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BULLETIN

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PRESIDENT'S COLUMN

Dreams in Psychotherapy

Clara E. Hill, Ph.D.
Professor, University of Maryland – College Park, MD

Many therapists tell me that they never learned how to do dream work and don't feel comfortable addressing them in therapy. How sad because they are then missing out on potentially valuable aspects of clients' lives. After all, if the average person spends two hours in REM sleep per night, that adds up to 51,000 hours or six years of dreams if they live to 70 years of age (and that does not even count the non-REM dreams). We should not ignore anything that is such a big part of one's life.

And beyond that, dreams are often quite fascinating. They reveal aspects of our inner lives that we might not experience in waking life. We go on fantastic voyages, meet interesting creatures, have incredible adventures, and do things we might not do in waking life. How interesting to learn about a person's inner world.

On the other hand, we often have horrifying nightmares and replay recurrent problems. Often times these nightmares wake the dreamer and keep them awake so that they cannot function the next day. People who have had traumatic experiences are likely to replay these experiences over and over in their nightmares. As therapists, we should definitely know about these nightmares because they provide a window into how the client is processing (or more often not processing) trauma.

Although we do not know the reason for all dreams, it seems likely that dreams help us process events in our waking lives. Something happens in waking life, and we connect it during dreams with our memories of past events. Hence, dreams are incredibly personal, and we cannot use dream dictionaries to interpret them.

Of course, not all clients remember their dreams, and not all want to talk about their dreams in therapy. In a survey (Hill et al., 2008), psychoanalytic therapists reported that about half of their clients brought in dreams. Similarly, in a study of clients in our clinic (Hill et al., 2013), we found that of 46 clients who had attended at least eight sessions of psychodynamic therapy (all with doctoral student therapists who had been trained in dream work), half presented at least one dream during therapy but only six discussed dreams in three or more sessions. When those who did not talk about dreams were asked why not, they said that they did not remember their dreams or that other things were more important to talk about.

Some clients do not know that it is acceptable to talk about dreams in therapy. So, one idea is to let them know at the beginning of therapy that you like to work with dreams. And later in therapy, if clients are stuck or having a hard time getting to deeper levels, you can suggest that they bring in their dreams. Of course, be open to the possibility that they do not want to work with dreams, but at least if you educate them about dreams, they know that you're open to discussing them if they so choose.

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What can you do if they do bring in their dreams? If nothing else, just as you would ask about their experience of any other event in their lives that they wanted to understand, you can listen and ask them about their experience of the dream.

The next thing you can do is ask them to pick an image and tell you more about it. Ask them to describe the image (something in the dream or a part of the dream) in detail... to paint the picture so that you can see, hear, and feel it. Ask them about their feelings as they describe it and encourage them to experience their feelings in the moment. Ask them to associate to the image: What's the first thing that comes to mind, what are their memories? Then ask them about what might have triggered the image in their waking life. You can repeat this with as many images as you have time for in the session (or you can continue with the dream in additional sessions). We have found that this exploration stage takes the most time, and it's more important to go into depth on a few images than to cover every image in the dream superficially.

If you have more time, ask what they think the dream means. How would they interpret it? Ask questions about their interpretation: What did they focus on? What did they leave out? If their interpretation was about the experience itself, waking life, past events, or existential concerns, ask about other possible ways of interpreting it. Think about how their interpretation fits with what you know about the client. There's no need for you to have an interpretation of their dream, but if you do you might share it very tentatively and ask how that fits for them. But be careful to let them be the one who interprets the dream since it's theirs. You might finish this segment by asking them to summarize what they learned about themselves in the dream work.

If there has been some new understanding, you can move on to action. Do they want to change something in their waking life? If so, you can help them with behavioral techniques. Is the dream more metaphorical? If so, you could help them think of a ritual to help them remember what they learned. To finish this segment, you might ask them to summarize what they learned about themselves through the dream work, and then to give a title to the dream.

Obviously, you won't complete all these stages in a single session unless you have very extended sessions (we have found that a thorough dream interpretation takes about 90 minutes). But you can come back to the same dream in subsequent sessions. And you can ask what thoughts the client had about the dream between sessions.

I suggest you try the model working with your own dreams. Experiential learning can allow you to personally see what can be gained by working with dreams. And I highly recommend dream groups.

You can learn more about this model for working with dreams in Hill (2004) and Hill & Spangler (2016). A quick summary of the findings on about 25+ studies we have done on this model of dream work (see reviews in Hill, 2004; Hill, 2019; Hill & Knox, 2010; Spangler & Hill, 2015): we know that dream work is effective in terms of client ratings of session quality, gains in insight, gains in action, improvements in target problems, and increased attitudes toward dreams. I should note, however, that we have not compared this approach with other dream approaches, so we have no

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evidence that this approach is better than other approaches (but I would note that there is a paucity of research on other approaches).

An additional interesting thing is when clients dream about their therapists and therapists dream about their clients (Hill et al., 2014; Spangler et al., 2009). Usually, it is indicative of something going on, so good to pay attention to.

Good luck working with dreams!
Dream on!

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Society for the Advancement of Psychotherapy

EDITOR'S COLUMN

Joanna M. Drinane, Ph.D., Editor
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Greetings Division 29 and SAP Membership! The new year is well under way and spring will soon be upon us. As March approaches, we want to orient you to updates within the Division that have accompanied the changes to the national and global climates. The *Psychotherapy Bulletin* team anticipates that many creative ideas will accompany these transitions, and we look forward to this publication as a venue for their presentation. Within our own small group, we have said goodbye and extended our gratitude to Stephanie Winkeljohn Black, Assistant Professor at Penn State Harrisburg, who concluded her term as Associate Editor. We are fortunate that Sree Sinha, Doctoral Candidate in Counseling Psychology at the University of Denver, and Kate Axford, Doctoral Candidate in Counseling Psychology at the University of Utah, will continue to comprise our team of Editorial Assistants. In addition, we welcome Emma Foster, Doctoral Student at the University of Utah, as our Internet Team Liaison. In collaboration with Tracey Martin and Kourtney Schroeder and with your contributions, we seek to assemble *Bulletin* issues that are authored and read by professionals who embody diverse identities and experiences.

In 2022, it is our intention to produce a timely publication that consistently includes contemporary perspectives on issues faced by practitioners, researchers, instructors, and activists. You can also expect to engage with content from each of the Division's skilled domain representatives. To complement the many other wonderful articles and announcements that we have for you to view, this first issue of the year also includes a really engaging piece by Dr. Clara Hill, who has unique expertise on dream analysis. We also want to formally introduce the special focus for the year, "Technology and Psychotherapy: Strategies for Increasing Access and Equity." Our editorial team is comprised largely of psychotherapy process and outcome researchers, and it is our intent to increase discussion of social justice as it relates to the provision of psychotherapy services. Accordingly, we not only invite your submissions related to the multifaceted implications of how technological advances influence the ways in which diverse clients engage in care, but also those that that extend beyond it and represent your broader curiosities.

Thank you to all who make the *Psychotherapy Bulletin* a success (readers, authors, Division members, and more!). To write for the *Bulletin*, please visit our website (http://societyforpsychotherapy.org/bulletin-about/). Our schedule of deadlines for 2022 will be **April 15th, July 15th, and October 15th**. Please reach out with questions to joanna.drinane@utah.edu. We look ahead to a productive year that we hope is complemented by good health and peace around the world.

Best,
Joanna

STUDENT DEVELOPMENT COMMITTEE

New Student Support Group

We, the Student Development Committee, would like to host a **monthly student support group** to provide an inclusive space for students from different programs to connect with and support each other. This group will be **open to all students**, regardless of their educational levels (i.e., graduate and undergraduate students) or membership status of the Division and the APA.

The student support group will be hosted by two Student Development Committee members **every 3rd Wednesday** of the month at **7 pm, Eastern Time**. It will be operated in an open format to discuss **highlighted and seasonally sensitive topics relevant to student life**. Past group topics include, but are not limited to, internship applications, academic and non-academic careers, finding accountability buddies, and addressing diversity issues. This group will allow students from different programs to interact with each other and gain valuable insight into graduate school environment. It will also enable students to network, seek potential collaboration opportunities, and support each other through challenging times in school.

To attend the group, please go to this link: https://zoom.us/j/2621028476. If you have any questions regarding the group, please feel free to email: l.sun6@umiami.edu or kad6082@psu.edu.

Society for the Advancement of Psychotherapy

INTERNATIONAL COLUMN

Responsibility and Cultural Adaptations in Psychotherapy

María Celeste Airaldi, Clinical Psychologist
Sensorium Institute, Paraguay

Who am I?

María Celeste Airaldi is Director of the Sensorium Institute in Paraguay, a center specialized in psychology, and is a professor at the Catholic University "Nuestra Señora de la Asunción," also in Paraguay; she is also a Level 2 Faculty Trainer at the Albert Ellis Institute in New York.

She was trained as a clinical psychologist at the "Nuestra Señora de la Asunción" Catholic University. She is specialized in effective techniques in psychopathology by the University of Favaloro in Argentina. Subsequently, she began her training in rational emotional and cognitive behavior therapy (RE&CBT) at the Albert Ellis Institute in New York, where she reached the level of faculty trainer, which is the level to certify and supervise therapists in training. In addition, she is a doctoral candidate at the University of Palermo in Buenos Aires, Argentina. She has trained and supervised REBT and CBT trainings all over Latin America, and she also works as a psychotherapist at Sensorium. She is the current vice-president of the Latin-American Federations of Cognitive and Behavioral Psychotherapies (ALAPCCO).

What does psychotherapy mean to me?

For me, doing psychotherapy is, first, a tremendous responsibility because we assume that the vast majority of people who come to us are people with some kind of problem, who are having a hard time and have trusted us to help them along that path. I think psychotherapy has to do with being able to individualize the scientific protocols; that is, the evidence-based treatments are manualized, and we need to make them work to the one who is sitting in front of us. So, I understand it as the approach of science to the individualities and particularities of the client in front of us.

Why did I choose to work with CBT and REBT?

Doing a bit of history, a phrase that Eduardo Keegan said comes to mind. He is a great psychologist and one of the pioneers in CBT in Argentina, as well as one of my professors at the University of Favaloro and my current colleague on the ALAPCCO board. He said something like, "I don't believe that a person becomes a cognitive behavioral therapist; I believe that one already has that way of doing therapy and then discovers the model and the form." That made a lot of sense to me at the time. My first contact with CBT was not in undergraduate school. At the university, we did have to do a thesis at the end of our education. I chose to work with quality of life in post-mastectomy women and, back then, everything published on psycho-oncology in breast cancer was CBT-based. That's when I said, "Wow! This makes too much sense to me and I want to learn more." That is when I decided to learn more about CBT. I searched training options, and there was not much in Paraguay at that time. That's when I had the opportunity to go to Buenos Aires to study.

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Why do I practice CBT and REBT?

