Weimer, 2010). Exploratory research with faculty in a social work program revealed that whereas faculty members across academic rank did engage in multiple forms of self-care, assistant professors tended to engage in fewer self-care practices than associate and full professors (Miller, Grise-Owens, & Shalash, 2018), citing tenure-related stress and financial reasons as potential barriers. Of the various forms of self-care measured (i.e., professional support; professional development; life support; cognitive awareness, and daily balance), "daily balance" (Dorociak, Rupert, Bryant, & Zahniser, 2017) was least endorsed by participants (Miller et al., 2018). This finding underscores the idea that integrating small—but potentially influential - self-care practices within the workday is perceived as challenging and reinforces the notion that self-care is something to be done outside of the professional setting. This is problematic considering that junior faculty report working nearly 10 hours/day (Good et al., 2013), leaving little room for self-care afterwards. The combination of adjusting to institutional expectations and barriers of consistently integrating self-care can contribute to poor mental health and burnout among ECP faculty (Fowler, 2015; Lackritz, 2004) and potentially compromise their road to career advancement.

Psychology Doctoral Students

Not surprisingly, there are parallels between the challenges that an ECP faculty member and a doctoral student in psychology encounter in their roles. Doctoral students in health services psychology are a particularly vulnerable group given the challenge of managing coursework, clinical training, and personal demands while providing supervised therapeutic services in the community. Further, the sheer length of a doctoral program in psychology (five to seven years) exposes students to enduring several episodic and chronic stressful life events during the course of their training (i.e., health and relationship problems, illness/death of close family members, financial distress), which can interfere with or delay timely progression. Underrepresented students in psychology doctoral programs may additionally encounter unique barriers such as being disproportionately burdened in culturally or linguistically specific clinical settings (Verdinelli & Biever, 2009) and are less likely to seek counseling services (Cheng, Kwan, & Sevig, 2013), further justifying the need for programmatic support.

Compared to the literature on ECP faculty and self-care, there is more research available on this topic among psychology doctoral students. Whereas self-care is thought to aid in doctoral student stress reduction (Myers et al., 2012), a meta-analysis of 17 studies examining self-care among graduate students in psychology suggests that self-care is especially valuable in enhancing one's sense of satisfaction and self-compassion (Colman et al., 2016). These practices are considered to support trainees' productivity and well-being and to potentially reduce likelihood of professional burnout and dropout from the

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field (Myers et al., 2012; Zahniser, Rupert, & Dorociak, 2017). Of note, the aspects of self-care related to professional support (e.g., cultivating collegial relationships) and cognitive awareness (e.g., monitoring one's own reactions) have been especially important in students' well-being and training outcomes (Zahniser et al., 2017). However, psychology doctoral students, like ECP faculty, also struggle with implementing regular self-care practices, due to time limitations, stigma, and lack of encouragement to engage in self-care (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012).

In sum, there is evidence that ECP faculty and doctoral students in psychology experience concerning levels of stress and possess limited practical training and knowledge about how to successfully integrate self-care practices in their personal and professional lives. Understandably, traditional conceptions of self-care may be incongruent with the varied schedules of doctoral students and ECP faculty. Additionally, the financial burden that many graduate students (as well as ECPs) carry may prohibit or reduce the likelihood and frequency of engaging in favored self-care activities (e.g., massage; vacations; going to a gym; dining out; attending music, art, and other cultural events; and self-improvement activities). An interpretation of the existing literature on self-care efficacy among ECP faculty and doctoral trainees in psychology suggests that implementing self-care "daily balance" activities within the workday may help target specific stressors in the academic and clinical environment, be less costly than "traditional" self-care, and enhance overall satisfaction and productivity in one's role.

Multiple studies recommend implementing a culture of self-care at the programmatic level to socialize and model the importance of self-care practices for doctoral students in health service psychology (e.g., Zahniser et al., 2017; Burkhart, 2014). Examples of self-care focused programs offered in health service psychology training include topical workshops on self-care, a peer mentoring program for new students (Dittman, 2005), mindfulness training (Chlebak, James, Westwood, Gockel, Zumbo, & Shapiro, 2013) and Integral Life Practice interventions (Burkhart, 2014). Integrating such practices within the program can relay a powerful message to students about the value of self-care; at the same time, these measures require a relatively substantial commitment from graduate students and faculty. Because a majority of the aforementioned self-care programmatic efforts are optional, they could be viewed as an additional burden and may unintentionally exclude students who are in most need of self-care and support. Programs lacking the infrastructure to implement these programs may aspire to these practices and begin with simpler, intermediate steps that address the idea of "daily balance" (Dorociak, Rupert, & Zahniser, 2017). There are positive implications for ECP faculty (and likely, all program faculty and staff) if there is a concerted effort to normalize the ethical necessity of self-care in health services psychology.

Self-care Strategies

I am currently an ECP faculty member in a tenure-track position within the Clinical Psychology PsyD Program at the University of San Francisco. I joined the program one year after its conception, and thus, in addition to the usual demands of junior faculty, my colleagues and I have been significantly involved with program development and the APA accreditation process. Needless to say, self-care has traditionally been less publicly emphasized within our

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program, although we are striving toward more systematic practices as we progress in our development. In the meantime, it has been helpful—both for myself and for students in our program—when we can make self-care more attainable in the classroom, within our respective research efforts, and in mentoring relationships.

I provide suggestions for self-care based on strategies that I have consistently incorporated across teaching (Table 1), research (Table 2), and mentoring (Table 3) domains. While not comprehensive, these strategies are intentionally simple, meant to be mutually beneficial for faculty and students in supporting both parties' self-care, and can be adapted based on individual program curricula and requirements. The strategies suggested for the teaching domain are perhaps most easily embedded on a regular basis, whereas the strategies for research and mentoring may take more planning or initial investment.

As the landscape of mental health services and training continues to diversify, professional and academic psychologists must find ways to keep pace and sustain themselves through increasing demands and limited resources. Self-care is an essential component of teaching, research, administrative service, and clinical work, and should not be considered an elusive afterthought, but rather acknowledged for its restorative potential to promote and elevate the efficacy of trainees, faculty, and practitioners alike.

Table 1: Self Care Strategies in the Teaching Domain

Self-care Strategy	Description and Rationale
In-class mindfulness moments	These moments should be brief and can be self, faculty- and/or student-led at the beginning or end of class. Gives explicit "permission" to breathe, re-center, and focus inward. Opportunity to ground oneself and increase engagement with material.
Stretching and moving	Beyond class breaks, incorporate opportunities to stretch, stand, and move around the classroom. Music can also be incorporated during this time to aid in movement. Some of these exercises can be built into transitions between activities, and are especially helpful for graduate courses which tend to be 2-3 hours in length
Class pulse	This is a time-limited opportunity (~5-10 minutes) that faculty can offer to students to "check in" about how their day or week is going, which can include personal and professional concerns. This activity can be particularly useful during stressful times in the academic year cycle and provide students and faculty opportunity to transparently share contextual factors that may interfere with course engagement.
In-class written reflections	Aligned somewhat with the idea of a "flipped classroom," students can be given time to reflect on course readings and topics in-class to help bring a more present focus to the discussion. This activity can occasionally or routinely replace "homework," reducing demands on faculty and students outside of the classroom.

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In-class snacks	A brief discussion at the beginning of a course can help determine whether students and faculty want to involve food as part of the class setting (this is particularly helpful when classes occur during standard mealtimes); a rotating schedule can be set up to distribute the task, and students and faculty should be able to opt out. Nutritious snacks nourish the body and provide fuel for engagement
Outdoor class sessions	When possible, take the class outside (could be done for more discussion-oriented courses); give advance notice to students and/or take a vote at the beginning of class so that students can be prepared and participate in the decision. In addition to providing fresh air and exposure to nature, this offers a different way for faculty and students to engage with one another.

Table 2: Self-Care Strategies in the Research Domain

Self-care Strategy	Description and Rationale
Writing challenges	Many forums support ECPs to progress in their writing by joining an online "writing challenge," which involves committing a specified amount of time to writing daily and participating in a forum to report one's productivity. Faculty can encourage students to participate and create their own internal "writing challenges" to progress on their independent and shared research projects. This helps to alleviate stress for faculty and students by creating structure and accountability for the often amorphous task of writing.
Synchronous writing days/ retreats	On an agreed upon date/time block, faculty and students sit together (or participate virtually) for a writing retreat to work on their respective writing projects. If possible, procure funding from program for food and beverages. Within each hour of writing, build in a 10-15 required break to enhance productivity. This models the importance of setting aside dedicated time for writing, and also enables faculty and students to make steady progress on their writing.
Allowing for "on days" and "off days"	Faculty can determine, based on other commitments, a reasonable and realistic period of time each week that can be devoted to research. Similar strategies can be offered to students during their dissertation process, with permission to designate certain days or weeks during which other tasks are prioritized ("off days"). This intentional effort reduces guilt and self-blame related to research progress, and may enhance productivity and motivation for students and faculty.
Research lab mini-celebrations	Within the limitations of resources, these mini-celebrations help to acknowledge the efforts of faculty and students and recognize important milestones or moments in student and faculty lives. Can be built into already existing meeting time (i.e., at the end of a scheduled lab meeting) and additionally provides opportunity to socialize as a group.

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Table 3: Self-Care Strategies in the Mentoring/Advising Domain

Self-care Strategy	Description and Rationale
Offering recurring, shorter meetings	For students who may want more frequent contact, faculty can offer to have recurring meetings scheduled. Meetings do not need to be scheduled weekly or for 1-hour, which is often the default on calendar settings. Instead, they can be bi-weekly or monthly, and 30-40 minutes to reduce faculty time and improve efficiency. This provides predictability for students and faculty, may relieve anxiety for students, and reduces last minute scheduling for faculty. Flexibility can be offered to cancel meetings or to conduct them virtually/by phone if either the faculty member or student has other pressing issues on a given week.
Walking/outdoor meetings	As weather and physical ability permit, walking meetings provides exercise, reduce screen time, and stimulate creative thought. This is a "daily balance" strategy that could be incorporated with other one-on-one meetings as well. If weather is not conducive to an outdoor walking meeting, identify an indoor area on campus that may work alternatively.
Advertising office hours	Faculty are required to hold office hours, which are often underutilized by students. Encouraging students to come to office hours to discuss issues other than coursework can be beneficial in multiple ways, including supporting student and faculty professional development, enhancing student-faculty relationships, and making use of this already scheduled time instead of scheduling a separate meeting.
Encouraging use of other faculty and peer mentors	ECP faculty can sometimes feel overwhelmed with the amount of support their student advisees need; additionally, students can benefit from cultivating relationships with other faculty and peer mentors. When the primary mentor suggests consulting others' guidance, it may help alleviate some of the pressure felt by faculty, and support students in their professional networking and growth.

