Psychotherapy

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

www.societyforpsychotherapy.org

BULLETIN

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Society for the Advancement of Psychotherapy

2023 VOLUME 58, NUMBER 1

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PSYCHOTHERAPY BULLETIN

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

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2023 Volume 58, Number 1

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PRESIDENT'S COLUMN

Jean M. Birbilis, PhD, LP, BCB
University of St. Thomas

As I write my first column for the *Bulletin* as the Division 29 President for 2023, I want to thank you for entrusting me with the leadership of SAP at this time. And I want to thank Dr. Clara Hill for her magnificent service as president of Division 29 before me and currently as past-President. Clara has been making an enormous addition to the Division's contributions to the field of psychotherapy through her presidential initiative (see the new book that resulted) and is currently assisting me with mine (described below).

SAP is at an inflection point (as many divisions are and as APA is) in our development as an organization. On the one hand, there has been a decline among some psychologists in joining professional organizations. On the other hand, Division 29 has been nimble and attentive to growth edges. We've devoted the past 16 years or so in particular to diversity, equity, and inclusion among our membership in general and our governance in particular. We've opened a pathway for psychotherapists who aren't psychologists and can't join APA to become affiliate members of SAP. One of the wonderful consequences of that change is that it has allowed us to reach out beyond the borders of the U.S. where psychologists don't exist, but psychotherapists do. As a result, we now have 239 members who are also members of the Chinese organization, Oriental Insight. We have recently made free memberships available for up to 300 students a year, and consequently, we added about 250 new student members during the first year of that offer. Last year, we began offering free CE programs to SAP members-only, and we gained additional new members who saw the value and joined SAP to attend our first two excellent programs (many thanks to Dr. Jeff Barnett and Dr. Lillian Comas-Diaz).

With all of these changes and the passage of time since our last organizational restructuring, which occurred in 2007 under Dr. Jean Carter's presidency, I observed that it is time for a review and possibly a reorganization. Many amazing things are constantly being done by Division 29 committees, but I believe that we can do even more if we hone our ability to communicate what we're doing both inside and outside the Division, work across Domains even more often and more efficiently, and increase continuity and consistency in our activities over time in the midst of governance changes by adding tools such as an archive. We have incredible talent in our Presidential Trio, our Domain Representatives and Committee Chairs, our Council Representatives, our Program Chairs, our PubCom Board and editors, our CE Committee Chair, and our membership. We should make the most of it! Thus, my presidential initiative for 2023 is as follows:

- Review and revise our organizational structure as needed
- Improve communication among governance
- Improve communication with membership at large
- Increase continuity and consistency over time
- Create an archive of activities of SAP

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In pursuing my initiative, I have created a Task Force, chaired by Dr. Jennifer Callahan, that has been reviewing our organizational structure and made its initial recommendations to the SAP Board during our winter Board Meeting February 11-12. You will be hearing more about the Task Force and its progress throughout the year, both in updates here and as we provide a channel for your input as well. Please stay tuned and, as we say in Division 29, Be Connected!

Society for the Advancement of Psychotherapy

EDITOR'S COLUMN

Joanna M. Drinane, PhD, Editor
University of Utah

Dear Division 29 and SAP Membership,

Happy 2023! While many of you may be quite used to the change in the calendar by now, at the *Bulletin*, this is our first opportunity to welcome you to a new and exciting year of events and opportunities with Division 29. Thank you for your membership and for your role in helping the Society for the Advancement of Psychotherapy to thrive. As we set the stage for what we hope our quarterly publication will accomplish in 2023, we want to orient you to the members of our team. We are thankful that our stellar crew of editorial assistants has remained stable and productive. 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 both stay on with us this year. Emma Foster, Doctoral Student at the University of Utah, will also continue as our Internet Team Liaison. We express our immense gratitude to Kourtney Schroeder for her service to the Division as Internet Editor, and we welcome Zoe Ross-Nash to this role. We look ahead to a year of successful partnership with Zoe and we know that all of the tasks and relationships in the Division are facilitated by the wonderful Tracey Martin. As an interdisciplinary group, we hope to prioritize efficiency and strategy this year. It is our goal to seek diverse content and then to feature it using as many platforms as we can (online via web features, in the E-Bulletin, and in the PDF) so our readership can easily access and engage with your writing.

Much like it was in 2022, our intention for 2023 is to produce a timely publication that consistently includes contemporary perspectives on issues faced by practitioners, researchers, instructors, and activists. Submissions from the Division's domain representatives lay an important foundation, but we hope that you will complement their work by contributing a broad range of pieces that increases the quality and length of our publication. In addition to the articles and features submitted for this first issue, we have a column from Dr. Jean Birbilis, our new Division 29 President. We are excited for and confident in Dr. Birbilis' leadership, and we anticipate dynamic and thoughtful written contributions from her throughout the year. We also want to formally address our special focus for the year, "The Therapist of 2023: Reengaging with our Purpose and our Process." Our editorial team is comprised of psychotherapy process and outcome researchers, and it is our intent to increase discussion of our social identities and how they come together to shape our roles as psychotherapy service providers. We are no longer in the throes of the pandemic, and it is important that we circle back and engage in a process of self-definition as people and as a field. Thank you in advance for your creative approaches to writing about this theme, and for also expounding upon other curiosities you have regarding the practice and research of psychotherapy.

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 2023 will be April 15th, July 15th, and October 15th. Please reach out with questions to joanna.drinane@utah.edu. We look forward to learning from and with you through your work!

Best,
Joanna

FEBRUARY 2023 COUNCIL MEETING HIGHLIGHTS

APA's Council of Representatives held a hybrid meeting Feb. 24-25, with most Council members convening in person in Washington, DC.

Confidentiality and Reproductive Health
The Council passed a **policy** asserting that confidentiality is central to the practice of psychology, and that psychologists should follow the APA Ethics Code when it comes to patient confidentiality surrounding reproductive health. The policy reaffirms "that a psychologist's allegiance to the Ethics Code, including ethical standards related to patient confidentiality, should be given the utmost attention and significance especially when psychologists are faced with ethical conflicts with a law requiring the disclosure of confidential information regarding sexual and reproductive health, including birth control; fertility treatment; contemplating, seeking, or having had an abortion; and related issues."

The vote was 148-4, with one abstention. This measure follows on a **resolution** the Council passed in February 2022 reaffirming APA's commitment to reproductive justice as a human right, including equal access to legal abortion, affordable contraception, comprehensive sex education and freedom from sexual violence, with a particular emphasis on individuals from marginalized communities.

Establishment of a Committee for the Advancement of General Applied Psychology
The Council voted 144-13, with one abstention, to amend the Association Rules to establish a Committee for the Advancement of General Applied Psychology. The committee's purpose will be to promote, in settings outside the direct delivery of health care services, the utilization, application and advancement of science where psychologists work to enhance performance, learning, and well-being of individuals, groups, organizations, and society as a whole.

Adoption of Policies
The Council unanimously adopted revised *APA Principles for Quality Undergraduate Education in Psychology* and approved December 2032 as the expiration date. These principles offer best practices that faculty members, programs, and departments can adopt to facilitate student learning and development, in ways that fit their institutional needs and missions. This document is designed to complement, and to be used in conjunction with, the APA Guidelines for the Undergraduate Psychology Major.

The Council voted by 151–4, with one abstention, to adopt *Educational Guidelines for Equitable and Respectful Treatment of Students in Graduate Psychology Training Programs*. These guidelines encourage graduate psychology programs to promote the equitable and respectful treatment of graduate students throughout their education and training so that students may fully benefit from their graduate education and maximize their potential within and beyond their graduate programs.

The Council adopted a resolution on *Equity, Diversity, Inclusion, and Accessibility in Quality Continuing Education and Professional Development* by a vote of 139-8, with two abstentions. This resolution is aimed at providing CE sponsors and the broader public evidence-based recommendations to support the integration of equity, diversity, inclusion and accessibility in continuing education. The policy may be used as a foundation to develop additional resources that build on this document and provide tangible support to CE sponsors to infuse EDIA thoughtfully and intentionally in their offerings.

Amendments to Association Rules
The Council voted 147-2, with four abstentions, to amend the Association Rules to modify the review process for Board of Director member-at-large candidates and

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to apply that review process to all other members of the Board of Directors. Changes include asking prospective candidates, upon being slated, to disclose to the Election Committee claims made against them within the last 10 years for malpractice or unethical or unprofessional conduct, or if they are currently the subject of criminal indictment. The Election Committee will then evaluate the disclosures and determine whether the candidate can remain on the slate. The decision of the Election Committee can be appealed to the Board of Directors.

Guidelines

The Council voted unanimously to extend the effective date of the **APA Specialty Guidelines In Forensic Psychology** through December 2026. The purpose of these guidelines is "to improve the quality of forensic psychological services; enhance the practice and facilitate the systematic development of forensic psychology; encourage a high level of quality in professional practice; and encourage forensic practitioners to acknowledge and respect the rights of those they serve."

Recommendations from the Council Effectiveness Implementation Oversight Task Force

The Council voted to accept recommendations to publicize new business items in advance of Council meetings and give the movers and any opponents time to address the new business items at the Council plenary session. The motion passed by 104-40, with eleven abstentions. This was part of a series of recommendations aimed at making it easier to get new business items on the Council agenda. Several recommendations related to this effort were postponed until the Council's August meeting.

The Council voted 103-52, with two abstentions, to create a liaison program of Council members who would be assigned to up to eight selected boards and committees. The program will be managed by the Council Leadership Team.

Report of An Offer of Apology, on behalf of APA, to First Peoples in the United States

The Council accepted a **Report of An Offer of Apology, on behalf of the American Psychological Association, to First Peoples in the United States**. This report builds upon **APA's Apology to People of Color for APA's role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.**, which the Council adopted in October 2021. The offer of apology to First Peoples will be delivered by the APA president to the Society of Indian Psychologists at a time and place to be determined jointly with the SIP leadership. The report was received by a vote of 148-2, with three abstentions.

