

Psychotherapy

OFFICIAL PUBLICATION OF THE SOCIETY
FOR THE ADVANCEMENT OF PSYCHOTHERAPY
OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

www.societyforpsychotherapy.org

In This Issue

SPECIAL FOCUS: SELF-CARE ACROSS THE LIFESPAN

Diversity

Self-care for Psychotherapists of Color

Psychotherapy Research, Science, and Scholarship

Self-care Strategies for a Psychotherapy Researcher



Special Feature

If You Give Supervisees Difficult Situations:

Examples of Conflict in the Supervisory Relationship

Balancing Alliances With Couples and Families: A Primer

Psychotherapy Practice

Making the Leap From Group to Private Practice:

10 Things I've Learned

Early Career

10 Grant-writing Tips for Novice Grant Writers

From the Desk of the Most Reluctant of All Grant-writers

Public Interest and Social Justice

Camino Profesional y Personal:

*A Journey Toward Professional and Personal Growth
Through Latinx Psychology*

Student Feature

Walk the Walk, Talk the Talk, Do the Work:

Recommendations for Conducting Research With Diverse Populations

Ethics in Psychotherapy

I Would Never Do That! Examining Sexual Boundary Violations

International Scene

Conferencing to Connect Near and Far

Education and Training

2019 SAP Excellence in Teaching/Mentorship Award Winner

Reflection: Three Tips on Teaching and Mentoring as a Graduate Student



Society for the
Advancement
of Psychotherapy

2019 VOLUME 54, NUMBER 3

B
U
L
L
E
T
I
N

Society for the Advancement of Psychotherapy ■ 2019 Governance Structure

ELECTED BOARD MEMBERS

President

Nancy Murdock, PhD
University of Missouri-Kansas City
215 Education Building
5100 Rockhill Road
Kansas City, MO 64110
murdockn@umkc.edu
Ofc: 816-235-2495 fax: 816-235-6925
E-mail: murdockN@umkc.edu

President-elect

Jennifer Callahan, PhD
UNT Department of Psychology
Terrill Hall, Room 376
1155 Union Circle #311280
Denton, TX 76203-5017
Ofc: 940-369-8229
E-mail: Jennifer.Callahan@unt.edu

Secretary

Rebecca M. Ametrano, Ph.D., 2018-2020
Office of Patient Centered Care
VA Boston Healthcare System
1400 VFW Parkway
West Roxbury, MA 02132
Ofc: 857-203-5394
E-mail: rametrano@gmail.com

Treasurer

Jesse J. Owen, PhD, 2019-2021
University of Denver
Morgridge College of Education
Counseling Psychology Department
1999 E Evans Ave
Denver CO 80208
Ofc: 303-871-2482
E-mail: jesse.owen@du.edu

Past President

Michael J. Constantino, PhD
Dept of Psychological & Brain Sciences
612 Tobin Hall - 135 Hicks Way
University of Massachusetts
Amherst, MA 01003-9271
Ofc: 413-545-1388
E-mail: mconstantino@psych.umass.edu

Domain Representatives

Public Interest and Social Justice
Lavita Nadkarni, PhD, 2018-2020
Director of Forensic Studies
University of Denver-GSP
2450 South Vine Street
Denver, CO 80208
Ofc: 303-871-3877
E-mail: lavita.nadkarni@du.edu

Psychotherapy Practice

Barbara Vivino, PhD, 2019-2021
921 The Alameda #109
Berkeley, CA 94707
Ofc: 510-303-6650
E-mail: bvivino@aol.com

Education and Training

Marilyn Cornish, PhD, 2019-2021
Auburn University
2084 Haley Center
Department of Special Education,
Rehabilitation, and Counseling
Auburn University, AL 36849
Ofc: 334-844-7601
Email: mcornish@auburn.edu

Membership

Jean Birbilis, PhD, 2019-2021
University of St. Thomas
1000 LaSalle Ave., MOH 217
Minneapolis, Minnesota 55403
Ofc: 651-962-4654 fax: 651-962-4651
E-mail: jimbirbilis@stthomas.edu

Early Career

Leigh Ann Carter, PsyD, 2017-2019
University of Delaware - Center for Counsel-
ing and Student Development
261 Perkins Student Center
Newark, DE 19716
Ofc: 516-641-2066
E-mail: leighacarterpsyd@gmail.com

Science and Scholarship

Susan S. Woodhouse, PhD, 2017-2019
Department of Education and Human Serv-
ices Lehigh University
111 Research Drive
Bethlehem, PA 18015
Ofc: 610-758-3269 Fax: 610-758-3227
E-mail: woodhouse@lehigh.edu

Domain Representatives, continued

Diversity
Rosemary Phelps, PhD, 2017-2019
University of Georgia
402 Aderhold Hall
Athens, GA
Ofc: (706) 542-1812
E-mail: rephelps@UGA.EDU

Diversity

Manijeh Badiee, PhD, 2019-2021
Department of Psychology
California State University
5500 University Parkway
San Bernardino, CA 92407
Ofc: 909-537-7305
E-mail: MBadiee@csusb.edu

International Affairs

Frederick Leong, Ph.D. 2018-2020
Michigan State University
Department of Psychology
East Lansing, MI 48824
Ofc: 517-353-9925; Fax: 517-353-1652
E-mail: fleong@msu.edu

APA Council Representatives

Lillian Comas-Diaz, PhD, 2017-2019
908 New Hampshire Ave NW Ste 700
Washington, DC
Ofc: (202) 775-1938
E-mail: lilliancomasdiaz@GMAIL.COM

Elizabeth Nutt Williams, PhD, 2017-2019
St. Mary's College of Maryland
18952 E. Fisher Rd.
St. Mary's City, MD 20686
Ofc: 240-895-4467 Fax: 240-895-2234
E-mail: sl.williams1@comcast.net.

Student Representative

Carly Schwartzman, 2019-2020
University at Albany, SUNY
Social Sciences, Department of Psychology
1400 Washington Ave.
Albany, NY 12222
Ofc: (551) 265-6750
E-mail: cschwartzman@albany.edu

STANDING COMMITTEES

Continuing Education

Chair: Ken Critchfield, PhD
Email: critchk@jmu.edu

Diversity

Chair: Sheeva Mostoufi, PhD
E-mail:
smostoufi@behaviortherapycenter.com

Early Career Psychologists

Chair: Sara Danitz, PhD
E-mail: Sara.Danitz@va.gov

Education & Training

Chair: Eric Sauer
E-Mail: eric.sauer@wmich.edu

Fellows

Chair: Robert L. Hatcher, PhD
E-mail: rhatcher@gc.cuny.edu

Finance

Chair: Jeff Reese, PhD
E-mail: jeff.reese@uky.edu

International Affairs

Changming Duan, PhD
E-mail: duanc@ku.edu

Membership

Rosemary Adam-Terem, PhD
E-mail: rdrozi@yahoo.com

Nominations and Elections

Chair: Jennifer Callahan, PhD
E-mail: Jennifer.Callahan@unt.edu

Professional Awards

Chair: Michael Constantino, PhD
E-mail: mconstantino@psych.umass.edu

Program

Chair: James Boswell, PhD
E-mail: jboswell@albany.edu

Psychotherapy Practice

Daniel Gaztambide, PhD
E-mail: g.gaztambide@hotmail.com

Psychotherapy Research

Chair: Joshua Swift, PhD
E-mail: jkswift@alaska.edu

Social Justice

Linda Campbell, PhD
E-mail: lcampbel@uga.edu



PSYCHOTHERAPY BULLETIN

Published by the
**SOCIETY FOR
THE ADVANCEMENT
OF PSYCHOTHERAPY**
American Psychological Association

6557 E. Riverdale
Mesa, AZ 85215
602-363-9211

e-mail: assnmgt1@cox.net

EDITOR

Lynett Henderson Metzger, PsyD
Lynett.HendersonMetzger@du.edu

ASSOCIATE EDITOR

Cara Jacobson, PsyD
chjacobson@loyola.edu

CONTRIBUTING EDITORS

Diversity

Manijeh Badiee, PhD and
Rosemary Phelps, PhD

Education and Training

Marilyn Cornish, PhD and
Eric Sauer, PhD

Ethics in Psychotherapy

Apryl Alexander, PsyD

Psychotherapy Practice

Barbara Vivino, PhD and
Daniel Gaztambide, PsyD

**Psychotherapy Research,
Science and Scholarship**

Susan Woodhouse, PhD, and
Joshua Swift, PhD

Public Interest and Social Justice

Lavita Nadkarni, PhD, and
Linda Campbell, PhD

Washington Scene

Patrick DeLeon, PhD

Early Career

Leigh Ann Carter, PsyD and
Sara Danitz, PhD

Student Feature

Carly Schwartzman

Editorial Assistants

Salwa Chowdhury
Salwa.Chowdhury@du.edu

Cory Marchi

Cory.Marchi@du.edu

STAFF

Central Office Administrator

Tracey Martin

Website

www.societyforpsychotherapy.org

PSYCHOTHERAPY BULLETIN

Official Publication of the Society for the Advancement of
Psychotherapy of the American Psychological Association



2019 Volume 54, Number 3

CONTENTS

President’s Column2

Editors’ Column4

Special Focus: Self-care Across the Lifespan

Diversity6
Self-care for Psychotherapists of Color

Psychotherapy Research, Science, & Scholarship ..11
Self-care Strategies for a Psychotherapy Researcher

Special Feature

If You Give Supervisees Difficult Situations: Examples of Conflict in the Supervisory Relationship14

Balancing Alliances With Couples and Families: A Primer21

The Dangers of “As Quiet As It’s Kept”25

Psychotherapy Practice28
Making the Leap From Group to Private Practice: 10 Things I’ve Learned

Early Career.....32
10 Grant-writing Tips for Novice Grant Writers From the Desk of the Most Reluctant of All Grant-writers

Public Interest and Social Justice37
Camino Profesional y Personal: A Journey Toward Professional and Personal Growth Through Latinx Psychology

Student Feature41
Walk the Walk, Talk the Talk, Do the Work: Recommendations for Conducting Research With Diverse Populations

Ethics in Psychotherapy49
I Would Never Do That! Examining Sexual Boundary Violations

International Scene53
Conferencing to Connect Near and Far

Education and Training57
2019 SAP Excellence in Teaching/Mentorship Award Winner Reflection: Three Tips on Teaching and Mentoring as a Graduate Student

Washington Scene59
“Why Don’t We Paint the Town?”

PRESIDENT'S COLUMN

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



It was great to see so many Society members at APA in Chicago and from my view, it seems a good time was had by all. I kicked off my conference on Friday by chairing the presidential symposium *Out of the Office and into the Streets: Interventions for Diverse Clients and Settings*. The presenters, Daniel Gaztambide, Jeffrey Zimmerman, Kimberly Langrehr, Laverne Berkel, and Gary Howard described their efforts to take psychotherapy beyond the consulting room, and august discussant Mike Constantino provided wise words across all of the presentations. I am very thankful to all of these wonderful professionals for their stellar presentations. I was pleased to see a good crowd and that we

had time for some lively discussion at the end.

Immediately after the symposium, I also had the great honor of attending our Society poster session, which was chock full of excellent psychotherapy research. A team effort with student representative Carly Schwartzman and program chair James Boswell resulted in the selection of two student poster awardees out of six very fine finalists. The winners were: Yixiao Dong, whose poster was titled *Therapist Effects in Routine Out-come Monitoring: A Doubly Latent Invariance Test of the BHM-20* and Kelsey Redmayne for her poster titled *Client Feedback Outcome Measures: Evaluating Outcome Trajectories and Clinical Significance*. Thanks to Lavita Nadkarni, Carly,

continued on page 3



and James for serving on the selection committee.

In addition, at our poster session, the Society for the Exploration of Psychotherapy Integration Jeremy Safran Memorial Outstanding Poster Award was bestowed on Yunling Chang, for the poster *Congruence/Genuineness: A Meta-Analysis*. SEPI's president, Catherine Eubanks, was there to make the presentation, attended by SfAP Past President Michael Constantino, who was instrumental in creating the award. You might recall that I presented the SfAP counterpart to this award to Brin Grenyer and colleagues at SEPI's conference in June.

Friday was a very busy day, ending with the SfAP awards ceremony and social hour, which gives us the opportunity to salute the contributions of our outstanding members. Elsewhere in this

issue, you will see the full list of award and grant winners—they are many and mighty, so I will not repeat them here. Also, at this ceremony, we honored the service of our continuing board members, as well as Past President, Michael Constantino, and three other board members completing their terms: Leigh Ann Carter, Rosemary Phelps, Susan Woodhouse. We will not let them get very far away though!

Recently, the Board of Directors met in Kansas City, Missouri, the home of my university, the University of Missouri-Kansas City. We had a solid agenda that will caused us to focus and work, but I we also had some fun around the edges. Look for a summary of the board's activities in the next bulletin, but as always, feel free to contact me directly if you have questions or input on society matters.



Find the Society for the Advancement of Psychotherapy at www.societyforpsychotherapy.org

EDITORS' COLUMN

Lynett Henderson Metzger, JD, PsyD
University of Denver—Graduate School of Professional Psychology

Cara Jacobson, PsyD
Loyola University Maryland



This is bittersweet to write, as it is the penultimate Editors' Column of my tenure with *Psychotherapy Bulletin*. In the words of Laurie Heatherington, Chair of the Publications and Communications Board:



- After the successful search last year for the editorship of *Psychotherapy*, we turned to searches for the *Psychotherapy Bulletin* Editor and the Web and Social Media Editor. Lynett Henderson Metzger's term and Amy Ellis' terms as editors of these two outlets (respectively) end December 31, 2019. These searches were done early in 2019 and completed by the summer, to allow for the outgoing editors to orient the incoming editors, as needed, during the second half of 2019. We are delighted that our nominations of two highly qualified and enthusiastic individuals, Kourtney Schroeder (Lavallee), MS, a fourth-year Psy.D. student at Nova Southeastern University, as the new editor for Website and Social Media and Joanne Drinane, PhD, Assistant Professor Counseling/Counseling Psychology Program at the University of Utah as the new of *Psychotherapy Bulletin*, were approved by the SAP Board.

- Following SAP by-laws, Kourtney Schroeder nominated new Associate Editors: 1) Kelly Santandrea as

Assistant Editor for Social Media as Elizabeth Kilmer, who will move out of that role to be Associate Editor for Website Content. So both teams are now fully staffed for the upcoming transitions.

Please enjoy a variety of articles, news items, and updates in this issue. We are especially pleased to offer two articles on our Special Focus for this year, *Self-care Across the Lifespan*, *Self-Care for Psychotherapists of Color* and *Self-care Strategies for a Psychotherapy Researcher*. We also have the next installment of our "If You Give a ..." Special Feature series, as well as a primer on balancing alliances with couples and families from Drs. Laurie Heatherington, Myrna Friedlander, and Valentin Escudero. Several students and recent graduates have written about their educational and early career experiences, ranging from Latinx Psychology training to recommendations for conducting research with diverse populations. In this issue's Ethics discussion, Dr. Apryl Alexander challenges us to look at the difficult topic of sexual boundary violations in psychotherapy (don't forget to send her your own ethical questions and dilemmas—Apryl.Alexander@du.edu). And be sure to check out International Scene for updates about exciting conferences in Canada and Cuba!

Also, please don't forget that SAP is seeking a Student Member of the Society for the Advancement of Psychotherapy Publications and Communications

continued on page 5

Board—please see the announcement later in this issue and submit materials to the Chair of the Publications Board, Dr. Laurie Heatherington (lheather@williams.edu) by November 10, 2019.

While you are at it, please consider submitting to *Psychotherapy Bulletin*! Our last deadline for the year is November 1, and deadlines for next year will be as follows: February 1, May 1, August 1, and November 1, 2020. Please visit the Society for the Advancement of Psychotherapy website at <http://society->

forpsychotherapy.org/bulletin-about/ for submission guidelines and the link to submit materials to the Bulletin.

Lynett Henderson Metzger, JD, PsyD
Psychotherapy Bulletin Editor
email: Lynett.HendersonMetzger@du.edu
office: (303) 871-4684

Cara Jacobson, PsyD
Psychotherapy Bulletin Associate Editor
email: chjacobson@loyola.edu
phone: (443) 520-2036

The advertisement is enclosed in a purple border. On the left, the Society for the Advancement of Psychotherapy logo is displayed above the text "Society for the Advancement of Psychotherapy". On the right, a photograph shows a person's hand using a computer mouse on a wooden desk, with a keyboard and a computer monitor visible in the background.

**Find the Society for the Advancement of
Psychotherapy at
www.societyforpsychotherapy.org**

DIVERSITY

Self-care for Psychotherapists of Color

Manijeh Badiee, PhD

California State University, San Bernadino



Like other helping professions (e.g., physical health service providers), psychotherapists are expected to serve clients without expecting anything in return (Guy, 2000). Although the helping within psychotherapy is unidirectional, therapy involves a bidirectional flow in which the client and the therapist impact each other (Kottler, 2010). The role of a psychotherapist departs from other helping professions in several important ways. Often, a greater stigma is attached to mental health concerns than for physical health issues. This stigma can influence clients as well as psychotherapists who are feeling overwhelmed or burned out. Psychotherapists who internalize this stigma may be less likely to take care of themselves and/or seek out help when a need occurs. Additionally, psychotherapists' personalities and identities are often foundational to the work they do: the populations they serve, the theories they choose, and the interventions they implement with clients. For these reasons, work can feel highly personal and even integral to one's identity. Although this personal investment allows psychotherapists to be dedicated to their clients, a risk is serving clients at the expense of their own well-being. Psychotherapists develop working relationships with clients that maintain appropriate boundaries and levels of emotional and/or psychological involvement (Skovholt & Trotter-Mathison, 2011). Creating and maintaining

these relationships takes significant effort and energy. As a result of these unique factors related to the profession, psychotherapists are at increased risk for negative consequences such as stress, burnout, and professional impairment (Posluns & Gall, 2019). Experts in counseling supervision, education, and self-care agreed that professional hazards for psychotherapists included, in order of importance, feelings of incompetence and self-doubts about effectiveness, isolation, stress, emotional depletion, compassion fatigue, concerns about caseload, and secondary trauma (Thériault, Gazzola, Isenor, & Pascal, 2015).

Psychotherapists may react to burnout and stress in a variety of ways, such as changing their self-care practices (Turnbull & Rhodes, 2019). They have often not learned how to nourish themselves and may even believe doing so would be selfish (Simms, 2017). Thus, self-care can often be neglected rather than being made a priority. For psychotherapists from marginalized groups (e.g., due to race and/or ethnicity), the issue of self-care may be even more salient. According to the minority stress model, individuals from stigmatized social categories experience unique stressors due to their minority status(es) (Meyer, 2013). Minority stress is additive to general stressors, is chronic (i.e., related to stable sociocultural structures), and socially based, meaning it stems from social processes, institutions, and structures that are beyond individual, bio-

continued on page 7

logical, and/or nonsocial characteristics. Indeed, a meta-analytic review of 134 samples demonstrates that perceived discrimination has significant negative implications for mental and physical health (Pascoe & Smart Richman, 2009). Sexism and racism can make the professional hazards of therapy even more relevant for psychotherapists of color (used here to refer broadly to those from racial and ethnic minority groups who provide mental health care services). The focus of the present article will be on self-care for psychotherapists of color. Psychotherapists of color can experience racism in their education, supervision, therapy, and non-professional contexts. Each of these will be discussed separately.

Racism in Education

Racism can be experienced within educational contexts. I can recall one such incident among one of my colleagues, a woman of color. She was tokenized and discriminated against within her graduate program. For example, she was often asked by faculty to speak as a representative of her racial group and was treated with lower expectations by some of the faculty. Understandably, these incidents left her feeling frustrated and isolated. They also undermined her self-confidence. As a graduate student, she had limited power and energy to take a stand. The same faculty who were discriminatory were in charge of her grades, dissertation, and supervision. At the time, she and I had extensive conversations about what self-care looked like for her. We discussed her family as a significant source of strength. Rather than rely on the authority figures in her program, she re-invested her energy in her family and community. She sought solace in family and professional opportunities to help her community. She committed to spending time with her family each week. She also sought out

friendships with other graduate students who were experiencing similar issues. This allowed her to have an outlet to vent her frustrations that proved to be important. Ultimately, she graduated and became an outstanding, helpful mentor and therapist to many.

Racism in Supervision

Another context in which psychotherapists of color can experience discrimination is in supervision. An example of this can be found in an article by Beliard, Cunningham, Fontus, and Moye (2018). One of the psychotherapists, Porshia, who identified as a mixed Panamanian and African American woman, recounted a supervisory experience. In a session with her female White supervisor and White female colleague, they discussed growth and change. Porshia detailed a previous experience in which she was assigned to do therapy for a White family and the son called her a racial slur. Porshia explained how she was now better equipped to handle such a remark. In discussing this experience with her, the supervisor used the same word the client had used, the “n word,” in an attempt to relay the client’s language back to her. Porshia stated that in her younger years, she would have felt offended at the supervisor’s use of the word. Rather than listening and holding space for Porshia’s concerns, the supervisor became “visibly upset” (p. 20) and questioned whether Porshia was calling her racist. The conversation shifted from being about growth and the colleague became quiet and appeared uncomfortable. The supervisory relationship was never the same and then abruptly terminated a few months later. In response, Porshia sought out consultation from friends and mentors, all of whom were psychotherapists of color. She described being highly intentional in selecting the people she sought for feedback. She also

continued on page 8

relayed a profound process of self-reflection in which she clarified the questions that had emerged from the supervision session, such as how she was supposed to feel comfortable to open up in supervision again. After extensive consultation, she was able to answer the questions she had. She described her process as consulting with “my tribe, a community of individuals that are comfortable with topics like race and other social justice issues” (p. 20). She reported that they shared similar encounters and encouraged her to take time for herself. As a result, she felt less alone and was able to heal from the experience.

Racism in Therapy

Racial issues can also occur in the therapeutic context. I can recall one such instance that happened to me. I identify as Iranian American but appear ethnically ambiguous to others. Sometimes I am read as Middle Eastern but other times people assume that I am Latina. I only discuss my background with my clients if it comes up so as not to take the focus away from the client. The client I was seeing at the time was in her early 20s and identified as Mexican American. She may have assumed that we were of the same background. In one of our final sessions, she explained that her brother was stationed in an Arab country as a soldier. She described her anger at the Middle East and how much she hated people from that region of the world. She reported believing that this region was a wasteland who had taken her brother away and she wished that all the people from there were dead. At the time, I did not feel confident enough in my therapeutic skills to address her biases and only processed her emotions the same way I would have with other emotions. I spoke of this experience in supervision but still felt unsettled. I ultimately decided to engage in self-reflec-

tion through journaling and meditation. I processed my emotions with my personal therapist. I wrote a letter that I would never send to my client explaining my feelings and detailing how much it had hurt to hear how she wanted to protect her family at the expense of mine. I spoke with my father about U.S. foreign policy and how it had impacted people from both my countries: Iran and the U.S. It took a great deal of time, but I was ultimately able to have empathy for her position. Looking back, I wish I had possessed the skills to acknowledge the differences between us more directly. Given our strong rapport, I think it could have led to a productive discussion that would have allowed her to let go of her anger and hostility, which would have improved her well-being.

Racism in Non-professional Contexts

Experiencing racism in non-therapeutic contexts is especially relevant since the campaign and election of Donald J. Trump. His tone and policies are widely viewed as xenophobic and racist in ways that impact many Americans. For example, Latinx youth described feeling afraid, anxious, contemptuous, and disgusted as a result of Trump’s immigration policies and rhetoric (Wray-Lake et al., 2018). They also reported experiencing more racism since the election. Psychotherapists of color are not immune to these impact. Franchesca, a female therapist of color and Haitian-American, explained how living in a country led by a president who feels “comfortable to assert his white male privilege and make derogatory and racist (sic) comments publicly about Haiti, the first Black republic, is roaring evidence of the state of racism and cultural desensitization in this country” (Beliard et al., 2018, p. 21). She concludes that the dominant cultural groups in the U.S. tend to reject the idea that racism occurs unless it’s

continued on page 9

brought up by the media. Minority groups, however, do not have the privilege to exist in that reality. Franchesca recommended that psychotherapists of color have a consistent goal of maintaining “a balance between bringing a voice to the issues and developing self-care to not allow ourselves to be defeated by them” (p. 22). In other words, psychotherapists of color should find their tools of self-care but can also gain purpose by standing up for social justice issues (e.g., anti-racism efforts).

Therapists of color can experience racism and xenophobia in a wide variety of contexts. Previous researchers have found specific strategies that may be helpful. Haarhoff, Thwaites, and Bennett-Levy (2015) demonstrated that therapist beliefs are important in self-care practices. Although the study did not explicitly address psychotherapists of color, findings are relevant for this population. Psychotherapists of color are encouraged to believe that we deserve self-care and prioritize making time for it. Similarly, the concept of mindfulness may be helpful. Keane (2014) demonstrated that mindfulness practice helped increase psychotherapists’ awareness of self-care needs and provided support in addressing these needs. Mindfulness, and specifically loving-kindness meditation, can cultivate psychotherapists’ self-compassion (Boellinghaus, Jones, & Hutton, 2013). Compassion has historically been thought of as directed toward others. Self-compassion, however, involves being emotionally supportive toward the self and others, especially when one is suffering and/or facing human imperfection (Neff, 2003). Given the stress experienced by psychotherapists of color from racism, self-compassion may be particularly helpful. In sum, psychotherapists of color may experience racism in a variety of contexts, but self-care can serve as a protective factor

to continue to reap the rewards of their therapeutic work and serve their clients effectively.

