Psychotherapy

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

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BULLETIN

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2021 VOLUME 56, NUMBER 1

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PSYCHOTHERAPY BULLETIN

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

2021 Volume 56, Number 1

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PRESIDENT'S COLUMN

Clara E. Hill
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As the incoming President of the Society for the Advancement of Psychotherapy, I am delighted by the opportunity to share with you some of the passion I have for psychotherapy, psychotherapy research, and psychotherapy training. As a professor of psychology, I have been lucky to be able to "do it all" and want to use this opportunity to hopefully inspire some of you to become as excited as I have been about this incredible field. Working together, we can help the field grow and prosper.

The first topic I want to tackle is qualitative methods in psychotherapy research. This topic is particularly salient right now because Sarah Knox and I were just the editors of an amazing series for APA on qualitative research methods. The series consists of 12 small, affordable, "how-to" books by senior, well-qualified researchers who write clearly and compellingly about qualitative methods that they have been thoroughly immersed in and love. The first 6 of these books are now available through the American Psychological Association, and the next 6 will be available this summer. The authors of these books will be giving webinars so that you can get a taste of each of the methods. You can order the books and sign up for the webinars at go.apa.org/qualitative-methods (site will be updated as the rest of the books and webinars become available).

Now, let me go back and tell you how I became interested in qualitative research and what it has to offer psychotherapy. I began my research career using quantitative methods, the only method available at the time. Over time, I became discouraged with these methods for doing psychotherapy process research (see Hill, 1984 for a description of my early process of becoming a process researcher). I spent a lot of time developing measures and training judges to code therapist skill, therapist intentions, client reactions, and client behaviors. The typical method was to have three judges independently code to high reliability a behavior from a therapy session using an established well, validated measure, and then use the code that 2 of the 3 agreed upon. The problem was that the demand for high interrater agreement/reliability was unrealistic. Few of the behaviors that occur in psychotherapy are clear-cut, but rather rely on context, manner, stage or treatment and a multitude of other variables. Clearly, trying to chunk therapist skills, for example, into 12 categories is absurd given the richness of variety of things therapists do. Forcing judges to try to think about how others might code something to force high interrater agreement/reliability was a poor use of the judges' clinical intuition, but that is what our methods required as "good science" to find "truth" and get studies published.

Beginning in the 1980s, I started hearing rumblings about qualitative research. These methods at the time seemed unclear and "unscientific." But meanwhile, I began exploring more discovery-oriented methods (Hill, 1990; Mahrer, 1988) where we developed measures based on

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the data and then trained judges to reliability in using them. It was a step away from traditional methods and emphasized an exploratory approach of learning from the data.

Robert Elliott and Bill Stiles, both process researchers, were very influential in helping me begin to accept and learn qualitative methods. Robert collaborated with Renee Rhodes, Barbara Thompson, and me on our first venture into qualitative methods in a neat study we did on misunderstandings in psychotherapy (Rhodes et al., 994). We discovered that the pathways differed for clients when the misunderstanding (rupture) was processed openly and therapists apologized and took responsibility for errors versus when clients "went underground" and did not express their feelings. In the latter cases, the misunderstanding persisted and therapy often terminated soon thereafter.

After a few more studies, we began to feel like we had a method that merged the best of the old process research (e.g., use of multiple judges, clear coding categories, sticking close to the data) with the newer qualitative methods (e.g., use of consensus rather than interrater agreement/reliability). We have been tinkering with this consensual qualitative research (CQR) method now for about 30 years, culminating in our most recent book (Hill & Knox, 2021). We've been able to use CQR to explore some exciting aspects of psychotherapy that were difficult to study using the older methods (e.g., therapist self-disclosure, immediacy, silence; client crying, internal representations).

It's been great fun and liberating to move beyond the traditional methods and try new things. It's also been challenging to convince the "establishment" that qualitative methods are indeed "science." Being involved in qualitative research has also helped me challenge my assumptions about "truth" and rethink what we know and how we know it.

The new methods in this series open up even more possibilities in terms of qualitative research. I have learned a lot about new methods (autoethnography, conversation analysis, critical-constructivist grounded theory, critical participatory action research, descriptive-interpretive qualitative research, ideal-type analysis, discursive psychology, interpretative phenomenological analysis, interpretive phenomenological analysis, narrative analysis, and thematic analysis) and am excited to apply them in my own research.

My hope for the future is that we will discover many new and better ways to understand psychotherapy. We need methods that help us describe the complexity and beauty and individuality of the therapeutic endeavor. Psychotherapy truly is an art in search of a science.

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EDITOR'S COLUMN

Joanna M. Drinane, Ph.D., Editor
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Greetings Division 29 and SAP Membership! 2021 is well under way and along with the new year have come many changes in leadership, not only on the national level, but also within our accomplished Division. The *Psychotherapy Bulletin* team is excited for the creative ideas that will accompany these transitions, and we look forward to this publication as a venue for their presentation. Within our own small group, we have said goodbye and extended our gratitude to Salwa Chowdhurry, PsyD who concluded her term as an Editorial Assistant, and we have welcomed Sree Sinha, Doctoral Candidate in Counseling Psychology at the University of Denver, to this role. In addition, thank you to Stephanie Winkeljohn Black, Ph.D., Asscoiate Editor, and Kate Axford, M.S., Editorial Assistant, for their continued service to the Division in their editorial capacities. In collaboration with Tracey Martin and Kourtney Schroeder and with all your contributions, we seek to facilitate the production of *Bulletin* issues that move the discourse forward and engage our readership. We hope that you will choose the *Psychotherapy Bulletin* as an outlet for your work.

In 2021, it is our intention to produce a timely publication that consistently includes diverse perspectives and pieces from each of the Division's domains. While this first issue may be a few days behind schedule, that is due to our desire to formally welcome our newly appointed Division 29 President, Dr. Clara Hill, Ph.D. To complement the many other wonderful articles and announcements that we have for you to view, this first edition of the year also includes an informative column from Dr. Hill, whose expertise on all things psychotherapy is unparalleled. In the midst of shifting from President-Elect to President, Dr. Hill prioritized her contribution, which highlights her profound commitment to Division 29 and to the *Psychotherapy Bulletin*. In this first issue, we also want to formally introduce the special focus for the year, "Social Justice in Psychotherapy: Bringing Advocacy and Interdisciplinary Perspectives to the Forefront." Our editorial team is comprised largely of psychotherapy process and outcome researchers, and it is our intent to increase discussion of the role of advocacy and antiracism in our practice and in our scholarly work. We invite submissions that fit with this theme and also those that extend beyond it and represent your experiences and curiosities (applied or research focused).

Thank you to all who make the *Psychotherapy Bulletin* a success (readers, authors, Division members, and more!). To write for the *Bulletin*, please visit our website (http://societyforpsychotherapy.org/bulletin-about/). Our schedule of deadlines for 2021 will be April 15th, July 15th, and October 15th. Please reach out with questions to joanna.drinane@utah.edu. We look ahead to a productive year with many valuable viewpoints communicated!

Thank you,
Joanna

AMERICAN PSYCHOLOGICAL FOUNDATION

Visionary Grants: $20,000

New EnVISION Ending Racism Priority

The American Psychological Foundation, the premier private foundation supporting psychological research, has long been committed to understanding and eliminating racism. In light of the urgent need to do even more to eliminate racism, APF now seeks to increase its Visionary Grants directed to this area. The APF EnVISION Grants fund research that explores the cognitive and behavioral parameters that motivate racist feelings and behaviors.

Eligibility	Evaluation Criteria
-Applicants must be graduate students or early career researchers (no more than 10 years postdoctoral)	-Innovative and potential impact qualities
-Applicants must be affiliated with a nonprofit charitable, educational or scientific institution, or governmental entity operating exclusively for charitable or educational purposes	-Quality, viability, and promise of proposed work
-Please select the *EnVISION Ending Racism* priority on the Visionary Grant application	-Criticality of proposed funding for proposed work
	-Clear and comprehensive methodology

EnVISION Ending Racism Campaign: https://www.apa.org/apf/news/envision-end-racism

Apply here: https://www.grantinterface.com/Home/Logon?urlkey=apa&

Filter through APF's programs here: https://www.apa.org/apf/funding/grants

FAQ: https://www.apa.org/apf/funding/grants/faqs

Questions? Email APF's Program Coordinator, Julia, at jwatson@apa.org

APF values an applicant pool that is diverse in terms of race, ethnicity, gender, age, abilities, and sexual orientation.

Introduction to The New Section

Alfredo Padilla-López
Mexicali, Baja California, MX

Dear Colleagues and Friends, I am pleased to share with you a new collaboration proposal for the Psychotherapy Bulletin, the section will be named "International Perspectives on Psychotherapy." This section will aim to know how psychotherapeutic models and techniques are understood, applied, and developed in different regions of the world, described by three authors from three countries at the same time.

This idea is the product of the collegiate work of the Standing Committee of International Affairs of the SAP that seeks strategies and proposals for the interaction between psychotherapists and particularly the exchange of ideas that allow us to advance in scientific and creative proposals in the professional practice of psychotherapy, from multicultural perspectives.

We know that doing psychotherapy, in the different corners of the planet, not only depends on excellent training and accreditation of skills and knowledge, but it also depends on legal issues, cultural issues and even technological issues. In addition, in this increasingly small, multicultural, and polyglot world, ideas and challenges are shared more quickly and interest us all. That is why this project has the spirit of sharing, with that global vision, how and why we do psychotherapy in this way.

It is an ambitious project to have three specialists in psychotherapy, from three different cultures, describe to us what it means to do a specific form of psychotherapy, how it is perceived from the public, the scientific, the professional; specifically, what we want is that both you and us share the experience of knowing three perspectives of what, we assume, is the same.

We hope that this proposal is of interest to you and that it really contributes to a more global understanding of psychotherapy, and above all, that it gives you new ideas on how to improve the services you offer.

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Creating New Rituals of Psychotherapy Practice

Jake Jackson-Wolf, M.Ed., LGPC
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Driving to the office, parking the car, gathering your belongings, entering the building, saying hello to colleagues, checking messages, setting an intention for the work of the day. This might sound like a familiar sequence of events to many psychotherapists before March 2020. These are just some of the rituals that a psychotherapist might engage in before getting to the work of welcoming a client into the healing space, walking the client across the threshold and into a space that offers comfort, non-judgment, and a listening ear. The door gets pulled shut behind the client and therapist to signify the sanctity of the space that is created with each client, their own space and time.

Clients have their own rituals before therapy. They sit in traffic fearing that they will be late to session while they fume about the argument they just had with their boss. They complete that homework you assigned a week ago or they try to figure out how they want to use their time in session today. When they finally enter your waiting room, maybe make some tea and have a seat, they are doing their own work to prepare to enter your office. Scholars, practitioners, and clients alike can agree that entering into your space of healing is itself a part of the psychotherapy process. For clients and psychotherapists, the work goes beyond the 50 minutes of the session.

