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For my Presidential Initiative, I have chosen a topic dear to my heart, that of what therapists DO in sessions that help clients change. I assert that while client factors (e.g., personality, diagnoses, motivation), therapist factors (e.g., personality, training, theoretical orientation) and the therapeutic relationship (e.g., working alliance) are incredibly important, what therapists do is also important. Therapists do not just sit there passively but rather are actively formulating case conceptualizations and planning and implementing interventions to move clients along the change process because of course we all want to help clients function more effectively in life.

It is important here to distinguish skills (e.g., microinterventions, such as questions or interpretations) and methods (sequences of skills intended to target a specific activity (e.g., dream work, cognitive restructuring) from the larger treatment packages (e.g., CBT, psychodynamic therapy). Indeed, the larger treatment packages are composed of methods which are composed of skills.

Much of our research has been aimed at comparing the different treatment packages but relatively little has aimed at examining the effects of different skills (which are used across treatments).

This assertion that therapist skills and methods make a difference probably seems obvious to psychotherapists. Of course, we do something to help clients change. It’s not just a nice relationship, it’s not just client expectations, we actually have to do something to help clients change. And yet, we have not been able to show empirically that therapist techniques (skills, interventions, methods) make much difference.

How could that be?

Well, to start with, our research is very blunt and we have yet to have research methods that help us understand the complexity of the psychotherapy endeavor (I say this after 50 some years of trying to do psychotherapy research).

Second, a big factor is that every therapist and client are different. What works for one therapist with one client does not necessarily work for that therapist with another client or for other therapists and clients because other factors need to be accounted for (e.g., timing, personality factors, needs in the moment, transference, countertransference). During training, trainees can learn basic and advanced skills but what to do in therapy with an individual client cannot be predicted by statistics that average across all clients.

My Personal Story

When I started graduate school, I was introverted and lacked confidence about helping others. I took a course in helping skills and gradually learned that helping skills could be learned. By practicing, I became better. I started teaching helping skills, and then I started doing research on therapist techniques. I got incredibly frustrated trying to study therapist techniques because the typical research paradigm of correlating fre-
requency of occurrence of different skills in relation to treatment outcome yielded mixed results and just did not pass the common sense test (e.g., why should more be better?).

I have been lucky during my career to have a teaching track, a therapist track, and a researcher track. As a teacher, I continued the tradition of helping skills that I learned in graduate school (Carkhuff, 1969) and kept modifying it based on my continued learning about theories, practice, and feedback from students who challenged every idea, resulting in a text about helping skills (Hill, 2020). As a researcher, I spent considerable time trying to operationalize what I was teaching so that I could study it in psychotherapy...that resulted in a lot of false starts, but I feel like we’re getting closer to the clinical phenomena in some of our recent research (e.g., Anvari et al., 2020, in press; Hill et al., 2020; Prass et al., 2021). As a clinician, I realized that what I preached (i.e., taught) did not always work and I did not always do what I said should be done (e.g., use mostly reflections of feelings). So, yes, my clients and students taught me a lot. I would say that what has been difficult is having a different opinion than the “received view” (e.g., that the therapeutic relationship is the all-important mechanism of change and that techniques do not matter).

The Task Force
John Norcross headed up three task forces highlighting the crucial importance of the therapeutic relationship (Norcross, 2002, 2011; Norcross & Lambert, 2018). We extend the work of these previous task forces by highlighting the importance of therapist skills and methods. John Norcross and I are co-heading this task force co-sponsored by the Society for the Advancement of Psychotherapy, Society for Counseling Psychology, Society for Psychotherapy Research, and Society for the Exploration of Psychotherapy Integration. We have an international steering committee with well-known psychotherapy clinicians and researchers.

We have now commissioned about 30 chapters in a book to be published by Oxford University Press and subsequently to be published in condensed form in journals. In one major section of the book, we focus on psychotherapy skills, which we define as more discrete interventions (e.g., nonverbal behaviors, silences, questions, reflection responses, challenges, interpretations, direct guidance, metaphors, and Socratic dialogue). In the other major section of the book, we focus on psychotherapy methods, which we define as broader sequences of skills (e.g., providing a treatment rationale, assessment as an intervention, teaching emotion regulation, chair work, dream work, between session homework, exposure, mindfulness/acceptance/meditation methods, routine outcome monitoring, working with cultural diversity, strengths-oriented methods, mentalization, behavioral activation, cognitive restructuring). We are very fortunate to have some of the best researchers writing chapters, and we expect the book to come out in 2023.

As an example, with Sarah Knox and Changming Duan I am co-authoring of one of the chapters on the outcomes of advice, suggestions, and recommendations in psychotherapy (not including homework assignment and process advisement). This skill is controversial across theoretical orientations (advocated by CBT, advised against by psychodynamic and humanistic), and yet it can be argued that advice, suggestions, and recommendations are used at least somewhat by many therapists. In fact, one could argue that encouraging clients

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to express feelings, take responsibility, or gain self-awareness implicitly suggest and promote these activities. Reviewing the literature has enabled me to think more deeply about our assumptions about what works in psychotherapy.

Meanwhile, I challenge all of you to think about how therapist skills and methods work in psychotherapy and how we can study them in a more clinically relevant way. As I tell my helping skills students, all the skills and methods are potentially helpful and harmful, so we need to know more about when and how to use them and how to assess the effects. I hope that this project stimulates more researchers to study the effects of therapist skills and methods and innovative clinically-relevant ways.

And of course, a major goal is to improve our training of psychotherapists and our treatment of clients (patients). We need more of an evidence base about how skills and methods work to improve our training and practice.

I’ll be keeping you informed about our progress.

References


This quote from the text *Between the World and Me* by accomplished American Author, Ta-Nehisi Coates, describes the experience of being Black in the United States. This poignant message should also be communicated to psychologists seeking to serve as advocates of systemic change. Our field is often guided by principles based on “things that have worked in the past,” and it can be difficult to implement new perspectives, policies, and procedures, yet doing so is essential to the provision of equitable care and the production of representative research. We must ask new questions, pursue novel methods, and challenge the status quo regardless of resistance based on cultural discomfort (one of the constructs described in Owen’s 2013 framework of multicultural orientation). Through our selection of the special focus for the past four issues, “Social Justice in Psychotherapy: Bringing Advocacy and Interdisciplinary Perspectives to the Forefront,” we have intended to elicit content focused on broadening our conceptualization and understanding of psychotherapy, and we are thankful for the unique contributions you have made to this publication and to the Division at large.

This year has been a productive one at the *Bulletin*. We have put effort into calibrating and refining our editorial process, and with your help, we have been effective in disseminating timely and informative publications. Thank you to our editorial team members, Stephanie Winkeljohn Black (Associate Editor), Kate Axford (Editorial Assistant), Sree Sinha (Editorial Assistant), Kourtney Schroeder (Internet Editor), and Zoe Ross-Nash (Associate Internet Editor). We also wish to express our true appreciation for Resident Bulletin Expert, Tracey Martin. To the domain representatives and thoughtful authors who submit pieces, we have valued your time and the dedication you put into shaping our publication into the engaging medium for the exchange of ideas that it has become.

In this final edition of the year, we have a collection of thought provoking articles whose content is broad in scope. You will also find a column from our President, Dr. Clara Hill, which describes her Presidential Initiative and the thought process behind it. Under the leadership of Dr. Hill, the Division continues to thrive in spite of the very challenging times that have pervaded 2021. We admire your productivity and look forward to the ideas and insights you will communicate in 2022. With that said, we welcome your submissions and plan to operate on the following schedule of deadlines: January 15th, April 15th, July 15th, and October 15th. Your writing serves as an important mechanism for members of the Division to remain engaged and apprised of contemporary issues that we face as a field.