References

- Beliard, C., Cunningham, P. R., Fontus, F., & Moye, D. R. (2018). Therapists of color: Surviving enough to keep fighting. *Journal of Systemic Therapies, 37*(1), 18-26.
- Boellinghaus, I., Jones, F. W., & Hutton, J. (2013). Cultivating self-care and compassion in psychological psychotherapists in training: The experience of practicing Loving-Kindness Meditation. *Training and Education in Professional Psychology, 7*(4), 267-277.
- Guy, J. D. (2000). Self-care corner: Holding the holding environment together: Self-psychology and psychotherapist care. *Professional Psychology: Research and Practice, 31*(3), 351-352.
- Haarhoff, B., Thwaites, R., & Bennett-Levy, J. (2015). Engagement with self-practice/self-reflection as a professional development activity: The role of therapist beliefs. *Australian Psychologist, 50*, 322-328.
- Keane, A. (2014). The influence of therapist mindfulness practice on psychotherapeutic work: A mixed-methods study. *Mindfulness, 5*(6), 689-703.
- Kottler, J.A. (2010) *On being a therapist*. San Francisco, CA: Jossey-Bass.
- Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity, 1*(S), 3-26. <https://doi.org/10.1037/2329-0382.1.S.3>
- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*, 223-250

continued on page 10

-
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531-554. <https://doi.org/10.1037/a0016059>.supp
- Posluns, K., & Gall, T. L. (2019). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling*. Advance online publication. <https://doi.org/10.1007/s10447-019-09382-w>
- Simms, J. (2017). Transformative practice. *Counselling Psychology Review*, 32(2), 45-56.
- Skovholt, T., & Trotter-Mathison, M. (2011). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, psychotherapists, teachers, and health professionals* (2nd ed.). New York, NY: Taylor & Francis.
- Thériault, A., Gazzola, N., Isenor, J., & Pascal, L. (2015). Imparting self-care practices to psychotherapists: What the experts recommend. *Canadian Journal of Counselling and Psychotherapy*, 49(4), 379-400.
- Turnbull, M. G., & Rhodes, P. (2019). Burnout and growth: Narratives of Australian psychologists. *Qualitative Psychology*. Advance online publication. <http://dx.doi.org/10.1037/qap0000146>
- Wray-Lake, L., Wells, R., Alvis, L., Delgado, S., Syvertsen, A. K., & Metzger, A. (2018). Being a Latinx adolescent under a Trump presidency: Analysis of Latinx youth's reactions to immigration politics. *Children and Youth Services Review*, 87, 192-204. <https://doi.org/10.1016/j.childyouth.2018.02.032>
-



Want to share your exciting news with your fellow members? Four times throughout the year, the newsletter is dispersed to members of Division 29 in order to share accomplishments and announcements with fellow professionals. This is a great chance to not only to share your own news, but learn of other opportunities that arise. Email Kourtney Schroeder, the associate website editor, (interneteditor@societyforpsychotherapy.org) to share news and announcements about book releases, published articles, grants received, theses and dissertation defenses, etc.



We'd love to hear from you!

PSYCHOTHERAPY RESEARCH, SCIENCE, AND SCHOLARSHIP

Self-care Strategies for a Psychotherapy Researcher

Joshua K. Swift, PhD
Idaho State University



In the research world, we often hear the mantra *publish or perish*. It serves as a reminder that careers and advancements depend on research productivity and contributions to the field. However, right around the time I accepted my first academic position, I stumbled upon a book cover that caught my eye. It was a series of short fictional stories titled *Publish and Perish* (Hynes, 1998). Based on the title alone, I knew I needed to purchase this book and give it a prominent spot on my office bookshelf. It would serve as a frequent reminder to me that even though my career might depend on my research productivity, my happiness and well-being would depend on my ability to develop an appropriate work-life balance. Although much has been written about self-care, burnout, and work-life balance for psychotherapists (Barnett, 2014; Norcross & VandenBos, 2018), less has been discussed about these topics for researchers. In this article I will share six strategies that have helped me practice self-care as a psychotherapy researcher thus far in my career.

Strategies for Practicing Self-care

First, when considering potential jobs, I have always focused on balance rather than prestige. I initially faced this issue when applying to various internship sites. I had interviewed at a well-known site and liked everything I saw while I was

there; however, as I met with the current interns, they looked exhausted. They shared that they often worked 70 to 80 hours per week. In contrast, interns at other sites I interviewed at, including the one with which I was fortunate enough to match, reported that they only worked 40 to 50 hours per week and they were genuinely happy to be there. For me, the choice was easy. Even though the prestigious site may have offered a name and reputation, it wasn't worth the sacrifice I would have to make. I continued with these same attitudes as I searched for my first faculty position. I directly asked about productivity expectations for tenure and only considered schools where I felt I could confidently meet the standards. Another example of this came when I was looking to leave my first academic position to move to a location closer to family. I had only applied to a select number of schools and after interviewing, I had received two job offers. One was a traditional nine-month position in a department with a clinical PhD program at a state university. They informed me that although they would give me years in rank, I would have to be hired at the Assistant Professor level, even though I had already received promotion and tenure at my current university. The second was in a PsyD program at a medical school. They offered me nearly twice the salary as the other offer I had. In addition, they informed me that I would be

continued on page 12

hired at the Associate Professor level. However, they wanted me to work a 12-month contract and to be in the office from 8 a.m. to 5 p.m., Monday through Friday. Although the extra money and title were tempting, I knew that they were not worth losing the flexibility and free summers I had with my family.

Second, I strive to only conduct research that I am passionate about. As an undergraduate student and early graduate student, I remember hearing many different words of advice about choosing a research area of interest. Some of these included “research a topic that will be easily funded” and “research something that kills people.” Yet, I stuck with an area that I truly cared about—psychotherapy research. Over the years I have been approached by students and colleagues who have asked me to collaborate with them on projects that are only distantly related to psychotherapy. Although these collaborations could have been fruitful, I recognized that they would lead to me doing research activities just to be productive, rather than research that I am really invested in.

Third, I try to find meaning and purpose from multiple diverse work activities. As much as I love conducting psychotherapy research, I recognize that I cannot put all of my eggs in that basket. In my current academic position, I also get to spend time in the classroom with graduate and undergraduate students, I get to supervise students in clinical work, I visit high school classes and deliver lectures on anxiety and mental health, and I serve on various department and university committees and in leadership roles in professional organizations. At first I viewed some of these activities simply as things that took away from my research efforts. However, over the years I have worked hard to find meaning and joy in all aspects of my career.

As a researcher, I have faced many difficult moments, including rejected manuscripts with demeaning comments from reviewers, rejected grant proposals that took months to prepare, and studies that just do not go the way I had planned. In these difficult moments, I can turn to my success in other areas to help me regroup and get ready for the next research task that is in front of me.

Fourth, I remember that my time away from home is valuable. Even though my work as a psychotherapy researcher is important and meaningful to me, it pales in comparison to the time that I spend with my wife and children. Remembering this fact helps me avoid distractions while at work and only take on tasks that are going to result in the most efficient use of my time.

Fifth, I incorporate self-care activities into my daily and weekly routine. Because I always want to use my time productively, it is sometimes hard for me to drop everything and engage in a self-care activity. However, I have found a few things that help me with this. First, I set up my environment in a way that forces me to engage in self-care. For example, I don't have a car (my wife does, though) and refuse to buy a parking pass to campus; that way I have to ride my bike to work each day. Rain, snow, or shine, I do it without excuse. Also, I purposely do not own a watch or cell phone, in order to help me to stay in the moment with whatever activity I am doing. Second, I put self-care activities into my schedule and treat them as immovable (similar to a class I might be scheduled to teach). Some of these include a family service activity on Wednesday afternoons and swimming with my children on Friday afternoons.

Sixth, I try to find opportunities to combine business and pleasure. I use this strategy

continued on page 13

in particular when I travel to present my research at conferences. For example, whenever the APA convention is in Washington, DC, I bring one of my children along and together we fit in visits to the Capitol building, the White House, and the various Smithsonian museums. My wife and I have also used conferences as excuses to vacation internationally together. In recent years I have wanted to establish research collaborations in China and Taiwan. So, last summer, we stayed as a family in Taiwan for two months and toured the island as I made presentations at different universities.

Conclusion

In short, I love being a psychotherapy researcher. I still get excited about the work that I get to do every day. Thus far, I believe that the six self-care strategies that I have discussed in this article have helped me avoid the *publish or perish* and

the *publish and perish* mindsets. And I look forward to the long research career that is still ahead of me.

References

Barnett, J. (2014, December). Distress, burnout, self-care, and the promotion of wellness for psychotherapists and trainees: Issues, implications, and recommendations. [Web article]. Retrieved from <https://societyforpsychotherapy.org/distress-therapist-burnout-self-care-promotion-wellness-psychotherapists-trainees-issues-implications-recommendations/>

Hynes, J. (1998). *Publish and perish: Three tales of tenure and terror*. New York, NY: Picador.

Norcross, J. C., & VandenBos, G. R. (2018). *Leaving it at the office: A guide to psychotherapist self-care* (2nd ed.). New York, NY: Guilford Press.



Find the Society for the Advancement of Psychotherapy at www.societyforpsychotherapy.org

If You Give Supervisees Difficult Situations: Examples of Conflict in the Supervisory Relationship

Justin A. Davich, MS
Hannah R. Saltzman, BA
Joseph S. Nijmeh, MS

Palo Alto University

Editors' Note: This article is part of a special student series on supervision and training that will be featured in *Psychotherapy Bulletin* issues throughout 2019.

Introduction

Clinical supervision comes in many different shapes and sizes. However, clinical supervision remains, at its core, a professional relationship in which the supervisor provides instruction and guidance in order to further develop the supervisee's knowledge, skills, and attitudes in clinical practice (Falender & Shafranske, 2004; Falender & Shafranske, 2014). Although the style of supervision should largely meet the overall competency guidelines outlined by the American Psychological Association (APA, 2015), training offered to psychology students is often subjectively diverse and dependent on the supervisors' personal training, personality styles, theoretical orientations, and the overall demands of their workload.

Given the complex and potentially hazardous nature of clinical supervision caused by external factors, such as different cognitive styles, opposing theoretical orientations, or personalities, or burnout due to being overworked, many trainees might wonder how to navigate these waters while maintaining respect and trust in the supervisory relationship? The following three cases provide examples of how trainees navigated difficult situations related to

supervision. These experiences helped the supervisor and supervisee to improve their alliance and the trainee's professional development.

Case Example 1: Communication Builds Growth

The first case example involved a difficult supervision experience that occurred early on in the psychology trainee's clinical training. The trainee was working in a community mental health setting treating clients with diverse psychological needs ranging from treatment of depression and anxiety to anger management and interpersonal skills training. Clinical supervision at this setting consisted of one hour of individual supervision and two hours of group supervision per week. During individual supervision, the clinical supervisor told the trainee that he had a natural talent in clinical work and complimented him often throughout the supervisory process. In a short time, however, the trainee realized that he was not receiving



continued on page 15

ing the type of constructive feedback that he was expecting.

Although group supervision provided opportunities for the clinical team to review video recordings of therapy sessions, the number of trainees in group supervision limited the number of opportunities to review them. Unfortunately, video recordings and role plays were not implemented in individual supervision, limiting the opportunity to help improve the trainee's therapy skills. Due to the power dynamic inherent in the supervisory relationship, the trainee was not certain how the supervisor would react if approached, and didn't know how to proceed. Therefore, the trainee continued with this dilemma of not having his needs met for a number of weeks.

After some time, the clinical trainee realized that if he didn't voice his expectations to the supervisor, the problems he experienced would continue and he would not be able to receive guidance in the learning style that he needed in order to improve. He thought about how to best communicate his concerns with his supervisor. During the next individual supervision, he shared his expectations and needs with his supervisor. He explained to his supervisor that he would like to receive more assistance in individual therapy consisting of constructive feedback to video recordings of his therapy sessions and incorporating new skills with the use of role play. The supervisor was understanding and responsive to this trainee's needs. In individual supervision, the supervisor implemented an agenda that focused on discussion concerning the trainee's clinical work, cultural issues relating to clients, and providing examples of what the trainee might focus on in the next session. They also began using role plays in individual supervision, and

the supervisor provided constructive feedback.

Overall, this was a positive experience in which the trainee learned that supervision was a safe place to be able to voice his concerns and expectations. The trainee learned from this experience to clearly communicate his needs early on in the supervision process at his future practicum sites, which has and will continue to set him up for future success in developing a positive relationship with his supervisors and improving his clinical knowledge and skills.

Research has shown that in order for clinical supervision to be effective, there are certain components that should be present (APA, 2015; Falender & Shafranske, 2014; Martin, Copley, & Tyack, 2014). Components that were illustrated in this first case example consisted of creating a supervision agreement at the start of the supervision process and using a supervision agenda, effective communication and feedback, and building a positive supervisory relationship (Martin et al., 2014). Another optimal central component addressed in this example was direct observation via video recorded therapy sessions and constructive feedback (Weck, Kaufmann, & Witthoft, 2017). Encouraging effective and open communication, incorporating video-taped sessions and roleplays into individual supervision, providing constructive feedback, and creating a supervision agenda helped this trainee and his supervisor to further develop their positive supervisory relationship, as well as enhance clinical training for the supervisee.

**Case Example 2:
Getting the Support You Need**

In order for the supervisory relationship to work, both individuals need to be

continued on page 16

present, both physically and cognitively. The relationship will not be effective if either the supervisor or the trainee is not engaged (Falender & Shafranske, 2014). In this second case example, the trainee worked at a shelter with homeless and at-risk youth. There were many training opportunities because there was a diverse population with varying degrees of psychopathology and comorbid substance use disorders. The shelter was co-ed and had a maximum capacity of 20 adolescents aged 12 to 17 years old. The vast majority of clients met clinical criteria for a formal diagnosis, and one of their main clinical challenges was emotion regulation. Many of the clients who struggled with insecure attachment styles also demonstrated maladaptive coping strategies, which often maintained and exacerbated the symptoms of their psychopathology.

A common maladaptive coping strategy among this client population was the use of alcohol and other substances to numb distressing emotions. One of the trainee's responsibilities was to run individual and group psychotherapy that focused on treating a client's substance abuse and co-occurring mental health concerns. The treatment protocol utilized cognitive behavioral therapy and motivational interviewing with a harm reduction stance. The clients were encouraged to discuss what they enjoyed about their substance use in order to better understand their maladaptive coping strategies and build therapeutic alliances based on trust. What made this approach effective was giving each client autonomy over their choices, which was a stark contrast to most of their experiences with family and other authority figures.

The trainee would sometimes co-facilitate groups with another trainee, but often ran the groups independently. As

one can imagine, many clients were reluctant to engage in treatment, as many clients were often badgered by counselors or court-mandated to attend sessions. Most clients were never given an opportunity to reflect on why they used substances or provided a safe place to talk about it. One client, a male in his mid-teens, told the trainee that he smoked marijuana to avoid an argument with his stepfather, which he was afraid would escalate into a physical altercation. He smoked marijuana because he didn't know any other way to regulate his anxiety or his anger. The client was on probation and court mandated to attend treatment. He was reluctant to engage, and the trainee struggled to help him at first. This client was one of seven, each ambivalent about treatment. Due to limited experience, the trainee needed guidance from his supervisor.

With such a demanding clinical population, the trainee looked forward to supervision each week. This specific supervisor was a personable individual who was easy to talk with and provided valuable guidance and training. However, he was overwhelmed and overworked. When the supervisor was engaged in supervision, he helped the trainee practice different cognitive strategies, problem solve specific dilemmas, and with case formulation. Unfortunately, this supervisor was busy with many responsibilities; therefore, he was rarely fully engaged during supervision and would often cut supervision short or miss supervision entirely by sending out a brief email an hour before the scheduled time.

This situation put the trainee in an awkward position because of the power dynamic of their professional relationship; he did not know how to address this problem with the supervisor. At first, he

continued on page 17

was stuck and didn't know what to do. Therefore, the trainee reached out to a fellow peer for support and guidance. This other trainee also facilitated the same individual and psychotherapy group. She was a valuable source of support, especially when the supervisor was unavailable. The trainee also sought guidance and support from another supervisor, who made herself readily available, and was always present for their meetings. It was through consultation with colleagues that the trainee was able to manage his caseload when his supervisor was busy. However, the trainee realized that this approach was not sustainable. After consulting with multiple peers, the trainee decided that he needed to confront the supervisor about his absence, and his need for more support in supervision.

During the next scheduled individual supervision, the supervisor answered a phone call during their meeting and stood up to leave the room. However, the trainee stopped the supervisor by voicing his concerns related to the supervisor's prioritizing other issues above the trainee's supervision. He let the supervisor know that their supervision time was not only important to him and the clients, but it was also mandatory. He then told the supervisor that he needed more supervision than what he was getting. Although the trainee said this to the supervisor in a respectful manner, he was still nervous and was uncertain how the supervisor would respond. The supervisor was surprised and then apologized to the trainee, he took responsibility for his actions, and he began to be more engaged in the supervision process. Both the supervisor and trainee became flexible with their time in order to accommodate the trainee's needs. Instead of having supervision all in one session, often it was divided into multiple sessions to ac-

commodate their schedules. The supervisor was more mindful of the trainee's time and turned his cell phone off during their supervision sessions to fully engage in their meetings. The trainee greatly benefited from the changes that were implemented in supervision, and so did his clients.

The trainee was able to help the teenage client mentioned above address the reasons for his substance use, which were his clinical anxiety symptoms and insecure attachment with his parents and peers.

The trainee was also able to help facilitate positive changes in his other clients. He was able to help his clients reduce their substance use, maladaptive behavior, and clinical symptoms.

Research demonstrates that not only do trainees greatly benefit from supervision, but so do the clients they are treating (Watkins, 2011). When a trainee is struggling, it will impact the quality of the work (Watkins, 2017). It is important that trainees address problems with their supervisors and ask for additional support or guidance when needed (Falender & Shafranske, 2014). Although the trainee was concerned that confronting his supervisor would negatively impact their professional relationship, it had the opposite effect. By being honest with the supervisor and asking for more support, their professional relationship improved, as did his clinical abilities.

**Case Example 3:
All It Takes Is Suspicion**

The third case example involves a trainee who had been working at her practicum site for several months. She was beginning to feel confident in her ability to perform at her best while juggling the many components of graduate

continued on page 18

school. The trainee also started creating strong therapeutic alliances with her clients and was becoming invested in their progress. She began to discuss trauma history with one of her clients, and their session became increasingly emotionally laden. The trainee was worried she might get caught up in the intensity of the session's content and overlook potential risk issues, leading to her client's safety being jeopardized. She consulted with her supervisor, who reassured her by explaining that knowing when to report to child protective services (CPS) would come with time and training. In the meantime, her supervisor instructed the trainee to consult with an on-call supervisor if she suspected child abuse or neglect.

A few weeks later, the trainee had another emotionally heavy session with her client. Within a few minutes, the trainee realized she needed to consult with a supervisor to ensure she did not need to submit a CPS report. She knew that stepping out would impact the focus and flow of the session, but she had a suspicion that CPS needed to be contacted. She went to consult with the on-call risk supervisor and briefly explained the situation. The on-call supervisor laughed and inquired how the trainee thought she would be able to submit a CPS report with the little detail that the client had provided. The trainee explained that the client refused to provide more information and that she was under the impression that if the perpetrators still had access to children she was mandated to report.

The on-call supervisor asked the trainee to explain, in detail, how she intended to make the CPS report by conducting a role-play. The trainee provided her rationale and the details the client provided. She felt confident that the on-call supervisor would agree with her ration-

ale and instruct her to submit a CPS report. However, the on-call supervisor stated again there was clearly not enough information to submit a report. The trainee felt uncomfortable not reporting, but felt pressured to follow the on-call supervisor's recommendations. She inquired if she should write up a risk summary and briefly explain the supervisor's rationale for not reporting at this time. The on-call supervisor responded that the trainee should not write up the summary.

The trainee felt unsure and uncomfortable about the response provided by the on-call supervisor, as it was different from what she had learned from her primary supervisor: Document actions (and non-actions, such as not reporting) taken, especially when it comes to risk. She followed the on-call supervisor's direction but decided to follow up by consulting with her primary supervisor.

After explaining the situation to her supervisor, she also indicated her concern regarding the lack of documentation. The supervisor was flabbergasted by the on-call supervisor's response, especially as there was clear evidence of sexual and physical child abuse as well as knowledge that the perpetrator still had access to minors. The supervisor reminded the trainee that all that was required to submit a CPS report was suspicion of abuse or neglect. The supervisor also reminded the trainee that if she felt a report was needed, she may submit one without the on-call supervisor's permission. The supervisor added that if someone in the future recommended to not document a consultation, the trainee should consider this as a red flag and document with great detail. The supervisor also clearly stated the on-call supervisor was wrong to instruct the trainee not to report to CPS. The super-

continued on page 19

visor instructed the trainee to submit a CPS report immediately, and to document why the report was delayed.

The trainee was relieved after speaking to her supervisor for several reasons. First, her instinct to report her suspicion of abuse and to document was reinforced, and this instilled more confidence in her clinical abilities. Second, she experienced significant relief after she had a concrete answer surrounding what needed to be done concerning child abuse at her practicum site. The trainee also found solace going into future sessions as her supervisor stated she could always report suspicions of abuse or neglect, even if the on-call supervisor told her she did not have to report to CPS.

Past literature outlines the complexity behind child abuse reporting and makes notes of the many clinicians who struggle to know when to report. Many clinicians find themselves worrying about the intent of the potential abuser when their only responsibility is to report their own suspiciousness (Shanley, Shropshire & Bonner, 2009). Additionally, not reporting in most states may lead to a misdemeanor or the clinician might be liable for damages (Brown, 2012). Therefore, it is extremely important to know when it is necessary to report abuse, and this skill needs to be passed on to trainees. Professors and supervisors have suggested the need for specialized courses in undergraduate and graduate programs that focus more closely on honing child abuse reporting skills (Peterson & Urquiza, 1993). The main reasons clinicians fail to report are believing they do not have enough information, thinking their local protective services are inadequate, and assuming they can provide more efficient help than CPS (Levin, 2008). Research does indicate that some reporting efforts end with a

rupture within the therapeutic alliance, and sometimes the death of a child after they have been removed from their home (McTavish et al., 2017). However, reporting is aimed to secure a child's safety and well-being and therefore when "reasonable suspicion" (or the equivalent statutory language in a given jurisdiction) is present, a mandated reporter must report (McTavish et al., 2017). *Mandatory Reporters of Child Abuse and Neglect* written by the Children's Bureau outlines the reporting requirements by state and serves as a good resource for trainees and clinicians alike (Child Welfare Information Gateway, 2019).

Conclusion

Supervision is an important and crucial stepping stone in the professional development of psychology trainees. The ever-evolving nature of supervision based on the supervisors' personal training and theoretical beliefs provides psychology trainees an opportunity to further expand their knowledge, skills, and abilities from one clinical setting to the next. As psychology trainees advance in their careers, the supervision experiences will remain with them, and continue to help shape their future clinical practice as well as supervision and consultation opportunities with upcoming trainees and colleagues. No matter where we are in our psychology careers, independent professional or trainee, learning is a lifelong endeavor. Both supervisors and supervisees should always strive to remain self-reflective and aware of how communication styles and actions impact the other member of the supervisory relationship as well as their overall professional development.

