Psychotherapy

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

www.societyforpsychotherapy.org

BULLETIN

In This Issue

See page 47 for the Society for the Advancement of Psychotherapy's Call for Grants & Awards!

Society for the Advancement of Psychotherapy

2026 VOLUME 61, NUMBER 1

Society for the Advancement of Psychotherapy /APA Div 29 2026 Governance

ELECTED BOARD MEMBERS

OFFICERS

President
Joshua Swift, PhD
Department of Psychology
Idaho State University
921 S. 8th Ave, Stop 8112
Pocatello, ID 83201
208-282-3445
joshua.keith.swift@gmail.com

President-elect
Rayna Markin, PhD
Department of Education and Counseling
302 Saint Augustine Center
800 E Lancaster Ave
Villanova University
Villanova, PA 19085
rayna.markin@villanova.edu

Secretary
Astrea Greig, PsyD, 2024-2026
Cambridge Health Alliance
Dept of Psychiatry
1493 Cambridge St.
Cambridge MA 02139
agreig@challiance.org

Treasurer
Ken Critchfield, Ph.D. 2025-2027
Ferkauf Graduate School of Psychology
Yeshiva University
1165 Morris Park Avenue
Bronx, NY 10461
646-592-4517
kenneth.critchfield@yu.edu

Past President
Stewart Cooper, PhD
7750 W. Desert Spirits Drive
Tucson AZ 85743-7521
219-242-4508
stewart.cooper@valpo.edu

DIRECTORS

Public Interest and Social Justice
Andrés E. Pérez-Rojas, PhD, 2024-2026
Indiana University School of Education
201 N. Rose Avenue
Bloomington, IN 47405-1006
812-856-8547
perezrae@iu.edu

Psychotherapy Practice
Amy Ellis, PhD, 2025-2027
Nova Southeastern University
College of Psychology
3301 College Avenue
Fort Lauderdale, FL 33317
516-459-3137
amyellisphd@gmail.com

Education and Training
Erica Marshall-Lee, PhD, 2025-2027
2005 Audubon Dr NE
Atlanta, Georgia 30329
edlee@EMORY.EDU

Membership
Jairo Fuertes, PhD, 2025-2027
Adelphi University
Gordon F. Derner School of Psychology
Hy Weinberg Center,
158 Cambridge Avenue
Garden City NY 11530
jfuertes@ADELPHI.EDU

Early Career
Yujia Lei, PhD, 2026-2028
Center for Counseling & Psychological Services
Washington University in St Louis
One Brookings Drive, MSC 1201-323-100
St. Louis, MO 63130-4899
Office: 314-935-5955
leiyujia@wustl.edu

Science and Scholarship
Jamie Bedics, PhD, 2026-2028

Diversity
Wonjin Sim, PhD, 2026-2028
Department of Psychology
Towson University
8000 York Road
Towson, MD 21252
410-704-4307
wsim0930@gmail.com

Diversity
Changming Duan, PhD, 2025-2027
Dept. of Psychology and Research in Education
University of Kansas
Lawrence, KS 66054
785-864-2426
duanc@ku.edu

International Affairs
Xu Li, PhD, 2024-2026
University of Illinois, Urbana-Champaign
226C Education Building
1310 S. 6th Street
Champaign, IL 61820
lixu6@illinois.edu; lixu.bnu@gmail.com

APA Council Representative
Elizabeth Nutt Williams, PhD, 2026-2028
enwilliams@smcm.edu

Jeffrey Younggren, PhD 2026-2028
jyounggren@salud.unm.edu

Student Representative
K'hiari Hailey, 2026-2027
nh10556@georgiasouthern.edu

2026 STANDING COMMITTEES

Continuing Education
Chair: Mariafe Panizo Jansana
mpanizo@ucdavis.edu

Diversity
Chair: Jingru Chen
jingru.chen@yale.edu

Early Career Psychologists
Chair: Peter Franz
peter.franz@YU.EDU

Education & Training
Chair: Melissa Jones
melissa_jones@byu.edu

Fellows
Chair: James Lichtenberg
jlicht@ku.edu

Finance
Chair: Gerry Koocher, PhD
koocher@gmail.com

International Affairs
Co-chair: Changming Duan
duanc@ku.edu

Co-Chair: Dana Tzur Bitan
Haifa, Israel
dana.tzur@gmail.com

Membership
Chair: Firouz Ardalan
firouzardalanphd@gmail.com

Nominations and Elections
Chair: Rayna Markin

Professional Awards
Chair: Gerry Koocher, PhD
koocher@gmail.com

Program
Chair: Alice Coyne
coyne@AMERICAN.EDU

Psychotherapy Practice
Chair: Marcy Rowland, PhD
marcykrowland@gmail.com

Science & Scholarship
Chair: Harold Chui
haroldchui@CUHK.EDU.HK

Social Justice
Chair: Linda Campbell
lcampbel@uga.edu

PSYCHOTHERAPY BULLETIN
Published by the
SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY
American Psychological Association
6557 E. Riverdale
Mesa, AZ 85215
602-363-9211
e-mail: assnmgmt1@cox.net

EDITOR
Zoe Ross-Nash, PsyD
editor@societyforpsychotherapy.org

CONTRIBUTING EDITORS
Diversity
Susan Woodhouse, PhD and
Changming Duan, PhD

Education and Training
Erica Marshall-Lee, PhD and
Melissa Goates Jones, PhD

Ethics in Psychotherapy
Jeffrey E. Barnett, PsyD, ABPP

Psychotherapy Practice
Amy Ellis, PhD and
Marcy Rowland, PhD

Science and Scholarship
Patricia Spangler, PhD and
Harold Chui, PhD

Public Interest and Social Justice
Andrés Pérez-Rojas, PhD and
Linda Campbell, PhD

Washington Scene
Patrick DeLeon, PhD

Early Career
Yujia Lei, PhD and
Peter Franz, PhD

Student Feature
K'hiari Hailey

Editorial Assistants
Sarah Bondy and
Deanna Young

STAFF
Central Office
Tracey Martin
6557 E. Riverdale St.
Mesa, AZ 85215
Ofc: 602-363-9211
assnmgmt1@cox.net

Website
www.societyforpsychotherapy.org

PSYCHOTHERAPY BULLETIN

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

2026 Volume 61, Number 1

TABLE OF CONTENTS

PRESIDENT'S COLUMN

The Power of Volunteering within Our Profession

Joshua K. Swift, Ph.D.
Idaho State University

I was participating in a Department Chairs meeting within my college a few months back when we came to the topic of finding external reviewers for promotion and tenure candidates. For those who might be unfamiliar with this process, in most universities when a faculty member goes up for promotion and/or tenure, the department chair is tasked with finding typically three to five individuals (the exact number depends on the university's policies) who are external to the university who will review the candidate's file and write a letter evaluating performance based on general standards for the discipline. A typical review requires maybe three to four hours to examine the material and then two to three hours to write the report. Performing a review is a behind-the-scenes thankless job, but the process is critical given that department chairs may have little knowledge about what counts as high quality research in subdisciplines that differ from their own.

As chairs, we were sharing tips for finding reviewers when the conversation turned to many lamenting on how difficult and time-consuming identifying willing individuals can actually be. One chair shared how he had contacted 10 different people and still none had said yes. Another chair shared how in a previous year he had found three people who agreed to do a review, but then only one ever turned in a report. After several similar experiences were shared, a chair hopelessly commented that "the age of volunteering (aka, doing work for free) is dead."