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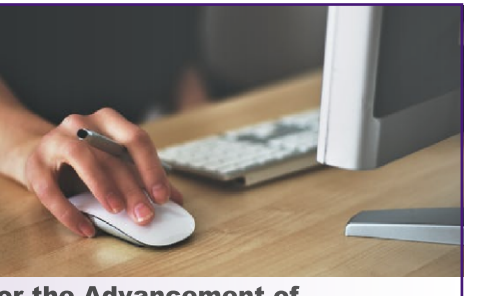

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STUDENT FEATURE

The Game of Strife: A Means of Coping for Psychology Doctoral Students

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Psychology graduate students face many challenges, balancing academic demands, field placement requirements, often financial limitations, and the responsibilities of personal life. These competing obligations can often lead to burnout, defined by the Mayo Clinic as "a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity" (2018, para. 1). A study from RealNetworks, Inc. (2006) showed that games help combat stress by lowering blood pressure, increasing speed of response time, boosting immune system, improving memory formation and cognitive skills, and protecting against cognitive decline (Health Fitness Revolution, 2015).

Considering the wealth of benefits provided by playing board games, encouraging students in psychology doctoral programs to play board games is a valuable investment in student health. This paper will outline how to create a board game specifically designed for psychology doctoral students to attract them to play more board games.

Literature Review

Playing games with peers can come so naturally that it is easy to overlook the numerous social and psychological benefits of engaging in imaginative play. Board games have been played since 5000 BC, the first using dice made out of painted or carved rock, and some of the oldest games known to have been played by humans are still played today, such as Senet, thought to be developed around 3100 BC in pre-dynastic Egypt (Brunscheen-Cartagena, 2019; Johnstone, 2012). Despite games having a long history in human culture, it is only recently that the social benefits of

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playing games have begun to be studied systematically.

For example, Salur, Ala-Ruona, Uçar, and Eren (2017) have offered that games involving metaphors may be an effective avenue for improving emotional processing, particularly if the emotions are related to content or experience that individuals would rather not or cannot discuss verbally. The results of such research has even lead to new forms of therapy such as Nature Therapy (Berger & Lahad, 2010), which involves key mechanisms of engaging in play and creativity and has been shown to facilitate coping with new academic environments. According to a review by Granic, Lobel, and Engels (2013), early developmental psychologists including Vygotsky and Piaget proposed that imaginary play provides children with the opportunities to formulate and test hypotheses about the world as they reproduce real-world problems and attempt to problem solve for their own enjoyment or to abate negative feelings. Recent neuroscience studies have found that among rats, play fighting is associated with increases in chemical growth factors in the orbital frontal cortex which is highly involved in the coordination of social activities (for review, see Pellis & Pellis, 2007).

Importantly, playing a game can be a valuable means of relieving stress. As it is the professional role of the mental health therapist to help patients reduce stress, and as therapists are repeatedly exposed to stress in their line of work, therapists and student-therapists should consider using games as a powerful therapeutic tool, with their clients, and in their own lives.

Graduate school is an integral part of a psychologist's professional development. Graduate students are asked to balance both their professional and personal lives while performing well academically and clinically. One of the most common stressors that negatively impacts a graduate student's training is the experience of a loss or debilitating illness. Stratton, Kellaway, and Rottini (2007) suggest that while a loss or debilitating illness can be a source growth, it can also interfere with a graduate student's training. Other stressors include financial hardship, interpersonal relationships, and navigating constant transition.

The pre-doctoral internship year for future psychologists is marked by a number of transitions, with the internship being one of the most stressful transitions professionally. For many years, research has explored the impact of this developmental stage and the unique challenges pre-doctoral interns face. Kaslow and Rice (1985) described pre-doctoral internship year as "professional adolescence" where interns are required to balance their training with new professional responsibilities and autonomy. It is therefore important for training staff to consider the distinct type of stress that interns face and ways in which they can be supported. Because psychological practice can lead to compassion fatigue and burnout, self-care is highly important in managing these symptoms; Bettney (2017) explored the idea that frequently shared characteristics of people in helping professions are likely to lead to burnout, as well as the many roles (personal and professional) that students, interns, and professionals often play. Therefore, it is critical to implement self-care well in order to practice effectively.

Turner and colleagues (2005) reference Norcross (2000), who compiled a list of "consensual self-care strategies,"

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commonly used self-care strategies as well as recommendations for interns on internship. Some of these include "recogniz[ing] the hazards in conducting psychotherapy," cultivating a lifestyle of self-care, and finding joy and peace in one's practice. Turner et al. (2005) also noted that from a systemic viewpoint, it would be beneficial for internship sites to examine self-care from various theoretical orientations, and each site should attempt to implement forms of self-care that play on the strengths of the sites themselves.

The idea of using a board game to educate, reflect the experience of a chosen profession, and genuinely be entertaining is not a new one: Andrew and Andrew (1979) created a patent for a board game with these particular goals in mind. The goal was to create a complex system relating to medical practice, while also creating a game that "simulates the life of an intern in a large teching *[sic]* hospital." As it is widely known that board games can be used for educational purposes, creating a game that would reflect the working experience of a psychology intern would likely be highly beneficial for teaching, offering a source of entertainment, and reflecting the experience in a way that could be easily identifiable for trainees who may want the sense of a shared experience. If play and creativity could be fostered in graduate students or groups of graduate students together, their adjustment to and functioning in the various roles and hurdles of graduate school and internship could be enhanced

Description of the Game

The Game of Strife is based on the popular children's game, The Game of Life™ (GOL), co-developed in its modern form by Reuben Klamer and Bill Markham for Milton Bradley in 1963. Games are a great way to relieve stress and cope with the pressures of life, and can be a good way to practice life lessons and make choices about life milestones in a low-risk, imaginary environment. The Game of Strife highlights the trials and tribulations of the graduate school experience. In particular, this game focuses on doctoral psychology programs. Doctoral psychology programs are particularly challenging, as they require a high level of intellectual and emotional engagement and exploration. During graduate school, students face a number of life milestones and challenges, which are incorporated in the Game of Strife.

The original game pieces are adapted in the Game of Strife to reflect doctoral psychology program students' experiences. Graduate students commute in a number of ways. In the Game of Strife, players can choose from a number of transportation methods including a car, walking shoes, bike, bus, train, skateboard, motorbike, or electric scooters. Each playing piece will have holes to place human and animal figures that become part of the player's family during the game. All human figures will be the color purple. In addition to human figures, there will be cats and dog figures to add to students' families during the game, similar to children being added to families in the original. At certain points in the game, players will be cued to choose a housing card, a loan disbursement card, and a practicum or internship placement card. These cards will indicate type of housing and the rent or mortgage amount, loan amounts, practicum or internship site.

The game board is comprised of a path that leads to the ultimate goal of graduating from the player's doctoral

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program. At the beginning of the game, players can choose to complete a master's program route and borrow money, or begin working and earn money before both paths converge back to the "Start Doctoral Program" point. The path then continues on to the end point of graduation. Players will spin a dial that tells them how many spaces to move forward on each turn, and each spot on the game board will have different graduate school and life events that occur during play. Examples include the following: Be a teaching assistant for a class, free food from school event, adopt a dog, go on a good date, pass competency exam, apply for practicum, propose doctoral paper or dissertation, start a remediation plan, get in a car accident, get divorced, bad Tinder date, health emergency, forget to file FAFSA.

Players will accrue loans and earn income throughout the game when they land on "Strife" places on the board. When players land on a "Strife" place on the board, they grab a "Strife" tile, which they will not flip over until the end of the game. On the back of the "Strife" tiles are either income the player earns or debt they accrue. Players can also get income when they pass "Loan Disbursement" landmarks on the boar, and they have to pay rent or pay back loans when places on the board indicate to do so. At the end of the path, players will apply for internship and choose an internship card. When they reach the end and graduate from their psychology doctoral program, the game is over. At this point, players will total up their loans and income, and whoever has the most money and least amount of loans wins.

Discussion and Recommendations

The Game of Strife concept was created to help doctoral psychology students de-stress, practice self-care, and to foster positive social interactions with their fellow students. However, it is important to note the limitations of this game. The game includes content that some may find distressing, such as "working with a suicidal client" or "family emergency," as steps in the game. This may have the opposite effect than what was intended; students may find the experience of playing the game to be negative, stressful, and potentially emotionally painful. When playing this game, it would be most beneficial for players to be aware of how such content may affect others in the room and be understanding if a player wishes to take a break or leave the game.

Another limitation is that this game is specifically designed for doctoral psychology students. In the future, a game that is more generalizable and applicable could be created so that master's-level psychology students and perhaps other types of mental health graduate students (e.g., social work students, forensic psychology students) could also play. This game could be used as a model to create similar games in other areas of graduate study, such as law or business, and provide a positive and validating experience for students in those fields. It should also be noted this game was created using the experiences of students from a small group of graduate programs. The experiences included in this game may not reflect and may exclude experiences students in other programs have had. Future games could be created by individuals from a wider variety of graduate programs, and it would be important to include students from a wider range of multicultural backgrounds.

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Finally, like the original version, built into *The Game of Strife* is the assumption that "winning" means accumulating the most money. This is a convenient way to tally points at the end of play; however, it is ironic that a game designed to promote self-care ultimately focuses on finances as the sole measure of success. It is likely that many students attracted to the field of psychology in the first place would find this counterintuitive. Perhaps future versions of the game could include emotional well being, life satisfaction, or similar concepts as objectives at least equal to having the most accumulated wealth at the end of the game.

Conclusion

This has been a playful consideration of the benefits of developing a board game to reflect the experiences of doctoral graduate students, and to help them navigate the twists, challenges, and rewards of their training. It is important to also recognize, that, although the *game* ends at graduation, for most doctoral-level graduates, their careers are just beginning.

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STUDENT FEATURE

Stifled: Art and the "Task" of Self-care

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The creation of art is known to offer a variety of benefits for physical and mental well-being, but in our rush to categorize production of art as "self-care," we may be overlooking the most essential piece. This article explores the idea that dismissing the work of passion as one more task to check off a list may be missing the essential *self* for which one is caring.

I was born into a rather unique scenario. Among the prevalent narratives of either choosing a creative but impractical pathway or choosing a dull but practical pathway, my father chose to be both a dentist and an artist. I grew up, not just around his buzzing dental equipment, but also found myself wrapped within the swirling and turbulent array of creativity that marked his artwork with such distinctive flair. Both chosen avenues were intertwined—his dental practice became known for its striking creativity, and his artwork possessed immense attention to detail. I was never made to choose between practical and impractical or passionate and realistic. I was allowed both.

As a developing child, I read both fiction and nonfiction, filled out my assignments with crayons, and drew out material we were taught in class. I combined my passion for artwork with my passion for learning. Over time, I began hearing interminable arrays of thoughts around me: "I never have time anymore to read," or "I wish I could paint again." I was confused. I observed my dad come home after a long day of working and unleash his colorful thoughts onto the canvas. I observed my mom settling down to relax with a romantic novel. I observed my brother sacrificing hanging out with friends to go into the vibrant wilderness and take beautiful photographs, displaying a unique perspective I had never known anyone to have. I then would close my door and transform my room into another world found only inside my writing. It seemed natural to me. But the narrative around me was changing. The words "passion" and "creativity" disappeared almost overnight under a new umbrella term that arose hesitantly out of the woodwork of academia: self-care.

Suddenly, I was being told that my writing was such a good method of "self-care." My dad's painting became a means of "coping." My mom's reading became a means of "destressing." My brother's photography became a means of "escaping." Higher education arrived, and students were instructed to take an hour of their days and engage in self-care, which included art, exercise, and many other avenues that used to be part of a person's character but now seemed as though they were tasks. Creativity was stifled, because it became an assignment—just another deadline to meet. Classes needed to be taken specif-

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ically to make way for creativity, but rules and guidance morphed artwork into society's products.