References

- American Psychological Association. (2015). Guidelines for clinical supervision in health service psychology.

continued on page 20

- American Psychologist*, 70(1), 33-46.
Retrieved from <https://doi-org.paloaltou.idm.oclc.org/10.1037/a0038112>
- Brown, J. L. (2012). Physicians have ethical, legal obligation to report child abuse. *AAP News*, 33(3), 20. Retrieved from <https://www.aappublications.org/content/33/3/20.1>
- Child Welfare Information Gateway (CWIG). (2019). *Mandatory reporters of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/mandatory/>
- Falender, C. A., & Shafranske, E. P. (2004). *Clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association. Retrieved from <https://doi-org.paloaltou.idm.oclc.org/10.1037/10806-000>
- Falender, C. A., & Shafranske, E. P. (2014). Clinical supervision: The state of the art. *Journal of Clinical Psychology*, 70(11), 1030-1041. doi:10.1002/jclp.22124
- Levin, A. (2008). Several reasons keep clinicians from reporting child abuse. *Psychiatric News*, 43(17), 9. <https://psychnews.psychiatryonline.org/doi/pdf/10.1176/pn.2008.43.issue-17>
- Martin, P., Copley, J., & Tyack, Z. (2014). Twelve tips for effective clinical supervision based on a narrative literature review and expert opinion. *Medical Teacher*, 36(3), 201-207. <https://doi-org.paloaltou.idm.oclc.org/10.3109/0142159X.2013.852166>
- Mctavish, J. R., Kimber, M., Devries, K., Colombini, M., Macgregor, J. C., Wathen, C. N., ... Macmillan, H. L. (2017). Mandated reporters' experiences with reporting child maltreatment: A meta-synthesis of qualitative studies. *BMJ Open*, 7(10). doi:10.1136/bmjopen-2016-013942
- Peterson, M. S., & Urquiza, A. J. (1993). *The role of mental health professionals in the prevention and treatment of child abuse and neglect*. Washington, DC: National Center on Child Abuse and Neglect.
- Shanley, J. R., Shropshire, D., & Bonner, B. L. (2009). To report or not report: A physician's dilemma. *American Medical Association Journal of Ethics*, 11(2), 141-145.
- Watkins, C. E., Jr. (2011). Does psychotherapy supervision contribute to patient outcomes? Considering thirty years of research. *The Clinical Supervisor*, 30(2), 235-256. Retrieved from <http://doi.org/10.1080/07325223.2011.619417>
- Watkins, C. E., Jr. (2017). How does psychotherapy supervision work? Contributions of connection, conception, allegiance, alignment, and action. *Journal of Psychotherapy Integration*, 27(2), 201-217. Retrieved from <http://dx.doi.org/10.1037/int0000058>
- Weck, F., Kaufmann, Y. M., & Witthoft, M. (2017). Topics and techniques in clinical supervision in psychotherapy training. *The Cognitive Behaviour Therapist*, 10(e3), 1-17. doi:10.1017/S1754470X17000046



Balancing Alliances With Couples and Families: A Primer

Laurie Heatherington, PhD
Williams College

Myrna L. Friedlander, PhD
University at Albany/SUNY

Valentín Escudero, PhD
Universidade da Coruña



Many therapists in training, and even experienced therapists, anticipate working with couples and families with trepidation. As family therapists and researchers, we understand that trepidation, and indeed, sometimes find ourselves experiencing these same feelings! However, we know that understanding systemic interactions really helps in learning to work with couples and families; thus, we offer some evidence-based information to demystify this work. We hope it inspires

readers who have not received training in couple and family therapy (CFT) to consider doing so, given the abundant evidence of its effectiveness across a range of relational problems and diagnoses (Friedlander, Heatherington, & Diamond, in press).

Our recent meta-analysis of the CFT alliance-outcome association (Friedlander, Escudero, Welmers-van de Poll, & Heatherington, 2018) soundly demon-

strated its importance: In 40 samples, stronger alliances were significantly associated with better outcomes, $r = .297$, $p < .001$, $d = .622$. Not surprising, perhaps, and, as the saying goes, “Good work if you can get it!” But how *do* you get it?

Alliances in CFT are both similar to and different from individual therapy alliances. In both modalities, therapeutic goals and tasks need to be discussed and agreed upon early and throughout treatment. Emotional bonds between therapist and clients are critical. However, CFT alliances must be built and nurtured with multiple individuals simultaneously. Moreover, family members observe the unfolding alliances between the therapist and other members. A mother’s alliance with the therapist may be enhanced by seeing her daughter bond with therapist; an angry adolescent’s alliance may be challenged by observing her parents’ bonding with the therapist.

Multiple alliances interact, covertly and overtly, particularly when family members are in conflict, at different developmental levels, or have differing motivations for help-seeking. Further, given the family members’ long history together, what underlies conflictual in-

continued on page 22

teractions is often invisible to the therapist. Mother's slightly puckered lip when Father offers his perspective can shut him down, since he knows that a puckered lip means "you're in trouble!"

Balancing multiple alliances is the *sine qua non* of relationship building in conjoint therapy. To do so, therapists must (1) deliberately foster the *within-family alliance*, or the degree to which family members share a sense of purpose about the problems, treatment goals, and (especially) the value of working collaboratively in therapy, and (2) avoid creating severely *split* alliances (Pinsof & Catherall, 1986), which occur when one (or more) family members has a much stronger connection with the therapist than do the others (Friedlander, Escudero, Horvath, Heatherington, Cabero, & Martens, 2006). Our meta-analysis found within-system alliances to be more predictive of outcome than individual alliances with the therapist, and more split or unbalanced alliances contributed significantly to worse treatment outcomes (Friedlander et al., 2018). Split alliances are quite common, but severe splits can be pernicious, since family members who view their experience with the therapist very differently can wind up becoming polarized about the value of the therapy itself (Escudero & Friedlander, 2017; Friedlander et al., 2006).

In our multidimensional alliance model, the SOFTA (System for Observing Family Alliances), individual clients' alliances are strong when they are *engaged in the therapeutic process, emotionally connected to the therapist, feel safe in the therapeutic context, and share a sense of purpose with other family members* (see Friedlander et al., 2006, and <http://softa-soatif.com/> for a full description of this conceptual model and associated self-report and observer measures.) Based on qualitative and quantitative research as well clinical ex-

perience, we have identified some therapeutic practices that foster strong CFT alliances. Here, we briefly offer some practice recommendations, focused on the two features noted earlier.

Promoting Strong Within-Family Alliances

In more successful treatments, the within-family alliance tends to start out strong or strengthens over time (Escudero, Friedlander, Varela, & Abascal, 2008). However, some research shows (e.g., Friedlander, Escudero, Lambert, & Cragun, 2008) that even highly experienced therapists tend to neglect this element, employing more engagement and emotional connection behaviors to address *individual* family members and fewer behaviors that specifically foster a shared sense of purpose among family members. Identifying clients' shared feelings ("You are both feeling overworked and underappreciated") and experiences ("In previous relationships, your trust has been betrayed, so understandably, you are both wary of really investing") and validating common struggles ("You are all working hard to get past this crisis") strengthens the within-family alliance, as does proposing goals to which everyone can sign on ("How about if together we seek ways to share clear strategies with the children and thus reduce this tension that you all feel at home?").

High emotional reactivity and sustained conflict can erode the within-family alliance. Asking one (or more) clients to step out of the room briefly or conducting alternating sessions with different subsystems can enhance individuals' sense of safety, thus decreasing the chances of dropout. In fact, our mantra is: "Safety first." Conjoint therapy takes place in a "public" forum. What one family member divulges about another not in

continued on page 23

the other's control, and secrets revealed in a family session (e.g., infidelity, incest, intention to leave one's partner, or even a failing grade in school) cannot be put back in the box. Interventions such as acknowledging that family therapy takes risks, or asking a parent to assure a child that it's okay to tell the truth can promote safety within the session (Friedlander et al., 2006).

Avoiding and Repairing Severely Split Alliances

Split alliances occur frequently (Heatherington & Friedlander, 1990; Muñoz de la Peña, Friedlander, & Escudero, 2009), but need not be a cause for alarm. Rather, noticing and taking steps to repair them can prevent dropout and, ideally, results in stronger alliances.

Approach, rather than avoid, signs of a shaky emotional bond with the disaffected family member. When clients challenge the usefulness of the therapy, or behave in highly guarded, defensive, or hostile ways, the therapist can respond with deliberate alliance-enhancing interventions, such as asking for the client's willingness to engage in a specific in-session task or "homework assignment" (rather than simply imposing it), or pointing out small changes and reasons for optimism, and so on. Respectfully (i.e., nondefensively) exploring and recognizing the reasons behind a client's "reluctance" is one way to reframe resistance. When interacting with adolescents, therapists should avoid domineering or authoritarian responses and should rather convey a sincere interest in hearing their perspectives, help them identify personal goals, and encourage the parent(s) to the support their involvement in the therapy (Higham, Friedlander, Escudero, & Diamond, 2012).

A client's experience of safety and engagement can be threatened by the per-

ception that the therapist is "siding" with another family member. For example, some studies have found that in heterosexual couples, since it is most often the female partner who initiates the treatment, fostering a strong individual alliance with the male partner is important for retention and outcomes (e.g., Anker, Owen, Duncan, & Sparks, 2010). As the therapy progresses, it is also important to ensure that the female partner continues to be invested in therapy. These patterns are, of course, not universal.

In short, alliances in CFT are "more than the sum of their parts." Successful therapy requires not only attending to the alliance with each family member, but also to their shared sense of purpose and felt safety working together in a conjoint session.

Authors' Note: This article is abstracted from Friedlander, M. L., Escudero, V., Welmers-van de Poll, M. J., & Heatherington, L. (2018). Meta-analysis of the alliance-outcome relation in couple and family therapy. *Psychotherapy, 55*(4), 356-371. <http://dx.doi.org/10.1037/pst0000161>

References

- Anker, M. G., Owen, J., Duncan, B. L., & Sparks, J. A. (2010). The alliance in couple therapy: Partner influence, early change, and alliance patterns in a naturalistic sample. *Journal of Consulting and Clinical Psychology, 78*(5), 635-645. doi:10.1037/a0020051
- Escudero, V., & Friedlander, M. L. (2017). *Therapeutic alliances with families: Empowering clients in challenging cases*. New York, NY: Springer. doi: 10.1007/978-3-319-59369-2
- Escudero, V., Friedlander, M. L., Varela, N., & Abascal, A. (2008). Observing the therapeutic alliance in family therapy: Associations with partici-

continued on page 24

-
- pants' perceptions and therapeutic outcomes. *Journal of Family Therapy*, 30(2), 194-214. doi: 10.1111/j.1467-6427.2008.00425.x
- Friedlander, M. L., Escudero, V., Horvath, A. O., Heatherington, L., Cabero, A., & Martens, M. P. (2006). System for observing family therapy alliances: A tool for research and practice. *Journal of Counseling Psychology*, 53(2), 214-225. doi: 10.1037/0022-0167.53.2.214
- Friedlander, M. L., Escudero, V., Welmervan de Poll, M. J., & Heatherington, L. (2018). Meta-analysis of the alliance-outcome relation in couple and family therapy. *Psychotherapy*, 55(4), 356-371. <http://dx.doi.org/10.1037/pst0000161>
- Friedlander, M. L., Heatherington, L., & Diamond, G. M. (in press). Systemic and conjoint couple and family therapies: Recent advances and future promise. In M. Barkham, W. Lutz, & L. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed.).
- Friedlander, M. L., Lambert, J. E., Escudero, V., & Cragun, C. (2008). How do therapists enhance family alliances? Sequential analyses of therapist-client behavior in two contrasting cases. *Psychotherapy: Theory, Research, Practice, Training*, 45(1), 75-87. doi: 10.1037/0033-3204.45.1.75
- Heatherington, L. & Friedlander, M. L. (1990). Couple and family therapy alliance scales: Empirical considerations. *Journal of Marital and Family Therapy*, 16(3), 299-306. doi: 10.1111/j.1752-0606.1990.tb00851.x
- Higham, J., Friedlander, M. L., Escudero, V., & Diamond, G. M. (2012). Engaging reluctant adolescents in family therapy: An exploratory study of in-session processes. *Journal of Family Therapy*, 34(1), 24-52. doi: 10.1111/j.1467-6427.2011.00571.x
- Muñiz de la Peña, C., Friedlander, M. L., & Escudero, V. (2009). Frequency, severity, and evolution of split family alliances: How observable are they? *Psychotherapy Research*, 19(2), 133-142. doi: 10.1080/10503300802460050
- Pinsof, W. M., & Catherall, D. R. (1986). The integrative psychotherapy alliance: Family, couple, and individual therapy scales. *Journal of Marital and Family Therapy*, 12(2), 137-151. doi: 10.1111/j.1752-0606.1986.tb01631.x
-



The Dangers of “As Quiet As It’s Kept”

Brianca Smith, MA
Morris, Minnesota



“As quiet as it’s kept” is a phrase packed with resiliency, pain, and generational trauma. I first heard this phrase when I was about 5 years old. The phrase lacked a visible impact on my life until my late teens. In my family and other families in the South, I heard this phrase used to cover up or lessen a trauma that they themselves had experienced or someone else in the family. In many ways, I was complacent to this cultural norm and carried the “as quiet as it’s kept” mantra all the way with me to Peace Corps as a Youth Development Volunteer in Ukraine.

Unfortunately, in Ukraine “as quiet as it’s kept” no longer served me or protected my traumas. It actually hindered me from trauma recovery. In order for AAs [African-Americans] to recover from traumatic wounds inflicted by White racism, they need to develop a sense of security and comfort with their Blackness (Danzon, 2012). I believe that Blackness is defined by the person who identifies as Black. I view my Blackness as being unapologetic while existing in predominantly White spaces, in addition to demanding that I receive as much equal attention and respect as my White counterparts.

Often times in Ukraine I felt unheard, disrespected, small, and on display. Mainly because Ukraine is a homogenous culture; the population primarily consists of individuals with Caucasian, Christian, cisgender, able-

bodied, and heterosexual backgrounds. Those who do not fit within the parameters of the homogenous norms receive another kind of treatment. If social expectations are not met and if the social norm is important, deviation leads to loss of social status or exclusion (Schachter, 1951). In Ukraine, I felt excluded from areas of the culture that I was not allowed to access, and at other times I felt like the main attraction at a circus show. In many ways, I either felt excluded or overly included.

Confronting my Blackness led to many other revelations in my life. In identifying health risk and protective (resilience) factors, it is not only important to consider an individual’s current life circumstances and recent events, but to take into account past traumatic experiences (Bombay, Matheson, & Anisman, 2009). Life taught me to be resilient in order to survive. In doing so, I neglected my mental health and my physical health. In recovering from trauma as a child and as an adult in Ukraine, I utilized “resiliency” as tactic instead of a tool. This means I learned to view resiliency as an ability to overcome obstacles with the aid of effective coping mechanisms to manage the symptoms of trauma. Peace Corps Ukraine constantly reiterated the importance of being flexible and resilient throughout one’s service.

I, along with other Peace Corps volunteers, view being told to be resilient as a way to not acknowledge the hurt and only keep the pain inside of

continued on page 26

oneself. As a child I was taught “quiet as it’s kept” and I carried throughout my life. When I went to Peace Corps Ukraine, “quiet as it’s kept” was rebranded into “resiliency.” The late Maya Angelou hypothesized that:

Words are things, I’m convinced. You must be careful about the words you use and the words you allow to be used in your house... careful about calling people out of their names using racial pejoratives and sexual pejoratives and all that ignorance. Don’t do that. Someday we will be able to measure the power of words. (Oprah Winfrey Network, 2014)

Currently I do have the ability to fully ascertain that the words most Ukrainians used towards me were said out of ignorance or to cause harm. Either way, being called a “Nigger” or a “monkey,” told to get out of Ukraine, and other things affected me. It reshaped how I viewed how the world viewed me. It made me angry and eventually assertive. I slowly began to despise the phrase “quiet as it’s kept.” In Ukraine, I read books by James Baldwin, Maya Angelou, and Toni Morrison in addition to speaking to the elders in my family; this gave me the strength and permission to speak my truth.

In preparation for readjusting to the culture in the United States of America (U.S.A.), I found research and tools that are specific to veterans. Families can provide companionship and a sense of belonging, which can help counter feelings of separateness and difference from other people. They can provide practical and emotional support for coping with life stressors (“A Readjustment Handbook,” n.d). Returning to the U.S.A., I was confronted by the person I was before Peace Corps. In Ukraine,

I learned that in order to be heard I needed to be assertive, listen, set boundaries, and be consistent.

Before departing for Ukraine, I believe that I was assertive, set boundaries, and was consistent with everyone in my life except my family. I tend to choose the passive aggressive approach to conflict when interacting with my family. I knew that behavior was not healthy and was dishonest. Passivity became a survival skill with family members. In Ukraine my friends and community members became my family. Passivity did not serve me in those relationships.

Although I still possess a few passive qualities, I am more assertive and listen more when conflict arises in my family systems. Since being back in the U.S.A. I have reconciled relationships with my aunt and my step-mother; over 28 years of hurt has now been addressed. I feel free and well because of it. I am fully accepting this more truthful version of myself. One conversation at a time, I am redefining “quiet as it’s kept,” casting it aside for more honest conversations with family members that will lead to generational healing.

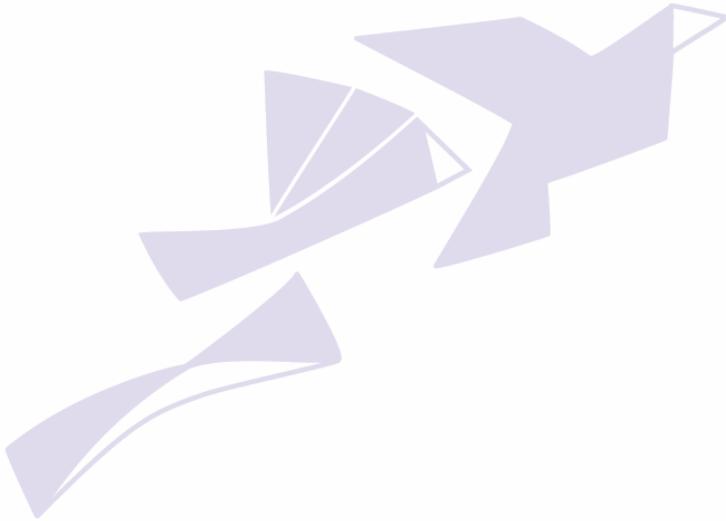
References

- A readjustment handbook: A guide to understanding and coping with readjustment issues following a military deployment.* (n.d.). Retrieved from <http://anyflip.com/dkfg/hrsv/basic/mobile/files/basichtml/index.html>
- Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among First Nations peoples in Canada. *Journal of Aboriginal Health*, 5(3), 6-47.
- Danzer, G. (2012). African-Americans’ historical trauma: Manifestations in and outside of therapy. *Journal of*
continued on page 27

Theory Construction & Testing, 16(1), 16-21.

Oprah Winfrey Network [OWN]. (2014, May 28). *Dr. Maya Angelou on the power of words: Oprah's master class* [Video file]. Retrieved from <https://www.youtube.com/watch?v=BKv65>

MdIV-c
Schachter, S. (1951). Deviation, rejection, and communication. *Journal of Abnormal Social Psychology*, 46(2), 190-207. <http://dx.doi.org/10.1037/h0062326>



Society for the
Advancement
of Psychotherapy



**Find the Society for the Advancement of
Psychotherapy at
www.societyforpsychotherapy.org**

Making the Leap From Group to Private Practice: 10 Things I've Learned

Bethany Detwiler, PhD
Lehigh University



It is so quiet in here this morning that I can hear the soft ticking of the clock in my bookcase. Some days it still feels odd not hearing colleagues in the hall, the click of keyboards in the billing office, or cheery receptionists answering calls out front. A steaming mug of coffee is at the ready as I peek at my full schedule of clients for the day. I make mental notes of a few calls to make during my lunch break, stack billing documents that need to be filed, and submit new checks through mobile deposit. I take a breath as I hear the squeak of the office door—my first client has arrived. I'm ready to tackle the day.

One year ago, when I submitted my resignation from a group practice and began to establish my own business, I was not sure what I would be in for. Like a good student, I had tried to ace my homework—I joined online therapist groups, listened to podcasts about insurance billing, connected with other psychologists in private practice for guidance—but nothing truly prepared me for the journey I was undertaking. It is not only a significant change in career to switch from the support of a group or organization to working solo, but it also is an impetus for emotional and mental evolution as a person and professional.

In school, I was frequently informed that most of my growth and learning as a psychologist would take place after I

graduated. At the time I was dubious, but now I can certainly say that this transition into private practice has been the catalyst for the most learning I have ever done in such a short period of time. Although this list is both far from inclusive and ever-evolving as I continue settling into the world of private practice, it highlights some of the sharpest learning curves that come with the first year of making this transition.

1. *The necessity of owning my worth.* I felt a jolt when I first realized I had to put a dollar amount on my services. Working in a group practice as a salaried employee shielded me from naming the cost of 53 minutes of my therapeutic skills. In addition to dollar value, I also found it tough to define and own my specific areas of expertise as a clinician. These struggles likely represented a lingering case of imposter syndrome as an Early Career Professional. However, private practice has given me some tough love through forcing me to name, own, and market the skills and expertise I hold. Now, owning my worth is a major source of my integrity and confidence as a psychologist, and I rarely struggle with doubting my skills and value.
2. *How it feels to have professional autonomy.* Recognizing what autonomy truly feels like was something I hadn't quite grasped until I was a

continued on page 29

few months into private practice. I had to remind myself repeatedly that I didn't have to get things cleared by anyone but myself.

Being one's own boss offers an incredible amount of independence and liberation from the constraints of being an employee or contractor. It is a strange and profoundly rewarding feeling to be able to determine every aspect of my work life. However, with autonomy comes a deeper sense of responsibility and a strong call for the utmost veracity and diligence in the work I am doing, which leads me to...

3. *A deeper desire to meet my clients' needs.* Since making this leap I have felt an even stronger calling to be the best psychologist I can be. I take more time to prep for my sessions. I research and share resources for my clients on a regular basis. I have purchased more books and engaged in more continuing education in my down time. Part of this is likely a recognition that I don't have those safety nets of salary, PTO, and the support of a group behind me anymore. While those safety nets added a sense of cushion beneath me, they also affected my motivation to go above and beyond. This deepening dedication also likely stems from shifting to a direct, pared down business model where there are no other players to manage and worry about finances and scheduling. I want to make sure I am dependable, consistent, and offering optimal value of services for the cost when my clients' attendance and payment have a more direct effect on the success of my career. In turn, the celebrations of client progress feel more enriching and

gratifying when it comes from a place of deep dedication to the profession.

4. *What it means to be a business owner.* If we're being honest, I'm still figuring this one out. I just submitted another round of quarterly taxes and still feel maybe 75% certain of my computations. Stepping into private practice requires an entirely different skillset beyond being a strong clinician—skills of entrepreneurship, business management, and marketing. They certainly didn't teach me these things in graduate school for psychology. Carving out time to take care of business documents and registration forms, consult with an accountant, develop marketing materials, connect with potential client referral sources, and manage taxes, income, and expenses is integral to being successful in private practice.
5. *The blessing and curse of accepting insurance.* I thought I had a good grasp on this one going into private practice. I heard over and over how frustrating dealing with insurance companies can be from the billers at the group practice, colleagues who were in private practice, and the social media groups I had joined. I understood it would take lots of time and energy, frequent consultation, and many deep breaths. They were not exaggerating. The challenge began at credentialing, which is an arduous process that can take months to complete. Since becoming in network I have also faced frustrating, confusing and time-consuming insurance hurdles, sometimes multiple times per week. Despite

continued on page 30

these aggravations, though, I have been thankful that I accept insurances. I have found that it aligns with principles of social justice to make treatment more accessible for those who can't afford private pay rates. Moreover, much of my caseload and the financial backbone of my practice is comprised of clients who use insurance. I have found billing to be smooth for much of the time, although when it is rocky, it can be intensely challenging.

6. *The importance of setting boundaries.* "Boundaries" is one of those words I use in therapy sessions with clients endlessly. Moving into private practice has felt like jumping into the deep end of rediscovering professional boundaries and limits. At my group practice, my schedule was largely pre-defined—what days and hours I worked, how long my sessions where, when I would have time off, how my clients would be contacted, and who would contact them. Private practice has taught me to be honest about my needs and limits as a psychologist in terms of what caseload feels comfortable to maintain, what I want my weeks and days to look like, what type of communications I want to have with clients, the types of clients with whom I want to work, and the types of clients I would choose to refer out. I started my business with the aim to set the boundaries I wanted from the start and then maintain them. It felt tempting to add an extra time slot here or there, to take on a client that maybe wasn't the best fit for my expertise because I wanted to fill an opening, or to not charge someone my no-show fee due to guilt about doing so. Private prac-

tice has provided a strong and valuable challenge to look inward at my needs and structure my professional world accordingly and unapologetically.

7. *A network of support is vital.* I had gotten used to being surrounded by other therapists daily. There was always an open door somewhere to access in-the-moment consultation, process a difficult session, or crack a joke for some levity during a draining day. In contrast, private practice is, well, private. However, that doesn't mean it has to be isolating; rather, it requires a more concentrated effort to establish and nurture a network of support. To do so, I share an office suite with other private practice therapists rather than a single office for myself. I also get together for peer supervision with a colleague on a monthly basis. I reach out to other clinicians I have met over the years to talk about a challenging case over a cup of coffee. I am also intentional about scheduling happy hours and lunches with friends in the field to just enjoy one another's company and debrief. Working in isolation is a recipe for burning out; taking time to build support is key.

8. *How to prioritize effectively.* Prioritizing responsibilities is also crucial to running a private practice efficiently and effectively. One thing I've learned to prioritize is my time. I made the decision to use an electronic records system that allows me to submit insurance claims for a nominal fee. At first, I was determined to keep my overhead as low as possible by using no-cost clearinghouses for claim

continued on page 31

submission. Since, I have shifted to making use of my electronic system instead due to how the billing process saves me precious time and frustration. The small fee per claim is worth it. Cost extends beyond just financial expense—considering how you use your time is necessary for successful prioritizing as well.

9. *Self-care is non-negotiable.* Stepping into private practice means adding on more responsibility to an already high-stakes job. Maintaining a business, navigating billing, marketing, scheduling, and the many other responsibilities of this role can quickly feel overwhelming without proper rest and self-care. When life is stressful, we tend to practice self-care the least due to feeling short on time. The challenge, though, is prioritizing self-care the *most* during high-stress times. Building activities into my everyday routine to nurture my mind and body has helped keep my tank full even during difficult weeks.
10. *I can be successful in private practice.* A common theme I have heard from clinicians who are in a group practice is fear about their ability to take on the additional responsibilities—especially billing—that come with solo work. Before I made the leap, I felt this doubt deeply. In many group practices, the billing

process tends to be handled by other employees and kept separate from the clinician's responsibilities. This separateness can add a great deal of uncertainty about how to do billing, creating a feeling of dread and fear with the prospect of private practice. Doing research to learn about how billing works, accessing support through social media groups, and being humble enough to ask for help, even when it seems like a silly question, have been lifelines in building confidence (and getting the bills paid!). Yes, you *can* be successful, as long as you are willing to take the initiative to access knowledge and support on the journey.