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As concern about COVID-19 variants continues to rise, we at the Bulletin wish you and your loved ones a healthy and safe holiday season. We continue to acknowledge that providing any direct care at this time (in person or via telehealth) is accompanied by a sense of fear and stress that is shared by clients and therapists alike. It is our overarching goal that the bulletin serve as an outlet for you as you reflect on your experiences and think critically about your position and power as a member of our profession. For submission guidelines or to write for the Bulletin, visit our website at http://societyforpsychotherapy.org/bulletin-about/. Please reach out with questions to joanna.drinane@utah.edu.

Thank you,
Joanna

References

Find the Society for the Advancement of Psychotherapy at www.societyforpsychotherapy.org
In March of 2020, therapists faced an unprecedented challenge and, in many ways, a glorious opportunity. COVID-19 and lockdowns meant that it was no longer possible or safe to provide psychotherapy in a “business as usual” way. Video psychotherapy, or telemental health, which had been considered by many as the lesser cousin of in-person therapy, became the new business as usual. Although there has been some research on the effectiveness of telemental health, it has not been extensively studied, especially in terms of how the psychotherapy process might differ from traditional in-person therapy.

Pre-COVID, we (the first two authors) found ourselves doing video psychotherapy or telemental health regularly. We were both, as were most of our clients, surprised at how natural it felt and how effective it seemed. We wondered about some of the intuitive and more systematic changes we were making to accommodate the special characteristics inherent when doing video therapy. We wondered not so much about the practical and ethical aspects of doing telehealth (e.g., HIPPA compliance, secure platforms, informed consent) but about how therapists changed what they did in therapy.

Over the past 100 years, we have seen many changes in the way psychotherapy is delivered. Most notably, therapists have adjusted their practices to fewer (per client) sessions per week and typically shorter sessions compared to the session frequency and duration in the early years. Similarly, we wonder what changes “in the room” have been necessitated and inspired by the transfer from the physical room to video? We imagine, especially as many of us begin to negotiate some level of in-person therapy again that many therapists have been thinking about this too. Because of the overwhelming convenience for many clients, it is quite possible that even if we, as therapists, want to return to the office, some of our clients will be reluctant to do so.

For us, the most striking difference between in-person and video psychother-
apy is the fact that both client and therapist are disembodied (e.g., we typically only see one another’s faces and in two dimensions). We do not get to see the whole body, which seems to present one of the biggest challenges we face as video-psychotherapists.

But what does this mean exactly? For one thing, most of us have been trained to attend to and use client body language, directly or indirectly. We use it to judge when clients might be anxious, how they are responding to our interventions, whether the client is “with us,” open or closed off, curious or bored. Although the video offers a superior view of the client’s face and allows us to better pick up on facial micro-expressions, it is different from seeing and reading a client’s entire body.

How might one explain to a client a preference for in-person for this reason? “I want to see your whole body because I use it to understand your unconscious and conscious experiences, and in turn, I can help you better.” Sure. However, this might be a hard sell for someone who must commute to your office, pay for parking, and take extra time off of work to get to and from the appointments. Does seeing the whole-body matter that much? Or, better yet, are there ways to compensate for this lack? Of course, one way to compensate is to ask more directly about bodily experiences. Certainly not a bad thing. Or become hyper-alert to other signs of distraction, tapping out of sight of the screen, eye movements, the client moving in a way that you can no longer even see their whole face, all of which can be read by the attentive therapist and processed.

In addition, the therapeutic presence, which has been defined as “bringing one’s whole self into the encounter with the client, being completely in the moment on a multiplicity of levels, physically, emotionally” (Geller & Greenberg, 2002, p. 82-83), may not be the same, especially for some therapists and clients who are visually or spatially oriented (see also Geller, 2020 for an excellent article on developing online therapeutic presence). We all know from our personal lives how different it is to talk on a screen versus sitting in a room with a comforting friend or family member. In the presence of another person, our whole body can let go, we feel safe, nurtured, comforted, at ease. This is not to say that this presence cannot be somewhat replicated through the person of the therapist on a screen, especially if there was an “in-person” relationship built prior to going to video. But we doubt that any of us would say it is “the same.” Attachment researchers and neuroscientists talk about how humans are hard-wired to respond to human connection (Geller & Porges, 2014; Siegel, 2012). Is the connection the same between screens?

Over the years, many clients have asked, half-jokingly at the end of the session, “Can I just stay here for a while.” They feel safe in the office, cocooned from all of the stressors and worries of their outside therapy life. In addition to not being able to sit in a safe space in the physical presence of a caring other, another jarring aspect of video psychotherapy is that there is no gentle ending to the session— a button is pushed, and we are gone, our clients are gone. There is no physical movement or gestures to transition from the psychotherapy space to the rest of clients’ lives. Perhaps some therapists have discovered ways to adjust to this abrupt ending. Some of us find ourselves waving goodbye, something we wouldn’t do in person, but it somehow seems a nicer way to end the video session. Perhaps taking a minute

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to take a deep breath or two with the client might make for a nicer transition. Most therapists, we believe, are naturally nurturing people. We likely have many ways we show this to our clients, beyond handing them a tissue box. Much of it is intuitive, developed over years of doing this work. While being on the screen does not preclude nurturing, it does require a more intentional focus, perhaps more verbal reassurance, and perhaps using our bodies to move toward the screen to show concern or move outward to allow space. It might even mean touching the screen. It may mean showing more of our emotions in our facial expressions, a tear in the eye, a shift in our tone of voice. Some colleagues we know have talked about being physically and vocally more expressive when doing video psychotherapy.

Many of us want our clients to know we are humans like them. That is one reason that one of us, after starting video practice, decided to be more intentional about the background during the sessions. Wanting to convey more of her personhood, she makes sure there are fresh flowers behind her and a nice painting on the wall. While barking dogs and noisy family members can be a distraction if they happen too frequently, now and again, it just lets our clients know we are real. We are not some avatars on the screen.

Many therapists are now struggling with the issue of whether to return to seeing clients in person. Some will continue to see at least some of their clients through video. We thus need to know more about the differences. Over the next few years, there will undoubtedly be more research like the qualitative study we are currently working on comparing the in-person to video psychotherapy process. Hopefully, this will include explorations of therapeutic relational processes like working alliance and the real relationship. While we await this research, we plan in our own practices to talk openly and think about ways to optimize therapeutic presence and the real relationship so that we can counteract the limits presented by being disembodied and two-dimensional.

In our discussion with clients who may wish to stay in video psychotherapy, we need to begin fleshing out what really makes a difference and for which clients one modality might be preferred over another. We need to be able to inform clients about the benefits and limitations of each form of therapy for their particular problem and situation. For example, some patients may find video psychotherapy easier because it enables them to work through trauma in a way that feels safer. For others, not having the physicality and presence that facilitates attachment and creates security might make it more difficult to work through trauma.

We encourage therapists, no matter what your ultimate preference will be, to take time to reflect on how to make both modalities as effective as possible. In particular, to become more intentional in video psychotherapy interventions, therapists can consider how to create safety, show nurturing, and become more “real” in a two-dimensional world. In early 2020, most therapists and clients didn’t have a choice about whether or not to use video psychotherapy – it was that or nothing. And we were all grateful. As the world gradually (we hope) returns to normal, let’s think about what and how we are with our clients, maybe opening up to new ways of being and doing therapy.