Unfortunately, in recent years I have seen several other examples supporting this chair's assertion. As a past associate editor for a journal and a guest editor for a special issue in another journal, I remember spending more time trying to find people to agree to perform ad hoc reviews than I ever did reviewing the submissions myself. This is a sentiment that I have heard many other editors and associate editors of journals also express. In several different professional and personal organizations, when I have sought individuals to serve on committees, often spots remain unfilled because there are very few who are willing to help. And, in many different capacities, when I have been searching for people to provide brief educational presentations, often one of the first questions that is typically asked is "how much will I get paid?"

How the "free work" of Others has Benefited My Career

Contrast these experiences with some earlier events that have shaped who I am as a professional today. When I first told my parents that I was thinking about majoring in psychology, they had no idea how to respond. My dad was an engineer and my mom's background was in accounting—I didn't even know that psychology was a discipline or that people had jobs as therapists and counselors until I got to college. Although my parents couldn't help, they did know someone who could—Dr. Yamada, a licensed psychologist who lived just around the corner. Dr. Yamada freely gave of his time over the course of several years to help teach me about the profession and give me career advice.

continued on page 3

I can confidently say that I would not have gotten into grad school if it were not for his guidance and help. As another example, in my third year of graduate school, my advisor recommended that I submit a recent paper that I had written (a meta-analysis on preference accommodation) to a Division 29 graduate student paper award. My response — "sure, but what is Division 29?" A few months after submitting my paper, I got an email from Dr. Jeffrey Barnett. As a member of the review committee, he was writing to inform me that my paper had been selected for the Donald K. Freedheim Student Paper Award. When I showed up to the awards ceremony, Dr. Barnett introduced himself, welcomed me to the Division, and started introducing me to others. In particular, when he introduced me to Dr. John Norcross, he described my paper and told Dr. Norcross he had to read it. This led to an invitation to co-author a chapter on preferences in the second edition of the Psychotherapy Relationships That Work. Up until that point I had been planning on a very different career than the one I have today, but the fact that Dr. Barnett freely volunteered his time to be on the awards committee and then to make me feel welcome at the APA convention, led to my passion and identity as a psychotherapy researcher and opened doors for the client preference research that I have conducted for the past almost 20 years. Dr. Norcross also shows up in my third example. I had been nominated to become a fellow of Division 29, but now I needed to identify three existing fellows who would write letters of recommendation to APA for this honor. Without hesitation, Dr. Norcross agreed to be one of them. A few weeks later, when I saw the letter he had written, I was very touched. It was clear that he had put a significant amount of time and energy into the thoughts that he put down on paper—a sacrifice that he freely made. When I expressed my gratitude the next time I saw him, he shared that he was happy to do it, and only asked that I do the same for someone else in the future. These are just three of hundreds of times when someone has performed "free work" that has had a direct benefit for me and my career.

Reasons to Volunteer within the Profession

Our profession needs volunteers! Let me share four different benefits that come when we perform "free work" within the profession.

First, our volunteering honors the free work that was performed by those who came before us. Based on the past experiences that I have described, what kind of message would it send to Dr. Yamada, Dr. Barnett, or Dr. Norcross if I now, at this stage in my career, refused to mentor a younger person, declined to review award or grant submissions to the division, or decided not to write a fellow recommendation for a deserving individual. Or what would they think if I only agreed to do these things if I was paid a fee. Even if you have not experienced direct benefits of others volunteering like the examples I have provided, the discipline that we are all in today is at least partially built from the free work of others, including those who have for free reviewed journal articles, served in professional organizations, lobbied with legislators, and provided brief trainings and workshops, to name a few. We have a duty to those who came before us to continue their legacy.

Second, others need our free help. As professionals, we enjoy a high level of privilege. Others are not as fortunate. This is perhaps one of the reasons why the American Psychological Association Ethics Code suggests that we do at least some work pro bono (Principle B:

continued on page 4

Fidelity and Responsibility). Imagine a couple different scenarios. In the small town that I live in, we send our third- and fourth-year grad students out into community sites to get broad clinical training and experiences. Licensed providers at these sites give up billable hours to supervise and train them for free. What if they all decided they were only going to supervise if the students or the university paid them. Our university doesn't have any money to do that and our students definitely don't. As a result, our students would only be able to get limited training in our one department clinic, and even then, our five clinical faculty can only do so much. We would have to reduce our admissions to just one student a year, thus limiting the opportunities for many to enter the profession. As another example, our Society's journal receives about 250 submissions a year. Each article gets reviewed by two or three individuals who do this work for free. What if they all decided that they wanted to be paid for that work. Given the amount of time it takes to complete a review and the going hourly rate for psychologists, a change to paid reviews would completely wipe out all income that the journal makes for the Society for the Advancement of Psychotherapy. We would either have to discontinue the journal (removing a valuable publication outlet for researchers and a valuable science base for both researchers and those in practice), or start charging authors for their submissions (disadvantaging researchers who are early in their career, who do not have major grant funding, who do not have jobs in well-funded universities, and those in practice who conduct research). We need to provide opportunities to those who come after us.

Third, our professional organization can have the greatest impact when people volunteer. As President, I spend several hours every month working on Society initiatives and carrying out necessary tasks for our organization to function. It might seem fair for me to request say a $5,000 or $10,000 stipend in recognition for that work. That would be much less than the amount of money I would make if I was seeing clients or doing consulting work for an equivalent amount of time. But that money would have to come from somewhere. Perhaps we give out one or two less Gelso Grants each year or we cancel our AMPD scholars program. I would get financially recognized for the work I do, but our field would suffer because we get one or two less scientific discovery from the Gelso Grants or two less minority voices from the AMPD scholars program in future leadership positions. There are models to pay people for their work, but they come at a cost to our discipline. An excellent volunteer that I know is Dr. Kendra Westerhaus. She is a practicing psychologist in my community who was recently recognized with the American Psychological Association Karl F. Heiser Presidential Award for Advocacy. Every year she volunteers countless hours to state and federal advocacy efforts. Her efforts, paired with the efforts of others like her, have played import roles in several pieces of Idaho legislation, including PsyPACT participation, prescription privileges, and service extender roles. These benefits would not have happened if she had not stepped up and volunteered.

Last, volunteering creates a community and a sense of belonging (Dallimore et al., 2018; Jenkinson et al., 2013). For the past 15 years, I have been a reviewer for our Society's journal—Psychotherapy. I feel a connection to this journal and its success because of the volunteering that I do. I also frequently review for awards, grants, and conference presentations within the Society and have been on several different committees. Many of the close professional relationships that I

continued on page 5

currently have, came out of the volunteer work that I have done with others. While it was wonderful to get an award from Division 29 early in my career, it has been my free involvement over the years that has made the Society for the Advancement of Psychotherapy a professional home for me. In addition, research has illustrated that when we volunteer, we feel happier, have greater life satisfaction, and experience an increase in wellbeing as a result (Curry et al., 2018; Jenkinson et al., 2013). Personally, I often provide both paid and unpaid workshops on topics such as premature termination, student self-care, and working with client preferences. I ask for pay when the organization putting on the workshop charges attendees or makes money from my presentation in some way. However, when the organization does not experience a financial benefit, then I offer my services for free. Although the content of the workshops is the same whether or not I get paid, I often finish the paid workshops feeling drained and overworked; whereas I leave the volunteered ones feeling happy and satisfied with the contribution that I gave.