Social distancing is intended to keep people physically apart from one another; it is no longer safe to share physical space in the same way from a public health perspective. So, along with many other industries, psychotherapy has gone virtual. The use of phone or video mechanisms for psychotherapists was an emerging trend across the various disciplines of mental health care providers over the past several years. The rise of the COVID-19 pandemic in the early parts of 2020 have necessitated the switch to telehealth platforms for large swaths of the psychotherapy community. Providers were either encouraged or forced to shut down in-person operations and had to opt for other means of delivering psychotherapy services. In the aftermath of the early days, some providers have gone back to in-person services employing PPE, social distancing, outdoor services, and other creative means to limit the possibility of spreading the virus. Some have adopted hybrid models, while others remain online for the foreseeable future.

Research has suggested for several years now that building rapport is by and large not affected by the use of telehealth (Botaitas & Southern, 2020). Remote offerings of psychotherapy have long now been considered effective and provide numerous benefits for a variety of populations, effectively increasing the accessibility of psychotherapy (Silver et al., 2020). It seems to be the case that the larger body of research indicates that teletherapy is as effective as in-person psychotherapy and that it comes with some added benefits of accessibility in a

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variety of different areas (travel time, geography, childcare, social anxieties, etc.). It also appears that in some cases, psychotherapists who have moved 100% online are reducing their expenses by no longer maintaining costly leases and other associated expenses.

The pandemic has accelerated the shift that may have already been taking place in the field towards an increasingly virtual administration of psychotherapy services. With multiple vaccine candidates on the horizon, many are considering the implications of these past months on the future of their practice of psychotherapy. Some will resist this change and look to get back in person as soon as possible and kick their virtual platforms to the curb. Others might see this as a way to evolve their practice into one that is entirely virtual. Still, some will be looking towards a hybrid model of some amount of in-person and virtual offerings. Just as there remains little in the way of consensus around the best way to practice psychotherapy, one can speculate the thinking about ways forward in the digital age will vary widely.

So, if virtual psychotherapy is here to stay in one way or another, how does the psychotherapist adapt and what guidance can the psychotherapist give to clients for engaging in virtual treatment? The wonderful thing about this advice is that it applies to both the client and the psychotherapist, as the needs are parallel.

Setting Space

This might vary among practitioners as some continue to work in their office spaces while others are working from home or other spaces not purposefully built as psychotherapy offices. For clients, this might be their home, office, car, or some private area. Whatever the case, to replicate what was available pre-COVID, try to be intentional about creating a space that is for healing. Light a candle, turn on the right amount of light, grab a warm drink, sit somewhere comfortable. This practice of creating a space allows for both client and therapist to cross the threshold together into a space that is intended for healing, growth, and change. This might mean organizing your space to be clear of distracting things (phones, email, etc.), creating a soothing backdrop, and to begin thinking about the next step: setting intention.

Setting Intention

The reasons that bring folks to psychotherapy vary greatly and our treatment modalities and specialties influence how each practitioner and client enter the therapy space, however virtual it may be. Regardless of this, there exist infinite ways for each to create some small moment of quiet to name an intention for the hour ahead. For therapists, this might mean taking a few moments to center yourself in the experience of the client for a moment, take a second to think about what you hope for that client in the coming hour, and how you will make space for them. For clients, consider what you would like to get from the hour and how you will allow yourself to enter the session with that intention in mind.

Easing In

This is that moment of actually crossing that threshold, the one where one or both enter the call and ask, "can you hear and see me alright?" Invite yourself to be open and patient with the technology as it will likely give you a hard time. Think about how to create an opening to the session that simulates the moment when you open the waiting room door and welcome the client back.

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That moment of, "I'm so glad you're here today."

Easing Out

The session is over, the client is to go back about daily life. Now remember, they probably no longer have that commute home. They might be walking into the next room to continue helping a child with online learning or rushing off to a virtual meeting with a work colleague. You might have your next client in your virtual waiting room. Consider ways for you and the client to ease out of the space that you created together today. For some, this is a simple wave, a nod, a bow, or the classic, "same time next week?" Stand up, walk around the room, write down a few thoughts, attend to your body. Consider what you had done when you were in your physical space.

Virtual psychotherapy can be fulfilling, it can be effective, and it comes with some new ways of developing rituals of practice. You can still be present to your clients, continue to hold space for them, to continue to see them (albeit a pixelated version), and to hear them (perhaps with an audio lag). Consider the impact this new reality has on your practice of psychotherapy and how to engage your clients in new ways. Think about the ways that you can recreate the same healing rituals that you had when your client was in your office. If virtual forms of psychotherapy are here to stay or might just be part of your practice moving forward, consider the ways to integrate this in a sustainable way to ultimately get the best parts of traditional face-to-face with all of the advantages of virtual practice.

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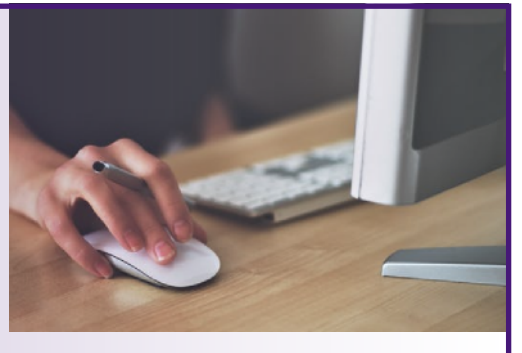

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Making the Most of Endings and New Beginnings: Tips for Early Career Psychologists

Kathryn Ziemer, Ph.D.
Alexandria, VA

The start of a new year is often a time when we reflect on our experiences from the past year and consider our hopes for the new year. But 2020 has been a year like no other. As we start 2021, how do we make sense of the past year and how do we cope with the ongoing challenges and uncertainties in the upcoming year?

These questions are especially relevant to early career psychologists who may be experiencing multiple transitions at once—not just the transition into a new year, but the transition out of graduate school and into a career. These transitions can be challenging to navigate in the best of times but can feel especially difficult in light of the ongoing global pandemic, racial violence, and political turmoil. Taking the time and space to reflect is important both for finding closure and for charting a path forward. We can draw from the literature on termination, grief and loss, and life transitions to guide us in this reflection process.

Although ending therapy is different from other types of endings, the termination process in therapy can still provide a useful framework for any time of transition. Often the termination process involves looking back, looking forward, and saying goodbye, so we have structured our tips for early career psychologists in the same way.

Looking Back

Grieve what was lost. For most of us, this past year had a lot of loss—lost experiences, lost relationships, lost health, lost loved-ones. For early career psychologists, this loss may include the loss of a normal, in-person internship or postdoctoral experience. It's important to take the time and space to pay tribute to these losses and allow yourself to grieve. In reality, anytime we go through a life transition, we experience a loss—the loss of our previous self. So, don't forget to grieve the person you were before, including the mistakes you made and the chances you didn't take, because it's in these reflections that we learn and grow—which brings us to our next tip.

Reflect on how you have changed. Part of what can be useful about the termination process in therapy is when clients examine how they have changed and grown over the course of the therapy (Gelso & Woodhouse, 2002). Not only does this help reinforce the progress in therapy, but it can also serve as a catalyst for future growth. In a similar way, reflecting on our own growth throughout 2020 can help us make sense of our experiences and motivate us to continue growing in the new year. Early career psychologists may especially benefit from this type of reflection since they are likely encountering new and challenging situations in their careers. Recognizing growth and change can help reduce the feelings of imposter syndrome com-

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mon to early career psychologists. Moreover, reflecting on how you have coped with challenging situations over the past year can help instill confidence that you can overcome future challenges (Schwarzer & Warner, 2013). This can also be a collaborative process where you can gain feedback from others in your life about how they have seen you grow and change. Others may provide a different perspective and notice changes that you haven't noticed in yourself.

Give thanks. Don't forget about gratitude. It can be easy in times of hardship to focus only on the negative aspects of the experience. However, research shows that cultivating gratitude results in better mental and physical health, including greater optimism, happiness, improved relationships (Algoe et al., 2008; Cunha et al., 2019). Another bonus: gratitude helps us cope with adversity (Wood et al., 2007). Cultivating gratitude involves appreciating what you have and acknowledging the goodness in your life. It also helps us connect with something larger than ourselves because often the source of the goodness is someone or something outside of ourselves. Fostering gratitude can be as simple as thinking about the things you're grateful for, or as tangible as writing a thank you letter to someone. Either way, acknowledging the aspects of the past year that we're grateful for can help us find a sense of peace and closure with 2020.

Looking Forward

Record what you have you learned. Over the past year, most of us faced situations we've never faced before 2020. We experienced sudden drastic changes, crippling uncertainty, isolation, physical restrictions, adversity, and violence, just to name a few. Regardless of how you handled these situations, chances are you learned something about yourself. Maybe you were stronger and more resourceful than you realized. Or maybe underlying problems that you hadn't addressed before reared their ugly head. Both types of learning are important to keep track of as future reminders to ourselves. Make sure you don't lose these lessons by writing them down and going back to them from time-to-time. These lessons should be things you want to carry forward in your life. For early career psychologists, the lessons may center around what type of career is a good fit or (equally important) not a good fit for you. Experiencing hardship also has a way of putting things into perspective and clarifying our priorities. Knowing what's truly important to us can help us live a more meaningful life, which brings us to our next tip.

Set meaningful goals. It may seem trite to set New Year's resolutions. However, setting goals, especially when they're meaningful goals, helps us chart a path forward. Setting meaningful goals is one of the key components of Acceptance and Commitment Therapy (Hayes et al., 2012). Meaningful goals are those that align with our values. The more we take actions that align with our values, the more we're able to live a meaningful, satisfying life with fewer regrets. It's especially important for early career psychologists to determine what they value for themselves, their career, and their life outside of the expectations of professors, advisors, supervisors, or mentors. It's only by being true to yourself and your values that you can live a life that is truly meaningful for you. Once you know your values, you can then translate them into action by setting specific goals that fit with these values.

Saying Goodbye

As we start 2021, let's remember and honor the past year. Let's recognize the

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hardship we went through personally and collectively. Let's not sugarcoat the pain and suffering, but instead embrace it as part of the human experience. Let's also learn from it. Let's decide how we want to do things differently moving forward. Let's embrace the growth and change we see in ourselves. Because one thing is certain: none of us are leaving 2020 the same person we were when we entered the year.

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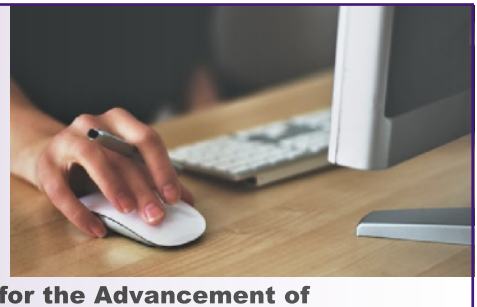

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An Exploration of Mechanisms of Change in Functional Analytic Psychotherapy

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Author Note: I would like to thank the Society for the Advancement of Psychotherapy for their support of this research via a Charles J. Gelso, Ph.D., Psychotherapy Research Grant.