Video psychotherapy need not be con-

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sidered ‘less than’ in-person therapy. It is different, just as group therapy or family therapy is different from individual therapy, or cognitive-behavior therapy is different from psychodynamic therapy. We believe that with an open mind, thoughtfulness, and intention, one can find ways to optimize and enhance this modality.

References


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Find the Society for the Advancement of Psychotherapy at [www.societyforpsychotherapy.org](http://www.societyforpsychotherapy.org)
Student loan debt in the United States has been approaching crisis proportions since at least the early 2000s, but it is relatively recent that we in psychology have started to recognize the scope of the crisis in our own ranks. My research (Lantz [Wilcox] & Davis, 2017; Wilcox et al., 2021a, 2021b) has demonstrated that we have a serious student loan debt problem in professional psychology: The most recent overall mean student debt at graduation was $126,205 ($SD = 110,612; Wilcox et al., 2021a). As that standard deviation suggests, however, it is very difficult to make inferences from averages; that is because the student loan debt crisis (generally, and in psychology specifically) is an inequitable problem. Some students borrow much more than the mean, and other students hardly borrow at all. Students of color and lower socioeconomic status students must borrow more (Wilcox et al., 2021a); in broader national samples of graduate borrowing, women must also borrow more (Wilcox et al., 2021a); in broader national samples of graduate borrowing, women must also borrow more to complete their degrees (Lantz [Wilcox] & Davis, 2017). Psy.D. graduates borrow even more on average, but borrowing across the board is high. Further, it is not just direct educational costs driving the student debt crisis. Often, costs of living drive a substantial proportion of debt. Thus, students and early career psychologists (ECPs) are buried in student loan debt, but many would not have a pathway to and through professional psychology without borrowing. We have consistently found lower SES and first-generation students and early career professionals report having experienced greater personal and professional financial stressors during their doctoral training.

We have also found that lower SES students and first-generation students report a greater likelihood of delaying major life milestones (such as buying a home or changing jobs), specifically due to their student loan debt (Wilcox et al., 2021a, 2021b). Further, of the 200 ECPs in our sample, 46% reported that their degree of student loan debt substantially (moderately or more) limited their ability to participate in professional conferences and meetings; 30% reported working in a job they were not happy in due to their student loan debt; and 21% reported avoiding changing jobs due to the cost of relocating specifically as a result of their student loan debt. The student loan debt crisis harms those who need to borrow, and it also harms the profession.

The result of this crisis is a generation of ECPs who are entering their careers highly educated and skilled yet facing substantial financial precarity. Indeed, the Federal Reserve Board has found that the millennial generation is the most highly educated, yet also the most indebted and poorest (in income and wealth) generation to date (Kurz et al., 2018). Some ECPs may even be starting their careers already experiencing burnout, given that many students who must borrow more in student loans also

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may work more during their doctoral program in order to make ends meet (Lantz [Wilcox] & Davis, 2017). Even post-graduation can be a time of extraordinary economic stress as a result of repeatedly moving, licensing fees (e.g., application fee, fingerprinting, mailing documents, licensing exam fees, jurisprudence exam fees, oral exam fees where applicable, background check fees, etc.), and for some, practice start-up costs and/or gaps between paychecks. Student loan payments ranging from hundreds to over a thousand dollars per month exacerbate this stress.

How Can We Deal with Student Debt?
Long-term, this is a systemic problem that requires systemic solutions. Graduate students need access to the financial resources (e.g., much higher stipends; good health insurance; professional development funds; access to low-cost resources) that allow them to both survive and thrive during their graduate training. Of course, stipend levels and benefits are often not within a program’s control; the low levels of average funding follow 40 years of ongoing intentional budget cuts to public postsecondary education (Goldrick-Rab, 2016). Additionally, subsidized federal student loans—meaning that interest does not accrue while one is still enrolled in school—need to be reinstated for graduate education. Student debt cancellation would improve the mental health of many students and ECPs and support their participation in the profession and the economy.

In the meantime, ECPs are still faced with their student debt burdens, and according to the APA Center for Workforce Studies, in 2015, the median salary for ECPs was only $60,000 (Lin et al., 2017). Here are some important things to know in more immediately dealing with one’s own student loan debt and helping others with theirs.

Negotiate For Your Worth
Many students and ECPs may not receive mentorship on what can and cannot be negotiated during a job offer. Each employer will have different restrictions and possibilities, but generally speaking, it is appropriate to negotiate salary, resources, and professional development funds. For example, in some settings, you may be able to negotiate for a laptop computer, professional development funds, licensure preparation fees (e.g., EPPP preparation materials), licensure fees themselves, and of course, more in salary than is originally offered. Confer with trusted mentors about what may or may not be appropriate or reasonable in a particular situation, and remember that your skills and experience are valuable. Sometimes, during negotiation, I refer to the research on the student loan debt crisis as well as the Federal Reserve Board research (Kurz et al., 2018) on the generational economic divide.

Student Debt Forgiveness Programs: What Is and Is Not Possible
There is a lot of confusion and misunderstanding about the available student debt forgiveness programs. In fact, the most widely applicable program, the Public Service Loan Forgiveness (PSLF) Program through the U.S. Department of Education, recently announced temporary rule changes because the administration of the program has, at least to date, resulted in most applications to the program being denied. These temporary program changes are great news for borrowers very close to eligibility, but most applicants will need to attend very carefully to PSLF’s rules and guidelines.

PSLF is designed to support the public service workforce pipeline. Individuals

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with student loan debt who work in qualified public service settings may be eligible. This includes state and federal government institutions, such as state universities; however, some private, not-for-profit settings may also qualify. Read the qualification criteria carefully, as you may be surprised to find that you are eligible—or you may wish to consider PSLF eligibility when considering job offers. If you are eligible and interested, you must then (1) formally enroll in PSLF, and (2) complete the regularly required paperwork (such as employer certification), and (3) ensure that your loans are placed on an income-contingent repayment plan. Once these steps are completed and maintained, borrowers must make 120 on-time monthly payments. These do not need to be consecutive. Once all steps are completed and 120 on-time monthly payments are received, applicants may formally apply for the forgiveness of all remaining federal student debt. Even if you think you have enrolled in PSLF, it is more important than ever to verify your enrollment periodically. Student loan servicing company Navient, which is ceasing its contract with the federal government, recently settled with the federal government regarding its lawsuit against Navient for misleading borrowers—including misleading them to believe they were enrolled in PSLF. Additionally, the sole student loan servicer that administers PSLF as of the time of this writing, FedLoan (a division of the Pennsylvania Higher Education Assistance Agency), has also announced that it will cease its servicing of federal student loans. Transferring the administration of PSLF to a new servicer may result in unanticipated hurdles. It will remain especially important to ensure that your loans are transferred to the correct PSLF servicer.

Of course, PSLF requires at least 10 years of payments. For ECP borrowers relying on PSLF, student debt will impact their entire early career. In Lantz [Wilcox] and Davis (2017), we offered an anonymous example of a Health Service Psychology ECP whose monthly payments under PSLF began at $320.98 (for a one-income household and $54,000/year; dual-income households and those with higher salaries would be expected to pay much more). To qualify for PSLF forgiveness, this example borrower would need to pay at least $38,517.60 over 10 years (again, for many, this would be much more). This is still an extraordinary amount of money.