Reflecting on APA's Strategic Plan and Progress To-Date

Council began the process of reviewing and updating APA's current strategic plan. Since the strategic plan was adopted in 2019, APA has been regularly gathering information to assess progress in advancing its short-and long-term goals. Rooted in APA's organizational foundation of science and belief in data-driven decision making, APA governance and staff are asking questions that probe the effectiveness of APA's transformation in accomplishing the association's mission and achieving impact. Four years into the implementation and evaluation of the strategic vision, the data show APA is generating noticeable momentum as an association. A review of the strategic plan and accomplishments are available publicly, **IMPACT in Action: Reflecting on APA's Strategic Plan and Progress To-Date**.

Presidential Citations

APA President Thema Bryant, PhD, presented Presidential Citations to psychologists Gordon C. Nagayama Hall, PhD, and Wendi Sharee Williams, PhD, for their contributions to the field.

FEATURES

The Role of Empathic Listening in Rupture-Repair Training

Shannon L. McIntyre, PhD
Antioch University New England

The association between the therapeutic alliance and outcome is now well-established and widely known (Flückiger et al., 2018), highlighting a need to better understand the factors that influence the quality of the alliance. Thinking around therapists' capacities to establish and maintain the alliance has grown increasingly sophisticated, as researchers have long-investigated ruptures and repairs in the therapeutic process (Muran & Eubanks, 2020; Safran, 1993; Safran & Muran, 2000). This work increasingly emphasizes the therapist's awareness of subtle changes in their internal state, proposing that such intrapersonal awareness is critical to therapeutic change (Muran et al., 2021). In the current paper, I describe this shift and discuss its implications for training. I point readers toward cost-effective strategies likely to enhance therapist trainees' awareness of the blind spots and emotional vulnerabilities that contribute to alliance ruptures.

Rupture Repair Theory

Safran and Muran's (2000) seminal research on the therapeutic alliance focuses on rupture and repair processes. The authors cite interpersonal theory and the idea that we all have needs for agency and communion, which we must negotiate within the significant relationships we seek to develop and maintain (Wiggins, 1991). Since negotiating these needs is complicated, alliance ruptures—i.e., disagreements, breakdowns, and strains—are the rule in psychotherapy rather than the exception (Muran, 2019). As the theory goes, therapists best detect ruptures by attending to specific interpersonal markers. For example, a *confrontation* rupture is defined as a patient's angry expressions or attempts to move against the therapist. In contrast, a *withdrawal* rupture is characterized by a patient's false compliance or efforts to move away from the therapist (e.g., by terminating; Safran & Muran, 2000).

While the word "rupture" often brings to mind breakups in our significant relationships, an interesting element of Safran et al.'s (1993) original theory is that alliance ruptures are often subtle. It follows that the therapist's mindfulness is required to detect them (Safran & Muran, 2000). Similarly, the rupture repair literature emphasizes therapists' awareness of internal reactions to patients during ruptures, or *intra*personal markers (Muran et al., 2021). This paradigm shift follows research suggesting that the therapist's attachment patterns influence their capacity to detect ruptures (e.g., Marmarosh et al., 2015; McIntyre et al., 2019; McIntyre & Samstag, 2022; Talbot et al., 2019), and it includes the conclusion that therapists' blind spots both precipitate and exacerbate rupture events. These ideas are foundational; a recent book demonstrates that thought leaders from multiple therapeutic orientations have applied rupture repair principles to their models of therapeutic change (Eubanks et al., 2023).

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Implications for Training and Relationships

Rupture repair theory implies that trainees can learn to detect and negotiate alliance ruptures by becoming aware of their unconscious relational patterns and the blind spots left in their wake (Muran & Eubanks, 2020). Therefore, rupture and repair researchers have developed Alliance-Focused Training (AFT) to facilitate trainee's awareness, and, thus, capacity for rupture resolution. Through AFT, trainers analyze trainees' ruptures, engage in awareness-oriented role plays, and provide mindfulness instruction (Eubanks et al., 2015). There is evidence that this guidance sensitizes trainees to ruptures and bolsters their affect regulation and awareness; this, in turn, enhances trainees' capacity to identify and negotiate ruptures.

Given the clear and transtheoretical significance of rupture repair dynamics, it seems vital to explore other cost-effective methods that trainees might use to hone their awareness. Personal therapy, relational supervision, and intimate relationships are examples of contexts where ruptures are likely to emerge, because they all require some degree of emotional acknowledgment. Indeed, given that emotional acknowledgment is related to interpersonal trust (Yu et al., 2021), something stands to be lost or ruptured within these interactions. Another option for honing one's awareness of alliance ruptures is to practice acknowledging others' emotional states within environments that call for it. The success of this hypothetical activity would be measured by the extent of insight one gleans from ruptures that occur despite their best efforts to acknowledge another's emotional state.

Empathic Listening within Empathy Circles

Empathic listening is closely related to the emotional acknowledgment required to build and maintain trust within relationships. It involves reflecting upon what someone expresses verbally while focusing primarily on their affect (Rogers, 1975). Despite the obvious benefits of empathic listening on one's significant relationships, beginners may benefit from practicing this skill with strangers where the stakes and emotions tend not to run as high. *Empathy Circles*, co-created by Edwin Rutsch and colleagues (Niezink, 2016) and advertised as online training to the general public over the last several years, provide a format where one might learn and practice empathic listening.

An empathy circle is a structured dialogue between three to five participants. It involves engaging in a live conversation with strangers in person or over a video-conferencing platform. Participants' roles alternate between the speaker, active listener, and silent listener. To begin an empathy circle, the first speaker selects an active listener in the group who either shares their thoughts and feelings about a weekly topic, or states whatever is alive for them. Then, for three to five minutes, the active listener's role is to reflect the speaker's utterances until they feel heard. The silent listener's role is to listen without responding. Following this initial round, the active listener switches to the role of the speaker, and chooses an active listener from the group. The process continues this way for a predetermined amount of time.

Empathy circles are thought to generate mutual empathy and understanding among all participants. At the end of each empathy circle, participants participate in a debriefing session to reflect on their experiences. Conceivably, this debriefing period could also allow participants to reflect on any ruptures

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which interfered with their participation in the empathy circle. Speaking with trained professionals to review these ruptures in-depth would likely offer participants further clarity into their unique blind spots and emotional vulnerabilities. Such awareness could help participants better understand the internal states that typically precede their motivations to withdraw from, or confront, others in their life. In this way, trainees who participate in empathy circles may prepare themselves to better anticipate, identify, and respond to ruptures with patients.

Conclusion

Within the literature on the therapeutic alliance, rupture repair theory provides helpful guidance about how therapists may best navigate the therapeutic process (Muran & Eubanks, 2020; Safran & Muran, 2000). Increasingly, rupture repair literature emphasizes therapists' abilities to detect and utilize subtle changes in their internal states to address ruptures with their patients (Muran et al., 2021). Alliance-focused training is an in-depth program that teaches trainees to identify ruptures and work toward resolutions (Eubanks et al., 2015). Given the growing popularity of rupture repair theory (Eubanks et al., 2023), exploring other accessible and cost-effective ways to train students to recognize and resolve alliance ruptures seems vital.

The purpose of this paper was to suggest cost-effective strategies that may help trainees identify and resolve alliance ruptures, including intensive reflection on ruptures that emerge within relationships that require emotional acknowledgement. In addition, this paper highlighted the empathy circle as a promising format where trainees may learn to listen empathically and identify the intrapersonal markers associated with rupture events.

References

Eubanks-Carter, C., Muran, J.C., & Safran, J.D. (2015). Alliance-focused training. *Psychotherapy (Chicago, Ill.)*, *52*(2), 169–173. https://doi.org/10.1037/a0037596

Eubanks, C.F., Samstag, L.W., & Muran, J.C. (Eds.). (2023). *Rupture and repair in psychotherapy: A critical process for change*. American Psychological Association. https://doi.org/10.1037/0000306-000

Flückiger, C., Del Re, A.C., Wampold, B.E., & Horvath, A.O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy (Chicago, Ill.)*, *55*(4), 316–340. https://doi.org/10.1037/pst0000172

Marmarosh, C. L., Schmidt, E., Pembleton, J., Rotbart, E., Muzyk, N., Liner, A., Reid, L., Margolies, A., Joseph, M., & Salmen, K. (2015). Novice therapist attachment and perceived ruptures and repairs: a pilot study. *Psychotherapy (Chicago, Ill.)*, *52*(1), 140–144. https://doi.org/10.1037/a0036129

McIntyre, S.L., & Samstag, L.W. (2022). Promoting an empathic dialectic for therapeutic change: An integrative review. *Journal of Contemporary Psychotherapy: On the Cutting Edge of Modern Developments in Psychotherapy, 52*(2), 127-136. https://doi.org/10.1007/s10879-021-09516-5

McIntyre, S.L., Samstag, L.W., Haden, S. C., & Duncan, J.W. (2019). Therapist experience, personal therapy, and distressing states of mind: Regulation and resonance as dialectics of therapeutic empathy. *Journal of Contemporary Psychotherapy: On the Cutting Edge of Modern Developments in Psychotherapy, 49*(4), 213–221. https://doi.org/10.1007/s10879-019-09431-w

Muran, J. C. (2019). Confessions of a New York rupture researcher: An

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insider's guide and critique. *Psychotherapy Research*, *29*(1), 1–14. https://doi-org.antioch.idm.oclc.org/10.1080/10503307.2017.1413261

Niezink, L.W. (2016). Empathy Circles, A Blended Empathy Practice. https://dio.org/10.13140/RG.2.1.4503.8322

Rogers, C. R. (1975). Empathic—An unappreciated way of being. *Counseling Psychologist*, 5, 2–10.

Safran, J. D. (1993). Breaches in the therapeutic alliance: An arena for negotiating authentic relatedness. *Psychotherapy: Theory, Research, Practice, Training*, *30*(1), 11. https://doi.org/10.1037/0033-3204.30.1.11

Safran, J.D., & Muran, J.C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. Guilford Press.

Talbot, C., Ostiguy-Pion, R., Painchaud, E., Lafrance, C., & Descôteaux, J. (2019). Detecting alliance ruptures: the effects of the therapist's experience, attachment, empathy and countertransference management skills. *Research in psychotherapy (Milano)*, *22*(1), 325. https://doi.org/10.4081/ripppo.2019.325

Wiggins, J. S. (1991). Agency and communion as conceptual coordinates for the understanding and measurement of interpersonal behavior. In W.M. Grove & D. Ciccetti (Eds.), *Thinking clearly about psychology: Vol. 2. Personality and psychopathology* (pp. 89-113). Minneapolis, MN: University of Minnesota Press.