What I think today keeps me attached to the model, among many things, is the fact that it is still the Gold Standard in psychotherapy treatments. So, if we go back to the matter of the responsibility that psychotherapy implies, it seems to me that we have to offer the best we have while knowing it is an imperfect service and not suitable for everyone. I don't think I am a fan of either CBT or REBT, but I do believe myself to be an advocate for evidence-based therapy. If something else appears tomorrow and works better, then I will study something else and continue working in psychotherapy. So, more than anything, what made me practice CBT and REBT is the fact of knowing what works best and that we have more certainty of the quality of what we are offering to the person who trusts us.

I don't know if it makes sense, but it is not because I liked it more. It is because I believe there is a tremendous responsibility in what we do. Something that everyone asks their professors at some point in the university is, "What approach do you recommend I study? Because I want to be a clinician." The vast majority of professors here answer, "The one that convinces you the most, the one you like the most." Making an analogy with medicine: Am I going to want the treatment, the antibiotic that works best for my infection, the one from the laboratory that the doctor likes the most, or the one that suits their stomach better? No! So that's why I think it must be what has proven to work best. Is it different in psychotherapy? I do not think so.

Why do I like and teach REBT?

Ellis was not satisfied with the type of therapy that he had been taught because he believed that the process took a long time and that not all clients achieved improvement. Then, he began to develop his own model that today we know as REBT. The interesting thing is that, unlike more current models, REBT was born in practice with real clients and then went to the academic field to see if it worked. This is important. Why? Because most times, treatments are born in academic environments, and then they go to the clinician's office. And what happens? They are not the same clients. The clients we see in private practice have multiple comorbidities with chronic problems; they are not the perfect sample for research, and that is why we are returning to transdiagnostic models to try to help clients in the real world. And REBT does exactly that: it works with many types of disorders and in subclinical problems in a transdiagnostic way.

For example, in my experience, REBT works particularly for two main situations. One, in clients who have multiple comorbid conditions; and second, in what is particularly useful, is in patients who are having to go through adversities, through bad life situations. It seems to me that it is useful because when I take a closer look at their core beliefs and dysfunctional behaviors, I am not attacking the symptom but the manifestation of that problem, and that allows me to tackle the basis of the problem. That is the transdiagnostic approach of REBT.

What is different in REBT?

By having a strong base of stoicism, REBT prepares the client to face adversity; We do not start from the premise that all patients distort reality and that only because of depression they see life as bad. Of course, there are such cases, but there are many clients who have bad contexts and realities: the diagnosis of a chronic illness, death, job loss, or all together! To these clients, with the foundation of stoicism, what we do is pre-

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pare them for the worst possible scenario and understand that, as much as all this happens together, that does not define them as a person. And the focus is not only on symptom relief but also on developing a new philosophy of life to deal with frustrations. In fact, Ellis has written quite a bit about the approach to chronic pain, complex diseases, and frustration intolerance.

Do I need any special requirement or equipment to practice REBT?

No special equipment or materials are required to implement this therapeutic approach... the magic instrument, I believe, that we all have in the office is a whiteboard. REBT is a very didactic therapy and the ultimate goal is that, in addition to developing this new philosophy of life, you become your own therapist; or as I always tell clients, "I can be an expert on depression, but no one is more expert on your problem than you, so let's work together!"

We use a lot of boards and notes, making it graphic and didactic, so that the clients can follow up. When they are in online sessions, I have can use a small whiteboard where I make notes to them or I can share my screen and I make notes on the computer.

I think that if we have a useful element that we work a lot with, it is really the board. But if you really want to train in REBT and climb the certification ladder, you will need, at some point in your training, a voice recorder, which can be your own cell phone because there comes a time when you will need to have your sessions supervised.

Another interesting material, remembering that REBT is very didactic, are the several handouts and workbooks prepared for clients, mostly in English.

Does REBT have limitations?

As with all other psychotherapies, it does. Because it is a cognitive-behavioral model, we need the client, in some way, to have cognitive material to work with. We can work with someone who has a mild intellectual dysfunction, but with a person who has a moderate to severe intellectual disorder or dementia, they may benefit from other approaches.

But even so, there are adaptations for virtually all problems; for clients with anger, personality disorders, anxiety, depression, eating disorders, substance abuse, there is even a whole protocol called Smart Recovery which is a specific "step by step" of REBT for addictions; then, there are protocols and approaches for different types of pathologies and ages.

How to evaluate if the client is improving?

I must say that it is basically through frequent monitoring. When the client is admitted, before their first session, we do an evaluation for baseline. A general psychopathological screening, including Lambert's OQ-45 (Outcome Questionnaire-45.2) to see the initial state and depending on the reason for consultation, it can be a test of depression or anxiety or whatever is needed. I know that, especially in the United States, it is common to do weekly assessments, but in Latin America, if one asks the clients to do it every week they will complain. That is why I usually do evaluations once a month to quantify the improvements and to check when it is time to space the consultations and what I should work on.

Undoubtedly, the phenomenology experience of the patient is important. Something that I like to do in the first session is I ask them what are the topics

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on which they would like to work, what objectives they would like to achieve, e.g., they want to start working, have a better relationship with their partner, study, etc., and then make them operationalize it in behavioral terms. Every so often I go over those goals. An example, a few days ago, doing this exercise with a client I told her, "Look, when you started you said that you wanted to achieve this, this, this, and this." She looked at me and said, "Wow, I achieved all that! I hadn't realized it... I didn't remember that I had set this as a goal of therapy, and I would say that they are all achieved." I said, "Okay, is there something else you would like to work on or are we ready for you to continue on your own?"

So, it seems to me that this phenomenological and subjective experience of the client is also a way of demonstrating effectiveness. Although we know that it is not objective evidence, but if we manage to make the objectives operational, it makes it easier for the client to see improvements. Especially, for example, in clients with severe depression or with personality disorders, the changes may be slower. It has happened to me that clients say to me, "Look, everything is very nice and wonderful, you helped me a lot, but I do not think it is working for me. I am going to end treatment." Then I check my notes and I tell them, "When you first came your depression test was this high and you said this and that, a month later it was this high..." and so on. A client once said to me, "Did I say that? Because if I did say it, I was really bad and I did improve a lot! I will continue treatment then." Sometimes they are not aware of small changes, and that is why it is important to quantify them and have a very updated client registry.

Sometimes it even happens that with REBT being a brief therapy focused on core beliefs, there are relatively rapid improvements, but they must be maintained over time to really restructure those beliefs. So, two months go by, and the patient says, "Oh, next week I won't be able to make it," and then they come a month later and tell you, "Oh, I was good, but not so good, I need to go back!" Sure, you must keep working to make real change. So, this whole part of psychoeducation, is quite a challenge.

Is there a minimal number of sessions in REBT?

In this therapeutic approach there is no typical or forced number of sessions that the clients must have. There is even a protocol by Windy Dryden, who is the most prolific author in REBT today with more than 250 books published, called *Single Session Therapy*. A one session REBT treatment! There is no mandatory number of sessions, it can be only one, or as many as the client needs.

How is psychotherapy regulated in Paraguay?

In Paraguay, we recently passed the Law of Professional Practice of Psychology. It was approved in 2019 and enacted in 2020. It requires to have a professional registration issued by the Ministry of Health and certain conditions to be able to call yourself a psychologist and a psychotherapist. It should be mentioned that this Law is federal, it applies to the entire country, both in public and private spheres, to anyone who has a degree in psychology. However, the regulation of this law is still quite soft in some things. What we do not have yet is a large regulatory framework for controlling its application.

In addition, there is no certifying body for psychologists. In Paraguay, to practice as a psychologist it is enough to have an undergraduate degree in psychology and then the Ministry of Health

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gives the Professional Registry or license to work in Psychology. In order to practice, I must have a Professional Registry by the Ministry of Health. Thus, the Ministry of Education regulates academic plans, and the Ministry of Health validates those plans and grants the license to practice psychology.

It is not mandatory to have a certificate as a psychotherapist; one can practice psychology without supervision and a Bachelor's degree is enough. Supervision and postgraduate training, like a Master's degree, are not mandatory to practice psychotherapy. So, that means that it is up to each one of us to have training in psychotherapy... and here comes again the question of responsibility.

The Paraguayan Society of Psychology strongly advocates the existence of a certification and was the one that advocated for the approval of the law and others, but today it does not have a power of tuition. In other words, I can call the Ethics Committee of the Paraguayan Psychology Society and inform about negligence or unethical practices, but they do not have that legal power to intervene.

In addition to these conditions that limit the regulation of the quality of psychotherapy, there are other conditions that, although they are not legal, do affect the proper use of this therapeutic approach and that are typical of our Paraguayan culture.

Cultural considerations when doing psychotherapy in Paraguay

In the United States, the person who goes to the psychotherapy goes in search of a service; there is a professional relationship assumed by both parties. In Latin America we still have this view that I go to psychotherapy because I am weak or because I cannot go through things alone.

We must make some adaptations of REBT for Paraguay and other countries in Latin America but, specifically for Paraguay, it is that when speaking of a cognitive and behavioral model, we have to consider cognitive development. According to UNESCO, the abstract thinking of the Paraguayan is below average, which implies much more concrete and more linear thinking. So, Socratic questioning does not always work for all clients, especially in the initial stages of treatment. Sometimes, one must be much more didactic and concrete than Socratic, and gradually shift to a more abstract and Socratic therapeutical style. That is one of the main adaptations we need to consider.

Another very particular issue is that, well, Paraguay is officially bilingual; *Guaraní* is an ethnic language. Fifty percent of the population is only Guaraní speaking and up to 80% speak what we call "*jopará*" which is a "Spanish-ized Guaraní" … jopará means "mixed" in Guaraní. Guaraní is a language that has a lot of emotional expressions, and that it is why is common that even clients who do not speak Guaraní as their main language express emotions in Guaraní. A very common example is when we ask, "How do you feel today?" the answer is, "I'm super *kaigue*." Kaigue means feeling down, but also a mixed state of apathy, without energy and reluctant to do much. That is why you have to know the most common words that describe emotional states in order to bond with the client. I do not speak Guaraní well, but I do understand it, and is important for me to handle everything that has to do with emotional expressions.

The other thing that we need to work on a lot, but I must say, less so than a few years ago, is the idea that we as psychotherapists don't solve the client's

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problem: the problem is solved by them. It requires a lot of psychoeducation about what psychotherapy is and does, and what it is not. It is not unusual to hear things like, "I don't believe much in psychology or psychotherapy." And we have to begin by explaining it is not about faith, it's science.

Explaining to the client that they are going to need to do homework between sessions is important, because there are clients who say, "No, I don't come for that, I come to talk, and I want you to just listen." And until they do understand how the process really works, they will not do their part. Today, at our center, we use social media to help in the psychoeducational process, including explanations on what is and what is not psychotherapy, and that is why I believe we are receiving more determined and informed clients, because they already know what they are going to look for and what they are going to find.

Another aspect that we must consider with our clients in Paraguay and in Latin America is religion. Our countries are strongly Catholic so it is common for clients to bring that topic to the session. Obviously, it is not the therapist who brings it to the session, but many times, you have to incorporate issues related to religion. Particularly in the city where I live, a border city, there are many immigrants. There is a very high percentage of Muslims and Asians, so I had had to learn about different religions and cultural backgrounds, because I need to understand the values through which they look at life. So, religion is something that usually comes to consultation a lot, too.