Conclusion

Our field as a whole and our professional organization in particular needs volunteers. Please join us in doing this important work. There are opportunities to mentor a student, present a webinar for free, review grant and award submissions, help out with committee initiatives, and more. Through these efforts you can give back, pass on, advance the profession, and join a community. If you are willing, we could use your help. If you would like more information on a volunteer opportunity within the Society for the Advancement of Psychotherapy, please contact me at : Joshua.Keith.Swift@gmail.com.

References

Curry, O. S., Rowland, L. A., Van Lissa, C. J., Zlotowitz, S., McAlaney, J., & Whitehouse, H. (2018). Happy to help? A systematic review and meta-analysis of the effects of performing acts of kindness on the well-being of the actor. *Journal of Experimental Social Psychology, 76*, 320-329. https://doi.org/10.1016/j.jesp.2018.02.014

Dallimore, D., Davis, H., Eichsteller, M., & Mann, R. (2018). Place, belonging and the
determinants of volunteering. *Voluntary Sector Review, 9*(1), 21-38.
https://doi.org/10.1332/204080518X15161941913849

Jenkinson, C., Dickens, A., Jones, K., Thompson-Coon, J., Taylor, R., Rogers, M., Bambra, C., & Richards, S. (2013). Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers. *BMC Public Health, 13*, 1–10. https://doi.org/10.1186/1471-2458-13-773

Soria, K. M., Troisi, J. N., & Stebleton, M. J. (2012). Reaching out, connecting within: Community service participation and sense of belonging among college students. *Higher Education in Review, February 2012,* 65 – 85. Retrieved from https://conservancy.umn.edu/server/api/core/bitstreams/e672e89b-b527-4bb1-b9de-c85f9f3651ce/content

Society for the Advancement of Psychotherapy

ELECTRONIC COMMUNICATION EDITOR'S COLUMN

Zoe Ross-Nash, PsyD

Happy Winter SAP!

Welcome to the *Winter* edition of the *Psychotherapy Bulletin*! As we wrapped up another volume of research, psychotherapy, and collaboration, the community engagement displayed by our division stood out to me the most this year! I am continually inspired by the breadth of work being shared across our professional community. This past year brought diverse submissions spanning clinical practice innovations, culturally informed perspectives, and explorations of therpeutic impact across varied populations.

As always, our goal is to elevate voices that deepen our collective understanding of psychotherapy and its role in advancing psychotherapy. I encourage all members to continue submitting manuscripts, commentaries, and book reviews. Your insights not only enrich our publication but also help shape the evolving dialogue within our field.

We also want to highlight the continued success of our initiatives aimed at expanding participation and connection. Our student engagement programs continue to grow with free student memberships, and we honor increased involvement at all career stages with multiple awards.

In *Psychotherapy Bulletin 61 (1)* look for special features that spotlight trauma informed care and niche topics like autism within eating disorders and divorced families. A heartfelt thank you to our editorial and communications teams for their tireless efforts and to you, our readers and contributors, for your commitment to advancing the science and art of psychotherapy.

For the three year, we are offering inspiration for submissions every month. Please see the schedule below for ideas regarding submissions. As a reminder, you are welcome to submit on any topic at any time.

January – "Reflecting on Clinical Practices: What Works?"
Begin the year by reviewing the therapeutic techniques and interventions that have been most effective in your practice. Explore new approaches or theories that could enhance your work in the coming year.

Prompt:
"Reflect on a recent case where a particular intervention or approach had a significant impact. How do you evaluate the efficacy of your therapeutic methods? Consider emerging research in the field—what changes, if any, do you plan to implement in your practice?"

February – "Cultural Competence and Inclusivity in Therapy"
In the spirit of inclusivity and cultural humility, focus on examining how cultural competence influences therapeutic outcomes and patient-clinician rapport. Discuss how you integrate cultural considerations into therapy.

Prompt:
"How do you ensure cultural competence in your clinical practice? Discuss an instance where cultural sensitivity played a critical role in treatment success, and consider how you can expand your cultural knowledge to provide more inclusive care."

March – "Trauma-Informed Care: Advances and Applications"
March is a time to focus on trauma-informed care and the ongoing devel-

continued on page 7

opment in trauma research. Examine the impact of trauma on your clinical work and any new evidence-based strategies for treating trauma survivors.

Prompt:
"Explore the integration of trauma-informed care into your practice. How have your approaches evolved over time, and what new findings in trauma research are you considering implementing into your treatment strategies?"

April – "Mindfulness and Psychotherapy: Research and Application"
This month, dive deep into the intersection of mindfulness practices and psychotherapy. Discuss how mindfulness-based interventions (MBIs) contribute to mental health treatment and review recent studies or trials.

Prompt:
"How have you incorporated mindfulness into your therapeutic practice? Review the latest studies on mindfulness-based interventions and explore how these practices might be integrated more effectively into your clinical approach."

May – "Supervision and Peer Support: Enhancing Clinical Skills"
This is a month to focus on the importance of clinical supervision, mentorship, and peer support. Discuss how collaboration with colleagues and ongoing supervision shapes your clinical growth and patient care.

Prompt:
"What role does supervision play in your professional development? Explore the value of peer consultations and supervisory relationships, and reflect on how feedback has influenced your therapeutic approach and clinical effectiveness."

June – "Ethical Dilemmas in Clinical Practice"
Ethics is a cornerstone of psychotherapy, and this month, you can reflect on challenging ethical dilemmas you've faced or explored within your practice. Engage with current ethical guidelines and dilemmas in psychotherapy.

Prompt:
"Discuss a complex ethical dilemma you've encountered in your clinical work. How did you navigate this situation, and what ethical guidelines or resources did you use? Explore any emerging ethical concerns in the profession."

July – "Attachment Theory and Its Practical Application"
Attachment theory continues to be a foundational framework for understanding client behavior and emotional responses. This month, reflect on how attachment styles manifest in your clinical practice and the treatment interventions that have proven successful.

Prompt:
"Examine how attachment theory informs your understanding of clients' behaviors and emotional responses. Share how you integrate attachment-based interventions into therapy and explore the latest research on attachment styles and their impact on mental health."

August – "Psychotherapy and Technology: Telehealth and Digital Tools"
With the rise of telehealth, this month invites you to explore the impact of digital platforms on psychotherapy. Consider how technology can enhance or challenge the therapeutic process, and reflect on recent developments in telepsychology.

continued on page 8

Prompt:
"How has the integration of telehealth and digital tools shaped your clinical practice? Reflect on the benefits and challenges of conducting therapy remotely, and explore any recent research or technological innovations that enhance therapeutic effectiveness."

September – "Personality Disorders: Diagnosis, Treatment, and Challenges"
This month focuses on the complexities of working with individuals with personality disorders. Reflect on current diagnostic criteria, treatment challenges, and new approaches to working with these clients.

Prompt:
"Discuss the latest diagnostic and treatment trends for personality disorders in psychotherapy. How do you approach therapy for clients with personality disorders, and how do you balance diagnostic criteria with individualized care?"

October – "The Role of Transference and Countertransference in Therapy"
Transference and countertransference continue to be central concepts in psychoanalytic and psychodynamic approaches. This month, examine how you manage these dynamics in your therapeutic relationships.

Prompt:
"Reflect on the role of transference and countertransference in your work with clients. How do you navigate these complex dynamics, and how have these concepts influenced your approach to therapy? Discuss any recent research or literature on the subject."

November – "Psychopharmacology and Psychotherapy: Bridging the Gap"
As mental health treatment often involves both psychotherapy and medication, this month you can explore how to collaborate with psychiatrists and other healthcare providers to ensure comprehensive care for clients.

