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BULLETIN

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2019 VOLUME 54, NUMBER 4

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PRESIDENT'S COLUMN

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

How time flies when one is having fun! I am amazed to find myself writing my final presidential column as the weather chills and we near the holidays. It has been a great honor to serve the Society for the Advancement of Psychotherapy over the past year and I look forward to continuing my involvement next year as past president, following the leadership of the exceptional Jennifer Callahan as President.

In September, your Board of Directors had its semiannual meeting in beautiful Kansas City, Missouri. The meeting was very productive, ending in approval of the budget for the 2020 year. We engaged in many thoughtful discussions about how to best support the advancement of psychotherapy and created new ways to acknowledge the contributions of our membership in the form of three new awards, the Early Career Practice Award, the Distinguished Career Practice Award, and the Social Justice and Public Interest/Public Policy Award for Early Career Professionals. Please do be sure to review all of the SfAP awards and grants on our website and nominate someone or apply yourself! Most of the deadlines are January 31, 2020. By the time you read this, I also hope that you have submitted a proposal for the SfAP program at the 2020 APA convention. I'll look forward to seeing you all there!

As the year ends, it is always good to reflect on our accomplishments and to recognize the many contributions of those who volunteer to serve your organization. I would like to offer my heartfelt thanks to the hardworking members of your Board of Directors and the many committees that keep the division running. Our various editors (e.g., web, Bulletin, *Psychotherapy*) deserve kudos for continuing SfAP's tradition of offering high quality content about psychotherapy to both members and the public. I also express my gratitude to three very special people who have supported me in my year-long presidential journey—the other members of the presidential trio, Mike Constantino and Jennifer Callahan, and our awesome administrator, Tracey Martin.

My best wishes to all for a wonderful holiday season and grand new year.

Society for the Advancement of Psychotherapy

EDITORS' COLUMN

Lynett Henderson Metzger, JD, PsyD
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Goodbye, as they say, is the price we pay for hello, and it is with profound thankfulness and affection that I write this, my final column as Editor for *Psychotherapy Bulletin*. I have been tremendously fortunate to have worked with such an amazing and supportive group of folks over the past nine years, including Dr. Lavita Nadkarni (who served as Editor during my tenure as Associate Editor), two terrific Publications and Communications Board Chairs, Drs. Jeff Barnett and Laurie Heatherington, and a true embarrassment of riches in terms of Domain Representatives, Contributing Editors, members of SAP governance, Editorial staff, and authors. I owe a debt of gratitude to Tracey Martin for her tireless efforts on behalf of SAP, and for her patience with me personally. Day in and day out, for as long as I have known her, she has worked to make us collectively and individually better. I appreciate all she has done and continues to do on behalf of SAP and for *Psychotherapy Bulletin* in particular. Similarly, I would like to say "thank you" to outgoing Internet Editor Dr. Amy Ellis. Your unfailing professionalism and grace make you a joy to work with, and I am so grateful that our paths crossed in this way.

Along with an assortment of features, announcements, and updates, this issue brings our final pieces on Self-Care Across the Lifespan, the *Psychotherapy Bulletin* Special Focus for 2019. In this issue, Drs. Barbara Thompson and Barbara Vivino focus on independent practice, while Dr. Apryl Alexander explores the ethics of self-care, and doctoral students Carly Schwartzman, current SAP Student Representative, and Heather Muir reflect on mandated psychotherapy during training. Early Career professionals, trainees, and readers in general will appreciate Dr. Simon Goldberg's thoughts on finding and providing mentorship in research, and make sure to take a look at Drs. Eric Sauer, Jon Hook, Char Houben, and Kristin Roberts' discussion of psychotherapy process and outcome effects of therapist attachment-related behaviors.

As the year draws to a close and a new one begins, I would like to welcome those taking on new roles, and acknowledge those whose work will continue. We are delighted that Kourtney Schroeder, MS, will serve as incoming Internet Editor—thank you for your hard work and the smile you always put on my face. In addition, it is my great pleasure to welcome Dr. Joanna Drinane into the role of *Psychotherapy Bulletin* Editor, and to wish her the very best in this new adventure. And, although we bid a fond farewell to longtime Editorial Assistant Cory Marchi, MA, Dr. Drinane will benefit from the ongoing efforts of both Editorial Assistant Salwa Chowdhury, PsyD, and Dr. Cara Jacobson, Associate Editor *extraordinaire*. Cara, your keen eye, attention to detail, and "can do" attitude have made it such a pleasure to work with you over these past

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few years. I wish you well as you continue in this role, and beyond. Please take a moment to get to know (or become reacquainted with) Kourtney and Joanna through their quick introductions in this issue.

Finally, thank you, our readers. There is no SAP without membership! Please join (A)**SAP** if you have not already done so (pardon the pun)—and if you *are* a member, consider becoming involved in any of the many exciting opportunities SAP has to offer. You are welcome to submit a contribution to *Psychotherapy Bulletin* at any time, and you can find all of the publication guidelines and a submission link on our website (http://societyforpsychotherapy.org/bulletin-about/). The deadlines for 2020 are February 1, May 1, August 1, and November 1, and Dr. Drinane can be reached at joanna.drinane@utah.edu.

Thank you,

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Want to share your exciting news with your fellow members? Four times throughout the year, the enewsletter 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!

Society for the Advancement of Psychotherapy

PSYCHOTHERAPY PRACTICE

An Independent Practice Does Not Need to Be an Isolated Practice: Increasing Connection as a Method of Self-Care in Private Practice

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Recently we have heard a lot about the importance of therapist self-care. Jeffrey Barnett (2014) made a strong case that self-care is an ethical imperative based on the APA Ethics Code principles of beneficence and maleficence, as well as the guidelines related to competence, managing personal problems and conflicts, and avoiding harm. Self-care has both emotional and physical health implications, and since we are the primary instrument used to help clients, we need to be as fit as we can be. Often, due to the nature of the work, therapists spend hours a day in the presence of suffering and pain. This can adversely impact therapist well-being. As Rick Hanson (2013) suggests, we are what we pay attention to: "What you pay attention to—what you rest your mind on—is the primary shaper of your brain." This applies to our clients but also to ourselves. Self-care becomes a way for therapists to counteract the detrimental health effects that may be implicit in providing therapy. One important avenue for self-care is making sure we have emotional support around the work.

In a recent qualitative study (Vivino et al., 2019), we found that almost all therapists interviewed said that they needed and valued having colleagues with whom to talk about cases, explore ethical concerns, share information about business practices and struggles, and promote personal and professional growth. While many of the therapists in our study found ways to meet this need, a surprising number were unsure or found it difficult to find avenues to meet this need consistently.

In addition, our study revealed that many of our participants also felt isolated in private practice. Providing therapy is a wonderful way to connect with clients' potential and to experience compassion for another person, but it can also mean connecting with another person's pain and distress. Even the most resilient among therapists can benefit from support. Whether you are starting out as a therapist, have been at it for a while, or are even winding down your practice, it is useful to consider your needs for peer support and how you might consistently meet this need. Although there are many ways that therapists can engage in self-care activities, creating regular opportunities to connect with supportive colleagues is an important component of self-care. We offer the

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following considerations based on our personal experience and discussions with many therapists in private practice.

Suggestions for Private Practitioners

Intentionally connect with an interactive community. A good starting place for meeting the need for connection might be as informal as sharing a building or space with other therapists in private practice or joining a topic-specific community that provides ample opportunities for interactions through meetings, listservs, etc. The important adjective here, though, is "interactive." Both formal and informal communities will vary in this dimension, and you're likely to benefit most from those that directly promote interactions and connections (as opposed to more passive interactions such as saying hello to a fellow suite mate or sitting in a continuing education class. More active interactions promote more interpersonal learning and, we believe, more emotional benefit). There is evidence that satisfying relationships are associated with better health, greater happiness, and even a longer life (Lieberman, 2013). This is most likely true for therapists in private practice as well.

For example, I (BT) shared building space in two separate locations. In the first, I rarely saw another therapist. The other six or so clinicians using the offices were generally not there when I was and there was no common area or any effort to facilitate interactions among us. In contrast, in the other set of suites I shared, some effort was made to encourage interactions. There was a common kitchen area where a snack table invited us to pause a bit and the 'landlord' (also a psychologist) gathered interested folks together twice a year for a 'networking' party. Others we know who share office space plan monthly lunches or other forms of social get togethers.

Other types of professional communities can also serve as your interactive community although many vary a great deal in how much they promote interactions between members (e.g., communities of therapists providing a particular approach such as systems work or those working with problem-based issues like trauma clients). The ones that we heard about that seemed most effective in meeting therapists' need for connection were those that had regular meetings either in person or through conference calls and intentionally focused on building a sense of belonging and comraderie.

Form a peer consultation or support group. Many of the therapists we have talked to stressed how valuable it is to be part of a peer consultation group (sometimes called peer supervision although technically, unless unlicensed, it is "consultation"). We define this as a structured, formal group that meets regularly and has a fixed membership. It is important to know that these groups can have various structures. Below are some variations to consider:

Frequency: Meetings can be weekly, biweekly, or monthly depending on the needs and desires of the group members and can last an hour to several hours. It's important to be flexible in this area because it just might not be reasonable to meet weekly for some individuals, while once a month might be more doable.

Membership: This may vary from colleagues and friends you know already to acquaintances or even other clinicians who don't know one another well who meet through some common connection such as all working in a similar space or through a larger organization (e.g., state association, professional

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group), or even word of mouth. We'll talk more about this when we discuss challenges, below.