A recommendation for my psychotherapy colleagues

I will share something that I always say to my students, which they say is my quote: "There is no 'everyology,' there is psychology." That means there is no approach, no matter how good and effective, that works for everything and everyone. I think that within that question of responsibility that we talk about so much, I also have to know what is the limitation of the approach that is used and what are my personal limitations. Knowing what I can do and what I cannot do, in terms of the technical and in terms of the human, in the sense that there may be some kind of personal matter, in particular, that prevents me from being impartial. For example, sensitive topics such as abortion, infidelity, homosexuality, death, and disease could be delicate for some clinicians at some point of their career. And that is why we need to ask ourselves, "Do I know my limits? Which topics or type of clients are beyond my abilities? Are there topics that may activate my own beliefs, preventing me from being objective with this client?" I believe that we must identify these limits as soon as possible. Within technical limits, one can study and work on them if we want. For our limitations as humans, first, get to know them, accept you are fallible, and try to make it better whenever possible.

Society for the Advancement of Psychotherapy

The Quest for Evidence-Based Training: Developing Openness to be Guided by Results

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Brief Clinical Impact Statement:
There is a paucity of research on the effectiveness of training for licensed therapists, which is surprising in this era of focus on research evidence in our field. Although it might be easier to continue to attend professional training for continuing education (CE) credits without much thought, evidence to date suggests that if you want to improve your skills, it might be worthwhile to put in the time and effort to engage in deliberate practice.

Keywords: Training; Licensed Therapists; Deliberate Practice; Progress Monitoring; Video

"Evidence-Based" Training?
Research is important in the scientific field of psychotherapy, where we like to think of ourselves as "scientist-practitioners" who provide "evidence-based practice" (Overholser, 2012). However, when it concerns our professional training, this research emphasis appears to be conveniently forgotten.

Therapists tend to spend many hours of their career in professional training, not only in graduate school but also post-licensure. Yet, there is a paucity of research on the effectiveness of training (Knox & Hill, 2021), especially training for licensed therapists (Aafjes-van Doorn & Barber, 2022). The impact of training might be especially pronounced at the beginning of a therapists' career and level off, becoming harder to detect as individuals grow more individually toward the expertise level.

In the past 40 years, undergoing advanced credentialing (e.g., board certification through the American Board of Professional Psychology [ABPP]) and completing formal continuing education (CE) programs have become increasingly common requirements for license renewal. The principal purpose of CE programs is the maintenance of competence, the improvement of services, and the protection of the public. Therapists may get CE credits for attending trainings in varying formats such as conferences and in-person, online workshops, or expert-lead supervisions. The vast majority of psychologists (75%–85%) support the idea of mandated CE and since these mandates have been implemented, the intrinsic motivation of therapists to attend CE programs seems to have increased (Neimeyer et al., 2019).

Yet, CE credits only measure attendance of events (hours), not the effect on the therapist or subsequent patient treatments. Despite the call for evaluation of continuing professional development in psychology several decades ago (Webster, 1971), it appears that relatively little research has focused on the effectiveness and efficacy of such professional training activities. When reviewing the literature, it becomes apparent that almost all studies that assessed the effect of training used the level of therapists' satisfaction as a proxy of outcome. In all

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these studies, licensed therapists reported high levels of satisfaction, which likely reflects their choice-supportive bias (the tendency to retroactively ascribe positive attributes to an option one has selected), especially following their investment of time and money in attending these professional trainings (Aafjes-van Doorn & Barber, 2022). Indeed, when measured, therapists tend to report some therapy skill improvements immediately after brief skills training. However, these short, quick doses of training may not translate to therapist behavior change in practice. Multi-component training packages, especially those that include direct feedback and experiential components, seem to be somewhat beneficial in improving therapists' skills, but only very few of these studies used standardized symptom measures to evaluate changes in patient outcome following therapist training. A noteworthy exception is provided by Weck and colleagues (2021), who showed that providing competence feedback to therapists may lead to greater change in patients' alliance ratings and depression symptoms when compared to a control group. All in all, there is not enough evidence to suggest that attendance of professional training results in improved competence or better treatment outcomes for the respective patients. But if I need to place my bet, I would put my money on the type of experiential trainings that provide direct feedback to therapists on their level of performance.

The Case for Deliberate Practice

Deliberate practice (DP), the explicit setting aside of private time to review one's behavior and outcome feedback, developing plans for skills development based on repetition and successive refinement of individualized training activities, has been proposed as a means of enhancing individual therapists' competence and expertise (Rousmaniere, 2019). Unlike traditional training workshops in which therapists receive little to no feedback and little opportunity to practice and to try something new, correct mistakes, and gradually develop a new skill (Ericsson & Pool, 2016), DP requires active involvement in experiential exercises and direct expert feedback (the two elements that appear to be effective in therapist training; Aafjes-van Doorn & Barber, 2022). When implemented in supervision, DP may enable the supervisee to address skill deficits highlighted in patient feedback or by the supervisor directly. DP can also be provided in the form of a skills workshop, in which therapists engage in DP of responses modeled by an expert (e.g., e.g., Shukla et al., 2021 ; Westra et al., 2021). Although the effectiveness of DP is by no means 'proven,' there is evidence that therapists who obtain better patient outcomes engage in more DP than colleagues whose patients demonstrate lower levels of change (Chow et al., 2015), and the time a therapist spends in DP activities might account for the effectiveness of top-performing therapists.

The use of DP offers several benefits over the attendance of traditional professional development activities, such as conferences, webinars, and workshops. First, DP stimulates agency. Rather than passively attending a workshop someone else has organized, DP is guided by an active search for learning opportunities and for evidence of whether skills are being used effectively (McLeod, 2021). This active involvement and close observations highlight a therapist's agency. Second, DP offers an individualized learning approach. Rather than following a standard agenda of the trainer, a therapist can focus on skills and competencies that they choose themselves, based on appraisal of their deficiencies.

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This kind of individualized learning goal enables a therapist to devise tasks that are at a level of emotional, interpersonal and intellectual difficulty that are neither too easy nor too demanding, in line with Vygotsky's theory of 'zone of proximal development.' Third, DP activities can be flexible depending on the situation. DP activities can be done alone (reviewing video recordings of therapy sessions), but therapists may also choose to use one or multiple sources of expertise, including peers, experienced therapists (expert supervisors or videos of master therapists), or even patients (McLeod, 2021). This allows therapists to gain feedback from different people and consider multiple perspectives on what 'skillful' may look like.

Admittingly, DP is not an easy training option. It might take trial and error to identify the specific skills exercises that are challenging but not too difficult. And even when a suitable set of exercises is established, it likely requires a substantial time investment (e.g., 2 hours per week) to benefit from this learning process (Chow et al., 2015; McLeod, 2021). Above all, the effective use of DP requires a capacity for self-evaluation and an openness to be guided by results. A recent qualitative report of the DP experience of 42 students highlighted two particularly difficult aspects in the implementation of DP (McLeod, 2021). The first challenge is to identify what to work on. Some DP topics might arise from personal self-reflection on situations in therapy that were experienced as difficult. Therapists might also use implicit or explicit feedback from others to identify appropriate DP topics. For example, DP topics might arise from a patient's confrontation rupture in a previous session, a more subtle communication of misattunement, or a supervisor's feedback on a recorded therapy session. Once the DP topic is identified, the second challenge is to know when you have practiced a skill enough. It might be difficult to determine when you become proficient, or sufficient in a certain skill, or when it might require further work.

Luckily, therapists don't have to rely on the words of colleagues, a supervisor, or their own inner critic to self-evaluate their skills. Several technological advancements (i.e., clinical tools) may help the therapist to gain feedback on what DP topics to work on and when a skill has been sufficiently mastered. In particular, the use of progress monitoring (PM) and reviewing of videorecorded therapy sessions may provide useful information about the session-by-session change a patient experience of symptoms and alliance and the therapists' interpersonal interactions that could potentially be targeted through DP exercises. A DP exercise often consists of watching a video of a challenging moment in a therapy session while tracking ones' inner experiences and avoidance responses. By deliberately practicing with stimuli (e.g., video clips of therapy sessions) that mimic live therapy conditions, individual DP exercises might be an effective way to achieve changes in therapists' interpersonal qualities, possibly improving psychological capacities to bear with intense emotions (Rousmaniere, 2019). For DP, it might be particularly useful to share these recorded sessions—in conjunction with patient-reported outcomes—with a supervisor. A video may be easier to translate into specific topics for DP if it can be augmented with continuous feedback about what the therapist is or is not doing, and a safe space to reflect on and analyze the patient feedback received. The supervisor doesn't even need to review the whole session; it appears that even reviewing 5 or 15- minute

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segments of therapy sessions might be sufficient for the assessment of therapeutic qualities and potential skills deficiencies (Lewin & Berman, 2021).

This careful review of treatment videos and outcome measures might be commonplace for therapists in training, but it is a lot less common among seasoned therapists. The unwarranted over-confidence of experienced therapists means that they are less likely to be motivated to take actions (e.g., obtain and use critical feedback) that would enhance their actual expertise (Pintrich, 2003). Many therapists don't yet collect objective treatment information and do not know how to use the information that does exist to improve their performance over time (Tracey et al., 2014), but do attend conferences and workshops to fulfil their CE credits.

That said, it is possible that for some therapists, the main purpose of attending these professional trainings may be to get some respite from busy caseloads outside the office, gain peer support, avoid burnout, or to build and maintain a professional network. Maybe this is why so many therapists are satisfied with their training experiences. Such potential benefits of professional trainings tend to be forgotten in the quest for 'evidence-based training' and have certainly not yet been empirically examined.

This paucity of research on the effectiveness of therapist training doesn't mean that it is ineffective per se, or that we should not engage in such professional development. It just means that we might need to look beyond the simple attendance of conferences, workshops, or webinars to continue to develop our skills and improve our patients' outcomes. If we really are "scientist-practitioners" in "evidence-based practice," we will need to develop openness to be guided by results, and to put in the time and effort to deliberately practice our skills.

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Self-Care for Graduate Students (and all those interested in preventing burnout, maintaining competence, and promoting wellness)

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Clinical Impact Statement
This manuscript informs graduate students and all other psychotherapists about the nature, role, and importance of self-care for the prevention of burnout and problems with professional competence, along with the promotion of wellness and clinical competence and effectiveness. Specific guidance is provided to assist readers to develop and implement a personal self-care plan.

Keywords: graduate students, self-care, wellness, ethics, competence

You don't need us to tell you this, but graduate school is a very challenging, demanding, and stressful time. While it hopefully is one of the most exciting, stimulating, and invigorating times of your life, you also must contend with stressors associated with being a graduate student as well as those in your personal life, and how each influence the other.

Being a Graduate Student
While you may be very interested in learning all that your courses have to offer, actual workload, deadlines, and the pressure to obtain excellent grades (don't we all want that?) come hand-in-hand with your new experiences. For many, moving to a new area, and leaving one's support network can also add to one's stress. Establishing and navigating new relationships within your cohort and with faculty members and supervisors each may be challenges as well.