Prompt:
"Discuss the role of psychopharmacology in the treatment of your clients. How do you collaborate with psychiatrists or other medical professionals in managing medications, and what challenges do you face in integrating medication and therapy?"

December – "Reflections on Clinical Supervision and Continuing Education"
As the year ends, reflect on your own ongoing professional development, including supervision, continuing education, and engagement with clinical research. Consider what you learned this year and where you wish to grow next.

Prompt:
"Review your professional development over the past year. How has supervision, continuing education, and participation in scholarly activities shaped your practice? Identify areas for growth in the upcoming year, and consider new clinical skills or knowledge you'd like to gain."

Please feel free to reach out at *editor@societyforpsychotherapy.org* with ideas for future issues or to share your accomplishments. We're always eager to hear from you.

Society for the Advancement of Psychotherapy

FEATURE

Influence of Autism Diagnosis on Anorexia Nervosa Pathology and Prognosis

Fiona Hollings, BS
Maria Ortiz, MS, LMHC, CEDS
Zoe Ross-Nash, PsyD

My Story: Development Through the Lifespan

I was a happy child, with many saying I was quirky, in my own world, but appeared content to be there. However, as I got older, I noticed increasing turbulence in how I was feeling, becoming far more aware of feeling different. It felt like everyone around me got a book of how to behave in social situations, what to say, how to act, how to dress… and I did not get a copy. Autistic women often report a vulnerability when it comes to social interactions, leading to burnout from difficulties navigating such situations. Brede et al. (2020) reported that autistic women experiencing eating disorders described long-term struggles pertaining to navigating social settings and expectations contributing to poor mental health. This study additionally found that all 44 autistic women participants reported having long-term struggles as it pertains to navigating social settings and expectations.

I wanted to fit in and to be accepted, so I copied those around me in a desperate attempt to fit in, be accepted, and get it right. I do not think I ever achieved this and I really started to struggle. Social rejection is a risk factor for depression for individuals with autism, as is camouflaging, more commonly known as masking (Cage et al., 2018). According to the National Autistic Society (n.d.), masking is commonly (consciously or unconsciously) used by autistic people to appear neurotypical.

As I got older, these difficulties—or differences—grew more noticeable and my mental health began to decline. I was constantly anxious, especially in social situations, and felt exhausted from trying to uphold a mask and be the person I thought I needed to be. This is not uncommon for autistic people with studies indicating prevalence rates of children who are autistic and experience a comorbid anxiety disorder anywhere between 11-84% (White et al., 2009). As soon as I was alone and the mask would drop, I experienced intense overwhelm and would shut down, worsening my self-esteem and self-concept, and making me feel even worse about myself.

Social Impacts of Neurodivergence

The pressure of school became unmanageable and my perfectionistic tendencies spun out of control. While perfectionism and obsessive-compulsive disorders (OCD) are not mutually exclusive, they do have overlapping qualities, similarly to how OCD symptoms can overlap with qualities and features of autism (Postorion et al., 2017). I struggled to make or keep any friends, struggled to relate to anyone around me and whilst I desperately tried to keep up with what was trendy, fashionable, and what I felt I should be

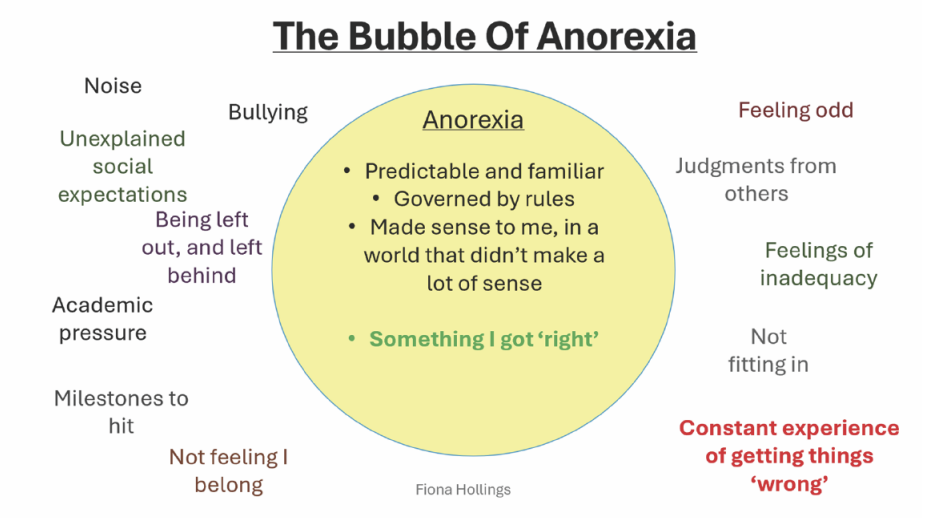
continued on page 10

interested in, I wasn't. This aligns with the overarching reported experience with being autistic, highlighting the impact of feeling like you're "failing" in society, and that your differences may even be your fault (Brede et al., 2020).

I became a target for bullies because I was easy. I didn't react to their attacks; just lowered my head and willed myself to be invisible. I stopped speaking, hid away, and wanted to disappear. No matter how hard I tried, I felt broken and fundamentally flawed as a person. Feeling a lack in a sense of self and identity is often a catalyst for autistic individuals to begin copying or mirroring those around them to fit in. Autistic individuals may also make their body, their nutritional intake, and/or their dynamic with food as impressive or as perfect as possible in an effort to counteract the feelings of not fitting in or being good enough for the neurotypical society (Brede et al., 2020). I had become so shut down, internalized, and unreachable. My mental health hit rock bottom when I became utterly convinced that I was not fit to live in this world anymore. Autistic individuals are more prone to bullying with factors such as geographic location and school setting shown to impact the frequency and severity of bullying incidents. Occurrence rates of various types of bullying are estimated to be around 10% for physical bullying, 45% for verbal bullying, and 15% for relational bullying (Maïano et al., 2016).

Progression: Eating Disorder Diagnosis

Anorexia came into my life rapidly and aggressively. Autistic individuals may be highly susceptible to the egosyntonic nature of the pathology of anorexia nervosa due to their receptiveness to the functional components of eating disorders that combat longstanding psychological distress (Gregersten et al., 2017). I quickly spiraled from a normal relationship with food to needing crisis intervention. The anorexia felt like I had finally found a way to cope. The image below is a self-created depiction of how anorexia felt for me (Hollings, 2025).



continued on page 11

It felt like a bubble.

On the outside were all the things I did not feel able to manage: the loudness, brightness and vividness of life, the building academic and social pressures I did not feel capable of keeping up with, not fitting in, not feeling I belonged. Most of all, however, was the chronic feeling of getting things wrong and subsequently being wrong as a person. This experience highlights why autistic individuals tend to seek out or respond to the mechanism of escaping negative emotions. As the experience is so dire, relief from the experience feels imperative (Gregersten et al., 2017).

The bubble that anorexia provided was a stark opposite of the outside world. Instead of multiple layers of chaos, noise and confusion, there was just one commanding voice—anorexia. The bubble was predictable and routine, governed by rules and providing a sense of structure. It felt simpler: anorexia commanded something, I obeyed, and anorexia was happy. And that felt like I could finally do something right. Studies show that autistic individuals are seeking a reclamation of control, structure, and guidelines in their life, all of which the anorexia nervosa portrays to provide (Gregersten et al., 2017). Unfortunately, these functions of the disorder do not last. The bubble wasn't safe for long and it quickly became suffocating. I was trapped, though at the time it felt like a safe haven.