Final Thoughts

Although it has only been a year since I made the jump, I have finally found my professional home in private practice. The autonomy, empowerment, and drive I have felt in this new role have provided me with strength to overcome the challenges that have emerged along the way. Private practice has many great rewards to offer, but it is not without its hardships and not for every clinician. If you are embarking on this career transition, I encourage you to embrace the growth you will experience, anticipate bumps along the way, and be intentional in owning your worth, holding your boundaries, and cultivating your network of support.



10 Grant-writing Tips for Novice Grant-writers From the Desk of the Most Reluctant of All Grant-writers

*Kim Gorgens, PhD, ABPP (Rehabilitation Psychology)
University of Denver, Graduate School of Psychology*



This article is written for everyone in mental health who has a great idea and a shortage of cash. It is informed by a 20-year career with countless funding applications and almost \$5M in awards. That \$5M doesn't reflect some innate grant-writing talent, rather, it reflects persistence and the efforts of great teams and some codebreaking—all of which I will share with you here. This compilation of traditional and non-traditional wisdom is intended to serve as motivation so that each reader feels empowered to look and apply for external funding. It should probably be accompanied by an actual textbook or grant-writing guide materials.

One important note is that these tips apply to clinicians and leadership staff but especially to early-career professionals. ECP's often (mistakenly) assume that the world of grant and foundation funding is exclusive and the dollars unattainable. While it is true that reductions to federal agency budgets have created greater competition for grant-writers it is also true that there are more "unobligated dollars" (read: unspent grant money) in grant agency bank accounts than ever before. These 10 tips are written especially for the novice or reluctant grant writer...you have everything you need—now, go build your empire.

Tips for the Reluctant Grant-writer

1. *Find the stash of cash.* Here we are talk-

ing about grants or pools of money earmarked for a specific purpose—either to fund people, programs, infrastructure, policies, or some novel idea. By definition, grants are "non-repayable funds or products disbursed or given by one party (grant makers), often a government department, corporation, foundation or trust, to a recipient" ("Grants," n.d.) There are "spendable" grants but there are also "endowment grants" and "matching grants" among others—but those latter two categories are outside the scope of these tips.

The universe of external funding includes the hundreds of billions of dollars in governmental funding (e.g., federal grants, state grants) and the much more diverse pool of non-profit and private foundation funders or grant-makers. Traditionally, institutional grant writers begin with a search of federal grant opportunities via the [Catalog of Federal Domestic Assistance \(CFDA\)](#), which lists all of the available funding. There is also a search feature on [Grants.gov](#) that allows you to filter for specific opportunities and agencies. If you are serious about going after those big federal dollars, you should bookmark [Grants.gov](#) and set your [email subscription preferences](#) to reflect your search results.

If, however, you are new to grant-writing, are working with a smaller team or program, or if you are interested in a more "bespoke" funding opportunity, you can find a LOT of support (financial

continued on page 33

and otherwise) from philanthropists outside of the state and federal government. That includes nonprofit organizations and for-profit businesses. [The Foundation Center](#) and [Community Foundation Locator](#) both feature comprehensive lists of grant-makers and funding opportunities.

2. *Read the instructions first.* If you are the kind of person who finds themselves with orphan parts left over after furniture assembly, this tip is for you (and hello and welcome, you are my people). The materials advertising the funding—sometimes called a notice of funding opportunity (NOFO), funding opportunity announcement (FOA) or request for proposal (RFP), are absurdly cumbersome and over-written which makes *reading* them a tedious chore but this is *the* most important tip. You should highlight and underline and make comments and take notes—this document will dictate the next few months of your work life (did I mention that the typical turnaround from announcement to award is six months? And that includes reviewing all of the submissions). This document will outline the eligibility criteria and your first stop is to confirm that you are, in fact, eligible for these award dollars. There are usually criteria about who can apply (e.g., if the funds are earmarked for a non-profit vs. for-profit partner), prerequisite registrations for the application (e.g., a DUNS number, or Data Universal Numbering System, which is your unique numeric identifier), and also any requirements for academic or institutional partnership (more on that later). Those announcement materials will also outline the details of the actual award (e.g., eligible expenses and time-frame [one year or multi-year]) and the criteria for review (more on that later, too). The announcement will also outline whether or not you need to **FIRST** submit a brief “letter of intent”

(LOI) before being invited to submit a complete grant application **or** in addition to but before the entire application. I have been in both unfortunate positions—writing an entire proposal before realizing that I had missed the deadline to submit the LOI for review and also waiting in limbo for a response to an LOI that was never intended to hold up the application process. That is the absolute worst.

3. *Build a team.* It occurs to me that I think that every one of these tips is the most important, but this one has been the key to all of my successes. Think of grant writing like professional sports—any sport that requires a team of people with specialized expertise and function (and then forget I tried to make a sports analogy). The team you build will include people with the expertise you need to get the proposal (and, ultimately, the project) done. That includes your official team (your budget director/expert and specific collaborators for example) and also the co-worker/collaborator/colleague/friend with extraordinary copy editing or cheerleading skills. You should have a larger circle of support that includes the grant officer at the actual agency. On larger grants, that person will host Q&A sessions online or by phone, and with local agencies that will be someone in the office. That said, there will ALWAYS be a person(s) responsible for ensuring that the best proposals are submitted for review. You should check out the webinars (or the recordings or transcripts) and make a point to introduce yourself by phone or email. With local non-profit partners, you can even meet in person for brain picking. Remember that their objective is to spend their \$\$ on the best-fitting projects, but they are also invested in reducing the busy-work burden on their reviewers (busy work that comes from

continued on page 34

reviewing proposals nowhere near on target)—if they can save you or their reviewers time, they are all for it. There is truly no way to reproduce the insight and advice you can get from the actual insider. And speaking of insiders—leverage your professional network to find a colleague who has (or has had) funding from your target agency and ask that person to review your idea and materials—that person will also be an integral member of your team. With my most recent federal grant application, we asked my long-time friend (and the busiest woman I know) to review our “final” draft and, much to our chagrin, she made suggestions that required the entire project be rewritten—and (much to our delight), we got the award.

When you are planning your empire, reach out to local colleges/universities and/or medical centers. This will obviously be key in cases where the grant-maker or funder requires it, but it will yield unexpected benefits in every case. Academic departments can extend your reach with student employees/interns and faculty expertise. My colleagues and I welcome those emails. And finally, if you are interested in more grant-writing or writing for larger grants, consider joining the largest possible team (e.g., [Funding Information Network](#)) for networking and professional development.

4. *Write for your audience.* As someone who is famous for overdoing everything, I am loathe to allow you to work harder than you need to do. I have two suggestions with this tip—the first is to remember the “operational definition.” In my graduate *Issues in Measurement* class I teach a lot about “operational definitions”—in short, an “operational definition” is the WHAT and HOW of a thing. In psychology, we have our own unique jargon and that language is even more specific in our respective work-

places. We use terms like “client,” “intake,” and “treatment” as if there are universal definitions. Our idiosyncrasies are exaggerated in grant-writing with terms like “psychotherapy outcomes” or “community impact.” Assume every term you use has no meaning unless you define it in your text. In this example, *what* are the very specific outcomes you expect to see and *how* and *when* will you measure each of them? Assume the reviewers know less than your non-psychology peers about your work and write for that audience. Which begs the second important point in this tip: Write for your audience—the reviewers. The reviewers will either be grant-making agency personnel or experts recruited from their fields (n.b., volunteer to serve as a grant reviewer for local, state, and federal grants to get some insider information for yourself). They will be assigned to review a whole pile of proposals using a set of objective criteria (for federal grants, there are actual checklists to accompany the narrative review). For larger grants (state and federal grants especially), the actual “review criteria” are provided in the NOFO/FOA. And, because the first thing you did was to read and highlight that section of the announcement, you are ready to write *to* the criteria. It’s not at all cheeky to use the actual review criteria as the outline for your submission. Use their format, their language, their emphases (for example. italics or bold font from the NOFO/FOA should appear the same in your proposal). You can assume that the reviewer “checklist” is the text from the reviewer criteria—in this way, you are making it easy for the reviewer to check boxes. And checked boxes= \$\$.

5. *Plan for pain.* I wish this weren’t a tip or that this tip included instead recommendations for mindful meditation and

continued on page 35

stress management, but the plain truth is that, despite your careful planning and Gantt charting (a wonderful addition to project management, btw) it will ALWAYS feel like firedrill just before the deadline. That includes all of the things that are certain to go haywire (e.g., internet goes down, laptop goes on the fritz, promised letters of support and biosketches are missing) but also the reality that you review your proposal with a different “intent” just before the deadline (hawks have nothing on your eyesight in the hours before a deadline) and you are sure to find something that warrants your attention. You can assume that this final review and submission process will take 10x the time you planned—plan your workload and life accordingly.

6. *Beware the DEAD in deadlines.* That last reference to dead laptops and unexplained internet outages is from real-life. If your submission process requires that you drop-off 10 hard copies of your proposal in person, you can bet that the printer will jam and run out of toner and the traffic will be unprecedented. You will be distracted and, frankly, a menace. One time I was racing to FedEx to have a proposal bound in advance of a midnight shipping deadline and I parallel parked like a demolition derby audition—I practically totaled another car in the process. People have horror stories about forgetting how to safely climb stairs (with resultant ankle and foot injuries) and showing up to work in bathroom slippers. Your work life will revolve around the final deadline. You don’t have a viable grant until you meet the deadlines. This tip is also a reminder to check deadlines for “letters of intent” and DUNS registration. More than anything, this tip is to be good to yourself—drive slowly, check your shoes, and be careful out there.

7. *Practice and patience make perfect.* This tip is to assure you that you will NOT get every award for which you hope. I polled my grant-writing colleagues here at the University of Denver about their ratio of submissions to awards. The range is anywhere from 2 to 100 to one. The larger federal agencies are very competitive, with a single digit percentage of proposals-to-awards made, but the state agency and local foundation grants top 50%. And, believe me when I say, there is comradery in reviewing the disappointing news, reading the comments, and rallying for the next submission. You have a chance to debrief about the process and to retool for next time. The upside is that you will get a lot of mileage from each proposal you write. There is SO much boiler-plate language in each submission, things like “agency descriptions,” “biosketches,” and “statement of need” that are hard to write the first time and easy to copy-paste from there. You’ll not only re-use a lot of your previous work on the next project but you will also have the benefit of the review feedback. Which leads me to the next tip ...

8. *Grow thicker skin.* Personally, I think we all *talk* a good game about wanting constructive feedback. The few masochists who are actually invested in objective feedback will relish the review process, but I still wince every time I read reviewer comments when a project isn’t funded. I read them “sportscafter” style where I periodically interject with rebuttals and points of my own. For the most part, the reviews are anonymous and designed to be helpful for your future proposals. I did once receive a notice of no-award from a state agency with the reviewer feedback AND their names attached. To this day, I avoid eye contact with this senior colleague who offered a particularly caustic evaluation.

continued on page 36

Here, I should really take my own advice—get over it. The reviewers certainly aren't speaking to your personhood or to your capacity to be an exemplary professional—they are evaluating your operational definitions alone. And don't forget, someday you'll be reviewing grants too (remember? to get the insider perspective) and so you will be in a position to offer feedback that is productive and kind. Pay it forward.

9. *Hot Potato* \$\$\$. This tip serves as reassurance that you WILL get funding for your brilliant project—the world needs more innovations in mental health so you can't give up! Once you get your award—kudos to you and your team—your grand ideas will unfurl according to plan and this tip is to spend your \$\$\$ like it's a hot potato. You would be surprised to hear that grantees often have a hard time spending their \$\$\$—either before a deadline (fiscal year end for example) or at all. Because you read the fine print in the announcement, you will know whether you can “roll over” funds from an award one year to the next and you will also know that those dollars are (more likely) forfeited by you and sometimes by the funding agency too. You would be surprised to hear how often this happens. This 2018 [paper](#) (“Unspent Funds Across Federal Agencies”), a student thesis for the Master's of Public Policy Program at the Sanford School of Public Policy at Duke University, details the amount of unspent money in federal agency accounts. The authors reported unliquidated obligation balances (read: unspent grant dollars) of up to 88% of the total budget authority for some federal agencies (Donovan, Zhang, Link, & Suchde, 2018).

And the more depressing reality is that if you fail to successfully complete a project, you have less capital when applying the next award—and by “capital” I mean reputation, goodwill, letters of support, and a solid agency track record. This is a tip you can't imagine you'll need but the stakes couldn't be higher.

10. *Rinse and Repeat*. Congratulations! Now, do it all over again. In truth, writing future proposals is easier (for all of the reasons I mentioned) and you accumulate more “capital” from each project you have for each project you propose. I have colleagues who absolutely abhor the work of grant-writing but do it anyway—they are committed to finding funds and support for new ideas and the promise of change in the field. But there are other colleagues who happen into a grant-writing role and fall in love with the quirky, imperfect, stressful process. One good friend was lured away from a neuroscience lab at Johns Hopkins after her first experience writing a grant. As for me, I fall more nearly into the former category—hopefully my angst adds credibility to the tips I've shared here. My commitment here is to demystify the process and encourage you to build your own team and get started. Your empire is waiting.

References

- Donovan, B., Zhang, J., Link, J., & Suchde, K. (2018). Unspent Funds Across Federal Agencies. Retrieved from <https://datalab.usaspending.gov/data-lab-data/college-play-book/Full-Report.pdf>
- Grant (money). (n.d.). In *Wikipedia*. Retrieved July 27, 2019, from [https://en.wikipedia.org/w/index.php?title=Grant_\(money\)&oldid=908161060](https://en.wikipedia.org/w/index.php?title=Grant_(money)&oldid=908161060)

Camino Profesional y Personal: A Journey Toward Professional and Personal Growth Through Latinx Psychology

Elizabeth Rubio

Alex Fernandez-Ortega

University of Denver



There are many considerations that influence the decision to embark on a graduate education, including but not limited to values, career aspirations, family supports, timing, and finances. For students of color, this process often includes additional questions, such as, “Will there be other students who look like me or share similar backgrounds? How inclusive is the environment? Will I be able to be myself?” The Latinx Psychology Specialty at the Graduate School of Professional Psychology, directed by Dr. Henrietta Pazos, encouraged us not only to continue asking these questions after our arrival, but to take an active role in shaping the answers. The Specialty provided us with a space that helped fill our cups when they were running low, and challenged us to learn about ourselves, our own biases, internalized oppression, and how to use this knowledge to provide culturally and linguistically responsive mental health services to Latinx communities. We want to tell the stories of our individual journeys in this program, what we learned and who we became. The first assignment we receive in the Latinx Psychology Specialty is the “I Am Poem,” an exploration of our individual identities. We would like to share these poems in hopes that they will in-

spire others to find creative ways to ask important questions, look deeper within themselves, and to use such insights as tools to deliver better and more positively impactful services to all communities.

Elizabeth Rubio

With a quick, unmistakable glance, it’s clear, the number 91.5 pales in comparison to that of 1,763. The first represents the number of miles between my hometown and the farthest I had ever been from home as of early 2017. The second is the number of miles between my hometown and the University of Denver, the school I committed to for a two-year Master’s program in Sport and Performance Psychology. Deciding to move to a place that is more than 19 times the distance I’m used to was an emotional and introspective process that involved several determining factors, one of which was the Latinx Psychology Specialty at (GSPP). As familiar as Hispanic/Latin culture felt to me at the time, Latinx Psychology was entirely foreign. Full disclosure, I had no idea what I was getting myself into, but my Latin roots pushed me to pursue the certification. In a way it served as my sense of home almost two thousand miles away, which seeing as it was my first solo journey, no sister, no family nearby, the feeling of home was much needed.

Because I proudly bare the label of Latina and already felt fully immersed

continued on page 38

in all things Hispanic culture, I initially felt the class would be somewhat of a review, common sense, an easier ride throughout my journey in professional psychology. I felt I knew everything there was to know about “my people,” ignorant to everything there really is to know about the extensive span of Hispanic/Spanish/Latin cultures and their people. Enlightened, aware, prepared, proven rightfully wrong are four ways I would describe the end product after two years pursuing this certification. There was much more behind Latinx Psychology than I had anticipated. The specialty coursework gave me knowledge of acculturation, culturally adaptive interventions, and various therapeutic models that have become absolutes in directions and approaches when working with Latinx clients. Today, I stand with a foundation that will help guide me through my efforts in changing the statistics regarding mental health in the Latinx population.

The growth spreads far beyond academic. My experience as one of three cohort members offered space for invaluable personal growth. Biases and stereotypes surfaced for the first time. Ignorance, generalizations, instances of transference that have lived within me with no explanation until now have greeted me and forced reflection, revealing layers and layers of internalized oppression. My longtime cultural issues finally made sense. This specialty has helped me paint a clearer picture of my roots. It has provided me with tools that will ultimately make me a stronger practitioner and use what I’ve learned as I walk alongside clients to guide them in painting a clearer picture of their own roots, that’s my goal.

As a way to commemorate our time in the intimate classrooms, share our newfound knowledge, and celebrate all that

has come of the specialty, the Junta was presented as our final assignment. I couldn’t have asked for a better way to conclude my Latinx Specialty experience. The evening was breathtaking, the atmosphere inspiring, the audience incredible, the night one of the best I’ve had and a highlight of my graduate career. Though I was undeniably terrified to share my story I was proud to do so and empowered in the moment. Speaking my truths aloud to a room full of friends and strangers brought me even closer to my roots. In those moments and the one’s following directly after, the Junta allowed me to deeply relish in the feelings I depicted in my writing, they evolved from realizations to tangible experiences.

The concluding piece of my presentation was a poem I wrote in the very first class of the specialty; it was our first assignment. The poem outlines the person I am and goes as follows:

I am Elizabeth

Survivor of cancer, student, wanderer,
fighter, lover, hey, that’s her

Jaime Rubio, Elizabeth Rubio
3...2...1...there she is

Music, art, dance devotee Cinema and
sweetness, front row seat

Embracer of all sensations and experiences
Who loves family, friends, and the
journey
That of hypocrisy, inconsideration,
needless cruelty her resistances

Sharp teeth bore from the depths of
liquid land
She’s scared to fall right through
the sand

Where’s her family? She’s alone?
Don’t let it be real

continued on page 39

Dreaming of life satisfaction, worldly adventures, smiles and pride from loved ones

Florida Native, Puerto Rican,
Dominican roots

Rubio

Despite the hours of tireless work, the moments of stress, and worry about excessive vulnerability and judgment, the Junta, the specialty was needed; I needed it. It was the unspoken permission I unknowingly needed to explore who I am more profoundly and because of that I walk away a better version of myself.

Alex Fernandez-Ortega

I was drawn to the University of Denver Graduate School of Professional Psychology because of its Latinx Psychology Specialty, and the clinical emphasis here on culturally responsive training and social activism. As a daughter of immigrants, I am a part of the Latinx Psychology Specialty today because of the barriers that once made mental health services feel inaccessible to my family, and because of the cultural ties that served as a protective factor when things fell apart for us. This intersection between accessibility and culture drives my clinical work as a third year PsyD student—and is one of the ways I am working to redefine mental health within my community.

As a member of the Latinx Specialty, one of the greatest lessons I have learned is that making mental health services accessible for Latinx and other minority populations means not just increasing the number of bilingual therapists, such as myself. It also means rethinking the way I do therapy. For me it's been recognizing my own power and privilege as a therapist and the power differen-

tials inherent in relying only on traditional models of psychotherapy.

For example, traditional models of psychotherapy expect clients to come to us, and penalize clients for lateness and no-shows. We talk a lot about resistance, and commitment. One phrase I have heard over and over again is the importance of not working harder than our clients. I've been challenged to rethink this model within the Latinx Psychology Specialty, however, because many of my clients are often facing enormous systemic barriers and oppression, and are many times working harder beneath the surface than we can imagine.

Through my work in this Specialty, I have found working with communities is as important as working with individuals. The intersections between community and individual health has led me to focus my clinical work on non-traditional models of therapy aimed at increasing access to clients who fall between the cracks of traditional outpatient therapy models. Integrated care, for instance, is a model in which therapists are imbedded within existing community supports. I see families in their neighborhood pediatric primary care, where they have existing relationships with their children's doctors, and where they do not need to make an extra appointment to see me. Our Latinx families often falls through cracks in the U.S. mental health system. Integrated care is just one of the ways we help to seal those cracks. Other ways have included collaborating with a local radio show to provide Spanish language psychoeducation on maternal mental health and working alongside local promotoras to reach individuals who would not otherwise seek services, directly within their own homes and communities.

continued on page 40

I strongly believe in intersectionality. The intersections between clinical practice and social justice represented by increasing equity and access to care for diverse minority populations. The intersection between my Latina identity and my professional identity, between community and health and between art and stories and mental health.

I am Alex

I am thunderstorms without warning in the afternoon and the lazy crystal sea rolling in on white beaches

Heavy humid air and ripe mangos, streetsfull of laughter, peddlers selling windshield wipers and AAA batteries, crowds playing dominos in door frames, dogs that belong to no one.

I am drought and dust, dry California heat like a mirage over baked asphalt, winding through miles and miles of orange groves, grapes and strawberries.

People living off the land and billboards over the freeway that say "Pray For Rain."

I am bad air and bad neighborhoods at 2am, finding first love in an urban slum.

I am the island, and I am the valley
I am *hija* and the incorrect usage of *ahorita*

I am Dominicana and Central California

A Fernandez and an Ortega, a name that stubbornly refuses to fit on name tags, identification cards or unfamiliar tongues

Soy Alejandra

Conclusion

Graduate school is a journey that each of us embarked on from a different perspective and a with diverse range of experiences and questions. What we found within the Latinx Psychology Speciality is that every answer opens the way for another question, and that our journeys of self-discovery, growth, and professional development are never really finished. As we prepare to step into the next stage of our careers providing clinical care to diverse and underserved populations, the Latinx Psychology Speciality has given us the tools and inspiration to continue learning, empowering our communities and providing culturally responsive and accessible care to Latinx populations. We hope our stories will inspire you, as well.



The 2019 Latinx Psychology Speciality cohort/presenters of the 2019 Redefining Mental Health event – The Impact of Storytelling: Immigration, Art, and Community

April 25, 2019



STUDENT FEATURE

Walk the Walk, Talk the Talk, Do the Work: Recommendations for Conducting Research With Diverse Populations

Todd Ryser-Oatman, MS

Alyssa Clements-Hickman, MS

*Counseling Psychology Doctoral Candidates
University of Kentucky*



Introductions

Todd Ryser-Oatman is enrolled in the University of Kentucky Counseling Doctoral Program. His research interests focus on the well-being of the LGBTQ community. His dissertation focuses on help-seeking experiences of sexual minority men who have experienced intimate partner violence in their same-sex relationships.



Alyssa Clements-Hickman is also enrolled in the University of Kentucky Counseling Doctoral Program, where she primarily focuses on applied psychotherapy research. Her research interests broadly include psychotherapy process and outcome.

Their doctoral training program has a strong emphasis on social justice practice and has afforded them many opportunities to engage in applied research studies that focus on diverse populations. In the following article, the authors share their experiences and recommendations for conducting research with diverse samples, primarily focusing on sexual minority individuals.

Doing research with diverse populations

is often championed in psychotherapy training programs. However, there is a tendency to ignore social identity and diverse identities in both research and practice (Sue, 1999). This may be in part due to using convenience sampling, pressure to complete projects in a timely manner, or because researchers simply do not know how to recruit from these groups in effective ways. Below we discuss methods for engaging in research with a desire to disrupt research that reflects the experiences of majority group individuals.

Take a Culturally Humble Stance

There has been a recent shift in psychotherapy from one of cultural competence to one of cultural humility. Cultural humility involves remaining open to learning from clients, while competence focuses on acquiring a set amount of skill (Gelso, Nutt Williams, & Fretz, 2014). Humility involves maintaining a “stance that is other-oriented (or open to the other) in relation to aspects of cultural identity” (Davis et al., 2018, p. 91). Many articles have been published on the advantages of maintaining a culturally humble stance in the therapeutic context (e.g., Owen et al., 2016). These writings provide therapists with guidance regarding concrete ways to embody cultural humility with clients. Unfortunately, little has been written on the importance of taking a

continued on page 42

culturally humble stance when conducting research with diverse populations. Although our methodologies are scientific and seemingly objective in nature, our work is always infused with our own biases and worldviews as we conduct research (Fassinger & Morrow, 2013). It is therefore necessary to continuously reflect on how we attempt to represent marginalized voices in our work.