Structure: Peer consultation or support groups can also vary quite a bit based on the structure of the group. We recommend not leaving this to chance but rather purposefully identifying what structure will work best for your group. This doesn't have to be a rigid structure and members should be open to changing it if it isn't meeting everyone's needs. Without some agreed upon structure, you run the risk of people feeling their needs are not getting met and the peer group having a lack of focus. Like any group, these types of groups run the risk of having a monopolizer among them or just individuals with different needs clashing over what is talked about. The structure could be that all members get a set amount of time at every meeting, in which case one group member should be appointed as time keeper. Alternatively, fewer members might discuss cases at each meeting but have more time, and then other members will have time in the next meeting.

Some questions a beginning group might ask themselves are: What is our focus in terms of areas of discussion? Do we want to explore difficult or challenging cases, discuss business related issues, focus on theoretical conceptualizations or intervention, explore the person of the therapist and countertransference issues? A peer consultation group is not a substitute for your own therapy, nor a substitute for professional consultation either clinically (e.g., working with a specialist around borderline personality disordered clients) or ethically (e.g., contacting your malpractice carrier).

Some of what you can hope to achieve in a peer consultation group includes: creating interpersonal connection, having a place to discuss challenging cases to gain new insights and receive support, sharing ideas about building and maintaining a practice, exploring countertransference issues, sharing helpful interventions and resources, gaining new perspectives on the work and how we do it, exploring ethical or diversity issues, as well as helping to get unstuck, combat a sense of isolation, or be more accountable around what we do behind closed doors.

Potential Barriers

While finding connections to fellow therapists might seem an obvious solution to the problem of isolation for those of us in private practice, there can be challenges to getting this need for connection and professional support met. Below we list a few possible challenges that may be encountered.

Not knowing what you don't know. When I (BT) transitioned from a full-time institutional job, where I had "team meetings" built into my daily schedule, into a solo private practice, I didn't consider this need. In building my practice I was focused more on getting clients in, adjusting to being in charge of my own schedule, and other practicalities of billing, note taking, etc. I knew I liked the idea of being in a group of suites where there were other therapists, but if I were to do it again, I would intentionally consider creating time and space in my schedule for peer connections. Therapists are often not aware of what they need or are going to need, particularly interpersonal needs, until there is some evidence that their needs are not being met. Unfortunately, this can lead to therapists being ineffective or making poor decisions. Therapeutic relationships

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might suffer—or even worse, therapists could make poor decisions that place their clients or themselves at risk.

Competing priorities. For therapists in private practice, time is money. We don't get paid for involving ourselves in professional activities outside of client time. Devoting time to connecting with other professionals and colleagues means choosing not making money and also not attending to the other parts of our lives outside of our profession (e.g., relationships, family, relaxation, exercise). One way that made this easier for me (BT) was to form a group with colleagues I knew and liked a great deal. Although we are pretty good about staying focused on our professional struggles, we also really enjoy each other's company, so getting together has a social feel to it and meets personal as well as professional needs.

Finding the "right" people. One complaint raised about consultation groups is that it's difficult finding people where there is a good connection or who are willing to expand their group to include new members. Although we are asked to do so repeatedly during graduate training, as we went from supervisor to supervisor and peer group to peer group, it isn't easy to feel trust for and open up with just anyone in our later professional lives. And if you have found such a group, you may feel protective and hesitant to add new, more unknown members. It is often difficult for therapists to be vulnerable with one another. There can be a tendency for therapists to want to appear professional and competent. Revealing insecurities or concerns about clinical decisions or personal anxieties can seem risky professionally, yet this is how a peer consultation group can be most helpful. Sometimes the line between professional persona and acknowledging needs can be confusing. Therapists don't want to risk hurting their professional reputations by revealing inadequacies.

Taking the Initiative

We believe it is not a question of whether we as therapists need support but more what is the best way to get those support needs met? If you recognize the need but are struggling to find a way to get your needs met, don't give up. Keep trying. In today's world, we don't all have to be in the same place to be available to one another for support; for example, secure video conferencing is easily available and viable option for many people in terms of scheduling and travel. If you don't know people with whom to create a group, think about starting a group yourself by reaching out through listservs or other professional associations or reaching out to others who share your building or office space. Even meeting with one other person regularly can create that meaningful connection. Yes, everyone is busy—but that doesn't mean one can't find two hours a month to get support. It may be one of your most important forms of self-care.

Steps to starting a peer consultation group:

- Choose to make a supportive community part of your professional life and as part of your individual "self-care plan."
- Reflect on what type of group might work best for you at your career development stage and dependent on what you feel you can reasonably commit to. Some examples might include a support group of others who are early career therapists or just starting a private practice; a group of therapists concerned about issues of social justice; other therapists interested in ex-

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ploring countertransference; basic case consultation; or individuals who have similar philosophical or theoretical backgrounds.

- Identify others through listservs, professional friends and colleagues, former graduate school peers or alumni.
- Once a group of at least two members has been identified, meet to get to know one another or reconnect and explore issues of structure, frequency, membership, format, or ground rules.
- Periodically assess how the process is working and adjust as needed.

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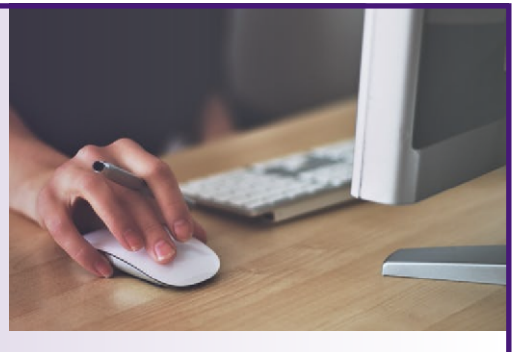

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ETHICS IN PSYCHOTHERAPY

More Than Bubble Baths and Wine: Finding Actual Self-Care

Apryl Alexander, PsyD
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I recently attended a faculty awards ceremony at my university. The faculty award recipients, along with the audience, watched videos of remarks and comments from the awardees' students and colleagues. All of the remarks were expectedly heartwarming and lovely; however, I could not help to notice a trend in each of the videos. Nominators remarked on how the awardees answered e-mails late into the night or very early in the morning, met with students after normal business hours to accommodate to student work schedules, and made jokes about how the professor likely never slept. There was one remark about the likely personal sacrifices the awardee made (i.e., missing family events/milestones) in order to do their job. Although I learned of all my colleagues' amazing work and dedication to their students' learning, success, and excellence, I left feeling some sorrow in thinking about my colleague's well-being and concerned about the messages we give to students and other rising professionals.

The role and expectations of psychologists, regardless of work settings, are rising. In our work, we routinely discuss work-life balance and self-care, but do we engage in appropriate self-care tactics ourselves? As we approach the winter holiday season, we're busy worrying about our year-end to-do lists, upcoming activities for the new year, and all that goes on in our personal lives. Entering the new year is a perfect time to think about engaging in a better self-care routine.

Stress Versus Burnout

Providing psychotherapy often involves hearing about client's stress, difficulties, and/or trauma. Compassion fatigue and vicarious trauma can arise through this work. *Compassion fatigue* is when individuals suffer as a result of working in a helping role, while *vicarious traumatization* is when therapists are impacted by working with individuals who have experienced trauma (Rothschild & Rand, 2006). Vicarious traumatization occurs when professionals are affected by their clients' traumatic experiences. Repeatedly hearing about clients' traumas can take its toll on some clinicians. Clinicians may experience symptoms similar to those of their clients such as physiological arousal, depression, and anxiety. Compassionate fatigue can result in physical symptoms, such as chronic exhaustion and fatigue, insomnia, headaches, loss of physical agitation or retardation, and frequent sickness (Mendenhall, 2006). Clinicians must find ways to distance themselves from their clients' stories and develop their own coping skills to deal with the stories. When I worked for a treatment program providing group therapy to children and adolescent sexual abuse survivors, we made it a routine to have debriefing meetings for 20 to 30 minutes

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after sessions to have a process group about the difficult content (and successes!) that came up in sessions. It is important for clinicians to monitor their own well-being and engage in effective self-care—whether this is through continued supervision, team consultation, or own personal therapy.

In severe cases, clinicians may experience professional burnout. Burnout is the result of job stress stemming from the numerous emotional hazards of the profession. It affects most mental health workers at some point in their career. Signs could include turning in items late, overbooking your schedule, calling out sick from work more often, and becoming irritable with colleagues and clients. Maintaining a healthy work-life balance by developing a support network, both personal and professional, is important in reducing burnout. Therefore, it is important for mental health care professional to maintain self-care regimen while providing help to others. Continued professional supervision, consultation, and debriefing meetings can be used in order to deal with thoughts and feelings associated with burnout.

"No."

The work demands of psychologists across different contexts are constantly growing. Expectations for clinical practice, administrative work, supervision, research and program evaluation, training/teaching, and mentoring are all becoming the standard for practicing psychologists. In fact, younger psychologists are reporting more burnout than older psychologists and burnout tends to decrease with age (Dorociak, Rupert, & Zahniser, 2017; Rupert, Miller, & Dorociak, 2015). Navigating professional boundaries can be challenging for professionals who feel the need to keep up with these increasing demands. In addition to work demands, personal and familial demands compounded with work demands can lead to burnout. According to a survey of APA graduate students and early career psychologists, nearly half reported experiencing financial stress and delaying personal milestones (i.e., marriage, having children, buying a home) due to accumulated debt (Doran et al., 2016).

