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PSYCHOTHERAPY BULLETIN

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PRESIDENT'S COLUMN

Training and Supervision in Psychotherapy: A Preview of the Upcoming Chapter in the 7th Edition of the Bergin and Garfield's Handbook of Psychotherapy and Behavior Change

Clara E. Hill, Ph.D.
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The Seventh Edition of Bergin and Garfield's Handbook for Psychotherapy and Behavior Change, edited by Michael Barkham, Wolfgang Lutz, and Louis Castonguay, and published by Wiley, is due out this summer (Amazon says September 22, 2021)! This book is considered the "lodestar" or "bible" for psychotherapists and psychotherapy researchers…it reviews the major research in the field and is a good way to catch up on major trends in the field.

This is the 50th anniversary edition. I so clearly remember studying the 1st edition for comps when I was in graduate school. We have come a long way since then and it's good to celebrate what we know and where we need to go to continue to advance the field.

I thought for this column, I would give a few of the highlights from the chapter on training and supervision that Sarah Knox and I wrote for the Handbook. First of all, in terms of the rationale, the need for studying training and supervision is probably pretty obvious given that we have all been trained and supervised as students and many of us have spent out careers providing training and supervision. If we require students to be trained and supervised, we really should know if and how these experiences work. Surprisingly, though, there is actually not much research on the outcomes of training and supervision.

In terms of training, the most research has been done on helping skills training, coming out of a long tradition starting with Rogers and continuing through Truax, Carkhuff, Ivey, Egan, Corey, and myself. Training in this tradition started with teaching microskills (e.g., questions, reflections of feelings, challenges) without context but has since evolved into teaching skills in the context of theory, clinical wisdom, culture, case conceptualization, and evidence-based research. Hence, we know that all the skills work, but the question is when and how to use them for the best clinical outcomes.

Much of the old research on helping skills training was badly flawed. Often researchers tested only a single training group with one trainer and "taught to the test" (e.g., had students write responses to verbal stimuli, and then taught them how to use reflections of feelings in response to such stimuli, and then tested them again on the same verbal stimuli) rather than examining how students performed in actual clinical settings. My students and I have now conducted a number of studies trying to improve on the methodology, and we have found some promising results for outcomes of training on my model (Hill, 2020): students improve in self-efficacy for using the skills, they use more of the skills in sessions with volunteer clients, and they use fewer words in sessions (reflecting that they allow clients to talk

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more). We have also found evidence for the effectiveness of components of training (instruction, modelling, practice, and feedback) but students have enthusiastically let us know that practice is by far the most important skill. Many students have told us that the skills sound easy when they read about them, but when they go to practice them with real people, they begin to realize how difficult it is to use the skills effectively. The evidence for the efficacy of practice fits well with the recent trend toward deliberate practice…we do not yet have evidence comparing different types of practice but I would guess that the main element is simply the practice and the more different types of practice, the better.

Although we found a few studies on training graduate students in various theoretical approaches, it is surprising to note that there are few systematic research programs in this area. We also know very little about the best sequence of training. In my experience, it works best to have helping skills training first because we cover the range of theoretical orientations (with the exploration stage based on client-centered humanistic therapy, the insight stage based on psychodynamic therapy, and the action stage based on behavioral and cognitive therapies), and then have students go on to study theoretical approaches in greater depth. But we need more research to determine the best sequences of training.

In terms of the supervision literature, there is evidence that supervisees like some of their supervision experiences and that supervision can lead to personal growth for supervisees, although there is also evidence of the harmful effects of some supervision experiences on supervisees. We have less evidence, however, about the impact of supervision on client outcomes. I should mention though that in a recent study (Gerstenblith et al., in press), we found evidence for links between the supervisory alliance, the therapeutic alliance, and session outcome. And in a qualitative study that we are currently writing up, doctoral students reported that supervisors helped them considerably in overcoming problems with clients, thus providing links between supervision and client outcomes (Friedlander et al., in preparation). It is obviously hard to study the links between supervision, therapy, and client outcomes because not all supervision is helpful, supervisees do not need help with all their clients and indeed may not even talk about their problems with their supervisors, supervisees do not necessarily implement what they learn in supervision, and clients do not necessarily implement what they learn in therapy.

In terms of what make supervision effective, we found some evidence in our review for the influence of supervisor and supervisee attachment styles, personal traits of supervisors, empathic attunement between supervisor and supervisee, use by supervisors of good skills, and supervisors providing supervisees with client feedback. But more evidence is needed.

It is perhaps not surprising that there is not more research on training and supervision because it is hard and messy to do this type of research. I would love to see more research in this area, though, given that we need evidence that our training and supervision are effective. Collaborative efforts across sites could enable researchers to gather enough data and sort out the effects of trainers and trainees.

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EDITOR'S COLUMN

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"Unity of thought without unity of action is imperfect."

— Poet-philosopher
Allama Sir
Muhammad Iqbal

Hello Division 29 and SAP Membership! It is hard to fathom that summer is winding down and that our fears about the trajectory of the pandemic are increasing yet again. In our spring issue, we spoke of the hope of seeing one another in person, and while we wish that to be the case as soon as possible, there are many unknowns about the future. In spite of this, we hope that you were able to enjoy a productive time connecting with members of the Division at the American Psychological Association Conference, and that your interactions with colleagues reminded you of the value of and the inspiration that can result from conversation and collaboration. The *Psychotherapy Bulletin* is a wonderful venue for both of those things.

For our final issue of 2021 that will come out on December 1, we invite contributions focused on the sentiment expressed above by poet-philosopher Allama Sir Muhammad Iqbal. This quote aligns with the special focus for the year, "Social Justice in Psychotherapy: Bringing Advocacy and Interdisciplinary Perspectives to the Forefront." While we may have a sense of shared values or understanding within the division, without action through advocacy, our unified perspectives are imperfect. As an editorial team, we seek to disseminate works whose focus is on mobilizing members of our Division to meet the needs of the diverse clients we serve by utilizing intentional, systemic intervention. We value each of the submissions we receive, and we look forward to engaging as a Division around these important themes.

Thank you to all who make The Psychotherapy Bulletin a success (readers, authors, Division members, and more). One thing to note is that both the September and December *E-Bulletins* will come out December 1st as our internet editor, Kourtney Schroeder, is currently on leave. To make your voice heard, please visit our website (http://societyforpsychotherapy.org/bulletin-about/). Our remaining deadline for 2021 will be October 15th. We look forward to a wonderful final issue, and we wish you a safe and healthy fall semester.

Best,
Joanna

Society for the Advancement of Psychotherapy

INTERNATIONAL PERSPECTIVES ON PSYCHOTHERAPY

Toward More Differentiated and Nuanced Understandings of Clinical Supervision Practices and Expectations Around the World

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It is reasonable to infer that clinical supervision is practiced anywhere that psychotherapy is practiced. But our own work (Falender et al., 2021)— borrowing the logic from Kluckhohn and Murray's (1950) famous quote about humans— suggests that every country's supervision is in some respects like that of all other countries, like that of some other countries, and like that of no other countries. These distinctions have been largely unexplored, perhaps because so much of the supervision literature has been written by Western, largely Northern Hemisphere, scholars. If the field is to attain more "robustly international" (Watkins, 2014, p. 251) clinical supervision, it will need a deliberate and culturally sensitive approach to developing a more differentiated and nuanced map of international supervisory practices and expectations.

With colleagues, we recently reported a descriptive study (Falender et al., 2021) of supervision practices in seven countries (China, Guatemala, Mexico, South Korea, Turkey, the United Arab Emirates, and the United States). Although this is a relatively small sample of countries, the fact that it included countries from both Western and Eastern regions of the world as well as those from Northern and Southern Hemispheres suggests that our observations are likely to generalize more broadly. But this article will have succeeded to the extent that interest in a global supervision scholarship increases and therefore we offer our observations in the hope that others will expand upon them with additional studies of other countries, to offer different perspectives enhancing interna-

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tional supervision. To organize our observations, we use the adaptation of the Kluckhohn and Murray (1950) logic presented above.

Ways in Which Every Country's Supervision is Like That of All Other Countries

In seeking common ground, our writing team discussed the assumptions about clinical supervision that we believed would have some consensus among the psychologists in our respective countries. We agreed that these would be that supervision:

- Is influenced by both professional and personal factors including values, attitudes, beliefs, and interpersonal biases
- Entails responsibilities on the part of the supervisor and supervisee
- Is conducted in adherence to ethical and legal standards
- Prioritizes the care of the client/patient and the protection of the public (Falender et al, 2021, p. 187)

At the same time, though, we found considerable variability in requirements for the amount and type of supervision required to practice as well as the extent to which supervision competencies have been articulated or are expected. Whereas gatekeeping and evaluation are central elements of supervision in the U.S. and other Western (and largely Northern) countries, that was not true in other countries. As a result, we concluded the article with a definition of supervision that fit all seven countries in our sample, and we believed as well to be a candidate for a universal definition:

> *Clinical supervision is a distinct professional practice employing a collaborative relationship that extends over time, is facilitative, and has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, and protecting the public.*

If we were to conduct a cluster analysis of countries based on their degree of similarity in supervisory practices, those clusters likely would be defined by one or both of two primary dimensions: cultural conventions and the ways the profession is regulated (by itself, via an ethics code, and externally, by the government or profession). To illustrate the cultural dimension: supervisory relationship processes in countries that are influenced by Confucian traditions (e.g., China; South Korea) are influenced by filial piety and attention to hierarchy as well as the importance of harmony and saving face (see Bang & Park, 2009 and Quek & Storm, 2012) whereas, for example, in most of Latin America with more authoritative and patriarchal values, a collaborative supervision relationship might require special efforts to develop the supervision working alliance (Fernández-Álvarez et al., 2020).

Over the past several decades in the U.S., the field has come to recognize clinical supervision as an area of competence that requires specific and systematic training (Bernard & Goodyear, 2019; Falender & Shafranske, 2021). This is an ideal that no country has fully implemented, but some countries are much further along. Those countries are largely ones in which professional regulation and accreditation of training programs has provided an institutional structure to support that movement.

Ways In Which Every Country's Supervision is Like That of No Other Countries

In general, each country has a unique constellation of cultural and regulatory factors that creates its own specific mores and practices. Whereas the U.S. (along with England, Australia, and New

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Zealand) has an established regulatory structure with legal authority that requires supervision for licensure, that is not the case in other countries. In Guatemala, formal training in supervision for supervisors is only beginning to emerge. Supervision is conducted at the undergraduate and graduate training and guided by university regulatory standards; there is no formal regulation when practice outside of the university settings. In China, receiving supervision is voluntary for developing therapists, and most practicing therapists never received supervision because it was nonexistent until several years ago. In recent years, however, the awareness of the importance of supervision has increased quickly, and professional organizations have promoted supervision training, as necessary, and developed a Clinical and Counseling Registration System that promotes and regulates supervision training for those who want to register with the system. In South Korea, the concept of supervision was developed and instituted, and the supervision criteria have appeared in the certificate system since 1973. The Western concept of supervision was introduced in 1992. Some supervisees have the opportunity to have mandatory supervision at the practicum and internship sites without payment, but other supervises arrange their supervision through private payment to supervisors. This paid supervision also qualifies to count for certification.