It was never about weight, weight loss, or body image for me. Losing weight felt like a side effect to behaviors I felt compelled to do as part of my routine or rituals. When I first entered treatment, they spoke about body dysmorphia and body positivity at a healthy weight. This was something I did not experience, leading me to feel like I was also getting treatment wrong, further perpetuating the feelings of wrongness. This is in alignment with other autistic individuals' experiences who feel the uniqueness of their co-occurring presentation with autism spectrum disorder and anorexia nervosa is not being tailored to by standard eating disorder treatment (Kinnaird et al., 2019).

Through a biopsychosocial lens, there may also be a biological component to the likelihood of these two disorders with oxytocin being a mediating factor. Research indicates that when looking at autistic groups, there is a high ratio between oxytocin synthesis to the nonapeptide oxytocin, showing the overall imbalance of this system. When looking at the cerebrospinal fluid of women with anorexia, oxytocin is much lower than it is for individuals with bulimia and for individuals in the control group (Odent, 2010).

Progression: Autism Diagnosis

During my adolescence, I endured many hospital admissions due to my mental health with lengthy stays, robust medication regimens, invasive interventions, and an overall traumatizing treatment experience, especially for an undiagnosed autistic person. With early diagnosis of autism influencing positive overall mental health outcomes, the lack of diagnosis at this age may have significantly impacted the efficacy and prognosis of treatment methods at this time (Brown et al., 2024).

Through it all, I continued to learn; I learned what helped me and what did not help me. I learned what to do and what not to do when I struggled. I didn't know it then, but most of these were adaptations for autism. Autism had been mentioned a couple of times, but I had quickly dismissed it based on the narrow stereotype I had of autism. There is an array of perspectives and reactions

continued on page 12

associated with diagnosing autism spectrum disorder, with one study showing that 40% of diagnosed individuals feeling dissatisfied with this diagnosis at the time (Crane, 2018).

In the meantime, I finally managed to get home and even started university. On the surface, I looked better. But the feeling of being broken and inherently flawed remained. During this time, the thought of being autistic grew and I finally did my research. I read books and blog posts, learning about the spectrum, and it finally felt like something made sense. I spoke to my psychiatrist about it and we agreed. An accurate diagnosis and thorough assessment of clinical presentation allow for tailored interventions to meet functional needs, influencing prognosis with adequate reference to etiology (Tchanturia et al., 2013).

Since receiving an accurate diagnosis, I have not been readmitted since. During my assessment, the psychiatrist said something to me that will stay with me for the rest of my life: "There is nothing wrong with you, you are autistic. You have a different way of experiencing and processing the world, yes. Different; not wrong."

Small Changes, Big Impact

This meant I needed a different approach to eating disorder recovery. My treatment team created and adhered to a structured plan with consistency in time, place, and support. I had more time to process changes and accommodations were made for my sensory needs. We focused on having an emphasis on enough food and not necessarily on variety. This is an example of a more systematic approach that allows for adaptations to standard treatment methods or goals, which is a treatment need for this population (Kinnaird et al., 2019).

Discovering I am autistic saved my life. Fatal outcomes are influenced by perceived social functioning levels, something that is known to be disrupted for autistic individuals (Zucker et al., 2007). This compounds with the known mortality rates associated with eating disorders both by physiological complications and suicide. It has helped me and those close to me better understand my experience of the world. It has led to small adjustments in my day-to-day life that have improved how I regulate myself and reduce the feeling of being wrong. It is very much a journey and unmasking will take time. Learning who I truly am will take time, as will healing the younger version of myself who was distressed for much of my life with no understanding of why I felt the way I did. However, armed with a greater understanding of autism, I am healing. I am four years out of hospital and six years out of mental health institution admissions. I have recently completed my psychology degree, spoken at international conferences, delivered trainings across the country, and am an autistic champion for the United Kingdom Parliament. I cannot go back and change what I have been through, but I am determined to ensure others do not experience the same. I celebrate being different. As one of my favorite quotes by Dr. Seuss states, "Why fit in when you were born to stand out?" (Easy Bib, 2020).

References

Brede, J., Babb, C., Jones, C., Elliot, M., Zanker, C., Tchanturia, K., Serpell, L., Fox, J., & Mandy, W. (2020). "For me, the anorexia is just a symptom, and the cause is the autism": Investigating restrictive eating disorders in autistic women. *Journal of Autism and Developmental Disorders*, 50, 4280–4296. https://doi.org/10.1007/s10803-020-04479-3

continued on page 13

Brown, C. M., Hedley, D., Hooley, M., Hayward, S. M., Fuller-Tyszkiewicz, M. Krug, I., & Stokes, M. A. (2024). Hiding in plain sight: Eating disorders, autism, and diagnostic overshadowing in women. *Autism in Adulthood*. https://doi.org/10.1089/aut.2023.0197

Cage, E., Di Monaco, J., & Newell, V. (2018). Experiences of autism acceptance and mental health in autistic adults. *Journal of Autism and Developmental Disorders*, *48*(2), 473–484.

Crane, L., Batty, R., Adeyinka, H., Goddard, L., Henry, L. A., & Hill, E. (2018). Autism diagnosis in the United Kingdom: Perspectives of autistic adults, parents and professionals. *Journal of Autism and Developmental Disorders*, 48, 3761–3772. https://doi.org/10.1007/s10803-018-3639-1

Easy Bib. (2020, November). *Dr. Seuss quotes and facts.* https://www.easybib.com/guides/quotes-facts-stats/dr-seuss/

Gregersten, E., Mandy, W., & Serpell, L. (2017). The egosyntonic nature of anorexia: An impediment to recovery in anorexia nervosa treatment. *Frontiers in Psychology*, 8. https://doi.org/10.3389/fpsyg.2017.02273

Hollings, F. (2025). *The bubble of anorexia* [Infographic]. [Unpublished image].

Kinnaird, E., Norton, C., Stewart, C., & Tchanturia, K. (2019). Same behaviours, different reasons: What do patients with co-occurring anorexia and autism want from treatment? *International Review of Psychiatry*, *31*(4), 308–317. https://doi.org/10.1080/09540261.2018.1531831

Maïano, C., Normand, C. L., Salvas, M. C., Moullec, G., & Aime, A. (2016). Prevalence of school bullying among youth with autism spectrum disorders: A systematic review and meta-analysis. *Autism Research*, *9*(6), 601–615. https://doi.org/10.1002/aur.1568

National Autistic Society. (n.d.). *Masking*. https://www.autism.org.uk/advice-and-guidance/topics/behaviour/masking

Odent, M. (2010). Autism and anorexia nervosa: Two facets of the same disease? *Medical Hypotheses, 75*(1), 79–81. https://doi.org/j.mehy.2010.01.039

Postorino, V., Kerns, C. M., Vivanti, G., Bradshaw, J., Siracusano, M., & Mazzone, L. (2017). Anxiety disorders and obsessive-compulsive disorder in individuals with autism spectrum disorder. *Current Psychiatry Reports, 19*(12), 92.

Tchanturia, K., Smith, E., Weineck, F., Fidanboylu, E., Kern, N., Treasure, J., & Cohen, S. B. (2013). Exploring autistic traits in anorexia: A clinical study. *Molecular Autism, 4*(1), 44. https://doi.org/10.1186/2040-2392-4-44

White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clinical Psychology Review*, *29*(3), 216–229.