Other Repayment Assistance Programs
The most promising loan repayment assistance program is one that is unfortunately reserved for researchers: The National Institutes of Health (NIH) Loan Repayment Program (LRP). This program is designed to foster the early career researcher workforce pipeline in support of the development of investigators who can go on to become highly NIH-funded. Official eligibility criteria include being employed in a research-intensive position at a research university; given the program mission, less officially, review criteria include the assessment that one’s institution can support an NIH-funded career long-term. Applicants apply to a specific NIH institute applicable to their research and apply as a “mentored” investigator if they have not personally received an NIH R01 as a principal investigator. As with NIH grants, it is crucial to connect with your institute of interest’s LRP Program Officer. Depending on the amount of eligible student loans you are holding, the LRP will pay up to $50,000 of your student loans per year for a maximum of four years (one two-year initial term and, if accepted, one two-year renewal). They will also pay your tax liability (of the award amount) to the IRS as this

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money will increase your taxable income by the amount received. In a recent webinar, NIH estimated that approximately 50% of LRP applications are funded each year. Applications are typically due in November. Review eligibility criteria carefully, start early, and again, connect with the LRP Program Officer of your program of interest.

There are other programs as well, although more limited in scope and level of assistance. The National Health Service Corps (NHSC) has a practice-oriented loan repayment program and a faculty loan repayment program. The clinical practice program will pay an initial $50,000 (taxable) of eligible student loans in exchange for a two-year employment commitment in an NHSC-approved underserved clinical site. If available, applicants may request one-year continuances until their loans are paid off; however, the amount of payment decreases year-over-year. NHSC will pay $20,000 each for years three and four and $10,000 per year after that. For those with substantial student loan debt, it may require many years of service at a lower-paying job to approach paying off their student loans completely. The NHSC faculty loan repayment program is much more difficult to access. Priority is given to applicants whose institutions will match (first priority to full match, second priority to partial match) the NHSC loan payments. Further, only applicants who can prove that they come from an economically marginalized background (per NHSC-approved evidence mechanisms) are eligible. The maximum is $40,000, 39% of which is sent directly to the IRS to cover tax liability. Thus, in addition to its restricted access, its assistance is limited. Beyond PSLF and the NIH LRP, many remaining programs share similar limitations to the NHSC programs; for example, while psychologists serving active duty in the military may be eligible for $40,000 in loan repayment (again, taxable), they may be required to forfeit other greater benefits and incentives.

The Need for Advocacy: The Problem Remains
Given the scope of the problem for many psychologists—and especially for graduates of color and those from lower socioeconomic status backgrounds—only PSLF and the NIH LRP provide substantial relief, and those programs also have their limitations. Students and graduates should begin thinking about loan repayment as early as possible while bearing in mind that their attainment is not a guarantee. Loan repayment programs are potential mitigation measures; they are not solutions. In addition to program restrictions that limit eligibility and scope of relief, they do not address the financial precarity and stress that students and ECPs experience in the interim. Research has shown not only that the debt burden itself is inequitable but that the stress experienced due to student loan debt more greatly burdens students of color (Tran et al., 2018). Additionally, international students do not even have the option of incurring federal student debt to facilitate graduate education. Thus, while it is important that we educate ourselves (and our students and colleagues) about these critical relief programs and their intricacies, it is even more important that we engage in advocacy at every level to address the systemic and structural determinants of this problem. In addition to the financial distress experienced by so many students and ECPs, increasingly, prospective students who become aware of the scope of the problem may opt-out of the psychology workforce pipeline altogether. Further, the inequitable nature of the problem is such that prospective

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students of color, low socioeconomic status students, and first-generation students may be more likely to decide against a career in professional psychology. If we want to protect the psychology workforce pipeline long-term, especially for those from minoritized backgrounds, we must address the affordability of graduate education with a particular emphasis on addressing costs of living and of the profession.

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Nine days before my first internship application was due, I learned that an ex-patient of mine, Theodore (name changed for confidentiality), died by suicide. I know receiving this kind of news can never come at a good time, but this was a particularly vulnerable time for me. I was feeling insecure, questioning myself, scared about the future, and had never felt “imposter syndrome” more. I remember feeling perpetually overwhelmed and exhausted. I also had a six-month-old who was not sleeping well and a two-and-a-half-year-old who was struggling with the restrictive nature of the pandemic. I am saying this all because this is how these things happen. There is no time that is right or wrong, better or worse. You are wherever you are in your life when you hear something like this. There is no warning. There is no preparation. This is where I was in my life when I heard a patient I cared a great deal about, who had a profound impact on me, took his life. It is important to note because it likely makes a difference in how we process, make meaning of, and/or internalize an event like this.

Theodore and I only worked together for a short amount of time, but he left a deep impression on me. In fact, I had mentioned our work together in my application. I had been reflecting on our work for the last month or so as I wrote and rewrote my applications. I remember wondering about him and how he was doing. He was very much present in the internship process for me.

Working at a university counseling center, I was accustomed to getting mass emails communicating important information. Sadly, one such kind of email is when a student takes their life or dies unexpectedly. This practice of email announcements is done so the therapists are aware of the circumstance should students seek treatment or support around that particular tragedy. However, this time around the name of the student was also posted. As I read the email, I remember pausing for a minute because I was sure that this was my ex-patient.

My first reaction was, this is a mistake. I immediately logged on to my portal and checked the name (I knew it was my patient). I think this process allowed me to create a little bit of space before really accepting the fact this individual was no longer with us. I had just been writing about Theodore in my application, the lessons I had learned from them, and the gifts they unknowingly offered me as a clinician in training. I was shocked and my heart sunk. My second reaction was one of anger and isolation. I was in my office, and I felt deeply alone. I kept thinking about how much Theodore had to offer. Without question he had a terrible childhood, to put it mildly, and lived with all the complications and pain around being a trans man in this world. Yet, he had such a light inside of him. It wasn’t just me who felt this. His death was felt far and wide by the community.

Another reaction I had was, did the clinic really just blast this information continued on page 17
out without even considering the treatment team? Did they know I had worked with him? Didn’t they know I was a trainee? Who else worked with him? Did they feel shocked like me? I sort of walked around my office in circles. I thought about this individual right before they decided to take their life. What was his last moment like? What happened? Was there no one he could turn to? What pushed him to this point? I thought about his smile, his voice, his unique style and I just cried.

I eventually wrote an email to the administration of the clinic. I expressed my sadness over the loss of the patient and my disappointment in how they handled disseminating the information. Ultimately, it was clear that it was an accident and that it was not their intention for his name to be part of the email chain. I know the people who run the center are warm, thoughtful, and caring, so it highlighted even more so how easy it is for innocent but consequential mistakes to happen at such critical moments. In the moment, I felt, how could they not have reached out to me first? Why would they think this was ok? Just because Theodore was not currently my patient doesn’t mean there isn’t a meaningful relationship there. Furthermore, if I had not felt comfortable saying something, the clinic administration would have never known how hurt I was by this. I wonder how often this happens to other trainees.

Another question that struck me was had this mistake not happened, would I have ever known about Theodore’s death? Was reality better? What does knowing this information do for the clinician? Is a fantasy better to hold? It made me think about the fantasies we carry once we terminate with patients and the purposes they serve. How do they live on in our minds? And how little we can ever know about what unfolds on their path once they are gone.

Quite quickly, I did get the support I felt I needed. I had a conversation with my mentor, who also worked at the clinic and is my current supervisor. I wanted to share this with someone— just because we stop working with a patient, doesn’t mean we stop caring. If you’ve stopped working with someone last week, month, or year, that doesn’t mean hearing something like this isn’t painful. That it isn’t important to reach out for the support you need. I also contacted my director of training during this time, who offered more support. In addition, a close friend of mine in my cohort was critical support as well. I believe it is crucial for training clinics and programs to keep tabs on these kinds of moments. Trainees are vulnerable.