We have found that it is important to take a culturally humble stance throughout the research process (e.g., recruitment, development of interview/protocol questions, executing interviews, presenting data, and choosing how to present findings about diverse groups). Regarding recruitment, researchers have begun to describe the importance of developing connections with the community you wish to recruit from, such as developing partnerships where researchers actively contribute outside of trying to gather participants (e.g., Kano, Sawyer, & Willging, 2016). This is especially critical given the positionality of researchers being in positions of power relative to participants from diverse communities (Chavez, Duran, Baker, Avila, & Wallerstein, 2008). For instance, as students we often try to collect data from diverse groups in order to publish and receive their degree without taking their work and finding ways to apply it to working with the groups they collected data from. In this sense, a power imbalance is created by taking resources from their sample without finding a way to make their findings matter to the group who they want represented in their data. For instance, in my (Todd) dissertation, I plan not only to send my completed manuscript to participants, but also hope to disseminate my completed manuscript to local organizations that work with sexual minority individuals as well as domestic violence survivors to raise awareness

about how these two identities intersect. In this sense, I plan on using my participants' willingness to share vulnerable stories about a traumatic experience with intimate partner violence in such a way that it could benefit future service providers working with these groups.

Locate Resources and Faculty That Can Help You

With many projects, it is critical that you have a knowledgeable, accessible faculty member who will support you throughout the research process. This may be particularly critical if you are seeking participants with diverse identities from communities with whom you have never worked. By engaging with a faculty advisor with social consultation experience, for example, my colleagues and I (Todd, who lacked such experience) were able to learn about theoretically grounded models of consultation, the process of developing collaborative goals with stakeholders, and how to navigate barriers to our project throughout the process (Clements et al., 2018).

It is also important to consider where it is best to collect one's sample. For instance, researchers often collect data from educational settings, particularly from college students. This, however, may not be an effective way to collect data from marginalized groups (Hoooven, Walsh, Willgerodt, & Salazar, 2011). And, furthermore, some research has identified that traditional research methods, such as random or probability sampling, may not be as effective as social networking recruitment (Bull, Levine, Schmiede, & Santelli, 2013). For this reason, it is helpful to turn to faculty who do research with marginalized groups, to seek literature about sampling, and to even engage with community leaders who are associated with a population of interest.

continued on page 43

Utilize a Strengths-based Framework

Despite researchers' frequent focus on barriers of diverse groups, it is critical that findings are disseminated so as to advocate for marginalized groups (Fassinger & Morrow, 2013). It is important to understand what barriers these groups face; however, it is critical that as psychologists we also ask what helps diverse groups thrive and locate their strengths. For instance, community-based research (CBR) is a framework used to build on strengths of a community, sharing social power, promoting co-learning between participants and researchers, and other principles of empowerment that develop a dynamic that emphasizes uplifting diverse communities (Chavez et al., 2008). Indeed, such frameworks can help shape how we as researchers tailor our research approach while honoring historical contexts between research institutions and marginalized groups. For instance, Kano and colleagues (2016) note that their sexual and gender minority participants using CBR wished that researchers knew more about the context of health services and the LGBT community, as it promotes transparency and authenticity of researchers hoping to improve outcomes for the community being studied. Understanding the cultural contexts and history of a studied population is critical to social justice research, as it can allow researchers to focus on social change as a goal and create ease with engaging with communities of interest during the research process by communicating knowledge about that group and their historical context in relation to psychology (Fassinger & Morrow, 2013).

Using a strengths-based framework proved particularly useful in a consultation project the co-authors recently participated in for a midwestern city's homelessness prevention and intervention office. The goal of the organization

was to not only prevent homelessness but also to help people exit homelessness quickly so as to reduce their chances of staying there. A quick exit from homelessness is critical as many homeless individuals can get caught in a cycle. For instance, in our consultation work, we met several individuals who were incarcerated, which led to outcomes such as loss of housing and relapse into substance abuse. Our qualitative and quantitative findings revealed that this population faced several challenges, including mental health concerns, feeling unsafe, substance abuse, involvement with correctional facilities, and housing instability (Clements et al., 2018). In response to literature that is deficit-focused, our consultation team focused on identifying the strengths of the individuals who are homeless. For instance, our consultation goals not only focused on barriers to leaving homelessness, but also identifying strengths. Based on responses to our focus groups, we learned that individuals who are homeless are resourceful, build strong communities, and have a strong drive to create better futures for themselves. By focusing on strengths as well as growth areas, we were able to provide formative feedback to our stakeholders that framed individuals who are homeless as resilient, resourceful, full of potential that can be tapped into, while still leaving room for feedback about how services could be improved to end homelessness.

Developing Research Questions for Qualitative Research: Recommendations From Todd

Part of understanding what kinds of research questions to ask is understanding the literature about a population of interest and having a desire to highlight strengths. This is critical when marginalized groups typically have research that highlights deficits. For instance,

continued on page 44

while I was developing my dissertation proposal, the population I focused on was men who have sex with men (MSM). When reading literature about this population, nearly every study I read focused on risk factors and negative health outcomes. Although my topic area is intimate partner violence, part of my identity as a counseling psychologist is to take a strengths-based approach, not only with my therapy but with my research as well. This branding led to my dissertation project to find out what strengths of sexual minority men facilitate help-seeking for intimate partner violence. In this sense, rather than focus on the risk factors that sexual minority men face in response to intimate partner violence, such as increased sexually transmitted infection risk, substance abuse potential, and mental health concerns (Stall, Friedman, & Catania, 2008), I tried to frame sexual minority men as having strengths in the face of even a difficult issue such as interpersonal violence. I wrote my dissertation questions in a way to not only elicit the challenges sexual minority men faced with intimate partner violence, such as their experiences with abuse and barriers to seeking out psychological help, but, in addition, to focus on what strengths facilitate seeking help, what promotes leaving abusive relationships, and what meaning they were able to make of their experiences. In this way, I hope to frame an experience that is fraught with risk for negative outcomes in a way that strengthens a marginalized group.

Recommendations for Recruitment

Recruitment of underrepresented research participants presents both challenges and opportunities to use innovative sampling techniques. For example, I (Todd) use a variety of methods to reach sexual minority individuals. For those in metropolitan areas, it is helpful put to flyers up in LGBT organizations,

particularly in community centers and bars. If you are not sure about what organizations are in your area, consider using Google to help identify LGBT organizations, as some restaurants and hotels are known within the community and could be useful for study advertisement. Regardless of where you post, always ask for permission before posting a flyer. Posting more flyers, while requiring my time, can help recruit participants who may not use social media. I have used research funding to send flyers to LGBT bars and organizations in different states, which might be useful if you do not have access to locations to hang flyers locally. For my dissertation, I am attempting to interview sexual minority men in the southeastern United States. Living in Kentucky, I am only able to access a small portion of my desired sample, so it has been helpful to mail flyers with a brief note explaining my study and asking if organization owners would be willing to display them. Lastly, conducting recruitment in person is an effective way to find participants. For my dissertation project, I have engaged in distributing flyers both in person and by mailing flyers to collect data. In-person flyer distribution can be helpful, as you can engage individuals directly and talk about your study. This can be effectively done at festivals and events in your area that might draw a diverse group of individuals. It is important to consider the topic of your study when passing out flyers; for instance, my dissertation focuses on intimate partner violence in same-sex relationships. Due to the sensitive subject matter, I opted to place flyers at vendor stands as opposed to approaching men to participate when passing out flyers at my local Pride Festival.

Social media is an increasingly common way researchers are recruiting under-

continued on page 45

represented groups (e.g., Guillory et al., 2018). This is largely due to the massive number of users present and the ability to search for diverse groups by markers such as race, gender, sexual orientation, and other social identities. While it is more convenient to reach large groups of individuals at once, it can be overwhelming to sift through Facebook or find other websites from which to recruit. As I work on my dissertation project, I have used several online resources to help me recruit participants. Initially, I develop an Excel table with tabs for the various social media websites from which I plan to recruit, with columns noting specific group name, hashtags used, the date I message website moderators, the date I post my study information, and a few columns for additional postings in the future. Furthermore, I create a tab for participants who have reached out to me to participate, with space to denote when I followed up with them, when we scheduled interviews, when transcription was done, all the way through the coding process. For quantitative research this may be more difficult, but it is still highly recommended to have some sort of organizational framework. It is so easy to get overwhelmed by how many places you can post your research information, so it is necessary to stay organized.

Typically, I recruit using the following platforms: Facebook, Twitter, Instagram, Tumblr, and Reddit. Depending on the website you use to recruit and the subgroup you are targeting (e.g., sexual minority, racial minority) you will likely need to develop different forms of ads. For instance, Guillory and colleagues (2018) developed study ads that were targeted at specific subgroups, such that ads targeting sexual minority men were designed differently than those targeting sexual minority women; examples of their flyers can be seen within their

study, and they serve as a helpful template when developing recruitment materials. Each of these websites function differently, but several ground rules should be recognized. First, it is important to contact page administrators (Vincent, 2018) to request permission to post a study on their social media page. I usually let them know who I am and my credentials, what the purpose of my study is, the blurb I will be posting, and the image of my flyer. When posting, I also found more participants when my posted blurbs are succinct, providing a link to my survey and a flyer with more information. Particularly, if you identify similarly to a group you wish to recruit, identifying yourself that way can make you appear more relatable to participants. For instance, when posting on LGBT-related social media pages I often try to identify myself as a member of the community; this feels particularly important given the historical context of health services harming the LGBT community in several instances (e.g., Berger, 1994). Lastly, it is important to consistently check on your social media posts for comments and questions. Frequently, I have had participants ask for more study details, for me to contact them directly, or for clarification about the study.

Conclusion

Conducting research with diverse groups is a challenging endeavor. It is easy to collect convenience samples and ignore the voices of diverse groups. The set of recommendations we have provided is by no means exhaustive, but we encourage others in the field to reflect on the ways we can strive to respectfully collect data from marginalized populations.

References

Berger, J. (1994). The psychotherapeutic treatment of male homosexuality.

continued on page 46

- American Journal of Psychotherapy*, 48(2), 251-261. <https://doi.org/10.1176/appi.psychotherapy.1994.48.2.251>
- Bull, S. S., Levine, D., Schmiede, S., & Santelli, J. (2013). Recruitment and retention of youth for research using social media: Experiences from the Just/Us study. *Vulnerable Children and Youth Studies*, 8(2), 171-181. <https://doi.org/10.1080/17450128.2012.748238>
- Chavez, V., Duran, B., Baker, Q. E., Avila, M. M., & Wallerstein, N. (2008). The dance of race and privilege in community-based participatory research. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health: From process to outcomes* (pp. 91-105). San Francisco, CA: Jossey-Bass.
- Clements, A., Dschaak, Z., Hargons, C. N., Kwok, C., Meiller, C., Ryser-Oatman, T., & Spiker, D. (2018). Humanity in homelessness: A social justice consultation course for counseling psychology students. *Journal for Social Action in Counseling and Psychology*, 10(2), 34-48. Retrieved from <https://openjournals.bsu.edu/jsacp/article/view/1061>
- Davis, D. E., DeBlare, C., Owen, J., Hook, J. N., Rivera, D. P., Choe, E., ... Placeres, V. (2018). The multicultural orientation framework: A narrative review. *Psychotherapy*, 55(1), 89-100. <http://dx.doi.org/10.1037/pst0000160>
- Fassinger, R., & Morrow, S. L. (2013). Toward best practices in quantitative, qualitative, and mixed-method research: A social justice perspective. *Journal for Social Action in Counseling and Psychology*, 5(2), 69-83.
- Gelso, C. J., Nutt Williams, E., & Fretz, B. R. (2014). *Counseling Psychology* (3rd ed.). Washington, DC: American Psychological Association.
- Guillory, J., Wiant, K. F., Farrelly, M., Fiacco, L., Alam, I., Hoffman, L., ... & Alexander, T. N. (2018). Recruiting hard-to-reach populations for survey research: Using Facebook and Instagram advertisements and in-person intercept in LGBT bars and nightclubs to recruit LGBT young adults. *Journal of medical Internet research*, 20(6), e197.
- Hooven, C., Walsh, E., Willgerodt, M., & Salazar, A. (2011). Increasing participation in prevention research: Strategies for youths, parents, and schools. *Journal of Child and Adolescent Psychiatric Nursing*, 24(3), 137-149. <https://doi.org/10.1111/j.1744-6171.2011.00288.x>
- Kano M, Sawyer KP, Willging CE. "Guidelines for Conducting Research WITH LGBTQ+ Individuals and Communities in New Mexico." Albuquerque, NM. NM CARES Health Disparities Center, Community Engagement Core, University of New Mexico. 2016.
- Owen, J., Tao, K. W., Drinane, J. M., Hook, J., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice*, 47(1), 30-37. <http://dx.doi.org/10.1037/pro0000046>
- Stall, R., Friedman, M., & Catania, J. A. (2007). Interacting epidemics and gay men's health: A theory of syndemic production among urban gay men. In R. J. Wolitski, R. Stall, & R. O. Valdiserri (Eds.), *Unequal opportunity: Health disparities affecting gay and bisexual men in the United States* (pp. 251-274). New York, NY: Oxford University Press.
- Sue, S. (1999). Science, ethnicity, and bias: Where have we gone wrong? *American Psychologist*, 54(12), 1070-1077. <http://dx.doi.org/10.1037/0003-066X.54.12.1070>
- Vincent, B. W. (2018). Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research. *Psychology & Sexuality*, 9(2), 102-116. <https://doi.org/10.1080/19419899.2018.1434558>

2019 NOMINATIONS BALLOT

Dear SAP (Division 29) Colleague:

The Society for the Advancement of Psychotherapy (APA Division of Psychotherapy, 29) seeks nominations of creative individuals and great leaders! We would like both new and experienced voices to advance our increasingly important work on behalf of psychotherapy. The SAP Board encourages candidates from diverse backgrounds to seek nomination.

NOMINATE YOURSELF OR SOMEONE YOU KNOW TO RUN FOR OFFICE IN SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY (APA DIVISION 29)

The offices open for election in 2020 are:

- President-elect
- Secretary
- Domain Representative for Public Interest and Social Justice
 - Domain Representative for International Affairs

All persons elected will begin their terms on January 2, 2021

A Domain Representative is a voting member of the Board of Directors. The open positions will be responsible for initiatives and oversight of the Society's portfolio in the respective Domains. Candidates should have demonstrated interest, expertise, and investment in the area of their Domain.

The Society's eligibility criteria for all positions are:

1. Candidates must be Members or Fellows of the Society.
2. No member may be an incumbent of more than one elective office.
3. A member may only hold the same elective office for two successive terms.
4. Incumbent members of the Board of Directors are eligible to run for a position on the Board only during their last year of service or upon resignation from their existing office prior to accepting the nomination. A letter of resignation must be sent to the President, with a copy to the Nominations and Elections Chair.
5. All terms are for three years, except President-elect, which is one year (and then proceeds to President for one year and Past President for one year).

The deadline for receipt of all nominations ballots is December 31, 2019.

As per the Society's Bylaws, you may email your nominations to: assnmgmt1@cox.net. Please put SAP/DIVISION 29 NOMINATIONS in the subject line of the email. You may also mail your nominations to Society for the Advancement of Psychotherapy, 6557 E. Riverdale St., Mesa, AZ 85215.

If you would like to discuss your own interest or any recommendations for nominations, please contact the Society's Chair of Nominations and Elections, Dr. Gary R. VandenBos at drgaryvandenbos@gmail.com

Sincerely yours,

Nancy Murdock, PhD
President

Jennifer Callahan, PhD
President-elect

Gary R. VandenBos, PhD
Chair, Nominations & Elections

NOMINATIONS

President-elect

Domain Representative International Affairs

Domain Representative

Secretary

Name (Printed)

Signature

Fold Here

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

I Would Never Do That! Examining Sexual Boundary Violations

Apryl Alexander, PsyD
University of Denver



In graduate school, I had an ethics class (actually, three 1-credit classes) which repeatedly discussed how to avoid boundary crossings and violations. During my pre-doctoral internship orientation, I was handed a pamphlet entitled “Therapy Never Includes Sex,” and expected to read the pamphlet and sign a statement indicating I read the pamphlet. In my current state (Colorado), the licensing board requires psychologists to discuss how to report sexual intimacies during the initial session as a part of the mandatory disclosure. Colleagues have made their students raise their hand and take a vow (half in jest) not to have romantic and sexual relationships with clients. Despite all these warnings, sexual boundary violations continue to rank high on the list of ethical complaints and violations made by psychologists.

Sexual attraction is a normative experience; therefore, it should be expected individuals may experience attraction in the therapeutic context. Indeed, Freud highlighted therapist-to-client attraction experiences in his 1915 article *Observations of Transference Love*. Research has indicated that between 70% and 90% of psychotherapists have been attracted to at least one client in their career (Pope, Keith-Spiegel, & Tabachnick, 2006; Rodolfa et al., 1994). Moreover, over 80% of clinical psychologists have reported knowing a colleague who claimed to have been sexually intimate

with a client (Noel, 1988). Though attraction to clients isn’t necessarily unethical—indeed, a majority of therapists have viewed these feelings as being ethical (Meek & McMinn, 1999; Pope, Tabachnick, & Keith-Spiegel, 1987)—if the attraction is compromising their objectivity and/or competence, these feelings should be confronted and addressed (Capawana, 2016). While much of the literature on sexual boundary violations focuses on the scope of the problem and training programs focus on telling trainees not to engage in these violations, little time is spent on *how to effectively manage* sexual attraction to clients.

Scope

Many researchers have sought to examine the incidence of sexual behavior between therapists and their clients. Alpert and Steinberg (2017) conducted an extensive review of the literature on sexual boundary violations and therapists’ sexual attraction to clients and found reported rates of sexual contact between psychologists and clients in the United States ranging from 7% to 12% across studies; with some researchers suggesting the true prevalence is much higher. An estimated 80% of reported sexual boundary violation victims were women. Sexual attraction toward clients is reported more frequently. Pope, Keith-Spiegel, and Tabachnick (2006) conducted a survey of 585 psychologists (57.9% of the sample were men, 42.1% were women) asking about their sexual attraction to psychotherapy clients.

continued on page 50

Only 77 respondents reported never being sexually attracted to clients. Of the 508 respondents who reported attraction to clients, 125 reported attraction to male clients only, 281 to female clients only, and 102 to both male and female clients. Eighty-two percent of respondents reported they had never seriously considered actual sexual involvement with a client. Of those who did consider sexual involvement ($N = 104$), 91 stated they had only considered it once or twice, with male therapists considering sexual involvement more than female therapists (27% vs. 5%). Lastly, nearly half of therapists indicated their sexual attraction had a negative influence on the therapeutic relationship.

Re-Visiting the Ethical Principles

Sexual relationships with clients are considered a boundary violation, which refers to transgressions that impact the therapeutic relationship. In the APA's 2017 Ethical Principles of Psychologists and Code of Conduct (Code of Ethics), the guidelines regarding sexual relationships with current therapy clients are quite clear and explicit, stating in 10.05 Sexual Intimacies With Current Therapy Clients/Patients: "Psychologists do not engage in sexual intimacies with current therapy clients/patients" (p. 14). Other guidelines related to boundary violations center on non-maleficence and the potential for harm (e.g., 3.04 Avoiding Harm; 3.08 Exploitative Relationships).

For previous therapy clients, there are two areas within guideline 10.08 Sexual Intimacies With Former Therapy Clients/Patients that guide psychologists in their ethical decision-making. First, psychologists should not engage in sexual intimacies with former clients for at least two years after the termination of therapy. This is followed by, "psychologists do not engage in sexual

intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances" (p. 14). The Code of Conduct enumerates different factors to consider, focused on examining the potential for exploitation, including the nature, duration, and intensity of the therapy; the circumstances around termination of therapy; the client's personal history; and the likelihood of adverse impact. However, these guidelines have been controversial, as some psychologists subscribe to the notion of "once a client, always a client"—and therefore advocate avoiding any intimate relationships with clients, ever.

Ultimately, sexual relationships with clients result in harmful, deleterious consequences (Pope, 2001). Clients typically describe these incidents as painful and/or traumatic. Commonly described reactions to such incidents include ambivalence, cognitive dysfunction, shame, PTSD symptoms, emptiness and isolation, distrust, guilt, boundary and sexual confusion, and increased suicidal risk (Disch, 2006; Pope, 2001). Consequences for sexual boundary violations are varied. Potential consequences include sanctions from professional organization and licensing boards, ostracism and isolation from colleagues, legal fines and consequences, family conflict, and, ultimately, damage to the reputation of the field of psychology (Koocher & Keith-Spiegel, 2008; Pope, Sonne, & Greene, 2006).

Creating Space

What if a trainee or a psychologist experiences a sexual attraction towards a client? Where do they turn to for help? Are supervision environments welcoming places to discuss their feelings? Though I am an early career professional, I still have yet to have a student or trainee express they are sexually or

continued on page 51

romantically attracted to a client, despite the prevalence rates noted above.

Scholars have stated the Ethical Principles and Code of Conduct do not offer guidelines for therapists who develop sexual attractions to their clients nor whether therapists should disclose such information to their clients (Capawana, 2016; Fisher, 2004). In the previously described Pope and colleagues (2006) study, 55% of respondents indicated they had received no education about sexual attraction to clients. In order to manage sexual feelings, clinicians often make attempts to address their feelings. Some discuss their feelings in supervision or consultation with colleagues, while others address them in their own psychotherapy (Blanchard & Lichtenberg, 1998; Pope et al., 2006b; Rodolfa et al., 1994). Further, in the previously mentioned Pope et al. (2006a) study, only 57% of respondents reported they sought supervision or consultation upon becoming aware of their feelings of sexual attraction to a client, with younger therapists being more likely to seek consultation (64% versus 50%), and no gender differences observed. Those who had at least some training about sexual attraction to clients were more likely to seek consultation.

Therapist disclosure of their sexual feelings to their client is a controversial topic. Research indicates rates of therapist disclosure of their sexual attraction ranges from 5% to 25% (Fisher, 2004). However, the ethics behind such disclosure have been questioned due to the potential for harm to the client. Fisher (2004) provides several recommendations to therapists who are experiencing sexual feelings for clients, arguing that self-disclosure of sexual attraction to clients should be avoided and can be considered unethical professional behavior. Additional recommendations highlight the importance of supervision,

consultation, personal therapy, and didactics throughout the career span. Finally, graduate training programs need to discuss sexual feelings and attractions, self-disclosure, and professional boundaries early and frequently throughout the duration of clinical training and supervision, particularly in manner that avoids shaming.

Conclusion

As expected, sexual attraction to clients is commonplace. Although attraction to clients isn't necessarily unethical, the literature highlights the need to engage in conversations about sexual attraction toward clients. Moreover, although not all psychologists engage in inappropriate sexual behaviors with clients, many have reported their feelings of sexual attraction have negatively impacted their therapeutic engagement with clients. In sum, it is important for mental health providers at all career stages to open space to have discussions with colleagues and other professionals (i.e., personal psychotherapy) to navigate how to address these feelings before a boundary violation occurs.

Editors' Note: *As a reminder, please send your psychotherapy research-, practice-, and training-related Ethics questions to [Apryl Alexander@du.edu](mailto:Apryl.Alexander@du.edu). Please note that questions may be selected by Dr. Alexander for inclusion in Psychotherapy Bulletin or on the SAP website/social media platforms at her discretion, and not all questions may be answered. In addition, information provided to Dr. Alexander and SAP in this context is for the purpose of furthering public knowledge and discourse around ethical issues and will not be kept confidential.*

References

Alpert, J. L., & Steinberg, A. (2017). Sexual boundary violations: A century of violations and a time to analyze. *Psy-*

continued on page 52

- choanalytic Psychology*, 34(2), 144-150. doi: 10.1037/pap0000094
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/>
- Blanchard, C. A., & Lichtenberg, J. W. (1998). Counseling psychologists' training to deal with their sexual feelings in therapy. *The Counseling Psychologist*, 26(4), 624-639.
- Capawana, M. R. (2016). Intimate attractions and sexual misconduct in the therapeutic relationship: Implications for socially just practice. *Cogent Psychology*, 3, 1-13. doi: 10.1080/23311908.2016.1194176
- Disch, E. (2006). Sexual victimization and revictimization of women by professionals: Client experiences and implications for subsequent treatment. *Women & Therapy*, 29(1-2), 41-61. doi: 10.1300/J015v29n01_03
- Fisher, C. D. (2004). Ethical issues in therapy: Therapist self-disclosure of sexual feelings. *Ethics & Behavior*, 14(2), 105-121.
- Freud, S. (1915). *Observations on transference love*. London, England: Hogarth Press.
- Koocher, G. P., & Keith-Spiegel, P. (2008). *Ethics in psychology and the mental health professions* (3rd ed.). New York, NY: Oxford University Press.
- Meek, K. R., & McMinn, M. R. (1999). The perceived effectiveness of Christian and secular graduate training programs in preparing Christian psychologists to deal with experiences of sexual attraction. *Professional Psychology: Research and Practice*, 30, 423-427.
- Noel, M. M. (1988). Reporting colleagues who are sexually intimate with clients: It's time to talk. *Women and Therapy*, 7, 87-94.
- Pope, K. (2001). Sex between therapists and clients. In J. Worell (Ed.), *Encyclopedia of women and gender: Sex similarities and differences and the impact of society on gender* (Vol. 2, pp. 955-962). Waltham, MA: Academic Press.
- Pope, K. S., Keith-Spiegel, P., & Tabachnick, B. G. (2006a). Sexual attraction to clients: The human therapist and the (sometimes) inhuman training system. *Training and Education in Professional Psychology*, 5(2), 96-111. doi: 10.1037/1931-3918.S.2.96
- Pope, K. S., Sonne, J. L., & Greene, B. (2006b). *What therapists don't talk about and why: Understanding taboos that hurt us and our clients*. Washington, DC: American Psychological Association.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 42, 993-1006.
- Rodolfa, E., Hall, T., Holms, V., Davena, A., Komatz, D., Antunez, M., & Hall, A. (1994). The management of sexual feelings in therapy. *Professional Psychology: Research and Practice*, 25, 168-172. doi: 10.1037/0735-7028.25.2.168



INTERNATIONAL SCENE

Conferencing to Connect Near and Far

Maria del Pilar Grazioso, PhD

*Proyecto Aigle Guatemala / Universidad del Valle de Guatemala
Guatemala*

Pragya Sharma PhD, MPhil

*Assistant Professor, Department of Clinical Psychology
Dr Ram Manohar Lohia Hospital
New Delhi, India*

Changming Duan, PhD

*Professor, Department of Educational Psychology
University of Kansas, USA*



Since its establishment in 2015, the International Domain of the Society for the Advancement of Psychotherapy (SAP) has consistently pursued the enhancement of SAP's internationalization through an engagement-and-involvement approach. It has built an active Committee of International Affairs, which consists of 11 members from 6 different countries. The committee has led several systematic endeavors to build SAP's international connections and enlarge its presence at international psychology or psychotherapy conferences. In 2017, more than 20 SAP members presented five symposia at the World Congress of Psychotherapy in Paris, France; and a SAP presidential reception was held in the beautiful Paris attracting colleagues

from different countries. In 2018, another 20 plus members of SAP offered two keynote speeches and three symposia at the International Congress of Applied Psychology (ICAP) in Montreal, Canada, where SAP's reception for its members and international guests was also a highlight. This year, a large group of SAP members went to Havana, Cuba in July and presented at the XXXVII Interamerican Congress of Psychology / Congreso Interamericano de Psicología (CIP). The SAP Reception at CUBA CIP 2020 became one of the most memorable events for both SAP members and for our guests from local psychological communities.