Clinical experiences add additional stress even if you love this work. Concerns about your clinical skills, ongoing evaluation and supervision, experiencing imposter syndrome, administrative requirements and deadlines such as documentation of clinical services, and the pressure to accrue needed hours each may add to your experience of stress and pressure (oh, did we forget to mention dissertation? Just add that to the list).

Having a Personal Life
In addition to your role as graduate student or trainee, there is also who you are as a person. This is something we each bring with us to our roles as students and psychotherapists-in-training. Issues from our upbringing and our personal histories and past experiences may impact us in our student and psychotherapist roles (O'Connor, 2001). Examples include a focus on others' needs over our own, a desire to master chaotic environments, and continued pursuit of a caretaking role.

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We each also have a life outside of graduate school including family, social, and possibly committed relationships. Finding time for each and addressing challenges in each that may arise over time may impact us. Other important aspects of one's personal life may include religious or spiritual activities, hobbies and leisure time activities, and part-time or even full-time employment for those experiencing financial pressures.

Each of us also must respond to and cope with the many potential challenges that may arise in our personal lives. These could include family and other relationship obligations, the need to care for ailing family members, personal illness or injury, roommate conflicts, and so many others.

How they Impact Each Other

It would be nice to think that we can compartmentalize the personal and professional aspects of our lives and never have one influence the other. Unfortunately, as you likely have already experienced more than once, this frequently is not possible. While we may effectively manage minor challenges and stressors in personal and professional realms, we have our limits, and with enough stress its effects will spill over and impact the other aspects of our life.

Falling ill or having to respond to a family emergency in the days immediately before an exam or when a term paper is due will likely add to one's stress and perhaps decrease our effectiveness in studying and writing. Any number of stressors and worries in your personal life that preoccupy you can impact your ability to focus on, and process, information optimally and may detract from your ability to be fully present with clients and to be at your best clinically. Feeling pressure financially to make more money may lead you to commit to work hours beyond what feels manageable in light of all your graduate school obligations which may result in feelings of stress, anxiety, and worry, having a possibly deleterious effect on one's academic and clinical functioning.

What Can We Do?

It certainly is possible to take some positive actions to impact or influence some of these stressors, but we do not have complete control over them. It is therefore essential that each graduate student and psychotherapist-in-training make a commitment to the ongoing practice of self-care, actively integrating it into your daily life in multiple ways. Before focusing on what self-care is, and is not, and how to apply it effectively to enhance your ongoing wellness and effective functioning, to reduce the negative impact of the many ongoing stressors in your life (academic/clinical and personal), and hopefully to even thrive and flourish during this exciting, yet challenging time of your life, several important basic concepts are addressed.

Distress

Distress is a subjective emotional response to ongoing stressors in our lives. It is not unusual to experience distress over the course of a semester or year, though not every stressful event you have will lead to distress. Experiences of distress fall on a continuum, from mildly stressful (that one professor's difficult exam) to nearly debilitating (when its finals week, your cat is sick, and your car breaks down). Much of the time, where you fall on this continuum will be determined by the general level of stress in your life. It is important to realize that experiencing distress does not mean you are weak, incapable, or violating ethics standards; it means you are human. Give yourself grace while responding to your distress in a timely manner.

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Burnout

More serious problems arise when distress is left unaddressed. The terminal phase of distress left unchecked is known as burnout (Baker, 2003). Burnout includes three components, each of which falls on a continuum and may vary over time. These are: emotional exhaustion, something every graduate student experiences to varying degrees over time; depersonalization, a reduction in your empathy, compassion, and ability to connect emotionally with clients in a meaningful way; and loss of feelings of accomplishment, a feeling that we are not achieving goals or expectations) (Maslach, 1996). In a recent study nearly half (48.9%) of surveyed graduate clinicians noted personal burnout, and more than a third (34.1%) reported work-related burnout (Warlick et al., 2021). It is impossible to know how much or for how long we can tolerate burnout until it manifests as problems with professional functioning. The best way to mitigate burnout is to address distress before it becomes burnout, but if you find yourself experiencing more serious symptoms assess where and how you can seek support.

Vicarious Traumatization

Vicarious traumatization is a phenomenon that occurs among clinicians who work with heavy trauma caseloads or traumatized populations. In working with these groups your empathic engagement with a client's trauma may result in a noticeable, and possibly distressing change in your understanding of yourself and others (Bride et al., 2007). You may even experience secondary traumatic stress, exhibiting symptoms of post-traumatic stress linked to the aversive details of your client's trauma. As graduate clinicians, exposure to these clients can occur in a wide variety of clinical settings. The preventive role of ongoing self-care, being alert to the development of secondary stress symptoms, and the active use of one's supervisors and support network are each essential for promoting wellness and effective functioning.

Problems with Professional Competence

In graduate school and beyond, your clinical competence should be seen as a dynamic entity that must actively be maintained and protected. Distress, burnout, and secondary traumatic stress can impede that maintenance and cause serious problems over time. Often the impact of impaired competence is not recognizable until its effects have impacted our clients. It may seem tempting to ignore the early warning signs of worsening distress or burnout, hoping they will go away on their own or assuming you can manage it, but in doing so you run the risk of the development of problems with professional competence, which can degrade your ability to access and apply your knowledge and skills effectively to assist clients (Elman & Forrest, 2007).

Self-Care, Positive Career-Sustaining Behaviors, and Maladaptive Coping Strategies

There are strategies and routines available to you that will make you more resilient and less vulnerable to the impact of the many stresses in your life. The most essential, flexible, and important routine to develop is that of self-care. Self-care is so much more than bubble baths, a nightly beer, chocolates, or a hike on the weekend with friends. Effective self-care could include these activities, but it certainly is not limited to them. It is important to recognize that self-care can be many different things and it should be individualized to fit your preferences, needs, and lifestyle.

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Self-care can and should include activities that reduce distress and burnout while also promoting your wellness with the goal of thriving and flourishing (Wise, Hersh, & Gibson, 2012).

The essential importance of self-care is found in Principle A of the APA Ethics Code (APA, 2010), Beneficence and Nonmaleficence, which states "Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work." Additionally, Standard 2.03, Maintaining Competence, mandates that we, "undertake ongoing efforts to develop and maintain [our] competence." Adequate self-care is essential to preventing problems with professional competence. Thus, we each must develop a personal self-care plan that we implement on an ongoing basis to achieve these goals.

Creating Your Self-Care Plan

Self-care can include those actions and activities that you find relaxing, rejuvenating, and enjoyable. These activities are different for each person. To develop a self-care plan, consider the stressors in your personal life and professional life, how they are impacting you, what self-care actions you are currently practicing, and which ones you can add to further support your promotion of wellness. Remember the goal of self-care is active prevention of burnout and problems with professional competence. Intentionally integrate self-care activities into your daily schedule, keeping in mind that even small actions can make a big difference over time. Self-care should focus first on adequate rest, a healthy diet, and regular exercise or physical activity. Then, focus on relationships, leisure time activities, and religious and spiritual needs, if relevant. One should stay vigilant about the use of negative coping practices that not only fail to promote wellness but may add to your problems with professional competence. These may include self-medication with various substances, and avoidance or denial of difficulties.

Communitarianism and Your Competence Constellation

There may be a tendency to isolate and attempt self-care as an independent activity. Feeling we can manage everything on our own, feelings of shame, or concerns that others will view us negatively may lead us to avoid seeking assistance or support from colleagues, friends, and mentors. Several studies have demonstrated that we are not able to accurately monitor and assess our own functioning and competence despite the ethics code's requirement that we do so, and that in fact, the more impaired our functioning, the less able we are to accurately assess our competence and effectiveness (e.g., Dunning, Johnson, Ehrlinger, & Kruger, 2003; Kruger & Dunning, 1999). We each must look out for, engage with, and support each other for the sake of our personal and professional well-being.

When building and envisioning your support network, consider what Johnson and colleagues (2012) have deemed a *competence constellation*. This involves establishing and actively utilizing networks of colleagues for ongoing support and feedback to monitor the quality of care we provide to our clients and ourselves. This model suggests rings of colleagues around you with you utilizing those in the inner ring most actively. Outer rings include other colleagues, friends, and mentors, followed by the culture of our profession. With those in the inner ring, our most trusted friends and colleagues, we engage in the most transparency and both give and receive

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the most support and feedback. Ongoing open and honest sharing with these colleagues, and their reciprocal sharing with us, are essential for accurate monitoring of each person's functioning and for giving and receiving needed feedback, support, and recommendations for needed assistance or interventions.

Creating a Culture of Self-Care

In addition to our engagement in self-care activities to promote our ongoing competence and effectiveness, it is important that we each work collaboratively to create a culture of self-care in our graduate program and clinical settings (Barnett & Cooper, 2009). It is essential that a culture of competitiveness and a focus on who is working the most hours or expending the most effort be avoided. Rather, a culture that emphasizes and reinforces ongoing self-care activities, mutual support, transparency, and a collaborative focus on prevention and caring should be adopted. Working collaboratively with your cohort, talking openly about ongoing stressors, encouraging and facilitating self-care routines amongst each other, and reaching out to peers in distress are some of the behaviors that help build this culture. Graduate programs and training sites may normalize a competitive culture and discourage vulnerability or transparency among students and staff. Hold your faculty accountable for modeling self-care, and challenge unrealistic demands or toxic norms.

Moving Forward

Each of us faces an ever-shifting balance of personal and professional stressors. The skills and self-awareness you develop while balancing classes, dissertation, clinical commitments, finances, and a social life will be helpful as those commitments become the challenges of starting your career and moving forward with your personal life. Your efforts to address today's challenges lay the foundation for how you address the many challenges you will confront during your career and life, including a focus on self-care, mutual support with colleagues, and the promotion of ongoing wellness. While self-care does appropriately focus on the self, it can only be truly be achieved with the support of, and engagement with, others. Integrating these activities into your professional identity and daily life should serve you well throughout your career.

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Behavioral Health Technology Platforms and the Implementation of Measurement-Based Care in Psychotherapy

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Measurement-based care (MBC) is a data-driven approach to delivering health care services. MBC encompasses an array of clinical tools, such as routine outcome monitoring (ROM), feedback informed treatment (FIT), and measurement feedback systems (MFS). Collectively, these practices center around the routine administration of treatment outcomes measurement and processing the scores with clients about treatment progress. As such, these tools can inform therapists' clinical judgment and support clinical decision-making. While originating in the medical field, it did not take long for MBC to become a topic of interest in mental health. MBC was introduced to psychotherapy research by Howard et al. (1996), whose seminal work established the patient-focused research movement. This approach prioritized the examination of inter-individual variability to elucidate *how* and *for whom* psychotherapy works (or does not work) (Norcross & Wampold, 2011). This choice of emphasis was driven by research identifying widespread inter-individual heterogeneity of response to treatment (e.g., Boswell et al., 2014; Boswell & Bugatti, 2016; Castonguay et al., 2013; Owen et al., 2015).