Yu, A., Berg, J.M., & Zlatev, J.J. (2021). Emotional acknowledgment: How verbalizing others' emotions fosters interpersonal trust. *Organizational Behavior and Human Decision Processes, 164,* 116–135. https://doi.org/10.1016/j.obhdp.2021.02.002

Society for the Advancement of Psychotherapy

FEATURE

Shame and Self-Stigma Among Suicidal Patients

Samuel Knapp, EdD, ABPP

Many psychotherapists have treated patients who denied suicidal ideation, and then attempted suicide later. This can leave the treating psychotherapists upset, bewildered, and asking what they could have done differently.

Sometimes patients who unexpectedly attempted suicide developed their suicidal thoughts after their psychotherapists asked them about suicide. At other times, these patients already had suicidal thoughts but falsely denied having them. Psychotherapy patients frequently misrepresent their suicidal thoughts. Blanchard and Farber (2016) found that 31% of patients at least once lied or misled their psychotherapists about their suicidal thoughts and further found (Blanchard & Farber, 2020) that 21% of patients consistently lied or withheld their suicidal thoughts. Other patients may admit to suicidal thoughts or behaviors but minimize their importance or omit relevant information. They may, for example, admit to suicidal thoughts but falsely deny that they have a plan to kill themselves, or they may admit to having a plan to kill themselves but falsely deny having a past suicide attempt. Patients may falsely deny suicidal thoughts for many reasons, although many deny them out of shame (Sheehan et al., 2021) or because they have internalized the stigma against suicidal persons.

Shame

Shame is one of two emotions (along with guilt) that people commonly feel when they have violated a social norm or failed in a moral obligation. However, guilt and shame differ in important ways. Guilt focuses on the wrongness of a behavior and motivates the offenders to apologize or make amends for the wrongdoing. In contrast, shame involves a global and stable belief in one's deficiencies that undermines any effort on the offender to make amends for their wrongdoings and motivates them to withdraw socially. With guilt the focus is on "what I did;" in shame the focus is on "what I am" (Tangney et al., 1996). Shame is transdiagnostic and can be a feature of depression, PTSD, or other diagnoses. It may interact with other emotions such as anger (Cassiello-Robbins et al., 2018), social anxiety, humiliation, or sadness (Swee et al., 2021).

Self-Stigma

Shame and self-stigma share similarities in that they both assume that the offenders have defects that are so severe that they believe that they do not deserve the benefits of interacting with others. Those with self-stigma are aware of and have internalized the societal prejudices against people like them. Shame is "the main emotional component of stigma" (Luoma & Platt, 2015, p. 97).

Suicidal patients may adopt the negative stereotypes of suicidal persons as cowardly, selfish, or weak (Joiner, 2010), or as attention-seekers. Shame and self-stigma are especially pernicious for suicidal patients because they devalue their already fragile sense of self-worth, increase their social isolation, distance them from others, add the burden of

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trying to conceal aspects of themselves, and keep them from being authentic with others. Those with self-stigma may monitor the reactions of others for signs of disapproval or may interpret ambiguous social behaviors as evidence that they are a burden to others (Frey et al., 2017). Those with suicidal thoughts and self-stigma have a higher risk of suicide than those with suicidal thoughts without self-stigma (Mayer et al., 2020), although the link between self-stigma and suicide is reduced among those who have strong social support networks (Wastler et al, 2020).

Many suicidal persons have multiple stigmas, such as the stigmas of being suicidal and gay (Williams et al., 2018). The self-stigma may be even greater for patients who have attempted suicide (Oxele et al., 2019), spent time in a psychiatric hospital (Mathison et al., 2021), or for men if it violates their perceived masculine ideal of self-reliance and stoicism (Coleman et al., 2020). Those with strong religious beliefs may sometimes believe that the presence of suicidal thoughts itself is a sin that violates tenets of their faiths.

Patients who have internalized the stigmas associated with suicide may keep aspects of themselves secret or avoid seeking help from others. They may be less likely to seek psychotherapy and, if they do, may be less likely to disclose their suicidal thoughts. One patient with suicidal thoughts said, "there are still parts where you feel shame and different things. When you're out of the depression, you don't feel that way. When you're in it, you want to protect the way you feel" (Richards et al., 2019, p. 2079). Another patient who falsely denied having suicidal thoughts stated that she did not disclose her suicidal thoughts because doing so "adds more shame and self-loathing that exasperates [sic] everything" (Blanchard & Farber, 2020, p. 129).

Addressing Shame and Self-Stigma in Psychotherapy

Psychotherapists should be aware of shame and self-stigma when they evaluate or treat suicidal patients and remember that shame and self-stigma may keep some patients from disclosing their suicidal thoughts. Patients decide to share their suicidal thoughts when they believe that the benefits of doing so would outweigh the disadvantages. They will be more likely to disclose their suicidal thoughts to someone that they trust and who they believe will support them (Sheehan et al., 2021). Those who feel shame may be more likely to fear their psychotherapists' disapproval. As stated by O'Connor, "when stigma increases, help-seeking declines, ignorance flourishes and deaths soar" (2021, p. 79).

Of course, most patients who deny suicidal thoughts do not have suicidal thoughts, and it would be unproductive to repeatedly ask patients about suicidal thoughts if they are denying them. On the other hand, psychotherapists can increase the likelihood that patients will reveal suicidal thoughts if they ask all patients twice about suicide by using a written question about suicide on an intake form as well as asking them about suicide in an in-person interview. Respondents will often disclose things in response to a written question that they will not acknowledge in a verbal interview and vice versa (Knapp, 2022).

Psychotherapists can also increase the likelihood that patients will disclose their suicidal thoughts by adopting a nonjudgmental and supportive stance with their patients. They can normalize the patients' reactions by stating, for example, "A lot of people who went through such events would think about suicide. Do you ever have those thoughts?" or words to that effect. When patients

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disclose difficult thoughts or feelings, psychotherapists can praise their patients for the courage it took to share.

Some reluctant patients may disclose their suicidal thoughts indirectly, wherein they raise a topic obliquely, evaluate the response, and then decide whether it is safe to disclose more. Psychotherapists can follow up on micro disclosures or indirect communicators of suicide such as thoughts of passive suicide (e.g., "I won't kill myself, but I want to die"), entrapment (e.g., "I don't think anyone could endure the pain I feel much longer"), perceived burdensomeness (e.g., "Others would be better off if I were dead"), or despair (e.g., "What is the use of trying anymore?"). Instead of overreacting or criticizing their patients for their thoughts, effective psychotherapists will listen without judgment and may offer their patients alternative ways of responding or looking at their problems. As one former patient advised, psychotherapists should "Mak[e] the patient feel heard and validated and not like they're another number or statistic or someone to blame," (Hom et al., 2021, p. 368). Others urged psychotherapists to "[be] compassionate and understanding" and to "respect and validate the emotions and thoughts" (Hom et al., 2021, p. 370).

Those with self-stigma may be more likely to "punish" themselves for having thoughts of suicide by, for example, telling themselves that they are stupid for having such thoughts, or getting angry at themselves for having those thoughts. However, punishment related strategies tend to increase the frequency of suicidal thoughts (Tucker et al., 2017). Psychotherapists who show compassion offer an effective alternative to self-punishment.

Those with self-stigma tend to have less psychological flexibility (Krafft et al., 2018) and therefore it would make sense that treatments that promote psychological flexibility may help reduce self-stigma. Programs that involve self-compassion or mindfulness, which promote nonjudgmental awareness of one's feelings, appear to be effective in reducing shame and self-stigma (Stynes et al., 2022).

Self-compassion involves compassion for oneself, appreciation of the commonality of experience with all humanity, and a refusal to identify one's emotions too closely with one's essence as a person. Self-compassion programs reduce social isolation and reinforce self-kindness (Luoma & Platt, 2015). Several effective treatments for suicidal patients, such as Cognitive Behavior Therapy (Bryan & Rudd, 2018) and Acceptance and Commitment Therapy include mindful elements (Ducasse, 2018).

Summary

Shame and self-stigma increase the emotional burden on suicidal patients, discourages them from disclosing their suicidal thoughts, and increases their overall risk of a suicide.

Psychotherapists can reduce the impact of shame and self-stigma by adopting an accepting, curious, and nonjudgmental approach with their patients, normalizing their patients' reactions to stressful events, and following up on oblique or indirect references to suicide.

Self-compassion or mindfulness-based treatment approaches which increase psychological flexibility may help to reduce the shame or self-stigma that many suicidal patients feel.

References

Blanchard, M., & Farber, B. A. (2016). Lying in psychotherapy: Why and what clients don't tell their therapists

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about therapy and their relationship. *Counselling Psychology Quarterly, 29* (1), 90-112. http://doi.org/10.1080/09515070.2015.1085365.20

Blanchard, M., & Farber, B. A. (2020). "It's never okay to talk about suicide": Patients' reasons for concealing suicidal ideation in psychotherapy. *Psychotherapy Research, 30* (1), 124-136. http://doi.org/10.1080.10503307.2018.1543977

Bryan, C. & Rudd, M. D. (2017). *Brief cognitive behavior therapy for suicide prevention.* Guilford.

Cassiello-Robbins, C., Wilner, J. G., Peters, J. R., Bentley, K. H., & Sauer-Zavala, S. (2018).

Elucidating the relationship between shame, anger, and self-destructive behaviors: The role of aversive responses to emotions. *Journal of Contextual Behavioral Science, 12*, 7-12. http://doi.org/10.1016/jcbs.2018.12.004

Coleman, D., Feigelman, W., & Rosen, A. (2020). Association of high traditional masculinity and risk of suicide death: Secondary analysis of the Add Health study. *JAMA Psychiatry, 77* (4), 435-437. http://doi.org/10.1001/jamapsychiatry.2019.4702

Ducasse, D. (2018). *Psychotherapy and Psychosomatics, 87* (4), 211-222. http://doi.org/10.1159/000488715

Frey, L. M., Hans, J. D., & Cerel, J. (2017). An interpretative phenomenological inquiry of family and friend reactions to suicide disclosure. *Journal of Marital and Family Therapy, 43* (1), 159-172. http://doi.org:10.1111/jmft.12180.