From planning to experiencing the conference, the International Committee members engaged in a collaborative and learning process. It started in the fall 2018 when the Committee member from Guatemala, Maria del Pilar Grazioso brought the information about this upcoming conference in Havana, Cuba. The Committee felt excited about the opportunity to attend a Spanish speaking conference in one of our neighbor-

continued on page 54

ing countries. Our Committee member from India, Pragma Sharma, volunteered to be a conference co-chair with Maria del Pilar Grazioso to lead the organizational effort for the conference.

And therein began the adventure of the organization process of our Division's proposals. As much as it was interesting, it was also challenging to find members with common interests spread throughout the world, working at different time zones with all conversation being held electronically. However, the members were accommodating and flexible enough to align with certain popular themes. Several emails back and forth later, we had three program proposals ready: one panel discussion and two symposia. There were several online follow-up meetings to plan the intricacies with the bigger group as well as the small group with which we were each presenting.

Our group included Yaira Oquendo-Figueroa, Vladimir Nacev, Changming Duan, Lucia Vail, Maria del Pilar Grazioso, Rebecca Curtis, Andres Consoli, Frederick Leong, Jeff Zimmermann, Lauren Brehman, Gordon Hall, Guillermo Bernal, Barbara Vivino, Jean Biribilis, Manijeh Badiee, Pragma Sharma, and Tamara Mikinski. We had a wonderful experience at the XXXVII Interamerican Congress of Psychology/Congreso Interamericano de Psicología (CIP) that was held in La Habana, Cuba, at the Centro de Convenciones de la Habana. Besides conference itself, every one of us felt the value of connection with colleagues throughout the trip and beyond. Some have already been talking about future collaboration and traveling plan to another international conference together next year!

The Interamerican Society of Psychology / Sociedad Interamericana de Psicología (SIP) and American Psychological Asso-

ciation have a long-standing history of continuous communication and collaboration. Nonetheless, this is the first time that a specific APA division participated not only within the Congress programming, facilitating symposiums and roundtables, but also fostering social and academic networking through a delightful gathering that highlighted Cuban food and music with a wonderful evening at La Fontana restaurant where the owner explained to us the restaurant's history.

As many of us shared, we are grateful for having the opportunity to get to know our colleagues from the Americas and the rest of the world, to learn from each other, from SIP colleagues and organizers, and from Cuban history. The Cuban people could not have been more kind, warm, and gracious. The conference would not have been more delightful! The conference took place in a beautiful convention center with spectacular meeting rooms—counters in front of the chairs and simultaneous translations. In fact it is also where Cuban Congress holds its meetings. Panel organizers did a terrific job putting together well thought out contributions and very interesting talks that broaden the usual themes for this type of congress. We were very proud of being part of this group.

After the conference, our members continue the excitement by reflecting and sharing our learning and experience. Here are some member sharing:

Manijeh Badiee: "My experience in Cuba was transformative. I enjoyed the conference immensely. I found the presentations to be of high quality and had excellent variety in content. A unique aspect of the conference that I enjoyed immensely were the dances and live music in the evenings."

continued on page 55

Rebecca Curtis said, "The CIP Cuba conference would not have been more delightful! I decided to splurge from my usual youth hostel lodging and stayed in the grand Hotel Nacional where others were staying and got to know the other participants, especially over the breakfast with eight buffet tables, violin and guitar. As for Cuba itself, my time could not have been more enjoyable. All the cafes in Old Havana had music and dancing!"

Fred Leong: "I am sure that we all have our own memorable experiences in Havana. For me, it was our joining the band at The Fontana to sing Guantanamo during the reception. I was looking for the lyrics to the song when I came across this Youtube video.....Over 75 Cubans from around the world joining together to sing Guantanamo. I hope you will enjoy the video as much as I did in reliving the Cuba experience"

In his Thank You email to us after the conference, the President Sociedad Interamericana de Psicologia, Dr. Carlos Zalaquett, said, "We truly appreciate the participation of Division 29 in the 37th InterAmerican Congress of Psychology in Cuba. ...La psicoterapia (psychotherapy) is highly valued across the Americas and we all aim to advance its scientific foundation, teaching, practice, and evidence-based. The added value of working with

SIP is to expand our knowledge about the practice of psychotherapy across the Americas, so we can make the benefits of psychotherapy accessible to ALL, including those Latinxs within and outside our borders. The US is the second largest Latinx country in the world. Only Mexico has more Latinxs than the US.... I hope we would collaborate to achieve the goals stated above."

Time to exchange ideas, sing and dance and build friendships is ever so special. Moreover, the chance to meet the Cuban people and see their joy of life, resilience, and creativity was truly inspiring. How great it is to connect with and mutually share with others near and far. We are also very appreciative of those who took time from their busy schedule to join us at the SAP reception.

This experience will be in our memory forever. With fondness we will remember our joining the band at The Fontana to sing Guantanamo during the reception. As our friend Fred Leong reminded us, we will continue to sing following over 75 Cubans from around the world joining together to sing Guantanamo inviting us to enjoy the video as much as he did in reliving the Cuba experience: <https://www.youtube.com/watch?v=WkA9b2W-0Fw>.



*Intellectually
stimulated and
socially connected
on a foreign land*

continued on page 56



Together we enjoy the learning and friendship in Havana



*APA President
Rosie Phillips Davis,
attended SAP reception
at CUBACIP2019*

*Conference Presentation
delivered with instant
Spanish translation*



The beauty of Havana Bay

2019 SAP Excellence in Teaching/Mentorship Award Winner Reflection: Three Tips on Teaching and Mentoring as a Graduate Student

*Ki Eun (Kay) Shin, MS
Pennsylvania State University*



This reflection on the Student Excellence in Teaching/Mentorship Award highlights the recipient's meaningful experiences related to the award, with a focus on where the recipient would encourage other students to attend regarding their own development of skills related to teaching and mentorship.

Developing one's identity and skills as a teacher and mentor is a highly rewarding, but also challenging, task. One of the challenges comes from the fact that we as graduate students have multiple responsibilities and commitments and often struggle to find time and energy to actively pursue teaching/mentoring on top of research, clinical work, and coursework. My goal here is to share three approaches that I found to be helpful in navigating my development as a teacher and mentor, with the hope that they can be of some utility to my peers.

Utilize Transferable Skills

First, it eased my entry to a teaching/mentoring role to identify and draw upon my existing skills that are transferable to teaching. The first time I gave a lecture was for an undergraduate psychology course for which I was a teaching assistant in my first year of graduate school, and I remember feeling surprised because the experience reminded me of presenting at a conference. My target audience was different, but the process of

preparing and presenting my talk was similar. In fact, over the course of my graduate career, I learned that many of the skills I developed in research and clinical contexts generalized to my teaching. For instance, I was able to learn and practice how to explain complex concepts in clear and accessible terms by giving research presentations during lab meetings and at conferences. Experiences from my clinical work also allowed me to embrace spontaneity in interpersonal interactions and become more adaptable in a classroom. I found it helpful to approach teaching as an opportunity to extend and apply skills I gained from other domains rather than an entirely new activity. Even though I was a novice teacher, the insight gave me the confidence and drive to take on additional teaching opportunities, such as leading lab sections of the psychology research methods course and teaching online psychology classes. Recognizing how different areas of my work mutually reinforced each other also led me to experience each of them as more fulfilling.

Learn by Example

Another practice that I found to be helpful was observing and learning from other teachers and mentors. I was a teaching assistant for 10 undergraduate psychology courses and had a chance to work with instructors of different teaching styles and emphases. They were great role models for me, and I liked to take mental notes of what I found to be most effective in each instructor's teach-

continued on page 58

ing—whether it be a poignant metaphor, an engaging use of media, or a creative assignment design. Through those observations, I was able to build a repository of teaching inspirations and tools, which greatly facilitated my own teaching. I also learned from working with the instructors what were the essential teaching goals in my discipline, such as promoting students’ knowledge and real-life application of psychological theories, along with their ability to understand, critique, and produce scientific writings, as well as engage in critical thinking. Understanding these overarching goals helped to shape my values and approaches in teaching and mentoring.

Maintain a Growth Mindset

The third lesson I learned about teaching/mentoring was the importance of maintaining a growth mindset for students and mentees. Like psychotherapy, the aim of teaching and mentoring is to facilitate others’ growth and improvement. If I do not believe that every student can learn and improve, how can I help them to do so? In my experience, maintaining a growth mindset involved forgoing premature conclusions about what students could and could not do and actively conveying my sense of confidence in stu-

dents. I observed in several instances how my words of encouragement and trust could help a student thinking of dropping a course to persevere and pass the course. Another way for me to implement a growth mindset has been promoting students’ autonomy and ownership of their work. In mentoring undergraduate research assistants (RAs), I saw that their engagement and performance were best when I treated the RAs as my colleagues, inviting their inputs on task assignments and execution of the research projects in the lab. It was deeply gratifying to watch how my RAs gradually developed into independent thinkers and researchers by taking greater ownership of their experiences in the lab.

In graduate school, we are in an interesting phase where we serve the dual roles of being a student and a teacher/mentor. Such transitional phase may feel awkward and unstable at times, but it also holds a lot of promise and possibilities. I hope that the three tips I shared—drawing upon existing skills and knowledge, learning from other teachers and mentors, and cultivating a growth mindset—make others’ pursuit of teaching/mentoring more fruitful as it did for me.



“Why Don’t We Paint the Town?”

Pat DeLeon, PhD

Former APA President



The 127th APA Annual Convention

Attending our annual APA convention has always been “my gift to me.” Unfortunately, for the first time, I had to miss this year’s gathering in the Windy City, due to the unexpected passing of my younger brother. I understand, however, that it was as inspiring as ever. One of the symposia I was looking forward to participating in artfully combined interprofessional collaboration (IPE) and integrated RxP care. “I traveled to APA in Chicago to present on a symposium led by USU (Uniformed Services University) School of Nursing faculty Jouhayna Bajjani-Gebara and JoEllen Schimmels entitled ‘PIG in Practice: Interdisciplinary Pharmacotherapy Approaches to Treatment.’ The PIG (Pharmacotherapy Interest Group) is a collaborative model which provides an avenue to learn about pharmacotherapy and increase patient positive patient outcomes. The symposium was a collaborative approach to treatment of patients with both physical and mental health concerns. It was a privilege to participate in a conversation on approaches to treatment as a USU student in clinical psychology (Courtney Vaughan).”

A Most Appropriate and Timely Venue

On July 19, 2019, Illinois joined the growing family of psychology-friendly prescribing states with Terry Soter receiving his official approval from the State of Illinois. Beth Rom-Rymer, whose leadership and persistent dedication

made this possible: “We are prescribing in Illinois! I am thrilled to announce that our second piece of Prescriptive Authority legislation was signed by Governor J. B. Pritzker this morning. This legislation: 1. Gives licensed prescribing psychologists the authority to use telehealth to prescribe in the State of Illinois. 2. Eliminates the need for ‘36 credits’ for our medical rotations while leaving the requirement for 1620 rotation contact hours intact. And, 3. Gives each of four accrediting bodies authority as accreditors for our medical rotations: a. Accreditation Review Commission on Education for the Physician Assistant; or b. Commission on Collegiate Nursing Education for the Advanced Nurse Practitioner (ANP) or the Accreditation Commission for Education in Nursing for the ANP; or c. Accreditation Council for Graduate Medical Education.

“Soterios ‘Terry’ Soter became our first prescribing psychologist. He has an illustrious career that has spanned many disciplines. He received his B.A. in Political Science at the California State University at Los Angeles in 1966; his MSW at The University of Illinois, Chicago in 1974; and his Ph.D. in Psychology at the Florida Institute of Technology in 1980. In 1983, he served as a Major in the U.S. Army with the 12th Special Forces Group, Airborne, until he retired from the military in 2001. From 1982-1993, he worked for the St. Charles, Illinois VA, conducting therapy with Vietnam Veterans suffering from PTSD. In 1995, he completed his postdoctoral analyst

continued on page 60

training at the C. J. Jung Institute in Chicago; in 1998, he received his Certificate of postdoctoral training in Clinical Psychopharmacology from the Illinois School of Professional Psychology; and in June of 2007, he received his MD from the College of Medicine and Health Sciences at the St. Lucia Rodney Bay, St. Lucia, West Indies. From 2003 until he retired in 2016, he was a sub-contractor to the Department of the Army Special Forces in Virginia.

“In 2009, Terry Soter was licensed as the 6th prescribing psychologist in New Mexico. In 2012, he was named to the New Mexico Board of Psychologist Examiners. In 2014, he was named to the Illinois Clinical Psychologists Licensing and Disciplinary Board. Since 2007, he has provided treatment to adults in a private practice in Santa Fe, New Mexico; since 2009, he has conducted evaluation and medication management of adult patients in the Outcomes Clinic in Albuquerque; and since 2012, he has conducted evaluation and medication management for children at the Children’s Treatment Center in Albuquerque. Now, in 2019, he is licensed as the first prescribing psychologist in Illinois.

“At our Chicago Convention, at a special Sunday luncheon, we celebrated the legislative advocacy for psychologists’ prescriptive authority throughout the country, Canada, and the United Kingdom, while showcasing the education and training of prescribing psychologists in Illinois and demonstrating the invaluable APA and community partnerships that we have been able to forge, with presentations by: APA CEO Arthur Evans; APA President Rosie Phillips Davis; our legislative champion, Illinois State Senate President Pro-Tem Don Harmon; Cook County Commissioner Dennis Deer, a community activist focused on mental health access issues;

and Clay Ciha, the President and CEO of Alexian Brothers Behavioral Health Hospital and Senior Vice President of AMITA Health Behavioral Medicine Institute (AMITA is the largest health system in Illinois). Also presenting were Morgan Sammons, a retired Navy officer, one of the first Department of Defense Prescribing Psychologists and currently CEO of the National Register; Mark Ishaug, CEO of the largest and oldest social service organization in Illinois; Nneka Jones Tapia, the first psychologist Chief Warden of the Illinois Cook County Jail; John Shustitzk, a prominent psychologist on the state NAMI Board; Gerardo Rodriguez-Menendez, Chair of the Clinical Psychopharmacology Program at The Chicago School of Professional Psychology, the only program in the United States that currently trains psychology graduate students for the Master’s of Science of Clinical Psychopharmacology; and Marlin Hoover, a lifelong clinician in Illinois, an extraordinary trainer of family practice physicians and residents and prescribing psychology trainees, and one of the earliest prescribing psychologists in New Mexico. The collective enthusiasm of the nearly 200 attendees was simply outstanding.”

The Nutmeg State

“In the midst of our legislative efforts this year (which ended in early June)... we were one vote away from getting out of the Public Health Committee! We were so close that Connecticut psychiatrists rallied their forces and mounted an enhanced weekend campaign of misinformation and distortions. David wrote a marvelous piece for *The CT Mirror* entitled ‘No one returns my calls... no one takes my insurance: Prescribing psychologists could help fill public’s need for psychiatric services.’ Here’s an excerpt:

continued on page 61

No one even returns my calls... No one takes my insurance... Everyone I call has no openings. These are the phrases I hear from my patients, friends, and family who are trying to find psychiatric medications for a behavioral health or substance abuse concern. My office manager recently tried to find services for her daughter; she called 19 psychiatrists without one return call. Why? Maybe they're too busy; maybe they're full; maybe they don't accept that person's health insurance. Our psychiatric colleagues might argue that there are enough psychiatrists and APRNs to meet the behavioral health and addiction prescribing needs of Connecticut's residents, but that's not what reality shows. Our office receives numerous daily calls from frustrated patients who cannot find a prescriber, and who do not want to have two providers: one for medication and one for psychotherapy.

"Psychiatrists in Connecticut responded with a few opinions of their own and had the manpower to get the ears of the Public Health Committee. It is our understanding that the rallying cry was spearheaded by a physician committee member. They argued that there are plenty of providers to go around, though that's not what state or national data indicates. This argument seems highly spurious in that even psychiatry cannot find a psychiatrist when they need one as expressed by a Massachusetts psychiatrist in the June 17 issue of *Statnews*:

In a recent study, researchers called 360 psychiatrists on Blue Cross Blue Shield's in-network provider lists in Houston, Chicago, and Boston. Some of the phone numbers on the list were for McDonald's locations,

others were for jewelry stores. When the researchers actually reached psychiatrists' offices, many of the doctors didn't take Blue Cross Blue Shield insurance or weren't taking new patients. After calling every number twice, the researchers were unable to make appointments with 74% of providers on the list. In a similar study among pediatric psychiatrists, researchers were unable to make appointments with 83% of the providers listed as in-network by Blue Cross Blue Shield. My patients regularly tell me that this is not unique and happens with most insurance providers. A 2016 survey by the Centers for Medicare and Medicaid Services showed that it's also a problem with other medical specialties. The numbers, however, never seem as bad for other specialties as they do for psychiatry.

"In CT, psychiatry also adamantly stated that patient safety is at issue, when there is clearly no data to indicate that, and they misrepresented our training as a simplistic 'online class' and suggested that a prescribing psychologist is '... a highly confident psychologist who lacks common sense.'

"It seems the opposition's political strategy is to speak loudly and repeat the same inaccurate message over and over again. This is what CT RxP must address. We will try to do so by utilizing the strategy that has gotten us this far, this fast: building relationships and stating the true facts (are there 'untrue' facts??). Our plans involve gathering more support from patients and organizations, building community and non-profit sector support, and producing educational materials that legislators can utilize to combat the distortions. It's

continued on page 62

similar to being a good parent – warmly, yet firmly, guiding others toward understanding the best way forward as they consider their options. Onward....” (Barbara Bunk & David Greenfield, Co-chairs of the CPA Task Force on Prescriptive Authority for Psychologists.)

In the Nation’s Compelling Interest

In 2004, the then-Institute of Medicine (IOM) released its visionary report “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce” with former APA Congressional Science Fellow and former APA Director for Public Interest Policy, Brian Smedley, serving as Study Director. As the report indicated: “The United States is rapidly becoming a more diverse nation, as demonstrated by the fact that non-white racial and ethnic groups will constitute a majority of the American population later in this century. The representation of many of these groups within the health professions, however, is far below their representation in the general population. Increasing racial and ethnic diversity among health professionals is important because evidence indicates that diversity is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experiences for health professions students.” From the very beginning, the IOM Committee recognized the need to answer the very important, but usually unspoken, question of how does the broader society benefit by having increased diversity among health care professionals, aside from the gratification of doing “what is morally right?” This is especially relevant in light of recent Supreme Court decisions looking closely at the rights of non-minority educational applicants.

Over the years, increasing diversity has become a significant priority within psy-

chology. To a great extent, however, efforts to diversify health professions fields have been hampered by gross inequities in educational opportunity for students of different racial and ethnic groups. Primary and secondary education for underrepresented minority (URM) students is, on average, far below the quality of education for non-underrepresented students. Accordingly, the “supply” of URM students who are well-prepared for higher education and advanced study in the health professions fields has therefore suffered. When quantitative variables such as standardized test scores are weighted heavily in the admissions process, URM applicants, because of their generally poorer academic preparation and test performance, are less successful in gaining admission. This has led some organizations and institutions to reconceptualize their admissions policies and practices to place greater weight on applicants’ qualitative attributes, such as leadership, commitment to service, community orientation, and experience with diverse groups, as well as other factors. This shift of emphasis to professional and “humanistic” factors is also consistent with a growing recognition within the health professions fields that these attributes *must* receive greater attention in the admission process to maintain professional quality, to ensure that future health professionals are prepared to address societal needs, and to maintain the public’s trust in the integrity and skill of health professionals. Interestingly, although the Committee noted that the average cost of education for students in schools of psychology is less, on average, than for students in other health professions, these students tend to earn less once in practice than some other health professionals.

Equally, and in our judgment perhaps more important, is the need to assess and improve the institutional climate for

continued on page 63

diversity. These include strategies that encourage the introduction of diverse viewpoints in classroom pedagogy, attract and support URM students and faculty, and transform institutions and institutional environments to support diversity-related goals. At the same time, accreditation standards must acknowledge the importance of preserving academic freedom, which is critical to curriculum innovation. Fundamental “community benefit” notions, which have long been recognized within the nation’s tax code, possess the potential for transforming health professions education. The Committee concluded by emphasizing: “Broad support is

needed among many groups – including health professionals, the HPEI (Health Professions Educational Institutions) community, health policymakers, affected communities, educators, corporate and business leaders, organized labor, and the general public – in order to create the necessary ‘push’ to support institutional and policy-level strategies to increase diversity among health professionals.” Substantive change *always* takes time.

“And all that Jazz.”
[Chicago: The Musical].

Aloha.





Society for the Advancement of Psychotherapy



Find the Society for the Advancement of Psychotherapy at
www.societyforpsychotherapy.org

CALL FOR SUBMISSIONS

Society for the Advancement of Psychotherapy International Research Grant for Students and Early Career Professionals

Consistent with the goals of the Society for the Advancement of Psychotherapy (SAP) and its International Domain, the International Research Grant for graduate students and early career professionals was established in order to promote more international and cross-cultural research within SAP and within the profession of psychotherapy.

The International Research Grant is expected to be used to support the completion of a research project. The grant may be used to fund:

- supplies used to conduct the research;
- training needed for completion of the research; and/or
- travel to present the research (such as at a professional conference).

The Society may award this \$1,000 International Research Grant to a graduate student or early career professional (within 10 years of receiving the doctoral degree). The applicant must be a member of the Society. This grant is available to all graduate students including U.S. citizens, permanent residents, and international students and affiliates. The recipient of the grant will be expected to present their research results in a scholarly forum (e.g., presentation at an APA Annual Convention, the Society journal, *Psychotherapy*, or other refereed professional journal) and the *Psychotherapy Bulletin*.

The grants of \$1,000 will be paid in one lump sum to the researcher, to their university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities. All grant recipients will be required to complete an IRS form W-9 before funds are issued. International students from countries that have a tax treaty with the United States are exempt from taxes but will need to complete the form W-8BEN.

A complete application must be submitted by email to the International Domain Representative:

Frederick Leong (email: fleong@msu.edu) by midnight, **April 1, 2020**. Incomplete or late application packets will not be considered.

THE APPLICATION MUST INCLUDE:

- A 1-2 page cover letter describing how the applicant's work embodies the Society's interest in promoting the internationalization of psychotherapy and how the funding will be used to support the applicant's research project;
- A 1-page document outlining a detailed budget;
- A 5-10 page research proposal on the project;
- 1 letter of recommendation from the student's current direct supervisor or advisor; OR a research mentor for early career professions

continued on page 65

ONCE A COMPLETE APPLICATION HAS BEEN RECEIVED (ON OR BEFORE THE DEADLINE), SELECTIONS WILL BE MADE USING THE FOLLOWING CRITERIA:

- Consistency with the International Research Grant's stated purposes;
- Clarity of the written proposal;
- Scientific quality and feasibility of the proposed research project;
- Budgetary needs for data collection and completion and presentation of the project;
- Potential for new and valuable contributions to the international advancement of psychotherapy; and
- Potential for final publication or likelihood of furthering successful research in topic area.

ADDITIONAL INFORMATION

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.
- All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31st). The exceptions are international students from countries that have a tax treaty with the United States; however, they will need to complete the form W-8BEN.