Over the course of the past two decades, patient-focused research has contributed to a body of strong evidence supporting the efficacy and effectiveness of MBC (see Lambert et al., 2018; Miller et al., 2020). The strength of this evidence has also been acknowledged by the American Psychological Association's Presidential Task Force of Evidence-Based Practice (2006), which elevated MBC to the status of evidence-based practice (EBP). However, MBC's actual utilization in routine clinical settings remains sporadic (Ionita & Fitzpatrick, 2014). Research examining clinician-reported barriers hindering the implementation of MBC has highlighted the presence of several concerns related to its practicality, such as the addition of paperwork, the time required for its administration and interpretation, the lack of resources (e.g., financial and personnel) required to maintain this practice, and the burden placed on clients (Hatfield & Ogles, 2007). Luckily, recent technological advancements allow for the circumnavigation of many of these logistical issues. For instance, the development of computerized adaptive testing (CAT) promises to minimize the burden placed on clients by the routine administration of measures (e.g., Carlo et al., 2021). More importantly, the advent of behavioral health technology platforms promises to offer therapists and clients efficient means for engaging in MBC. These platforms allow thera-

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pists and clients to complete several clinical tasks, including scheduling, billing, documenting, as well as administering, completing, and reviewing routinely collected outcomes measures. These features should promote the frequency of clinician engagement with MBC, which previous research has found to be positively associated with client outcomes (e.g., Bickman et al., 2011; Bickman et al., 2016; Slade, 2011).

This brief report aims to extend this line of nascent research on therapist use of MBC in routine clinical settings. We utilized a dataset from a behavioral health technology company that assists therapists and clients match for mental health services while also providing clinical support tools (i.e., MBC), clinical training, and administrative support. A sample of 6,108 clients diagnosed with depression and 8,273 clients with an anxiety disorder were included in the study. Their therapists had access to the Patient Health Questionnaire-9 (PHQ-9; Kroenke et al., 2001), administered to depressed clients, and the Generalized Anxiety Disorder Scale-7 (GAD-7; Spitzer et al., 2006), administered to anxious clients. Both measures were routinely administered to clients every two weeks. We examined whether clinician frequency of engagement with MBC (i.e., the number of times therapists viewed patient scores) would predict their clients' likelihood of achieving clinical recovery, defined as a score of 9 or below on the PHQ-9 and of 7 or below on the GAD-7.

There were significant differences between those clients who reached clinical recovery and those who did not based on the number of times therapists had accessed their scores (*p*s <.01). That is, therapists who engaged in MBC more frequently were more likely to have their clients achieve clinical recovery on the PHQ-9 and/or GAD-7. Additionally, higher initial severity was also related to therapists accessing patient scores more often. The difference in the number of times patient scores had been reviewed by clinicians was characterized by a small effect size, suggesting that it does not take a lot more effort on behalf of therapists to realize significant gains for their patients.

These findings are perfectly aligned with those presented in the literature (e.g., Lambert et al., 2018): clinician engagement in MBC enhances psychotherapy outcomes. Furthermore, the present study corroborates the presence of a dose-response relationship characterizing the frequency of clinician use of MBC tools and the likelihood of their clients' achievement of positive treatment outcomes. The present study also provides useful insights regarding clinicians' interaction with and use of MBC in primarily private practice settings assisted by technology-based platforms. Data from the present examination suggest that clinicians are more likely to employ MBC tools when encountering more challenging cases, such as those characterized by higher baseline severity. This finding implies that clinicians might perceive MBC as more useful to aid their clinical judgment in these cases, which may be a window into motivations for using MBC. It may also be hypothesized that the nature of the measures supported by this MBC platform might have had an impact on the purpose for which they were used by clinicians. Both the PHQ-9 and GAD-7 are symptom-focused, standardized assessment tools, and it appears that clinicians were more likely to turn to them when assessing symptom severity. Thus, it remains to be seen whether alternative types of routine measurement and feedback (e.g., individualized patient-re-

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ported outcome measures) would affect clinician use of MBC. Nonetheless, this area of inquiry has, so far, only been explored by a few pioneering studies producing mixed findings (e.g., Bugatti & Boswell, 2022; Jensen-Doss et al., 2018).

Overall, the conclusions drawn from the present study are clear: MBC is an EBP that demonstrates significant clinical utility, relevance, and practicality in routine clinical settings supported by technology-based platforms.

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"Where Once it Never Rained til After Sundown"

Pat DeLeon, PhD
Former APA President

The National Academy of Medicine (NAM) provides an intriguing view of the multitude of forces influencing our nation's health care system, from the broad interprofessional perspective of the behavioral sciences, law, engineering, nursing, medicine, etc. Some of the timeliest topics recently addressed include: Health Disparities, Global Warming, Advances in Technology (including Telehealth), Disinformation regarding COVID-19, and the Ever-Aging population of the nation with its unique health care needs. Moving beyond a traditional individualized clinical care perspective, addressing the Social Determinants of health becomes critical. An example: *Supporting Nurse Well-being: Introducing a new resource offering solutions to support nurses in the critical role they play in our nation's health.* "A nation cannot fully thrive until everyone—no matter who they are, where they live, or how much money they make—can live their healthiest possible life, and helping people live their healthiest life is and has always been the essential role of nurses. Ultimately, the health and well-being of nurses influences the quality, safety, and cost of the care they provide, as well as organizations and systems of care.

"By harnessing the potential of nurse practitioners and utilizing their skills, knowledge, and dedication, we can make strides in improving patient-focused equitable care affordable. To achieve this goal, we must bolster the systems, structures, and policies that affect the health and well-being of nurses." Accompanying this presentation is a targeted slide deck and access to the Consensus Study Report: *The Future of Nursing 2020-2030; Charting a Path to Achieve Health Equity.*

Velma McBride Murry, who was recently elected to the NAM, crafted an impressive and visionary *Perspective* reflecting our changing times. She noted that the Biden Administration's Executive Order on *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* had created a timely opportunity to dismantle racism throughout and across a variety of government-funded research infrastructures, including health, biomedical, social and behavioral research, as well as research focused on the social determinants of health. The Centers for Disease Control and Prevention (CDC) had recently declared racism a public health threat—a declaration based on centuries of oppression and decades of research showing links between racism, health, and health disparities. One of her clearest messages—funding should be increased for research employing methods that value the myriad ways of knowing and experiencing the world. "When all ways of knowing affirm the wisdom and lived experiences of Black, Indigenous, Pacific Islander, Latine, and Asian scholars and communities, the generation of research that can more effectively achieve optimal health and well-being in all communities will increase significantly."

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A Proactive Vision From the Past: APA's annual State Leadership Conferences have always been one of the highlights of my professional years. The 27th was held in 2010 when Katherine Nordal, Executive Director for Professional Practice, addressed *The Power of Advocacy*. Highlights: "Advocacy is an ongoing process of educating and assisting decision makers, whether they are legislators, other policy makers, or individuals making choices about health care professionals for family members. When we psychologists serve as advocates we represent not only the interests of the profession, but, more importantly, the interests of our patients and other consumers of psychological services. What does remain clear is that the system ultimately will have to be changed. We need an integrated health care delivery system, and psychologists must be part of the health care teams in that system. We cannot afford to watch from a distance as a new health care delivery system is crafted… one that is unlikely to value what psychologists can bring to the table if we sit on the sidelines. When we fail to become involved in advocacy, we give others the power over our future as health care providers. But if we do not change the advocacy behaviors of many psychologists that is exactly what will happen!"

"By now, I hope you appreciate what I refer to as the 'power of one'—the fact that individual leaders can exert considerable positive influence on the process of advocacy. Better yet, when we collaborate, we tap into an energy and power that is impossible to generate or replicate when we work alone. Our emphasis on collaboration, partnerships and networks underscores a central tenet of advocacy. Successful advocacy requires strong relationships and engagement with legislators and others we are working to educate and influence. Advocacy is a long-term process that requires sustained effort. We must build and rebuild relationships. The process of advocacy requires considerable time and energy, and progress is often achieved at a snail's pace. We need to remain mindful that compromise is a fact of political life."

"We need to help more of our members become comfortable with and accustomed to using the electronic media that increasingly shape our interactions with others. Finally, we need to mentor students, early career psychologists and other psychologists who are interested in becoming active advocates for the profession. As leaders of all ages and career stages, collectively, we have much to contribute to fostering a 'culture of advocacy' for psychology. Let's start by sharing our passion for the profession and those we serve with our colleagues. The future of psychology as a valued discipline and profession depends on each and every one of us each and every day!"

Changing Times & Reflections: In the late 1980s and early 1990s, Kathy McNamara and I were two of the psychologists across the country who encouraged Henry Saeman to begin an independent newspaper for practitioners. The *APA Monitor* was wonderful; however, we believed that from a public policy perspective, access to different voices would be beneficial in the long run. At that time Henry was retiring from the Ohio Psychological Association (OPA) as the first full-time, paid Executive Director of any state psychological association in the U.S. By beginning *The National Psychologist (TNP),* Henry was combining his previous two 18-year careers—as a journalist and his tenure with OPA. *TNP* was, and still is, a family business. Henry founded *TNP* in 1991 and his inaugural issue was published in time for the APA convention in San

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Francisco. When Henry passed away in 2003, his son Marty took over the helm and continues today as managing editor and publisher.

As many of us have noticed, we have not received a printed copy of the *TNP* newspaper since July. In its Summer 2021 edition, after 30 years of producing print editions, it was announced that the Summer issue would be the last "print" edition. Since August, the new website has been a work in progress and is scheduled to launch on March 1st or earlier. All materials included in each CE Quiz will remain free and accessible to everyone. All other articles will be available to paid subscribers only. Marty explained: "Many readers have been receiving the print editions free for years, some even for decades. We just could not continue with that business model any longer. My family and I urge everyone to visit our website URL at www.nationalpsychologist.com."

Kathy: "I had the privilege and pleasure of knowing and working with Henry for decades, and developing a friendship that I hold in my heart still. I know of many of his significant accomplishments, but I will start with his venture into the creating of *TNP*. For those who do not know him, Henry was a Holocaust survivor from Germany. Though he seldom spoke about personal things, he once shared with me his memory of hiding behind his mother as they could hear Hitler's SS nearby. It was Krystal Nacht. By a very circuitous route with help from others—often strangers—he avoided capture and eventually arrived in the United States. He was very young, separated from his family who did not survive, and he did not speak any English. From that challenging beginning Henry developed what would be a very successful career as a journalist and newspaper reporter, editor, and publisher."

"His desire to report the 'rest of the story' through *TNP* is only part of who Henry was and what he contributed to Psychology. My initial contact with him came while I was in graduate school and bored with classroom work. I already had developed a strong affinity for advocacy work as I watched my father writing about and speaking out to Congressional leaders about causes in which he believed. I encountered Henry at a Convention of the OPA. He was providing services advocating for Psychology on behalf of OPA in the Ohio State Legislature—a natural attraction immediately. One of my major professors, very involved with OPA and legislative efforts, kindly agreed that I could develop an Independent Study so that I could spend a day a week working with Henry in the legislature."