Given the unresolved nature of the Dodo Bird Verdict (de Felice et al., 2019), clarification of psychotherapy mechanisms remains important and may indicate which clients will respond to treatment (Goldfried et al., 2014), reduce theory-practice gaps (Dobson & Beshai, 2013), and provide insight into why some individuals in control groups show improvement above and beyond treatment groups (Carey & Stiles, 2016). How the investigation of psychotherapeutic mechanisms is carried out is important. Many mechanism studies utilize variables that may be better classified as outcomes (Carey et al., 2020). Consequently, it may be beneficial to start investigations of mechanisms of change in well-established functional mechanisms to prevent the proverbial 'tail from wagging the dog.'

One important example of a functional mechanism of change is found in operant conditioning (Skinner, 1937). Among the therapies that propose a mechanism anchored in operant conditioning is Functional Analytic Psychotherapy (FAP; Kohlenberg & Tsai, 1991). A recently proposed model for applying FAP, deemed the Awareness, Courage, and Love (ACL) Model (Maitland et al., 2017), proposes increasing client awareness of their own and others behaviors, engaging in adaptive disclosure, expression, and requests that have previously been punished (courage), and skillful acceptance and production of responses to courage (love) through naturalistic contingent responding to those behaviors in session. While FAP does not rule out a priori any treatment targets, the implementation of the treatment implicitly intervenes upon feelings of connection, making those feelings a logical target (Maitland & Gaynor, 2012).

A series of studies have implemented the FAP Rating Scale (FAPRS; Callaghan et al., 2008) to evaluate FAP's proposed mechanism of action. The first study in this line of research (Callaghan et al., 2003) concluded that an increase in FAP consistent, effective responding was correlated with an increase in client effective in-session responding and increased social functioning outside of session. A second study found that decreases in problematic in-session behaviors and increases in desirable in-session behavior occurred throughout a single successful case of FAP (Busch et al., 2010). A third study suggested adherence to FAP rules was associated with reports of out-of-session target behaviors (Landes et al., 2013). Other research found FAP adherence predicted increases in Working Alliance Inventory (WAI) scores (Maitland & Gaynor, 2016), that WAI scores mediate the relationship between treatment and changes in social functioning, and that FAP adherence

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mediated outcomes on psychological distress (Maitland et al., 2016).

While the evidence reviewed above is compelling, it remains limited. No studies have investigated micro (FAPRS coding), mid-level (in-session relating), and macro processes (social functioning and psychological distress) in FAP simultaneously. As such, the research on FAP mechanisms of action remains disjointed and speculative. The purpose of the current study is to comprehensively evaluate FAP's mechanism of action by incorporating all the previously utilized investigation techniques into one well-controlled study.

Method

Participants

Three undergraduate students participated in the study. All three individuals self-reported difficulties with interpersonal relationships, psychological distress, and scored one standard deviation below the mean on measures of social functioning.

Procedure

A concurrent multiple baseline across participants design was utilized. The baseline consisted of the participant and therapist taking a role in a two-person play. This controlled for effects resulting from interaction or emotional expressions and minimized the likelihood of incidental mechanism engagement. The treatment condition involved a principal based FAP intervention anchored in the ACL model. The focus of the FAP sessions was on evoking and providing natural social positive reinforcement to occurrences of behavior that facilitate the development of the in-session relationship.

The study consisted of 12 sessions. Each participant received between three and five baseline sessions and was scheduled to receive between seven and nine FAP sessions. The transition from the baseline to FAP condition was determined based on demonstrated stability on measures of social functioning. Two of the participants completed all sessions, and one dropped out after completing three baseline sessions and four sessions of FAP.

Assessments occurred every session. At the start of each session, participants completed the Fear of Intimacy Scale (FIS; Descutner & Thelen, 1991), the UCLA loneliness scale (UCLA; Russell, 1996), and the Psychiatric Diagnostic Screening Questionnaire (PDSQ; Zimmerman & Mattia, 2001). At the end of each session, participants completed process measures including the WAI (Hatcher & Gillaspy, 2006), the Therapeutic Presence Inventory (TPI; Geller et al., 2010), and a modified version of the Fear of Intimacy Scale that prompted the participant to answer questions about the therapist. The therapist completed a therapist version of the TPI at the end of every session to capture the therapist's perspective of process variables. All sessions were coded using the FAPRS.

Data Analysis

Data were analyzed using Robust Improvement Rate Difference (R-IRD), a metric of effect size, which was used to assess the effectiveness of the treatment. Visual analysis of data meeting reliable change (Jacobson et al., 1984) was conducted to assess the temporal order of change in captured variables. FAPRS coding was conducted by two independent coders familiar with FAP.

Results

Participant R-IRD scores on the WAI were 1, 1, and 1, respectively, indicating higher scores at every data point in the FAP condition compared to the control condition and pre-treatment assessment. On the therapist focused FIS, R-IRD

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scores were .833, 1, and .5, suggesting improvements in FAP sessions, but of a more limited nature. TPI (.857, 1, and .35) and Therapist TPI scores (1, 1, .5) were similar. Scores improved for all participants on the UCLA (.667, .333, .691) with some iatrogenic effects indicated on FIS (.667, .667*, .4048) and PDSQ (.667, .667, .857*). The temporal order that each participant reached reliable change can be found in Table 1. The results of the temporal assessment of the reliable change index suggested an inconsistent pattern across measures. FAPRS coding indicated no FAP consistent therapy moves were conducted in the baseline condition. In the FAP sessions, more turns of speech were focused on the relationship than on either FAP rules 2 or 3, which correspond to FAP's purported mechanism of action detailed in Table 2.

Table 1

First session that reliable change was met for each variable

	Participant 1	Participant 2	Participant 3
First FAP session	5	6	4
WAI[1]	5	8	4
TPI[1]	1	8	1
Therapist FIS[1]	Follow-up	Not achieved	6
TPI Therapist[1]	4	2	3
FIS[2]	11	Not achieved	Not achieved
UCLA[2]	2	4	Not achieved
PDSQ[3]	Not achieved	12	Not achieved

[1]*Expected to be one of the first variables to change*

[2]*Expected to be one of the second variables to change*

[3]*Expected to be the third variable to change*

Table 2

Average turns of speech in FAP sessions spent on content area

	Rule 2	CRB1 responses	CRB 2 responses	Relationship focused
Participant 1	8.38	8.75	3.88	21.88
Participant 2	3.28	1.28	2.00	17.86
Participant 3	3.00	0.42	4.50	27.75

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Discussion

The findings from the current study are relatively inconsistent with previous findings on FAP (Kanter et al., 2017). Despite evidence that the treatment was implemented with fidelity, the effect size of the current study is smaller in magnitude than previous studies on FAP. While all participants made improvements on at least one process variable and one measure of social functioning, the temporal order of the findings is not consistent with hypothesized outcomes. The current study is novel in terms of the independent variable and control condition. It is possible that a FAP intervention based on the ACL model deemphasizes the idiographic case conceptualization and intervention utilized in past research. While the ACL model is accessible and easily disseminated, it may come at the cost of treatment efficacy (Callaghan & Follette, 2020). FAPRS data suggested that instead of incorporating FAP's proposed mechanism of action, the study therapist spent significant time focusing on the therapeutic relationship. It is also possible that the control condition had a meaningful impact on participant engagement in therapy. While WAI scores were high, scores regularly did not approach the levels found in similar studies (Maitland & Gaynor, 2016).

Another possible explanation for the unexpected findings may lie in study measurement techniques. While the relationship between the therapist and participant was emphasized, no measure of connection was collected. It is possible that fear of intimacy was insufficient for capturing the behaviors that were targeted. While in longer therapy, these behaviors would be shaped to a final target, given the brevity of treatment, it is possible that the final form of the behavior was not sufficiently shaped. Additionally, the PDSQ, used to measure distress, captures endorsement of DSM symptoms. Metrics of psychological distress focused on the social environment might indicate different outcomes. While those were thought to be captured by the FIS and UCLA, it is possible a broader construct such as social connection was impacted.

Conclusions

The ACL model may facilitate the dissemination of FAP at the cost of effectiveness. Despite the limited support in the current study for FAP as a treatment or its purported mechanism of action, the current study can help researchers understand key facets of treatment. Additional data collected in the current study but outside the scope of the current report may provide further insights into FAP mechanisms. It remains important that psychotherapy be guided by data. When the data is inconsistent with previous findings, opportunities are granted to clarify why those differences are found. Thus, research into the purported mechanisms of action in FAP remains an important topic for investigation.

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Telehealth Therapy Concerns for Clients Engaging in Treatment for Domestic Violence

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The COVID-19 global pandemic has generated innovative adjustments related to how mental health services are accessed. Telehealth has become a convenient, safe, and necessary avenue for people to receive mental health care, such as therapy. With benefits like increased reach and accessibility, and decreased cost and travel (Madigan et al., in press), it is an appropriate treatment modality for a lot of people. Yet on the other hand, there are also disadvantages that emerge with telehealth such as threats to confidentiality (Madigan et al., in press).

Rates of interpersonal violence and domestic violence (DV) have been a concern during the pandemic. On April 30, 2020, the United Nations Population Fund (UNFPA) suggested that if lockdown and shelter-in-place orders continued for six months, there would be an estimated 31 million new DV cases globally (Impelli, 2020). The UNFPA also stated if lockdown orders continued for nine months, there would be an estimated 45 million new DV cases globally (Impelli, 2020). Telehealth services may be limiting for victims who are trying to receive or continue mental health services. The present article will discuss ethical and safety concerns for clients who are engaging in telehealth therapy related to domestic violence.

Domestic Violence & the COVID-19 Pandemic

The COVID-19 pandemic has altered the way that domestic violence is perpetuated in people's lives. The pandemic presents numerous stressors, such as home-schooling children (Kaukinen, 2020), limited access to friends and family, financial instability (Jarnecke & Flanagan, 2020), and the intense amount of uncertainty that comes with such an unprecedented and widespread event. In addition, stay-at-home orders are keeping partners in close proximity and making it more difficult for people to leave or receive help (Kofman & Garfin, 2020). Shelters may not be accepting new people for fear of the virus spreading to existing occupants (Jarnecke & Flanagan, 2020), and others may not be willing to accommodate someone sleeping on their couch due to the same fear. According to Tolan (2020), there has been an increase in domestic violence calls in nine out of twenty major cities. The stress of the pandemic or the barriers to leaving are enough to cause concern for people experiencing domestic violence in their intimate relationship. Adding at-home telehealth therapy to the existing tension is risky.

For clients engaging in therapy related to domestic violence, there are concerns regarding the use of telehealth and the threat to confidentiality that this treatment modality imposes. For clients who are living with their partner, confidentiality is not just a professional standard, but it is critically important for their safety. Participating in at-home telehealth therapy decreases clients' privacy and confidentiality and produces opportuni-

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ties for further power and control behaviors in the home (Kaukinen, 2020). Whether someone else is overhearing the therapy session accidentally or intentionally, without the privacy of a traditional therapy office, the client's confidentiality is at stake and can make a client less inclined to disclose information.