What we have now is a generation of young adults and adolescents who seem to have no choice but to adapt rapidly to the current world of dispiritedness, where temporary healing and joy are found in material attainments or medication. Science was once an exploration but has transformed into a concrete way of thinking. After all, "research shows…" is the popular saying now and one that is classically conditioned to be the indefatigable phrase repeated over and over again by students.

The field of psychology has displayed this transformation most apparently. Psychology has become very scientific, attempting to describe the vast wonder of the brain by its mechanisms. "Research shows…" has become the foundation of a good student and a successful psychologist. Wonder has disappeared, and in its place is a type of academia so afraid of not having the answers and getting last place in the race that it throws wonder to the wind.

My hope for the future is to bring it back to the field of psychology—that unbridled color that exists in the bridge between the brain and the heart, that internal music that guides the spirit toward fulfillment, that wide-eyed wonderment that fosters genuine curiosity. Once this can be found again and encouraged within our children, then can true "self-care" be achieved. The individual will find ways to bring physical and mental health back to a natural maintenance, by allowing passion to enter into the workplace as an aspect of the self instead of as an assignment.

This is not a new belief. This goes back centuries to those ancient philosophers that have faded into the backdrop of scientific discovery, stifling spirituality and beauty. I will reference some ideas from writer Linda Johnson (2006), who wrote a book called *Lost Masters*—exploring the underlying spiritual teachings of ancient philosophers, which have been manipulated into science and rationality. She laments the dismissal of Plato in current teachings, stating that, "For Plato, the spiritual world we can see only with the mind was the real world; for scientists and academicians today, that world doesn't even exist" (p.82). The realm of creativity is stifled and funneled into a system that ensures academic success at the expense of emotional and spiritual freedom.

One salient example she provides is the story of Pythagoras: He was not the inventor of the popular mathematical theory we hear ceaselessly throughout early education—he was the teacher who created the first ever documented yogi camp and who taught that numbers brought order to the spiritual and metaphysical universe—which is now called numerology, a concept popularly dismissed as pseudoscience. His camp was known for its pure joy and manifested friendships that were strong and lasted for a long time. However, just as modern science has stifled his true teachings, so did his enemies of the time (politicians) destroy him by burning down his entire camp and murdering everyone there. This is quite symbolic and representative of the current movement. Politics surrounding psychology have manipulated its teachings, transforming it over time to become an extremely monitored and directed field of study and dismissing the spiritual questions as "useless inquiries of a superstitious mind" (Johnson, 2006, p.31).

There seems to be this push and pull working to the world, with one camp

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struggling to express itself and the other working to counter it, almost mimicking the idea of a work-life balance, which splits the two in a dysfunctional manner instead of joining them together. In the current world, the group with the most political power are the ones who are working to counter it. Children are less likely to display spirituality, developing into adults who need an hour of "self-care" in order to tap into the parts of them that are required to make them human. Where they would be encouraged to take moments to immerse themselves into nature or artwork, the current Western generation is rooted in technology that feeds opinions and thoughts to them. That childlike wonder is vanishing.

Johnson recounts when Socrates famously said, "Wisdom begins in wonder." When the Oracle at Delphi asked him why he was the wisest man, he responded, "I am the wisest man alive, because I know one thing, and that is that I know nothing." Suddenly, through interpretation, his first quote was forgotten, and scholars translated his meaning to be one of modesty: He is wise because he recognizes where he is ignorant. However, in order to understand Socrates, his first quote is just as important. He found that wisdom came out of wonder, which he defined as being that fascination with something so much greater than one's self, which could be viewed really only through inner awareness. So, to "know nothing" to Socrates means to be in a state of awareness that removes concrete thought. Socrates was not being modest; he was being wise, precisely proving his point (Johnson, 2006, p.ix). Only through that state would someone be able to find wisdom. And this I believe is the root of real "self-care."

When artistic expression is funneled into a separate avenue of "self-care," then one's creativity is stifled. This is why the common narrative around me has been this frustration with how an artist is unable to find their imagination. But imagine the emotional and mental development that would occur if imagination/wonder/creativity were fostered into studying. If, instead of knocking down various items as being "pseudoscience," or "not scientific enough," they were utilized to see if they work for individuals. If work-life balance actually went hand-in-hand and allowed an expression of the self with various outlets. If my dad can tie in two fields that are completely opposite to each other and use them both to increase his effectiveness in both fields, then why should psychologists be any different?

The artistic and creative potential of humans can really be fostered to psychology's advantage. The wonder and fascination that lies within the mind can produce creativity and wisdom that can take our field forward in great strides and introduce a way for genuine self-expression and natural healing without the requirement of a separate hour of self-care.

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Society for the Advancement of Psychotherapy

An MTurk Primer for Psychotherapy Researchers

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In recent years, psychology researchers have begun to use online methods for participant recruitment and data collection. One of the most popular online methods is Amazon's Mechanical Turk (MTurk), an online crowdsourcing website. To get a glance of its popularity, we recently did a Google Scholar search using the keyword "Mechanical Turk" (see Figure 1 for summary of citations by year). While Google Scholar identified on 23 scholarly articles with MTurk in 2005, 10,500 citations were identified for 2017. Specific to the field of psychology, some have estimated that approximately half of all researchers have utilized MTurk for data collection (Goodman, Cryder, & Cheema, 2012). Despite the increasingly high use of MTurk in the field of psychology in general, many psychotherapy researchers are unfamiliar with this data collection tool. Thus, in this article we present a primer on MTurk for psychotherapy researchers.

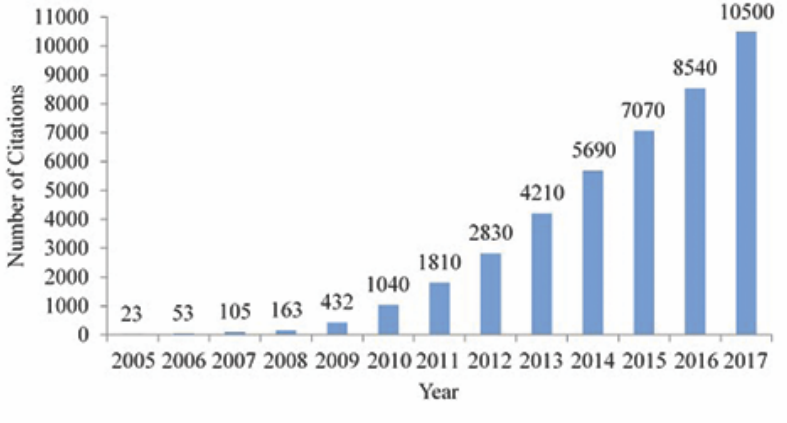

Figure 1. Number of Citations for "Mechanical Turk" in Google Scholar by Year

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MTurk History

MTurk is a crowdsourcing marketplace tool that was originally created in 2005 by Amazon.com's founder, Jeff Bezos. Crowdsourcing means it utilizes an unorganized collection of individuals to do work. It can be contrasted to outsourcing, in which work is allocated to a defined organization. In creating MTurk, Bezos aimed to create a decentralized marketplace of workers to perform tasks that computers could not perform, or could not perform efficiently, such as recognizing patterns, audio transcription, filtering adult content, writing short product descriptions, and discerning meaning from images or text (Mason & Suri, 2012; Pontin, 2007). Seeing the value that MTurk brought to his own company, Bezos believed that it might be useful to others that had similar needs (Pontin, 2007).

Interestingly, the name MTurk was inspired by "The Turk," an automated chess-playing invention developed by Wolfgang von Kempelen (Paolacci, Chandler, & Ipeirotis, 2010). The Turk was eventually revealed to not be an automation, but a human chess master who was disguised under the chess board and controlling the chess movements of a humanoid dummy. In a similar way, MTurk is a platform that allows humans to help perform tasks for which computers are not yet suited.

MTurk Basics

To utilize this platform, researchers must first register for an account at the MTurk website (https://www.mturk.com/mturk/welcome). In this system, individuals or businesses from around the world can register as "requesters" who advertise tasks that require completing, or as "workers" who work to fulfill the specific tasks the requesters post. "Requesters" post Human Intelligence Tasks (HITs), which are online tasks that can be done by "workers" using a computing device. Examples of these tasks include writing, evaluating product advertisements and websites, using simple templates, transcribing, and completing online research (Buhrmester, Kwang, & Gosling, 2011). For online research, researchers can create a survey within MTurk or can utilize other online survey tools like SurveyMonkey or Qualtrics. If using a different survey tool, researchers simply create a HIT that gives the worker a unique identifier and a link to the survey, thus allowing the researcher to approve only HITs that were submitted by "workers" with the specific identifier (Mason & Suri, 2012).

Once created, tasks are displayed on the site in a standardized format, with "workers" being able to browse or search for specific jobs. All HITs include information about the title of the HIT, the name of the "requester" who created the HIT, the compensation associated with completing the HIT, the number of HITs of this type available to be worked on, how much time the "requester" has allotted for completing the HIT, and the date/time when the HIT expires (Mason & Suri, 2012). Other information that is commonly presented includes a more detailed description of the HIT and the "worker" qualifications to be able to work on a HIT. "Requesters" can also provide keywords that workers can search, with the keywords with the most HITs being "data," "collection," "easy," "writing," and "transcribe" (Ipeirotis, 2010a). After reviewing posted studies, "workers" can decide which HITs they would like to complete. Upon completion, "requesters" get to review the quality of the work completed by the "workers" and make a decision about compensation based on the quality of the work. "Workers" who repeatedly receive poor ratings on their work quality

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may be disqualified from future HITs, depending on the specifications set up by the "requesters."

As of 2007, there were more than 100,000 MTurk workers in more than 100 countries across the globe (Pontin, 2007), with that number expanding to over 500,000 workers in more than 190 countries in 2014 (Paolacci & Chandler, 2014). A number of studies have sought to examine the characteristics of the MTurk worker population (Berinsky, Huber, & Lenz, 2012; Paolacci et al., 2010; Shapiro, Chandler, & Mueller, 2013). In fact, there is a website called MTurk Tracker (Ipeirotis, 2010a) that shows a daily update of the demographics of MTurk users based on a brief survey (gender, year of birth, marital status, household size, household income, and country) that is posted to MTurk every 15 minutes; workers are restricted to answering the survey once per month (Ipeirotis, 2015). Overall, MTurk samples are found to be more representative than college samples (Berinsky et al., 2012) and samples obtained through many other online sources (Casler, Bickel, & Hackett, 2013).

Research does indicate that money is not the sole motivation for participation in MTurk. For example, approximately 70% of U.S. MTurk workers indicate that they use it as a fruitful way to spend free time while making cash, while approximately 40% report doing it because the tasks are fun. Most workers spend a day or less per week working on MTurk, and generally complete between 20 and 100 HITS in this amount of time (Ipeirotis, 2010b). There is no set reimbursement fee that is required by MTurk, although there have been discussions to try to require reimbursement that is comparable to minimum wages (Miller, Crowe, Weiss, Maples-Keller, & Lynam, 2017). Some studies have found that the current mean pay for an MTurk worker is between $1.38 and $1.71 per hour (Horton & Chilton, 2010; Paolacci et al., 2010). When analyzing data collected from over 165,000 HIT groups, Ipeirotis (2010a) found that 10% of HITS had an incentive of $0.02 or less, 50% had a price above $0.10 and 15% had a price above $1. Researcher have to pay a 40% commission fee to Amazon for using MTurk, which is a recent increase from its 10% commission fee (Buhrmester et al., 2011; Miller et al., 2017). Based on this, a researcher who pays $100 dollars for participant payments would owe MTurk an additional $40 in fees, bringing the total cost of participant reimbursement up to $140.