"At times this even meant drafting the legislative language that he needed 'right now' (as in find a typewriter and do it!) to put on someone's desk so that Psychology's interests were covered. His passion for doing what was right for Psychology was palpable—and he wasn't even a psychologist! Henry eagerly became my mentor and I with equal eagerness became his student. It was the most valuable learning experience of my graduate days."

"Henry continued with OPA in a lobbying capacity, and after finishing my doctorate I took on various roles within OPA, including at the beginning as the Chairperson for the Legislative Committee. I was able to continue to work with and learn from Henry. While I remained in Ohio, there were always things to do with Henry. The respect he had among legislators allowed leading psychologists access to those legislators. One of the legislative successes I attribute to Henry was the creation of the

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Wright State University School of Professional Psychology (SOPP). Though much work had been in process for years, primarily by Ron Fox and David Rodgers, the birth of SOPP occurred one evening at the Ohio legislature."

"A rather contentious Senate Finance Committee meeting was going on late into the night. The Senate Finance Chairman thought very highly of Henry, and happened to take a brief break, walking out of the room and walking into the nearby bathroom. While I could not follow him, I was with Henry, Ron Fox, and Jim Webb and they could and did follow the Chairman. During that brief break the agreement was made. If a budget below six figures could be brought to him the Senator in charge of Finance would put into the budget, as a line item, to fund the SOPP. The four of us went to a small nearby diner and on paper napkins worked out a budget for start-up funds totaling $99,999. Henry delivered it (in a more legible written form!) to the Senator, and at the same time delivered for Psychology, as he would in many ways until his death."

"As you might imagine having had a decades long friendship, I could talk on and on with tales about Henry. But, I will just say that I think of him often and miss him dearly."

"For one brief shining moment that was known as Camelot," (Richard Burton, 1978).

Aloha,

Pat DeLeon, former APA President – Division 29 – February, 2022

Tony Rousmaniere, PsyD

I am humbled by the nomination to serve the Society for the Advancement of Psychotherapy (Division 29) in the role of president. The Society has long been my professional home at APA, and I would be honored to serve in this role.

Over the past decade, our Division has made significant accomplishments towards the mission of advancing psychotherapy. Through the collaborative effort of leadership and members, the Division has expanded international outreach and emphasized the importance of making psychotherapy available to the underserved. In recent years, Presidents Jennifer Callahan and Clara Hill have made significant contributions to the important causes of psychotherapy competence and training. I agree with President-Elect Jean Birbilis' goal of strengthening continuity in the Division across time and leadership. If elected, my goal is to continue these efforts, with an emphasis on outreach and services for early-career psychotherapists and graduate students.

One of the Division's strengths is the extent to which the membership includes a broad range of practitioners, researchers, and educators. This has special resonance for me, as my professional experience includes clinical practice, research, writing, training/ supervision, and government advocacy. More recently, I have added program administration to my skill set, as I am part of a team starting a new therapist graduate program focused on deliberate practice and outcome data (www.sentio.org). If I am elected president, I will aim to include all voices and perspectives in Division governance.

Thank you very much for considering me for your vote. ■

Write-in Candidate

CANDIDATE STATEMENTS
Candidates for Council Representative – Slate 1

Gerry Koocher, PhD, ABPP

Dear Colleagues,

I appreciate the honor of renomination to Council, having left in mid-term last year when the division lost a seat through reapportionment.

My background includes service as chief of psychology at Boston Children's Hospital/Harvard Medical School, and as a tenured professor and dean or provost at Simmons (Boston) and DePaul (Chicago) Universities. I hold active psychology licenses in three states and five active board certifications from ABPP. At present I continue to practice psychotherapy, teach the graduate ethics course at Boston University, and serve on faculty at the Hospital and Harvard Bioethics Center. I have actively participated in the division on many committees and as a former president. I currently chair the award committee. I also served as treasurer and president of APA. My track record includes obtaining more than $3.5 MM in grant funds, 350 published manuscripts and 17 authored or edited books, including a best-selling ethics textbook—*Ethics in Psychology and the Mental Health Professions*, plus *The Parents' Guide to Psychological First Aid, and the Psychologists' Desk Reference.*

During the next three years the Council will deal with a number of issues critical to the future of psychotherapy practice in psychology including focus on EDI initiatives, a new ethics code, evolving practice guidelines, and the future or practice voices in APA governance. I would be honored to represent you in attending to these issues.

I respectfully request you #1 vote.

Gerry Koocher, PhD, ABPP ■

Jeff Younggren, PhD

I greatly appreciate being nominated as a Council Representative from Division 29. If elected, I will bring to the council meetings my 6 years of experience as a Council Representative from Division 42. I will work to return APA to its role as a membership-based organization, focused on the goals of its diverse membership. The current APA needs to change and begin attending to the science of psychology at the forefront, dealing with the broad spectrum of issues facing the profession: from practice concerns to research productivity, and extending from the consultation room to the world of academics. It also needs to return the control of the organization to the membership, the diverse membership of our wonderful organization. APA also should continue to attend to social justice issues, but with an eye toward balance with other issues facing the profession, and make sure that the value of psychology, and especially psychotherapy, is clear to those at the local, state and/or national level. That is currently not the case. I promise to work to return APA to its role as a membership-controlled organization, reflective of the interests of the whole of our psychological science. ■

CANDIDATE STATEMENTS
Candidates for Council Representative – Slate 2

Elizabeth (Libby) Nutt Williams, PhD

Why am I running for Council Representative? I believe it is critical that we continue to have a strong voice for psychotherapy practice, research, and advocacy at Council.

Who am I? I received my bachelor's degree in psychology from Stanford University and my doctorate in Counseling Psychology from the University of Maryland. I have been a professor at St. Mary's College of Maryland, the national public honors college, for 25 years. I am a Fellow of the APA (Divisions 2, 17, 29, and 35), have served on several editorial boards (e.g., *Psychotherapy*, *Psychotherapy Research*), and study both the science and practice of psychotherapy.

What is my connection to the Society for the Advancement of Psychotherapy? I have worked with Division 29 governance for nearly 20 years, first as the Early Career representative to the Board of Directors in 2005, then as the Membership Domain Representative (2008-2010), as President of the Division in 2011, and as your Council Representative from 2017 to 2019. I have consistently focused on a few key issues: 1) highlighting the effectiveness of psychotherapy, 2) strengthening the link between psychotherapy science and practice, and 3) promoting our commitment to diversity and multiculturalism.

Why should you vote for me? I care deeply about the Society, and I would be honored to again serve as a Council Rep for 29. I am invested in collaborative, solution-oriented processes and would work to ensure clear communication between the membership of the Society and Council. Thank you so much for your consideration. ■

Amy Ellis, PhD

I am honored to be nominated for a position as a Council Representative for Division 29.

I am an Assistant Professor and the Director of the Trauma Resolution & Integration Program at Nova Southeastern University where I train and supervise 12 doctoral students and predoctoral interns in the treatment of complex trauma using integrative care and the utilization of routine outcome monitoring. I am also a licensed psychologist with a part-time practice. My research focuses on the need for evidence-based, but tailored and individualized, care in underserved communities. I also examine how psychotherapy works and why it works, with an emphasis on common factors. Lastly, I am committed to a social justice framework and both study psychotherapists' advocacy behaviors as well as engage in my own advocacy for mental health reform and equality.

Division 29 has and continues to be my "home" division. As former Internet Ed-

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itor for the *SAP* website, I feel privileged that I was privy to many of the ins-and-outs of the division, its membership, and the larger APA governance. I also serve on the Editorial Board of three APA journals, and am a member of Divisions 29, 42 (Independent Practice), and 56 (Trauma).

I would be humbled if you vote for me and consider me for the position of Council Representative. I am committed to the research, training and supervision, and provision of psychotherapy. I am a passionate advocate in the therapy room, in the classroom, and beyond. Thank you for your consideration. ■

CANDIDATE STATEMENTS
Candidates for Domain Representative for Science and Scholarship

Patricia Spangler, PhD

I'm honored to be a candidate for Division 29's Science and Scholarship Domain Representative. I've been a Division 29 member since 2004 and have served as the Science and Scholarship Domain Representative since 2020. As Domain Representative I have administered the Norine Johnson Grant and Charles J. Gelso Grant, worked to increase grant funding for Division 29 researchers, reviewed abstracts for Division 29 presentations for the APA convention, and written articles for *Psychotherapy Bulletin*. Prior to serving as Science and Scholarship Domain Representative, I was on the Professional Practice Committee from 2014 to 2020, and I am currently collaborating with that committee on a study of the impact of COVID-19 on the needs of psychotherapists.

At Uniformed Services University, I'm principal investigator on a DoD-funded ($1.05M) pilot trial of a psychotherapy for trauma-related nightmares. As a recipient of awards and grants as a student and early career researcher, I appreciate the impact that funding has on career development. My prior service to SAP as a Domain Representative and a Committee Member combined with my psychotherapy research experience and successful grant writing will help me serve Division 29 as Science and Scholarship Domain Representative. If elected, I will happily continue administration of the Gelso and Johnson grants, two important mechanisms for nurturing early career researchers, and thus for the future of psychotherapy process and outcome science. In addition, I'll continue to work with the Board, Domain Representatives, and Committee Members to identify and develop initiatives to serve our members' research endeavors. ■

Cora E. Courage, PsyD

I'm a licensed psychologist, the Director of Clinical Services at North Dakota State Hospital, and an LTC, US Army (Retired). As a clinical psychologist who deployed four times, treated members of the military in-country, and has spent much of my civilian career working with those who are seriously and persistently mentally ill in state hospitals in Wyoming and North Dakota, I'm invested both as a psychologist and a veteran in the advancement of psychotherapy that is effective in real world conditions. My publications and presentations have focused primarily on military personnel and veterans. If elected, I would work to continue the advancement of the science behind psychotherapy as the foundation of its application. I can envision opportunities for the Science and Scholarship Domain of Division 29 to collaborate with Division 19, the Society for Military Psychology, which encourages research and the application of psychological research to military problems. ■

CANDIDATE STATEMENTS
Candidates for Domain Representative for Early Career Psychologists

Nicholas R. Morrison, PhD

It is a privilege to be nominated for Early Career Psychologist (ECP) Domain Representative of APA Division 29. I have been involved with Division 29 since 2017, when I was elected to serve as Student Representative and Chair of the Student Development Committee. During my tenure, my flagship initiative involved expanding Division membership to post-bacc and undergraduate students. Additionally, having recognized the breadth of interests of Division 29 members, I expanded the student awards beyond the research awards to include the Student Excellence in Practice Award and Student Excellence in Teaching/Mentorship Award, which continue to be awarded annually. I am indebted to Division 29 for awarding me the 2020 Jeffrey E. Barnett Psychotherapy Research Paper Award, and I continue to serve the Division as a member of the Membership Committee.