An unusual opportunity presented itself a few months later when a few close friends of the deceased individual asked to put together a group to help process the loss. I was asked if I wanted to lead this group. I said yes, however, it was not an easy choice. What would it be like? How did I feel about this? Would this be healing or painful? Did I feel up for the task? Could I hold the space these individuals needed to heal?

Additionally, it was decided that it made more sense not to disclose that I had previously worked with this student. It was discussed at great length with my supervisors. There was a case to be made for both disclosure and to refrain from doing so. But ultimately, it was felt that confidentiality was still necessary and important to maintain, and if disclosure were to happen, it would need to have a very clear clinical value for the group.

In addition, we knew the group would only run for a short amount of time continued on page 18
under my leadership. This further complicated the issue because perhaps if it were to be a long-term group, disclosure would have been more appropriate. For one thing there would be time to work through any issues that arose around my relationship. In addition, it may have been more important in terms of allowing myself to be fully present with the members and not feel a secret of sorts was being held.

As a group leader, having to hold this at times felt unnatural but, in the end, I feel it was the right thing to do. And even if we were to do away with the confidentiality component, it was difficult to find a way to insert my experience without taking away from those of the group members’ or tasking them with caring for me in the time we had. There is no easy way around this, I fear. But it is something I will continue to think about.

Listening and hearing how loved and brilliant this particular student was made it hard but crucial to navigate my own emotional responses throughout the sessions. I learned about Theodore’s last moments. In fact, I would suggest that I learned more about his ending than perhaps most or any clinicians do about client suicides. It was both healing and quite distressing. I felt my own sense of sadness and anger towards this individual rise and fall in ways I did not expect.

From my perspective, I think ultimately running the group was a healing process for me. It felt good that I was able to contribute in some small way to honor the importance of Theodore’s life and help in the healing process for those who loved and miss him. I was grateful I could hold space for his friends to work through their complicated feelings and thoughts. In addition, I also found it interesting how healing it was to hear others (unknowingly of course) express ideas and thoughts I might have wanted to say as someone who was not the leader.

Suicide is on the rise in U.S. and as clinicians, we will be working with suicidality more regularly than we could ever have imagined. There will be those of us who experience a completed suicide while working with a patient. There will be those of us who experience an attempt while working with a patient. There will be those of us who experience working with suicidal patients. There will be those of us who find out a patient died by suicide years later. These are all painful and emotional experiences that need to be treated as such. I strongly encourage anyone who has any similar experience, whether it be a completed suicide or an attempt with a current or prior patient, to seek the support you need.

I will make myself available for anyone who needs a safe, nonjudgmental, and confidential space to talk should anyone need to process the suicide or attempt of a patient. My email is: Firouzardalan@mail.adelphi.edu.

This piece first ran in Adelphi’s semi-annual publication The Day Residue.
In the last issue of the *Bulletin*, we began exploring the very timely issue of the use of letters of recommendation (LORs) by clinical and counseling graduate programs as a tool to select students with high potential to be effective therapists. Not only do programs use LORs routinely for this process, but LORs have received even more emphasis in the admissions process in the time of the coronavirus given issues related to accessibility of GRE tests and inconsistencies within undergraduate GPAs (Burke, 2020; Hu, 2020). Widely used admissions materials such as GRE scores, undergraduate GPA, and personal statements do not seem to be able to comprehensively capture important therapist characteristics, such as interpersonal style (e.g., Brown, 2004; Smaby et al., 2005; Sternberg & Williams, 1997). On the other hand, LORs provide a window into applicants’ work ethic, interpersonal style, performance in real-world settings, and other qualities that other admissions materials do not (McCarthy & Goffin, 2001).

There is limited research regarding predictive ability of LORs (McCarthy & Goffin, 2001). In the last issue of the *Bulletin*, we investigated the possible relationship between letter writers’ quantitative ratings of traits such as intellectual ability, oral communication skills, written expression, and overall recommendation on therapy process and outcome measures. As discussed in the previous issue, our results indicated that these quantitative scores were not helpful in terms of predicting therapist ability (e.g., therapy process and outcomes). It continued on page 20
is likely that at least part of the reason for null the findings is that ratings provided by the letter writers were uniformly high (i.e., a strong ceiling effect). This issue corresponds to problems inherent in LORs in which people typically only ask individuals to write letters who they believe will rate them favorably (see McCarthy & Goffin, 2001). One possible way to limit these inherent issues in LORs is to convert the written letter into numerical ratings using specific coding methodology (Kuncel et al., 2014).

The current study qualitatively examined the LORs as a potential method of evaluating these characteristics and screening for high-potential therapists. Specifically, LORs were qualitatively assessed using an adjective coding method developed by Peres and Garcia (1962). As part of this method, all relevant adjectives from a LOR are organized into one of five broad categories (i.e., mental agility, vigor, dependability-reliability, urbanity, cooperation-consideration). We examined the relationships between these LOR scores and client ratings of average session depth and quality, the alliance, and overall perceived helpfulness from the therapy. Therapy process and outcome measures were completed by the first therapy client of each respective trainee. Examining trainees’ first case minimizes the influence of factors such as training and orientation allowing trainees’ personal characteristics to exert greater influence (Chapman et al., 2009).

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, graduate students, and other positions. 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.

Procedures
Attainment of LORs
The consent process for graduate students participating in this study occurred after the admissions process and was completely voluntary. For those consenting, 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. Both LORs and letter-writers’ quantitative ratings were linked to

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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 providing 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 self or other harm, 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**

**Qualitative Letter of Recommendation Coding:** We used Peres and Garcia’s (1962) method for qualitative LOR assessment. Two trained raters read each LOR and highlighted all adjectives relating to the applicant. Highlighted adjectives were then sorted into one of five categories described by Peres and Garcia (1962). To facilitate categorization of adjectives, researchers made use of the list of pre-factored adjectives created by Aamodt (1996). This list also includes short phrases, as well as single word adjectives. These brief descriptions coupled with Peres and Garcia’s (1962) categories were mental agility (i.e., ability to apply information/knowledge), dependability-reliability (i.e., ability to follow through), vigor (i.e., active in class discussion), urbanity (e.g., achiever, assertive, defends ideas), and consideration-cooperation (e.g., altruistic, conscientious, desire to help others). For adjectives or phrases related to relevant categories but not in this list, letter-raters used their best judgment to select the most appropriate category. Each rater then summed the number of adjectives for each category in each letter. The average score for each category across the three letters was then attained for each rater. Then, the average of the two raters’ scores were used for each variable (see Figure 1 for clarification on the rating process).

Intraclass correlation coefficient (ICCs) two-way random-effects models were calculated to assess rater agreement for each of the five qualitative variables using the Spearman-Brown prediction formula. Scores were in the excellent range (Shrout & Fleiss, 1979) for each category (ICC [2,2] = 0.90 to 0.94).

**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 one scale asking clients to rate the overall quality of the session, with higher scores indicating higher quality. The Depth index comprised of 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

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(WAI; Horvath & Greenberg, 1989) to assess client-rated alliance. At the end of the fourth, and final, session, the client rated how helpful they believed the therapy to be overall using one item, rated on a 7-point Likert-type scale (1 = not at all helpful to 7 = extremely helpful).

Results and Discussion
Table 1 provides descriptive information on the qualitative LOR ratings and the therapy process and outcome variables. Additionally, Table 2 shows the correlation coefficients between each of the variables. Here, none of the qualitative LOR variables correlated with any of the therapy process and outcome variables. These results question whether LORs are helpful in predicting clinical ability. In understanding these null findings, several issues should be considered.