I've heard the phrase, "'No' is a complete sentence." It's direct. It's assertive. Demographic and identity factors can also influence how individuals set boundaries and engage in self-care. Early career professionals have difficulty finding balance in taking on activities to push forward their careers while navigating the transitional challenges described earlier. In my opening example, many of the awardees were women. In addition to their work lives, we know from the literature that women often have a "second shift" when it comes to taking care of household tasks and parenting after working a full day; though more recent research indicates a rise in more egalitarian roles in the household. Underrepresented groups, such as Professionals of Color and LGBTQ+ professionals, are often loaded with additional work given their identity status. For instance, if there is only one Latinx psychologist on a treatment team, there may be additional pressure from administrators to take on more clients of Latinx identity (rather than train current staff or provide additional translators) or engage in additional service work to create a more inclusive team. The psychologist may feel unable to say no, leading to an increase in role obligations. Systems must be challenged to address the added burdens on these groups in order to reduce the likelihood of burnout.

Connecting to Ethics

Why is self-care an ethics issue? As described above, burnout and vicarious/secondary victimization can impact our

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well-being and professional competence. Burnout increases one's risk for professional impairment (Bamonti et al., 2014). Many scholars have described self-care as an essential ethical concern (Barnett, Baker, Elman, & Schoener, 2007; Barnett, Johnston, & Hillard, 2006; Rupert & Dorociak, 2019). Self-care is discussed as a benchmark for clinical training of graduate students (Fouad et al., 2009). Although graduate school presents many exciting opportunities, graduate education in psychology includes many stressors, including financial hardships, relocations, increased roles and responsibilities, and other life milestones (Ayala & Almond, 2018; Zahniser, Rupert, & Dorociak, 2017). Over 70% of graduate students report experiencing a stressor that interferes with optimal functioning (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012); however, in a sample of 177 clinical psychology doctoral programs, only 8.4% of programs referenced self-care in the general departmental handbook and only 24.8% included a reference in their clinical psychology handbook (Bamonti et al., 2014).

In the American Psychological Association (APA)'s 2017 Ethical Principles of Psychologists and Code of Conduct (Code of Ethics), self-care is not explicitly discussed in the guidelines. Of the general principles, self-care should be considered in Principle A: Beneficence and Nonmaleficence, which reads,

> In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research … Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. (p. 3)

In order to provide adequate care to others, we must take care of ourselves. Self-care ensures unintentional harm is not done to our clients. Additionally, Standard 2.06 (Personal Problems and Conflicts) notes, "When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties" (APA, 2017, p. 5). The standard also discusses not engaging in activities where there is an increased likelihood of personal problems interfering with a person performing their job in a competent manner. Thus, psychologists should make efforts to maintain their own psychological health by being cognizant of their own health and well-being and seeking their own mental health care, if needed.

What Is Self-Care?

There are dozens of pop psychology and self-help books that describe tools for self-care. Spa days, bubble baths, walks, red wine and chocolate…many are superficial, and some are insensitive to financial restraints. A student once approached me after a holiday weekend and said, "You would be so proud of me! I engaged in self-care. I got a haircut and watched a movie." Both of those things are satisfying. Perhaps relaxing. However, I questioned whether this was the actual self-care the student needed at the time given their disclosure of other personal struggles. Their conceptualization of self-care was likely restricted and unhelpful in meeting their true needs.

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Self-care has been described as "a multidimensional construct broadly defined as an ongoing commitment to a healthy lifestyle comprised of multiple components that include actions to promote one's health, exercise, nutrition, social support, stress management, and self-actualization" (Ayala, Ellis, Grudev, & Cole, 2017, p. 19). In a study examining self-care activities of women graduate students, cluster analysis revealed six distinct type of self-care activities: physical wellness (i.e., healthy cooking, exercise, regular medical checkups), relaxation and stress management (i.e., taking breaks or days off, getting enough sleep), hobbies (i.e., listening to music, reading for fun), interpersonal relations (i.e., spending time with loved ones, monthly outings, maintaining contact with friends and family), self-compassion (i.e., meditation, mindfulness, positive self-talk), and outdoor recreation (i.e., time spent outdoor, exploration, travel) (Ayala & Almond, 2018). These are all important domains to consider when developing your own personal self-care plan for the new year.

Conclusion

I am not an expert on self-care. My colleagues and friends could tell you and are likely making comments about me writing this article, as they read it (fortunately humor is a large part of my self-care). The aim is to challenge myself and others to do better. I hope collectively as colleagues and friends, we can think of ways to assist each other in self-care activities and prioritize them as a means of protecting ourselves personally and professionally in terms of competence and ethics.

Editors' Note: *As a reminder, please send your psychotherapy research-, practice-, and training-related Ethics questions to* 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.*

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Society for the Advancement of Psychotherapy

EDUCATION AND TRAINING

Personal Psychotherapy for the Psychotherapist in Training

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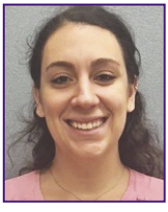

Given that mental health professionals lead lives outside the therapy room, they are not invulnerable to the impact of psychosocial life stressors. In addition, working with distressed patients is a complex and demanding task that requires the service provider's devoted mental resources. Graduate student trainees in applied psychology programs are arguably prone to even greater stress as a result of the multiple demands of graduate school, including academic coursework, assistantship responsibilities, research, clinical training, qualifying exams, and financial constraints. Further stress may arise in relation to performance anxiety, competition among students, ongoing evaluation of competency, and lack of experience (Badali & Habra, 2003). Graduate students must also navigate hierarchies of professional relationships within their training program and clinical training sites, appearing both appropriately self-confident and deferent to authority figures concurrently. Thus, students must strike a balance between fulfilling multiple roles and expectations, while also developing and practicing the skills necessary to provide therapeutic services to others (Myers et al., 2012).

Despite the numerous challenges encountered by psychology graduate students, workload, stress, and health among students are not well understood. Of the few studies conducted, one found that out of 281 clinical psychology trainees, 75% reported being moderately or very stressed as a result of training (Cushway, 1992). A more recent survey conducted by the American Psychological Association (APA) of Graduate Students found that 70% of graduate students reported impaired functioning due to stress stemming from finances, academics, relationships, and health (El-Ghoroury, 2011). Similarly, 119 graduate students in APA-accredited doctoral programs in clinical and counseling psychology reported that either graduate school (60.0%) or their current financial situation (16.4%) was the most stressful aspect of their life. In regard to physical health symptoms, at least half of the sample reported experiencing each of the following biweekly or more: headache, back pain, feeling easily fatigued, and irritable bowels. Additionally, 49% of students reported three or more symptoms of anxiety as occurring multiple times per week, while 39% reported five or more symptoms of depression as occurring multiple times per week.

In view of these significant stressors, graduate students are encouraged to

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practice self-care, defined as engagement in behaviors that maintain and promote physical and emotional well-being (e.g., sleep, exercise, social support, emotion regulation strategies, and mindfulness practice; Myers et al., 2012). Self-care may also include personal psychotherapy. Assuming that virtually all students experience stressors, it may be expected that clinical training programs would have an interest in providing students with the opportunity to receive mental healthcare. However, there is much diversity in the personal therapy experiences available in conjunction with graduate training. There is also little consistency on matters of whether therapy is mandatory, recommended, or simply not discussed in a trainee's program.

This article discusses the advantages and disadvantages stated in the research and in the opinions of the authors of receiving personal psychotherapy as a psychology graduate student trainee. We also explore the barriers to receiving treatment, the confusion in personal clinical decision-making, and possible suggestions and solutions for graduate training programs and for trainees.

Advantages and Disadvantages of Receiving Psychotherapy as a Trainee

A number of advantages to receiving psychotherapy as a trainee have been illuminated in the literature. From the psychoanalytic perspective, personal analysis serves to enhance the trainee's ability to conduct therapy as a more unbiased clinical observer whose countertransference potential has been mitigated (Nierenberg, 1972). Other rationales for personal therapy have emerged more recently, and apply to various therapeutic approaches (Grimmer & Tribe, 2001). The first includes improved emotional and mental functioning of the trainee, which is presumed to lead to the provision of more effective therapy. Personal therapy may also function as a socialization experience and lend credibility to the student's belief in the psychotherapy process. Furthermore, receiving therapy firsthand offers a unique model of how (or how not) to conduct therapy and can result in one's own mastery of technique. Finally, Gold and Hilsenroth (2009) state that personal therapy can lead to increased awareness of and respect for a patient's needs and struggles, increased emphasis on the therapeutic relationship, increased therapist genuineness and capacity for empathy, and ultimately to the development of a professional sense of self. They found, for example, that graduate clinicians who had received personal therapy rated agreement about the goals and tasks of therapy with their own clients higher than did students who had not received therapy. In addition, these students felt more confident providing therapy, felt their patients were more committed and confident in therapy, and delivered treatments that were twice as long as therapists who did not have personal therapy.

Research examining disadvantages of receiving personal therapy while in training discusses a potential limiting of the trainees' openness to a variety of therapeutic models (McEwan & Duncan, 1993). Students may also endure added emotional and financial stress that could impact academic success. For students mandated to therapy, the lack of choice may counteract its potential efficacy. Students may also continue with unsatisfactory therapy only to comply with program requirements. Importantly, there is a lack of conclusive evidence that personal therapy is an effective method of training professional helpers. In contrast, some argue that in the case of a mature, well-balanced individual, supervision from a competent therapist is enough to make personal therapy un-

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necessary, as it provides both satisfactory emotional support for the trainee and socialization to the profession.