Implications and Next Steps

Our understanding of clinical supervision is largely developed through the lens of Western cultural context. Learning about the perspectives from these other six countries helps us see the U.S.'s contribution in building supervision scholarship and practice models and the potential benefit that other countries can gain from learning from the U.S., as well as provide perspective on practices that could be used in the U.S. However, due to the differences in cultural context, it is clear that while U.S. clinical supervision models and practices are often adopted to help other regions move towards building supervision in their local cultural settings, it is critical that such adoptive practice be done in a culturally sensitive way to avoid harm. The cultural context in the local settings is the soil in which supervision can grow. Harm is possible if cultural and contextual factors are not fully considered.

The second implication of our learning about the similarities and differences among these seven countries is that each country in our global village has its own positions and realities regarding supervision development, and these need to be respected. In international exchange and sharing, the country that has more power and more advanced scholarship, namely, the U.S., may need to adopt a learner's attitude as well as a helper and supporter's role. Learning from other countries may enrich supervision scholarship and practice in the U.S. and support other countries to enhance the development of culturally syntonic psychology practice.

To strengthen the international perspective in supervision, attention needs to be paid to:

1) Expand and widen our collaboration with colleagues from more countries.
2) Take into consideration the cultural realities of other countries in our supervision research.
3) Promote supervision as a distinct competence and allow each country to develop specific competencies and adapt the training to fit their needs.

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4) Learn from the practices of other countries and the cultural mores that underly them.

5) Acknowledge that supervision can be practiced in other disciplines.

6) Enhance research and training in clinical supervision taking into consideration an international perspective.

We are cognizant of many challenges, likely most of them are related to a continuous effort not to "westernize" what is already known, yet to respect what is relevant to each country where supervision is conducted. Determining what challenges are most pronounced in different settings is yet to be determined. Moreover, given that comparisons might serve as a preliminary step, they might limit our opportunities to expand conceptualizations primarily because when we compare, we unintentionally may tend to defer what is customary; therefore, we go back to what we aim to avoid.

Some limited scholarship now exists to make between-country comparisons (e.g., An et al., 2020; Duan et al., in press; Son & Ellis, 2013), but the U.S. is almost invariably used to anchor those comparisons. And therefore, one implication is that despite our best intentions we end up overgeneralizing or transporting theory and research without cultural adaptation.

Discussions of common factors, whether in the context of psychotherapy (Wampold & Ulvenes, 2019) or supervision (Watkins, 2017) have been concerned mostly with what is shared transtheoretically. But clinical supervision scholars could take a lesson from Jerome Frank (Frank & Frank, 1993) who examined healing practices that were common across cultures and countries.

This is area of scholarship is a work in progress that is not yet sufficient or final. Therefore, we as a field, should be encouraged and committed to offering evidence and practices that can enhance us all. This, without doubt will require our cultural humility (Vandament et al., 2021) as we continue to learn from each other. Note that this paper examined what was common to supervision expectations and practices. This has some similarities to the notion of common factors, which speak to processes. That would be a next step.

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Returning to Providing Psychotherapy In-Person During a Pandemic After Providing Online Services: Musing from an Early Career Psychologist

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It has been over a year since psychologists worldwide adapted to provide clinical services during the global pandemic. As we know, clinicians, among many other professionals, rapidly learned the nuances of working with clients online. For those whose jobs demanded to continue meeting in-person, masks became essential, a needed barrier that created some protection and made possible to share physical space with others.

The development of vaccines brought new hope, and as people started to get vaccinated and began to experience some sense of security, new possibilities opened up. Several colleges and universities are making vaccinations a requirement, and more recently, several agencies and companies have reported that they will also ask their employees for proof of vaccination. For many who have been providing services online, the consideration of providing therapy in-person became more of a reality.

In several clinical professional spaces (e.g., listservs, consultation groups), there have been ongoing discussions about returning to in-person work or continuing working on-line; however, the number of people considering providing in-person services during the upcoming Fall semester seems much larger than it was at the same time last year. Furthermore, several clinicians have already returned to providing in-person services without masks, which for many has gone hand-in hand with a greater sense of "normalcy." However, the COVID situation continues to evolve. Recent information released by the CDC regarding the Delta variant and vaccinated individuals (Centers for Disease Control and Prevention [CDC], 2021) brought up once again the precautions that individuals need to take regarding in-person contact, including recommendations about mask usage indoors. As we consider providing in-person services, and in line with the general principles of beneficence and nonmaleficence (American Psychological Association [APA], 2017), it seems central for us clinicians to ponder what conditions could help to do no harm and increase welfare.

There are several aspects that might be relevant to contemplate regarding returning to providing in-person services in a time of a pandemic, which I will introduce below. For clarity and practical purposes, I am presenting some considerations related to clients as separate from considerations related to therapists; however, some of these might be interconnected. Additionally, I am separating some practical aspects from clinical aspects, yet in clinical work, these two might be quite related (e.g., examples of clients arriving late to session).

Considerations Related to Clients

Practical Aspects

- Recently, the CDC once again

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recommended masks usage under certain indoors conditions. Will you ask your clients to wear a mask? Will you wear a mask while meeting with clients?
- Will you consider asking for proof of vaccination for your clients? Will you see clients who are not vaccinated? What potential ethical challenges might be related to such considerations?
- Will you leave time in between appointments to ventilate the space where you are meeting with clients?
- If you decide to return to providing in-person services, would you offer online therapy to (a) clients with medical conditions that might put them at higher risk of COVID or (b) clients who do not want to expose members of their household who might be at higher risk (e.g., due to medical conditions, having unvaccinated children)?
- How will you manage physical distance and/or decrease the amount of clients in the waiting room (e.g., will you leave more time between clients)?
- If you are providing in-person group therapy, what guidelines will you follow if one of the group members was exposed to COVID or has COVID (e.g., will you then transition to online group work)?

Clinical Aspects

- For many, meeting for therapy in-person might be one of the few times in when they are indoors with someone who is not from their household. For others, this might not be as rare; however, they can still be wary about it. It would be important to explore, process, and address a client's feelings (e.g., fears, concerns, anxieties) regarding meeting in person, as they could affect the therapy process. How and when in the session might you consider this?
- If one of your clients starts manifesting any potential signs of disease during your session (e.g., coughing frequently and profusely, has visible signs of not feeling well, etc.) how would you ask about it and/or address this?
- If you are meeting with a client in person and they share having been recently exposed to COVID, or they share about frequently engaging in activities that might expose them (e.g., attending large group gatherings indoors without masks), will you address it, and if yes, how?
- If you are providing in-person group therapy, how will you open up discussion and address clinically if one group member exposes other group members to COVID (e.g., process and address feelings such as guilt, anger, etc.)?

Considerations related to clinicians

Practical Aspects

- Many early career psychologists (ECPs) might not be directly involved in decisions regarding returning to work in-person and conditions related to it (e.g., mask use, vaccination requirements). What might be some factors that might help you better engage in your clinical work in spite of such predetermined conditions (e.g., open windows between clients, use an air purifier, engage in frequent COVID testing)?
- If you have younger children who have not been vaccinated

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yet, or you or someone in your household has medical conditions that put you/them at higher risk related to COVID, what measures can you take to decrease potential risk for you and your household?

Clinical Aspects

- What potential biases might you have towards clients who are vaccinated, clients who are unvaccinated, and clients who expose themselves or others to COVID, and how might these affect you and your work?
- As a clinician, will you disclose that you are vaccinated/unvaccinated to your clients? How will you address this if clients ask you about it?
- As therapists, we need to feel safe enough to provide the best services we can for our clients. If you decide to see clients in-person, what are some aspects that you would need to feel safe during the session or to restore safety if needed (e.g., if an unmasked client starts coughing)?
- If you have COVID or are exposed to someone with COVID, how will you process this with clients who might have been affected due to meeting with you in person? How might this affect the therapeutic relationship and the therapeutic work?
- If you know that one of the colleagues at your office tends to be less careful than you are regarding COVID related measures, how will you navigate in-office interactions?
- If you are providing group therapy in person, how will you manage your own reactions if one group member during the session discloses having recently being exposed to COVID or discloses behaviors that might put other group participants at risk of exposure? How would you explore the experience of the different participants, including the person disclosing this information?

The questions and points presented by no means are an exhaustive list of aspects to ponder when resuming in-person services. Additionally, one cannot anticipate all possible scenarios related to returning to in-person work. However, this is an invitation for ECPs to contemplate some aspects that might affect in-person clinical services. Finally, consultation and collaboration with our peers are essential as we continue to navigate the clinical world during the ongoing COVID-19 pandemic.

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Society for the Advancement of Psychotherapy

Helping Patients Interpret Ambivalence About Change

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Context

More and more, I notice therapy clients asking directly for insight. They want to understand why they dilly-dally on their goals, waffle on difficult decisions, envision change but don't plan for it. *"…If I feel I want to do X, and I say I want to do X, why can't I just do it?"* is the refrain. Helping clients interpret the ambivalence they're unaware of is meaningful, useful work and frankly, it's fun.

By "interpret," I don't mean strictly in the psychodynamic sense. Working with client ambivalence is absolutely essential to Motivational Interviewing, for example (Rice et al., 2017) especially with chemical dependency patients. One might argue, too, that helping people to access their anxieties is actually Existential Therapy, or that linking beliefs to (in)action is clearly Cognitive Behavioral.

I mean "interpret ambivalence" broadly, as a way of showing clients how subtle and surprising our motivations may be. How often we hold within us opposing views. How one, seemingly insignificant disincentive may be *just enough* to keep us from acting on what we want.

Example: Explaining Ambivalence to Clients

Sigmund Freud wrote in The Psychopathology of Everyday Life (1901) *"...Intentions of some importance are 'forgotten' when obscure motives arise to disturb them..."* In other words, we aren't always aware of when we've shifted our priorities.

Surely there's a more accessible way to explain how ambivalence works. Here are suggested talking points for psycho-education with clients:

1. Some people have terrific insight about their own personality. If they sort of want to do something, and sort of don't, they realize they have mixed feelings about it—that they're ambivalent—and can guess what the conflict is.

2. Pretty often though, our worries aren't clear to us. When we hesitate to do something we thought we really wanted, it helps to see if we can figure out where those doubts are coming from.