First, in line with previous research on LORs (Kuncel et al., 2014) we found that the letter writers differed widely in their use of adjectives when discussing the same applicant. Stated differently, qualitative ratings varied widely within each participant. For example, one participant had zero adjectives in letter 1 and 16 adjectives in letter 3 that fell within the cooperation/consideration category. Another participant had 20 adjectives in letter one and 1 adjective in letter 3 that fell within the mental agility category. This low agreement may be due to markedly different letter lengths, different opinions on what factors are important to highlight in LORs, or even letter-writers using a single letter for multiple applicants. In fact, we encountered nearly identical recommendation letters written by the same person for different students, with only names of students and courses changing. If letter-writers are using a pre-made letter for multiple students, the letters will not accurately reflect individual applicant’s abilities. Of note, these findings are in line with previous research showing that a single letter writer is likely to show more agreement across applicants than several writers for the same applicant (Aamodt et al., 1993). This finding suggests that letters are more influenced by the writer than the applicant.

A second major inherent issue of LORs has to do with the environment in which letter-writers are observing the applicant, which may also account for some of the variability across letters. The majority of letters in this sample (87.7%) were written by professors observing the applicants in an academic setting. While some of a professor’s assessment of a student for a LOR is likely based on attributes such as demeanor and interpersonal qualities, much of the content is probably based on performance in classes and research experience at the undergraduate level.

Overall, when these findings are reviewed alongside those presented in the last Bulletin, the results suggest that neither quantitative scores provided by letter writers nor qualitatively coded scores from the letters predict therapy process and outcome variables when looking at letters written for admissions to graduate school. These null findings are likely related to the inherent issues of LORs (e.g., selection bias, low agreement, and restriction of range) which have been raised in prior research regarding the predictive ability of LORs more broadly (e.g., Aamodt et al., 1993; Kuncel et al., 2014; Miller & Van Rybroek, 1988).

Conclusions
This study raises important implications for the direction of future research on LORs, such as examining differences in LOR content based on the position of the

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letter-writer (e.g., professors, employers, fellow students). Future research could also examine reference calls, as opposed to LORs, for information on applicants. It is possible that recommenders will be more forthright about an applicant’s qualities through verbal rather than written communication. Such a method could provide graduate programs with better information during the selection process. Given an insufficient number of mental health providers and limited spots available in graduate programs, finding methods that can select for students with the highest potential as therapists is important. Indeed, selecting applicants via current screening methods may be excluding individuals with higher potential as therapists, but with little to no information on rejected applicants, it is almost impossible to know for sure. Regardless, LORs in their current state may not be the best method of assessing applicants with regards to clinical ability.

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Five years ago, at the 2016 State Leadership Conference, *Expanding the Practice Spectrum*, Governor Ted Strickland was the APAPoPAC Honoree, and if I recall correctly, Representative Tim Murphy also attended. Katherine Nordal, Executive Director for Professional Practice, enthusiastically welcomed the attendees to the 33rd annual conference: “It’s been quite a year for APA. I know how troubling and painful these past eight months have been for you as members, psychologists, and SPTA leaders. The Independent Review sent shockwaves through APA and the psychology community at large. It will certainly take time for healing. But I do believe that the association is moving in the right direction. A newly appointed ethics commission will be examining and making recommendations about ethics policies and procedures in APA.

“Over the years, State Leadership Conference has become a wonderful melting pot of psychologists representing several generations, various work settings and cultural and ethnic backgrounds. This year over 30 percent of SLC attendees are Early Career Psychologists. A number of folks in this room got their start at SLC as a Diversity Delegate. June Ching, the current vice-chair of CAPP, was a Diversity Delegate; Zoe Proctor-Weber, President of the Florida Psychological Association, is a past SLC Early Career Delegate.

“Just this Thursday, our physician definition bill was introduced in the US Senate by Susan Collins from Maine and Sherrod Brown from Ohio. This legislation will add psychologists to the Medicare definition of ‘physician,’ thereby allowing us to practice to the full extent of our licensure in the Medicare program free of unnecessary physician supervision. Psychologists are the only doctorally trained health care professionals in the Medicare program who are not included in the physician definition, which does include chiropractors, podiatrists, optometrists, and dentists. We’re also supporting the ‘Mental Health Awareness and Improvement Act of 2015’ introduced in the Senate by Lamar Alexander (TN) and Patty Murray (WA). This legislation focuses on suicide prevention, mental health care for children and older adults, and the integration of mental and physical health care.

“This year, there has been a lot of hype around the Presidential election. But there’s another election that we really need to pay attention to. One of our very own, Ted Strickland, is running for the United States Senate! We need all of you to continue to demonstrate the real value of psychology as a health profession. One of our keynote speakers is Arthur Evans, the Commissioner of the Philadelphia Department of Behavioral Health and Intellectual Disability Services. He’ll touch on the many opportunities that Medicaid expansion and related programs create for psycholo-

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gists who wish to improve the health outcomes of underserved populations. We have brilliant psychologists doing brilliant things, thinking outside the box, and trying new and innovative ways to practice. I hope you will come away from this State Leadership Conference inspired to take up new professional challenges, excited about expanding the spectrum of your practice—wherever that might be—and even more committed to working to ensure a bright future for our awesome profession!”

Graduate Medical Education (GME):
Bob Frank, former President of the University of New Mexico and a Robert Wood Johnson Health Policy Fellow who served with Senator Jeff Bingaman: “Most Americans know it is very expensive to train physicians and they are aware that many physicians leave medical school with significant personal debt. A survey in 2019 found that 78 percent of medical students graduated with the median debt of $200,000. In 2020, those graduating from public institutions reported $255,517 debt, while those graduating from private institutions reported $337,583 debt. What is not well known is the American taxpayers contribute significantly to the cost of training physicians after they leave medical school and enter the specialty program for their ‘residency.’ Indeed, the passage of Medicare in 1965 led to the creation of support for new physicians until the ‘community undertakes to bear such educational costs in some other way.’ This funding was provided through cost-based reimbursement based on the hospital’s expenses. The hospital was eligible to cover residents’ stipends, faculties salaries, and other educational expenses with no limits. The program supporting resident physicians is called the Graduate Medical Education program (GME).

“Since its modest inception in 1965, GME has grown substantially. A report from the Institute of Medicine in 2014 said the GME annual cost was more than $15 billion. Accompanying this substantial growth in funding has been the creation of a formidable set of rules and regulations overseeing the program. From 1965 until the implementation of the Medicare Prospective Payment System (PPS) in 1983, GME was based on hospital costs. The advent of the PPS led to two separate GME funding systems in teaching hospitals: 1. Direct Graduate Medical Education (DGME) covering direct costs of residency training (i.e., resident and teaching faculty salaries, and some administrative and overhead costs); and 2. Indirect Medical Education (IME) is funding an adjunct to hospital PPS inpatient rates to defray costs of providing patient care using residency programs. Medicare DGME and IME funds are distributed to acute hospitals through a set of strict formulas. DGME is based on the three-year rolling average of the hospital’s weighted number of full-time equivalent residents over the most recent three-year period. The second variable in the calculation of DGME is the per resident amount (PRA). The PRA is calculated by dividing the hospital’s base year (either 1984 or 1985) DGME costs by the weighted resident count after it is adjusted for geographic differences and inflation. The last factor in DGME is the Medicare day ratio which is a measure of the hospital’s inpatient Medicare days to total inpatient days. It is clear from these variables that GME was not intended to cover all resident education costs but rather those related to Medicare patients.