Clinically, therapy via telehealth may not be the best option for clients across contexts. Koocher (2007) found that ratings of the therapeutic alliance, an important factor for successful therapy, was lower in telehealth than in-person therapy. In addition, researchers have indicated telehealth is also not the best option for clients who are wanting to focus on relationship-based problems in therapy (Brenes et al., 2011). For individuals experiencing intimate partner violence, relationship-based problems may be a main treatment goal. Conducting therapy sessions via telehealth eliminates the ability for the therapist to monitor their client (Madigan et al., in press). Monitoring is critical for a therapist to gather nonverbal information and assess a client's physical environment when participating in services remotely. Telehealth platforms might limit the ability to know where the client is located, assess whether anyone else is nearby and listening, or examine if the client is in a safe environment to talk freely. While a therapist can ask a client these questions in an attempt to understand the situation, if the client is not truly granted privacy, their answers may be restricted.

Ethical Considerations

As clinicians are making clinical decisions regarding telehealth during the pandemic, it is important to examine whether it is ethical to allow clients who are experiencing domestic violence to engage in telehealth from home. The American Psychological Association (APA) 2017 Ethical Principles of Psychologists and Code of Conduct (Code of Ethics) 3.04 Avoiding Harm notes that psychologists will avoid and minimize harm that could come to their clients (APA, 2017). In the case where a therapist is aware of domestic violence within a client's relationship, allowing the client to engage in therapy from home where their partner could be overhearing or monitoring may be putting their client in harm's way. Typically, these therapy appointments could be scheduled when their partner is at work or otherwise not in the home. However, stay-at-home orders limit these options for many victims. Therapists can minimize any foreseeable harm from telehealth treatment by utilizing safe words and safety plans with clients that live with their partner.

Further, 4.01 Maintaining Confidentiality states that "psychologists have a primary obligation and take reasonable precautions to protect confidential information" (APA, 2017). Confidentiality and privacy are a common ethical concern when using technology (Van Allen & Roberts, 2011). Confidentiality is essential to any therapy but is especially important for clients participating in therapy related to domestic violence. Allowing a client to participate in telehealth therapy from home may not be giving them the best opportunity for confidential treatment. In-person therapy, following all recommended Centers for Disease Control and Prevention (CDC) or jurisdictional COVID-19 guidelines, should remain an option for the clients who do not have opportunities to engage in private and confidential therapy via telehealth due to stay-at-home orders, partners working from home, or even children schooling from home (Madigan et al., in press).

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Lastly, while the APA ethical principles are intended as a guide rather than an obligation, the guidelines serve as an important reminder of the values a psychologist should strive to uphold. For instance, Principle A of the APA ethical code states that psychologists "take care to do no harm" and "seek to safeguard the welfare" of their clients (APA, 2017). Clinical discretion is an important tool in ethical decision-making, and continuous assessment of the risk for potential harm that could come to a client remains a necessary part of the therapeutic process.

Recommendations & Conclusion

Therapists should take extra precautions when working with clients via telehealth to ensure that the treatment modality is clinically appropriate, safe, and ethically sound. Can your client make progress toward their treatment goals over telehealth? Does your client have a private and isolated location to participate in treatment? Is there any foreseeable harm that may come to your client due to compromised confidentiality? The intake should include extra questions such as these before treatment continues. For clients engaging in therapy related to domestic violence, safety is a major concern. Determining whether telehealth therapy is appropriate will need to be examined on a case-by-case basis. Therapists should take the necessary steps to minimize any potential harm that may come from a breach in confidentiality. For example, determine a safe word at the start of therapy to make certain the client is able to send a signal to the therapist. In addition, encourage ending the phone or video call if necessary during their intake, with the understanding that there are absolutely no consequences to doing so. Informing clients that there will be no consequences to a shortened or missed session is especially relevant for clients who are court-ordered to receive treatment related to domestic violence. The pressure to attend and adhere to court mandates should not put them at risk for harm. Therapists that work with court-ordered clients know the unique vulnerability of this population. Advocating on behalf of clients and collaborating with probation officers or other court officials is crucial. Lastly, if engaging in telehealth treatment from home does not appear to be safe for a client, do not allow it. Clients have individualized treatment needs and telehealth may not be appropriate for everyone (Barnett & Kolmes, 2016), even in a pandemic.

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We'd love to hear from you!

Remembering Ram Dass: Those Were the Daze

Steven J. Hendlin, PhD
Newport Beach, CA

What a wonderful parting gift Ram Dass (also known as Richard Alpert, PhD) has given us with his memoir, *Being Ram Dass* (Dass & Das, 2021). For those "of a certain age" who know of his life and work, this book takes you knee-deep into the juicy details of the stages of his personal and spiritual development. Many of the stories about his relationships with family members and lovers are told publicly for the first time. If you don't know his work, this memoir will give you the story straight from the horse's mouth. And what a fascinating story and cast of characters it is.

In integrating Western psychology and Eastern spirituality, Ram Dass was, in his prime, what today they would call the charismatic "it" guy. You might think Timothy Leary's flashy smile and "What-me-worry?" public persona would rightfully have made him the go-to "it" guy of his time. And in his publicizing of LSD, Leary was clearly the poster boy. He trumpeted his "turn on, tune in, and drop out" slogan from 1966 with fervor. But for those of us who were looking to incorporate psychology and Eastern spirituality, it was Ram Dass, not Leary, who was the man. Together they were a significant media force in bringing the use of psychedelic drugs for consciousness expansion to the forefront of my generation.

As Carly Simon might put it, Ram Dass knew everyone worth knowing and was in all the right places at the right time. His ego enjoyed the celebrity he found first as a public spokesman for consciousness expansion and later, as a guide toward spiritual realization. He was not shy about revealing his weaknesses and vulnerabilities in the service of teaching. For me, this made him honest, believable, and endearing.

At the same time, he tried not to get caught up in his personality, doing meditative practices focusing on helping him dis-identify with his Ram Dass persona. He both owned his role as the "mouthpiece" for a generation and worked at transcending it.

He summed up the process of moving from personal to transpersonal by saying that Western psychology taught us to be "somebody" by building a strong ego and forging a stable personality and character that could handle the reality demands of the everyday world. Eastern meditative practice focused essentially on "nobody" training, that is, how to transcend ego and identify with the universal oneness beyond individual selfhood. The dynamic between these two processes was expressed in the pithy saying, "You need to be somebody before you can be nobody," (Engler, 2003). Without a stable sense of self, one would not be able to mentally and emotionally manage the deeper levels of meditation practice that focused on transcending ego.

His stories of some of the meditation

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teachers and holy men he spent time with in India, and later when they toured America, reveal an attempt to deconstruct their less than pure power motives and underhanded activities focusing on building reputations and personal riches. Ram Dass believed some of them wanted to use his popularity with young people as a means to draw them to the teacher's own circle.

In telling his story, Ram Dass comes back repeatedly to the subtlety of uncovering his own power motives even when it appears on the surface that he is doing a favor or serving others. By questioning his own motives and attempting to gain insight, he demonstrates his previous psychodynamic training gained during his doctoral studies at Stanford and practiced when counseling students there and at Harvard.

I experienced him as a good example of balancing mind and emotion. He could express strong emotion but usually tempered it with his intellect. He was also a good example of the integration of male and female aspects of personality. I think his bisexuality gave him an intuitive and learned ability to find this balance. But bisexuality is not a topic I remember him ever bringing up in workshops or retreats. While he talked about relationships with women during the earlier decades, he did not publicly reveal his sexual struggles or relationships with men. In his memoir, he is clearly more willing to delve into conflicts with his sexuality.

We follow Richard Alpert from his chubby and awkward rich-kid childhood, trying to fit in and be loved, to his competitive striving as an ambitious graduate student hoping to please his parents. We watch his transformation from a status-conscious and materialistic professor and psychotherapist who discovers and experiments with mind-altering drugs to a "bad boy" who gets fired from Harvard for going too far in giving LSD to students. In later life, he seemed proud to be firmly ensconced in academic history as the first professor to be kicked out of Harvard since William James. What he experienced with psychoactive drugs leads to his journey as a spiritual seeker, finding his guru in India, and his transformation into a Bhakti yogi and teacher, and ultimately, an American cultural icon.

I had the good fortune to read *Be Here Now* when I was only 21 (I still have my well-worn first edition copy now over 50 years later). This led to my attending his public lectures and workshops as part of my experiential training in psychology. My interest was in sampling the minds and methods of many of the psycho-spiritual teachers passing through Southern California in the late sixties, seventies, and eighties (Hendlin, 2016).

I considered myself more a sampler or dipper than a joiner. I liked to drop in for a while to learn various methods, teachings, philosophies, and teachers. I wasn't looking for a spiritual community to satisfy social needs. But "dropping in" didn't preclude diving down into practices. For example, for seven straight years beginning in 1981, I attended a desert Vipassana meditation intensive retreat ranging from 4-10 days with Jack Kornfield and Joseph Goldstein.

I listened to Ram Dass' audio tapes, bought his books, had some hand-written correspondence with him, and went out of my way to attend his lectures and workshops when he came anywhere near my area. He was kind enough to write a blurb for my first book (Hendlin, 1989).

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The publisher was so impressed by it that he put the blurb on the front cover.

I had episodic contact with Ram Dass over a period of 40 years, but most of my in-person contact was before his stroke in 1997. After the stroke, shortly after he had recovered enough to resume teaching, I spent a weekend with him in a workshop. It was heartbreaking to see him come up to the stage in a wheelchair. Half of his body was paralyzed. No more golf, no more driving, no more walking, no more meditating on a zafu for the remaining 22 years of his life. I remember when I first heard about his stroke, I wondered whether the frequent LSD and other psychoactive drug use might have at least been partially responsible for it.

And it seemed like a wickedly cruel irony that a man who had possessed such a gift with words, humor, and storytelling now had to learn to speak all over again. But he ended up believing that the stroke was "grace," that it took him deeper into himself. During his early recovery, he commented that one of the ways he was able to survive the stroke was by not identifying his awareness with his physical body.

I continued to watch videos of his retreats when he moved to Hawaii until the end of his life. He became increasingly more the "loving presence" that he wanted and was instructed to be by his guru. He got out of his head and resided in his heart.

The stroke made him dependent on others full time for his care. And it also made him softer and more emotionally vulnerable. He would let himself be moved to tears when hearing a poignant story of suffering. It is telling of his character and connection to so many of those he mentions in his memoir whom he met when they were in their twenties, guiding them to his guru in India, were still by his side, caring for him and working with his foundation to the end of his life and beyond.

Ram Dass was the first teacher I had who sat in the half-lotus position on a zafu and had books and notes spread in front of him when he was teaching. He learned to trust what would come out of his mouth but usually had written material to help spark him. His academic teaching career had taught him to be prepared. And yet, he could give long lectures without notes, able to quote teachers or scripture from memory. Later, Jack Kornfield would teach in a similar fashion.