My experiences as a graduate of a clinical science program, fellow at a clinically oriented postdoctoral program, and currently as an assistant professor at a teaching-intensive institution have led me to value the numerous roles of psychologists in the field. I recognize the diversity of early career psychologists, and the diversity of interests represented by the Division; I hope this is reflected in both my professional experiences and my previous initiatives within the Division. If elected to the position of ECP Domain Representative, I will continue to serve the interests of our diverse field, including initiatives related to supporting early career psychologists grappling with post-pandemic professional concerns. Thank you, and I look forward to continued service to Division 29! ■

Yujia Lei, PhD

I am feeling deeply humbled and honored to be nominated for the Early Career Psychologist Domain of the APA Division 29. Currently, I am a staff psychologist and strategic planning representative at Health and Wellness Center, Washington University in St. Louis. In the past four years in this position, I have specialized in helping diverse college students succeed by overcoming psychological challenges with a focus on working with historically marginalized student communities and international students. As a first-generation immigrant woman from China, I am devoted to integrating multiculturalism and social justice into psychotherapy, and have been actively engaged in culturally informed supervision, teaching, training and research both in the US and in China. The scientist-practitioner model has guided my professional development. My research interests include investigating the roles of cultural values in psychotherapy process-outcome and developing culturally sensitive interventions to promote mental health.

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As an ECP, I know the struggles and challenges that most recent graduates experience such as starting a career, work-life balance, systematic racism/sexism, isolation during the pandemic, etc. "Be connected!" is the motto of Div 29. If elected to the position, I would strive to make the voices of Div. 29 ECPs be heard by the division leadership, and help create connections for ECPS with each other and with the larger membership of the division. I would also focus on promoting collaboration on psychotherapy research and practice, mentorship, networking, professional development, advocacy, and grants application. ■

CANDIDATE STATEMENTS
Domain Representative for Diversity

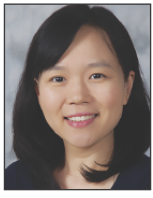
Susan S. Woodhouse, PhD

I am an Associate Professor in Counseling Psychology at Lehigh University. During the time I have served on the Board of the Society for the Advancement of Psychotherapy (SfAP), first as Early Career Domain Representative, then as Science and Scholarship Domain Representative, and most recently as one of the two Diversity Domain Representatives, advancing attention to diversity, equity, and inclusion within the Board and in SfAP initiatives has been in the front of my mind at each step. As a white woman and ally, I would be excited to continue to serve in this role, doing my part to collaborate and support meaningful diversity, equity, and inclusion initiatives in our Society.

My research program uses community-engaged approaches to focus on supporting under-recognized strengths in underserved parents of young children, and on culturally appropriate psychotherapy and community support for families. I have worked hard to build trust with community partners and bring research results back to the community. I am collaborating with the Social Justice Committee of SfAP on a project to better understand the relational and therapeutic competencies of clinicians who work in low-income, underserved communities. Much of my energy in my first term has gone into providing support and mentoring for the Advocacy and Mentoring Program for Diversity (AMPD) Scholars Program, which has been an exciting and deeply meaningful collaboration.

I am deeply committed fostering diversity, equity, and inclusion within our field through mentoring, grants, and other initiatives, and would be honored to serve a second term. ■

Wonjin Sim, PhD



I am honored to be a candidate for the Diversity Domain Representative of Division 29. I am an Assistant Professor in the counseling psychology program at Towson University where I teach and supervise master's level trainees. I am deeply passionate about multicultural counseling training and have taught multicultural counseling classes for over 10 years. As a researcher, I have conducted multicultural psychotherapy research and received two grants, specifically on incorporating dream work and spirituality in counseling with Asian Americans, international students, and people outside of Western cultures to make therapy more accessible for these populations.

I am currently serving as the Chair of the Diversity committee and have been an ad-hoc reviewer for Psychotherapy. Outside of Division 29, I have served as an Early Career Professionals section board member, Continuing Education committee member, and the Chair of the Section for the Promotion of Psychotherapy

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Science of Division 17, the Society of Counseling Psychology. I will bring my leadership experiences and passion and expertise in multicultural counseling, training, and research to this position. If elected, my priority would be to expand support for our members with marginalized identities such as providing resources and support groups for self-care and professional development. Given the success of the Advocacy and Mentoring for Diversity (AMPD) program, I would also like to expand support for minority students, such as providing a mentoring programs to discuss issues related to clinical training and professional development such as applying for internship and job search. Thank you for your consideration ■

CONGRATULATIONS TO OUR 2022 AWARD WINNERS

Join us as we congratulate these very deserving Society Members!

Society for the Advancement of Psychotherapy Distinguished Psychologist Award

Dennis Martin Kivlighan, Jr., PhD, University of Maryland

Dennis M. Kivlighan, Jr. PhD, is Professor in the Department of Counseling, Higher Education and Special Education and Interim Chair in the Department of Human Development and Quantitative Methodology at the University of Maryland-College Park. He received his Ph.D in Counseling Psychology from Virginia Commonwealth University in 1982. His primary areas of interest are process-outcome relationships in individual, group, couples and family therapy. He teaches Didactic Practicums in group and individual therapy and supervises trainees in the Maryland Psychotherapy Clinic and Research Lab. Kivlighan has published over 170 articles in peer reviewed journals and his work has been cited more than 13,700 times (h-index = 58; i10-index = 165 (from Google Scholar).

Professional Service (Editorial Boards, Offices)
Kivlighan is the editor of the *Journal of Counseling Psychology* the Co-Editor of *Small Group Research* and a past editor of *Group Dynamics: Theory, Research and Practice*, and serves on the editorial boards of the *Psychotherapy Research, Psychotherapy, and Group Dynamics: Theory, Research and Practice*. Kivlighan is past president of The Society of Group Psychology and Group Psychotherapy (49) of the American Psychological Association.

Honors
Kivlighan is a Fellow, Division 29 (Society for the Advancement of Psychotherapy), Division 17 (Society of Counseling Psychology), and Division 49 (Society of Group Psychology and Group Psychotherapy), American Psychological Association. He was selected a Fulbright Teaching/ Research Fellowship (2015) to the University of Palermo, Italy. He was the Arthur Teicher Group Psychologist of the Year (2013), Division 49 (Society of Group Psychology and Group Psychotherapy), received the Lifetime Achievement Award (2012) from the Society of Counseling Psychology, Section for the Promotion of Psychotherapy Science, and Lifetime Mentoring Award, 2009, The Society of Counseling Psychology. Kivlighan is an Honorary Member, Taiwan Counseling Psychological Association (Member serial number: 130615016) and was an Honorary Chair Professor (2018), National Tsing Hua University, Taiwan.

Award Winners, continued on page 42

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

Sarah Knox, PhD, Marquette University

Dr. Sarah Knox joined the faculty of Marquette University in 1999, and is a Professor in the Department of Counselor Education and Counseling Psychology in the College of Education. She earned her PhD at the University of Maryland, and completed her predoctoral internship at The Ohio State University.

Dr. Knox's research has been published in a number of journals, including The Counseling Psychologist, Counselling Psychology Quarterly, Journal of Counseling Psychology, Psychotherapy, Psychotherapy Research, and Training and Education in Professional Psychology. Her publications focus on the psychotherapy process and relationship, supervision and training, and qualitative research. She has presented her research both nationally and internationally, and has provided workshops on the qualitative method she uses at both US and international venues. She currently serves as Co-Editor-in-Chief of Counselling Psychology Quarterly, and is also on the Publication Board of Division 29 (Psychotherapy) of the American Psychological Association. Dr. Knox is a Fellow of Division 17 (Counseling Psychology) and Division 29 (Psychotherapy) of the American Psychological Association.

Society for the Advancement of Psychotherapy Distinguished Practitioner Award

Jeffrey Nels Younggren, PhD, University of New Mexico

A Fellow of the American Psychological Association (APA) and a Distinguished Member of the National Academies of Practice (NAP), Dr. Younggren is a clinical and forensic psychologist who practices in Albuquerque, New Mexico. He was a clinical professor at the University of California, Los Angeles, School of Medicine and currently is a clinical professor in the Department of Psychiatry and Behavioral Sciences at the University of New Mexico.

Dr. Younggren served as President of APA Division 42 (Psychologists in Independent Practice) and Secretary of Division 29. He has served on numerous boards and committees, including the Ethics Committees of the California Psychological Association (CPA) and the APA, the APA Committee on Accreditation, and the APA/APLS Committee that drafted the Specialty Guidelines for Forensic Psychology. Dr. Younggren consults to various licensing boards on ethics and standards of care, and qualifies as an expert in criminal, civil and administrative proceedings. He continues to serve as a Risk Management consultant to The Trust and its policyholders.

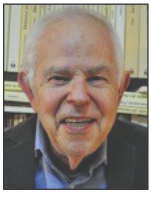
Award Winners, continued on page 43

Society for the Advancement of Psychotherapy Early Career Practitioner Award

Leigh Ann Carter, PsyD, Independent Practice, Media, Pennsylvania

Dr. Leigh Ann Carter earned her Doctor of Psychology (Psy.D.) in Clinical Psychology from Loyola University Maryland. She currently maintains a private practice in Media, Pennsylvania where she specializes in treating both psychotherapists and trainees, and emerging adults. She previously worked as a staff psychologist and supervisor in university counseling centers, and has additional experience in community mental health, employee assistance, and integrated primary care settings. She is the co-author of Self-Care for Clinicians in Training: A Guide to Psychological Wellness for Graduate Students in Psychology.

Society for the Advancement of Psychotherapy Distinguished Contributions to the International Advancement of Psychotherapy Award — jointly to co-awardees



Dr. Héctor Fernández-Álvarez (Argentina)

Héctor Fernández-Álvarez, Ph.D. received his licenciatura degree in psychology at the University of Buenos Aires in 1967 and earned a doctoral degree from the National University of San Luis, Argentina, in 1995 and a Doctor Honoris Causa degree in 2021. Dr. Fernández-Álvarez's career spans five decades, including multiple academic appointments throughout Argentina and visiting professorships in Chile, Ecuador, Guatemala, Panama, Paraguay, Spain, and Uruguay.

In 1977 Dr. Fernández-Álvarez together with other mental health professionals founded the Aiglé Foundation, a non-governmental organization. They sought to build bridges through systematic, close contact and collaboration with psychologists overseas to bring to Argentina the latest developments in psychotherapy taking place outside of Argentina. Since that time, Aiglé has continued to grow and presently has centers throughout Argentina as well as in Guatemala and Spain. He is currently Honorary President of the organization.

Among the significant contributions by Dr. Fernández-Álvarez, his Cognitive- integrative model of psychotherapy figures most prominently. He has inspired colleagues in the region to explore and advance psychotherapy integration and has joined forces with these colleagues to found associations that support integrative treatment approaches in Argentina and Latin America. Another significant contribution by Dr. Fernández-Álvarez and Aiglé concerns the training of mental health professionals. Aiglé has become the destination for research-based, leading-edge psychotherapy training in Latin America. The multiple educational and training opportunities available through Aiglé have been provided through agreements with Argentine universities. In terms of education, Fernández-Alvarez received the

Award Winners, continued on page 44

recognition of Emeritus Professor after 40 years of teaching service at the Universidad de Belgrano, Argentina. He has written 18 books and numerous articles.