Potential Advantages of Using MTurk for Psychological Research. The increased popularity of MTurk is likely related to the numerous potential benefits of conducting research through the crowdsourcing platform. One of the main advantages of using MTurk for study recruitment is increased access to a large subject pool. With hundreds of thousands of "workers," researchers have access to a substantially larger subject pool through MTurk than they might have using traditional recruiting methods (i.e., undergraduate research pools or flyer advertisements) (Pontin, 2007). A large subject pool can allow researchers to more easily recruit enough participants based on a priori power analyses for more complex statistical designs. This may be particularly valuable for researchers who would not otherwise have easy access to participants, such as researchers from smaller colleges or universities, researchers in more isolated geographical locations, and new researchers who may not yet have a network of collaborators to aid in study recruitment at multiple sites (Mason & Suri, 2012; Smith & Leigh, 1997).

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A second advantage of using MTurk is the ability to recruit a more diverse sample of participants than might be available through traditional recruitment methods (Pontin, 2007). By not having barriers on the location where data is collected, researchers can have access to more demographically diverse subset of the population and, depending on the online recruitment criteria, can have access to international populations to study. MTurk workers have been found to be more diverse than traditional undergraduate samples and standard Internet samples, especially in regard to age, ethnicity, and educational level (Behrend, Sharek, Meade, & Wiebe, 2011; Casler et al., 2013). This diversity in research samples can aid in the generalizability of the data and can also allow cross-cultural research questions to be more easily examined. Besides diversity in common demographics, the anonymous format also allows access to unique populations, like people from stigmatized groups or people who might hold unsocially desirable views (Wright, 2005).

A third advantage of using MTurk for psychology research is the speed at which studies can be conducted (Mason & Suri, 2012; Wright, 2005). While there are some daily and weekly seasonal trends in workload HITs through MTurk (such as posting of HITs being slightly more likely during the weekdays and completion of HITs dropping on Mondays, often a function of limited HITs being posted over the weekend), overall, participation is fairly constant (Ipeirotis, 2010a). Due to ease of quick data collection, researchers have been able to get several hundred participants a day using MTurk for recruitment (Berinsky et al., 2012).

A fourth benefit of conducting psychological research through MTurk is that the research can be conducted at a relatively low cost. Through advertising online, researchers can save costs on recruitment methods (e.g., making flyers, postage, research assistant time, etc.) and travel costs that might be needed to bring participants to the researcher or the researcher to the participants. There can also be saved costs associated with not having to have a dedicated place to conduct in-person studies. Additionally, as mentioned earlier, the incentives given to participants tend to be less than traditional incentive rates given to in-person participants (Berinsky et al., 2012; Ipeirotis, 2010a).

Drawbacks of Using MTurk for Psychological Research

While there are numerous benefits to MTurk, there are also several disadvantages. One disadvantage is a self-selection bias, workers who volunteer for the specific study may differ in important ways from workers who do not. While there could be personality or clinical differences between those groups, this bias might also include more socioeconomic factors, with individuals who do not have financial means to access the Internet regularly not being involved in research as often (Hartz et al., 2017). These sampling issues can impact the generalizability of the study results.

Attrition is another disadvantage of online studies conducted through MTurk. Research indicates that attrition is more likely to occur in online experiments than laboratory experiments, possibly because of technology issues (i.e., Internet connectivity), distraction, or lack of the social pressure that is present in in-person data collection (Mason & Suri, 2012). When looking at MTurk dropout rates, researchers have found that it can be as high as 51% of the sample (Zhou & Fishbach, 2016).

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The fact that MTurk workers have the opportunity to participate in many studies also creates some unique challenges. Since MTurk workers often complete many surveys, they are more likely to have filled out many of the common psychological instruments which could impact study results (Miller et al., 2017). Therefore, researchers should be cautious about conducting research where practice effects might influence study findings.

Another concern with MTurk is that participants might not meet study criteria. To address this concern, Chandler and Shapiro (2016) recommend unobtrusively prescreening using an initial questionnaire to screen for desired criteria and restrict access to the longer questionnaire to workers who meet the inclusion criteria. In an example of this process at work, Wiens and Walker (2015) had an initial questionnaire on beverage preference that was used to screen for inclusion criteria for a study on alcoholism. To help insure that individuals meet the screening criteria, researchers have also either asked a screening questionnaire again during the actual survey or used knowledge based questions that correlate with the screening criteria (i.e., having individuals claiming to be Veterans order insignia by rank) to determine responses that should be excluded from the analysis (Chandler & Shapiro, 2016). Related, some will create "bots" to complete the work instead of actual human participants. Researchers who use MTurk should include CAPTCHA questions, attention checks, and type in response questions to ensure human participation.

There is worry that participants in online forums like MTurk do not provide high quality valid data (Buhrmester et al., 2011). However, many studies have indicated that similar quality data or even higher quality data can be obtained through MTurk when compared to other recruitment methods (Buhrmester et al., 2011; Eriksson & Simpson, 2010; Horton, Rand, & Zeckhauser, 2011; Lutz, 2016; Paolacci et al., 2010; Rand, 2012). Still, to check data quality, researchers can examine the data, just like in in-person studies, and consider excluding data that has very obvious random responding. To examine the accuracy and truthfulness of data provided by MTurk workers, comparison studies can also be done with samples collected through more traditional methods.

MTurk for Psychotherapy Research

Although there is a growing body of evidence supporting the validity of data obtained through MTurk for psychology research in general, less is known about whether it is an appropriate tool for psychotherapy research. It is possible that a sample of MTurk workers who engage in psychotherapy might in some way be different than individuals who present to psychotherapy clinics where research is typically conducted.

To date, only a few studies have specifically examined the clinical characteristics of MTurk users (Arditte, Cek, Shaw, & Timpano, 2016; Kim & Hodgins, 2017; Miller et al., 2017; Shapiro et al., 2013; Wymbs & Dawson, 2015). Overall, it has been noted that the rates of some clinical phenomena (such as depression, anxiety disorder, trauma, and substance use) met or exceeded the rates reported in the general population (Shapiro et al., 2013). Further, the psychometric properties of several clinical measures (e.g., BDI, BAI, DASS-21, PID-5) have been established in MTurk samples (Arditte et al., 2016; Miller et al., 2017; Shapiro et al., 2013).

Future Directions for Psychotherapy Research in MTurk

While these studies have added to the

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knowledge base regarding clinical phenomenon in a general population of MTurk users, there is more research that is needed for psychotherapy process and outcome researchers to be able to confidently use this research platform. Studies need to examine the prevalence of clinical symptoms and the psychometric properties of common instruments with a population of MTurk users who report currently engaging in psychotherapy. More specifically, research is needed that directly compares results obtained from MTurk workers who report engaging in psychotherapy to clients that might be presenting for psychotherapy in traditional clinics. In addition, further research is needed to establish the best practice standards (e.g., compensation rates, screening questions, eligibility requirements) for conducting psychotherapy research in MTurk.

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Asking for Help in Building My Private Practice: How I Stopped Grasping in the Dark and Invested in My Business

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Let's Start by Keeping It a Hundred

I know it. You know it. Everybody who is a therapist knows it—we barely if at all get *any* training in how to build, run, and grow a private practice. For most of us we definitely did not have any courses in graduate school. Maybe when we were on internship or fellowship.

Maybe.

We might have had a graduate or faculty member come in and talk to us about their practice, getting on insurance, getting a website, getting on Psychology Today, maybe even something about SEO. But what is SEO you ask? I could not even begin to tell you back then, as I probably forgot whatever the presenter said. It was a bit over my head at the time. Still, it didn't seem that difficult—finish psychotherapy training (oh, the youth!), get your license, get a job, open my practice. Piece of cake.

So I did the thing—I got my doctorate, passed my licensing exam, and got a job. My first job was as a psychologist and faculty member at a teaching hospital, which offered an in-house private practice for faculty. The hospital was in a diverse community with substantial clinical need, which was part of my interest as somebody committed to cultural competence and social justice. At the same time, the faculty practice was a selling point of the position for me at the time. I wouldn't have to pay rent for an office, the practice had their own billing department so they could submit out-of-network insurance claims for my clients, and there was the possibility of cross-referrals with other faculty. All I had to do then was set up my website and *Psychology Today* profile, and I'd be good to go and let the referrals flow. Easy-peasy.

My First Run at Private Practice

Dear reader—whether you are a seasoned clinician, graduate student, or early career professional—it may surprise you to know that things do not work this way. *I know*. I was just as shocked to find out as you are right now. While I did over time build up a private practice caseload at the hospital, there were some major growing pains. Perhaps the first issue I had to contend with was setting my fee.

Oh, *the fee*.

As someone from an ethnic minority background who specialized in working with low-income and culturally diverse populations, I agonized over what my fee should be. If I set it too high, would I be marginalizing and excluding the patients I want to work with, both at the hospital and at my practice? Initially, there was no such thing in my mind as "setting your fees too low." It felt like it had to be very low. Eventually, I reasoned to myself that since I was already

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serving patients from communities in need during the day as part of my "day job," I needed to justify the extra evening hours I was spending in my private practice. I set my fee higher, at a level commensurate with the "market rates" in New York City, and later figured out a flexible system for having conversations with potential patients about the fee, and when to lower the fee to make treatment more accessible.

While this was a learning process in which I became aware of the beliefs I had around money and how they emerged from my family history and cultural context, what struck me at the time was what would happen when I broached the topic of private practice with my mentor, supervisors, and therapist friends. Of course, when I started out it made sense to reach out to them. They had been in private practice much longer than I had; surely they have knowledge, experience, and wisdom to impart. So, I started asking how they ran their private practices. How did they set their fees? What was it like starting out? How do I grow my practice?

The same pattern would emerge. We'd be discussing the latest article in *Psychotherapy*, a recent training in this or that treatment approach, or the latest Game of Thrones episode, maybe even gossip about the latest intrigue in this program or that organization (Oh you know we've all done it). Then I would just bring up a question about private practice.

The awkwardness was palpable.

It was like some taboo had been crossed. People stumbled over their words trying to answer my question. At times it almost felt like they had some "trade secret" they dared not share, lest it lead to some kind of competition in the psychotherapy market. At other times, I sensed some shame, as if questions about private practice risked exposing something about them as therapists, business owners, and people. Maybe *everybody* struggled with private practice in some way. Whichever the case, after a while I just stopped asking.

I continued my small practice after work, slowly trying to build without really knowing what I was doing. Or more precisely, whether what I was doing was actually helping my practice grow or not. Without some mentorship or people I could talk about private practice openly with, I decided it was time to *really* reach out, this time to an expert—enter Dr. Google, MD, MBA, PhD, PsyD, EdD, Esq.