Attitudes About and Prevalence of Trainee Personal Therapy

Throughout the past few decades, some research has been conducted on prevalence, attitudes, and effectiveness of receiving personal therapy during graduate training. Wampler and Strupp (1976) conducted a study with representatives from 87 clinical training programs on their views of how to best provide students with opportunities for personal growth and how students in their programs obtained therapy if desired. Department responses ranged from benign neglect (e.g., department assumes no responsibility for helping students find therapy) to the actual requirement of a therapy experience. A majority of departments (67%) actively encouraged students to seek therapy without actually requiring it. Availability of therapy resources varied widely depending upon the region of the country and proximity to a city. Size of the university was also a factor, with larger institutions more likely to have a student counseling center functioning independently of the training program. Clinical directors were almost unanimously opposed to requiring students to attend therapy (the three training programs that did require therapy only required short-term participation). Some also expressed concern that enthusiastic encouragement to participate in therapy could be perceived as an implicit coercive demand. However, a lack of encouragement may lead a student to fear that entering personal therapy would be taken as an admission of poor psychological health or be regarded as evidence of unfitness to conduct therapy.

In a survey of graduate students in APA-accredited programs, most (74%) had received psychotherapy during graduate school and reported positive experiences (Holzman, Searight, & Hughes, 1996). Respondents reported believing their confidentiality was protected in therapy and felt it was important for practicing as a therapist. However, attitudes about the importance of personal therapy in graduate school varied as a function of theoretical orientation. Specifically, 90% of students with a psychodynamic orientation chose a rating of very important versus only 60% of students with a cognitive-behavioral orientation. Reasons for seeking therapy included personal growth (70%), desire to improve as a therapist (65%), adjustment or developmental issue (56%), and depression (38%). The most frequently cited reason for not seeking therapy was having no need for it (56%) and finances (53%).

Another survey of 959 psychology graduate members of APA (Dearing, Maddux, & Tangney, 2005) found that 47% had engaged in therapy during graduate school. Student attitudes toward seeking personal therapy were generally very favorable and most agreed about the necessity of therapy for training. Those with a favorable attitude toward personal therapy and endorsement of therapy as an important component of training were more likely to have received personal therapy. Students who indicated a perceived need for therapy (but did not seek therapy) reported greater concerns about cost and confidentiality than did students who reported they neither needed nor entered therapy. Perception of a favorable faculty attitude about students in therapy was also related to positive student attitudes toward personal therapy and to the belief that therapy is integral to training.

In the most recent study found on trainees receiving psychotherapy, uti-

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lization of psychotherapy services as a coping mechanism was endorsed by only 19% of a sample of 119 doctoral students in APA-accredited counseling and clinical psychology programs (Rummell, 2015). This prevalence rate is significantly lower than previous studies, perhaps due the use of a smaller sample size. It is also possible that engagement in personal psychotherapy by psychology trainees is declining. Further research examining stress and wellness in psychology graduate students is needed, in addition to studies investigating the current prevalence and efficacy of personal therapy in relieving stress, improving functioning, and enhancing clinical skills in therapist trainees.

Barriers to Receiving Personal Psychotherapy

Even when programs encourage students to seek treatment, there are inevitable privacy-related, logistical, and financial barriers that students face. For example, confidentiality tends to be a concern, especially in smaller universities and communities (El-Ghoroury, Galper, Sawaqdeh, & Bufka, 2012; Rummell, 2015). Psychology student trainees may feel they cannot seek services at their campus counseling centers because they work there as a provider themselves or have existing professional relationships with the providers. This can be problematic if graduate student healthcare policies limit these students to using university-based services and/or do not cover many community providers. Similarly, such psychology programs could have strong ties with outside providers in the community (e.g., external practicum sites, client referrals, alumni), making the anonymity limited.

Logistically, applied psychology students are often working upwards of 60 hours per week, balancing roles in research, teaching, assessment, and therapy (Willyard, 2012). Thus, students may feel that both the search process for an in-network provider not affiliated with the school and the obligation of traveling off campus for a weekly therapy appointment is too time-consuming. The financial burden of co-pays tied with less than ideal healthcare plans may deter graduate students from seeking personal therapy as well. Ultimately, the student is left to decide whether adding a commitment of therapy to the week would be more or less stressful than not getting treatment at all.

Additionally, for trainees in programs where personal therapy is perceived as taboo, students may feel uncomfortable seeking treatment. Some students may believe that seeking personal therapy is something they should not need or that it indicates instability and lack of fitness to be a therapist. The existence of such biases within a field that is training individuals to fight against stigma is upsetting and serves to prevent distressed graduate students from reaching out for help. Thus, faculty and administrators should consider taking steps to counteract these biases.

Personal Clinical Decision-Making

If a graduate student has considered the advantages and disadvantages of receiving personal psychotherapy and is willing and able to overcome barriers to care, more decision-making lies ahead. Specifically, one must grapple with choosing a provider. First, the question arises of which degree type (e.g., PhD, PsyD, LCSW, MHC) a student would like to see. Students hoping to experience therapy as a model for personal practice may wish to work with a provider of the same degree type. However, lower tier insurance policies may limit accessibility to a doctoral level provider. The student must also con-

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sider the desired theoretical orientation and/or treatment approach. Students may feel uncertain about whether it would be more beneficial to see someone with the same theoretical leaning or someone with an orientation distinct from one's own.

Once a student has selected a provider, questions may arise about how to discuss training and research knowledge with the clinician. For example, a student with in-depth knowledge of psychotherapy research, alliance formation and outcome, routine outcome monitoring, and so forth may be overly observant and/or critical of therapist behaviors. Students may feel uncertain about how to broach these topics, especially with providers with less research training. Constantly analyzing the therapist's style and technique, even with positive intentions of learning, may also harm the therapy. In addition, students may question if it is appropriate and ethical to discuss one's own patients with the therapist, either for emotional support or in a supervisory manner. Finally, students may wonder what types of interventions would be best suited for them. For example, they likely do not need psychoeducation or basic rationale explanations of a treatment model or technique. Thus, it seems difficult to determine what interventions would be most helpful for psychology graduate students and what an ideal therapeutic experience would entail.

Suggested Solutions

The *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017) require that psychologists "take appropriate measures" (p. 5) when personal problems impede on competent work performance. Thus, it seems important for clinical faculty, supervisors, and mentors to educate trainees regarding appropriate pathways to seek self-care and to establish concrete and consistent messages regarding personal therapy. Indeed, in Rummell's (2015) survey study, 44% of students reported dissatisfaction with the emphasis placed on self-care by their program faculty. Students wished for more modeling of appropriate self-care, more psychoeducation about self-care strategies, and more empathetic understanding about the difficulty of balancing the demands of being a graduate student. Therefore, it is important that faculty members highlight opportunities for students to enter therapy, convey information about the potential benefits and risks of therapy, and openly encourage students to engage in self-care and/or enter therapy if the student believes it would be beneficial.

Logistically, it may also be helpful for programs to establish a list of referrals that are not affiliated with the university, which would eliminate the arduous process of searching for a provider. A compilation of readily available resources also allows students experiencing distress to access providers immediately, without having to disclose such matters to the faculty to request recommendations. As financial burden has been strongly endorsed as a student barrier to mental healthcare, training departments might consider potential means of reducing costs. For example, schools could develop a cooperative agreement with local counseling centers whereby clinicians without an affiliation with the university would offer services to students for a reduced fee or on a sliding scale arrangement.

For students, receiving therapy can be an important source of support during the demanding training period. Therapy can function not only to treat distress and enhance development, but also to

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provide a valuable experiential learning that complements formal supervision and education (Holzman et al., 1996). Therefore, Dearing et al. (2005) suggested that graduate students evaluate their own attitudes and beliefs regarding personal therapy in service of uncovering biases preventing them from seeking out support. Before applying to graduate school, prospective students may want to consider whether therapy is a requirement of the program and to take into account any financial considerations related to personal therapy (e.g., whether the program has any means of offsetting the costs of therapy). Students should consider the potential personal and professional benefits to be gained from engaging in therapy and should be aware of the importance of self-care to minimize the effects of stress.

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first: A critical evaluation of "The family therapist's own family." *International Journal of Psychiatry, 10*(1), 34-41.

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Society for the Advancement of Psychotherapy

MEET THE NEW EDITOR FOR *PSYCHOTHERAPY BULLETIN*!

Joanna M. Drinane, PhD

Hello Division 29/SAP Membership!

My name is Joanna Drinane (she/her) and I am the incoming editor for the *Psychotherapy Bulletin*. Thank you very much to Lynett for her service to the Division in this capacity! My professional home is as an Assistant Professor of Counseling Psychology at the University of Utah. The vast majority of my research focuses on psychotherapy process and outcome with an area of emphasis on the relational and cultural dynamics that unfold between clients and therapists. My approach to this work has involved contributing to frameworks focused on cultural process (e.g., multicultural orientation), writing about microaggressions, within therapist identity-based disparities, and cultural concealment, and exploring how social identity conversations influence the trajectories of change clients undergo while in therapy. I look forward to engaging the division through the organization and dissemination of critical discourse and emerging trends in our field!

Therapist Attachment-Related Behaviors and Their Effects on Psychotherapy Process and Outcome

Eric M. Sauer, PhD
Jon Hook, BA
Char Houben, MA
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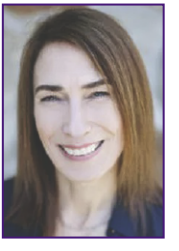
Western Michigan University



For more than 20 years, our attachment research teams at Western Michigan University (FWMU) have been using Bowlby's attachment theory to examine important psychotherapy process and outcome variables. What have we found? Generally speaking, client and therapist attachment *do* matter in psychotherapy—often times, in many of the same ways that John Bowlby would have predicted. According to Bowlby (1988), "unless a therapist can enable his [*sic*] patient to feel some measure of attachment security, therapy cannot even begin" (p. 140). Similarly, Mikulincer and Shaver (2007) argued that, in the same manner that attachment orientations affect close interpersonal relationships, attachment orientations of both clients and therapists may "affect the quality of the client-therapist relationship, determine clients' reactions to therapists' interventions and therapists' reactions to clients' disclosures, and thereby bias the therapeutic process" (p. 454). Thus, an attachment informed perspective would argue that attachment security serves as the bedrock of the therapeutic process.