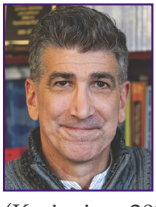
Zucker, N. L., Losh, M., Bulik, C. M., LaBar, K. S., Piven, J., & Pelphrey, K. A. (2007). Anorexia nervosa and autism spectrum disorders: Guided investigation of social cognitive endophenotypes. *Psychological Bulletin, 133*(6), 976–1006. https://doi.org/10.1037/0033-2909.133.6.976

Society for the Advancement of Psychotherapy

FEATURE

Reconsidering the Evidence for Exploratory Psychotherapies and Relational Processes

Charalampos Risvas, MSc
Zhiyaho Kong, MA
J. Christopher Muran, PhD



Introduction

Insight and experience have served as organizing principles in the evolution of psychotherapy and have remained fundamental across therapeutic modalities. This is perhaps unsurprising as Albert Ellis and Aaron Beck, two major figures in the development of cognitive psychotherapies, were originally trained in psychoanalysis, while Carl Rogers, who pioneered the humanistic orientation, drew significantly from early analytic experimentations by Sándor Ferenczi and Otto Rank (Kariagina, 2018). Despite these shared roots, the field is marked by diversity in how change is understood. Insights may refer to internal conflicts, irrational beliefs, or dissociated states and may draw from historical experiences or emerge through present-moment awareness.

Evidence-based practice is the integration of the best available research, clinician expertise, and patient preferences (American Psychological Association Presidential Task Force, 2006), yet each pillar remains complex and uniquely impacted by various obstacles. Research findings often face validity limitations, clinician expertise remains vulnerable to bias, and patient preferences may be constrained by misinformation and systemic access issues (Advisory Steering Committee, 2024).

This paper examines the empirical support for analytic and humanistic therapies, focusing on treatment outcomes (do these approaches work?) and change processes (how do they work?). We will advocate for a more inclusive conceptualization of therapeutic evidence that values depth, relationality, and responsiveness.

Efficacy of Psychodynamic Psychotherapies

A growing body of meta-analytic evidence demonstrates that psychoanalytically informed therapy and psychodynamic therapy (PDT) are effective approaches for treating depression, anxiety, trauma, somatic symptoms, and personality disorders with therapeutic gains sustained at follow-up (Barber et al., 2021; Leichsenring et al., 2023). Finally, despite clinical guidelines favoring cognitive behavioral therapy for posttraumatic stress disorder, PDT is often preferred for its tolerability when treating complex trauma. PDT seeks to facilitate meaning-making in relation to the traumatic event and to foster acceptance of the trauma and to the behaviors stemming from it (Paintain & Cassidy, 2018). These findings support PDT as a first-line treatment option. Its emphasis on emotional insight and the therapeutic relationship may be particularly well-suited to individuals with complex, recurrent, or treatment-resistant presentations.

continued on page 15

Pluralism in Psychodynamic Modalities

PDT encompasses a diverse set of approaches for brief treatment protocols, tailored to various presentations and goals. Highlighted below are several manualized models evaluated through repeated clinical trials.[1]

Supportive-Expressive Psychotherapy (SE; Barber et al., 2021; Luborsky, 1984)

- Treatment focus: Increasing self-reflection and recognizing recurring interpersonal patterns.
- Therapist action: Assists patients with identifying core conflictual relationship themes and links them to current relational struggles, balancing supportive and expressive interventions.

Panic-Focused Psychodynamic Psychotherapy (PFPP; Barber et al., 2021; Milrod et al., 1997**)**

- Treatment focus: Understanding the psychodynamic underpinnings of panic and its consequences.
- Treatment focus: Understanding the Therapist action: Interprets unconscious meanings of panic symptoms, explores conflicts around separation, autonomy, and anger, and works through their manifestations in the transference.

Mentalization-Based Therapy (MBT; Barber et al., 2021; Bateman & Fonagy, 2016)

- Treatment focus: Understanding the Treatment focus: Strengthening the capacity to understand self and others in terms of mental states.
- Treatment focus: Understanding the Therapist action: Actively scaffolds mentalizing by modeling curiosity, clarifying misunderstandings, and keeping affect at a tolerable level in interactions.

Transference-Focused Psychotherapy (TFP; Barber et al., 2021; Yeomans et al., 2015)

- Treatment focus: Understanding the Treatment focus: Restructuring internalized object relations and improving affect regulation.
- T• Treatment focus: Understanding the herapist action: Interprets split representations as they emerge in the transference, confronting polarization, and fostering integration of self-states.

Experiential Dynamic Therapies (EDT; Lilliengren et al., 2025; Osimo & Stein, 2012)

- Treatment focus: Understanding the Treatment focus: Unlocking unconscious affect and reducing maladaptive avoidance.
- Treatment focus: Understanding the Therapist action: Directly mobilizes emotion by challenging defenses, encouraging a full experiencing of feeling, and monitoring anxiety regulation.

Interpersonal Therapy (IPT; Cuijpers et al., 2016; Klerman & Weissman, 1994)[2]

- Treatment focus: Understanding the Treatment focus: Linking psychological distress to interpersonal functioning and role transitions.
- Treatment focus: Understanding the Therapist action: Collaboratively develops an interpersonal formulation, clarifies role disputes/changes, and applies attachment-based strategies within a time-limited frame.

continued on page 16

[1] There are other promising manualized models tested in single trials (Lemma et al., 2024; Safran & Muran, 2000).

[2] Though there has been some debate about whether IPT should be considered dynamic, it can be understood as integrative with roots in interpersonal psychoanalysis and attachment theory.

Efficacy of Psychoanalysis

Although psychoanalysis remains the most intensive among the depth-oriented treatments, existing research indicates it can produce significant improvements, especially for treatment-resistant conditions (Ambresin et al., 2023). It should also not be considered monolithic, as therapeutic action is variably conceptualized—from drive/conflict (insight-oriented) to relational/attachment (experience-oriented) models.

In a meta-analysis of 14 studies (de Maat et al., 2013), substantial and lasting change was shown in cases of persistent, complex psychopathology. In specific, robust effects were observed in symptom reduction and social and personality functioning improvements, both immediately after termination and at follow-up. However, methodological challenges were noted, including session frequency, treatment length, and lack of randomized control groups. In such meta-analyses, it is underscored that psychoanalytic studies usually rely on small cases or individual reports instead of large samples, while they lack a uniform standard to facilitate recruitment of psychoanalysts. In addition, longitudinal studies face specific obstacles considering the number of sessions, time, and funding costs for research.

Further, standard measures may not fully capture changes expected in psychoanalysis. Thus, researchers have advocated for greater emphasis on such variables as patient-therapist dynamics, affect regulation, and narrative identity (Leuzinger-Bohleber et al., 2016). In sum, while traditional efficacy research has limitations in evaluating psychoanalysis, existing data and theoretical coherence support its continued relevance. This is especially true for individuals seeking depth, self-understanding, and lasting change.

Humanistic-Experiential Psychotherapies

Humanistic-experiential psychotherapies (HEP) emphasize the centrality of the therapeutic relationship, emotional processing, and personal growth. HEPs aim to foster authenticity, self-awareness, and emotional integration. These therapies are rooted in person-centered values that prioritize experience, agency, and empathy over diagnosis (Greenberg et al., 1998).

A comprehensive meta-analysis of 91 studies found that HEPs are effective across a range of presenting problems (Elliott et al., 2021). They yielded significant gains and HEPs also outperformed treatment-as-usual (namely the non-standardized routine care that patients would normally receive outside the study). Generally, this approach results in significant pre- to post-treatment changes and tends to be more effective compared to groups without treatment. In the comparison study with other active therapies, HEPs were found to be statistically and clinically equivalent (Elliot, 2021). Among the subtypes, emotion-focused therapy (EFT: Greenberg, 2015**)** emerged as particularly effective, especially for interpersonal difficulties (e.g., unresolved relationship issues, social anxiety, high functioning autism).