Ram Dass could go on for hours without getting up to take a break. He could speak eloquently for sometimes up to an hour without having the least slip of his tongue. He was one of the best I've seen at guiding a meditation group into shared consciousness.

I consider Ram Dass one of my main spiritual teachers. His personality, psychology training, and Jewish cultural background made it easy for me to connect to him and his message in a way that was not possible with those teachers from other cultures. He spoke my language of psychology but also fused elusive Eastern concepts and disciplined practices into intelligible bites of wisdom. And he did it all with a joke, a story, a poem, and a cosmic giggle.

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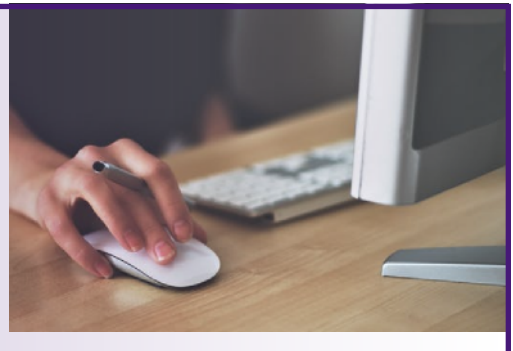

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WASHINGTON SCENE

"How Does A Ragtag Volunteer Army In Need Of A Shower, Somehow Defeat A Global Superpower?"

Pat DeLeon, PhD
Former APA President

The last major legislation which President Trump signed was the Coronavirus Response and Relief Supplemental Appropriations Act (P.L.116-260). This legislation provided $1.4 trillion for the Fiscal Year 2021 federal government funding and $900 billion for the provisions to address the COVID-19 pandemic. Aimee Grace, formerly on the staff of Hawaii's U.S. Senator Brian Schatz: "It has been said that budgets are moral documents. As such, understanding how much the federal government invests in children is critical to know how we as the United States are investing in our future. As a starter, the term 'child' appears in the final 5,500-plus pages nearly 320 times."

The House of Representatives report included several items of considerable interest to psychology and nursing:

• "Clinical Psychological Training for Public Health Service Corps—The Committee supports the review by the Surgeon General's office to update HHS regulations in order to permit the graduates of the 43 doctoral programs in clinical psychology accredited by the Psychological Clinical Science Accreditation System (PCSAS) to be employed by the Public Health Service Corps. This update is necessary as PCSAS was recognized in September 2012 by the Council for Higher Education Accreditation (CHEA) and now accredits 43 programs that are among the highest-ranked clinical psychology program in the country. The Veterans Administration, the Association of Psychological Postdoctoral and Internship Centers, and others have already updated their regulations to permit the employment of the graduates of PCSAS accredited programs. The Committee urges the Surgeon General's office to finalize and implement these changes as soon as possible."

Alan Kraut, the Executive Director of the PCSAS (formerly with APA and APS), has been similarly successful in having the Senate report encourage HRSA to update eligibility requirements for the Behavioral Health Workforce Education and Training Program for Professionals and the Graduate Psychology Education Program (GPE), to account for accreditation changes that have occurred since the eligibility requirements were established. "The Committee notes the Council for Higher Education Accreditation, as well as the Department of Veterans Affairs, recognizes the Psychological Clinical Science Accreditation (PCSAS). HRSA is encouraged to make administrative updates to ensure that HRSA's health workforce programs continue to have access to the best-qualified applicants, including those who graduate from PCSAS programs." PCSAS graduates are now recognized for licensing in states that represent almost 30% of the U.S. population, including the high population states of New York, California, and Illinois.

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• "Graduate Assistance in Areas of National Need (GAANN)—The Committee recommends $24,047,000…. GAANN provides fellowships through grants to degree-granting postsecondary institutions, for students of high financial need studying in areas of national need. The Department consults with appropriate agencies and organizations to designate the fields of study 'in areas of national need.' GAANN offers innovative graduate education programs, with associated fellowship opportunities, at the intersection of humanities, arts, STEM, and health-associated fields in order to prepare our national graduate students for increasingly interdisciplinary global challenges. Recent examples include computer and informational sciences, engineering, nursing, and physics.

"Since 2012, an academic area related to health professions has only been designated once. It is estimated that more than 18 percent of the U.S. adult population has suffered from any mental illness. Mental health is clearly an area of national need. The Committee directs the Secretary to consider the inclusion of academic areas that fall under the Classification of Instructional Programs (CIP) 51.15 Mental Health Services on the next grant competition."

• "Mental and Substance Use Disorder Workforce Training Demonstration—The Committee includes $41,700,000 for the Mental and Substance Use Disorder Workforce Training Demonstration program…. This program makes grants to institutions, including but not limited to medical schools and FQHCs, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, and others, to provide SUD treatment in underserved communities. Within the total, the Committee includes an additional $15,000,000 for new grants to expand the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental and substance use disorder services in underserved community-based settings that integrate primary care and mental and substance use disorder services, which may include establishing, maintaining, or improving academic units or programs to support those activities…."

And, • "CMMI Strong Start Initiative—The Committee continues to be concerned that the U.S. spends significantly more per capita on childbirth than any other industrialized nation—with costs estimated over $50 billion annually—but continues to rank behind almost all other developed countries in birth outcomes for both mothers and babies, including high rates of preterm birth, low birth weight, and high maternal and infant mortality. The Committee is aware that the CCMI Strong Start Initiative, as well as other research studies, have shown that models of care utilizing Certified Nurse Midwives, birth centers, and licensed doulas are associated with higher patient satisfaction and improved outcomes for mothers and infants. The Committee looks forward to the report, requested in House Report 116-62, that would build on the CCMI Strong Start Initiative to develop a proposal for CMS to increase access to birth centers and midwives in all state Medicaid programs, and incentivize this model of care for low-risk women."

The Steady Maturation of the RxP Agenda

Jin Lee, Chair of the Colorado Prescriptive Authority Taskforce (CO RxP): "I recently distributed a survey inquiring the Colorado psychologists' interests and support in Colorado for RxP. The

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results indicated that nearly 90% of the respondents (130/145) were either somewhat or fully supportive of this initiative, and 61% (89/145) were either somewhat or fully interested in pursuing the advanced training upon passing the legislation. Based on the overwhelmingly positive support from the psychologists in Colorado, we are preparing to introduce the legislation in 2022. Colorado is ranked the second-worst state ($48^{th}/50^{th}$) given the high prevalence of mental health concerns and lack of access to care. Colorado has the highest rate of deaths by drug overdose in the U.S., and in 2019, African American Coloradans had the highest death rate from drug overdose, which is 18% higher than the national average. While the national average of available psychiatry services is 8.9 per 100,000, the ratio in Colorado is 8.6 per 100,000. Suicide is the second leading cause of death among teens and young adults in our state. Given the crisis of mental health and the significant shortage of mental health providers, obtaining the prescriptive authority for psychologists will help bridge the critical gap in mental health support demands. I am in the process of discussing a potential opportunity to establish an MSCP program at a university in Denver. I am also in the process of discussing with several primary care and family medicine clinics to build a partnership and create practicum opportunities for those who are pursuing RxP in Colorado. I am hopeful that Colorado joins the other five states that passed their bill and many others who are in the process of passing the legislation."

Having fulfilled my clinical internship year at Ft. Logan Mental Health Center in Denver, which at the time was at the forefront of the community mental health center movement, I was particularly pleased to learn of Jin's efforts. She reminded me of the late-Chuck Faltz's observation that when the California Psychological Association got involved in RxP, their membership significantly increased as they were addressing a real interest of their constituency. For those involved in the RxP movement, the recent *American Psychologist* article highlighting the revised 2019 standards for APA's model psychopharmacological training for prescriptive authority should suggest significant progress in this evolution.

Looking Back with an Eye for the Future

With the advent of the new Biden Administration, it seems most appropriate to look back at past policy recommendations. In 2006, the Institute of Medicine (IOM) (now, the National Academy of Medicine) released its report *Improving the Quality of Health Care for Mental and Substance-Use Conditions*. The then-President of the IOM: "The committee calls on primary care providers, other specialty health care providers, and all components of our general health care system to attend to the mental and substance-use health care needs of those they serve. Dealing equally with health care for mental, substance-use, and general health conditions requires a fundamental change in how we as a society and health care system think about and respond to these problems and illnesses. Mental and substance-use problems and illnesses should not be viewed as separate from and unrelated to overall health and general health care…. To this end, the Institute of Medicine will itself seek to incorporate attention to issues in health care for mental and substance-use problems and illnesses into its program of general health studies."

At that time, it was estimated that more than 33 million Americans used mental

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health services or services to treat their problems and illnesses resulting from alcohol, inappropriate use of prescription medications, or illegal drugs. These conditions were the leading cause of combined disability and death among women and the second-highest among men. An earlier IOM report *Crossing the Quality Chasm,* put forth a strategy for improving health care overall, which attained considerable traction in the U.S. and internationally. However, health care for mental and substance-use conditions had a number of distinctive characteristics, such as the greater use of coercion into treatment, separate care delivery systems, a less developed quality measurement infrastructure, and a differently structured marketplace. These raised questions about whether the IOM proposed approach was applicable, which this later report found it was, with mental health and substance-use health care and general health care sharing many characteristics. Further, there was evidence of a very strong link between the two, especially with respect to chronic illness and injury.

The 2006 IOM report recommended that to facilitate the development and implementation of core competencies among all mental health and substance-use disciplines, institutions of higher education should place much greater emphasis on interdisciplinary didactic and experiential learning and bring together the faculty and trainees from their various educational programs (i.e., IPE). Mental health and substance-use health care—like general health care—was found to be "often ineffective, not patient-centered, untimely, inefficient, inequitable, and at times, unsafe. It, too, requires fundamental redesign." The underlying questions: In the decade-plus since this IOM report, have we made the types of fundamental changes that are necessary? And, have we enthusiastically embraced integrated care?

We also took this occasion to review a number of old newspaper columns, which at the time I thought might be useful in crafting speeches or federal legislation. For example, in August 2004, "15 Illnesses Drive Up Costs," with mental disorders being listed in the third spot. This article noted that "Although Americans spend more per capita on health care than citizens of any other industrialized nation, numerous studies have suggested the investments have not resulted in a healthier population." In July 2005, "The Next Phase in Psychiatry," announcing the largest ever studies in drugs for depression, schizophrenia could transform treatment. Their aim was to fill the information gap that plagues psychiatry and hurts the quality of care given to patients. That is, that the clinical trials that companies conducted to get drugs approved aren't designed to provide the answers to questions that doctors say are really needed. And "After 12-Year Quest, Domenici's Mental-Health Bill Succeeds" (October, 2008). The importance of exercise, electronic medical records, disease management, and the ever-escalating costs of health care were regularly noted.