For instance, attachment theory predicts that client attachment orientations would be strongly associated with therapy process and outcome (Mikulincer & Shaver, 2007). Indeed, researchers have consistently reported that client attachment security is positively related to the working alliance, whereas client attachment insecurity has been found to be detrimental to working alliance ratings (e.g., Eames & Roth, 2000; Kanninen, Salo, & Punamaki, 2000; Kivlighan, Patton, & Foote, 1998; Mallinckrodt, Gantt, & Cobble, 1995; Mallinckrodt, Porter, & Kivlighan, 2005; Parish & Eagle, 2003; Satterfield & Lyddon, 1995).

Similarly, researchers have systematically reviewed studies that examined the relationship between client attachment orientations and therapy outcome (Berent & Obegi, 2009; Levy, Ellison, Scott, & Bernecker, 2011). For example, Levy and colleagues (2011) conducted a meta-analysis of 19 studies (n = 1,467) examining client attachment and psychotherapy outcome. Overall, they reported that clients with higher attachment anxiety scores showed the least

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improvement in symptoms, whereas more secure clients had more favorable outcomes. Somewhat unexpectedly, client attachment avoidance was not significantly associated with treatment outcome. Similarly, Berent and Obegi (2009) reviewed 13 attachment-outcome studies and concluded that, at "the end of psychotherapy, secure clients tend to function better, and their overall symptoms are less severe" (p. 473), although they cautioned that positive outcomes may result because secure clients enter treatment "less disturbed than their insecure counterparts" (p. 473). They further noted that there may be differential patterns of treatment response across client attachment orientation and that there was emerging evidence that fearful clients may take longer to benefit from therapy.

Although psychotherapy researchers have an increased understanding about client attachment orientations and their influence on the process and outcome of therapy, relatively less is known about the impact of therapist attachment. As theoretically expected, initial findings generally suggest that therapist attachment insecurity interferes with the process and outcome of psychotherapy (Slade, 2016), but there are some exceptions. In a systematic review of 11 studies, Degnan, Seymour-Hyde, Harris, and Berry (2016) reported preliminary evidence that therapist attachment style has the potential to influence the working alliance and outcome, but some individual study findings were mixed. In one study, Bruck, Winston, Aderholt, and Muran (2006) found a direct relationship between therapist attachment security and improved therapy outcomes whereby higher attachment security was moderately correlated with improved client-reported interpersonal problems. In a second study, Schauenburg and colleagues (2010) found that higher therapist attachment security was associated with clients' improved post-therapy symptoms. In a third study, Sauer, Lopez, and Gormley (2003) found that therapist attachment anxiety had a *positive* impact on client working alliance following the first session. Interestingly, this process, however, reversed itself across time—therapist attachment anxiety had significant negative effects on the working alliance across time. Sauer and colleagues posited that a working alliance honeymoon period quickly waned when clients were working with more anxiously attached therapists. In contrast, Ligiero and Gelso (2002) found no association between therapist attachment and working alliance.

Despite the attraction of attachment-informed psychotherapy, the progress of our understanding is slowed by measurement-related issues. We believe that the rate of attachment research is influenced by the difficulty of accurately measuring therapist attachment orientations. For example, although the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985) is widely used and considered the gold standard for adult attachment measures, it is somewhat unwieldy as it requires extensive training and certification. This semi-structured interview yields an individual's state of mind (or internal working models) related to attachment by assessing general and specific childhood recollections. Other attachment researchers have relied on self-report measures such Experiences in Close Relationships (ECR; Brennan, Clark, & Shaver, 1998) to target respondents' perceptions of their general experiences in close or romantic relationships. This measure yields two primary attachment dimensions—i.e., attachment anxiety and attachment avoidance. Slade (2016) notes that while self-report instruments allow for the

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evaluation of dynamic change, they lack the potential for more in-depth examination of attachment-related processes that are provided by interview-based measures. While commonly used, these measures may tell us little about how therapist's attachment actually shows up in relational behaviors during therapy sessions.

To address this measurement gap, Talia and colleagues have recently published a groundbreaking measure of therapist attachment security called the Therapist Attunement Scales (TASc; Talia, Muzi, Lingiardi, & Taubner, 2018). This methodological innovation is used to analyze therapists' attunement and attachment status in any given psychotherapy session. According to Talia and colleagues (2018), therapist attachment experiences activate *caregiving* responses in therapy. By coding transcribed therapy sessions in this way, Talia has demonstrated that it is possible to reliably determine therapist attachment style by measuring moment-by-moment discursive, relational behavior within a single psychotherapy session. This coding system yields three therapist attachment classifications: secure, preoccupied, and dismissing (avoidant). Encouragingly, the attunement scales are highly convergent with attachment scores from the AAI. Finally, as the authors predicted, the initial validation study found that therapist attachment classifications were highly associated with distinct ways that they attuned to their clients. According to Talia and colleagues, attunement is described as "how therapists communicate and reflect the patient's internal states" (p. 3).

Under the direct guidance of Alessandro Talia, three doctoral students at WMU are currently training to become reliable coders of the TASc. Our students have noted that just being part of this training has positively impacted their clinical work. For example, they are now more mindful of how their own utterances may serve to promote or discourage attunement.

This past spring, our research team launched the first study in the United States using the TASc. We recently presented initial findings at Society for Psychotherapy Research (SPR) annual meeting in Argentina (Sauer et al., 2019). In this study, we used a naturalistic design to examine how therapist attachment is associated with working alliance and therapy outcomes in a psychology training clinic. In this study, therapy outcome was evaluated with the Outcome Questionnaire (OQ 45.2; Lambert et al., 1996) at intake and then before every subsequent session. The Working Alliance Inventory Short-Form (WAI-SF; Hatcher & Gillaspy, 2006) was used to measure working alliance prior to the second session and every subsequent session. At this point, we have 17 therapy dyads coded, consisting of six therapist trainees and 17 clients.

Our preliminary findings revealed a number of interesting findings. First, only one of six trainees was coded as insecure (avoidant), whereas the five remaining trainees were coded as secure (no trainees were coded as preoccupied). While this is theoretically good news for clients, the lack of variation in therapist attachment security made our initial analysis somewhat thorny. We decided to collapse our dyads into two attachment groups: avoidant and secure. Two clients were seen by the one avoidant therapist and 15 clients seen by five secure therapists. We next collapsed the mean working alliance scores for the avoidant therapist and the secure therapists across the first five therapy sessions. It appears that our avoidant therapist is clearly struggling

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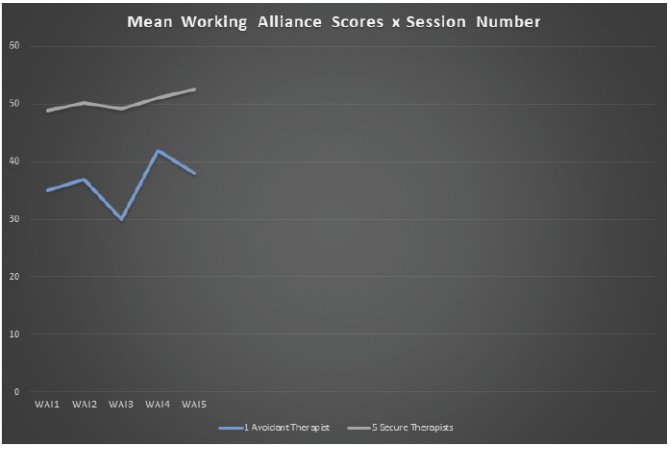
to develop an early working alliance. That is, she has lower average working alliance ratings than the secure therapists (see Figure 1). While this early finding is tentative in nature, growth modeling analysis will soon be conducted on the full sample. Consistent with Talia and associates (2018), we expect that these findings will reveal how therapist attachment-related behaviors, rather than general dispositions, affect relational and outcome aspects of clients in psychotherapy.

Perhaps the most important implication of the future use of this revolutionary attachment measure points to its implications on training therapists. If secure therapists are indeed more effective, it will help us identify specific therapist responses that are associated with improved attachment security and attunement in psychotherapy. Armed with this knowledge, the obvious next step would to teach therapist trainees ways to improve their levels of attunement during psychotherapy sessions. Thus,

Figure 1



the TASc, could be used to not only to track therapeutic interventions retrospectively, but also to train therapists to deliver interventions in a more secure and effective manner.

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Finding and Providing Mentorship in Psychotherapy Research: Six Suggestions for Mentors and Mentees

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"Research is formalized curiosity. It is poking and prying with a purpose."

—Zora Neale Hurston (1996)

Just as psychotherapy is a fundamentally humanistic enterprise (Wampold, 2007), human interaction and social relationships are fundamental to learning the craft of psychotherapy research. Learning through guided apprenticeship (i.e., mentorship) is common whether one is training to become a physician, a plumber, a scientist, or simply learning to talk (Collins, 2006). The apprenticeship model has deep roots in the history of psychotherapy as well—the famous mentorship between Sigmund Freud and Carl Jung is one of countless examples (Humbert, 1988). At its best, mentorship is enjoyable, gratifying, and inspiring for both mentor and mentee (perhaps 1907 to 1911 for Freud and Jung). At its worst, mentorship can be frustrating, time consuming, inefficient, and induce feelings of discouragement and resentment for both the mentor and mentee (perhaps 1912 onward for Freud and Jung).