The good doctor had an unending list of prescriptions for me to follow for a successful practice—start a blog; get on Instagram; get on insurance; get off insurance; don't blog, *vlog* instead; identify a niche; get a logo; work on your SEO; don't ever get on insurance; clarify your message; why the fuck are you on Instagram?; and so on and so on. Not really knowing how these different components worked and in what sequence, I tried all of them. It turned out to be pretty overwhelming trying to write a weekly blog, come up with content, edit, re-edit, and re-re-edit a website, or playing around with Google Ads. After a while, I realized that the usually effective behavioral technique of throwing spaghetti at the wall to see what sticks had failed me. I was too burned out to keep trying to figure things out. With my day job and daily life already being busy I stopped focusing on my practice. At least, until it was time to leave the hospital.

How I Learned to Stop Worrying and Really *Really* Reached Out for Help

A combination of professional goals and

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life changes made me decide to leave my position at the hospital. I took a part-time faculty job where I would teach and supervise, leaving me with plenty of time for a private practice. In getting ready to leave, I knew I'd be taking a plunge into the unknown. I would be running my own practice, initially subleasing an office, and would need to grow it in order for things to be sustainable. In my search for resources and information, I had come across not only blogs and downloadable pdfs about private practice but stumbled into an entire cottage industry of private practice consultants. These were typically psychotherapists who had learned the ins and outs of building a successful practice and ran a side business helping other therapists build and grow their own. In some cases, consulting for other therapists had become their primary source of income, while continuing with a smaller therapy caseload.

I wasn't sure what to make of these people at first, to be honest. Were they running some sort of racket, seducing unsuspecting therapists into giving them their hard-earned money with the promise of clinical and business success? Could I really trust these therapists turned entrepreneurs? This was not an easy decision to make. On the one hand, working with any one of them would cost money. It was one thing to rent out office space or pay a Psychology Today subscription. But to truly *invest* in my practice? Into learning the skills, tools, and knowhow for running my practice? It seemed foreign to me, as strange and alien as the idea of having a *return* on my investment.

I started out small, enrolling in an online course offered by one of the consultants I found online. The course felt within my budget, it followed a weekly sequence that would run during the time I was winding down at the hospital, and included a cohort, meaning I would be taking each sequence with a group of therapists sailing in the same unknown waters. The consultant running the course was very fun, dynamic, and down to earth. I enjoyed my time in this course and got to learn from other therapists struggling with the same questions and conundrums. Through it I was also introduced to other consultants in this industry, some of whom also provided one on one consulting.

Having a good experience with this course, and learning actionable steps and skills for practice building, really impressed on me the value of not just asking your friends or mentors, not just looking up free and available information on the internet, but of investing in your practice. By the time I finished the course and was wrapping up at the hospital I was set and ready to transition my practice from the faculty practice into my own setting and my own terms. Based on some of the initial changes I implemented, I started having a more steady flow of good fit, full fee patients, and patients with whom I collaboratively set fees that worked for them to make our work accessible, especially where there was a good fit on both sides. I literally saw the money I had invested paying off, for me and for my clients.

Based on my initial experience, I contacted one of the consultants I had been introduced to and applied to work one on one with them. This would have cost more money than the course, but it felt worth the investment to have some real guidance and mentorship. This consultant was also very down to earth, pragmatic, and with a great sense of humor. But they also had access to a wealth of information on how to market one's practice in this day and age and build a brand

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that reflects one's personality and style. Ultimately, what leads potential patients to have that initial experience of "This person *gets me*" even before they pick up the phone or send you that e-mail.

We worked on identifying my "message" to the clients I want to work with, and then using that message to redesign my website copy (e.g. the material you write for your website) and Psychology Today profile. We came up with a plan for blogging at a pace that worked for my schedule and got connected with a separate company that has experts in designing Google Ads for therapists. All of these orbited around my message, which emerged organically from the populations I was passionate about—young adults and professionals of color. I learned that tailoring my message to the people I wanted to reach first did not exclude or prevent others outside that focus from reaching out for therapy, but it did give a needed vision for who I wanted to serve. More importantly, after all was said and done, I had *way less* writing on my website.

It turns out we therapists can get wordy. And people don't care about what we have to say or where we earned our degrees. Potential clients care about our message getting across to them loud and clear, and about how that message makes them feel.

Once things clicked into place, my calls increased dramatically. I feel more secure in my practice and had access to a community of therapists that spoke openly not just about our clinical work, but about the nuts and bolts of creating a humane, conscious, and successful practice. And just as importantly, a lifestyle that nourishes and supports our clinical work in turn.

Things I Learned Along the Way

This essay reflects my experience becoming comfortable with reaching out for help and investing in how to build, run, grow, and nourish a private practice. In that spirit I want to share a couple of tips that could be useful to other therapists:

- Buy a copy of *Building a Story Brand* (Miller, 2017). If someone ever wrote a book on marketing for therapists, it would be this book. And it's not even written by a therapist! It describes how to harness the power of story to clarify one's message. Every story has a hero, a villain, and journey. We often write our website copy as if we—the therapist—are the hero of the story. But it is the *patient* who is the hero, the issues that bring them to therapy the villain. We are the guide that helps them on their journey. Clarifying this message sets the tone for everything else in building one's practice.
- Research private practice consultants: There is a plethora of them available online. If you find one whose style and message you click with, check out their free content.
- When you are ready, invest! Building a private practice can be a lonely and stressful experience. It doesn't have to be that way. A good investment in a resource, a training, or a tool for growing your practice is likely to yield a good return.

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Retirement Myths, Continued

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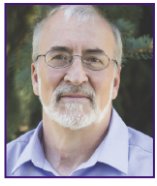

Editors' Note: *This a follow-up piece to Dr. Barrett's 2018 article describing four myths commonly held about retirement. To access the original article, please visit the SAP website*: https://societyforpsychotherapy.org/retirement-myths/

In my last article I listed four retirement myths:

1. It is easy to retire from an active professional life to a less active lifestyle;
2. Retired people do not want to work;
3. Retired people do not want to be paid; and
4. Retired people have unlimited free time (Barrett, 2018).

In that article I admitted to having retired three times. I am now 13 years past my first retirement and I find myself moving into a different stage of retirement characterized by a significant reduction in professional activity. I am spending less than 20% of my free time professionally. This change has increased my free time and has led to increasing questions about how much time I want to devote to professional work. In this piece, I will be addressing two additional myths about retirement I have come to understand over the past several months.

Additional Myths About Retirement

Myth number five. If you are capable of working, you should be working.

At times I have made the mistake of thinking that if I am able to work I should be continuing to work. I am sure that the values instilled by my Catholic upbringing have contributed to this thinking. Realistically, working after retirement is contingent on at least three factors. It is not sufficient to be able to work, you must also be willing to work and there needs to be on opportunity to work. I know that are many professionals who have made the mistake of thinking that they should be working and feel guilty about not working.

Let's talk about opportunity. Some people continue working at their same job in a reduced capacity. In my case, I retired from core faculty at the University of Denver, but I continue to teach two courses as professor emeritus. I am grateful for this opportunity. I know many other professionals who continue to work in their preretirement positions in a reduced capacity. For example, many psychologists in private practice reduce the number of clients but continue to practice. However, not everyone has this opportunity. Even in my situation, my two previous retirements (from the state of Colorado and from the World Health Organization) did not allow any paid continued employment.

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For those not able to continue in preretirement jobs, there is, of course, the opportunity to work in other settings. However, there are often problems for retirees to find new work. Some employers are hesitant to hire retirees because they think a younger person "needs" the money more than a retiree. Also, there is outright discrimination in some settings. While there is ample evidence that most people prefer a multigenerational employment situation (Anderson, 2019), many organizations will choose a younger person when there is an opportunity. While this action is discriminatory, it is difficult to prove. In one of my consulting positions, I was part of an application for a state grant. However, after the grant was awarded, there was pressure to reduce my involvement in the grant activities in favor of younger people. While my age was never mentioned, I am quite certain that it was a factor.

AARP Research (Anderson, 2019) suggests that many value the mentorship of older workers. However, my experience in state and international work suggests that there is a bias against older people. When I went to work for the World Health Organization in 2004 at the age of 58, I was warned that most people in the main office of WHO are younger people. I was told that I might be uncomfortable in this situation. As it turned out, I worked a lot with younger people and I believe they respected my experience. Also, I socialized with interns through sports and other activities. Again, they seemed to appreciate my perspective.

One of the decisions I have been forced to make as a retiree is how much time and energy I am willing to expend to obtain new consulting activities. I am no longer willing to spend a huge amount of time pursuing these activities. I am glad to accept opportunities based on my previous experience and previous contacts. However, as I get farther and farther from my active years, many of my contacts have already retired from active professional work.

Myth number six: *If I can do the work better than the person who replaced me, I should be doing the work myself*.

I admit that I am susceptible to this myth. I am sure that there is often some bias in my perception of my ability. However, I am sure that I can do a better job in some instances, but that does not mean that I should necessarily be doing the work. There should be opportunities for a person to grow into the position. Otherwise, there would be few opportunities for younger people. Also, there may be a need for someone to come in with a different perspective.

At least for me, retirement is a process that continues through my retirement years. I am constantly examining how much I can still contribute through work and how much I want and need to work. It is sometimes frustrating when I cannot achieve that perfect balance between what I want and what I can get, but that is part of the challenge of retirement—a challenge that I gladly accept.

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Positive Regard in Clinical Supervision: Trainee Perspectives

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The supervision relationship is multifaceted. Watkins (2011) wrote, "Is supervision teaching? Is supervision therapy? Is supervision consultation? Is it some blend of the three?" Although the primary objectives of supervision are to foster professional growth, monitor the quality of professional services, and serve as a gatekeeper for the profession (Bernard & Goodyear, 2014), the similarities to a therapeutic relationship cannot be overlooked. Both relationships rely on a strong working alliance, are intended to promote personal development through guided discovery and problem-solving, and ideally adhere to the major principles of the therapeutic orientation (Newman & Kaplan, 2016; Milne, 2006). Furthermore, the supervision relationship can be used as a platform for modeling therapeutic skills. In an interview with the APA (Tracey, 2006), Dr. Judith Beck said that during supervision she will "directly model what [she] would like to see [trainees] do in a therapy session" in order to demonstrate a collaborative relationship.

One well-established element of effective psychotherapy is unconditional positive regard (Rogers, 1957a; Farber & Doolin, 2011; Keijsers, Schaap, & Hoogduin, 2000). Rogers wrote that when a therapist is experiencing unconditional positive regard, he feels warmly toward the client's weaknesses and problems as well as the client's potential (Rogers, 1957a). Rogers also believed that clinical supervisors should model unconditional positive regard toward trainees during supervision (1957b).

Evidence supports this assertion. The trainee-reported strength of the supervisory alliance has been found to be associated with client-reported strength of the therapy relationship, as well as trainee adherence to the intended treatment model (Patton & Kivlighan, 1997). There is evidence that components of positive regard, including warmth, empathy, and genuineness, are essential to the effectiveness of didactic training (e.g., Carifio & Hess, 1987; Lambert, 1980). Trainees report that positive experiences in supervision frequently involve support, empathy, respect, and an attitude of nonjudgment on the part of the supervisor (Kennard, Stewart, & Gluck, 1987; Watkins, 1995; Worthen & McNeill, 1996). Lastly, therapists trained by supervisors who scored highly on dimensions including empathy, respect, and genuineness tended to exhibit the greatest gains in these dimensions from before to after training (Carkhuff & Berenson, 1967; Pierce, Carkhuff, & Berenson, 1967; Truax & Carkhuff, 1967).