My favorite appeared in April 2004—"In the '50s, Authorities Fought Source of Ruin of Teens: Comic Books!" "The (U.S.) Senate subcommittee wishes to reiterate its belief that this country cannot afford the calculated risk involved in feeding its children a concentrated diet of crime, horror, and violence." A senior psychiatrist, who specialized in treating children with behavior problems, noted that without exception, every troubled child he had encountered loved comic books, reading as many as 20 a week. Without these graphic examples, he wondered, would young people really carry switchblades and have rum-

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bles? Although the subcommittee ultimately did not recommend federal regulation of comic books, publishers felt the "chilly breeze" of potential censorship. When their code of decency took effect in late 1954, "the vast majority of crime and horror comic books disappeared from newsstands. But by then, America's children were becoming addicted to a new and far more sinister medium: television." "If you join us right now, together we can turn the tide" (Hamilton).

Aloha,
Pat DeLeon

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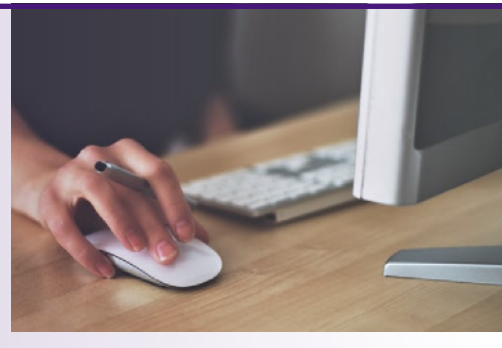

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Jean Birbilis, PhD

I wish I could meet each of you individually and share my passion for Division 29 with you in person. The Society for the Advancement of Psychotherapy has been my professional home for many years now. I've shared my time and skills as a Committee Chair for two Committees and as the Domain Representative for one. The motto of Division 29 is "Be connected!" Of all the contributions that the Division makes, connecting psychotherapists to our knowledge base, the profession, and one another is the greatest. I've had many professional opportunities as a result of lasting relationships I've had the privilege of making in Division 29. But it is the wonderful friendships themselves I value most.

My involvement began as Chair of the Education and Training Committee, but in recent years has focused on Membership. If I should have the privilege of serving as President, bringing psychotherapists home to Division 29 will be my continuing focus. During my very first Board Meeting, three older white men talked openly about the Division being a Division of, and I quote, "old white men." They were dear souls, and we were lucky to have them because of their actions. They focused like a lazer on inclusion. As a not-very-out lesbian at the time who'd just almost lost my tenure track position at a religious university because I'd been outed, it was a relief to feel the immediate embrace of my colleagues. I would strive every day as President to do no less. ■

Jairo N. Fuertes, PhD

Dear colleagues, I have been a member of the Society for many years, having served as Chair of the Education and Training Committee, as a Diversity Domain Representative, and as a consulting editor for the journal. As a possible president of D29, I would continue to advance the business and tasks that are within the purview of the Society, but I would also focus on an area that has been a part of my research for the last 15 years: the valuable role of psychotherapy in medical health care. Persistent healthcare treatment problems include patient non-adherence, low satisfaction with services, and outcome disparities. My research, which is looking at health care communication, indicates that these problems stem, at least in part, from miscommunication and mistrust between medical providers and patients. While health care professionals value good communication and a trusting doctor-patient relationship, our skills and insights as psychotherapists could improve communication, interpersonal skills, and trust in medical care. Moreover, the role of psychotherapy in health care is even more crucial given the COVID-19 pandemic. Patients who survive COVID-19 experience mental health difficulties after recovering, and incidence rates of depression and anxiety, among other psychological disorders, have increased since the onset of the pandemic. Thus, approaching health care more holistically is the need for the hour. I believe that there is a larger role for psychotherapy in improving medical health care and a significant role for psychotherapists' skills and services in the years to come as a consequence of the pandemic. ■

CANDIDATE STATEMENTS
Domain Representative for Diversity

Gary Howell, PsyD

I am Gary Howell, and I run the Center for Psychological Growth and am a founding director at the Institute for LGBT Health and Wellbeing—an LGBT nonprofit. I am also the Director of Practicum Training and an Associate Professor at Florida School of Professional Psychology at National Louis University, where I have been fortunate to serve as lead faculty for our 30-week diversity course since 2012. I have been co-leading a few peer groups on anti-racist White accomplice development the past year with my colleagues and graduate students.

I have been involved with leadership at the SPTA, Division and APA levels since my graduate school days. In addition to my role as Division 29 Programming Chair, I served a partial term as a Diversity Domain Representative. I have always looked forward to returning to serve on the Division 29 Board. During my absence, I was a Diversity Liaison for the Florida Psychological Association and served as the Diversity Subcommittee Chair for the APA Committee of State Leaders just before beginning my presidential duties for the Society for the Psychology of Sexual Orientation and Gender Diversity in 2018-19. As I conclude the year as Division 44 Immediate Past-president, I hope to see my initiative for an APA Task Force to address violence against transgender women of color in the U.S come to fruition.

In light of the last year, the work of diversity and inclusion among APA divisions should be a priority in an effort to address anti-racism and anti-Black racism in our field. ■

Sheeva Mostoufi, PhD

I am deeply honored to be nominated for the Diversity Domain Representative for Society for the Advancement of Psychotherapy. I currently work in a private practice setting in the Washington DC, Virginia, and Maryland area. I have worked with clients of various backgrounds in a variety of settings (e.g., private practice, as a clinician on grant funded research studies with the Veteran Affairs Health Care System, in interdisciplinary hospital and medical settings). I am involved in the supervision of graduate students and with clinical research projects. I am additionally involved in the Diversity Advisory Council of the International Obsessive Compulsive Disorder Foundation, and with the American Arab, Middle Eastern, and North African Psychological Association.

I am strongly committed to providing evidence-based treatments that are tailored to each individual's specific cultural context. My immigrant background has fueled a strong passion in the promotion of multiculturally competent services that are easily accessible to all.

It has been an absolute privilege to serve

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as the current Chair of the Diversity committee. I am particularly excited for the opportunity to continue supporting the Advocacy and Mentoring for Diversity (AMPD) program providing mentorship to two advanced graduate students to develop projects related to diversity and the advancement of psychotherapy.

If elected, I will strive to promote diversity and inclusion of underrepresented groups within membership, to promote multicultural competence in psychotherapy practice, research and training, as well as supporting development of programs to increase awareness and advancement of our initiatives. Thank you for your consideration! ■

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.

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CANDIDATE STATEMENTS
Domain Representative for Psychotherapy Practice

Barbara Vivino, PhD

I am honored to be nominated for a second term for Domain Representative for Professional Practice for SAP. I am in private practice in Berkeley, California, strongly committed to both research and practice, passionate about representing the voice of professional practitioners and committed to serving on the Board of D29. I have learned to deeply appreciate and embrace the mission of SAP and it's a diverse and vital community.

During my tenure on the Professional Practice Domain, first as Committee Chair and then as Domain Representative, the committee has grown from a 2-person committee struggling to discover the needs of private practitioners to an active and diverse 7-person committee engaged and providing resources for private practitioners. We developed and completed 4 videos for private practitioners (soon to be available on the SAP website): *Race in Psychotherapy*, *Setting fees in Psychotherapy, Psychotherapists Self Care,* and *How to Reach Underrepresented Groups*. More videos are coming in 2021 on *Interstate Practice.* In addition, in concert with the Science and Scholarship Committee, we conducted a nationwide survey for private practitioners. We also developed 3 awards to honor psychotherapists, and we regularly contribute to the Psychotherapy Bulletin. As a member of the D29 Board, I served on Awards Committees, Nominations Committees, Program Committees and By-Law Change Committee.

During my next term, I will expand on this work by creating relevant web content and webinars, addressing needs of private practitioners related to Covid-19, Political Unrest, Telehealth and Diversity. In addition, as a Board Member I will continue to increase Practitioner membership in D29 as well as continue to increase diversity in our membership. If elected, I will work hard to support the needs of practitioners and the mission of Div29. ■

Angela Ferguson, PhD

I am honored to be considered for the Diversity Domain Representative for the Society for the Advancement of Psychotherapy (Division 29). I have served in APA governance since I was an early-career psychologist and have found this work to be very rewarding. Throughout my career, I have been involved in various aspects of psychotherapy, either through direct service delivery, scholarship, supervision and training, or consultation, and in all aspects of my work, diversity and culture have been centered. One of my visions in my role is to create a repository of materials (e.g., journal articles, interactive virtual workshops, virtual chats with practicing clinicians) that focus on ways to develop and expand clinical knowledge, skills, and discourses focused on diversity. These materials can include focal areas of clinical work (e.g., psychotherapy, training, supervision, research), and can be targeted to different career levels

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(e.g., early career, mid-career and senior psychologists). This repository can serve as a resource to foster new membership, as well as provide trainings and information for existing members, particularly for practicing psychologists. Members can have direct access to specific resources that will help them go beyond just simply being aware of diversity; they will help them integrate diversity issues and concerns in their therapeutic work with clients, supervisees, consultees or research activities. I'm excited to have the opportunity to help create a virtual platform that can provide here-and-now resources, trainings and discussions that can inform and address some of the challenges and gaps clinicians sometimes experience when integrating diversity in their work. ■

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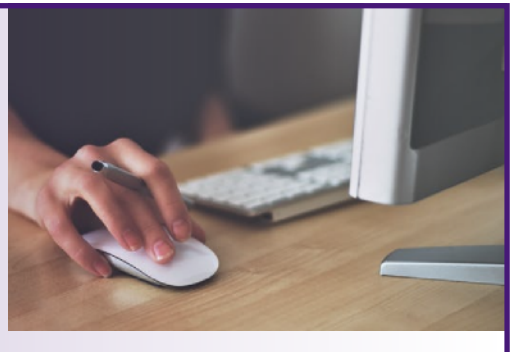

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CANDIDATE STATEMENTS
Domain Representative for Education & Training

Eric Sauer, PhD

My name is Eric Sauer and I am running for the position of Domain Representative for Education and Training. For the past two years, I have served as the T & E committee chair. I am a professor of counseling psychology at Western Michigan University and director of our psychology training clinic: The Center for Counseling and Psychological in Grand Rapids. For more than 20 years, the center has provided low-cost psychological services to the community, trained 100s of graduate students, and conducted numerous, ground-breaking psychotherapy process and outcome studies. Outside of these university roles, I also work in a part-time private practice and thus understand the psychotherapy process from the front lines as well. Through these varied lenses, I have come to understand some of the important ways that client, therapist, and relationship factors directly contribute to process and outcome of psychotherapy. My goal has domain representative will be to bring our psychotherapy experts together within D29 and work with this group to find ways to advance the science, teaching/training, and practice of psychotherapy. Although my mind is spinning with ideas, the one idea that I am quite excited about is Alessandro Talia's groundbreaking attachment research that provides a systematic way to code therapist and client attachment dynamics from a single (transcribed) therapy session. Knowing exactly how attachment contributes to the process and outcome of psychotherapy has clear and profound implications for psychotherapy training. I am excited to work with others on the committee to build an education and training agenda for the coming year. ■