3. Usually, when people aren't aware of their hesitations, they still want the change they have in mind, but not the process of…quitting smoking / going back to school / changing careers / sticking to a budget / time with children or elders / becoming more organized / improving their health…you get the idea.

4. This may sound like those people are hypocrites, but they're not: most people who drag their feet while making a change are genuinely worried about something. Would making a change call attention to me or inconvenience others? Would I seem needy or selfish? Would it pull energy away from more important things? Would changing mean I'm not being my true self? Might I fail and feel worse than I did before?

5. When we make a list of pros and cons for a decision, we might assume that the longest list wins. Nope. We can't just

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feel "more positive than negative" for change to occur. Prochaska, Norcross, and DiClemente (1994) found that people need to feel *significantly* more positive than they do anxious. They discovered that people are often more ambivalent about their goals than they realize. Therapy can help us dig for these insights.

6. When people have had mixed feelings about something, finally taking action can feel liberating. Prolonged decision-making is stressful! In therapy, people often say that deciding about something they've been dancing around feels great (even if their decision is to abandon a goal). *That's* how much energy being ambivalent can consume.

Example: Interpreting Ambivalence for Clients

This next section is excerpted from the book *Clever Cooking and Smart Science for the HCG Diet* (Falk & Klausmeyer, 2020). A large number of hypotheticals are presented to the client. All are *possible* reasons someone might feel ambivalent about losing weight. (Weight loss is used purely for illustration.) Offering a large number of possible explanations like this—interpreting ambivalence—may be useful with clients puzzled by their own hesitation.

For context, the HCG Diet is a rigorous, short-term protocol in which patients utilize ketosis and low caloric intake to jumpstart weight loss, then slowly diversify diet. The protocol is demanding emotionally and interpersonally, with a high payoff for those who commit to it. Thus, HCG patients are eager to understand how they can avoid self-sabotage.

In therapy, I might introduce the intervention below by saying "…It's common for us to want something badly, but deep down, have reservations. Let's brainstorm some reasons a person might not be trying their hardest to _____ [client's stated goal].

From Clever Cooking and Smart Science for the HCG Diet:
There are perfectly good reasons a person who wants to lose weight might not really go for it. Some of these are thoughts we're barely aware of. ***Let's think of as many reasons as we can for a person to have doubts about losing weight:***

— *Some people would be embarrassed to lose weight because they believe it would be admitting that they were unhappy before.*

— *Some people look upon losing weight as giving in to societal expectations or gender role conventions.*

— *Some people have a partner who is overweight and worry they'd be abandoning that person if they were no longer overweight along with them.*

— *Some people imagine they will never be able to eat tasty food again if they lose weight. They decide that they would rather "enjoy life."*

— *Some people have an identity that's about helping other people. It feels odd to be pursuing their own goals.*

— *Some people despise exercise. They assume they would have to work out if they decided to lose weight.*

— *Some larger people don't have much respect for slender people. They see those people as less brave, less interesting, less sensual.*

— *Some people have lost weight and gained it back before; they worry that they will just confirm their usual pattern to themselves and others.*

— *Some people worry that friends and family would be a little too enthusiastic about their weight loss: as though they'd*

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been waiting a long time for this to happen, but were holding their tongue.

— *Some people have had others tell them they should lose weight. Actually doing so feels like giving in.*

— *Some people have an identity tied to being larger, such as being a powerful person, an athlete, a funny person, a nurturing person or an independent thinker.*

— *Some people realize that they aren't actually overweight and that someone is simply trying to convince them to lose weight.*

— *Some people might be considered overweight medically, but do not feel overweight at all. They are pleased with how they look and feel right now.*

— *Some people believe that a thin cook is not a good cook. That any sophisticated "foodie" could not be slender.*

— *Some people associate being slender with unwanted sexual attention.*

— *Some people believe it would be impractical to lose weight, since they would have to buy an entirely new wardrobe and such.*

— *Some people worry that a partner will emotionally abuse them for being "self-centered" if they don't eat the same things they used to as a couple.*

— *Some people sense that weight loss will require too much effort; if they give up early, they can relax.*

— *Some people want to decrease the chances of being expected to date or socialize. They see size as an opportunity to isolate.*

— *Some people worry that once they feel better about themselves, they will really notice when they are not being treated well.*

— *Some people miss a loved one who was overweight and has passed away. They believe that becoming slender would make them more distant from that loved one.*

— *Some people are concerned that working to lose weight will take time away from more important things.*

— *For some people, being large is quite common within their cultural or regional community. They worry that changing their own body might be viewed as rejecting the group or thinking they are superior.*

— *Some people have always been overweight and wonder if that's simply what's meant to be for their lifetime.*

— *For some people, size has gotten them out of doing things they never wanted to do in the first place; their size serves a purpose.*

— *Some people are aware that being overweight may shorten their life, but privately that's what they wish for.*

— *Some people think success [of any kind] is showy or egotistical.*

— *Some people fear that success with their health in adulthood will make them more aware of missed opportunities across their life: a career they didn't pursue, not having children when they could, not buying a place when the neighborhood was affordable, etc.*

— *For some people, body image and weight loss have been a theme for years; practically their hobby. Completing a goal might feel like a loss.*

— *Some people are happier with ongoing challenge and activity. Success feels dull, like an ending.*

After brainstorming, ask the client if any of these possibilities ring true for them. If so, they may choose to focus attention

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there. If not, the client still benefits from observing how we go about increasing self-awareness. Hearing that long list of underlying fears that don't apply to them is a sort of empathy exercise for clients, as well.

Collaboration and Theoretical Orientation

Consider creating the interpretation list in collaboration with clients. Alternate naming "a possible reason for your hesitation" back and forth, between you. There's good potential for a productive collaboration, provided therapist orientation and client characteristics support this choice.

In the weight loss example above, one surely detects elements of diverse theoretical orientations. Not all therapists would be inclined towards a shared exercise with clients, though. Some clinicians prefer to leave more open-ended space for patient discovery. Other therapists prefer to provide more guidance, offering interpretations themselves. I suspect that the key therapist dimension is degree to which they believe insight is essential, and not theoretical orientation, *per se.*

As for client characteristics, those who are psychologically-minded would have an easier time generating hypotheses about unconscious fears than those who are concrete, of course. But do we go only with a client's strengths or also with their challenges? Clients with an external locus of control may not seek individual motives. Do we show more respect by encouraging self-reflection or by setting interpretations aside? Subjective decisions, to be sure.

Discussion

The impetus for this paper was a realization: unlocking *just one insight about their ambivalence* is the cornerstone for some clients getting unstuck. Patients are often hungry for insight, asking directly for help with this detective work and interpreting complex emotion is something we are trained to provide.

At a minimum, we can be confident that ambivalent *feelings* are tied to behavior *outcomes*. Connor and colleagues (2002) found that stronger ambivalence resulted in weaker connections between attitude and behavior. In other words, "feeling stuck" is a real thing and it may have consequences.

Quite interesting too is how ambivalent we may feel about life events that are assumed positive:

promotions, engagements and graduations. Financial windfalls and healthy babies. A good prognosis, a righteous verdict. Lives can be more bittersweet than they appear, our layers more complex than we reveal. We're diverse in our experience of happiness, too. We worry about living the life we want at the same time that we worry about under-appreciating what we already have. Ambivalence is so rich an area for research and practice.

Whether clients contemplate changes of attitude or behavior, whether desires are fully public or fiercely private is immaterial. The opportunity for mental health professionals to improve client insight skills is a lovely application of the skills we ourselves have worked so hard to develop.

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Predicting Trainee Therapists' Abilities with Letters of Recommendation Part 1: Quantitative Scores

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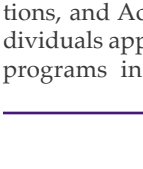

According to the American Psychological Association's 2019 report on Admissions, Applications, and Acceptances, over 40,000 individuals applied to clinical psychology programs in the 2016-2017 academic year, with acceptance rates of 12-30% (Michalski et al., 2019). Due to an increasing interest in clinical and counseling psychology (Norcross & Sayette, 2014) and a limited amount of space in graduate programs, discerning what factors could predict an applicant's success is important. The most common tools used to select graduate students for admission are Graduate Record Examination (GRE) scores, undergraduate grade point average (GPA), letters of recommendation (LORs), and personal statements (Kuncel et al., 2001; Sternberg & Williams, 1997).

While GRE scores and undergraduate GPAs have shown some ability to predict outcomes such as graduate GPA, graduation rate, and faculty ratings (Kuncel et al., 2010; Schwager et al., 2015; Sternberg & Williams, 1997), neither correlates with qualities considered important for conducting therapy (Educational Testing Services, n.d.; Smaby et

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al., 2005). Moreover, the coronavirus pandemic has increased graduate admission committees' reliance on considerations other than GPA and GRE scores (Burke, 2020; Hu, 2020).

Other areas of consideration for admission to clinical and counseling programs include personal statements and letters of recommendation, both of which provide a more qualitative view of the applicant and, as such, may better assess applicants' important personal characteristics. LORs provide a unique view of an applicant from outside sources (e.g., professors, supervisors), offering a more objective view of the applicant's characteristics than personal statements. Given their strength over other application materials at capturing nuanced personal qualities, many universities use LORs to identify qualities related to a greater clinical potential, such as creativity, interpersonal style, mental agility, maturity, and drive. However, previous research has raised questions regarding the effectiveness of using LORs as predictors of trainee success due to difficulties such as restriction of range, various biases, and lack of reliability (McCarthy & Goffin, 2001; Miller & Rybroek, 1988). Prior research suggests that the best way to compensate for these difficulties and improve predictive validity is by having letter-writers (as opposed to letter-readers) give a quantitative rating of applicant characteristics or by examining LORs in a structured way in which specific content areas are coded (Kuncel et al., 2014).

The primary aim of this study is to evaluate whether LORs and associated quantitative ratings are able to predict therapeutic ability in clinical graduate trainees. Results will be presented in two parts. In this issue of the *Bulletin*, we will provide an analysis of the quantitative rating scores that were provided by letter-writers. Then, in the next issue, we will provide an analysis of the qualitative LOR scores obtained through structured letter-reader analysis. Specifically, the relationships between letter writers' quantitative ratings, the qualitative LOR scores, and client ratings of average session depth and quality, the alliance, and overall perceived helpfulness from the therapy will be assessed in this series.

Method

Participants

All participants ($n = 45$) were trainees in a clinical master's program. The sample was 69.6% female, with a mean age of 23.7 ($SD = 3.59$). Participants were 71.7% European American, 13.0% African American, 8.7% Hispanic, 2.2% Asian American, and 4.4% other.