Conversely, a survey of doctoral students or recent graduates found that

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clinical supervision that emphasized negative or critical styles (e.g., "criticized my performance in a demeaning and personal way") was associated with a weaker experience of the bond in the alliance (Ladany, Mori, & Mehr, 2017). Supervisory alliances perceived by trainees as unsatisfactory or weak have been associated with trainee stress, exhaustion, and burnout (Watkins, 2014).

It is apparent that positive regard is crucial in the clinical supervision relationship, but how does this practically play out? A trainee might approach supervision sessions wondering what to expect from a supervisor: *Will the supervisor observe my negative or positive qualities that will affect my clinical work? Will the supervisor see me and my work the way I see myself, or will I be blindsided by feedback? Will the supervisor assume the best of me and my intentions when there is incomplete information?* We present three exchanges between supervisors and trainees from our pre-doctoral, pre-practicum and practicum training in which positive regard or the lack of it was a turning point in the relationship and training experience.

Case Illustrations

Setting the tone: Early in one of these authors' experiences with a new supervisor, the supervisor ended a group supervision session by reflecting a unique strength she saw in each of the beginning counselors. What she said to me seemed accurate and felt meaningful. Having her notice and appreciate a strength in me helped me to feel that even in the event of a mistake or negative feedback in our future work, she would likely still perceive some positive qualities. Moving forward, I felt less anxious in our meetings and I was more willing to be candid with her.

The initial meeting with the supervisor sets the tone for the supervisory relationship (Magnuson, Norem, & Wilcoxon, 2002). In this case, the tone was set for a supportive relationship. In an interview with APA, Dr. Stoltenberg, a Professor in Educational Psychology and Director of Training at the University of Oklahoma, endorsed the use of "supportive and facilitative interventions, in which supervisors provide support and encourage the development of the trainee through praise and attentive listening" (Tracey, 2006).

Furthermore, the reflection of strengths within a counseling relationship has been suggested as a way to develop them. In their chapter "Toward a positive psychotherapy: Focus on human strength," Gelso and Woodhouse (2003) suggest that therapists can comment on strengths that are not yet fully developed in order to encourage them: "Therapists can react to the nascent strengths in a way that appropriately reflects and magnifies them" (p. 182). Thus, this action by this supervisor may have served two very valuable purposes early in the supervisees' training: to bolster the supervision alliance, and to support the development of strengths.

Validating and reinforcing difficult disclosures: *One of these authors suspected that a client had negatively interpreted and possibly taken offense to a suggestion. I was nervous to tell my supervisor, fearing that posing the suggestion to the client had been a mistake. My supervisor first thanked me for raising this issue, and provided validation that therapists' words can often be misinterpreted. She then asked what made me feel badly about the interaction, and we role-played addressing the miscommunication with the client. Finally, she asked me to consider how I might react differently if a similar situation arose next time. I felt grateful for the room to explore*

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what had occurred, and subsequently, I felt better able to disclose situations and decisions that made me feel vulnerable as a clinician.

It is widely acknowledged that supervision can be anxiety-provoking for trainees, as supervision entails performance evaluation and there is a power dynamic inherent in the relationship. However, Milne (2006) pointed out that the supervision process mirrors the therapy process in that both involve a "shared emphasis on a problem-solving approach, founded on a working alliance" (p. 215). Trainee anxieties can be alleviated by supervisors' conveyance of trust and positive regard (Newman & Kaplan, 2016; Talen & Schindler, 1994); this then serves to strengthen the working alliance. In the above illustration, positive regard was expressed and the alliance was strengthened by the normalization of trainee difficulties and reinforcement of a difficult disclosure (Newman & Kaplan, 2016).

The establishment of a safe, nonjudgmental environment allowed for the focus of supervision to shift to problem-solving. The supervisor's positive regard relieved the trainee's anxiety about how what occurred might reflect on her, and allowed for a productive exploration of how ruptures in the therapeutic relationship could be repaired and how to do differently next time.

A breach in positive regard: While reviewing a videotaped session, one of these authors was told by a supervisor that they seemed "unprepared" during a meeting with a client. She then asked me if I had done anything to prepare for the session. Because she had asked if I had prepared at all, it seemed to me she thought I must not invested. In fact, I had spent a great deal of time preparing. I thought my good intentions and level of hard work were unnoticed, and I felt misunderstood. I never mentioned how it had impacted me, but I found myself feeling more guarded and defensive in our supervision sessions afterward.

This case illustrates an instance when a trainee felt a breach in perceived positive regard from her supervisor. While assessing for the level of preparation was appropriate in this professional relationship, the manner and tone in which it was asked led the trainee to feel defensive about her work. The result was a weakening of the supervision alliance and a degree of withdrawal from the process by the trainee.

There is evidence that it is common for a trainee's perception of a negative exchange to go unnoticed while having far-reaching consequences. In interviews with psychotherapy trainees about counterproductive events in supervision, Gray, Ladany, Walker, and Ancis (2001) found that most trainees did not believe that their supervisors were aware of the impact of the event, and most did not disclose the event to their supervisors. Meanwhile, all trainees stated that the event weakened the relationship, led to a change in their approach to their supervisors, and most even believed this negatively affected their work with their clients. Thus, exchanges that might be subtle enough to go unnoticed by the supervisor can still be very damaging to the work. In the illustrated case, a subtle conveyance of negative assumptions about the trainee weakened the supervision alliance.

Discussion

Several important lessons can be drawn from these exchanges. First, supervisors should work to establish a supportive tone early in the relationship. Having this in place early will create an environment in which trainees are comfortable disclosing disagreement,

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confusion, or difficult situations with clients. Similarly, whenever possible, supervisors should take care to convey positive regard during instances of evaluation or ambiguity. Given that the supervisory relationship is inherently evaluative and critical feedback is necessary (Newman & Kaplan, 2006), positive regard will not look the same in supervision relationships as it does in therapeutic ones. However, positive regard or the lack of it still has an effect on this relationship; the second case illustrates that in the presence of ambiguous information, assuming the best of the trainee's work and intentions while delivering feedback might avoid a rupture and facilitate problem-solving.

Next, trainees can be mindful of their reactions when they feel the absence of positive regard. Mehr, Ladany and Caskie (2010) found that trainees who rated their working alliance with their supervisor more highly reported more willingness to disclose, and that higher trainee anxiety was related to less willingness to disclose. Likewise, Yourman (2003) reviewed four cases that illustrated that ruptures in the supervisory relationship led to feelings of shame for trainees and inhibited disclosure. Therefore, it is important for trainees to note how they might be influenced by their perception of their supervisor's regard toward them, especially in terms of withholding information. Of note, positive regard does not, and should not, preclude constructive feedback and problem-solving. In fact, positive regard at its best facilitates difficult conversations: if supervisees are assured that their supervisors hold them in positive regard, they can disclose more easily, because they can trust that advice and feedback are well-intentioned.

As Kottler and Hazler (1997) remarked, supervision operates within the tension of a working alliance in which supervisors must juggle multiple responsibilities, including imparting new skills and techniques to trainees, ensuring client welfare, and setting the bar for competence in the profession. However, despite the professional nature to this relationship, we have demonstrated in the preceding examples that this is also a relationship in which positive regard is appropriate and critical. The presence or absence of positive regard has the potential to alter the trajectory of a supervision alliance, the trainees' professional development, and ultimately, the quality of the services delivered to the client. Illustrations from our clinical training demonstrate the practical, day-to-day ways that this crucial component of effective supervision plays out.

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"Let's Talk on the Fourth Floor": Trials and Tribulations in Our Attempt to Increase Access to Psychotherapy Services

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Our idea, which three of us came up with nearly simultaneously, was born out of good intentions. We noticed that our most vulnerable students were often reluctant to go to our university's counseling center. Our idea was to bring psychotherapy services to the place where they felt most comfortable, the floor of the student union building that housed multicultural student centers and the center for LGBT students.

There were several initiatives that fostered our thinking. First, four clinical psychology doctoral students and I had started a grass-roots diversity committee in the fall of 2016 that flourished beyond all expectations, leading to a president's award for leadership award from our university in 2018 and a current membership of 19 graduate students and five faculty members. As an aside, working with this wonderful group of graduate students has been the single most rewarding component of my 23 years as a psychology professor at Washington State University. As a group, we have been active in advancing equity whenever possible in our work.

Second, since the summer of 2016, I had led a team effort on a research project aimed at increasing resilience among undocumented students at our university (Kwon et al., in press). Along with graduate students, undergraduate students, and a key collaborator, Marcela Pattinson, a student services staff member who leads undocumented initiatives at our university, we devised a resilience workbook and led support groups to increase academic persistence among undocumented students.

In the course of conducting that study, I met one research participant in the student union building who recognized me and revealed to me that she was struggling in school. I recommended the counseling center, but as she turned to get into the elevator to go up to the multicultural student centers, I could feel the palpable reluctance that she had to take that step.

During a diversity committee event for which Marcela was the invited speaker, our idea to bring psychotherapy services to the fourth floor of the student union building emerged and gained immediate enthusiasm. After Marcela and I had talked about this idea before her talk began, one of the graduate students in the audience, Catherine Sumida, raised her hand during the question and answer period and suggested this idea as well. The confluence in our thinking suggested that this was meant to be! We would start a practicum within our graduate program with two graduate student therapists from our program. I volunteered to supervise the practicum at no cost to the department. Marcela and I split our responsibilities for turn-

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ing this plan into reality: I would get the psychology department on board with the idea, and Marcela would deal with our university administrators and handle the politics.

I eventually learned my first lesson: Never delegate politics. Politics require all hands on deck.

After a few months, Marcela and I were invited to a meeting with the director of the counseling center, the director of health services, and two associate vice presidents from student affairs. Somehow, I was under the impression that we were there just to finalize our terrific idea. I arrived in a jovial mood, joking around with everyone. Once the meeting started, I suddenly realized that I had walked into a room that was simmering with tension. We had not involved the counseling center enough in our proposal. In addition, there were multiple concerns about logistics and potential liability issues.

Honestly, these problems occurred to me too, at times waking me up from a sound sleep. I supervise doctoral students at the counseling center, but there is a tremendous amount of paperwork that the staff handle with new clients. How would we handle all of that in a satellite practicum location? What would we do if a client was suicidal? However, I would always find a way to push these concerns out of my mind. Surely it must be a good idea given that our entire program appeared to be enthusiastic about it. In hindsight, we were perhaps victims of groupthink (Janis, 1982).

Despite the initial tension in the room, a wonderfully collaborative and open discussion emerged in our meeting. We reached consensus on the major issues. The idea, as Marcela and I had presented it, was unworkable due to the demands that it would place on the counseling center staff, who would need to be involved despite the satellite location. In fact, the satellite location would make their work more burdensome, not less. We also considered the fact that having a designated therapy office in the student union building would potentially make confidentiality more of a challenge, something that had not occurred to me before. And the liability issues involved in offering therapy services outside of the counseling center were thoroughly discussed. We also discussed the possibility that this satellite location would be viewed as a segregation of psychotherapy services, again something that had not occurred to me.