As a second-year assistant professor, I find myself in the liminal space between mentee and mentor. Both roles have become salient parts of my professional identity. I am grateful for my experiences as a mentee. These relationships have been and continue to be deeply supportive and instructive. I am only beginning to develop my skills in mentorship, but my current mentees and early missteps have jumpstarted my learning process (with gratitude for their patience as I am learning). I offer here some reflections empirically supported by only the evidence of my own experience—primarily as mentee and more recently as mentor. As these are all my opinions, I have opted to not tire the reader by continuing to restate this fact throughout.

Find a Shared Purpose

As Hurston (1996) points out, research requires a purpose. Of course, every scientific study should have a purpose that is clearly articulated (and if not, an attentive reviewer is likely to highlight this important limitation). However, the shared purpose that forms the basis of a successful mentorship relationship is likely broader than that captured by a single study. Ideally, the purpose bringing one to a particular research area should be something both mentor and mentee care about sincerely. While research being simply "me-search" is its own liability and can become a source of bias that inhibits the research process, there is no substitute for actually caring about the topic you study. A high degree of overlap in interests can go a long way in a mentorship relationship.

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Mentees-to-be can benefit from asking themselves, "What aspect of psychotherapy truly interests me?" Is it the role of emotional expression, multicultural comese reasons and more, it is vital that mentors and mentees are able to communicate with each other. Communication can be fraught, due to wide variety of factors (e.g., histories of oppression related to social identities held by the mentor and mentee). Perhaps the most notable consideration that can influence communication is the power differential that often exists between mentor and mentee. A graduate advisor functioning as a mentor may be invested in a mentee's scientific development while simultaneously holding the keys to a mentee's successful completion of their doctoral training. Given the power dynamic, the onus to invite and model transparent communication is primarily on the mentor. In addition, expectations about the frequency, responsiveness, and means of communication should be defined early and upheld. It can be especially helpful for the mentor to initiate conversations regarding the more delicate parts of the research process early and often (e.g., negotiating authorship order).

Have Fun

A final suggestion is that the mentor and mentee bear in mind that training in psychotherapy research can (and should) be fun. This echoes the first part of Hurston's (1996) definition of research as formalized *curiosity*. Those who find themselves drawn to study psychotherapy are often compelled by a genuine curiosity about the human experience and the possibility of healing through interpersonal relationships (e.g., between therapist and client). To inhabit a moment in history where we can explore these questions professionally and scientifically is quite remarkable. Psychotherapy research offers a full-body work-out for the mind and heart, engaging at the intersection of rich theoretical traditions and cutting-edge quantitative and qualitative methods, set against the backdrop of a commitment to promoting human flourishing, reducing suffering, and working towards social justice and inclusivity. If that is not fun, I do not know what is.

Conclusion

Mentorship relationships are a primary way that we learn to become psychotherapy researchers (and pretty much anything else). Mentorship relationships can be one of the best parts of our work and training. Yet just like a psychotherapy relationship, smooth sailing is not guaranteed. It is important to recognize that not all mentorship relationships are the aspirational well-oiled machine outlined here. Indeed, evidence suggests that almost 50% of graduate school mentorship relationships are not (at least according to the graduate student; Evans et al., 2018). A final suggestion is that mentors and mentees choose each other wisely and recognize that there may be times when it is appropriate and most supportive to go separate ways. Not all mentorship relationships are a good match and it can be helpful to recognize this early and plan accordingly.

However, my hope is that by pursuing the factors outlined here, mentors and mentees can be better-equipped to spend their energies not on rupturing and repairing their mentorship relationship, but on addressing the important, timely, and fun questions we get to explore as psychotherapy researchers, like *what makes psychotherapy work anyways*?

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MEET THE NEW INTERNET EDITOR!

Kourtney Schroeder, MS

I am thrilled to announce my continuation and transition within the *Society for the Advancement of Psychotherapy* Website Team. Having worked as the Associate Editor of Website Content for the past three years, I have been a part of the expansion and growth of the website and its team. I have had the privilege of getting to know the mechanisms and dynamics of the website and meeting many wonderful authors through my role.

Transitioning into my new role as the Internet Editor, I am truly going to miss Amy Ellis, PhD, and her dedication to the website. I am hopeful that I can achieve just as much as she has over the numerous years she has devoted to the division and website. I am excited to continue working with Elizabeth Kilmer, MS, the new Associate Editor of Website Content, who is brilliant and provides so much support to our team. Additionally, the newest member of the website team is Kelly Santandrea, PsyD, the Assistant Editor of Social Media, who has already provided so much help and an eagerness to learn with our team.

I am currently working at Community Healthlink Youth and Family Services for my predoctoral internship. My long-term professional goals include working with children and adolescents, as well as their families, with a focus on trauma and adverse life events. I am eager to continue working with the website team and Bulletin team. I am grateful to our Board members, our readers, and our Division members. I am excited to see what this new role will bring!

Gay in OK: Self-Care and Advocacy as a Member of a Target Group

Tye Stephens, MA
Oklahoma Panhandle State University

Be a blank slate, but also be an advocate. Wait, no, not like that.

In graduate school, we are taught to *hopefully* become ethical, effective psychological practitioners. That model pretends that psychology exists in a bubble and is not subjected to the outside world's judgments, prejudice, and ignorance; psychotherapy is often intended to empower people to cope with the world's stressors without internalizing the negativity while simultaneously gaining the self-regulation necessary to manage personal triggers and patterns as these stressors arise. This works, so long as the therapist manages their own reaction to their environment, hence the ubiquitous term, "self-care."

After graduating with a master's degree in forensic psychology, I worked for an outpatient substance abuse and domestic violence agency. My specialty was working with men and women convicted of intimate partner abuse. Violence never phased me—at least when I had the opportunity to work with people trying to curb hostile behaviors. In fact, I found myself most drawn to clients with histories of deviant, abusive behavior because they often had the greatest motivation for change.

This mentality shifted, however, when I began working as an undergraduate instructor of psychology and criminal justice in rural Oklahoma. I traded a comfortable life of working with adult offenders in the Boulder Valley of northern Colorado and moved 400 miles to a town that prides itself on being called "No Man's Land." I knew that working as an openly gay, Latino faculty member would be a substantive change of pace for me, but I was prepared for the challenge; I told myself that this would be an opportunity to be a role model for marginalized students and that I could open a small practice in this town to help people cope with the prejudice so frequently seen in rural areas. I never realized the impossible task with which I had presented myself.

Oklahoma Panhandle State University is located in Goodwell, Oklahoma—a town of roughly 1,600 people when the university is in session. Of those, roughly 150 are actual residents of the town, and I can count on one hand how many do not present themselves as cisgender, heterosexual, White, and conservative. I knew how to manage being different; I knew that as faculty, I held a privileged status that protected me from violence and hatred that queer people fear in areas like this. I told myself that I would be safe and that I personally had no reason to worry.

This mentality protected me for the first three days of this new endeavor. Shortly thereafter, though, I was informed that numerous students had experienced arrays of emotional, physical, and sexual abuse. By the end of my first month, I

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was explicitly in the midst of a larger epidemic that continues to be amplified in rural communities; I found myself furious at a system that discouraged survivors of bias-motivated violence from finding their voices and advocating for change because of fear of retaliation. This rural, middle-of-nowhere university continued to provide protection for those who caused this harm while actively turning a blind eye to those affected by this oppressive, rejective system.

I never worked clinically with these students, and none of them were even enrolled in my classes; they simply had nowhere else to turn in this tiny town that implicitly encourages discrimination. They came to my office because they wanted an advocate; they wanted to be seen, and I wanted them to be seen. This problem isn't unique, however. It's congruent with a trend nationwide that marginalized individuals are being pushed further toward society's fringes.

The issue at hand is not the emotional toll of being surrounded by pain, violence, and trauma. The issue is that students in this area have so few lifelines or support systems that I have been tossed into the role of advocate because no one else here is ready for that challenge. I don't know that I am either, but I also cannot in good conscience continue leaving queer students feeling dejected and overlooked. I've been there; I've been the student who was told to "be less gay" in order to escape violence. I've been the untethered, unsupported outcast who wanted nothing more than someone to say that my fight was worth fighting.

Now, as faculty, I sit in this space of devastation and rage. I want to be able to tell these students the cliché, "it gets better," and I want to be able to tell them that our culture is worthy of acknowledgment and respect. I want to say that the world of academia is growing and changing—that it is embracing those who don't fit neatly into traditional labels and that diversity is celebrated. I want to believe that it is safe to be different in Oklahoma.

The devastating reality, though: It isn't. At least not yet.

I tell myself that things will get better here as time goes on. Maybe I'm the voice of change. Maybe being a high-status, queer representative in academia will give me space to facilitate that change. I tell myself that maybe showing the people of rural Oklahoma that queer culture is real and valid will change mindsets. I want to believe that I can help Panhandle State become a place where diversity is accepted and where culture can grow; but nonetheless, I find myself wearing traditionally masculine clothes, monitoring my body language, and making sure my voice falls into the expected baritone timbre of my male colleagues.

Growth only happens when we are brave enough to challenge the status quo. I want to challenge these expectations, but I also want to be safe. I want my students to be safe. Being queer in Oklahoma is a risk that we take every single day. Coming out is a daily practice, and the omnipresent fear for physical and social safety is integrated into that practice.

In urban environments, we are given space to find like-minded people. We are told to engage with peers and to grow as a community. In places like Goodwell, we are told, "You can get married now, so stop complaining." We look for the one-second-too-long eye contact that says "I'm a safe person." We look for faculty with rainbow flags on their office

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doors, and we pray for space where we can be our most authentic selves, though those spaces are rare.