“Until the passage of the Balanced Budget Act (BBA) of 1997, Medicare did not limit the number of residents each hospital could claim for reimbursement. With no limits, hospitals added residencies because each new program created

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additional PRA and IME revenues. The BBA capped the number of residency slots supported by Medicare. The cap was established by the number of resident slots each hospital had on December 31, 1996. This cap did more than limit the number of new residents; it also froze the distribution of residency slots. In 1996, residency slots were skewed toward Northeastern states, a bias that has continued over the intervening period. In addition, the limitation on the number of residency slots also makes it less likely any new professions would be included in GME. Thus, the BBA ensured that GME would include physicians, dentists, and podiatrists.

“Psychologists quickly realized the advantage of being eligible for GME funding, but inclusion in the program proved extremely challenging. In 1996, the University of Florida, where I served as Dean of the College of Public Health and Health Professions, added the inclusion of psychology in GME to its federal legislative agenda. Our federal lobbyists spoke with members of the Florida Congressional delegation about the importance of GME inclusion for psychologists. The university requested APA participate in discussions with the Centers for Medicare and Medicaid (CMS) (then called the Health Care Financing Administration [HCFA]) about the inclusion of psychologists. This led to APA joining up with the university.

“These efforts led to then-Representative Karen Thurmond inserting language in 1997 in the Conference Report of the BBA that encouraged HCFA to include psychologists and physician assistants in GME (P.L. 105-217). Not satisfied with this incremental step, in October, she, along with Representative Pete Stark of California, introduced H.R. 2640 with language that directed HCFA to include payments to hospitals to fund $10 million for educational activities of psychologists. Unfortunately, the bill died at the end of the 105th Congress. The following year the Florida delegation asked the Secretary of Health and Human Services (DHHS) to direct HCFA to respond to the BBA language. Florida’s Senators Graham and Mack requested the Senate appropriations subcommittee urge HCFA to act on the BBA language.

“One of the challenges facing psychology in obtaining GME funds is the fact that the money is passed through hospitals to training programs. In 1998, an APA survey found that 62% of the programs responding were located in hospitals, thereby meeting the HCFA GME standard. In 2000, Senators Mack and Graham spoke on the Senate floor and again urged DHHS to immediately issue a notice of rulemaking announcing the intention to include clinical psychologists in GME. The Clinton Administration responded to these efforts by arranging a meeting with APA staff and myself with Robert Berenson, who oversaw Medicare Payment Policy. He suggested separating predoctoral internships, which he felt required authorization from Congress and post-doctoral training. He believed the latter was eligible under existing legislation. APA continued its efforts to get HCFA (now CMS) to issue a notice of rulemaking for the inclusion of predoctoral internships as late as 2010.

“During the Bush Administration, further discussions clarified that post-docs were eligible for reimbursement, but only through the Allied Health pass through funds. Since psychologists were not included in the Medicare ‘physician’ definition, this was the only avenue for funding. Reimbursement for post-doctoral programs would be managed by the Commission on Accreditation of Allied Health Programs. Hospitals with

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qualifying programs would submit requests for funding based on “reasonable cost basis” to the appropriate fiscal intermediary who determined if the program met the program requirements. Hurley Hospital, part of the Michigan State University Flint Area Medical Education program, applied for funding in 2002 and received reimbursement in 2006. Two other programs also received funding. I am not aware of any other programs that have succeeded, notwithstanding the significant financial benefits.”

9-11 Reflections: Charlie Houy, a long-time U.S. Senate colleague – “Departing from LaGuardia airport, the blades of the Army Guard helicopter wop-wopped on the gorgeous sunlit, azure sky morning. The helo doors were open. It was a little chilly but strapped in, we could lean out and catch a breathtaking view of the sprawling metropolis on the short hop to Manhattan. As we neared the site, a smoky haze rose from the ground. It was Tuesday, September 18, 2001, one week after the attack. We inhaled the acrid fumes as we circled over the rubble, surveying the damage.

“Senator Ted Stevens, the ranking Republican member of the defense appropriations subcommittee, had urged Dan Inouye, just then beginning his second stint as subcommittee chairman, to lead us to New York to survey the damage firsthand. Once on the ground, escorted by an FBI official, we balanced ourselves walking on a makeshift teetering boardwalk through the week-old mud toward the still-smoldering wreckage where we would meet up with Mayor Giuliani and Governor Pataki for a briefing.

“Coming from the opposite direction was a small group of firefighters comforting several grief-stricken young women. I didn’t know exactly who they were or why they were there but presumed they were new widows of firefighters lost trying to rescue the Twin Tower souls.

“At the site, a hundred-foot-tall charred steel skeleton with jagged edges pointed to the sky. It was surrounded by tons of steel and concrete rubble. I stared, amazed that this was all that was left. I barely listened to the briefing being provided by the mayor, governor, and other local officials. I couldn’t erase the image of the grieving women. We were in New York for but a few hours, yet long enough to sense the gravity. It looked like a war zone or the site of a mammoth earthquake. The city had a deep, dirty gash, the kind certain to leave a scar.

“Joining us when we arrived in New York was the artist, Jamie Wyeth, son of the more famous Andrew. I had no idea why Senator Stevens wanted Jamie to come with us that day. Stevens did things like that. But as it turned out, I’m very grateful he did. Six weeks after that day, I received a framed and autographed lithograph that captured Jamie’s recollection of the moment. The painting is dark, dominated by black, blues, and browns. In the center stands a pile of rubble, and on top are four New York firefighters and policemen raising an American flag mirroring the Marines on Mount Suribachi near the end of World War II. It is a moving piece, one that I treasure and reflect upon often, never forgetting the widows.

“The world changed fundamentally for all Americans on September 11, 2001, but none more so than for those involved in national security. On 8:40 on that Tuesday morning a week earlier, I received an email from a friend saying a plane just flew into the World Trade Towers in New York. I turned on CNN, wondering what had gone wrong with continued on page 29
air traffic control or the pilot that would have caused such an accident. Watching the aftermath of the apparent accident, like millions throughout the world, I saw the second plane fly into the next tower. I thought it was just a replay of the first aircraft. When they clarified that it was a second plane, it was clear something was tragically wrong.

“By 10 AM, it was indisputable. The Pentagon had been attacked. It wasn’t just the World Trade Towers. Washington was upended. Rumors magnified the confusion. Bombs were reported on the mall, in the White House, and at the State Department. The Capitol, White House, and the Senate office buildings were evacuated. The city was a mess. Roads were gridlocked. Cell phone worked sporadically, if at all. I sat outside on a park bench with a couple of other staffers and watched the chaos. I decided that it would make no sense to try and drive through cross-town traffic. So, after chatting for a while, I made my way over to a nearby restaurant for lunch. I spent the afternoon there waiting for the congestion to lift.

“On September 12th, I joined Chairman Inouye and Senator Stevens on a visit to the Pentagon to view the damage. It seemed minor. Yes, there was a gaping hole in the side of the building, but things appeared under control. We received an on-site briefing on the rescue/clean-up efforts. We were not allowed to get too close. The visit was brief.

“We were now at war with a new enemy. It was an enemy we knew but hadn’t really feared. Americans had lived in a bubble. America wasn’t the Middle East. The paucity of terrorist attacks on our soil, except for Oklahoma City, left us feeling safe at home. Our bubble had now burst.