The ultimate plan that we all agreed to was to implement the Let's Talk model (Boone et al., 2011), which is utilized by nearly 100 universities. This model proposes the use of an outreach program in which consultants, not therapists, engage students in the locations where they are most comfortable. Our graduate students would hold office hours in the student union building, and offer consultation to anyone who has personal concerns. These consultations may consist of simply directing the student to specific university services outside of the counseling center. Other students may benefit from hearing what psychotherapy is like, particularly if they do not have any experience with the process or hold stigma about what it represents. Finally, other students may benefit from going to the counseling center. The consultants would be available to answer questions about the process and would also offer to walk over to the counseling center with the student during walk-in hours.

The revised idea was received enthusiastically by our students and faculty. It turns out that we didn't need to invent

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anything new. We simply needed to be educated about what already works at other universities. Our new practicum was one of the most popular options selected by students. Out of many who expressed an interest, two advanced students will be the inaugural consultants in our Let's Talk on the 4th Floor practicum. Here's to wishing that the growing pains are behind us, and greater access to services among our most vulnerable students is ahead of us.

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On Cheap Psychotherapy

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On March 16, 2019, the esteemed international magazine *The Economist* published an article titled "Talk is Cheap: What Disasters Reveal About Mental-Health Care." The article extolled the virtues of using lightly trained "psychotherapists" to deal with emotional problems in countries that have a shortage of mental health professionals. After highlighting the role of stressors such as natural disasters and civil wars, the piece went on to suggest the potential usefulness of "psychological first aid" that can be provided with minimal training by recruiting pastors, teachers, barbers and taxi drivers. The article went on to suggest that "non-specialists" could be trained in a few hours to treat mild-to-moderate depression and anxiety as well as posttraumatic stress disorders. In general, the piece brought to mind the quote often attributed to Renaissance scholar Erasmus: In the land of the blind, the one eyed man can be king.

Particularly in the context of post-disaster settings where people are in distress but well-trained mental health professionals are not available, the idea that "doing something is better than doing nothing" has understandable appeal. Though it is common to observe that medications may produce harmful side-effects, verbal treatments, by contrast, are often presumed to be either helpful or innocuous. As Nutt and Sharpe (2008) observed, many assume that since psychotherapy is only talking …no possible harm can result from it. It may be advisable to be cautious, however, before applying the label of "psychotherapy" too broadly to the types of interventions such non-specialists can be quickly trained to administer effectively.

The psychotherapy research literature is at odds with the idea that talking therapy is consistently benign and incapable of producing negative effects. More than 50 years ago, Bergin (1966) introduced the term "deterioration effect" to describe the possibility that psychotherapy could lead people to becoming *either* better or worse adjusted. Others have highlighted a number of studies showing the potential negative side-effects that psychotherapy might produce (e.g., Berk & Parker, 2009). Similarly, large numbers of studies have documented that some therapists are clearly better than others (Castonguay & Hill, 2017). Factors such as therapist adjustment (e.g., Fisher & Greenberg, 1985) and ability to establish a therapeutic alliance and demonstrate facilitative interpersonal skills are empirically linked to better outcomes (Boswell, Kraus, Constantino, Bugatti, & Castonguay, 2017; Greenberg, 2016; Wampold, Baldwin, Holtforth, & Imel, 2017). It is also true that novice; less experienced therapists are more likely to have clients who drop out of treatment before maximum benefits can be attained (Swift & Greenberg, 2015).

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In addition, some therapist qualities that directly produce harmful outcomes have been observed. For instance, Karon and VandenBos (1972) and VandenBos and Karon (1971) describe a variable they called "therapist pathogenesis." This dimension measures the degree to which therapists use others who are dependent on them to meet their own needs. In a series of studies they were able to show that schizophrenic patient outcome deteriorated in direct proportion to the level of pathogenesis displayed by their therapist; the greater the level of pathogenesis, the worse the outcome for the patient.

Responding to disasters worldwide may, as the article in *The Economist* points out, require rethinking how to use available personnel and resources in ways that are creative and, ultimately, most helpful to those effected. Regardless of setting, however, the art and science of psychotherapy requires clinicians who are able to use empirically supported treatments in a way that is empathetic and attuned to the characteristics of the person with whom they are working (Greenberg, 2018). Therapist style and ability to keep personal needs under control appears to be highly significant. Some people are clearly more adept at it than others who may turn out to be "psycho-noxious." The literature suggests some caution should be employed in deciding on who will be chosen to provide emotional support for others and what level of instruction/training is needed to ensure reasonable outcomes.

Whether it is being practiced in the United States or internationally, it is too simplistic to view psychotherapy as a benign enterprise that can do no harm since it is only based on words! Perhaps Rudyard Kipling, who won the Nobel Prize for Literature, was on to something when he said in a 1923 speech to the Royal College of Surgeons in London, "Words are, of course, the most powerful drug used by mankind."

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WASHINGTON SCENE

"This Land Is Your Land"

Pat DeLeon, PhD
Former APA President

This spring I had the wonderful opportunity, along with our colleagues Hortensia de los Angeles Amaro and Brian Smedley, to attend the National Academy of Medicine (NAM) Culture of Health stakeholder meeting *Engaging Allies in the Culture of Health Movement*. The expressed objectives of this particular meeting were to discuss why Anchor Institution (such as academic health centers, hospitals, health systems, and universities) Strategies are a key component to advancing health equity and a culture of health in neighboring underserved communities; explore how to shape and use an Anchor Institution mission to advance health equity and a culture of health in communities highlighting promising models; explore how to effectively shape and use an Anchor Institution mission for businesses, non-profit foundations, and municipalities; and share information and "lessons learned" to determine a way forward in taking purposeful action through an Anchor Institution approach. Several key participants included high level representatives from Healthcare, Microsoft; Kaiser Permanente; Associations of American Universities and Academic Health Centers; Nashville Chamber of Commerce; and naturally the all-important student voice.

The Culture of Health Program is a high personal priority of NAM President Victor Dzau. It represents a multiyear collaborative effort to identify strategies to create and sustain conditions that support equitable good health for all Americans. Its four aims: Lead—identify a set of consensus study topics that build upon one another, leading to a solid knowledge base that can inform a set of actions and partnerships to advance health equity. Translate—bridge science to action for impact on health equity and optimal health for all. Engage—strengthen capacity in communities to continue to advance progress in achieving optimal health for all and inform legal, policy, and system reform. And, Sustain—transform culture in the United States to sustain progress made and to accelerate progress in areas that still have significant health disparities.

"All too often in healthcare, we ask the wrong questions, deploy the wrong resources, and are focused on the wrong solutions—and then wonder why healthcare is broken. We ask patients if they have medications, but we don't ask if they have food, heat, or a job. We provide education to patients, but we don't ask if they can read. We encourage people to lose weight, but we don't ask if they have the ability to secure healthy food…. We need to step outside our comfort zones…. We need to focus on how we can have truly significant impact on health outcomes and in our communities by addressing the root causes of health and well-being." One might reasonably ask why are organizations such as Kaiser Permante investing significant funding in communities where not all of the residents are their members? Perhaps because: "Creating a culture of health across all of its oper-

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ations is not just the right thing to do, it's a smart way to get ahead of the cost curve of providing effective care, by helping create and sustain healthier communities."

Interestingly, during the discussion period several participants, including myself, "pushed back a bit" on the almost exclusive focus during the meeting of Anchoring Institutions. Federally Qualified Health Centers (FQHCs), for example, have long been stressing the importance of communities and holistic care, including the cultural-psychosocial-economic component of quality health care. Notwithstanding, "Anchor Institutions have tremendous potential to invest in communities in ways that improve social, economic, and environmental conditions that shape health. Our NAM panel highlighted innovative approaches that offer strong returns on institutional investment. I'm grateful that psychologists, such as Hortensia Amaro, are leading thinking and action in this space, for psychology offers critical insights that public health and health systems are increasingly embracing" (Brian Smedley). My personal sincerest appreciation to Co-Directors Ivory Clarke and Charlee Alexander for orchestrating a truly outstanding meeting.

An Increasingly Important Focus

As the years pass, I have become increasingly sensitive to the importance of each of the health professions learning from the wisdom of those they elected to be their national Presidents. That experience gives one a unique perspective—on the potential unique contributions of their own profession and equally important, the nation's ever-evolving global environment. Former APA President Susan McDaniel stressed the importance of interprofessional collaboration, especially during the formative graduate school experiences. Alan Kazdin emphasized the importance of seeking to serve those that simply do not have access to any health care: "e.g., children, older individuals, single parents, individuals of ethnicity, victims of violence, and it goes on." I vividly recall my discussions with Seymour Sarason during his final years in an extended care facility where many of his Yale colleagues would eventually retire. He wished that he had been aware of the way that our nation's elderly were "treated" so that he could have addressed this during his nearly half a century on the Yale psychology faculty. On the island of Lana'i visionary colleagues are making a lasting difference.

"Lana'i Community Health Center's (LCHC) Behavioral Health Program started with our involvement in a Federal Training grant in 2012. Being a small remote, rural federally qualified health center (FQCHC) we were thrilled to be a part of this grant—but mostly we were thrilled to offer Behavioral Health (BH) psychology services to our community. The island of Lana'i is one of the smallest of the inhabited Hawaiian islands – its population is 3,100, with mostly Filipino residents who originally relocated to work in the pineapple fields. Health care of any sort is limited: there is a small critical care access hospital with the ability to treat and release or send out to the other larger islands, our FQCHC, one small private practice medical provider, and a small private practice dental office. Our organization is the only location where BH services are provided to all in need and the only place on island to offer such services on a sliding fee scale. From the first LCHC training grant fellows, to Cori Takesue, the first FTE Post-doc fellow hired with non-grant funds, we now have 2.5 FTEs. All post-docs are in the process of securing their license, and at least 2 FTE will hopefully remain with us. LCHC and its

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providers have worked hard to remove the stigma of seeking BH services, to be accepted and trusted by our community members. Our success can be seen by the growth in our patient numbers… and the growth in our wait list.

"What is also clear is that in our community it is not the opioid crisis that is affecting many areas of nation; it is depression, anxiety, stress, alcohol, and smoking that are bringing people to our doorstep. It is the stress of trying to make ends meet on an island where cost of living clearly outpaces salary. It is the depression and stress associated with feeling as if you are failing your family. So we continue to see the need grow. LCHC has been recruiting for a third FTE… for over two years. We will accept post-docs or licensed providers – however, due to the severe shortage of candidates, combined with the rural, remote nature of our community, we have continually fallen short of our recruitment goal. Our most likely candidates – those who are willing to work and live on our island – are those who have ties in Hawaii. Even better, if they intern with us for a year. Our main feeder has been Argosy with its connections to I Ola Lahui (a Native Hawaiian initiative, established by psychology) and their training program.

"We have successfully integrated all our services (medical, dental, and vision) with behavioral health—knowing that the key to wellness is a holistic approach. We utilize telemedicine for psychiatry, as well as a number of our specialty medical programs; however, for the basic day-to-day support we find that it is best if we have individuals living and working on our island. It is better for our patients who create a sound base of trust, and it is better for our providers who interact with all disciplines to ensure the holistic approach is being utilized. But now what? Sadly, we have the funds to support additional hires but no candidates to hire. Isn't one of the roles of government to step in and provide workable solutions and oversight to protect harm to the individual? Clearly, in my opinion, government has failed—at least to this point.