Hom, M.A., Bauer, B. W., Stanley, I. H., Buffa, J. W., Stage, D. R. L., Capron, D. W., Schmidt,

N. B., & Joiner, T. E. (2021). Suicide attempt survivors' recommendations for improving mental health treatment for attempt survivors. *Psychological Service, 18* (3), 363-376. http://doi.org:10.1037/ser0000415

Joiner, T. E. (2010). *Myths about suicide.* Harvard University Press.

Krafft, J., Ferrell, J., Levin, M. E., & Twohig, M. P. (2018). Psychological inflexibility and stigma: A meta-analytic reviews. *Journal of Contextual Behavioral Science,* 15-28. http://doi.org/10.1016/jcbs.2017.11.022

Knapp, S. (in press). Six strategies to help suicidal patients disclose their thoughts. *Practice Innovations.*

Luoma, J. B., & Platt, B G. (2015). Shame, self-criticism, self-stigma and compassion in Acceptance and Commitment Therapy, *Current Opinion in Psychology, 2*, 97-101. http://doi.org/10.1016/copsyc.2014.12.016

Mathison, L. A., Seidman, A. J., Brenner, R. E., Wade, N. G., Heath, P. J., & Vogel, D. L. (2021). A heavier burden of stigma? Comparing outpatient and inpatient help-seeking stigma. *Stigma and Health.* http://doi.org/10.1037/sah000030

Mayer, L., Rüsch, N., Frey, L. M., Nadorff, M. R., Drapeau, C. W., Sheehan, L., & Oexle, N. (2020). Anticipated suicide stigma, secrecy, and suicidality among suicide attempt survivors. *Suicide and Life-Threatening Behavior, 50* (3), 706-711. http://doi.org/10.1111/sltb.12617

O'Connor, R. (2021). *When it is darkest*. Vermillion.

Oexle, N., Herrmann, K., Staiger, T., Sheehan, L., Rüsch, N., & Krumm, S. (2018). Stigma and suicidality among suicide attempt survivors. *Death Studies, 43* (6), 381-388. Http://doi.org/10.1080/07481187.2018.1474286

Richards, J. E., Hohl, S. D., Whiteside, U., Ludman, E. J., Grossman, D. C., Simon, G. E., . . . Williams, E. C. (2019). If you listen, I will talk: The experience of being asked about suicidality during routine primary care. *Journal of General Internal Medicine, 34*

continued on page 15

(10), 2075-2082. http://doi.org/10.1007/s11606-019-05136-x
Sheehan, L., Oexle, N., Armas, S.A., Wang, H. T., Bushman, M., Glover, L., & Lewy, S., & Laique, A. (2021). The context of disclosing suicidality: An exploration with attempt survivors. *Journal of Counseling and Development*, http://doi.org/10.1002/jcad/12414
Stynes, G., Leão, C. S., & McHugh, L. (2022). Exploring the effectiveness of mindfulness-based and third wave interventions in addressing self-stigma, shame and their impacts on psychosocial functioning. *Journal of Contextual Behavioral Science, 23,* 174-178. http://doi.org/10.1016/j.jcbs.2022.01.006.
Swee, M. B., Hudson, C. C, & Heimberg, R. G. (2021). Examining the relationship between shame and social anxiety disorder: A systematic review. *Journal of Contextual Behavioral Science, 90,* http://doi.org/10.1016/j.cpr.2021.102088
Tangney, J. P., Miller, R. S., Flicker, L., & Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology, 70* (6), 1256-1269.
Tucker, R. P., Smith, C. E., Hollingsworth, D. W., Cole, A. B., & Wingate, L. R. (2017). Do thought control strategies applied to thoughts of suicide influence suicide ideation and suicide risk? *Personality and Individual Differences, 112*, 37-41. http://doi.org/10.1016/j.paid.2017.01.019
Wastler, H., Lucksted, A., Phalen, P., & Drapalski, A. (2020). Internalized stigma, sense of belonging, and suicidal ideation among veterans with serious mental illness. *Psychiatric Rehabilitation Journal, 43* (2), 91-96. http://doi.org/10.1037/prj0000386.
Williams, S. M., Frey, L. M., Stage, D. R. L., & Cerel, J. (2018). Exploring lived experience in gender and sexual minority suicide attempt survivors. *American Journal of Orthopsychiatry, 68,* 691-700. http://doi.org:10.1037.ort0000334

Society for the Advancement of Psychotherapy

Addressing Religion and Spirituality in Psychotherapy: Ethical and Clinical Perspectives

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Psychotherapists strive to provide their clients with the best treatment possible, something highly dependent on our ability to achieve high standards of competence. An important aspect of one's clinical competence that has received increasing attention in recent years is multicultural competence. It is recognized that a psychotherapist cannot be clinically competent without being multicultural competent (Rodolfa et al., 2005; Sue et al., 1992). Applying our knowledge and skills with sensitivity to each client's individual differences is essential for providing them with a meaningful relationship that provides the foundation for the individualized application of various psychotherapeutic interventions (Norcross & Wampold, 2018).

The Ethical Principles of Psychologists and Code of Conduct (Ethics Code; APA, 2017a) make clear the need for awareness of, sensitivity to, and respect for all individual differences in the aspirational General Principle E, Respect for People's Rights and Dignity. Within this guidance on diversity in psychotherapy it states that "Psychologists are aware of and respect cultural, individual, and role differences, including those based on … religion…" Beyond this aspirational guidance, minimal enforceable expectations that must be met or exceeded are found in Ethical Standard 2.01, Boundaries of Competence, which acknowledges that to provide competent professional services psychologists must possess and be able to effectively apply sufficient knowledge and skills relevant to individual differences, to include religion. This is further emphasized in the Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (APA, 2017b) which identify religion and spirituality as among the many potentially important aspects of each individual's identity that may be relevant to how each person is conceptualized, understood, interacted with, and treated.

Although psychotherapists are expected to demonstrate and maintain multicultural competence, issues relevant to religion and spirituality and their potential roles in clients' lives are often overlooked both in training and in clinical practice. Yet, as will be explained, the ability to address religion and spirituality ethically, effectively, and competently with clients is a necessity for providing clients with culturally sensitive and effective psychotherapy.

A Brief History of the Mental Health Professions' Views on Religion and Spirituality

The mental health professions have a long history of overlooking, and even rejecting, a focus on religion and spirituality as relevant aspects of clients' lives that are worthy of psychotherapists' attention. Freud (1961) described

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religious belief as "an obsessional neurosis" (p. 43). Albert Ellis (1973) stated that psychotherapy should have "no truck whatever with any kind of …god or devil, or any kind of sacredness" (p. 16) and described religion as being "directly opposed to the goals of mental health," (1962, p. 12). Additionally, there is a history of pathologizing religion during diagnosis and treatment, as illustrated by how it is addressed in early editions of the DSM (Allmon, 2013).

A "religiosity gap" is described between mental health professionals and the general public (Lukoff et al., 1995, p. 468). Studies have found psychologists to be much less religious than the general population (e.g., Delaney et al., 2007) and to frequently hold negative biases about religion and spirituality as well as about religious and spiritual clients in particular (O'Connor & Vandenberg, 2005). Further, most psychologists do not receive education and training relevant to addressing religion and spirituality in psychotherapy (Vieten et al., 2016), and what exists often relies on "informal and unsystematic sources of learning" (Vieten & Lukoff, 2021, p. 30), leaving many psychotherapists frequently reluctant to address such diversity issues with their clients (Hathaway et al., 2004).

Evidence in Support of Religion and Spirituality's Positive Role

Research into religion and spirituality has increased significantly in recent years, including examining how they impact psychological wellbeing and mental health. A majority of these studies have found that religion and spirituality have a positive relationship with wellbeing/happiness, social support, and the experience of positive emotions (Koenig, 2012). Individuals who utilize support systems through their religion have demonstrated lower levels of depression and greater life satisfaction (Fiala et al., 2000). Many spiritual and religious behaviors and practices are found to promote mental health and wellness (Hathaway et al., 2004) and offer resources that promote better coping and resilience (Ano & Vasconcelles, 2005). Overall, individuals who are religious and/or spiritual are often found to experience enhanced emotional and physical health (Newport et al., 2014).

Are Religion and Spirituality of Relevance to Our Clients?

National surveys have repeatedly found religion and spirituality to be important to Americans and that such beliefs play a significant role in many individuals' lives, including influencing their views, values, coping, and important life decisions. A recent Gallup survey (2022) found that in 2021, 49% of Americans reported religion to be very important in their lives, with another 27% describing it as fairly important. Eighty-one percent of the population reports believing in God, with 58% acknowledging praying to God often, and an additional 17% praying to God sometimes. Further, approximately one-half of all adults in the U.S. report attending religious services at least weekly.

Similarly, reporting on findings from 2014, the Pew Religious Landscape Survey (2022) found that 63% of U.S. adults report being absolutely certain in their belief in God, with an additional 20% being fairly certain in their belief in God. Pew also found 53% of U.S. adults reported religion as important in their life, and 24% reported it as fairly important in their life. Thirty-six percent report attending religious services at least weekly, and an additional 33% attending once or twice each month. Fifty-five percent of those surveyed were found to pray at least daily, and an additional 16% prayed at least weekly. Thirty-three percent reported believing that there are

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absolute standards of right and wrong and that religion is their source of this guidance. With regard more specifically to spirituality, 40% of respondents report meditating at least once each week, and an additional 8% once or twice each month; 59% report feeling spiritual peace and wellbeing at least once each week, with 15% reporting experiencing this once or twice each month; and 46% report feeling wonder about the universe at least once each week, with 16% reporting experiencing this once or twice each month (Pew, 2022).