Clients were undergraduate volunteers from a class focused on personal growth and learning. None of the clients or therapists knew each other prior to the therapy, and the professor of the undergraduate course did not receive any information about the therapy other than confirmation of student attendance. Clients ($n = 45$) were 73.3% female with a mean age of 20.8 ($SD = 4.14$). Clients were 44.4% European American, 35.6% African American, 11.1% Asian American, 4.4% Hispanic, and 4.4% other.

Letter-writers were primarily professors (87.7%) of various ranks (e.g., instructors, assistant, associate, full) but also included employers, coworkers, and graduate students. Just over half of all letter-writers (53.7%) were female. The mean length of time the letter-writers had known the applicants was just over two years, but this varied widely ($M = 28.92$ months, $SD = 33.20$ months, range = 2 to 276 months).

Of the 45 participants, 35 (77.8%) had a closed file, meaning that these participants chose to give up their right to review their own LORs.

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Procedures

Attainment of letter-writer data

The consent process for the graduate students who participated in this study occurred after the admissions process and was completely voluntary. For those who consented, LORs were obtained from the participants' application materials. Each participant was required to provide three LORs as part of the application packet. In addition to a written letter, letter-writers also provided quantitative ratings of the applicant. The quantitative ratings and qualitative assessments of letter-writer data were linked to the clients' process and outcome ratings for each participant.

Therapy

During their first year of graduate school, all clinical students took a beginning therapy course based on the three-stage helping skills model from *Helping Skills: Facilitating Exploration, Insight, and Action* (3rd ed. & 4th ed.; Hill, 2009, 2014). As a part of this class, trainees saw their first clinical case, a 4-session therapy with an undergraduate client. Prior to the start of the therapy, all participants consented to provide ratings of the therapy session to be utilized for both training and research purposes. Sessions were non-manualized, and clients were told they could discuss any topics they desired, with the exception of harm to self or others, or the endangerment of a child or elder. The first session was a 1.5-hour intake session, and the remaining three sessions were approximately 45 minutes in length.

Measures

Quantitative Ratings of Applicants: Letter-writers rated applicants on the following traits: intellectual ability, oral communication skills, written expression, imagination/originality, initiative/motivation, industry perseverance, and maturity on a 4-point scale ranging from 5 (*Excellent [Highest 10%]*) to 2 (*Below Average*). Raters could also indicate a 1 for *Not Observed*. All not observed scores were discarded from analyses. Letter-writers also responded to the item "please indicate your overall recommendation" on a 5-point scale from 1 (*Not Recommended)* to 5 (*Recommended Strongly*).

Assessment of Therapy Measures: After every session, clients completed the Session Evaluation Questionnaire (SEQ; Stiles & Snow, 1984). The SEQ consists of 24 bipolar adjective pairs, with each rated on a 1 to 7 semantic differential rating scale. Scores from the item asking clients' perception of the session quality (bad-good), as well as the SEQ Depth index, were used for this study. Session quality consisted of a single item asking clients to rate the overall quality of the session, with higher scores indicating higher quality. The Depth index included several items using bipolar adjectives that reflect how powerful or effective the client perceived the session. The scores in both of these areas were added across all four sessions to create one summary quality score and one summary depth score for each participant, with 28 as the highest possible score for both of the measures. At the end of the third session, clients completed the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) to assess client-rated alliance. At the end of the fourth, and final, session, the client rated the overall helpfulness of the therapy using one item, rated on a 7-point Likert-type scale (1 = *not at all helpful* to 7 = *extremely helpful*).

Results and Discussion

Descriptive statistics (Table 1) show high mean scores and a limited range for both letter writers' quantitative ratings and clients' ratings. Table 2 shows bivariate correlations between letter-writer quantitative ratings and client-rated therapy

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Table 1
Means, Standard Deviations, and Range of Quantitative Ratings and Therapy Process and Outcome Variables

Variable	Mean (SD)	Range
Quantitative Ratings		
Intellectual Ability	4.62 (0.34)	4-5
Oral Communication	4.48 (0.40)	3-5
Written Expression	4.54 (0.38)	3-5
Imagination Originality	4.50 (0.40)	3-5
Initiative Motivation	4.80 (0.25)	3-5
Industry Perseverance	4.80 (0.25)	3-5
Maturity	4.71 (0.37)	3-5
Overall Recommendation	4.90 (0.30)	4-5
Process and Outcome		
WAI	215.52 (21.71)	175-252
Client Rated Helpfulness	6.27 (0.73)	4-7
SEQ Depth	22.39 (2.95)	16-27
SEQ Quality	26.16 (1.86)	21-28

Note. N = 45.

Table 2
Point Biserial Correlations Between Quantitative Variables and Therapy Outcome Variables

Quantitative Variables	WAI	Helpfulness	Depth	Quality
Int Ability	-0.03	-0.08	0.04	-0.15
Oral Comm	-0.12	-0.04	0.08	-0.07
Written Express	-0.02	-0.09	0.13	-0.17
Img Ori	0.01	-0.11	0.09	-0.04
Ini Mot	-0.12	-0.19	0.17	-0.00
Ind Per	-0.16	-0.21	0.04	0.07
Maturity	-0.15	-0.24	0.00	-0.02
Overall Rec	0.03	-0.25	0.27	0.19

Note. "Int Ability" = Intellectual Ability, "Oral Comm" = Oral Communication, "Written Express" = Written Expression, "Img Ori" = Imagination Originality, "Ini Mot" = Initiative/Motivation, "Ind Per" = Industry Perseverance, GPA = Undergraduate GPA, WAI = Total patient rated WAI score, Depth = Patient rated SEQ Depth, Quality = Client rated SEQ quality score. N = 45.
* indicates p<0.05; ** indicates p<0.01

outcomes. None of the quantitative rating variables were significantly correlated with overall client-rated helpfulness of the therapy, alliance, or average session depth and quality. In making sense of the null findings related to quantitative ratings and psychotherapy process and outcome measures, there are several important considerations.

First, the analyses and subsequent results were likely impacted by the significant restriction of range found in the data (see Table 1). Nearly 90% of all clients rated the overall helpfulness of the therapy a 6 or 7 out of 7, and almost 30% of all sessions were rated at the highest possible score across all four sessions on the session quality item. In addition to the restriction of range for therapy outcomes, the letter-writers' quantitative ratings had similar limitations. Quantitative scores were high both within and across participants. The means and standard deviations for quantitative ratings ranged from 4.48 (SD = 0.40) to 4.90 (SD = 0.30). In addition, the highest score (5) was given between 55.0% (oral communication) and 89.9% (overall recommendation) of the time, with almost 98.0% of all quantitative items scored as either a 4 or a 5. With such limited variability across the quantitative independent variables and some of the dependent variables, differentiating student therapeutic performance from quantitative ratings was difficult.

The restriction of range found for the quantitative ratings highlights some of the issues inherent in LORs, which make it difficult to use them to identify the positive characteristics desired in trainee therapists. Specifically, the marked restriction of range in the quantitative ratings in this study likely reflects two types of selection bias. First, applicants choose individuals to write letters that they believe will make favorable statements. Second, the letters are from student applicants who were accepted into the program. Given that only students with mostly positive LORs and high quantitative ratings from their selected letter-writers would have been accepted, the information from these items may be more effective in identifying problem-

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atic applicants who were not offered acceptance (i.e., LORs may be more effective in eliminating applicants as opposed to differentiating accepted applicants). Unfortunately, only accepted applicants could be analyzed due to ethical reasons. A related issue is that nearly a quarter of applicants opted to have their letters in an open file. A letter-writer who knows the applicant will be able to read the letter that they provide may be inclined to score the applicant more favorably.

The findings and implications of this study must be considered in light of its limitations. As all participants came from a single university, results may differ between universities with different admissions policies, graduate acceptance committees, areas of importance, etc. Additionally, this study followed trainees through only one four-session training case with volunteer clients. Results may differ as the number of sessions/clients increase. Assessing outcomes with other measures, such as symptom reduction, may also yield different results. Future research should continue to investigate the use of LORs and associated quantitative ratings in terms of predicting therapy effectiveness.

Conclusions

As noted previously, the issues of selection bias and restriction of range are inherent problems with information received from letter writers. Specifically, the apparent ceiling effect of the quantitative ratings is a possible explanation for the null results found when correlating with therapy process and outcome measures. While LORs do offer some advantages over other application materials for assessing important therapist qualities, the problems associated with LORs may prevent them from being useful in predicting therapeutic ability, at least within accepted applicants. The next issue of the *Bulletin* will investigate the ability of LORs to predict therapist abilities using a qualitative analysis of the letters written. A more comprehensive view of the inherent issues of LORs, as well as future directions, will be addressed in the next issue. With the coronavirus having spurred many admissions committees to more heavily weight LORs, the degree to which LORs can help identify students who will be good therapists has become a timely issue. Continuing to explore the best methods for assessing applicants in terms of potential therapeutic ability is of critical importance.

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Society for the Advancement of Psychotherapy

MEMBERSHIP

Looking Back, Looking Forwards

Jean M. Birbilis, Ph.D., L.P., B.C.B.
Saint Paul, MN

I recently had the honor and pleasure of attending a Zoom gathering of many Division 29 past presidents, thanks to the effort of our current president, Dr. Clara Hill, to bring them together. As the past chair of two different Committees including Membership and the current Membership Domain Representative, I am aware of the amazing contributions of many of these leaders as a result of watching them during their tenures as Division 29 presidents, but it wasn't until I had the opportunity to listen to them recount their work for the Society for the Advancement of Psychotherapy (SAP) that I was able to begin to grasp the enormity of their impact on the Division. This is what I took away from hearing their stories. (Forgive me, colleagues, if I haven't summarized your comments accurately and/or have not presented them completely. I was taking notes as fast as I could!)

The year after I joined Division 29, Jean Carter was president. She created Domain Representatives to facilitate communication between the Board and the Committees, reorganized the governance to energize and engage members, and addressed the urgent need to diversify the membership of the Division. Jean was followed by Jeff Barnett, who oversaw a major overhaul of the website, our social media presence, and our use of technology. Nadine Kaslow then stepped in and continued the efforts to reach out to students and psychotherapists from diverse backgrounds. Jeff Magnavita came next, and he increased the grants given by SAP significantly and worked with Steve Sobelman towards technological advancement. Libby Williams focused on strategic planning the following year, which might not sound exciting but was sorely needed, and she worked on the psychotherapy resolution with Linda Campbell. Marv Goldfried followed Libby, and his comments during our Zoom gathering focused on the relationship between Division 29 and Division 12. Bill Stiles noted that during his time as president, Division 29's financial status began to improve. Two years after Bill served, Rod Goodyear stepped into the role of president and focused on reaching out internationally. He and Changming Duan successfully made it possible for psychotherapists in China who are members of a professional organization there, Oriental Insights, to become members of Division 29, and he created an International Domain Representative. Armand Cerbone followed Rod, and he followed up on Rod's work by expanding the International Domain, recruiting Fred Leong to be the International Domain Representative, introducing diversity training for the Board and committee chairs every three years, and representing Division at the SEPI Conference in Dublin. Michael Constantino was president for the Division 50th anniversary in 2019, and instituted several reciprocal programs with SEPI, including the Jeremy Safran Memorial Poster Award. He also oversaw the Division's adoption of a new award for mid-career accomplishments. Nancy

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Murdock oversaw activities such as the adoption of a new logo. The following year, Jennifer Callahan took over just as the pandemic was emerging. She oversaw the first virtual Board meeting as well as Division 29's presence at the first virtual APA Convention and, in her words, "We didn't do what we planned [in 2020], but people still worked hard in committees…" As Clara Hill has stepped into the role of president, she is focusing on an amazing array of objectives, including contributions to psychotherapy research, pursuit of more members of Division 29 being involved in governance bodies that impact psychotherapy research, education and training, practice, and access, greater diversity among our membership and our own governance, and increasing membership.