Cheri Marmarosh, PhD

Thank you for nominating me for the position of Education/Training Domain Representative. I have been a member of Division 29 for almost 20 years and have dedicated my career to the teaching, practice, and study of individual and group psychotherapy. I am a full time Associate Professor at the George Washington University where I supervise and teach graduate students in clinical psychology. I also have a private practice in Washington, D. C. I supervise doctoral level clinicians and licensed practitioners, and enjoy working with people at different stages of their careers. I accepted the nomination for this position because I can help the Division strengthen education resources and build training initiatives that will be useful to members and the public. As recent past-president of Division 49 (Society of Group Psychology and Group Psychotherapy), I worked with colleagues to develop our online resources, supported the development of workshops and e-trainings on diversity, privilege, and microaggressions in group, and published papers advocating group treatment during COVID-19. The recent COVID pandemic and exposure of sys-

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temic racism has led to many training initiatives ranging from training on teletherapy to examining the effects of oppression and discrimination in therapy groups. This is an important time in our history requiring training on multicultural competency, social justice, and the long-term effects of the pandemic. I know that I have been humbled over the years and continue to learn from others and seek out educational opportunities regarding these important topics. Division 29 has much to offer the public, clinicians, and our members. Thank you for considering me for this important role on the board. ■

CANDIDATE STATEMENTS
Domain Representative for Membership

Rebecca M. Ametrano, PhD

I am honored to be nominated for Membership Domain Representative of APA Division 29. I appreciated the opportunity to serve as Secretary of the Division from 2018- 2020, and it would be a privilege to continue to serve the Division within the Membership Domain. My commitment to the integration of psychotherapy science and practice began as a graduate student at UMass Amherst where my work focused on the influence of patient expectations on psychotherapeutic change. In my current position at VA Boston, I remain dedicated to the advancement of psychotherapy through adapting treatments for use in integrated medical settings, implementation of health promotion initiatives, staff education/consultation, direct patient care, and supervision of clinicians-in-training. I feel indebted to Division 29 for awarding me the 2012 Donald K. Freedheim Student Development Award, as well as publishing my work in the Division's journal, *Psychotherapy*, and the Division-sponsored book, *Psychotherapy Relationships that Work*. Thus, I am enthusiastic about the prospect of continuing to serve the Division through this leadership role. If elected as Membership Domain Representative, I will help to support our current members by fostering ongoing initiatives like expanding our CE offerings. Additionally, I will aim to increase our student and early career psychologist membership through creative methods such as, outreach to internship and fellowship training programs. I will also bring enthusiasm and energy to the position, as I believe in the Division's mission to advance the science, practice, and teaching of psychotherapy. Thank you for your consideration! ■

Rosemary Adam-Terem, PhD

It is an honor to be nominated as a candidate for the role of the Membership Domain Representative on the Board of the Society for the Advancement of Psychotherapy. I have been involved with the Society for several years now as a member, board member, and as chair of the membership committee. I consider it my professional home. As a psychologist in independent practice in Honolulu, Hawaii for over 30 years, and an adjunct faculty member of the Clinical Studies Program of the Psychology Department at the University of Hawaii, I have enjoyed meeting and working with psychotherapists from across the country.

To counteract isolation as a sole practitioner, I have been professionally active at the State and National level. Besides seeking my own continuing education, I enjoy providing workshops for colleagues as one aspect of protecting the profession and the public from issues arising from lack of contact with other professionals. This is a big part of my enthusiasm for the Society: really being able to connect with people in psy-

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chotherapy research, teaching, training, and practice.

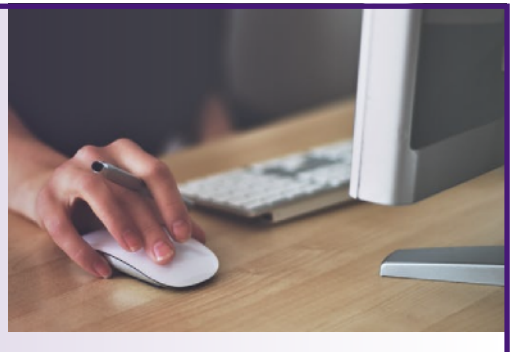
Working in Hawaii provides me with a diverse perspective on individuals, families, parenting, and the role of culture in psychotherapy. The motto of the Society is "Be connected" and that is what I would want to strive for: maintaining the involvement of our current members while encouraging others across the professional lifespan to join us.

Thank you for considering me for this role.

Sincerely,

Rosemary Adam-Terem, Ph.D. ■

Society for the Advancement of Psychotherapy



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

SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY
2021 AWARD WINNERS

Please join us as we congratulate our 2021 SAP Award Winners! We hope to see them at the APA Convention this summer

Society for the Advancement of Psychotherapy Distinguished Psychologist Award

Mark Hilsenroth

Mark J. Hilsenroth, Ph.D., ABAP graduated from the University of Tennessee's Clinical Psychology Ph.D. program in 1996 and completed his Clinical Internship at The Cambridge Hospital/Harvard Medical School. He is currently a Professor at the Derner School of Psychology, Adelphi University. At Adelphi, Dr. Hilsenroth is the Primary Investigator of the Adelphi University Psychotherapy Project and devotes his energy to teaching, mentoring in psychotherapy supervision and research, as well as his own clinical practice.

His research interests are primarily focused on applied clinical issues, with over 200 peer-reviewed journal publications in the areas of personality assessment, training/supervision, psychotherapy process and treatment outcomes. He served as the Editor of the American Psychological Association Division 29 journal *Psychotherapy* (2011-2020), an Associate Editor at the *Journal of Personality Assessment* (2002-2005) and on the editorial boards of the *American Psychologist, Journal of Psychotherapy Integration, Psychotherapy Research*, and the *Journal of the American Psychoanalytic Association*.

Dr. Hilsenroth has won Early Career awards from several organizations including the American Psychological Association Division of Psychotherapy (29), Society for Psychotherapy Research, Society for Personality Assessment, and the American Psychoanalytic Association. In 2007 he was honored with the Adelphi University Excellence in Faculty Scholarship and Creative Work Award, and in 2015 an Adelphi Professor Recognition Award. In 2014, Dr. Hilsenroth was recognized with the Distinguished Contributions to Teaching and Mentoring award and most recently in 2021 the Distinguished Psychologist Award for Contributions to Psychology and Psychotherapy, both from the American Psychological Association Division of Psychotherapy (29).

Society for the Advancement of Psychotherapy Distinguished Award for the International Advancement of Psychotherapy

Fred Leong

Dr. Frederick Leong is Professor of Psychology and Psychiatry at Michigan State University and Director of the Consortium for Multicultural Psychology Research as well as Co-Director of the Shanghai-MSU Research Consortium for Career and Work Psychology. He has authored or co-authored over 290 journal articles and book chapters and also edited or co-edited 20 books. He is Editor-in-Chief

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of the Encyclopedia of Counseling (Sage Publications) and the APA Handbook of Multicultural Psychology (APA Books). He is currently working on the APA Handbook of Psychotherapy. He is the Founding Editor of the Asian American Journal of Psychology and the Associate Editor of the Archives of Scientific Psychology. He also served as Associate Editor of the American Psychologist and the lead editor of the Handbook of Asian American Psychology, 2nd Edition (Sage Publications). Dr. Leong is a Fellow of the American Psychological Association (Division 1, 2, 5, 12, 17, 29, 45, 52), Association for Psychological Science, Asian American Psychological Association, International Academy for Intercultural Research, and the International Association of Applied Psychology.

His major research interests center around culture and mental health, cross-cultural psychotherapy (especially with Asians and Asian Americans), cultural and personality factors related to career choice, adaptability, and work stress. According to Google Scholar, his research has been cited 18,850 times and he has an h-index of 77 and i10 index of 207 (207 of his articles have been cited 10 or more times). He is the past president of APA's Division 45 (Society for the Psychological Study of Ethnic Minority Issues), Division 12-Section VI (Clinical Psychology of Ethnic Minorities), the Asian American Psychological Association, the Division of Counseling Psychology of the International Association of Applied Psychology (which he founded). Most recently, he served as the International Domain Representative on the Board of Directors for the Society for the Advancement of Psychotherapy (APA Division 29)

He is the recipient of the APA Award for Distinguished Contributions to the International Advancement of Psychology, Stanley Sue Award for Distinguished Contributions to Diversity in Clinical Psychology from APA's Division 12, APA Division 45 Distinguished Contributions to Research Award, APA Minority Fellowship Program's Dalmas Taylor Distinguished Contributions Award, Lifetime Achievement Award from the Asian American Psychological Association, and the APA Award for Distinguished Service to Psychological Science.

Society for the Advancement of Psychotherapy Mid-Career Practitioner Award

Michele Ribeiro

Michele D. Ribeiro completed her doctorate in counseling psychology at Rutgers, The State University of New Jersey with a focus on multicultural counseling and education in 2005. She has worked as a licensed psychologist and certified group psychotherapist at Oregon State University's Counseling and Psychological Services for approximately 15 years and has a small private practice on the side. She also facilitates the group psychotherapy training for psychiatry residents at Good Samaritan Hospital in Corvallis, Oregon; teaches group psychotherapy for the PsyD program at George Fox University in Newberg, Oregon; has worked as a national speaker/trainer for PESI, INC on mindfulness, yoga and mental health, and serves as a visiting instructor for Zanzibar University in Tanzania. Her scholarship engages in group psychotherapy, examining whiteness, teaching anti-racist

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practices, and bringing yoga and mindfulness into clinical practice. She is board certified in group psychology, a fellow with the American Group Psychotherapy Association (AGPA) and serves on the boards for AGPA and APA including Division 52 (International Psychology) as secretary, and Division 49 (Group Psychology and Group Psychotherapy) as the APA Council Representative. She has published two (co)edited books entitled: The College Counselor's Guide to Group Psychotherapy (2018) and Examining Social Identities and Diversity Issues in Group Therapy: Knocking at the Boundaries (2020) by Routledge Press.

Society for the Advancement of Psychotherapy Social Justice and Public Interest/Public Policy Award for Early Career Professionals

Stephanie Budge

Stephanie Budge (she/her/hers) focuses her research and advocacy efforts with transgender, two-spirit, nonbinary, and gender diverse people. She is an associate professor in the Department of Counseling Psychology at the University of Wisconsin-Madison. She received her master's degree in Educational Psychology from the University of Texas at Austin in and received her PhD in Counseling Psychology from the University of Wisconsin-Madison. She conducts community-based participatory research that focuses on emotional and coping processes for transgender youth and adults, as well as the effectiveness of medical and psychotherapeutic treatments for transgender clients. She provides clinical trainings nationally and internationally related to LGBTQ issues, focusing on practitioners' self-efficacy, knowledge, awareness, and skills. At the University of Wisconsin-Madison, she promotes transgender advocacy on campus by providing workshops to students, faculty, and staff related to navigating gender identity within a university environment. As a licensed psychologist, she has provided pro-bono therapy to transgender and nonbinary youth and adults. Stephanie is currently an Associate Editor of two journals: *Psychotherapy* (Division 29's Journal) and *Psychology of Sexual Orientation and Gender Diversity*. She is also on the editorial board of the *International Journal of Transgender Health.*

Stephanie enjoys going on hikes with her wife and toddler, cooking (especially anything with potatoes), and rappelling down waterfalls.