Oxhandler et al. (2021a) conducted a national survey of mental health clients and found that a significant portion of them report that religion and spirituality are of relevance to their mental health and that engaging in religious or spiritual behaviors and practices enhances their mental health. Furthermore, in another national survey, these authors found that the majority of clients in the United States currently receiving mental health treatment are open to discussing their religious and spiritual beliefs with their psychotherapist, hold positive attitudes toward integrating their religion and spirituality into the treatment process, and have the expectation that their psychotherapist will have the knowledge and skills to competently do so (Oxhandler et al., 2021b).

Why Address Religion and Spirituality with Clients?

Numerous reasons exist that support the need to address issues relevant to religion and spirituality with all clients. Despite the fact that religion and spirituality play important roles in many individuals' lives (Gallup, 2022; Pew, 2022), many clients may assume that such issues are not of interest or relevance to their psychotherapist. If psychotherapists do not directly inquire about such issues in their initial assessment of each client, clients may perceive that such issues are not appropriate for attention in psychotherapy and perhaps are better left to attention by members of the clergy. Failure to broach the topic of how religion and spirituality may be of relevance in clients' lives may result in these important issues not being addressed and their role in the client's life being overlooked, thus possibly limiting the effectiveness of treatment. This also goes against the guidance on multicultural competence and the assessment and treatment of the whole person articulated in the APA Ethics Code (APA, 2017a) and the APA Multicultural Guidelines (APA, 2017b).

Consistent with the wide range of potential benefits many individuals receive from their religious and spiritual beliefs and practices, these may be sources of strength and support that the psychotherapist may help the client access and utilize during the course of treatment and beyond. Many individuals find strength and support in their faith, find prayer to provide great solace and find a strong sense of community and support from their congregation (Koenig, 2012).

Additionally, not all individuals receive benefits from their religious and spiritual beliefs and practices, with some actually being negatively impacted by them. Religious and spiritual struggles have been linked to increased psychological distress and problems in psychosocial functioning (Exline, 2013). Thus, issues relevant to religion and spirituality may be of great relevance to the reasons a client is seeking psychotherapy. Clients may experience a loss or questioning of their faith (Lukoff et al., 1999), they may be experiencing conflicts between religious teachings and their sexual orientation or gender identity (Sowe et al., 2017), and may experience many other difficulties that impact their

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mental health and emotional functioning that are secondary to religious or spiritual issues or practices.

In addition to religious and spiritual issues of being of potential relevance to psychotherapy for the reasons mentioned above (a source of strength and support and possible sources of distress and conflict in a client's life), other reasons exist for psychotherapists inquiring about these issues. Without this 'permission,' clients may assume that these are not issues to bring up and address in psychotherapy doing so may increase the client's comfort in sharing other aspects of their personal life with the psychotherapist and may promote a more effective treatment alliance (Griffith & Griffith, 2002; Plante, 2007).

Assessing Religious and Spiritual Beliefs and Practices

As all multiculturally aware psychotherapists understand, not all dimensions of diversity are readily apparent and must be inquired about to develop a full understanding of all issues relevant to the client and their treatment needs. Obtaining information about each client's religious and spiritual beliefs and practices should be included as part of their intake assessment at the outset of treatment. Much like how other potentially relevant aspects of a client's presenting issues and history are investigated (e.g., family and medical history, trauma history), a spiritual and religious history is relevant to the client's care and background (Koenig, 2012). Psychotherapists need to find out about the role of religious and spiritual beliefs and practices in the client's life, if any, and if present, how they may be sources of distress or used for coping, and any other needs that the client may have relevant to these issues.

Assessment of religious and spiritual beliefs and practices with a client can be as simple as a few "yes" or "no" questions about their beliefs or as exhaustive as an extensive examination of their religious and spiritual history, beliefs, values, coping, conflicts, and functioning. Rather than asking the client questions specifically related to religion and spirituality, clinicians may choose to use an implicit assessment method instead. This can be demonstrated by using open-ended questions that indirectly attempt to reveal any religious and spiritual dimensions that are present in the client's life, such as by asking the client, "From what sources do you draw the strength to go on?" which can result in the client disclosing religious and spiritual beliefs and behaviors they may rely on (such as praying) or involvement in a religious or spiritual community (Pargament, 2007, p. 218). One may also utilize structured interviews, questionnaires, and rating forms in addition to the clinical interview (e.g., Griffith & Griffith, 2002; Hill & Pargament, 2003).

Addressing Religion and Spirituality in Psychotherapy

In order to competently address and integrate religion and spirituality into psychotherapy, psychotherapists must possess the competence necessary to do so. Vieten et al. (2016) propose 16 basic competencies in the areas of attitudes and beliefs, knowledge, and skills that each psychotherapist should possess to be able to effectively address religious and spiritual beliefs and practices in psychotherapy. A careful review of these competencies is recommended by all psychotherapists, and focused education and training are recommended so that all psychotherapists will be able to competently and effectively meet their clients' treatment needs.

Beyond assessing each client's religious and spiritual history, beliefs, and prac-

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tices, and in addition to the requirement to possess adequate competence to effectively address these issues with clients, other important ethical issues to consider and address include accuracy in how psychotherapists represent their treatment focus to members of the public (e.g., faith-based psychotherapy or Christian counseling), the use of a comprehensive informed consent process that addresses the use of any religious or spiritual interventions in treatment, attention to boundaries and multiple relationships, including staying consistent with the psychotherapist role and not taking on the role of the clergy (e.g., providing spiritual guidance), and cooperation with other professionals such as consultation and possible collaboration with religious leaders (Barnett & Johnson, 2011).

Moving Forward

It is hoped that all psychotherapists will embrace religion and spirituality as essential aspects of diversity that are deserving of our understanding and attention in treatment. It is recommended that graduate programs and clinical training settings integrate a focus on religion and spirituality into the education and training provided to all future psychotherapists. Additionally, clinical supervisors should ensure that these important aspects of many clients' lives are addressed in both treatment and supervision, with supervisors taking the lead in ensuring that these issues receive sufficient focus and attention. Psychotherapists should engage in ongoing learning and skill development throughout their careers so that clients may receive the most competent and effective care possible. Ethics training should integrate attention to religious and spiritual issues into education and training on topics such as competence, advertising and public statements, informed consent, boundaries and multiple relationships, and interprofessional practice. By embracing each of the above, psychotherapists may achieve the aspirational ideals of our profession and provide clients with the competent, ethical, and effective assessment and treatment services they need and deserve.

References

Allmon, A. L. (2013). Religion and the DSM: From pathology to possibilities. *Journal of Religion andHealth*, *52*(2), 538-549. https://doi.org/10.1007/s10943-011-9505-5

American Psychological Association. (2017a). Ethical principles of psychologists and code of conduct (2002, amended effective June 1, 2010, and January 1, 2017) http://www.apa.org/ethics/code/index.html

American Psychological Association. (2017b). Multicultural guidelines: An ecological approach to context, identity, and intersectionality. Retrieved from http://www.apa.org/about/policy/multicultural-guidelines.pdf

Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta□analysis. *Journal of Clinical Psychology*, *61*(4), 461-480. https://doi.org/10.1002/jclp.20049

Barnett, J. E., & Johnson, W. B. (2011). Integrating religion and spirituality into psychotherapy: Persistent dilemmas, ethical issues, and a proposed decision-making process. *Ethics & Behavior, 21*(2), 147-164. https://doi.org/10.1080/10508422.2011.551471

Delaney, H. D., Miller, W. R., & Bisonó, A. M. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Professional Psychology: Research and Practice, 38*, 538–546.http://dx.doi.org/10.1037/0735-7028.38.5.538

Ellis, A. (1962). *The case against religion: A psychotherapist's view and the case against religiosity*. American Atheist Press.

continued on page 21

Ellis, A. (1973). My philosophy of psychotherapy. *Journal of Contemporary Psychotherapy, 6*, 3–18. https://doi.org/10.1007/BF01796028

Exline, J. (2013). Religious and spiritual struggles. In K. I. Pargament, J. J. Exline, & J. W. Jones (Eds.), *APA handbook of psychology, religion, and spirituality: Vol. 1. Context, theory, and research* (pp. 459–476). Washington, DC: American Psychological Association. https://doi.org/10.1037/t36191-000

Fiala, W. E., Bjorck, J. P. & Gorsuch, R. (2002). The Religious Support Scale: Construction, validation, and cross-validation. *American Journal of Community Psychology, 30*, 761-786. https://doi.org/10.1023/A:1020264718397

Freud, S. (1961). *The future of an illusion* (J. Strachey, Ed. and Trans.). Norton.

Gallup. (2022). Religion. Retrieved from https://news.gallup.com/poll/1690/religion.aspx

Griffith, J. L., & Griffith, M. E. (2002). *Encountering the sacred in psychotherapy: How to talk to people about their spiritual lives*. Guilford.

Hathaway, W. L., Scott, S. Y., & Garver, S. A. (2004). Assessing religious/spiritual functioning: A neglected domain in clinical practice? *Professional Psychology: Research and Practice, 35*, 97–104. http://dx.doi.org/10.1037/0735-7028.35.1.97

Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *American Psychologist, 58*, 64-74.

Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Network Psychiatry*, 278730. http://dx.doi.org/10.5402/2012/278730

Lukoff, D., Lu, F. G., & Turner, R. (1995). Cultural considerations in the assessment and treatment of religious and spiritual problems. *Psychiatric Clinics of North America*, *18*(3), 467-485. https://doi.org/10.1016/S0193-953X(18)30035-2

Lukoff, D., Provenzano, R., Lu, F., & Turner, R. (1999). Religious and spiritual case reports on MEDLINE: A systematic analysis of records from 1980-1996. *Alternative Therapies in Health and Medicine*, *5*(1), 64–70.

Newport, F., Witters, D., & Agrawal, S. (2012). In U. S., very religious have higher wellbeing across all faiths. http://www.gallup.com/poll/152732/religious-higherwellbeing-across-faiths.aspx

Norcross, J. C., & Wampold, B. E. (2018). A new therapy for each patient: Evidence-based relationships and responsiveness. *Journal of Clinical Psychology, 74*(11), 1889-1906.