Although it wasn't possible for all past presidents to attend the Zoom meeting, the number who were able to and did is a testament to the commitment of our leaders. Other past presidents who joined the Zoom gathering included Linda Campbell, Bob Resnick, and Don Freedheim. As I look ahead as the President-elect Designate for Division 29, I hope to build on all of the contributions of our past presidents. I'll have more to say in the future, but for now, I want you to know that Division 29's focus on psychotherapy practice, research, and education, on connections among our members and between SAP and other related organizations, and on diversity will continue to be my focus. I will strive to continue the work of our past leaders and to attend to our current efforts to attract new members to Division 29, and I hope that each current member of SAP will consider new ways to be involved and to be connected to our organization.

Society for the Advancement of Psychotherapy

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

We'd love to hear from you!

"Oh then I saw her face"

Pat DeLeon, PhD
Former APA President

Visionary Leadership: One of the surprisingly positive aspects of the COVID-19 experience has been society's growing awareness of the importance of quality mental health services and the adverse consequences of our traditionally reactive, individual-oriented approach. On a personal level, we have been very pleased with the recent increase in media attention to this critical aspect of our lives with colleagues demonstrating highly visual leadership roles in a wide range of areas, including improving Olympic athletic performance, addressing social isolation due to the pandemic, family and child-rearing dynamics, maximizing virtual educational activities, and successfully increasing the nation's vaccination rate.

During our Uniformed Services University (USU) health policy seminar, APA President Jennifer Kelly stressed the critical importance of addressing the social determinates of Health Disparities *and* "working upstream" in a preventive fashion, especially on a population/public health basis. She pointed out, for example, that 42% of African American adults suffer from hypertension, compared with 28.7% of White adults. Twenty-one and a half percent of Hispanic adults have diabetes, compared with 13% of White adults. American Indians and Alaskan Natives continue to die at higher rates (5.5 years less than the U.S. all races), with their suicide rate being 300-600% higher than among their non-Native peers.

Jennifer concluded by highlighting her Presidential initiatives, which include several "summit" meetings, a special issue of the *American Psychologist*, her convention programmatic focus, and developing systematic recommendations for APA policy development. Without question, for all Americans, the environment in which one lives has a direct impact upon one's quality of life, including health status, and the availability of health services. Forty percent of Navajo households do not have access to running water, and up to 30% do not have electricity. Is it any wonder that the pandemic highlighted our nation's historical health disparities?

Eileen Sullivan-Marx, President of the American Academy of Nursing (AAN), noted in her *Nursing Outlook* President's Message "Beyond Physical Healing: Centering on Mental and Emotional Health": "And yet, while the physical toll of the virus will start to recede, another side of the pandemic will grow. We are familiar with the mental and emotional toll the pandemic has taken on patients, their families, healthcare professionals, and the world as a whole." Similar to Jennifer, she also emphasized the importance of addressing historical Health Disparities, as well as the extent to which the stress, despair, and trauma, as a result of the pandemic, weighs heavily on clinicians. And, urging a major shift in society's attitude, she called for Leading by Example: Normalizing Mental Health Needs: "The profession can continue to be open

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about our lived experiences with mental health and wellness during the pandemic and beyond. Exercising empathy for our colleagues and fostering environments around us that allow for honest conversations is where nursing leadership can play a significant role… When we learn that we are 'not OK,' we should feel empowered to seek help from others."

Perhaps most impressively, on June 21st, Robin McLeod participated in the *White House Conversation: Mental Health Professionals and the COVID-19 Vaccination Efforts*. She shares:

"Last Wednesday evening, I received a call from Jared Skillings asking if I would be willing to have my name submitted for consideration to speak on a White House panel with the U.S. Surgeon General Vice Admiral Vivek Murthy. YES! I'd be willing to do that!! Later the next day, I was notified by the White House that my name had been selected. Now it was real! What an incredible honor. Jared Skillings spent time talking with me over the next few days, generating ideas (motivational interviewing!) and celebrating this opportunity to connect APA with the White House. It took me a while to get over the shock of what was about to happen. As I spent time over the weekend thinking about what I might say as a speaker on the panel, I hoped to draft a message that would have an impact on leading more people to get vaccinated and showcasing the integration of psychological science and practice for a broader audience. The moderator of the panel was kind enough to send the questions he was going to ask, providing a clear framework for what the message might be.

"By Monday morning, I had written a draft of talking points, and Jared shared this with the APA Practice team, who also provided great suggestions for revisions and additions. Jared and his team deserve the credit for helping me fine-tune the message in such a powerful way. On Monday morning, after Jared publicly announced that I had been selected to speak, my email inbox was filled with so many people sending positive and supportive messages. And, my home Division 42, provided such strong support as the hours counted down to speaking time. I cannot recall a time when I felt so nervous in anticipation of this opportunity. All of the support pouring in gave an extra boost to me feeling ready to go when the webinar began.

"My message was that psychological practice, backed by psychological science, supports motivational interviewing (MI) as an evidence-based and culturally sensitive way to intervene to help vaccine-reluctant individuals move toward accepting the vaccine. My primary talking points were:

- Vaccine-hesitant adults tend to fall into two categories: fear of vaccine-related health risks or fear of allowing the government to be in control of their body.
- What DOES NOT work is to argue with patients, trying to convince them to get vaccinated.
- What DOES work is motivational interviewing.
- Start by assessing readiness for change to clarify what Motivational Interview interventions to use.
- Ask permission to have a conversation about the COVID vaccine.
- Use scaled questions to encourage patients to talk OUT LOUD about the possibility of moving toward getting vaccinated.

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- All of this must be delivered within genuine, compassionate, emphatic curiosity about the patient's mixed feelings about the COVID vaccine.

"I hoped to convey how important it is to meet patients where they are, to be present and engaged with them as they wrestle with the ambiguity with which we all live. We want our empathic curiosity to encourage patients to look for information that will strengthen the internal voice that wants to be healthy and safe and wants the same for their family, and that sees vaccination as the way to do that. Ultimately, we want them to become confident that they are making a good choice in getting vaccinated. As a clinician, by helping them increase their confidence, you can help drive the change toward vaccination (https://www.youtube.com/watch?v=tzFS63G5sP8&t=5s)." Dan Abrahamson and I virtually watched Robin participate, and we were extraordinarily impressed by her professionalism, compassion, and leadership. Mahalo.

Interesting Perspectives — The White House, Retirement?, Escaping Isolated Silos

Christy Mitchell (Major, USAF, NC): "The White House Conference briefing did a fine job of highlighting psychologists and other mental health professionals as leaders in the community. I was enlightened to hear Robin McLeod's experience working with adults and children who had different views of the COVID vaccine. I was especially intrigued by her use of motivational interviewing as an evidence-based intervention to promote informed health choices amongst the communities she worked with. Her experience reminded me of the significance psychologists and nurses have as health ambassadors to various communities. Prior to enrolling in the Doctor of Nursing Practice (DNP) program at USU, I served in the capacity of a perioperative nurse and acted as a health ambassador providing information to patients on topics from pain control to surgical site care. Although I provided no direct care to those patients, I provided them with information to make the appropriate choices in their healthcare. As I listened to the rest of the panel speakers, I realized that psychologists, clinical counselors, and therapists share the same mission as nurses: to provide complete patient care beyond physical interactions. We must build trust through honesty, respect, and compassion. Combining these aspects of care with the physical interactions will provide a meaningful movement towards good patient choices and improved health."

Mike Sullivan: "As someone who has done many presentations at State and APA conventions over the years, I recently had a novel experience: prerecording one on Zoom. Color me old-fashioned. I prefer in-person gatherings. However, I was honored to be invited by Rod Baker and Pat to be part of their Division 55 symposium on 'Meaningful Retirement—Growing Awareness.' Along with Ruth Paige, we reprised and updated the first such panel in 2014, which Rod and Pat have continued since with various guest participants. Their initiative grew in 2021 with the publication of a small and wise volume of first-person accounts entitled *Retirement Experiences of Psychologists* [Cambridge Scholars Publishing]. Biased though I may be as a contributor, I was absolutely fascinated to read about the retirement journeys described in the book. The truth is that there is nothing 'retiring' about the lives of these psychologists even after retiring. Withdrawing, receding, or retreating from life (i.e., 'retiring') is the exact opposite of what our adventurous and productive, and courageous colleagues are doing. There is far too lit-

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tle attention given to the creative ways retired psychologists are continuing their productivity and finding meaning and purpose in life after their formal careers are allegedly finished. Long live (senior) citizen psychologists!"

Ray Folen, HPA Executive Director: "For our 2021 legislative effort, the Hawai'i Psychological Association (HPA) combined forces with the National Association of Social Workers—Hawaii Chapter (NASW-HI) and the Hawaiian Islands Association of Marriage and Family Therapists (HIAMFT). This newly formed Behavioral Health 'Hui' jointly advocated for legislation in a number of important areas, to include a statutory requirement that insurance companies add phone-only behavioral health services to their list of reimbursable telehealth procedures. The Hui shared the cost of a lobbyist, which resulted in significant cost-savings for all three organizations. Working together also yielded a three-fold increase in our collective voice, which greatly enhanced our ability to connect constituents with their elected representatives.

"The collaboration was so productive and satisfying that in March we began to discuss the possibility of holding an annual interdisciplinary convention. This would be a first in many decades for Hawai'i psychologists, so we polled the HPA membership to gauge the level of support for the idea. A great majority of members reported being in favor. Our combined annual two-day convention is now scheduled for October of this year, and we expect the event will generate increased revenues and also result in significant cost savings."

"Now I'm a believer" (The Monkees).