The Society for the Advancement of Psychotherapy (APA Division 29) Diversity Research Grant for Pre-Doctoral Candidates

Deadline: April 1, 2020

The Diversity Research Grant for pre-doctoral candidates was established to foster the promotion of diversity within the Society for the Advancement of Psychotherapy (APA Division 29) and within the profession of psychotherapy.

The Society may award annually two \$2,000 Diversity Research Grants to pre-doctoral candidates (enrolled in a clinical or counseling psychology doctoral program) who are currently conducting dissertation research that promotes diversity, as outlined by the American Psychological Association (APA). According to the APA, diversity is defined as individual and role differences, including those based on age, gender, sexual orientation, gender identity, race, ethnicity, culture, national origin, religion, disability, language, and socioeconomic status.

The Diversity Research Grant is expected to be used to support the completion of

continued on page 66

a pre-doctoral candidate's dissertation work. The grant may be used to fund:

- supplies used to conduct the research;
- training needed for completion of the research; and/or
- travel to present the research (such as at a professional conference).

The applicant *must* be a member of the Society for the Advancement of Psychotherapy. The recipient of the grant will be expected to present his or her research results in a scholarly forum (e.g., presentation at an APA Annual Convention, the Society's journal, *Psychotherapy*, or other refereed professional journal) or *Psychotherapy Bulletin*.

Two annual grants of \$2,000 will be paid in one lump sum to the researcher, to his or her university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities. All grant recipients will be required to complete an IRS form W-9 before funds are issued.

THE APPLICATION MUST INCLUDE:

- A 1-2 page cover letter describing how the applicant's work embodies the Division's interest in promoting diversity in the profession of psychotherapy and how the funding will be used to support the applicant's dissertation work;
- A 1-page document outlining a detailed budget;
- A 5-10 page research proposal (alternatively, a Dissertation Proposal may be submitted, regardless of length);
- 1 letter of recommendation from the applicant's current direct supervisor or advisor; and
- 1 letter from the applicant's dissertation advisor or director of clinical training certifying that the applicant is currently in the process of completing research for the dissertation.

SELECTIONS CRITERIA:

- Consistency with the Diversity Research Grant's stated purposes;
- Clarity of the written proposal;
- Scientific quality and feasibility of the proposed research project;
- Budgetary needs for data collection and completion and presentation of the project;
- Potential for new and valuable contributions to the field of psychotherapy; and
- Potential for final publication or likelihood of furthering successful research in topic area.
- Awardee must be a member of the Society for the Advancement of Psychotherapy (APA Division 29)

SUBMISSION PROCESS AND DEADLINES:

- All materials must be submitted electronically at the same time

continued on page 67

-
- All applicants must complete the grant application form, in MSWord or other text format
 - CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/ file
 - Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
 - Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
 - You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
 - **Deadline: April 1, 2020.** Incomplete or late application packets will not be considered.

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Diversity Domain Representatives Manijeh Badiee, PhD (mbadiee@csusb.edu); Rosemary Phelps PhD (rephelps@uga.edu); and or Committee Chair Sheeva Mostoufi, PhD (sheeva.mostoufi@gmail.com)

ADDITIONAL INFORMATION

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.

All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31st).

The Society for the Advancement of Psychotherapy (Division 29) Diversity Research Grant for Early Career Psychologists

Deadline: April 1, 2020

The Diversity Research Grant for early career psychologists was established to foster the promotion of diversity within the Society for the Advancement of Psychotherapy (APA Division 29) and within the profession of psychotherapy.

The Society may award annually one \$1,000 Diversity Research Grant to an early career psychologist (within 10 years of graduation) who is currently conducting research or an applied project that promotes diversity, as outlined by the American Psychological Association (APA). According to the APA, diversity is defined as individual and role differences, including those based on age, gender, sexual

continued on page 68

orientation, gender identity, race, ethnicity, culture, national origin, religion, disability, language, and socioeconomic status.

The Diversity Research Grant is expected to be used to support the completion of an ECP's psychotherapy research or psychotherapy project. The grant may be used to fund:

- supplies used to conduct the research or project;
- training needed for completion of the research or project; and / or
- travel to present the research (such as at a professional conference).

The applicant *must* be a member of the Society for the Advancement of Psychotherapy. The recipient of the grant will be expected to present his or her research results in a scholarly forum (e.g., presentation at an APA Annual Convention, in the Society's journal, *Psychotherapy*, or other refereed professional journal) or the *Psychotherapy Bulletin*.

One annual grant of \$1,000 will be paid in one lump sum to the researcher, to his or her university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities. All grant recipients will be required to complete an IRS form W-9 before funds are issued.

THE APPLICATION MUST INCLUDE:

- A 1-2 page cover letter describing how the applicant's work embodies the Society's interest in promoting diversity in the profession of psychotherapy and how the funding will be used to support the applicant's work;
- A 1-page document outlining a detailed budget;
- A 5-10 page research proposal
- 1 letter of recommendation from someone familiar with the applicant's work

SELECTIONS CRITERIA:

- Consistency with the Diversity Research Grant's stated purposes;
- Clarity of the written proposal;
- Scientific quality and feasibility of the proposed research project;
- Budgetary needs for data collection and completion and presentation of the project;
- Potential for new and valuable contributions to the field of psychotherapy; and
- Potential for final publication or likelihood of furthering successful research in topic area.
- Awardee must be a member of the Society for the Advancement of Psychotherapy (APA Division 29)

continued on page 69

SUBMISSION PROCESS AND DEADLINES:

- All materials must be submitted electronically at the same time
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document / file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please re-submit.
- **Deadline: April 1, 2020.** Incomplete or late application packets will not be considered.

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Diversity Domain Representatives Manijeh Badiie, PhD (mbadiie@csusb.edu); Rosemary Phelps PhD (rephelps@uga.edu); and or Committee Chair Sheeva Mostoufi, PhD (sheeva.mostoufi@gmail.com)

ADDITIONAL INFORMATION

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.

All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31st).



2020 Charles J. Gelso Psychotherapy Research Grants

Brief Statement about the Grant Program

The Charles J. Gelso, Ph.D., Psychotherapy Research Grants, offered annually by the Society for the Advancement of Psychotherapy 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.

Eligibility

All graduate students, predoctoral interns, postdoctoral fellows, and doctoral-level researchers with a promising or successful record of publication are eligible for the grant. The research committee reserves the right not to award a grant if there are insufficient submissions or submissions do not meet the criteria stated.

Submission Deadline: April 1, 2020

Request for Proposals

Charles J. Gelso, Ph.D. Grant

Description

This program awards grants for research projects in the area of psychotherapy process and/or outcome.

Program Goals

- Advance understanding of psychotherapy process and/or psychotherapy outcome through support of empirical research
- Encourage talented graduate students towards careers in psychotherapy research
- Support psychologists engaged in quality psychotherapy research

Funding Specifics

- Three (3) annual grants of \$5,000 each to be paid in one lump sum to the researcher, to the researcher's university grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities. A researcher can win only one of these grants (see *Additional Information* section below).
- Funds must be transferred to the researcher, university grants and contracts office, or to an incorporated company by December 15 of the year in which the grant award notification is made.

Eligibility Requirements

- Demonstrated or burgeoning competence in the area of proposed work
- IRB approval must be received from the principal investigator's institution before funding can be awarded if human participants are involved

continued on page 71

-
- The same project/lab may not receive funding two years in a row
 - Applicant must be a member of the Society for the Advancement of Psychotherapy (Division 29 of APA). Join the Society at <http://societyforpsychotherapy.org/>

Evaluation Criteria

- Conformance with goals listed above under “Program Goals”
- Magnitude of incremental contribution in topic area
- Quality of proposed work
- Applicant’s competence to execute the project
- Appropriate plan for data collection and completion of the project

Proposal Requirements for All Proposals

- Description of the proposed project to include, title, goals, relevant background, target population, methods, anticipated outcomes, and dissemination plans: not to exceed 3 single-spaced pages (1 inch margins, no smaller than 11-point font)
- CV of the principal investigator: not to exceed 2 single-spaced pages and should focus on research activities
- A 300-word biosketch that describes why your experiences and qualifications make you suited for successfully carrying out this research proposal.
- Timeline for execution (priority given to projects that can be completed within two years)
- Full budget and justification (indirect costs not permitted), which should take up no more than 1 additional page (the budget should clearly indicate how the grant funds would be spent)
- Funds may be used to initiate a new project or to supplement additional funding. The research may be at any stage. In any case, justification must be provided for the request of the current grant funds. If the funds will supplement other funding or if the research is already in progress, please explain why the additional funds are needed (e.g., in order to add a new component to the study, add additional participants, etc.)
- No additional materials are required for doctoral level psychologists who are not postdoctoral fellows
- **Graduate students, predoctoral interns, and postdoctoral fellows should refer the section immediately below for additional materials that are required.**

Additional Proposal Requirements for Graduate Students, Predoctoral Interns, and Postdoctoral Fellows:

- Graduate students, pre-doctoral interns, and postdoctoral fellows should also submit the CV of the mentor who will supervise the work

continued on page 72

-
- Graduate students and pre-doctoral interns must also submit 2 letters of recommendation, one from the mentor who will be providing guidance during the completion of the project and this letter must indicate the nature of the mentoring relationship
 - Postdoctoral fellows must submit 1 letter of recommendation from the mentor who will be providing guidance during the completion of the project and this letter should indicate the nature of the mentoring relationship

Additional Information

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion
- Grant funds that are not spent on the project within two years must be returned
- When the resulting research is published, the grant must be acknowledged
- All individuals who directly receive funds from the Society for the Advancement of Psychotherapy will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31)

Submission Process and Deadline

- All materials must be submitted electronically
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
- Deadline: April 1, 2020

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Science and Scholarship Domain Representative (Dr. Patricia T. Spangler at patricia.spangler.ctr@usuhs.edu), or Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net.



2020 Norine Johnson Psychotherapy Research Grant for Early Career Psychologists

Brief Statement about the Grant:

The Norine Johnson, Ph.D., Psychotherapy Research Grant, offered annually by the Society for the Advancement of Psychotherapy to Early Career Psychologists (within 10 years post earning the doctoral degree), provides \$10,000 toward the advancement of research on psychotherapy. All aspects of psychotherapy research can be supported, including the psychotherapy relationship, psychotherapy process, or psychotherapy outcomes.

Eligibility

Early Career (within 10 years post earning the doctoral degree) Doctoral-level researchers with a successful record of publication are eligible for the grant.

Submission Deadline: April 1, 2020

Request for Proposals

NORINE JOHNSON, PH.D., PSYCHOTHERAPY RESEARCH GRANT for Early Career Psychologists

Description

This program awards grants to early career psychologists (ECPs) for research on psychotherapy. All aspects of psychotherapy research can be supported, including the psychotherapy relationship, psychotherapy process, or psychotherapy outcomes.

Program Goals

- Advance understanding of psychotherapy (psychotherapy relationship, process, and/or outcomes) through support of empirical research
- Encourage early career researchers with a successful record of publication to undertake research in these areas

Funding Specifics

- One annual grant of \$10,000 to be paid in one lump sum to the researcher, to the researcher's university grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities (see *Additional Information* section below).
- Funds must be transferred to the researcher, university grants and contracts office, or to an incorporated company by December 15 of the year in which the grant award notification is made.

Eligibility Requirements

- Early Career (within 10 years post earning the doctoral degree), Doctoral-level researchers

continued on page 74

-
- Demonstrated competence in the area of proposed work
 - IRB approval must be received from the principal investigator's institution before funding can be awarded if human participants are involved
 - The selection committee may elect to award the grant to the same individual or research team up to two consecutive years
 - The selection committee may choose not to award the grant in years when no suitable nominations are received
 - Researcher must be a member of the Society for the Advancement of Psychotherapy. Join the society at <http://societyforpsychotherapy.org/>

Evaluation Criteria

- Conformance with goals listed above under "Program Goals"
- Magnitude of incremental contribution in topic area
- Quality of proposed work
- Applicant's competence to execute the project
- Appropriate plan for data collection and completion of the project

Proposal Requirements for All Proposals

- Description of the proposed project to include title, goals, relevant background, target population, methods, anticipated outcomes, and dissemination plans: not to exceed 3 single-spaced pages (1 inch margins, no smaller than 11-point font)
- CV of the principal investigator: not to exceed 2 single-spaced pages and should focus on research activities
- A 300-word biosketch that describes why your experiences and qualifications make you suited for successfully carrying out this research proposal.
- Timeline for execution (priority given to projects that can be completed within 2 years)
- Full budget and justification (indirect costs not permitted), which should take up no more than 1 additional page (the budget should clearly indicate how the grant funds would be spent)
- Funds may be used to initiate a new project or to supplement additional funding. The research may be at any stage. In any case, justification must be provided for the request of the current grant funds. If the funds will supplement other funding or if the research is already in progress, please explain why the additional funds are needed (e.g., in order to add a new component to the study, add additional participants, etc.)

Additional Information

- After the project is completed, a full accounting of the project's income and expenses must be submitted within six months of completion

continued on page 75

-
- Grant funds that are not spent on the project within two years of receipt must be returned
 - When the resulting research is published, the grant must be acknowledged by footnote in the publication
 - All individuals directly receiving funds from the Society for the Advancement of Psychotherapy will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31)

Submission Process and Deadline

- All materials must be submitted electronically at the same time
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received. Please re-submit.
- Deadline: April 1, 2020

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Science and Scholarship Domain Representative (Dr. Patricia T. Spangler at patricia.spangler.ctr@usuhs.edu), or Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net.

.....



SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY (Division 29 of the American Psychological Association)

Call for Nominations *Distinguished Psychologist Award*

The APA Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its 2020 *Distinguished Psychologist Award*, which recognizes lifetime contributions to psychotherapy, psychology, and the Society. The awardee will receive a cash honorarium of \$500 and up to \$500 reimbursement for qualified expenses to attend the Society's Awards Ceremony to be held at the APA Convention in Washington, D.C. August 2020.

Deadline is January 31, 2020. All items must be sent electronically in one PDF document. Letters of nomination outlining the nominee's credentials and contributions (along with the nominee's CV) should be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Younggren, at:

Younggren@salud.unm.edu

Call for Nominations *Award for Distinguished Contributions to Teaching and Mentoring*

The Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its 2020 *Award for Distinguished Contributions to Teaching and Mentoring*, which honors a member of the Society who has contributed to the field of psychotherapy through the education and training of the next generation of psychotherapists.

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

- A letter of nomination describing the individual's impact, role, and activities as a mentor;
- A curriculum vitae of the nominee; and,
- Three letters of reference for the mentor, written by students, former students, and/or colleagues who are early career psychologists. Letters of reference for the award should describe the nature of the mentoring relationship (when, where, level of training), and an explanation of the role played by the mentor in facilitating the student or colleague's development as a psychotherapist. Letters of reference may include, but are not limited to, discussion of the following behaviors that characterize successful mentoring: providing feedback and support; providing assistance with awards, grants, and other funding; helping establish a professional network; serving as a role model in the areas of teaching,

continued on page 77

research, and/or public service; giving advice for professional development (including graduate school postdoctoral study, faculty, and clinical positions); and treating students/colleagues with respect.

The awardee will receive a cash honorarium of \$500 and up to \$500 reimbursement for qualified expenses to attend the Society's Awards Ceremony held at the APA Convention in Washington, D.C, August 2020

Deadline is January 31, 2020. All items must be sent electronically in one PDF document. The letter of nomination must be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Younggren, at Younggren@salud.unm.edu

Call for Nominations *Mid-Career Awards for Distinguished Contributions to the Advancement of Psychotherapy*

The APA Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its 2020 *Mid-Career Awards for Distinguished Contributions to the Advancement of Psychotherapy*, which recognizes a Society member's contributions made through one's mid-career to the advancement of psychotherapy research, practice, training, and theory, as well as to the Society. Nominees should be no less than 10 years and no more than 20 years post-doctoral degree.

There are two award categories: (1) distinguished scholarship contributions, and (2) distinguished practice contributions. The awardee for **each category** will receive a cash honorarium of \$500 and up to \$500 reimbursement for qualified expenses to attend the Society's Awards Ceremony at the APA Convention in Washington, D.C., August 2020.

- Nomination Requirements:
- A nomination letter written by a colleague (self-nominations not acceptable) that: (a) indicates the award category to which the nomination applies; and, (b) outlines the nominee's relevant contributions through mid-career. It should be clear how the nominees' contributions built on their early achievements to make a significant impact during the mid-career period of 10-20 years post-doctorate.
- A curriculum vitae (CV) of the nominee.

Nomination materials **must be sent electronically in one PDF document by the January 31, 2020 deadline.** The document should be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Younggren, at: Younggren@salud.unm.edu

continued on page 78

Call for Nominations *Distinguished Award for the International Advancement of Psychotherapy*

Description

Concurrent with the formation of the International Domain and the International Affairs Committee within the Society, this award was established in 2017 in recognition of individuals who have made distinguished contributions to the international advancement of psychotherapy. Award recipients receive an honorarium of \$500 and up to \$500 reimbursement for qualified expenses to attend the Society's Awards Ceremony at the APA Convention in Washington D.C, August 2020.

Eligibility

The criteria for receipt of this award are broadly defined as significant and sustained contributions to the international advancement of psychotherapy which is consistent with the international dimension of the Society's mission, i.e., the Society is an international community of practitioners, scholars, researchers, teachers, health care specialists, and students who are interested in and devoted to the advancement of the practice and science of psychotherapy. Given below are the specific requirements in order to receive the award:

1. Membership in Division 29 (including non-APA Affiliate Members who are not members of APA).
2. Sustained and significant contributions to the international advancement of psychotherapy in practice, research and /or training in psychotherapy.
3. These contributions must be in the international arena and a significant part of the contribution must be within the division OR the contributions should represent a significant collaboration with individuals from the international community and promotes the ideas and practices of that community.

How to Apply

Application materials should include:

1. A nomination letter outlining the nominee's contributions to the international advancement of psychotherapy (self-nominations are welcomed).
2. Two or more supporting letters
3. A current Curriculum Vitae.

Nomination materials must be sent electronically in one PDF document by the January 31, 2020 deadline. The document should be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Younggren, at:

Younggren@salud.unm.edu

continued on page 79

Call for Nominations *Early Career Practitioner Award*

DESCRIPTION

The APA Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its Early Career Awards for Distinguished Contributions to the Advancement of Psychotherapy, which recognize contributions made through one's early career to the advancement of psychotherapy practice as well as to the Society.

FUNDING SPECIFICS

The awardee will receive a cash honorarium of \$500

ELIGIBILITY REQUIREMENTS

Nominees should be 10 years or less post-doctoral degree. Nominees must be primarily engaged in psychotherapy at least 75% of their time. This can include;

1. Solo practice
2. Group practice
3. Community mental health centers
4. VA
5. Counseling Centers
6. Other settings where nominee's primary role is in providing psychotherapy services

CRITERIA

As the nominee begins his or her career, nominees demonstrate excellence in the art and practice of psychotherapy through their work and commitment to growth as a therapist, this may be demonstrated in at least two of the following areas, the therapist:

1. Demonstrates a consistent, strong foundation of therapeutic skillfulness (e.g., in building, maintaining and repairing a working alliance across differences)
2. Shows leadership in delivering services to the underserved, historically marginalized, and oppressed populations.
3. Demonstrates the ability to effectively implement innovative, creative or novel approaches to treatment (e.g., providing in-home intervention, use of creative modalities to meet special needs, creative interventions, flexibility in adapting interventions).
4. Is consistently recognized for good work by their local referral networks.
5. Helps others become more effective therapists through supervision and consultation.
6. Contributes to the field via publications and scholarship relevant to the practice of psychotherapy.
7. Contributes to the field of psychotherapy via workshops, activism, and engagement in state, local and national psychological association.

continued on page 80

NOMINATION REQUIREMENTS

1. A nomination letter written by a colleague or themselves that (a) indicates the award category to which the nomination applies, and (b) outlines the nominee's relevant contributions through early career. It should be clear how the nominees' contributions made a significant impact during the early career period of up to 10 years post-doctorate.
2. A curriculum vitae (CV) of the nominee.

SUPPORTING DOCUMENTS

Materials submitted should evidence the nominee's commitment to growth as a therapist (e.g. learning from mistakes, modifying their approach, use of self-care). Nominees can demonstrate the above criteria in at least two or more of the following ways:

1. Recommendations letters and nominations may come from Graduate students, peers/colleagues/collaborators (e.g. psychiatrists)
2. A de-identified case example that illustrates their case conceptualization, formulation, intervention, and outcome.
3. A summary of how their practice, how they think, and what knowledge base they use has evolved over time. e.g. How keeping abreast of current trends in research and practice has changed how they work.
4. If available, de-identified outcome data on their clinical work using established outcome measures, along with a brief description of how this data informs or enhances their practice.
5. A reflection paper on how they plan and/or wish their career would unfold over the next 20 years.

SUBMISSION PROCESS & DEADLINE

Incomplete or late application packets will not be considered. Materials should be sent in one PDF document. The document should be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Younggren, at: JYounggren@salud.unm.edu

Submission Deadline: January 31, 2020

Call for Nominations *Mid-Career Practitioner Award*

DESCRIPTION

The APA Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its Mid-Career Awards for Distinguished Contributions to the Advancement of Psychotherapy, which recognize contributions made through one's mid-career to the advancement of psychotherapy practice, training, research and theory, as well as to the Society.

FUNDING SPECIFICS

The awardee will receive a cash honorarium of \$500

continued on page 81

ELIGIBILITY REQUIREMENTS

Nominees should be no less than 10 years and no more than 20 years post-doctoral degree. Nominees must be primarily engaged in psychotherapy at least 75% of their time. This can include;

1. Solo practice
2. Group practice
3. Community mental health centers
4. VA
5. Counseling Centers
6. Other settings where nominee's primary role is in providing psychotherapy services

CRITERIA

In this middle stage of their career, nominees demonstrate excellence in the art and practice of psychotherapy through their work and commitment to growth as a therapist, this may be demonstrated in at least two of the following areas, the therapist:

1. Demonstrates a consistent, strong foundation of therapeutic skillfulness (e.g., in building, maintaining and repairing a working alliance across differences)
2. Shows leadership in delivering services to the underserved, historically marginalized, and oppressed populations.
3. Demonstrates the ability to effectively implement innovative, creative or novel approaches to treatment (e.g., providing in-home intervention, use of creative modalities to meet special needs, creative interventions, flexibility in adapting interventions).
4. Is consistently recognized for good work by their local referral networks.
5. Helps others become more effective therapists through supervision and consultation.
6. Contributes to the field via publications and scholarship relevant to the practice of psychotherapy.
7. Contributes to the field of psychotherapy via workshops, activism, and engagement in state, local and national psychological association.

NOMINATION REQUIREMENTS

1. A nomination letter written by a colleague or themselves that (a) indicates the award category to which the nomination applies, and (b) outlines the nominee's relevant contributions through early career. It should be clear how the nominees' contributions made a significant impact during the early career period of up to 10 years post-doctorate.
2. A curriculum vitae (CV) of the nominee.

SUPPORTING DOCUMENTS

Materials submitted should evidence the nominee's commitment to growth as a therapist (e.g. learning from mistakes, modifying their approach, use of self-care). Nominees can demonstrate the above criteria in at least two or more of the following ways:

1. Recommendations letters and nominations may come from Graduate students, peers/colleagues/collaborators (e.g. psychiatrists)

continued on page 82

-
2. A de-identified case example that illustrates their case conceptualization, formulation, intervention, and outcome.
 3. A summary of how their practice, how they think, and what knowledge base they use has evolved over time. e.g. How keeping abreast of current trends in research and practice has changed how they work.
 4. If available, de-identified outcome data on their clinical work using established outcome measures, along with a brief description of how this data informs or enhances their practice.
 5. A reflection paper on how they hope to enhance and grow their professional practice in the next 10 years.

SUBMISSION PROCESS & DEADLINE

Incomplete or late application packets will not be considered. Materials should be sent in one PDF document. The document should be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Younggren, at: JYounggren@salud.unm.edu

Submission Deadline: January 31, 2020

Call for Nominations *Distinguished Career Practitioner Award*

DESCRIPTION

The APA Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its Distinguished Career Awards for Contributions to the Advancement of Psychotherapy, which recognize contributions made through one's career to the advancement of psychotherapy practice, training, research and theory, as well as to the Society.

FUNDING SPECIFICS

The awardee will receive a cash honorarium of \$500

ELIGIBILITY REQUIREMENTS

Nominees should be more than 20 years post-doctoral degree. Nominees must be primarily engaged in psychotherapy at least 75% of their time. This can include;

1. Solo practice
2. Group practice
3. Community mental health centers
4. VA
5. Counseling Centers
6. Other settings where nominee's primary role is in providing psychotherapy services

CRITERIA

After twenty or more years of practice, nominees demonstrate excellence in the art and practice of psychotherapy through their work and commitment to growth as a therapist, this may be demonstrated in at least two of the following areas, the therapist:

continued on page 83

-
1. Demonstrates a consistent, strong foundation of therapeutic skillfulness (e.g., in building, maintaining and repairing a working alliance across differences)
 2. Shows leadership in delivering services to the underserved, historically marginalized, and oppressed populations.
 3. Demonstrates the ability to effectively implement innovative, creative or novel approaches to treatment (e.g., providing in-home intervention, use of creative modalities to meet special needs, creative interventions, flexibility in adapting interventions).
 4. Is consistently recognized for good work by their local referral networks.
 5. Helps others become more effective therapists through supervision and consultation.
 6. Contributes to the field via publications and scholarship relevant to the practice of psychotherapy.
 7. Contributes to the field of psychotherapy via workshops, activism, and engagement in state, local and national psychological association.