Another review of 17 studies supported these findings. In this meta-analysis, Duffy and colleagues (2024) raised concerns about the comparisons of CBT to non-bona fide HEPs in some studies, —often supportive modalities delivered with limited therapeutic intent—which might have biased results undervaluing the effectiveness of bona-fide HEPs. These limitations underscore the need for high-quality randomized controlled trials (RCT) with balanced comparisons and fidelity to treatment models.

continued on page 17

Nevertheless, the existing evidence affirms HEPs as empirically supported modalities, particularly for patients seeking emotionally-attuned, relational, and process-oriented treatment.

Change Processes, Facilitating Factors, and Therapist Responsiveness

While treatment modality has important implications for treatment outcomes, common relational processes consistently emerge as key predictors (and mechanisms) of change across orientations (Elliott et al., 2023). These processes highlight the interactive nature of psychotherapy and offer a complementary lens to symptom-based efficacy research. It is here that analytic and humanistic principles in particular garner empirical support.

Among the change process variables, the therapeutic relationship is most notable. Meta-analyses on the patient-therapist alliance—often defined as purposeful collaboration and attaining an affective bond (Muran, 2022)—support the therapeutic relationship as a predictive link to outcome (Flückiger et al., 2018). A systematic review has also implicated the alliance as a causal change mechanism (Baier et al., 2020).

A second generation of alliance research has studied therapeutic ruptures (e.g., disagreements) as critical markers (Muran, 2019; Muran & Eubanks, 2020; Safran & Muran, 2000). When identified and addressed, ruptures can serve as opportunities for corrective (or new) relational experiences. A meta-analysis of 11 studies found rupture repair episodes to predict successful treatment outcomes and across various orientations (Eubanks et al., 2018). There is also research demonstrating the effect of training therapists in this respect, namely with regard to alliance building and rupture repair (Muran, 2019). One model in particular, alliance-focused training (AFT: American Psychological Association Emotion Regulation Working Group, 2024), has demonstrated significant promise in improving in-session interpersonal processing related to session impact and treatment outcome (Muran et al., 2018).

Relatedly, therapist responsiveness (i.e., attunement to relational dynamics) is a critical variable. One meta-analytic synthesis (Norcross & Lambert, 2019) identified facilitating factors such as empathy, affirmation, genuineness, and cultural sensitivity as significantly predicting better outcomes. They argue that these factors operate interdependently and are fundamental to responsiveness and efficacy. Empirical research has also consistently identified emotional insight and emotion regulation as critical change processes (American Psychological Association Emotion Regulation Working Group, 2024; Peluso & Freund, 2018). Other studies indicate a strong alliance and high therapist responsiveness can create nurturing conditions for emotional exploration (Elliott et al., 2023; Malin & Pos, 2015).

The change process literature underscores the centrality of the therapeutic relationship—long emphasized by analytic and humanistic traditions—as a key determinant of how psychotherapy is conducted, from alliance formation to rupture repair and through the therapist's responsiveness to patient's needs and experiences. This literature also demonstrates the basis for psychotherapy integration and the impossibility of setting definite boundaries between treatment modalities.

Call for Pluralism and Inclusion

The growing body of research on analytic and humanistic therapies offers clear evidence that depth-oriented, relational approaches are both effective

continued on page 18

and enduring. Yet these therapies remain underrepresented in clinical guidelines, funding priorities, and mainstream academic discourse. This imbalance reflects a misalignment between the values embedded in dominant research paradigms and those upheld by relational and experiential therapies. RCT-focused guidelines privilege short-term symptom models, marginalizing relational therapies and qualitative research despite their capacity to illuminate nuanced therapeutic dynamics and patient experiences.

As noted in a number of initiatives (Advisory Screening Committee, 2024; Levitt et al., 2024), comprehensive evidence-based practice must encompass multiple ways of knowing. This includes recognizing the cultural, relational, and contextual dimensions of therapy and continuous research that reflects diverse orientations. Overrepresentation of certain samples and neglect of culturally sensitive interventions highlight the need to address systemic biases within psychotherapy research.

Therefore, methodological pluralism is clinically necessary. A robust evidence base must account for the range of human experiences and many pathways to change. Integrating qualitative inquiry, prioritizing process research, and supporting therapies that emphasize depth of exploration are essential steps toward a more inclusive and scientifically grounded future. The question is not whether depth-oriented therapies are effective, but rather whether our systems of evaluation are expansive and equitable enough to recognize the full spectrum of therapeutic change.

References

Advisory Steering Committee. (2024, November). *Statement on the evidentiary bases of clinical practice guidelines*. American Psychological Association. https://www.apa.org/about/offices/directorates/guidelines/evidentiary-basis-statement

Ambresin, G., Leuzinger-Bohleber, M., Fischmann, T., Axmacher, N., Hattingen, E., Bansal, R., & Peterson, B. S. (2023). The multi-level outcome study of psychoanalysis for chronically depressed patients with early trauma (MODE): Rationale and design of an international multicenter randomized controlled trial. *BMC Psychiatry, 23*(1), 844. https://doi.org/10.1186/s12888-023-05287-6

American Psychological Association Emotion Regulation Working Group. (2024). *Proposal to develop a clinical practice guideline on emotion regulation: Final report*. American Psychological Association. https://doi.org/10.31234/osf.io/g627d

American Psychological Association Presidential Task Force. (2006). Evidence-based practice in psychology. American Psychological Association. *American Psychologist, 61*(4), 271–285. https://doi.org/10.1037/0003-066X.61.4.271

Baier, A. L., Kline, A. C., & Feeny, N. C. (2020). Therapeutic alliance as a mediator of change: A systematic review and evaluation of research. *Clinical Psychology Review, 82*, 1019. https://doi.org/10.1016/j.cpr.2020.101921

Barber, J. P., Muran, C. J., McCarthy, K. S., Keefe, J. R., & Zilcha-Mano, S. (2021). Research on dynamic therapies. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed., pp. 387–419). John Wiley & Sons.

Bateman, A., & Fonagy, P. (2016). *Mentalization-based treatment for personality disorders: A practical guide*. Oxford University Press.

Cuijpers, P., Donker, T., Weissman, M. M., Ravitz, P., & Cristea, I. A. (2016).

continued on page 19

Interpersonalpsychotherapy for mental health problems: A comprehensive meta-analysis. *American Journal of Psychiatry, 173*(7), 680–687. https://doi.org/10.1176/appi.ajp.2015.15091141

de Maat, S., de Jonghe, F., de Kraker, R., Leichsenring, F., Abbass, A., Luyten, P., Barber, J. P., Van, R., & Dekker, J. (2013). The current state of the empirical evidence for psychoanalysis: A meta-analytic approach. *Harvard Review of Psychiatry, 21*(3), 107–137. https://doi.org/10.1097/HRP.0b013e318294f5fd

Duffy, K. E. M., Simmonds-Buckley, M., Haake, R., Delgadillo, J., & Barkham, M. (2024). The efficacy of individual humanistic-experiential therapies for the treatment of depression: A systematic review and meta-analysis of randomized controlled trials. *Psychotherapy Research*, *34*(3), 323–338. https://doi.org/10.1080/10503307.2023.2227757

Elliott, R., Bohart, A., Larson, D., Muntigl, P., & Smoliak, O. (2023). Empathic reflection. In C. E. Hill & J. C. Norcross (Eds.), *Psychotherapy skills and methods that work* (pp. 99–137). Oxford University Press.