Aloha,

Pat DeLeon, former APA President – Division 29 – July 2021

2021 APF ROSALEE WEISS LECTURER

Join us in honoring the 2021 Rosalee Weiss Lecturer, Dr. 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. 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, which he helped develop and refine with Nadya Fouad, Cathi Grus, Steve McCutcheon, and others. 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 took an interest in the internship imbalance that plagued the field until about 2015, publishing several articles on the topic, including one in 2015 based on doctoral program data that accurately predicted the end of the crisis by 2017. 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.

WINNER OF THE 2021 APF/SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY EARLY CAREER AWARD

Join us in congratulating Dr. Lorenzo Lorenzo-Luaces for receiving this award

Prof. Lorenzo-Luaces completed his undergraduate degree at the University of Puerto Rico (2011) and hnska Duarté-Vélez. He completed his doctorate at the University of Pennsylvania (2017), where he worked with Dr. Robert DeRubeis studying predictors and processes of therapies for depression, with a focus on cognitive-behavioral therapies (CBTs). In 2017, he joined the faculty at Indiana University – Bloomington as an Assistant Professor in Psychological and Brain Sciences. At IU, Prof. Lorenzo-Luaces is the principal investigator at the Study of Affective Disorders' Classification and Treatment Lab (SADCaT Lab).

Prof. Lorenzo-Luaces is interested in the treatment of depression and other internalizing disorders like anxiety, with interests in low-intensity CBTs like internet-based CBT (iCBT) and bibliotherapy. A theme of his work is that the heterogeneity in the prognosis of depression needs to be considered when studying etiology and treatments. He is especially interested in data-driven approaches to differentiate between individuals who can experience symptom remission with low-intensity treatments vs. those that may require face-to-face psychotherapy, medications, their combination, or even other more intensive treatments. In collaboration with Prof. Johan Bollen's lab, his lab has studied vulnerability to internalizing disorders using social media data.

My research lab studies psychological treatments for depression and other common mental health problems like anxiety. I am especially interested in treatment programs that are easier to get to people than in-person psychotherapy ("talk therapy"), including self-help using books, mental health apps, and brief therapies. One of my biggest interests is how to use information that we know about people (e.g., age, treatment preferences, symptoms) to distinguish between people who can benefit from these "low-intensity" treatment strategies versus people who may require more intensive care including psychotherapy or medications. Together with Jonathan Bollen and Lauren Rutter, my lab has recently started using data from social media (e.g., Twitter) to study how depression affects people's online behavior like when or what they post. Our next study is exploring how treatment for depression or anxiety translates to differences in social media.

JOIN US IN HONORING THESE 2021 STUDENT AWARD WINNERS!

Society for the Advancement of Psychotherapy 2021 Student Excellence in Practice Award

Rivian Lewin

Rivian Lewin (she/her/hers) is a rising fifth-year clinical psychology doctoral student at the University of Memphis. She received a Bachelor of Science in psychology from the University of Arizona and Master of Science in psychology from the University of Memphis. She is currently a graduate-level clinician at an integrative primary care clinic, practicing Focused Acceptance and Commitment Therapy (FACT) in conjunction with patients' medical care. Earlier in her graduate training, she collaborated with a colleague to create an Acceptance and Commitment Therapy (ACT) group intervention to address the psychological needs of graduate students on her campus. She has delivered the treatment multiple times over the course of several years and now serves in a training and peer supervisory role to student clinicians learning ACT and delivering the intervention. Rivian has also worked with individuals presenting with a wide range of clinical concerns at her program's community-based clinic as well as through her experience on the Athena project, which is a clinical research center that provides psychological evaluations to women who have experienced intimate partner violence. Her research and clinical work inform one another, as her research focuses on psychotherapy process and outcome, with an emphasis on transtheoretical factors of therapy that contribute to improvement in client outcomes. Rivian is a member of the American Psychological Association, Society for Psychotherapy Research, Association for Psychological Science, and Association for Contextual Behavioral Science.

Essay for the 2021 Student Clinical Practice Award

As I reflect on my development as a therapist, I'm aware of the guiding values and beliefs that comprise my therapeutic stance, which serves as the foundation for my clinical work. The first is that every client is unconditionally valuable, holding intrinsic worth not dependent on any single action. The second is that clients are doing the best they can with what they have, and every behavior has or had a function within a context. The third is that genuine interest, curiosity, and flexibility coupled with warmth, empathy, and care are qualities I can bring to the therapeutic relationship to help clients identify what matters, approach internal and external barriers, and move in a valued direction.

I feel gratitude for my clients' trust and vulnerability and my supervisors' guidance and patience as well as privileged to work in a profession that continues to reveal opportunities for growth and meaning. It is challenging to identify a clinical experience as uniquely formative because each client, with their individual story, obstacles, and pursuits, has distinctively contributed to my development as a therapist. However, one clinical experience, in particular, has shaped my growth and solidified my interests as an autonomous practitioner.

In 2018, *Nature*'s survey of PhD students revealed poor psychological wellbeing

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Studemt Award Winners, continued from page 33

among graduate students and perceptions of insufficient interventions within academic institutions. In response, I collaborated with a colleague and friend to develop an acceptance and commitment therapy (ACT) group treatment for graduate students. We immersed ourselves in the ACT literature and participated in didactic and clinical training. Through collaboration with department chairs, the graduate school dean, and our university clinic, we provided the intervention multiple times over several years. Currently, I am in a training and supervision role for students learning ACT and delivering the group. The creation and implementation of this group—from discovering a need, identifying a solution, expanding my own knowledge about ACT theory and practice, developing the treatment, providing and refining the intervention through repeated administrations and incorporation of client feedback, and implementing a scaffolding for continuity of delivery at my university—has been one of the most special experiences of my graduate career. My commitment to serving those suffering as well as my own personal identification as a graduate student and intimate understanding of the struggles my peers face motivated me to pursue this project.

A few activities have benefited me as a trainee that may also help other emerging therapists. First and foremost, I would encourage developing therapists to explore and clarify their own values and make choices about engagement and action based on those values. For me, this involved watching my own therapy sessions and therapy sessions of expert clinicians to increase my awareness of internal and dyadic processes. Additionally, striving to be curious, empathic, and warm and noticing moments when those qualities waver allows me to make thoughtful and earnest choices about what to do next to foster a therapeutic space of care, humility, and movement for both the client and myself.

Society for the Advancement of Psychotherapy 2021 Student Excellence in Teaching/Mentoring Award

Nur Hani Zainal

Nur Hani Zainal, M.S. is a clinical fellow in psychology at the Harvard Medical School – Massachusetts General Hospital and Ph.D. candidate at the Pennsylvania State University. Her research program focuses on how executive functioning, mindfulness, cognitive behavioral strategies, and psychoneuroimmunology link to the etiology, maintenance, and treatment of anxiety and depressive disorders. To achieve these aims, she uses a variety of approaches and datasets. These include cross-sectional and longitudinal surveys, basic science experiments, ecological momentary assessments, and prospective cross-panel designs. To this end, she hopes to make novel and strongly positively impactful contributions to basic science and translational clinical science research and practice. Hani also received the National University of Singapore (NUS) – Overseas Graduate Scholarship which places her on track to serve as a faculty member responsible for research, teaching, and clinical supervision by mid-2024.

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Studemt Award Winners, continued from page 34

Reflections on Teaching Award
By Nur Hani Zainal

I am humbled and honored to receive the 2021 APA Division 29 Student Excellence in Teaching Award, and believe this award is a reflection of how I have been deriving meaning through my teaching experiences thus far, as detailed below.

My teaching philosophy is rooted in the belief of learning by doing, offering students latitude to conduct research in their areas of interest, while providing constructive feedback throughout their journey. As a graduate teaching assistant, it has been gratifying to receive feedback from students about how my teaching efforts (e.g., offering detailed feedback, answering student queries steadfastly) facilitated their learning. Further, it has been instructive to regularly volunteer to learn the course materials in-depth, deliver guest lectures frequently, and co-supervise junior doctoral students enrolled in a practicum for cognitive behavioral therapies (CBT). In the process, it has been rewarding to observe undergraduate students improve their critical and creative thinking, communication, writing, and/or presentation skills, and help Ph.D. students to skillfully deliver CBT with high fidelity while honing their own therapist voice.

When teaching the Basic Research Methods undergraduate course, continuing to manage responsibilities in those aforesaid ways, preparing lesson materials ahead of class, and assisting students during and beyond office hours were enjoyable. As an instructor of research projects, setting weekly meetings with undergraduate research assistants (RAs) has been fulfilling. As I teach them how to execute study protocols for randomized trials, experiments, and survey studies, and equip them with strong attention to detail (e.g., administering diagnostic interviews accurately), my understanding on these methods became more nuanced. To be efficient for all parties, it was beneficial to create video tutorials and offer specific feedback on some of their videotaped data collection sessions. Also, when teaching them topics related to CBT, mindfulness, and digital health by assigning and discussing relevant book chapters and journal articles, it has been enriching to listen to, discuss, and debate diverse theories and viewpoints.

As a mentor of the Senior Thesis Research course for 7 students thus far, setting weekly meetings to guide students to connect emotion regulation, cognitive behavioral, and related clinical science theories with suitable data analytic methods, has been valuable. During our meetings, it has been pleasurable to walk through step-by-step on how to write syntax for data management, multiple linear regression, and structural equation modeling in R and SPSS. Moreover, I grow as a teacher by providing thorough feedback tailored to each unique student's strengths and limitations on their data analyses and writing. Moreover, it is reinforcing to notice students' writing and literature review skills generally improve via feedback on multiple drafts.

For other graduate students intending to hone their teaching competencies, I encourage focusing on the process more than the outcome when helping students to understand, apply, and communicate psychological theories and technical skills. Repetition is key at the beginning, and patience is vital throughout. Throughout the journey, there can be great satisfaction and joy observing your students evolve and progressing in their careers with you. To teach is to learn.

Studemt Award Winners, continued from page 35

Society for the Advancement of Psychotherapy 2020 Student Excellence in Teaching/Mentoring Award

Justin Hillman

Justin Hillman is a 4th year doctoral student in Counseling Psychology at the University of Maryland College Park, working under the mentorship of Dennis M. Kivlighan, Jr. His research interests include psychotherapy process and outcome, with a focus on attachment processes and the therapeutic relationship. For his Master's Thesis, he examined the relationship between clients' attachment to their therapist and treatment outcomes in psychodynamic psychotherapy. Currently, he provides open-ended psychotherapy on externship at the Maryland Psychotherapy Clinic and Research Lab. As a graduate teaching assistant he has served as primary instructor for undergraduate coursework on peer counseling skills and mental health advocacy, and as a lab instructor for graduate level helping skills training. As well, Justin is the student representative for Division 29's Professional Practice Committee.