Society for the Advancement of Psychotherapy Award for Distinguished Contributions to Teaching and Mentoring

Jennifer Schwartz

Jennifer Schwartz, PhD, is a Teaching Professor and Director of the Psychological Services Center (PSC) in the Department of Psychology at Drexel University. She has been a training clinic director since 2005 and was the inaugural clinic director of Drexel's Psychological Services Center that began in 2013. She has spent her entire professional career training and mentoring future psychologists, helping to excite students about the study of psychology, and building/directing

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clinical settings that facilitate the highest quality training and patient care. Schwartz has served multiple terms on the executive board of the Association of Psychology Training Clinics (APTC), currently chairs the APTC awards committee, mentors and consults with other training clinic directors, and recently completed a 3-year term as a member of the American Psychological Association Ethics Committee.

The Drexel PSC is a training clinic that serves the greater Philadelphia Community. Graduate students in the Clinical Psychology Doctoral Program at Drexel rotate through the PSC and are trained in state-of-the-art therapeutic approaches of patient assessment and treatment. Schwartz trains cognitive-behavioral intervention techniques and is heavily invested in developing and assessing competency development in her trainees. She instills a love of evidence-based and data-informed care in her students and frequently can be heard telling them that all practice should be informed by science and practice should inform science. Schwartz encourages trainees to consult literature, identify measurable treatment targets, utilize ongoing measurement, adapt according to data, and aggregate data to inform future care. She embraces emerging technologies as tools for enhancing patient care and facilitating training of graduate students and has applied technology to training in novel ways. At Drexel, Schwartz has consistently directed a cooperative-education experience for undergraduate students where they get hands-on learning regarding the administration of a mental health clinic.

The Drexel PSC is a community-facing mental health facility that provides low-cost and high-quality services to members of the surrounding neighborhoods. The PSC provides treatment services to individuals who often would not be able to receive such services due to cost and distance. Schwartz has built partnerships between the Drexel Psychological Services Center (PSC) and other service agencies so that mental health benefits now augment community initiatives. In addition to the typical services offered at a university-based training clinic (e.g., adult therapy, child and adolescent therapy, assessment), the PSC at Drexel has unique training opportunities such as an intensive outpatient program for at-risk postpartum women, a reentry program that is a collaboration between the PSC and the federal court, and a program for exonerees through our relationship with the Innocence Project. More importantly, given that the PSC is a training site, Schwartz, through her work at the PSC, instills the values of social justice and giving back to the community in those who are being trained. The PSC does not just model this for students but teaches them how to build and evaluate such programs.

American Psychological Foundation/Society for the Advancement of Psychotherapy Rosalee G. Weiss Lecturer

Robert Hatcher

Dr. Robert Hatcher received his doctorate in clinical psychology from the University of Michigan, where he was Director of the Psychological Clinic and the Institute for Human Adjustment for many years. He joined the Graduate Center at the City University of New York in 2009, where he is currently Director of its Wellness Center and Affiliated Professor in the Doctoral Program in Psychology.

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Dr. Hatcher was instrumental in developing the modern version of the Association of Psychology Training Clinics (APTC), comprising university-based practicum training sites from the US and Canada. He served as its President from 1999-2001, and as President-Emeritus on its Executive Committee since then.

For a number of years, Dr. Hatcher was the APTC representative to the Council of Chairs of Training Councils (CCTC) at APA, and led a combined APTC-CCTC effort to create a set of developmental competencies for practicum training. This work contributed to the APA Benchmarks Competencies document. He has contributed to the literature on practicum training and standards. This work led to a number of awards, including an APA Presidential Citation and its award for Distinguished Contributions of Applications of Psychology to Education and Training.

Dr. Hatcher has published research and theoretical articles on the alliance in psychotherapy, and developed a version of the Working Alliance Inventory that is in use worldwide. He is on the editorial boards of a number of journals.

An APA Fellow, Dr. Hatcher has been Chair of the Society's Fellows Committee since 2013, encouraging distinguished SfAP members to apply for APA Fellow status, and inviting members who were already APA Fellows through other divisions to become SfAP Fellows. During this time, 19 new APA Fellows have been elected, and 27 SfAP members who were already APA Fellows became SfAP Fellows. He filled in as Chair of the SfAP Publications Board for 2020. He has found SfAP to be a wonderful professional home over the years, and is very grateful to be honored with this year's APF Dr. Rosalee G. Weiss Lecture for Outstanding Leaders.

Society for the Advancement of Psychotherapy Distinguished Practitioner Award

Barbara Thompson

Dr. Barbara J. Thompson is a counseling psychologist who has been engaged in private practice for over 25 years while also serving in various other professional roles from running community based mental health programs to teaching and supervising therapist trainees. She has published psychotherapy research and presented on a variety of topics related to the therapeutic process (e.g., Misunderstanding Events in Psychotherapy, Therapist Compassion, Consensual Qualitative Research). She has served on the Professional Practice Domain and Membership Domain of the Society for the Advancement of Psychotherapy.

She currently has a telemental health practice in Costa Rica where she enjoys hummingbirds and sunsets while pondering this new world we live in and what it all means.

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Psychotherapy – Most Valuable Paper (MVP) Award

"Is There an Optimal Level of Positive and Negative Feedback in Group Therapy? A Response Surface Analysis"

by D. Martin Kivlighan III, Ramsey W. Ali, and Yunkyoung Loh Garrison

Martin Kivlighan is an associate professor in counseling psychology at the University of Iowa. He earned his PhD in counseling psychology from University of Wisconsin – Madison in 2015 and completed his pre-doctoral internship at the University of Maryland Counseling Center. His research interests are in psychotherapy process and outcome, group psychotherapy, the multicultural orientation (MCO) framework, and psychotherapy training. He was recently awarded a federal grant from the US Department of Health to increase doctoral training in integrative behavioral healthcare, substance use prevention and treatment, and telepsychology. As part of this grant, he serves as the co-director of the Telepsychology Training Clinic (TPTC) housed in the College of Education at the University of Iowa. The TPTC is a community-based training clinic that provides free and accessible mental health services to underserved and underinsured rural Iowans.

In addition to his role in the counseling psychology program, Dr. Kivlighan is a visiting associate professor in Internal Medicine, Division of Hematology, Oncology, and Blood & Marrow Transplantation at the University of Iowa Hospital and Clinics. Within this role he conducts process and outcome research on integrated behavioral health services and group therapy for the Behavioral Oncology Program at the Holden Comprehensive Cancer Center (HCCC). He also provides clinical services to cancer patients and caregivers within the HCCC Behavioral Oncology Clinic, including group therapy and integrated behavioral health consultation services.

Society for the Advancement of Psychotherapy

Congratulations to the recipients of the 2020 Society for the Advancement of Psychotherapy Charles Gelso Psychotherapy Research Grant

Lisa Wallner Samstag, Ph.D., is a tenured Full Professor at Long Island University (Brooklyn), and has been working in the fields of psychotherapy research, psychotherapy training, and clinical practice for over 30 years. She was introduced to psychotherapy research when she started working with Jeremy Safran, Ph.D. and Chris Muran, Ph.D. at the Clarke Institute of Psychiatry in Toronto, in the late 1980s. As a member of this research team, Dr. Samstag was involved with the development of the first rupture-resolution model. The team continued their collaborative work together in New York at Beth Israel's Psychotherapy Research Program (now Mount Sinai-Beth Israel) where Dr. Samstag is now a supervisory member of the Alliance-Focused Training group. The Charles J. Gelso PhD Psychotherapy Research Grant will be used to pursue a study on power dynamics, alliance, and response styles in the supervisory relationship.

Wilson Trusty is a doctoral candidate in clinical psychology at Idaho State University. Prior to his graduate studies he received his bachelor's degree in psychology at the University of Idaho, where he conducted research on self-critical perfectionism and depression. His current research is focused on psychological help-seeking, religion and spirituality in psychotherapy, and microprocesses related to the working alliance. He is also a scholar in the Southeast Idaho Area Health Education Center, where he serves on the steering committee for interdisciplinary research on clinician experiences of telebehavioral health during COVID-19. He currently provides therapy and assessment services in community mental health and college counseling settings.

Congratulations to the recipient of the 2020 Society for the Advancement of Psychotherapy International Research Grant for Students and Early Career Professionals

Kehan Shen is currently a third-year doctoral student in Counseling Psychology at the University of Kansas. Before that, he had worked as a staff counselor at a university counseling center in China. His major research interest lies in psychotherapy process and outcome studies, especially in contextual factors in counseling and therapy from a multicultural perspective.

CALL FOR GRANT APPLICATIONS

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

Deadline: May 1, 2021

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. ll 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

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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: May 1, 2021.** 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); Susan Woodhouse PhD (ssw212@lehigh.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: May 1, 2021

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: May 1, 2021**. 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); Susan Woodhouse PhD (ssw212@lehigh.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).

SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY • APA Division 29

Enter Our Annual Student Award Competitions!

The Society for the Advancement of Psychotherapy student award competitions include four awards for the best papers submitted on specific topics and two standard awards:

DONALD K. FREEDHEIM STUDENT DEVELOPMENT PAPER AWARD
Best paper on psychotherapy theory, practice, or research

DIVERSITY PAPER AWARD
Best paper on issues of diversity in psychotherapy

MATHILDA B. CANTER EDUCATION AND TRAINING PAPER AWARD
Best paper on education, supervision, or training of psychotherapists

JEFFREY E. BARNETT PSYCHOTHERAPY RESEARCH PAPER AWARD
Best paper addressing psychotherapist factors that may impact treatment effectiveness and outcomes

PRACTICE AWARD
Awarded to candidate who best demonstrates commitment to the practice of psychotherapy and exemplary achievement in clinical work

TEACHING/MENTORSHIP AWARD
Awarded to candidate who best demonstrates commitment to teaching and mentorship in the context of psychotherapy and related fields

What are the benefits to you?

- Cash prize of $500 for the winner of each contest. Certificate and check presented at the Society's Awards Ceremony at APA Convention.
- Enhance your curriculum vitae and gain national recognition.
- Abstract will be published in the *Psychotherapy Bulletin*, the official publication of SfAP/Division 29.

What are the requirements?

- All applicants must be members of the Society for the Advancement of Psychotherapy. Join at www.societyforpsychotherapy.org
- Papers, clinical practice, and teaching/mentorship must be based on work conducted by the applicant no more than two years post-graduate degree.
- See detailed award descriptions and requirements at https://societyforpsychotherapy.org/members/student-portal/awards/

Submissions should be emailed to:
Lei Sun, Chair, Student Development Committee, Society for the Advancement of Psychotherapy, at l.sun6@umiami.edu

Deadline is April 1, 2021

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.

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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: January 15 (#1); April 15 (#2); July 15 (#3); October 15 (#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).

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We'd love to hear from you!