“In the aftermath, Congress gave the Executive Branch broad authority to prosecute a war on terror. After 9-11, the pace in Congress changed. Defense budgeting became a year-round process. Congress had provided the Administration with incredible flexibility and leeway, but the review and analysis that came with wartime funding altered the day-to-day work of the Committee. A renewed emphasis on intelligence increased the daily Committee staff workload. Reviewing defense budgets had always been a serious endeavor. Now it felt more urgent. And, for the first time in my career, I was actually in charge of the defense subcommittee staff.” “These are the days of miracle and wonder” (The Boy in the Bubble, Paul Simon). Aloha,

Pat DeLeon, former APA President – Division 29
The Society for the Advancement of Psychotherapy student award competitions include four awards for the best papers submitted on specific topics and two standard awards:

- **Donald K. Freedheim Student Development Paper Award**: Best paper on psychotherapy theory, practice, or research

- **Diversity Paper Award**: Best paper on issues of diversity in psychotherapy

- **Mathilda B. Canter Education and Training Paper Award**: Best paper on education, supervision, or training of psychotherapists

- **Jeffrey E. Barnett Psychotherapy Research Paper Award**: Best paper addressing psychotherapist factors that may impact treatment effectiveness and outcomes

- **Practice Award**: Awarded to candidate who best demonstrates commitment to the practice of psychotherapy and exemplary achievement in clinical work

- **Teaching/Mentorship Award**: Awarded to candidate who best demonstrates commitment to teaching and mentorship in the context of psychotherapy and related fields

**What are the benefits to you?**

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

**What are the requirements?**

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

**Submissions should be emailed to:**

Léi Sun, Chair, Student Development Committee, Society for the Advancement of Psychotherapy, at [lsun6@umiami.edu](mailto:lsun6@umiami.edu)

**Deadline is April 1, 2022**
Dear SAP (Division 29) Colleague:

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

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

The offices open for election in 2022 are:
- President-elect
- Domain Representative for Science & Scholarship
- Domain Representative for Early Career Psychologists
- Domain Representative for Diversity
- Council Representatives

*All persons elected will begin their terms on January 2, 2023*

A Domain Representative is a voting member of the Board of Directors. The open positions will be responsible for initiatives and oversight of the Society’s portfolio in the respective Domains. Candidates should have demonstrated interest, expertise, and investment in the area of their Domain. Candidates should review the Society’s fiduciary duty and conflict of interest policies and must complete the fiduciary questionnaire prior to being included on the slate. Detailed descriptions of the duties and responsibilities for each position are available on request from the Society’s central office: assnmgmt1@cox.net.

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

*The deadline for receipt of all nominations ballots is November 30, 2021.*

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

If you would like to discuss your own interest or any recommendations for nominations, please contact the Society’s Chair of Nominations and Elections, Dr. Jean Birbilis, jmbirbilis@stthomas.edu

Sincerely yours,

Clara Hill, PhD
President

Jean Birbilis, PhD
President-elect and Chair, Nominations & Elections

--- NOMINATIONS ---

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<th>President-elect</th>
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| Council Representative | Domain Representative for Diversity            |                                                     |
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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 SAPAwardsCommittee@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.

**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.)

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<tr>
<th>Early Career Practitioner Award</th>
<th>Nominee must be within 10 years of receipt of post-graduate degree</th>
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<tr>
<td>Mid-Career Practitioner Award</td>
<td>Nominee must be no less than 10 years and no more than 20 years post graduate degree</td>
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<tr>
<td>Distinguished Practitioner Award</td>
<td>Nominee must be more than 20 years post graduate degree</td>
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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
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.
Brief Statement about the Grant:

The Norine Johnson, Ph.D., Psychotherapy Research Grant, offered annually by the Society for the Advancement of Psychotherapy to Early Career Psychologists (within 10 years post earning the doctoral degree), provides $15,000 toward the advancement of research on psychotherapy. All aspects of psychotherapy research can be supported, including the psychotherapy relationship, psychotherapy process, or psychotherapy outcomes.

Eligibility

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

Submission Deadline: April 1, 2022

Request for Proposals

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

Description

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

Program Goals

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

Funding Specifics

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

Eligibility Requirements

• Early Career (within 10 years post earning the doctoral degree), Doctoral-level researchers
• Demonstrated competence in the area of proposed work
• IRB approval must be received from the principal investigator’s institution before funding can be awarded if human participants are involved

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• The selection committee may elect to award the grant to the same individual or research team up to two consecutive years
• The selection committee may choose not to award the grant in years when no suitable nominations are received
• Researcher must be a member of the Society for the Advancement of Psychotherapy. Join the society at http://societyforpsychotherapy.org/

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

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

Additional Information
• After the project is completed, a full accounting of the project’s income and expenses must be submitted within six months of completion
• Grant recipients are expected to write a brief article related to their project for Division 29’s Psychotherapy Bulletin within 2 years of receiving funding.
• Grant funds that are not spent on the project within two years of receipt must be returned
• When the resulting research is published, the grant must be acknowledged by footnote in the publication
• All individuals directly receiving funds from the Society for the Advancement of Psychotherapy will be required to complete an IRS w-9 form prior to the

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release of funds, and will be sent a 1099 after the end of the fiscal year (December 31)

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

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Science and Scholarship Domain Representative (Dr. Patricia T. Spangler at patricia.spangler.ctr@usuhs.edu), or Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net.
The Diversity Research Grant for early career psychologists was established to foster the promotion of diversity within the Society for the Advancement of Psychotherapy (APA Division 29) and within the profession of psychotherapy.

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

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

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

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

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

**THE APPLICATION MUST INCLUDE:**

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

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

SUBMISSION PROCESS AND DEADLINES:
• All materials must be submitted electronically at the same time
• All applicants must complete the grant application form, in MSWord or other text format
• CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
• Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
• Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
• You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
• Deadline: May 1, 2022. Incomplete or late application packets will not be considered.

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Diversity Domain: Susan Woodhouse PhD (ssw212@lehigh.edu) and/or Sheeva Mostoufi, PhD (sheeva.mostoufi@gmail.com).

ADDITIONAL INFORMATION
• After the project is complete, a full accounting of the project’s income and expenses must be submitted within six months of completion.
• Grant funds that are not spent on the project within two years must be returned.
• When the resulting research is published, the grant must be acknowledged.
• All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31st).
THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOThERAPY (APA DIVISION 29) DIVERSITY RESEARCH GRANT FOR PRE-DOCTORAL CANDIDATES

Deadline: May 1, 2022

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

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

The Diversity Research Grant is expected to be used to support the completion of a pre-doctoral candidate’s dissertation work. The grant may be used to fund:

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

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

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

THE APPLICATION MUST INCLUDE:

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

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

SUBMISSION PROCESS AND DEADLINES:
• All materials must be submitted electronically at the same time
• All applicants must complete the grant application form, in MSWord or other text format
• CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
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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
FAQ: https://www.apa.org/apf/funding/grants/faqs
Questions? Email APF’s Program Coordinator, Julia, at jwatson@apa.org
APF’s Facebook: https://www.facebook.com/AmericanPsychologicalFoundation/
APF’s Twitter: https://twitter.com/APFPsychIdn
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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.

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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 _______________________________________________ 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
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 SfAP-related announcements. Please ensure that articles conform to APA style; graphics, tables, or photos submitted with articles must be of print quality and in high resolution. Complete Submission Guidelines and the online submission portal can be found at http://societyforpsychotherapy.org/bulletin-about/ (for questions or additional information, please email Joanna Drinane joanna.drinane@utah.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.societyforpsychotherapy.org. Other inquiries regarding Psychotherapy Bulletin (e.g., advertising) or the Society should be directed to Tracey Martin at the Society’s Central Office (assnmgmt1@cox.net or 602-363-9211).
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 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!