Division 29 Student Excellence in Teaching-Mentorship Award Essay

Teaching counseling skills to undergraduate and graduate students has been a great pleasure and privilege that has taught me many lessons. Offering insights to fellow graduate student instructors as I am now has seemed a tall order while facing the new terrain of remote learning amidst our nations struggles with COVID-19, systemic racism and white supremacy, and the 2020 presidential election. Here, I offer some reflections on what I have found meaningful and valuable as a graduate student instructor during these times, specifically teaching counseling skills.

Approaching teaching as a learning process, with an attitude of openness has been invaluable. Not only are we learning how to teach, but through teaching our understanding of the material deepens and we learn from our students. We can draw on our presentation skills and mastery of the material, but it is also important to set aside the pressure of needing to be "the expert" (just as we're encouraged to do in the role of therapist). This mindset has helped me manage the stresses of teaching, and I believe I have been a better instructor for it. This past year, an attitude of openness has been essential while learning together how to create a collaborative, connected online environment that can nurture personal and professional growth.

It has also been valuable to teach by example by regularly modeling counseling skills during lecture, discussions, and group process activities. Deliberately using counseling skills sets an example for students and also helps refine our understanding of the skills as instructors. Similarly, modeling openness to feedback and using immediacy to check in about what is and isn't working for students can provide a meaningful opportunity to attend to our students, adjust our instruction to meet their needs, and model therapeutic skills for attending to the therapeutic alliance. Modeling empathic self-disclosure can also be instructive and supportive. As students ourselves, we are in a unique position to normalize difficulties new students face, be it "zoom fatigue" or imposter syndrome.

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Additionally, I've found it helpful to draw on my own clinical experiences to illustrate skill use and conceptualization. Having a few (well de-identified) case examples, and examples of our own successes and stumbling blocks as therapist-in-training can be more engaging and relatable than textbook examples. Personal examples can typically be brought to life more vibrantly, and stay closer to the experience of being a therapist (and a client).

Importantly, in our new remote environment it's vital to create opportunities for students to connect and check-in with each other. Online, opportunities for students to mingle and share about their challenges and triumphs are greatly altered, if not missing altogether. As a graduate student myself, I know how connecting with a cohort can provide support and community, which has been so important this year. We can facilitate check-ins and also take advantage of using break out rooms as a space for students to check-in with each other without facilitation.

As instructors, we have the important responsibility to create opportunities for connection and to model the counseling skills and therapeutic attitudes we hope to teach. I am deeply grateful for the mentors and peers that have supported me, and for all the students I have had the privilege to teach and learn with. This year especially, I have been impressed by my students' commitment to the helping professions, by their care for one another, and their patience with the remote learning experience.

Society for the Advancement of Psychotherapy

JOIN US IN HONORING OUR 2021 STUDENT PAPER AWARD WINNERS!

Jeffrey E. Barnett Psychotherapy Research Student Paper Award Winner "Integrating Responsive Motivational Interviewing with CBT for Generalized Anxiety Disorder: Direct and Indirect Effects on Interpersonal Outcomes"

Heather Muir

Heather Muir is a fifth-year graduate student in Clinical Psychology at the University of Massachusetts Amherst. In 2014, Heather graduated from the University of New Hampshire with a BA in psychology, with highest honors. Her senior honors thesis examined themes of autobiographical memories. After graduation, Heather worked as a Research Coordinator of the Interpersonal Relationships Laboratory at the University of Maryland. In 2017, Heather began her graduate work at UMass. She was awarded a Graduate Fellowship during her first year. Her master's thesis examined the impact of integrating of motivational interviewing with CBT on interpersonal outcomes for generalized anxiety disorder. Additional projects have focused on routine outcomes monitoring and patient expectations in therapy. This work has been disseminated at professional conferences and in peer-reviewed publications. In the future, she is interested in examining therapist effects and patient/therapist commitment to treatment.

Abstract

In a recent trial, responsively integrating motivational interviewing (MI) into cognitive-behavioral therapy (CBT) for generalized anxiety disorder (GAD) outperformed CBT alone on long-term worry reduction (Westra et al., 2016). Consistent with MI's target, this effect was mediated by less midtreatment resistance in the integrative treatment. Insofar as GAD is marked by interpersonal styles of nonassertiveness and over accommodation, we tested here whether MI-CBT also outperformed CBT, across acute treatment and follow up, on reducing these interpersonal problems. Moreover, as patient resistance is an interpersonal event for which person-centered MI may be more helpful than directive CBT, we tested if resistance would also mediate the acute and long-term effects of treatment on the interpersonal outcomes. Eighty-five patients with severe GAD were randomly assigned to 15 sessions of MI-CBT or CBT. Patients completed the *Inventory of Interpersonal Problems* repeatedly through treatment and follow up. Observers rated patient resistance at midtreatment. As hypothesized, and consistent with the previously tested worry outcome, structural equation models revealed comparable reductions in the interpersonal problems across active-phase MI-CBT and CBT. Additionally, MI-CBT versus CBT also prompted greater reduction in over accomodation over the follow-up period. For problematic nonassertiveness, the effect was directionally consistent, but only approached significance. Finally, as predicted, the treatment effect on both interpersonal problem levels at 12 months following treatment was mediated by less midtreatment resistance in MI-CBT versus CBT. The findings support the beneficial reach of MI-CBT for GAD to interpersonal change, and help to clarify (at least partly) the ways in which variants of CBT for GAD influence such changes.

Studemt Paper Award Winners, continued from page 38

Mathilda B. Canter Education and Training Student Paper Award Winner
"A Latent Profile Analysis of Supervisory Styles"

Shuyi Liu

Shuyi Liu, M.Ed., is a sixth-year doctoral student from the counseling psychology program at Iowa State University. She is currently in her pre-doctoral internship at UCLA Counseling and Psychological Services. Prior to her doctoral training, Shuyi received her master's degree in psychological counseling at Teachers College of Columbia University. Her enthusiasm for research is rooted in the belief that research represents not only a pure intellectual process allowing one to gain new knowledge, but also a profound mechanism for giving voice to the voiceless. Shuyi's two primary research lines focus on minority stress (e.g., racial discrimination, acculturative stress, and bicultural stress) and clinical supervision. The former aims to empower the groups who are vulnerable to oppression in society, while the latter involves the support of trainees who are vulnerable to the power differential inherent in supervisory relationships.

Abstract

The purpose of this study was twofold: (1) to identify different profiles of supervisory styles using the Supervisory Styles Inventory, and (2) to examine how the identified profiles differentially relate to three counselor training outcomes (i.e., counseling self-efficacy, supervisory working alliance, and psychological needs satisfaction in supervision). A total of 117 counselor trainees from counseling psychology and counseling-related programs participated in this study. The latent profile analysis identified four distinct profiles of supervisory styles. The four styles were labeled as Multitalented, Laid-Back, Jack of All Trades, and Case Manager. The four identified profiles were differentially associated with three counselor training outcomes (i.e., counseling self-efficacy, supervisory working alliance, and basic psychological need satisfaction). The results also indicated that those in the Multitalented profile had the highest levels of supervisory working alliance and supervisee basic need satisfaction, followed by those in the Laid-Back profile, the Jack of All Trades profile, and finally the Case Manager profile. All four groups were significantly different from one another on two of the outcome variables: supervisory working alliance and supervisee basic psychological need satisfaction. Furthermore, participants in the Multitalented profile reported significantly higher levels of counseling self-efficacy than those in the Laid-Back profile and the Case Manager profile. However, participants in the Multitalented profile were not significantly different from those in the Jack of All Trades profile on the outcome of counseling self-efficacy. Lastly, there was no significant difference in supervisee counseling self-efficacy among the Laid-Back, Jack of All Trades, and Case Manger profiles.

Studemt Paper Award Winners, continued from page 39

Diversity Student Paper Award Winner "Self-Compassion and Social Connectedness Buffering Racial Discrimination on Depression Among Asian Americans"

Shuyi Liu

Abstract

The purpose of this study is to understand what personal and social resources Asian American college students might have to help them cope with psychological distress that is related to racial discrimination. Self-compassion (i.e., self-kindness, common humanity, and mindfulness) and social connectedness are the two resources this study investigates. This study was a cross-sectional study that examined whether there was a three-way interaction among racial discrimination, self-compassion, and social connectedness on the students' levels of depression. In total, 205 college students who identify as Asian Americans participated in this study. The results indicated social connectedness and self-kindness together moderated the association between racial discrimination and depression. In detail, when social connectedness and self-kindness were both at their higher levels, the association between racial discrimination and depression was not significant. However, with higher social connectedness and lower self-kindness, there was a significantly positive association between racial discrimination and depression. Furthermore, in situations of lower social connectedness and higher self-kindness, the association between racial discrimination and depression was found to be significantly positive. However, when social connectedness and self-kindness were both at their lower levels, the association between racial discrimination and depression was not significant. The same results applied to when social connectedness and mindfulness were moderators, but not when social connectedness and common humanity were moderators. In summary, both examined personal (i.e., self-compassion) and social (social connectedness) resources work in tandem to buffer the effect of racial discrimination on depression among Asian American college students.

Donald K. Freedheim Student Development Paper Award Winner "Interpersonal Clusters in a Depressed Outpatient Sample"

Kate McMillen

Kate McMillen is a Clinical Psychology Ph.D. candidate in the Derner School of Psychology at Adelphi University, NY. She is currently completing her doctoral internship at Kansas State University and is expected to graduate in May 2022. Her research interests are focused primarily on psychotherapy processes and outcomes, particularly in the areas of depressive disorders, interpersonal functioning, and LGBTQ populations

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Studemt Paper Award Winners, continued from page 40

Abstract

Prior research suggests that DSM diagnostic classification alone does not provide a full clinical picture for psychotherapy patients. Interpersonal problems, which are often overlooked in psychotherapy research, are a promising area to aid in studying patient experience and functioning, as well as build upon our existing understanding of psychotherapy treatment processes and outcomes. 71 outpatients were enrolled in individual psychodynamic psychotherapy and assessed for current major depressive symptoms and global assessment of functioning (GAF) score. Interpersonal problems were measured by the Inventory of Interpersonal Problems (IIP-C; Horowitz et al., 2000). Each participant met criteria for a DSM-IV Axis I diagnosis of a depressive spectrum disorder. 3 distinct interpersonal clusters were found via hierarchical cluster analysis: 1) Non-assertive; 2) Socially Avoidant; and 3) Overly Nurturant. The subtypes did not significantly differ in terms of depressive diagnosis, global symptomatology, current major depressive symptoms, or GAF score. However, the Socially Avoidant cluster had significantly more male patients than the Non-assertive or Overly Nurturant clusters ($p = .014$). Further research is needed to confirm whether these clusters maintain consistent throughout psychotherapy, and to investigate how the interpersonal types may respond differentially to treatment, independent of quantitative levels of distress. It may be important to assess a patient's interpersonal functioning early in order to improve psychotherapy process and depression outcomes.