NOMINATION REQUIREMENTS

1. A nomination letter written by a colleague or by themselves that (a) indicates the award category to which the nomination applies, and (b) outlines the nominee's relevant contributions through early career. It should be clear how the nominees' contributions made a significant impact during the early career period of up to 10 years post-doctorate.
2. A curriculum vitae (CV) of the nominee.

SUPPORTING DOCUMENTS

Materials submitted should evidence the nominee's commitment to growth as a therapist (e.g. learning from mistakes, modifying their approach, use of self-care). Nominees can demonstrate the above criteria in at least two or more of the following ways:

1. Recommendations letters and nominations may come from Graduate students, peers/colleagues/collaborators (e.g. psychiatrists)
2. A de-identified case example that illustrates their case conceptualization, formulation, intervention, and outcome.
3. A summary of how their practice, how they think, and what knowledge base they use has evolved over time. e.g. How keeping abreast of current trends in research and practice has changed how they work.
4. If available, de-identified outcome data on their clinical work using established outcome measures, along with a brief description of how this data informs or enhances their practice.
5. A reflection paper on her/his career and how it has changed over time.

SUBMISSION PROCESS & DEADLINE

Incomplete or late application packets will not be considered. Materials should be sent in one PDF document. The document should be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Younggren, at :JYounggren@salud.unm.edu

Submission Deadline: January 31, 2020

continued on page 84

Call for Nominations

Social Justice and Public Interest/Public Policy Award for Early Career Professionals

The Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its 2019 Social Justice and Public Interest/ Public Policy Award, which honors an Early Career Psychologist member of the Society who has made a significant contribution to social justice through psychotherapy research; or development and implementation of an applied psychotherapy community project that promotes social justice and/or public interest/policy. ECPs who have been instrumental in helping to increase awareness or assisting in the passage of legislative and institutional changes that may impact the profession are also eligible for consideration.

Nominees must demonstrate a sustained commitment to psychotherapy practice or research, community involvement and diversity, as well as evidence of achieving change that supports the disenfranchised, disempowered, less privileged or oppressed groups.

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

- 1) A letter of nomination (written by either the nominee or the nominator) describing the individual's impact, role, and activities as a change agent in social justice/public policy/public interest through psychotherapy research or community projects or legislative and institutional changes;
- 2) A curriculum vitae of the nominee; and,
- 3) Three letters of reference for the nominee, written by colleagues, community members/stakeholders connected to the social justice work of the individual being nominated, and/or students/former students. Letters of reference for the award should describe the ways in which the nominee meets the criteria for the Social Justice & Public Interest/Public Policy Award criteria. Letters of reference may include, but are not limited to, discussion of the following behaviors: leadership in implementing new pathways for delivering services to the underserved, historically marginalized, and oppressed populations; contributions to the field via publications and scholarship relevant to social justice and public policy; contributions to the field of social justice and public policy via workshops, activism, and engagement in state, local and national psychological associations; evidence that the nominee's commitment to social justice provides a larger impact on psychotherapy practice, research and scholarship in the field.

The awardee will receive a cash honorarium of \$500 and up to \$500 reimbursement for qualified expenses to attend the Society's Awards Ceremony held at the APA Convention in Washington, DC, August 2020.

Deadline is January 31, 2020. All items must be sent electronically in one PDF document. The letter of nomination must be emailed to the Chair of the Professional Awards Committee, Dr. Jeffrey Younggren at jyounggren@salud.unm.edu.



CONGRATULATIONS TO THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY 2019 STUDENT PAPER AWARD WINNERS

DIVERSITY AWARD WINNER



Alayna Park, MA, C.Phil, is a fifth-year graduate student in the Clinical Psychology Doctoral Program at the University of California, Los Angeles (UCLA), working under the mentorship of Dr. Bruce Chorpita. She is currently completing her pre-doctoral internship at the VA Long Beach Healthcare System. Her research focuses on improving the quality and effectiveness of public sector mental health services for traditionally underserved communities through innovations in clinical decision-making. For her doctoral dissertation, Ms. Park investigated strategies for improving the utility of evidence-based treatments for the diverse youth referred for community mental health services. Her work has been recognized with awards from UCLA, the Association of Behavioral and Cognitive Therapies (ABCT), the American Psychological Association (APA), the Society for a Science of Clinical Psychology (SSCP), the Society for Implementation Research Collaboration (SIRC), and the Delaware Project.

Abstract: Provider Perceptions About Engaging Underserved Populations in Community Mental Health Services

*Alayna Park, MA, C.Phil
Clinical Psychology Doctoral Program
University of California, Los Angeles*

Youth and families from traditionally underserved groups are not only less likely to have access to high quality mental health services compared with the general U.S. population but are also less likely to fully participate in psychotherapy once enrolled. To maximize the benefits of psychotherapy for underserved youth and families, it is important to identify barriers to treatment engagement as well as feasible and sustainable strategies for improving engagement. This study explored community mental health providers' perceptions about barriers and facilitators to engaging underserved populations in psychotherapy. Providers ($N=55$) employed by a large community mental health and welfare agency completed semi-structured interviews that asked about perceived barriers and solutions to engaging traditionally underserved youth and families. Responses were coded using an iterative thematic analysis based on grounded theory methods that is common for mental health services qualitative research studies. Results revealed that many providers endorsed difficulties with building rapport and encouraging consistent treatment attendance with ethnic minority youth as well as with families receiving social services. Many providers believed that client-provider racial and linguistic matching, engagement practices (e.g., accessibility promotion), and implementa-

continued on page 86

tion supports facilitated engagement, but these views were not unanimous. Some providers reported feeling uncertain about what they could do to engage underserved youth and families. Providers perceived an agency and service system culture focused on productivity to be detrimental to client engagement and endorsed feeling largely powerless to help families navigate stressors stemming from the sociopolitical environment (e.g., immigration concerns). Findings shed light on providers' perceived barriers to delivering high-quality care to underserved communities and illuminate potential engagement strategies. Although further research is needed to continue exploring engagement concerns and effective solutions with traditionally underserved communities, the current findings may serve as a useful guide for informing promising intervention directions.

Park, A. L., Boustani, M. M., Saifan, D., Gellatly, R., Letamendi, A., Stanick, C., Regan J., Perez, G., Manners, D., Reding, M. E. J., & Chorpita, B. F. (Under review). Community mental health professionals' perceptions about engaging underserved populations.



DONALD K. FREEDHEIM STUDENT DEVELOPMENT AWARD WINNER



João Francisco Barreto is currently completing his PhD in Psychology supervised by Paula Mena Matos at the Faculty of Psychology and Education Sciences, University of Porto, Portugal, and is an Assistant Professor and Coordinator of the Students Support Service at the School of Health, Polytechnic Institute of Porto. As a researcher, he is interested in countertransference, therapist mentalization and relational processes in psychotherapy across orientations.

Abstract: Mentalizing Countertransference? A Model for Research on the Elaboration of Countertransference Experience in Psychotherapy

*João Francisco Barreto
University of Porto, Portugal
Polytechnic Institute of Porto, Portugal*

In this paper we present the construct of the elaboration of countertransference experience (ECE), intended to depict the implicit and explicit psychological work to which therapists submit their experiences with clients. Through ECE, defined as a mentalizing process of a particular kind, therapists' experiences are presumed to acquire and increase in mental quality and become available for meaning-making and judicious clinical use. We claim that such an ongoing process facilitates engagement with common therapeutic factors, such as the therapeutic alliance and countertransference management, enhancing therapist responsiveness in psy-

continued on page 87

chotherapy. Drawing on a literature review on countertransference, mentalization, and in particular therapists' mentalization, we propose a model for assessing ECE in psychotherapy, comprising six diversely mentalized attitudes towards experience (factual□concrete, abstract□rational, projective□impulsive, argumentative, contemplative□mindful, and mentalizing countertransference positions) and seven dimensions of elaboration (experiencing, reflective elaboration, epistemic position, experiential groundedness, emotional differentiation, temporal focus, and internal focus). Strengths and limitations of the model are discussed.

Barreto, J. F., & Matos, P. M. (2018). Mentalizing countertransference?

A model for research on the elaboration of countertransference experience i
n psychotherapy. *Clinical Psychology and Psychotherapy*, 25, 427-439.

<https://doi.org/10.1002/cpp.2177>



MATHILDA B. CANTER EDUCATION AND TRAINING AWARD WINNER



Kristina Clevinger is a PhD candidate in Counseling Psychology at the University of North Texas and will be completing her doctoral internship at the University of Houston. During her doctoral training, Kristina has gained clinical experience in university counseling, Division I athletics, community mental health, and pediatric health. Her clinical interests include identity development, athlete mental health, body image and disordered eating, interpersonal and relational concerns, and coping with medical/health concerns. Additionally, Kristina has developed a strong interest in clinical supervision and training through various opportunities to supervise and teach less advanced graduate trainees. Her dissertation examined the efficacy of psychological interventions during sport injury rehabilitation.

Abstract: Supervisor Self-Disclosure: Supervisees' Perceptions of Positive Supervision Experiences

*Kristina Clevinger, MS, CMPC
University of North Texas*

Within clinical supervision in psychology, supervisor self-disclosure plays an important role in normalizing supervisees' clinical experiences and process of identity development. This article explores three examples of supervisees' experiences with supervisor self-disclosure. We discuss the circumstances surrounding supervisor self-disclosure and how it facilitated professional development and clinical competency. Each supervisee reported an existing strong supervisory relationship and experienced the disclosure as beneficial to their identity development. We recommend future research examine the impacts of supervisor self-disclosure on supervisee development. Additionally, we suggest that training on supervisor

continued on page 88

self-disclosure be more readily available and integrated into existing supervision training opportunities.

Clevinger, K., Albert, E., & Raiche, E. (2019). Supervisor self-disclosure: Supervisees' perceptions of positive supervision experiences. *Training and Education in Professional Psychology, 13*(3), 222-226. <http://dx.doi.org/10.1037/tep0000236>



JEFFREY E. BARNETT PSYCHOTHERAPY RESEARCH PAPER AWARD



Elizabeth Penix is a second-year graduate student in Idaho State University's clinical psychology doctoral program. Prior to her graduate studies, she worked as a research assistant at the Walter Reed Army Institute of Research (WRAIR) on projects related to mental health risks among U.S. Army populations, psychotherapy treatment-seeking, and evidence-based practices. In her current work with her collaborators at WRAIR and her advisor at Idaho State University, she has continued to pursue her research interests in military populations, evidence-based practices, and process and outcome research.

Abstract: Client and Therapist Agreement in Moment-to-Moment Helpfulness Ratings in Psychotherapy: A Micro-Process Approach

*Elizabeth Penix
Idaho State University*

The present study utilized a micro-process approach to examine client-therapist agreement in moment-to-moment helpfulness ratings in psychotherapy and evaluate whether agreement was associated with the therapeutic alliance. Clients ($n = 16$) and their therapists ($n = 10$) from a psychology department training clinic provided moment-to-moment helpfulness ratings while reviewing a video recording of one of their recent sessions. Clients and therapists completed alliance measures separately. Client-therapist agreement was examined using 3 methods: absolute difference between mean ratings (discrepancy), sum of mean ratings (pooled sum), and correlation between moment-to-moment ratings (congruence). On average, clients and therapists rated session content similarly. However, the mean standard deviation of moment-to-moment ratings was greater for clients than therapists ($d = 0.52$), highlighting the variability in client perceptions within a session. Discrepancy was positively associated with client-rated session alliance ($r = .60$); congruence was positively associated with client-rated global alliance ($r = .52$). Pooled sums were not associated with either. Agreement was not associated with therapist-rated session or global alliance. Within-session changes in client and therapist perceptions illustrate the research utility of within-session approaches and clinical utility of monitoring perceptions on a within-session level. Further, findings suggest that facilitating therapist attunement to clients' perceptions may enhance the alliance.

continued on page 89

OUR OTHER STUDENT AWARD WINNERS:

APA Division 29 Student Excellence in Practice Award



Matteo Bugatti

Matteo Bugatti is a doctoral candidate in the clinical psychology program at University at Albany, State University of New York. He is currently completing an APA-accredited pre-doctoral internship in the comprehensive track at University of Kansas Medical Center, which includes rotations in psycho-oncology, outpatient psychiatry, family medicine, internal medicine, as well as adult and pediatric inpatient psychiatry. His previous clinical experiences include practicums at the behavioral health clinical of the Albany-Stratton Veterans Affairs' Medical Center, the psychiatry outpatient clinic and the department of pediatric neurology at Albany Medical Center, and the department of family medicine at Community Care Physicians. Matteo's research interests include psychotherapy processes and outcomes, and the use of routine outcome monitoring to promote clinical responsiveness.



APA Division 29 Student Excellence in Teaching/Mentorship Award



Ki Eun Shin

Ki Eun (Kay) Shin is a doctoral candidate in clinical psychology at the Pennsylvania State University, under the mentorship of Dr. Michelle Newman. Her research interests focus on understanding emotional and interpersonal processes and treatment mechanisms in anxiety disorders. Kay has a strong interest in utilizing diverse research methods (e.g., experimental, archival, and ecological momentary assessment) in answering her research questions. Her past projects included examining interpersonal specificity between generalized anxiety disorder (GAD), social anxiety disorder, and depression, differentiating between GAD and panic disorder on developmental etiological factors, and identifying daily emotional experiences that mediate long-term maintenance and comorbidity in depression and GAD. Kay also tested a novel way to enhance outcomes of exposure, using retrieval cues, and used time-series analytic methods (time-varying effect modeling) to elucidate treatment process in GAD. For her dissertation, Kay is using ecological momentary assessment and network analysis to examine comorbidity between GAD and depression at the level of daily symptoms. Starting in September, 2019, Kay will join the psychology department at SUNY Upstate Medical University for her clinical internship.



CALL FOR NOMINATIONS

Student Member of the Society for the Advancement of Psychotherapy Publications and Communications Board

The Society for the Advancement of Psychotherapy (APA Division 29) seeks nominations and self-nominations for the student member position of Publications and Communications Board. It is a two (2) year renewable appointment. The Publications and Communications Board provides oversight and recommends publication policy for the division's journal, *Psychotherapy*, its bulletin, *Psychotherapy Bulletin*, its e-mail lists, its website (www.divisionofpsychotherapy.org), and social media. Service on the Board provides an excellent opportunity to gain experience in processes that ensure our high quality publications, become more involved in Division 29, and expand one's professional network by working collaboratively with published psychotherapy scholars.

The selected student member will be a full-voting member, and will attend one meeting each year in Washington, D.C., typically in January or February for one day. Additionally, the student member will participate in occasional conference calls and periodic e-mail communication throughout the year. All reasonable expenses incurred for attending the meeting in Washington, D.C. are reimbursed by the Society for the Advancement of Psychotherapy in keeping with its governance reimbursement policies.

To be considered, interested individuals should forward the following materials to the Chair of the Publications Board, Dr. Laurie Heatherington, lheather@williams.edu.

Please include:

- 1) The nominee's identifying information: Name, degree, e-mail address and telephone number, school and program, year in school,
- 2) The nominee's c.v.,
- 3) A brief statement of interest in service on the Pub Board, including a brief description of the nominee's experience relevant to service on the Publications and Communications Board and willingness to serve for the two year term (including a statement that verifies that the nominee will not graduate prior to the end of the term).
- 4) A letter of recommendation from a faculty member which addresses the student's abilities, strengths, and any other attributes or issues relevant to service on the Board.

To be considered for this position, please submit all materials to Dr. Heatherington by November 10, 2019.





PSYCHOLOGY IN THE 21ST CENTURY:
OPEN MINDS, SOCIETIES & WORLD

The 32nd International Congress of Psychology
PRAGUE 2020 / Czech Republic

ANNOUNCEMENT of our next international conference program: The International Domain of Div. 29 Society for the Advancement of Psychotherapy (SAP) is organizing a conference trip to the **32nd International Congress of Psychology in Prague, The Czech Republic, July 19 – 24, 2020**. The program committee (Drs. Rodney Goodyear, Keeyeon Bang, and Changming Duan) will help organize symposia, round-tables, debates, or other group programs. They will be sending you invitation for joining us in this effort soon through Divisional listserv. Meanwhile our social co-chairs are Drs. Lauren Behrman and Maria del Pilar Grazioso, who will be planning for a reception at the conference for all our divisional members and guests. See the flier for the conference information. The deadline for submitting abstract is December 1, 2019. Please visit the website for more information: <https://www.icp2020.com/>

Hope to see you in Prague!



Society for the
Advancement
of Psychotherapy



**Find the Society for the Advancement of
Psychotherapy at
www.societyforpsychotherapy.org**

**THE SOCIETY FOR THE ADVANCEMENT OF
PSYCHOTHERAPY (APA DIVISION 29)
AT THE APA CONVENTION
CHICAGO, ILLINOIS • AUGUST 8–11, 2019**



Special thanks to Eric Sauer, who took most of these photos!



SfAP 2019
Distinguished
Psychologist
Award Winner
Dr. Armand Cerbone



SfAP 2019 Winner of the Award
for Distinguished Contributions
to Teaching and Mentoring
Dr. Nan Presser with Awards
Chair Dr. Michael Constantino

continued on page 93



SfAP 2019 Winner of the Distinguished Award for the International Advancement of Psychotherapy
Dr. Robert Resnick



2019 Rosalee Weiss Lecturer
Dr. Jeffrey Magnavita with Awards Chair Dr. Michael Constantino

Winner of the SfAP 2019 Jeffrey E. Barnett Student Research Paper Award
Elizabeth Penix (center) with Dr. Jeffrey Barnett and Student Development Chair Carly Schwartzman



continued on page 94





Joanna Drinane, recipient of the 2019 Norine Johnson Psychotherapy Research Grant, with SfAP President Nancy Murdock

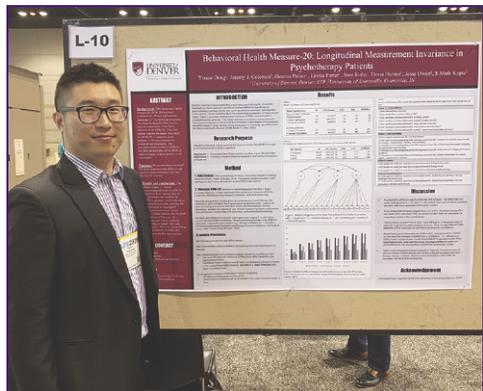


Past President and 2019 Awards Chair Dr. Michael Constantino receives thanks and a special present from President Nancy Murdock, who passes along the thanks and best wishes of the Board of Directors



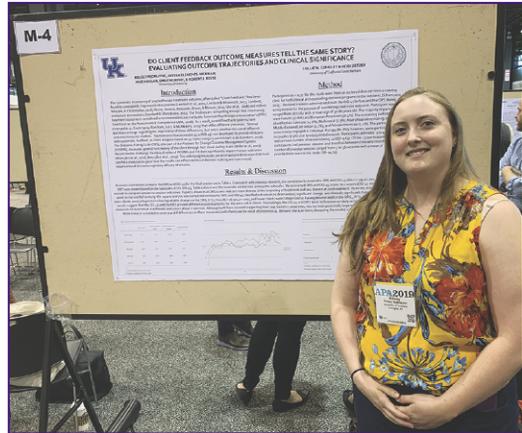
Past President and 2019 Awards Chair Dr. Michael Constantino receives thanks and a special present from President Nancy Murdock, who passes along the thanks and best wishes of the Board of Directors

Winner of one of the two SfAP student poster awards, Yixiao Dong, with his research poster *“Therapist Effects in Routine Outcome Monitoring: A Doubly Latent Invariance Test of the BHM-20”*



continued on page 95

Winner of one of the two SfAP student poster awards Kelsey Redmayne, with her research poster “*Client Feedback Outcome Measures: Evaluating Outcome Trajectories and Clinical Significance*”



The 2019 Lunch with the Luminaries was another grand success. Nearly 80 students and early career psychologist came to lunch to speak with Nancy Murdock, Michael Constantino, Jeffrey Barnett, Keely Kolmes, and Robert Hatcher.



SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY

THE ONLY APA DIVISION SOLELY DEDICATED TO ADVANCING PSYCHOTHERAPY



MEMBERSHIP APPLICATION

The Society meets the unique needs of psychologists interested in psychotherapy. By joining the Society for the Advancement of Psychotherapy, you become part of a family of practitioners, scholars, and students who exchange ideas in order to advance psychotherapy. The Society is comprised of psychologists and students who are interested in psychotherapy. Although the Society is a division of the American Psychological Association (APA), APA membership is not required for membership in the Society.

JOIN THE SOCIETY AND GET THESE BENEFITS!

■ FREE SUBSCRIPTIONS TO:

Psychotherapy

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

Psychotherapy Bulletin

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

■ EARN CE CREDITS

Journal Learning

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

■ DIVISION 29 PROGRAMS

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

■ SOCIETY INITIATIVES

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

■ NETWORKING & REFERRAL SOURCES

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

■ OPPORTUNITIES FOR LEADERSHIP

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

■ DIVISION 29 LISTSERV

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

■ VISIT OUR WEBSITE

www.societyforpsychotherapy.org

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

Name _____ Degree _____

Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____

Email _____

Member Type: Regular Fellow Associate

Non-APA Psychologist Affiliate Student (\$29)

Check Visa MasterCard

If APA member, please
provide membership #

Card # _____ Exp Date ____/____

Signature _____

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

The Society for the Advancement of Psychotherapy's Central Office,
6557 E. Riverdale St., Mesa, AZ 85215

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

PUBLICATIONS BOARD

Chair: Laurie Heatherington, PhD, 2018
Dept of Psychology / Williams College
Williamstown, MA 01267
Ofc: 413-597-2442 | Fax: 413-597-2085
E-mail: laurie.heatherington@williams.edu

Terrence Tracey, PhD 2018-2023
College of Integrative Science & Arts / Arizona State University
446 Payne Hall, mc-870811
Tempe, AZ 85287-0811
Office: 480-965-6159
Email: Terrence.Tracey@asu.edu

Robert Hatcher, PhD, 2015-2020
Wellness Center / Graduate Center
City University of New York
365 Fifth Avenue
New York, NY 10016
Ofc: 212-817-7029
E-mail: rhatcher@gc.cuny.edu

Heather Lyons, PhD, 2014-2019
Department of Psychology – Loyola University Maryland
4501 N. Charles St.
Baltimore, MD 21210
Ofc: 410-617-2309
E-mail: hzlyons@loyola.edu

Sarah Knox, PhD, 2019-2024
Department of Counselor Education and Counseling Psychology
College of Education, Schroeder Complex 168 H
Marquette University
Milwaukee, WI 53201-1881
Ofc: 414288-5942
E-mail: sarah.knox@marquette.edu

Paul Kwon, PhD, 2019-2024
Department of Psychology
Johnson Tower 214
Washington State University
P.O. Box 644820
Pullman, WA 99164
Ofc: 509-335-4633
E-mail: kwonp@wsu.edu

Brien Goodwin, 2019-2020 – Student Representative

EDITORS

Psychotherapy Journal Editor
Mark J. Hilsenroth, PhD, 2011-2020
Derner Institute of Advanced Psych Studies
220 Weinberg Bldg.
158 Cambridge Ave.
Adelphi University
Garden City, NY 11530
Ofc: (516) 877-4748 Fax (516) 877-4805
E-mail: hilsenro@adelphi.edu

Psychotherapy Bulletin Editor, 2014-2019
Lynett Henderson Metzger, JD, PsyD
University of Denver-GSPP
2460 South Vine Street
Denver, CO 80208
Ofc: 303-871-4684
E-mail: lhenders@du.edu

Internet Editor
Amy Ellis, PhD
Albizu University
2173 NW 99 Avenue
Miami, Florida 33172-2209
Ofc: 305-593-1223 x3233
E-mail: amyellisphd@gmail.com

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.

Psychotherapy Bulletin welcomes articles, interviews, commentaries, letters to the editor, book reviews, and SAP-related announcements. Please ensure that articles conform to APA style; graphics, tables, or photos submitted with articles must be of print quality and in high resolution. Complete Submission Guidelines and the online submission portal can be found at <http://societyforpsychotherapy.org/bulletin-about/> (for questions or additional information, please email Lynett.HendersonMetzger@du.edu with the subject header line *Psychotherapy Bulletin*). Deadlines for submission are as follows: February 1 (#1); May 1 (#2); August 1 (#3); November 1 (#4). Past issues of *Psychotherapy Bulletin* may be viewed at our website: www.societyforpsychotherapy.org. Other inquiries regarding *Psychotherapy Bulletin* (e.g., advertising) or the Society should be directed to Tracey Martin at the the Society's Central Office (assnmgmt1@cox.net or 602-363-9211).



Society for the Advancement of Psychotherapy (29)

Central Office, 6557 E. Riverdale Street, Mesa, AZ 85215
Ofc: (602) 363-9211 • Fax: (480) 854-8966 • E-mail: assnmgmt1@cox.net
www.societyforpsychotherapy.org



Society for the
Advancement
of Psychotherapy

American Psychological Association
6557 E. Riverdale St.
Mesa, AZ 85215

www.societyforpsychotherapy.org