Dr. Fernández-Álvarez in Aiglé developed a mental health care program and has organized multiple community-based activities. One of these programs focuses on providing care treatment to people experiencing food and housing insecurities.

Dr. Fernández-Álvarez's was President of the Interamerican Society of Psychology, President of the Latin American chapter of the Society for Psychotherapy Research (SPR), and Coordinator of the Education and Training Committee of the Society for the Exploration of Psychotherapy Integration (SEPI). He was recipient of the American Psychological Association's 2016 Award for Distinguished Contributions to the International Advancement of Psychology. Dr. Fernández-Álvarez received the Interamerican Psychologist award from the Interamerican Society of Psychology in 1999 and the Sigmund Freud Award from the city of Vienna in 2002. Moreover, he received the Senior Career Award from the Society for Psychotherapy Research in 2013. In 2021 he was one of 200 graduates from Universidad de Buenos to receive a Special Acknowledgment in the Bicentenary of the university.

ase doctoral training in integrative behavioral healthcare, substance use prevention and treatment, and telepsychology. As part of this grant, he serves as the co-director of the Telepsychology Training Clinic (TPTC) housed in the College of Education at the University of Iowa. The TPTC is a community-based training clinic that provides free and accessible mental health services to underserved and underinsured rural Iowans.

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

Society for the Advancement of Psychotherapy Distinguished Contributions to the International Advancement of Psychotherapy Award — jointly to co-awardees

Dr. Guangrong Jiang (China)

Dr. Guangrong Jiang is an emeritus professor at Central China Normal University and the founder of Hubei Oriental Insight Mental Health Institution, an NGO that focuses on mental health promotion and psychotherapy advancement through research, training and service. Dr. Jiang has been one of the prominent pioneering leaders in the field of counseling and psychotherapy and mental health in China and a well-known scholar in psychotherapy research and psychological science in the past 30+ years. His current scholarly interest areas include public mental health literacy and psychological help-seeking

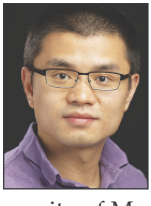
Award Winners, continued on page 45

behavior, process-outcome research in counseling and psychotherapy, psychological autopsy research for suicide among college students, self-injury behaviors of adolescents, and models of school guidance in middle schools. In each of the above areas, he has produced significant original research results, authored or co-authored over 100 journal articles, and edited or co-edited over 20 books in total.

Dr. Jiang has been a leader in promoting localization of psychotherapy in the Chinese cultural contexts. He has developed theories and empirical research in connecting western psychotherapy theories/practice with Chinese culture, and promoting culturally fit population mental health education in China. Through running Oriental Insight, Dr. Jiang actively pursues international collaboration with overseas scholars/practitioners and organizations (Oriental Insight has had active collaborative relationship with Society for the Advancement of Psychotherapy) to enhance culturally relevant and scientifically sound training, research and service for Chinese, and allow the world to enjoy the humanistic spirit of oriental culture and recognize the influence of indigenous Chinese psychology.

Society for the Advancement of Psychology and American Psychological Foundation Early Career Award

Xu Li, PhD, University of Wisconsin – Milwaukee



Xu Li, Ph.D., is an assistant professor in Counseling Psychology at the Department of Educational Psychology in University of Wisconsin-Milwaukee. He earned his B.S. in Mathematical Sciences and his M.Ed. in Clinical and Counseling Psychology at Beijing Normal University in China. He then moved to the U.S. and obtained his Ph.D. degree in Counseling Psychology at the University of Maryland, College Park. He completed his doctoral internship at the University of Maryland Counseling Center, and is now a licensed psychologist in the state of Wisconsin.

Dr. Li's research focuses on the process and outcome of individual and group psychotherapy and the training and development of beginning therapist trainees. With a mathematical background, he is keenly interested in applying advanced quantitative methods to facilitate psychotherapy research. He is also dedicated to explore the cross-cultural and multicultural factors in psychotherapy process, and has worked with colleagues worldwide to conduct psychotherapy process and training research in the international context.

Society for the Advancement of Psychotherapy

2022 CHARLES J. GELSO PSYCHOTHERAPY RESEARCH GRANTS

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

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

Submission Deadline: May 1, 2022

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

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

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

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

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

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.

2022 NORINE JOHNSON PSYCHOTHERAPY RESEARCH GRANT FOR EARLY CAREER PSYCHOLOGISTS

Brief Statement about the Grant:
The Norine Johnson, Ph.D., Psychotherapy Research Grant, offered annually by the Society for the Advancement of Psychotherapy to Early Career Psychologists (within 10 years post earning the doctoral degree), provides $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 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
- 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
- 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 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, 2022

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

Society for the Advancement of Psychotherapy

AMERICAN PSYCHOLOGICAL FOUNDATION

APF Walter Katkovsky Research Grants: $20,000

Application deadline: April 1, 2022

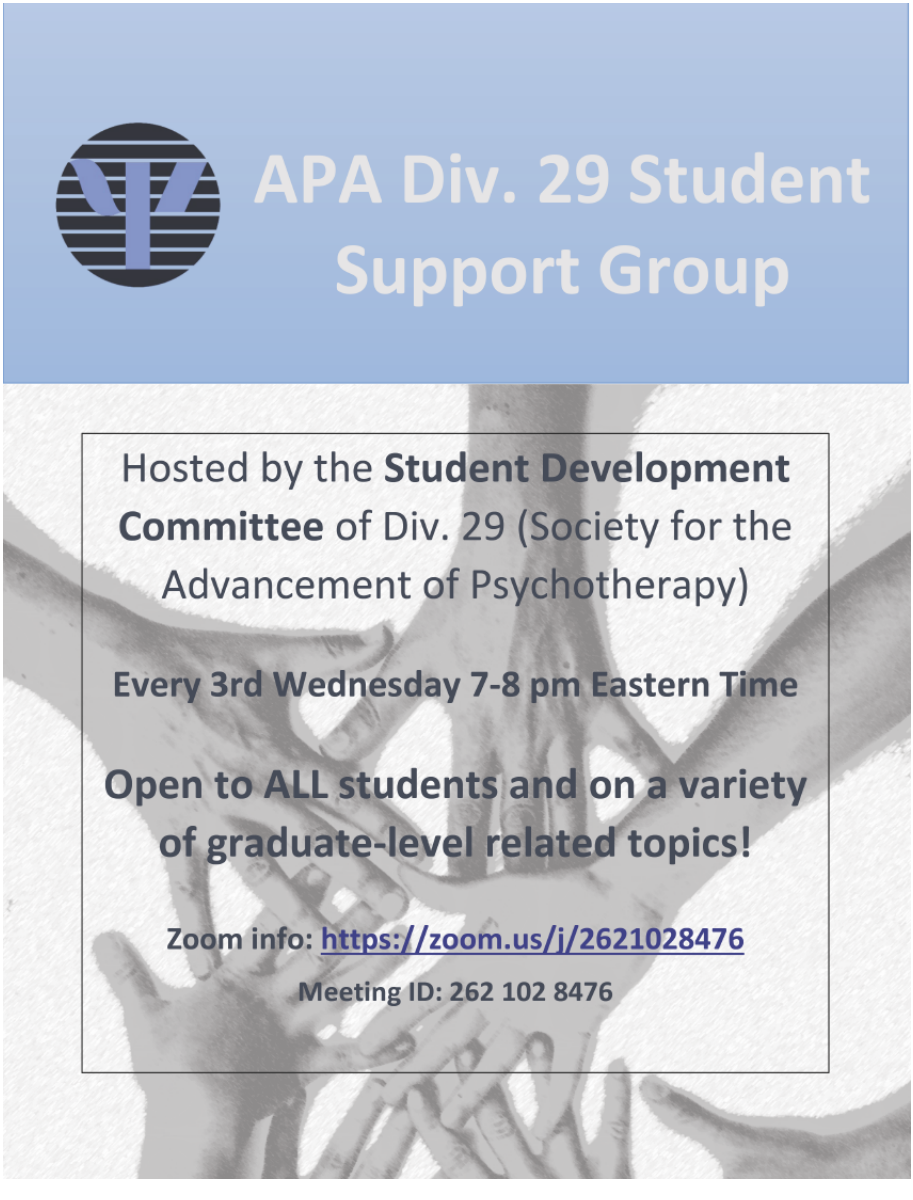
The APF Walter Katkovsky research grants support research on the general topic of psychotherapy. Research proposals should be directed to questions and hypotheses designed to improve our understanding based on theory or methods of how psychotherapy promotes behavioral, emotional, or cognitive changes. While the ultimate goal of the research should be to inform the psychotherapy process, its specific focus may be limited to an underlying assumption, hypothesis, or questions; and the actual design may be "clinical" or "experimental" in terms of subjects and procedures. That is, the research design may be a simulation of some aspect of the psychotherapy process (e.g., learning or exposure trials) and subjects may or may not be classified as "patients". **In 2022, APF plans to award three grants of up to $20,000 and three grants of up to $10,000.**

Eligibility. Applicants must be psychologists with up to 12 years of postdoctoral experience.

Application Requirements. In addition to providing their CV, a proposed timeline, and a detailed budget and justification, applicants will submit a proposal (no more than seven pages, not including references). The proposal must describe in detail the experimental methodology (i.e., hypotheses, subject selection, and measures of independent and dependent variables, including a description of the psychotherapy that must deal with life problems and emotional/behavioral reactions) and result in the collection of new data.

More information: https://www.apa.org/apf/funding/katkovsky-research-grants
Apply online: https://www.grantinterface.com/Home/Logon?urlkey=apa&
Questions? Email APF: Foundation@apa.org

750 First Street NE, Washington, DC 20002 **P** 202.336.5843 **F** 202.336.5812 **W** www.apa.org/apf


APA Div. 29 Student Support Group
Hosted by the **Student Development Committee** of Div. 29 (Society for the Advancement of Psychotherapy)
Every 3rd Wednesday 7-8 pm Eastern Time
Open to ALL students and on a variety of graduate-level related topics!
Zoom info: https://zoom.us/j/2621028476
Meeting ID: 262 102 8476

Society For The Advancement Of Psychotherapy

THE ONLY APA DIVISION SOLELY DEDICATED TO ADVANCING PSYCHOTHERAPY

Society for the Advancement of Psychotherapy

MEMBERSHIP APPLICATION

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

JOIN THE SOCIETY AND GET THESE BENEFITS!

FREE SUBSCRIPTIONS TO:

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

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

EARN CE CREDITS

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

DIVISION 29 PROGRAMS

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

SOCIETY INITIATIVES

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

NETWORKING & REFERRAL SOURCES

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

OPPORTUNITIES FOR LEADERSHIP

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

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

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

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

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PSYCHOTHERAPY BULLETIN

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

Psychotherapy Bulletin welcomes articles, interviews, commentaries, letters to the editor, book reviews, and 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).

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Want to share your exciting news with your fellow members? Four times throughout the year, the enewsletter is dispersed to members of Division 29 in order to share accomplishments and announcements with fellow professionals. This is a great chance to not only to share your own news, but learn of other opportunities that arise. Email Kourtney Schroeder, the 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!