Society for the Advancement of Psychotherapy

AMERICAN PSYCHOLOGICAL FOUNDATION

2022 APF/ Division 29 Society for the Advancement of Psychotherapy Early Career Award: $1,000

Nominations due December 31, 2021

The APF/ Division 29 Society for the Advancement of Psychotherapy Early Career Award recognizes promising contributions to psychotherapy, psychology, and Division 29 (Society for the Advancement of Psychotherapy) by a division member with 10 or fewer years of postdoctoral experience. Recipients will receive a $1,000 monetary award. Self-nominations are not allowed.

Eligibility

Nominees must…

- be members of Division 29 (Society for the Advancement of Psychotherapy)
- be within 10 years of receipt of their doctorate
- have demonstrated accomplishment and achievement related to psychotherapy, theory, practice, research, or training

Nomination Requirements

Application materials include…

- a nomination letter written by a colleague outlining the nominee's career contributions
- the nominee's current curriculum vitae

Nomination application: https://www.grantinterface.com/Home/Logon?urlkey=apa&

More info on the Society for the Advancement of Psychotherapy Early Career Award: https://www.apa.org/apf/funding/div-29
More info on the Society for the Advancement of Psychotherapy: https://societyforpsychotherapy.org/
Filter through APF's programs here: https://www.apa.org/apf/funding/grants
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Questions? Email APF's Program Coordinator, Julia, at jwatson@apa.org
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750 First Street NE, Washington, DC 20002 **P** 202.336.5843 **F** 202.336.5812 **W** www.apa.org/apf

2022 CHARLES J. GELSO PSYCHOTHERAPY RESEARCH GRANTS

Brief Statement about the Grant Program

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

Eligibility

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

Submission Deadline: May 1, 2022

Request for Proposals
Charles J. Gelso, Ph.D. Grant

Description

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

Program Goals

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

Funding Specifics

- Three (3) annual grants of $5,000 each are paid in one lump sum to the individual researcher, to the researcher's university grants and contracts office, or to an incorporated company. Individuals who receive the funds may incur tax liabilities (see IRS webpage on Grants to Individuals: https://www.irs.gov/charities-non-profits/private-foundations/grants-to-individuals).
- A researcher can win only one of these grants (see *Additional Information* section below).
- Funds must be transferred to the researcher, university grants and contracts office, or to an incorporated company by December 15 of the year in which the grant award notification is made.

Eligibility Requirements

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

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

Evaluation Criteria

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

Requirements Components for All Proposals

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

Additional Required Components for Graduate Students, Predoctoral Interns, and Postdoctoral Fellows

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

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Additional Information

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

Submission Process and Deadline

- All materials must be submitted electronically.
- All applicants must complete the grant application form, in MSWord or other text format.
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file.
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email).
- All required materials for proposal should be submitted 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, 2022

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

Society for the Advancement of Psychotherapy

SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY (DIVISION 29 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION)

Call for Nominations
Distinguished Psychologist Award

The APA Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its *Distinguished Psychologist Award*, which recognizes lifetime contributions to psychotherapy, psychology, and the Society. The awardee will receive a certificate and award of $500 as well as up to $500 reimbursement for qualified expenses to attend the Society's Awards Ceremony to be held at the annual APA Convention.

Deadline is December 31st annually. All items must be sent as electronic files in PDF format. Letters of nomination outlining the nominee's credentials and contributions (along with the nominee's CV) should be emailed to the Chair of the Professional Awards Committee at SAP.AwardsCommittee@gmail.com

Call for Nominations
Award for Distinguished Contributions to Teaching & Mentoring

Description & Eligibility
The Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its *Award for Distinguished Contributions to Teaching and Mentoring*, which honors a member of the Society who has contributed to the field of psychotherapy through the education and training of the next generation of psychotherapists. The awardee will receive a certificate and award of $500 as well as up to $500 reimbursement for qualified expenses to attend the Society's Awards Ceremony to be held at the annual APA Convention. The nominee must be a member of the Society for the Advancement of Psychotherapy.

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

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

providing assistance with awards, grants, and other funding; helping establish a professional network; serving as a role model in the areas of teaching, research, and/or public service; giving advice for professional development (including graduate school postdoctoral study, faculty, and clinical positions); and treating students/colleagues with respect.

The awardee will receive a cash honorarium of $500 and up to $500 reimbursement for qualified expenses to attend the Society's Awards Ceremony held at the annual APA Convention.

Deadline is December 31st annually. All items must be sent as electronic files in PDF format. Letters of nomination outlining the nominee's credentials and contributions (along with the nominee's CV) should be emailed to the Chair of the Professional Awards Committee at SAP.AwardsCommittee@gmail.com

Call for Nominations

Mid-career Award for Distinguished Scholarship Contributions to the Advancement of Psychotherapy

The APA Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its *Mid-Career Award for Distinguished Contributions to the Advancement of Psychotherapy Scholarship*, which recognizes a Society member's contributions made through one's mid-career to the advancement of psychotherapy theory and research, as well as to the Society. Nominees should be no less than 10 years and no more than 20 years post-doctoral degree. The awardee will receive a certificate and award of $500 as well as up to $500 reimbursement for qualified expenses to attend the Society's Awards Ceremony to be held at the annual APA Convention.

Nomination Requirements (self-nominations are considered):

1) Membership in the Society for the Advancement of Psychotherapy – APA Division 29.
2) A nomination letter written by a colleague that outlines the nominee's relevant contributions through mid-career. It should be clear how the nominees' contributions built on their early achievements to make a significant impact during the mid-career period of 10-20 years post-doctorate.
3) A curriculum vitae of the nominee.

Deadline is December 31st annually. All items must be sent as electronic files in PDF format. Letters of nomination outlining the nominee's credentials and contributions (along with the nominee's CV) should be emailed to the Chair of the Professional Awards Committee at SAP.AwardsCommittee@gmail.com

Call for Nominations

Distinguished Award for the International Advancement of Psychotherapy

Description
This award recognizes individuals who have made distinguished contributions to the international advancement of psychotherapy. The awardee will receive a certificate and award of $500 as well as up to $500 reimbursement for qualified expenses to attend the Society's Awards Ceremony to be held at the annual APA Convention.

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

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

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

Deadline is December 31st annually. All items must be sent as electronic files in PDF format. Letters of nomination outlining the nominee's credentials and contributions (along with the nominee's CV) should be emailed to the Chair of the Professional Awards Committee at SAP.AwardsCommittee@gmail.com

Call for Nominations

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

Description

The Society for the Advancement of Psychotherapy (APA Division 29) invites nominations for its *Social Justice and Public Interest/ Public Policy Award*, which honors an Early Career Psychologist (up to 10 years post-doctorate) member of the Society who has made a significant contribution to social justice. The awardee will receive a cash honorarium of $500 and up to $500 reimbursement for qualified expenses to attend the Society's Awards Ceremony held at the annual APA Convention.

Eligibility

Nominees must demonstrate a sustained commitment to psychotherapy practice or research, community involvement and diversity, as well as evidence of achieving change that supports the disenfranchised, disempowered, less privileged or oppressed groups. Significant contributions may be evidenced via (a) psychotherapy research, development and implementation of an applied psychotherapy community project that promotes social justice and/or public interest/policy, or (b) being instrumental in helping to increase awareness or assisting in the passage of legislative and institutional changes that may impact the profession. Both self-nominations and nominations of others will be considered.

How to Apply

Application materials should include:

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

Deadline is December 31st annually. All items must be sent as electronic files in PDF format. Letters of nomination outlining the nominee's credentials and contributions (along with the nominee's CV) should be emailed to the Chair of the Professional Awards Committee at SAP.AwardsCommittee@gmail.com

Call for Nominations
Psychotherapy Practice Awards

Description: These awards are for nominees who demonstrate excellence in the art and practice of psychotherapy appropriate to their development as a therapist (Early Career, Mid-Career, Distinguished). Nominees have a strong foundation of therapeutic skills and work effectively with their client base and show a commitment to growth as a therapist (e.g. learning from mistakes, modifying their approach, use of self-care). Practitioners who contribute significantly to the practice of psychotherapy through community work, supervision or clinical proficiency are encouraged to apply.

How to Apply:
Submission materials must include:
1. A nomination letter written by a colleague or themselves that (a) indicates the award category to which the nomination applies, and (b) outlines the nominee's relevant contributions through relevant stage of career. It should be clear how the nominees' career contributions (between 10- and 20-years post-doctorate) have made a significant impact.
2. Three letters supporting the nomination.
3. A curriculum vitae (CV) of the nominee.

Eligibility
1. All nominees must be or become a member of the Society for the Advancement of Psychotherapy (note that there is a $40 membership fee and it is not a requirement that you be a member of APA – https://societyforpsychotherapy.org/why-join/
2. Nominees must be engaged in psychotherapy practice at least 75% of their time. (This can include independent practice, group practice, Community Mental Health Centers, VAs, counseling centers, other settings where nominee's primary role is in providing psychotherapy services.)

Early Career Practitioner Award	Nominee must be within 10 years of receipt of post-graduate degree
Mid-Career Practitioner Award	Nominee must be no less than 10 years and no more than 20 years post graduate degree
Distinguished Practitioner Award	Nominee must be more than 20 years post graduate degree

Deadline is December 31st annually. All items must be sent as electronic files in PDF format and should be emailed to the Chair of the Professional Awards Committee at SAP.AwardsCommittee@gmail.com

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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DIVISION 29 PROGRAMS

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

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

NETWORKING & REFERRAL SOURCES

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

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

DIVISION 29 LISTSERV

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

VISIT OUR WEBSITE

www.societyforpsychotherapy.org

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

Name _____ Degree _____

Address _____

City _____ State _____ ZIP_____

Phone _____ FAX _____

Email _____

If APA member, please provide membership #

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

Card # _____ Exp Date _____/_____

Signature _____

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

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

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

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PSYCHOTHERAPY BULLETIN

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

Psychotherapy Bulletin welcomes articles, interviews, commentaries, letters to the editor, book reviews, and SAP-related announcements. Please ensure that articles conform to APA style; graphics, tables, or photos submitted with articles must be of print quality and in high resolution. Complete Submission Guidelines and the online submission portal can be found at http://society forpsychotherapy.org/bulletin-about/ (for questions or additional information, please email Lynett.HendersonMetzger@du.edu with the subject header line *Psychotherapy Bulletin*). Deadlines for submission are as follows: 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).

Society for the Advancement of Psychotherapy (29)
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www.societyforpsychotherapy.org

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6557 E. Riverdale St.
Mesa, AZ 85215

www.societyforpsychotherapy.org

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

We'd love to hear from you!