O'Connor, S., & Vandenberg, B. (2005). Psychosis or faith? Clinicians' assessment of religious beliefs. *Journal of Consulting and Clinical Psychology, 73*, 610–616. http://dx.doi.org/10.1037/0022-006X.73.4.610

Oxhandler, H. K., Pargament, K. I., Pearce, M. J., Vieten, C., & Moffatt, K. M. (2021a). The relevance of religion and spirituality to mental health: A national survey of current clients' views. *Social Work, 66*(3), 254-264.

Oxhandler, H. K., Pargament, K. I., Pearce, M. J., Vieten, C., & Moffatt, K. M. (2021b). Current mental health clients' attitudes regarding religion and spirituality in treatment: A national survey. *Religions*, *12*(6), 371. https://doi.org/10.3390/rel12060371

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.

Pew. (2022). Pew religious landscape survey. Retrieved from https://www.pewresearch.org/religion/religious-landscape-study/

continued on page 22

Plante, T. G. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider. *Journal of Clinical Psychology, 63,* 891-902. https://doi.org/10.1002/jclp.20383

Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005). A cube model for competency development: Implications for psychology educators and regulators. *Professional Psychology: Research and Practice, 36*(4), 347-354.

Sowe, B. J., Taylor, A. J., & Brown, J. (2017). Religious anti-gay prejudice as a predictor of mental health, abuse, and substance use. *American Journal of Orthopsychiatry*, *87*(6), 690–703. https://doi.org/10.1037/ ort0000297

Sue, D., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, *70*(4), 477-486.

Vieten, C., & Lukoff, D. (2021). Spiritual and religious competencies in psychology. *American Psychologist, 77*(1), 26-38. https://doi.org/10.1037/amp0000821

Vieten, C., Scammell, S., Pierce, A., Pilato, R., Ammondson, I., Pargament, K. I., & Lukoff, D. (2016). Competencies for psychologists in the domains of religion and spirituality. *Spirituality in Clinical Practice, 3*(2), 92–114. https://doi.org/10.1037/amp0000821

How Psychotherapists Can Promote Psychotherapy: A Study of Teachers' Referral Decisions

Harold Chui, PhD
The Chinese University of Hong Kong

Psychotherapy research often focuses on the client and the psychotherapist, but rarely on other stakeholders. This is reasonable given that the client and the psychotherapist are the sole players in a psychotherapy session; understanding how they each contribute to the session will illuminate a significant part of the process and outcome of psychotherapy. However, one may argue that other stakeholders also play an important role because their actions determine whether psychotherapy could happen in the first place. One such stakeholder is schoolteachers. Because most children and adolescents spend a large amount of time at school and interact with teachers almost daily, teachers are in the position to notice student problems and provide appropriate assistance (Department of Health, 2004). Given that children and adolescents may not always be aware or be able to articulate their mental health-related needs and seek help independently, the ability for teachers to refer students with such needs to mental health professionals (MHPs) is especially crucial. Understanding how teachers make referral decisions will inform psychotherapists about how they can be better collaborators with teachers and schools to improve referral practice and student mental health.

Method

In this study, 12 secondary school teachers (8 women, 4 men; age $M = 44.0$ years, $SD = 7.5$; teaching experience $M = 20.8$ years, $SD = 7.7$) were recruited to participate in an interview about referring students for professional psychological help. In particular, they were asked about situations when they considered referring students, factors that facilitated referrals, and factors that hindered referrals. The interviews were transcribed verbatim and analyzed using consensual qualitative research (CQR; Hill, 2012), which consists of three analytic steps: Domain, Core Ideas, and Cross Analysis. First, sections of a transcript were assigned to domains according to topic areas. Next, core ideas were extracted by summarizing the assigned section of the transcript that appeared in each domain. Finally, in cross analysis, categories comprising of common themes across transcripts were derived from the extracted core ideas.

Each step of the data analysis was conducted via consensual discussion among coders within the research team to minimize the influence of individual researcher bias. The research team coders consisted of a male counseling psychologist, a female educational psychologist, and a male research assistant with a Bachelor's degree in psychology. The team's coding was also sent to two external auditors who were female professors with a background in educational policy and qualitative research. Auditors reviewed the team's work to ensure that the findings and interpretations were consistent with the data.

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Findings

The teacher participants reported a number of factors that influenced their decision to refer students for professional psychological help. These included teacher factors (e.g., self-efficacy in handling student issue), student factors (e.g., problem severity and duration, willingness to be referred, familiarity with professional support, stigma of mental illness and help seeking), parent factors (e.g., beliefs about the usefulness of referral, level of trust and collaboration with teacher), and MHP factors (e.g., perceived effectiveness, frequency of interaction with students, quality of interaction with teachers). In this article, we elaborate on findings that are relevant to psychotherapy practitioners and researchers.

Student Factors

Teachers typically attributed students' unwillingness to be referred to unfamiliarity with the mental health profession (e.g., "they do not have experience talking to a social worker"). Teachers also perceived that students attached stigma to being referred to MHPs (e.g., "don't want others to know," "care about what their teachers or classmates think").

Parent Factors

The teacher participants noted that although parents generally had positive reactions to their child's referral, they typically had reservations about the need or the effect of referral as well. In terms of positive reactions, parents typically welcomed the teacher's referral if they trusted the teachers. One teacher said, "Some parents, especially those from low SES families, really trust our school. They can be quite clueless about what to do with their children, and so they really depend on us and trust that we can handle it."

With respect to parental resistance, one teacher said, "A parent would get defensive and say, 'My daughter does not have a problem, so there is no need for a referral.'" In addition, some parents worried that their children might be discriminated if others found out about their need for mental health services.

Mental Health Professional Factors

The teacher participants generally reported that they referred students to MHPs so that the students could receive professional interventions, such as individualized guidance, medication, and academic accommodation, which they themselves could not provide. For example, one teacher said:

> The social worker can do some parenting work with the parents…better for them to do it than teachers because they have a professional role…The educational psychologist will also help meet with the parents, and some parents of children with special educational needs may have emotional problems. The support is better when there is more professional guidance.

The teacher participants generally described having positive experiences working with MHPs, but they also reported having some negative experiences with them. In terms of positive experiences, the participants thought that the MHPs they worked with were effective. For example, one teacher said, "I feel that they are really irreplaceable...teachers can't really take over their roles, in terms of time, or the counseling-related knowledge. I think that's important." The teachers' positive impressions also stemmed from having supportive collaboration and communication with MHPs, as well as from learning that their students could have regular appointments with MHPs. On the other hand, teachers attributed their negative experiences working with MHPs to the

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MHPs' ineffectiveness (e.g., "the effect was not very obvious," "the condition was not ideal") and the lack of communication. In particular, the teacher participants reported that it would be desirable if they could interact with the MHPs more frequently so that they feel comfortable consulting with MHPs on student issues when the need arises. They also noted that the high turnover of some MHPs prevented such interactions from happening and they felt less confident about the MHPs' level of commitment to their students.

Discussion

Previous studies show that there are often delays between the onset of mental illness and the first appointment a person has with a MHP, and the shortening of this lag time is crucial to reduce illness burden and improve quality of life (MacDonald et al., 2018). The present study sought to uncover reasons that limit timely mental health intervention in school-aged adolescents, with attention on factors influencing teachers who often serve as mental health gatekeepers and first responders for students-in-need (Mo et al., 2018).

The findings show that teachers may hesitate to refer students if the students are resistant to the referral. Such resistance may stem from the stigma of mental illness and help-seeking and/or the lack of familiarity with mental health interventions. Indeed, adolescents' striving for autonomy and in-group membership conflicts with the act of help-seeking, which signals one's reliance on others and the presence of needs that the majority may not have (Bolton Oetzel & Scherer, 2003). Many adolescents also hold negative stereotypes about psychotherapy based on media portrayals (Midgley et al., 2016), suggesting that an inaccurate understanding of the psychotherapeutic process may partly contribute to their resistance.

In terms of parent factors, the teacher participants reported that the parents were more receptive to their referral recommendations when the teacher-parent relationship was strong. This finding is consistent with previous findings where the strength of the teacher-parent relationship predicted the effectiveness of teacher-led psychological interventions (Sheridan et al., 2012). Teachers therefore need to build better teacher-parent relationships to facilitate the referral process.

Teacher participants noted that when MHPs could meet with students regularly and have quality interaction with them (e.g., supportive and collaborative with good communication), they have more positive impression of the MHPs. This finding is supported in the literature, where teachers who perceive service availability are more likely to refer students (Hinchliffe & Campbell, 2016), whereas a low MHP-to-population ratio, long wait times, and brief and infrequent consultations are deemed to have negative effects on the quality of service (Fong & Wong, 2016). In addition, teachers are more likely to consult with MHPs in the future if they have experienced effective collaboration and communication with them in the past (Cholewa et al., 2016). Thus, the quality of the relationships that MHPs have with students and teachers may influence teachers' referral decisions.

Implications

The findings point to numerous ways psychotherapists can collaborate with teachers and schools in mental health promotion. For example, psychotherapists may design and conduct seminars that focus on reducing the stigma of mental illness and help-seeking for students, parents, and teachers (Nastasi, 2000). Psychotherapists may also work with teachers so that teachers are more

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prepared to discuss the benefits of psychotherapy with students and parents who are resistant to referrals. For instance, they can educate teachers on what happens in psychotherapy sessions so that teachers can be more concrete when talking to students about what to expect from the referral, as the common lack of familiarity with the psychotherapy process among adolescents may drive them away from seeking help (Midgley et al., 2016). Psychotherapists may also provide training on effective communication skills to teachers so that they can be better equipped to strengthen the teacher-parent relationship and facilitate the referral process. In addition, psychotherapists may consult with schools to outline the criteria and procedures for teachers to make referrals and conduct screening to identify students who are experiencing difficulties. When engaging in these activities at school, the regular interaction that psychotherapists have with teachers promotes teacher-psychotherapist trust and collaboration, thereby increasing the likelihood of referral success and positive student outcomes (Sheridan & Gutkin, 2000).

Acknowledgements

This study was supported by the Hong Kong Research Grants Council – General Research Fund (Ref: 14603519). Findings from this study was presented in part at the 53rd International Meeting for the Society for Psychotherapy Research in Denver, Colorado, in July 2022. I thank Sarah Luk, Koon Kan Fung, Yanghua Huang, Po King Choi, and Yi-Lee Wong for their contributions to this study.