Without a community, loving and caring for oneself becomes a particularly daunting task. Learning to accept yourself—and learning to find safety and compassion—are challenges that no one prepares you for. Being an example of diversity also means that I am tasked with practicing self-care and self-forgiveness. The LGBTQ students here have been told in unspoken messages that they do not have a place in academia, yet I want them to know that they belong just as much as anyone else.

The problem with this, however, is that being queer-affirming in an environment that still advocates for suppression and conversion takes a toll on the well-being of all of us, even the out-and-proud advocates. Self-care for rural queer people does not include bubble baths and face masks. Self-care is finding space to be authentic, finding affirmation and acceptance, and finding their voice in a fight that seems impossible. Surviving this space requires all of us to acknowledge the unspoken messages and scream until they are addressed. It also requires us to support one another when our voices are tired and our hearts are heavy.

Being gay in rural Oklahoma means that the advocacy never stops. It means that I am always going to be tired, because I will always be fighting for the rights of myself and my queer family to survive authentically. This is an exhausting battle, but it is one that I will choose every single day until every single student has the same opportunities. Unfortunately, this battle will likely continue long past my tenure and my lifetime. So we must empower the next generation to take on this battle too.

This perpetual aggravation is why self-care matters. This is why I have to continue doing my own work, learning and managing triggers, and taking time to just breathe. More than anything, though, I'm learning to give myself space to simply be mad at this injustice—to feel the pain and the longing for inclusion. Self-care for me is so much more than doing small things that feel good; self-care is staring straight into the pain and becoming comfortable enough with it to act upon it and facilitate change. If I am unwilling to sit with that pain, then I have no right to challenge this corruption or to ask anyone else to do the same.

As a queer person with a substantive amount of privilege, I continue to be frustrated, but I know that I am only one person. I challenge myself to do better every single day because these students deserve better. My community deserves better.

We must all do better. Fellow academes, it isn't enough to "do no harm," anymore. We have to fight and protect those who come to us for support.

Society for the Advancement of Psychotherapy

STUDENT FEATURE

Clinical Creativity and Idiographic Goals in Psychotherapy

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Walking the hallway of the Psychotherapy and Behavior Change Lab throughout the course of my graduate training, I often glanced at a paper that my mentor had taped to one of the doors, which cited Paul's (1967) iconic question: "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" As I learned about evidence-based psychotherapies, I thought that treatment selection was at the core of Paul's dilemma. Nonetheless, I soon began being exposed to clinical work at my initial clinical practicum, a community mental health clinic affiliated with my institution. Needless to say, none of my clients seemed to be a perfect match for any of the treatments that I had learned. The reality of clinical work, I learned, was much more complex than I had anticipated. I was particularly struck by the frequency of comorbid and co-occurring conditions, while also noticing that most of the specific problems that my clients wanted to address in therapy were nowhere to be found in DSM-5 (American Psychiatric Association, 2013). Over the course of my graduate training, I was also increasingly exposed to the medical model, completing several clinical practicums at medical centers. Although that symptom-based framework helped me communicate and collaborate with providers from other disciplines, it did not necessarily promote the conceptualization of my clients' presenting problems. The work of therapists, I finally understood, required much more creativity than I could have ever imagined. As I began to devote more attention to treatment personalization, I noticed that tailoring interventions to the needs of each individual was a transactional process. Just like a salesperson displays paint swatches and suggests color combinations, therapists introduce strategies and approaches, but it is ultimately clients who determine which ones best fit their needs and context. The aptly named working alliance successfully captured this transactional nature of the therapeutic relationship that I was experiencing with my clients. Negotiating the selection and prioritization of treatment goals and tasks allowed me to draw connections between the underlying psychological processes I intended to target with interventions and my clients' individual goals. Tracking clients' progress toward the achievement of these idiographic goals also proved to serve as a much more valid compass than observing changes on symptom-based measures. These idiographic measures helped me navigate and respond to the ever-changing context of psychotherapy, supporting my ability to be flexible and responsive. It also afforded me with the opportunity to be creative, forcing me to survey my clinical repertoire to identify and adapt clinical interventions so that they could be relevant to my clients' unique goals. These experiences support my current understanding of psychotherapy as a

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combination its two interdependent aspects of art and science. On the one hand, the creative therapist adapts evidence-based interventions to the context and needs of each client, while on the other, observing the process and outcomes produced by these creative adaptations can inspire future research endeavors, ultimately promoting the advancement of the field.

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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!

WASHINGTON SCENE

"You Gotta Go Where You Wanna Go"

Pat DeLeon, PhD
Former APA President

The Ever-Changing Practice Environment

Visionary Ken Drude has been on the cutting-edge of psychology's increasing awareness of the long-term implications of telehealth for the clinician and most importantly, for potential clients. Most recently, he has urged our colleagues to also appreciate the importance of their Continuing Professional Development (CPD) profiles and especially to ensure that they incorporate experiences addressing the nation's ever-changing practice environment; for example, the unprecedented advances occurring within the technology and communications fields, as well as the steady maturation of interprofessional (IPE) and integrated care. Ken notes that CPD is the responsibility (often legally required) of all practicing health professionals in order to maintain and enhance their performance with the goal of ultimately achieving improved health outcomes. And, that this is fundamentally a lifelong learning process which begins during graduate and postgraduate education and continues long after obtaining licensure. Although initially clinicians were most likely exposed to highly structured CPD, as their careers develop they have considerable discretion in crafting their learning processes.

Bushmaster

One of the unique challenges of working at the Uniformed Services University (USU) is the opportunity to explore first-hand how a graduate health professions institution can effectively integrate "real life" clinical experiences into the academic educational process. The USU Bushmaster experience—two weeks of didactic classes followed by four days of field participation—addresses this mission; quite impressively, I would add. "Smoke fills the night sky, voices of the 'wounded' call out for help, and exploding bombs and gunfire stir turmoil on a mock battlefield." Students are expected to bring order out of this chaos by locating and triaging the wounded, in the midst of a simulated mass casualty, under the watchful eye of USU faculty. The exercise augments lessons learned in classrooms and serves as the final exam for the Military and Contingency Medicine course taken by all fourth-year medical students, as well as students from psychology and nursing.

"Mental health providers play an essential role in military operations. The goal is to promote psychological health encompassing wellness in body, mind, and spirit for Service Members. After months of anticipation, the USU clinical psychology and psychiatric mental health nurse practitioner programs recently collaborated at Operation Bushmaster, an annual exercise held at Fort Indiantown Gap, Pennsylvania. A team of nurse practitioner and psychology students established and maintained a Combat and Operational Stress Control (COSC) clinic in the rain-soaked fields of Atropia, similar to what is expected during an actual operational setting. The COSC clinic can be used for both combat deployments or operations at home,

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like natural disasters. We provided individual and group psychological first aid to casualties, including those participating in a jogging marathon subject to an unanticipated hostile blast. Bushmaster showed us how to apply our unique perspective as a clinical provider within a deployed setting. Our focus was on implementing preventive measures and early recognition of stress and fatigue. Working together, we had the opportunity to educate other students on the importance of supporting our troops' mental health and morale needs downrange.

"Our other assignment was to perform a real-world unit need assessment for the deployed 'Commander.' We engaged with the behavioral health officer and each platoon during our time at Bushmaster. We worked as a team to collect data about the health and welfare of the platoons we supported during the medical operations. Working with these units multiple times allowed us to look for long-term trends of how the platoons performed.

"Back on campus, we will brief the command team after sorting through the qualitative and quantitative data collected from the medical and nursing students. The command brief and its recommendations are expected to help leaders make better-informed decisions when planning for future operations. When the USU motto is 'Learning to Care for Those in Harm's Way,' it is only natural to have muddy fields serve as extensions of the classroom. The inter-professional training demonstrated how the USU signature curriculum prepares students for combat and operational settings.

"As a military officer and future mental health provider, this gave us excellent insight in working with interdisciplinary, inter-service professionals. The inter-professional aspect allowed us to comprehend better how each member is valuable to the team and the mission. Our education at USU has well prepared us for the clinical environment. Bushmaster has indeed prepared us for future clinical and leadership experience in a deployed setting" [Joseph Leondike, Maj, USAF, NC & Yosef Fufa, MAJ, USA, AN].

How realistic is Bushmaster? I personally was extraordinarily impressed by the overwhelming student response to Shetland, a two-year old Golden Labrador Retriever service dog. Meals were put aside and transport vans spontaneously stopped allowing their occupants to exit and interact with Shetland. Military Service Dogs are trained to mitigate the effects of post-traumatic stress. It was quite evident that those participating in this field exercise were feeling considerable stress. Is there anything similar for students and practitioners in the private sector? USU Medical Historian Dale Smith points out that JCAH requires mass casualty drills in teaching hospitals and that the Homeland Security/USPHS Disaster Medicine teams also drill in communities, all volunteer; thus, providing special opportunities for those interested in obtaining this unique experience.

Reflections From the Past

"When I was elected President of APA, to serve in 1996, I was only the 9th woman to hold the office. I saw it as an opportunity to hear the voices of women psychologists. At the convention prior to my Presidential year, I convened a group of women who were leaders in APA to brainstorm a worthwhile project that I could implement as President. The result was the Task Force on Adolescent Girls, whose charge was to present that age group as more than just eating disordered or pregnant. The products of the Task Force were a scholarly book and a

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book for parents of adolescent girls and their daughters.