"But all is not lost. Some programs and efforts show signs of recognition of needs and response. Under the leadership of former USPHS chief nurse, Dean Carol Romano, the Daniel K. Inouye Graduate School of Nursing at the Uniformed Services University (USU) has placed DNP graduate students with us. U.S. Navy LCDR Kayla R. Horton and U.S. Army MAJ Margaret Martin interned last year, sharpening their skills as a future APRN in rural, remote, and diverse settings. This partnership with USU brings a shared opportunity for learning and new experiences. Their experiences provided them with access to a full range of family practice issues, home visits, participation in LCHC's school-based education program, and the use of telemedicine – especially for services that are uncommon in the military—including surviving a hurricane on a small austere island. They were exposed to the cultural diversity of Lana'i's community, which will add enhanced cultural sensitivity to their arsenal of health care tools. Overall, by allowing faculty and students to participate in LCHC's activities and live within our community, this joint effort and our combined resources works to develop, improve, and sustain the delivery of outstanding medical, dental, nursing, and clinical care and preventive medicine.

"The relationship that LCHC has forged with USU and other teaching programs has proven to be critical both to future health care providers as well as to LCHC's workforce development. One of

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our main goals is role model development. With the current nurse and health care provider shortage in the United States, and more notably in rural areas such as Lana'i, these select students are able to go into the community and educate school age children on a career in nursing and/or as a nurse practitioner. These intimate interactions may also attract young people into the military nursing and medicine fields. We saw the potential to inspire the next generation of Lanai's citizens in seeking nursing as a career and coming back to serve in our community.

"Additionally, these rotations benefits students in numerous ways, such as teaching critical thinking skills needed to practice in remote austere settings, gaining a greater appreciation for cultural diversity, and exposure to systems thinking outside of the Military Treatment Facility. A similar nursing program for Behavioral Health is needed—one that will be beneficial to both participants and will result in a larger applicant pool with rural health experience. Courage is needed on the part of the government to take this next step… not just leaving health care organizations like LCHC without the ability to address these pressing behavioral needs" (Diana Shaw, LCHC Executive Director).

RxP—The Maturing Agenda

Under Morgan Sammons' stewardship the *National Register* has done an outstanding job representing the interests of psychology's practitioners and particularly in educating them regarding the unprecedented changes occurring within the nation's health care environment. For example, the Register will be sponsoring an RxP Webinar providing an update on Training and Legislation, featuring APA Board Member Beth Rom-Rymer and her colleague Gerardo Rodriguez-Menendez from the Chicago School of Professional Psychology.

"This land was made for you and me" (Woody Guthrie).

Aloha.

CONGRATULATIONS TO THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY GRANT WINNERS!

Each year, the Society for the Advancement of Psychotherapy offers an array of psychotherapy research grants to psychologists and students to further the field of psychotherapy.

The Charles J. Gelso, Ph.D., Psychotherapy Research Grants, offered to graduate students, predoctoral interns, postdoctoral fellows, and psychologists (including early career psychologists), provide three $5,000 grants toward the advancement of research on psychotherapy process and/or psychotherapy outcome.

The Norine Johnson, Ph.D., Psychotherapy Research Grant, offered to early career psychologists (within 10 years post earning the doctoral degree), provides $10,000 toward the advancement of research on psychotherapist factors that may impact treatment effectiveness and outcomes, including type of training, amount of training, professional degree or discipline of the psychotherapist, and the role or impact of psychotherapists' personal characteristics on psychotherapy treatment outcomes.

The Diversity Grant program awards up to two $2,000 Diversity Research Grants to pre-doctoral candidates (enrolled in a clinical or counseling psychology doctoral program) and one $1000 Diversity Research Grant to an early career psychologist (within 10 years of graduation) who are currently conducting dissertation research that promotes diversity or an applied project that promotes diversity as outlined by the American Psychological Association (APA).

The International Research Grant was established in order to promote more international and cross-cultural research within SAP and within the profession of psychotherapy and provides $1000 to a graduate student or early career professional (within 10 years of receiving the doctoral degree) to support the completion of a research project.

Charles Gelso Grant Awardees

Abby Blankenship, PhD is an Assistant Professor and a Licensed Clinical Psychologist. Dr. Blankenship is the Chief of Psychology for the STRONG STAR Consortium and the Consortium to Alleviate PTSD at the Fort Hood site. She oversees the day to day clinical operations for clinical intervention research for combat related posttraumatic stress disorder (PTSD) and deployment related problems in active duty service members, veterans, and their families. Dr. Blankenship has expertise in the areas of training, supervision, and consultation in evidence-based assessments and treatments for PTSD and families experiencing military related transitions.

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Dr. Amy Weisman de Mamani is a Professor and the Associate Director of the Adult Division of the Department of Psychology at the University of Miami. Her primary research areas focus on family and cultural factors that influence the course of serious mental illness (e.g, schizophrenia, bipolar disorder, and Alzheimer's disease). She has published over 75 peer reviewed manuscripts on these topics. A major focus of her research has been aimed at developing and testing a 15-session culturally informed treatment for schizophrenia (CIT-S), which expands earlier interventions in an attempt to better serve minority families and patients coping with the illness. In particular, several spiritual and existential components were developed and combined with previously established cognitive behavioral techniques to make treatment more relevant for Hispanics and other minorities prevalent in Miami. Her recent research indicates that this intervention is effective (relative to a psycho-education only control condition) in reducing the severity of patient's psychiatric symptoms (in both single family and group format) and in decreasing shame, guilt, and psychological burden in schizophrenia caregivers. Surprisingly, her research also shows that religious individuals are more likely to drop out of CIT-S prematurely. Based on this finding, Dr. Weisman de Mamani is currently extending this line of research through a pilot grant funded by the John Templeton Foundation. Through this project, she has combined forces with Reverend Laurie Hafner, Senior Pastor at Coral Gables United Congressional Church of Christ (UCC). This grant will allow her to examine whether systematically integrating religious components early on in treatment alongside already established cognitive-behavioral approaches, and offering some of the groups in a religious intuition, will make treatment more relevant and appealing to religious individuals. She expects that this will improve efficacy and satisfaction with treatment and increase therapy retention. The current grant (Gelso) will allow Dr. Weisman de Mamani and her research team to extend this study to Spanish speaking individuals.

Margaret Boyer is a doctoral candidate in Counseling Psychology at the University of California, Santa Barbara. Prior to her graduate studies, she received her B.A. in Psychology with a minor in Economics from Haverford College and managed the Emotion and Self-Control lab at the University of Michigan. Her current research pursuits explore the integration of positive psychology in psychotherapy, interpersonal processes in emotion regulation, and therapeutic processes in psychological assessment. She currently serves as student supervisor of the Psychological Assessment Center at UCSB and provides individual and

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Margaret Boyer, contineud from page 52

group therapy in local university and college counseling settings.

The goal of the current project is to establish a strategy for efficiently and effectively measuring clients' vagal tone as a meaningful predictor and indicator of psychotherapeutic change. It is hoped that this research can bridge disciplines of positive psychology and affective neuroscience by utilizing a novel methodology to study vagal tone as both outcome and facilitator of psychological growth.

Norine Johnson Grant Awardee

Joanna M. Drinane is entering her second year as an Assistant Professor of Counseling Psychology at the University of Utah. She earned her Ph.D. from the University of Denver in 2018. Her scholarship has consistently focused on psychotherapy process and outcome with an area of emphasis on the relational and cultural dynamics that unfold between clients and therapists. In this vein, Joanna has contributed to the development of the framework of multicultural orientation, has written about microaggressions, within therapist identity-based disparities, and cultural concealment, and has worked to explore how social identity conversations influence the trajectories of change clients undergo while in therapy.

Joanna's 2019 Norine Johnson Psychotherapy Research Grant proposal is well aligned with her growing body of research. Her study aims to use novel methodology to obtain objective ratings of therapist cultural comfort/discomfort (operationalized as emotional arousal) in response to client statements about various social identities. Specifically, Joanna plans to use software to analyze basic linguistic processes to provide quantitative ratings of emotional arousal in response to cultural stimuli, and to examine the associations between these ratings and internal mechanisms of self-regulation and therapist response patterns to clients (direct, indirect, and avoidant). The primary goal of this work is to understand the relationships between these variables in order to yield information about potential profiles of providers who might engage more or less effectively in clinical and professional contexts which require culturally sensitive dialogues. The use of these methods will foster more in depth awareness of provider/patient interactions and can contribute to the enhancement of educational methods and the reduction of disparities that occur at the individual provider level.

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Diversity Grant Awardees

Sarah Bloch-Elkouby, Ph.D., is a post-doctoral fellow at the Zirinsky Center for Bipolar Disorders and the Brief Psychotherapy Research Program at Mount Sinai Beth Israel Hospital. Originally from France, she moved to Israel after high school where she attended Law School and passed the Bar Exam. However, her lifelong passion about psychology, coupled with her strong commitment to social justice and helping professions, then led her to pursue a Ph.D. in Clinical Psychology that she completed at Adelphi University, in New York, under the mentorship of J. Christopher Muran. Her doctoral research focused on psychotherapy outcome assessment and treatment failure and was awarded the Sylvia Sanger Foundation Award for Psychotherapy Research. She was also awarded the Career Development Leadership Award by the Anxiety and Depression Association of America for her clinical work. Her post-doctoral work focuses on alliance ruptures and microaggressions among racially diverse dyads, as well as on the short and long term risk factors which put individuals at high risk for imminent suicidal behaviors. The Early Career Diversity Research Grant provides her with the opportunity to investigate the interpersonal dynamics reflected in and resulting from therapist-initiated racial microaggressions in the initial phase of cognitive-behavioral therapy.

My name is Brian TaeHyuk Keum and I am a doctoral candidate in counseling psychology at the University of Maryland-College Park. I am currently completing my pre-doctoral internship at the University of Maryland's Counseling Center. I am a scientist-practitioner-advocate with one overarching goal: make mental health services more accessible, relevant, and effective for diverse individuals in today's society, particularly for historically marginalized groups who have been understudied and underserved in psychotherapy. To contribute to this goal, I have been developing research in the following interrelated areas: (a) development of awareness and advocacy on contemporary violence and marginalization, such as online racism, and gendered racism, (b) therapist training in multicultural competence and advocacy work, and (c) multicultural measure evaluation/development. Upon completing my Ph.D., I hope to continue working towards this goal through a career in academia.

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International Research Grant Awardee

Fangsong Liu is now a PhD candidate in the Department of Educational Psychology at The Chinese University of Hong Kong. Before he went to pursue doctoral degree, he has worked as a school counselor for six years in Shenzhen, China. He has great interest in psychodynamic psychotherapy and has completed two years Basic Training Program in The China American Psychoanalytic Alliance (CAPA).

His research interest is multicultural counseling and sexual minority stigma. He expects that his research could contribute to Chinese psychotherapists' multicultural counseling competence for minority clients, especially the LGBT group.

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PSYCHOTHERAPY BULLETIN

Psychotherapy Bulletin is the official newsletter of the Society for the Advancement of Psychotherapy of the American Psychological Association. Published online 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.

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