References

Bolton Oetzel, B. K., & Scherer, D. G. (2003). Therapeutic engagement with adolescents in psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 40*(3), 215-225. https://doi.org/10.1037/0033-3204.40.3.215

Cholewa, B., Goodman-Scott, E., Thomas, A., & Cook, J. (2016). Teachers' perceptions and experiences consulting with school counselors: A qualitative study. *Professional School Counseling, 20*(1), 1096-2409. https://doi.org/10.5330/1096-2409-20.1.77

Department of Health. (2004). *National service framework for children, young people and maternity services: The mental health and psychological well-being of children and young people*. London: DH Publications.

Fong, B. & Wong, T. (2016). Challenges for mental health system in Hong Kong (Working Paper Series No. 13, Issue 4, 2016). The Hong Kong Polytechnic University, College of Professional and Continuing Education, School of Professional Education and Executive Development. http://weblib.cpcepolyu.edu.hk/apps/wps/assets/pdf/w20160413.pdf

Hill, C. E. (Ed.). (2012). *Consensual qualitative research: A practical resource for investigating social science phenomena.* American Psychological Association.

Hinchliffe, K. J., & Campbell, M. A. (2016). Tipping points: Teachers' reported reasons for referring primary school children for excessive anxiety. *Journal of Psychologists and Counsellors in Schools, 26*(1), 84-99. https://doi.org/10.1017/jgc.2015.24

MacDonald, K., Fainman-Adelman, N., Anderson, K. K., & Iyer, S. N. (2018). Pathways to mental health services for young people: A systematic review. *Social Psychiatry and Psychiatric Epidemiology, 53*(10), 1005-1038. https://doi.org/10.1007/s00127-018-1578-y

Midgley, N., Holmes, J., Parkinson, S., Stapley, E., Eatough, V., & Target, M.

continued on page 27

(2016). "Just like talking to someone about like shit in your life and stuff, and they help you": Hopes and expectations for therapy among depressed adolescents. *Psychotherapy Research, 26*(1), 11-21. https://doi.org/10.1080/10503307.2014.973922

Mo, P. K. H., Ko, T. T., & Xin, M. Q. (2018). School-based gatekeeper training programmes in enhancing gatekeepers' cognitions and behaviours for adolescent suicide prevention: a systematic review. *Child and Adolescent Psychiatry and Mental Health, 12*(1), 29. https://doi.org/10.1186/s13034-018-0233-4

Nastasi, B. K. (2000). School psychologists as health-care providers in the 21st century: Conceptual framework, professional identity, and professional practice. *School Psychology Review, 29*(4), 540-554. https://doi.org/10.1080/02796015.2000.12086040

Sheridan, S. M., Bovaird, J. A., Glover, T. A., Andrew Garbacz, S., Witte, A., & Kwon, K. (2012). A randomized trial examining the effects of conjoint behavioral consultation and the mediating role of the parent-teacher relationship. *School Psychology Review, 41*(1), 23-46. https://doi.org/10.1080/02796015.2012.12087374

Sheridan, S. M., & Gutkin, T. B. (2000). The ecology of school psychology: Examining and changing our paradigm for the 21st century. *School Psychology Review, 29*(4), 485-502. https://doi.org/10.1080/02796015.2000.12086032

Heard A Sound, Turned Around, Looking Up, Looking Down

Pat DeLeon, PhD
Former APA President

The Politically Divided 118th Congress: *NBC News* recently noted that more than 50 years ago, two female lawmakers led a Congressional Committee for the first time: the House of Representatives Select Committee on the Beauty Shop. This Congress, women will hold all four of the top positions on the House and Senate Appropriations Committees for the first time in our nation's history; thus, being responsible for $1.7 trillion in federal spending annually. In the U.S. Senate, Patty Murray is the new Chair, while Susan Collins is the Ranking Member. In the U.S. House, Kay Granger is now the Chair, with Rosa DeLauro serving as the Ranking Member. This is also the first time that the Biden Administration faces a politically divided Congress.

In enacting the Fiscal Year 2022 Consolidated Appropriations Act during the last Session of Congress, then Chairperson Rosa DeLauro stated: "Hubert Humphrey held that the 'Moral test of government is how we treat those in the dawn of life… the twilight of life… and the shadows of life.' And I have always held that as a guiding principle. This funding helps us tackle the biggest issues facing American families. We lower the cost of living for hardworking people and the middle class by investing in child care, early learning programs, high poverty schools, students with disabilities, and by expanding access to higher education." Her counterpart, then-Chairman of the Senate Appropriations Committee Pat Leahy, highlighted the bipartisan support for behavioral and mental health, especially when targeting the critical needs of our nation's children. Senator Leahy has been a strong supporter of psychology for decades and a personal admirer of former APA President the late George Albee (1921-2006).

Included in this far-reaching law are a number of provisions which should be of considerable interest to those in the behavioral/mental health professions. For example, Veterans won big when the Senate attached significant pieces of legislation advanced by the House Veterans' Affairs Committee Democratic Majority to the must-pass Appropriations Omnibus package. Then-Chairman Mark Takano's STRONG Veterans mental health mini-omnibus, REMOVE Copays Act, and the VIPER Act—all developed and shepherded by former APA staffer Heather Kelly while on the House staff—were included in the non-appropriations "ash and trash" section of the massive bill and signed into law by President Biden soon thereafter.

In 2023, the Department of Veterans Affairs (VA) is mandated to implement the mental health, suicide prevention, and research provisions of those bills, including: comprehensive, culturally appropriate mental health outreach and suicide prevention for Native Veterans at every VA medical center; inclusion of sovereign tribes in VA's Governors' Challenge suicide prevention program; phased expansion of VA's peer specialist services to all VA medical centers; elim-

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ination of copays for every Veteran's first three outpatient mental health appointments at VA every year; the hiring of 100 new Vet Center staff, 500 new VA mental health trainees, and 50 additional mental health scholarship awardees; broadening of Vet Center eligibility; improvements to VA's Veterans Justice Outreach Program; mandatory mental health consultations when Veterans file certain disability claims; new Office of Research and Development authorizations; and scientific studies on topics including sleep disorders, substance use, and military family well-being.

Also included in the appropriations report was language "Encouraging the Assistant Secretary of Defense for Health Affairs to revise regulations regarding employment of clinical psychologists to include those who graduate from programs accredited by the Psychological Clinical Science Accreditation System to ensure the Department has full access to qualified clinical psychologists." This was the vision of Alan Kraut, former founding Executive Director for the Association for Psychological Science (APS) and just retired Executive Director of the Psychological Clinical Science Accreditation System (PCSAS). For those with an interest in psychology's history, Alan, then in his role as an APA senior staff member, initiated the first APA Black Tie Dinner at our annual convention for elected officials. The inaugural guest was U.S. Senator Daniel K. Inouye.

In reviewing the accompanying House Report (H.R. #117-403), the breadth of the expressed Congressional interest and vision is quite impressive: "Mental and Behavioral Health. The COVID-19 pandemic exacerbated existing mental health and substance use disorder crises, with more people reporting increased levels of anxiety, depression, suicidal ideation, and substance use. In particular, more than a third of high school students reported experiencing poor mental health during the COVID-19 pandemic. Suicide continues to be a leading cause of death, taking more than 45,000 lives in 2020, and is the second leading cause of death among youth between the ages of 10 and 14. Drug overdose deaths have also continued to increase with CDC estimating more than 107,000 drug overdose deaths in the United States during 2021, an increase of nearly 15 percent from 2020, according to provisional data."

APA's Chief Advocacy Officer Katherine McGuire and her staff, along with advocacy by psychology's state leaders, were impressive in convincing the Committee to provide additional funding specifically for psychology: "Graduate Psychology Education (GPE)—Within the total for Mental and Behavioral Health Programs, the Committee recommendation includes $25,000,000, $5,000,000 above the fiscal year 2022 enacted level, for the interprofessional GPE program to increase the number of health service psychologists trained to provide integrated services to high-need, underserved populations in rural and urban communities. The Committee recognizes the severe impact of COVID-19 on Americans' mental and behavioral health and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands."

"Nursing Workforce Development: Expanding Access to Nursing Education—The Committee remains concerned about workforce shortages among health care professionals, including the nursing workforce. According to the American Hospital Association, nursing vacancies increased by nearly 30 percent between 2019 and 2020, with an additional 500,000 nurses expected to retire or leave the profession by the end of this year. Recent

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studies suggest that an additional 1.2 million nurses will be required in the U.S. by 2030 to meet anticipated demand."

Exploring what one might consider external and/or internal historical practice barriers:

- "The Committee bill strikes language prohibiting HRSA funds from being used to support demonstration projects to train or employ alternative dental health care providers, including dental therapists. Dental therapists are licensed providers who play a similar role in dentistry to that of physician assistants in medicine, and work under the supervision of a dentist to provide routine dental care like exams and fillings. Ending this prohibition on funding will give States flexibility to expand the oral health workforce and improve access to dental care, particularly in rural and underserved communities."

- "Social Workers—While the Committee is aware that the behavioral health workforce is seeing shortages in all professions, the Committee encourages HRSA to ensure that social workers are receiving equitable treatment from the program given their multifaceted roles in health care settings. Additionally, the Committee encourages HRSA to ensure that program awardees are actively working to recruit a diverse field of behavioral health professionals." And,

- "Nursing Workforce Development: Experiential Learning Opportunities—The Committee is aware that mental health is one of the most in-demand skills in nursing, but many nurse education training programs do not expose students to mental health care settings. The Committee encourages HRSA to give priority to experiential learning opportunities grantees that are partnering with behavioral and mental health hospitals to increase the pipeline of nurses into this field."