"In another vein, we were fighting the onset of managed care at that time. Stanley Graham, a former APA President, suggested that I team up with his friend, Harold Eist, who was then President of the American Psychiatric Association, to formulate something to combat managed care. It occurred to me that if psychiatrists got in trouble with the insurance companies, they would still have to be reimbursed. But if psychologists got in trouble, the insurance companies could turn to less well-trained mental health professionals. Dr. Eist and I convened a group of Presidents of all the mental health professional associations. The outcome of our year of work was a document entitled *Your Mental Health Rights*, which we distributed to all of the Members of Congress and the White House, and was incorporated into the Clinton Administration's Patient Bill of Rights. Sadly, managed care prevailed, but we fought the good fight.

"There isn't a lot that can be accomplished in a year as President of APA, but at the time, every Past-President rotated onto the Board of the American Psychological Foundation (APF). I came on the Board in 1998, and have served ever since, including 15 years as President. The length of my service there allowed me to lead us to profound changes in APF. When I began my first term, APF had an endowment of about $4 million dollars and was known primarily in APA circles for giving Gold Medals to senior psychologists in several fields. Today, the endowment has grown to the point that we give away $1 million a year in grants and scholarships. We have defined our role as helping young psychologists, both students and early career psychologists, get started in their careers while serving the needs of society. The image of APF has changed to that of a serious Foundation to which psychologists should, and do, donate in order to give back to the profession and to society" (Dorothy Cantor). A teacher prior to entering the field of psychology, Dorothy is a colleague who truly appreciates the importance of quality education; she is currently serving as Vice Chair of the Board of Governors of Rutgers University.

"Do what you wanna do." [The Mamas and the Papas].

Aloha.

Society for the Advancement of Psychotherapy

A Note From the Outgoing Publications and Communications Board Chair

Dear SAP members:

As 2019 draws to a close, so does my term as Publications Board Chair and my term on the Pub board. It has been a real pleasure to work for the division in this capacity! Special thanks to Tracey Martin for orienting—and reorienting—me about so many aspects of the division that were new.

To my colleagues on the Publications Board—Brien Goodwin, Robert Hatcher (Incoming Chair), Sarah Knox, Paul Kwon, Heather Lyons, and Terence Tracey—thank you for being such thoughtful, creative, and reliable compatriots. Very special appreciation to outgoing members Brien Goodwin and Heather Lyons for their years of cheerful and dedicated service.

Work on the Publications Board is dwarfed by the everyday, and sometimes all-day(!) amazing efforts of our editors: *Psychotherapy* Editor Mark Hilsenroth, *Psychotherapy Bulletin* Editor Lynett Henderson Metzger, and Website/Internet/Social Media Editor Amy Ellis and their teams. These publications are the heart and mind of our division and the face of it—not only to SAP members but to the psychotherapy community in general. Their success is our success as members, and very successful they are! I invite all members to join me in thanking each of them. Amy, Lynett, and Mark: Thank you very much!!

Both Lynett and Amy are outgoing in 2019, thus I would like to pause for a few words of appreciation—both about, and from, them.

Lynett Henderson Metzger will be rotating out of the Editorship of the Psychotherapy Bulletin at the end of 2019. Lynett has served the Bulletin with dedication, innovation, and success since 2011!—first as Associate Editor from 2011-2013, and then since January 2014 for two terms as Editor. For her, the most rewarding aspects of the job are "the people with whom I get to work! It is a real privilege to get to know the authors through their words, and the entire SAP Team exemplifies dedication to the work and to the field. I have learned so much, and have so much respect for this organization." Regarding challenges and opportunities ahead for the Bulletin—and SAP publications in general—she notes that "our society is in the midst of a paradigm shift in terms of how information is created, exchanged, and consumed. In the coming months and years, SAP will have to navigate those waters like everyone else, and it remains to see what the role of the Bulletin will emerge to be. And, of course, there is the ubiquitous challenge of continuing to produce timely, quality content on a quarterly basis—for which I am (and every future Editor will be) enormously grateful." All are invited to submit articles at any time.

On behalf of the SAP membership and readership, the Publications and Communications Board is very grateful to Lynett for her years of dedicated service in keeping the SAP informed about Division matters, transitions, and opportunities for engagement by members. Beyond those functions, the excellent content of the Bulletin under her leadership has educated and informed our work in psychotherapy practice, train-

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ing and research in many engaging and interesting articles. Thank you very much, Lynett!

Amy Ellis will be rotating out of the Web/Internet/Social Media Editorship at the end of 2019. Amy has been leading the charge to improve our internet, website and social media presence since January 2017, having served previously as Associate Editor from January 2014 to December 2016. This work involves myriad responsibilities including the "back" and "front" ends of our website, and indeed she deems the most rewarding and enjoyable part of her work to have been "Seeing the website take off. When I first started in 2015, the website was basically a bulletin board that posted stagnant information. Since then, the website has taken off and is truly an interactive and innovative platform. When we launched the website back in 2014, we had 8,106 users for the year. At our most recent report for the Publications Board, we had 125,000 for the year. Over the past 5 years, we've had over 600,000 new users. This has been so incredibly rewarding as I've seen the website truly blossom and reach far more individuals. In addition, there are now thousands of people (including some nonpsychologists/ interested laypeople) on our eNewsletter listserv, whose content articles acts as a public image of what psychotherapy stands for and how it can benefit people." Truly, our web-based publications serve to "give psychology away" in the best sense of that word. Amy notes that challenges ahead include figuring out how we can work to foster continued interest and intrigue on the website, thinking strategically about how to go beyond just articles and perhaps to create short therapy, research, and advocacy videos. She notes that the team is "super open" to added input and help, and if anyone is interested, their volunteer efforts would be hugely welcomed! She has really enjoyed getting to know the people and notes that she has built some lasting professional and personal relationships that have really made her tenure in 29 my division her "home" in APA. Thank you, Amy, for your tireless and good humored attention to detail, substance and awesome metrics!

As we transition, both of these outlets will be in good hands with our new editors, who begin their terms January 2020. Stay tuned in upcoming *Bulletins* for introductions from Kourtney Schroeder, Incoming Internet & Social Media Editor, and Joanna Drinane, incoming *Bulletin* Editor. There will also be introductions to our two incoming committee members, and our new Committee Chair, Robert Hatcher.

All the best,

Laurie Heatherington, PhD
Outgoing Chair, Publications and Communications Board

Society for the Advancement of Psychotherapy

CALL FOR SUBMISSIONS

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

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- IRB approval must be received from the principal investigator's institution before funding can be awarded if human participants are involved
- 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

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- 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

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- 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.)

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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
- 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 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.

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 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;

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- 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
- 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 (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 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.

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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
- 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).

CALL FOR AWARD SUBMISSIONS

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 JYounggren@salud.unm.edu

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Society for the Advancement of Psychotherapy
(Division 29 of the American Psychological Association)

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:

1. A letter of nomination describing the individual's impact, role, and activities as a mentor;
2. A curriculum vitae of the nominee; and,
3. 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 be-

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haviors 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, 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 JYounggren@salud.unm.edu

Society for the Advancement of Psychotherapy
(Division 29 of the American Psychological Association)

Call for Nominations
Mid-Career Award for Distinguished Contributions to the Advancement of Psychotherapy Scholarship

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

The awardee for 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:

1. A nomination letter written by a colleague (self-nominations not acceptable) that 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.
2. A curriculum vitae 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 JYounggren@salud.unm.edu

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Society for the Advancement of Psychotherapy
(Division 29 of the American Psychological Association)

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 JYounggren@salud.unm.edu

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Society for the Advancement of Psychotherapy
(Division 29 of the American Psychological Association)

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.

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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

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Society for the Advancement of Psychotherapy
(Division 29 of the American Psychological Association)

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

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.

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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 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

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Society for the Advancement of Psychotherapy
(Division 29 of the American Psychological Association)

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:

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.

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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

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Society for the Advancement of Psychotherapy
(Division 29 of the American Psychological Association)

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.

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APF/Divion 29 Early Career Award

$1,500 to recognize promising contributions to psychotherapy, psychology and Div. 29 (Society for the Advancement of Psychotherapy) by a division member with 10 or fewer years of postdoctoral experience.

This early career award was established as The Jack D. Krasner Memorial Award and first bestowed in 1981. In 2007, the Division raised $50,000 in donations, which endowed this award for administration by the American Psychological Foundation (APF). This award is now named the APF/Division 29 Early Career Award and is administered by APF.

Award Specifics

- Award recipients receive an honorarium of $1,500 from APF.
- The division also provides an award plaque to the recipient at its Awards Ceremony at the APA Annual Convention.

Eligibility Criteria

- Membership in Div. 29.
- Be within 10 years of receipt of the doctorate.
- Demonstrated accomplishment and achievement related to psychotherapy theory, practice, research or training.
- Conformance with stated program goals and qualifications.

Nomination Requirements

Application materials include:

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

See our website for more information:
https://www.apa.org/apf/funding/div-29?tab=1

Click here to apply for this grant:
https://www.grantinterface.com/Home/Logon?urlkey=apa&

For more information about Division 29: https://societyforpsychotherapy.org/

The deadline for applications is **January 31, 2020**. Please free to distribute this call as you see fit. APF welcomes applicants with diverse backgrounds with respect to age, race, color, religion, creed, nationality, disability, sexual orientation, gender, and geography.

Society for the Advancement of Psychotherapy

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 _____

If APA member, please provide membership #

Member Type: ❑ Regular ❑ Fellow ❑ Associate
❑ Non-APA Psychologist Affiliate ❑ Student ($29)
❑ Check ❑ Visa ❑ MasterCard

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

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PSYCHOTHERAPY BULLETIN

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

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://society forpsychotherapy.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.societyforpsycho-therapy.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

Society for the Advancement of Psychotherapy (29)
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