An intriguing policy question for which the behavioral sciences might provide scientific evidence: "Active Shooter Drills – The Committee is concerned about the possible mental, emotional, and behavioral health effects on students and staff resulting from lockdowns drills and active shooter drills conducted in elementary and secondary schools. In response, the Committee provides $1,000,000 for the Department to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (National Academies) under which the National Academies will conduct a study to assess the science on the potential mental, emotional, and behavioral health effects of firearm violence prevention activities on students and staff in elementary and secondary school settings. The study and subsequent report should include an analysis of the effects of active shooter simulations, full-scale lockdowns, secured-perimeter lockouts, and other school security measures (e.g., metal detectors, visibility of police/policing on campus) and their mental, emotional and behavioral consequences. The assessment should review the potential effects on children and youth of different ages and on students with disabilities. The National Academies report should identify practices and procedures that can minimize any adverse mental, emotional, and behavioral health effects on children, youth, and staff in elementary and secondary schools resulting from the drills and make recommendations were appropriate."

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One of the pleasures of working on Capitol Hill is that upon occasion one is able to experience projects that one envisioned years ago gradually mature over time. HRSA reports that "Since 1985, our EMSC work has helped seriously ill and injured children. We make sure that–no matter where a child lives–the health systems in their area provide quality emergency care services. The goals are to improve access and quality of emergency care for children and reduce serious injury or death. The program also provides leadership in improving emergency services for children and teens both before they get to the hospital and after they arrive at the emergency department." This year the Appropriations Committee provided $25 million, an increase of $2,666,000 above last year: "Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to support research on and dissemination of best practices." The EMSC program was originally authorized on a bipartisan basis by U.S. Senators Daniel Inouye and Orrin Hatch; HRSA pediatrician David Heppel successfully nurtured it during its early days. Mahalo.

Investing In One's Professional Future: The American Association of Nurse Practitioners (AANP), with a membership of more than 121,000, reported that in 2022, AANP members contributed nearly $250,000 to their AANP-PAC. They further pointed out that throughout 2022, there were other provider groups that actively opposed their efforts to remove outdated federal practice barriers on Nurse Practitioners and their patients. And, that year the other health care provider PACs raised an average of more than $600,000. "If every AANP member contributed at least $25, the AANP-PAC would raise over $3 million and become one of the largest health care provider PACs in the nation."

Last year the Psychology PAC met its goal of raising $100,000—over $20,000 more than the previous year and an all-time high for the PAC. For the 2021-22 election cycle, the PAC raised over $200,000. Wonderful progress; although we still have a long way to go to ensure Psychology continues to have a "seat at the table." In comparison, the Physical Therapists' PAC raised over $1 million in the last Congress and the Social Workers raised $363,000. If only every APA member contributed just $25, the Psychology PAC would become one of the largest health professions PAC in the nation. Will psychology learn from the AANP experiences and take their message to heart? "We still have tasks to do, so, let's split up so we can win. Everyone is sus so let this last round begin" (*Among Us in Real Life*, Rebecca Zamolo).

Aloha,

Pat DeLeon, former APA President – Division 29 – February, 2023

Society for the Advancement of Psychotherapy

Stewart E. Cooper, PhD, ABPP

I am honored to be considered for leading the Society for the Advancement of Psychotherapy. My presidency, should I be elected, will focus on four overlapping and synergistic priorities: (1) furthering our focus on the salience and incorporation of identity and culture in the science, practice, and education of psychotherapy and psychotherapy supervision, (2) global cross-fertilization of psychotherapy research, education, practice, and application, (3) increasing the value and engagement of SAP membership across the professional lifespan, and (4) having SAP function as the authoritative voice in advancing psychotherapy science, practice, education, and application.

My diverse professional background in psychotherapy practice, education, supervision, and research will inform my leadership of the Society. For many years, I served as the Director of Counseling Services at Valparaiso University. Counseling Services was built over time and eventually included several integrated units—a counseling center, an alcohol and drug prevention program, a sexual violence reduction program, and a suicide prevention program. During this time, I was also a faculty member in the Department of Psychology teaching in their accredited master's mental health counseling program. Based on my teaching, service, and scholarship, I was promoted to Full Professor. I have authored/edited 5 books, 10 book chapters, and 77 refereed journal articles. Additionally, I served two stints as program chair. Licensed as a HSPP in Arizona and in Indiana with Board Certification in both Counseling and Organizational Psychology, I developed and am currently expanding Life Enrichment Associates, a solo clinical and consultation practice. In closing, my significant experience in APA Divisional and Central leadership will be of value during my Presidency. Leadership positions have included SAP Secretary; SAP E&T Chair; President of Consulting Psychology; Chair of Sections for Counseling Psychology; Chair APA Board of Professional Affairs; Chair APA Membership Board; APA Council Representative; APA Board of Directors. ■

Astrea Greig, PsyD

I am excited to be considered for the role of Secretary for Division 29, Society for the Advancement of Psychotherapy.

I often find myself wearing multiple hats and feel that it is fulfilling work. Within APA, I have been an active member and past board member of Division 29. I have been proud to serve in multiple Division 29 roles including most recently as Program Chair and previously as Chair of the Diversity Committee. Within Division 18, Psychologists in Public Service, I have served as co-chair of their Diversity Committee and am an active member. I also served on APA's Task Force to Develop APA Guidelines for Persons with Low Income and Economic Marginalization. This latter role coincides with my clinical and applied research interests in working with people experiencing poverty and underserved populations.

Outside of APA, I hold varied clinical, training, and leadership roles at Cambridge Health Alliance, including staff psychologist and Clinical Regional Manager within Primary Care Behavioral Health Integration, psychologist on the Health Care for the Homeless team, and also serve as the Group Program Lead for all of the outpatient Psychiatry Department. Moreover through our academic affiliation with Harvard Medical School I direct a psychology intern seminar and supervise psychology interns and post-doctoral fellows. Throughout all of my duties, I am committed to social justice and a mission to provide high quality psychotherapy for historically marginalized populations and to improve our behavioral health systems to better serve them. Meanwhile I aim to keep psychotherapy outcomes, measurement based care, and psychotherapy integration in mind. This is a common thread in my clinical work, teaching and research that also makes me feel at home with Division 29. I would be happy to continue to serve our Division 29 community towards our common goal of the advancement of psychotherapy. ■

Clara Hill, PhD

I am running for Secretary of the Society for the Advancement of Psychotherapy so that I can contribute to advancing psychotherapy through practice, research, and advocacy efforts. The role of Secretary is important to facilitate the flow of the organization and help the other board members. If elected, I will try to represent the group's best interests as a whole and help the other members of the governance do their work. ■

CANDIDATE STATEMENTS
Candidates for Domain Representative Public Interest and Social Justice

Penelope Asay, PhD

I am delighted to be a candidate as the Domain Representative for Public Interest and Social Justice! I have spent my career teaching, training, and mentoring students to consider how their clinical work, their research, and their growing professional voices can contribute to dismantling oppression and working for social justice. I have had profoundly moving experiences working for change: lobbying on Capitol Hill for gun reform with the Leadership Institute for Women in Psychology, serving for a decade in membership and leadership of the Community Engagement Committee for Division 17, and collaborating with students and colleagues on direct advocacy and activism. I am a Board Certified Counseling Psychologist with a Ph.D. from the University of Maryland, College Park. I serve as an Associate Professor of Clinical Psychology at the California Institute of Integral Studies as well as the Director of DEI Operations for the National Psychology Training Consortium. For several years, I have been particularly invested in championing advocacy as an integral part of psychology and psychotherapy and helping students and professionals alike consider what this looks like in their personal and professional lives. The social and social justice issues affecting the lives of our clients (and ourselves!) are daunting and deep. If elected, I would hope to help division members recognize the work they are already doing, areas where they can do more or need to do less. I would encourage a community commitment to building on our strengths and seeing ourselves as advocates for change at all levels. ■

Andrés E. Pérez-Rojas, PhD

I am honored to be nominated for the Domain Representative for Public Interest and Social Justice for the Society for the Advancement of Psychotherapy. I am a counseling psychologist and Associate Professor at Indiana University Bloomington whose research is on culturally and structurally responsive psychotherapy. Previously, I have served on (and chaired) the Society's Committee on Early Career Psychologists helping to expand programming for our early career members (e.g., workshop on navigating economic realities early in one's career). I have also published in the Society's newsletter and our journal, for which I currently serve as Associate Editor. Finally, I have received a grant award from the Society. I feel incredibly fortunate to call this Society a professional home and I would be grateful to serve as Domain Representative for Public Interest and Social Justice.

It has been heartening to see the growth in our Society's interest in matters of public policy and social justice that pertain to psychotherapy. Indeed, psychotherapists have been at the forefront of many key public interest and social justice initiatives, including gun control, the treatment and prevention of racial

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trauma and other forms of oppression, and work that redefines primary care to include counseling and psychotherapy, among others. If elected Domain Representative for Public Interest and Social Justice, I will help lead the Society so that we continue to strongly advocate for the integration of equity, diversity, inclusion, and social justice principles into all aspects of the work we do as psychologists, including psychotherapy. ■

Society for the Advancement of Psychotherapy

CANDIDATE STATEMENTS
Candidates for Domain Representative For International Affairs

Harold Chui, PhD

It is an honor for me to be nominated as a candidate for Division 29's International Affairs Domain Representative. I am currently an Associate Professor in the Department of Educational Psychology at The Chinese University of Hong Kong and one of the Associate Editors for the Division journal, Psychotherapy. Being trained as a counseling psychologist in the U.S. and now working in Hong Kong, I experience firsthand how psychotherapy principles and techniques developed in the West may need adaptation indifferent contexts. For example, how may one use challenges or immediacy effectively with a client in a culture that emphasizes interpersonal harmony and less direct communication? Having a global perspective will enhance our ability to evaluate our assumptions about "good" psychotherapy processes and mental health so that people from varied backgrounds can benefit from the work that we do.

If elected as the Domain Representative for International Affairs, I envision strengthening the collaboration among psychotherapy practitioners, scholars, and students around the world to promote cultural awareness and competence. Such collaboration can take the form of virtual exchange, cross cultural investigation, seminars on special topics, and much more. The existing network that I have and continue to grow as the inaugural president of the Society for Psychotherapy Research Asia Affiliate Group will facilitate the achievement of these goals. Thank you for considering to vote for me, and I hope to connect with you one way or another through our passion in psychotherapy. ■

Xu Li

No statement or photo provided.

Society For The Advancement Of Psychotherapy

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MEMBERSHIP APPLICATION

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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).

Society for the Advancement of Psychotherapy

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We'd love to hear from you!