Elliott, R., Watson, J. C., Timulak, L., & Sharbanee, J. (2021). Research on humanistic-experiential psychotherapies: Updated review. In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (7th ed., pp.421–467). Wiley.

Eubanks, C. F., Muran, J. C., & Safran, J. D. (2018). Alliance rupture repair: A meta- analysis. *Psychotherapy*, *55*(4), 508–519. https://doi.org/10.1037/pst0000185

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

Greenberg, L. S. (2015). *Emotion-focused therapy*. American Psychological Association.

Greenberg, L. S., Watson, J. C., & Lietaer, G. (Eds.). (1998). *Handbook of experiential psychotherapy*. Guilford Press.

Kariagina, T. D. (2018). Where empathy in psychotherapy originated: C. Rogers, his psychoanalytic predecessors and followers. *Journal of Russian & East European Psychology, 54*(6), 498–526. https://doi.org/10.1080/10610405.2017.1448183

Klerman, G. L., & Weissman, M. M. (1994). *Interpersonal psychotherapy of depression: A brief, focused, specific strategy*. Jason Aronson, Inc.

Leichsenring, F., Abbass, A., Heim, N., Keefe, J. R., Kisely, S., Luyten, P., Rabung, S., & Steinert, C. (2023). The status of psychodynamic psychotherapy as an empirically supported treatment for common mental disorders: An umbrella review based on updated criteria. *World Psychiatry*, *22*(2), 286–304. https://doi.org/10.1002/wps.21104

Lemma, A., Hepworth, M., Fonagy, P., Luyten, P., & Abrahams, D. (2024). *Brief dynamic interpersonal therapy*. Oxford University Press.

Leuzinger-Bohleber, M., Kallenbach, L., & Schoett, M. J. S. (2016). Pluralistic approaches to the study of process and outcome in psychoanalysis. The LAC depression study: A case in point. *Psychoanalytic Psychotherapy, 30*(1), 4–22. https://doi.org/10.1080/02668734.2015.1107123

Levitt, H. M., Hamburger, A., Hill, C. E., McLeod, J., Pascual-Leone, A., Timulak, L., Buchholz, M. B., Frommer, J., Fuertes, J., Iwakabe, S.,

continued on page 20

Martínez, C., Morrill, Z., Knox, S., Langer, P., Muran, J. C., Weie Oddli, H., Řiháček, T., Tomicic, A., & Tuval-Mashiach, R. (2025). Broadening the evidentiary basis for clinical practice guidelines: Recommendations from qualitative psychotherapy researchers. *American Psychologist*, *80*(3), 389–410. https://doi.org/10.1037/amp0001363

Lilliengren, P., Mechler, J., Lindqvist, K., Maroti, D., & Johansson, R. (2025). The efficacy ofexperiential dynamic therapies: A 10-year systematic review and eta□analysis update. *Clinical Psychology & Psychotherapy*, *32*(3), e70086. https://doi.org/10.1002/cpp.70086

Luborsky, L. (1984). *Principles of psychoanalytic psychotherapy: A manual for supportive-expressive treatment*. Basic Books.

Malin, A. J., & Pos, A. E. (2015). The impact of early empathy on alliance building, emotional processing, and outcome during experiential treatment of depression. *Psychotherapy Research, 25*(4), 445–459. https://doi.org/10.1080/10503307.2014.901572

Milrod, B., Busch, F. N., Cooper, A., & Shapiro, T. (1997). *Manual of panic-focused psychodynamic psychotherapy*. American Psychiatric Press.

Muran, J. C. (2019). Confessions of a New York rupture researcher: An insider's guide and critique. *Psychotherapy Research, 29*(1), 1–14. https://doi.org/10.1080/10503307.2017.1413261

Muran, J. C. (2022). The alliance construct in psychotherapies: From evolution to revolution in theory and research. *World Psychiatry 21*(2), 308–309. https://doi.org/10.1002/wps.20973

Muran, J. C., & Eubanks, C. F. (2020). *Therapist performance under pressure: Negotiating emotion, difference, and rupture*. American Psychological Association.

Muran, J. C., Safran, J. D., Eubanks, C. F., & Gorman, B. S. (2018). The effect of alliance-focused training cognitive-behavioral therapy for personality disorders. *Journal of Consulting and Clinical Psychology*, *86*(4), 384–397. https://doi.org/10.1037/ccp0000284

Norcross, J. C., & Lambert, M. J. (Eds.). (2019). *Psychotherapy relationships that work: Volume 1: Evidence-based therapist contributions*. Oxford University Press.

Osimo, F., & Stein, M. J. (2012). *Theory and practice of experiential dynamic psychotherapy*. Karnac Books.

Paintain, E., & Cassidy, S. (2018). First-line therapy for post-traumatic stress disorder: A systematic review of cognitive behavioural therapy and psychodynamic approaches. *Counselling and Psychotherapy Research*, *18*(3), 237–250. https://doi.org/10.1002/capr.12174

Peluso, P. R., & Freund, R. R. (2018). Therapist and patient emotional expression and psychotherapy outcomes: A meta-analysis. *Psychotherapy, 55*(4), 461–472. https://doi.org/10.1037/pst0000165

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

Yeomans, F. E., Clarkin, J. F., & Kernberg, O. F. (2015). *Transference-focused psychotherapy for borderline personality disorder: A clinical guide*. American Psychiatric Press.

FEATURE

The Impact of Divorce on Families and Therapeutic Resolutions

Samer Shebak, MA

Divorce disrupts family structures and emotional bonds, creating lasting effects for both children and parents. It alters roles, routines, and relationships within the family system and impacts each family member differently. This paper explores the psychological and interpersonal impacts of divorce, especially on children and parents, and outlines therapeutic methods to support post-divorce adjustment. The discussion includes relevant theories and interventions like play therapy and co-parenting programs that can help rebuild communication and emotional well-being.

Impact of Divorce on Children

Young children, and preschool-age children in particular, are vulnerable to psychological distress following divorce due to limited emotional regulation and their cognitive development (Krasniqi, 2023). They may exhibit challenges such as aggression, withdrawal, sleep disturbances, and learning difficulties. These problems can stem from disrupted routines, inconsistent parental presence, and exposure to their parents' problems and conflicts. Lansford (2009) notes that children of divorced parents often show higher rates of anxiety, depression, academic difficulties, and social struggles such as difficulties forming friendships, increased conflict with peers, or feelings of isolation in group settings However, the severity of outcomes depends more on factors like parental conflict, emotional availability, and economic hardship than the divorce itself. Some children benefit from reduced exposure to high-conflict environments post-divorce and adjust well once stability is restored. Greenberg et al. (2023) emphasized that children in high-conflict divorces often experience psychosomatic symptoms such as headaches and stomachaches. These arise when caregivers neglect emotional communication, causing children to express stress physically. In such cases, children may internalize blame, develop avoidance behaviors, and struggle with long-term emotional development.

Impact of Divorce on Parents

High-conflict divorces also take a psychological toll on parents. These divorces are characterized by frequent hostility, poor communication, and prolonged legal disputes that are often marked by repeated litigation, verbal aggression, and ongoing power struggles between parents (Smyth & Moloney, 2019). Guyette et al. (2025) found that parents in these dynamics often experience decreased life satisfaction, increased stress, and inconsistent patterns of parenting behaviors. Negative behaviors, like criticizing the co-parent in front of their children, can greatly hinder collaborative co-parenting efforts and may harm the children's adjustment to the new dynamic. Economic challenges and mental health issues like depression compound parental distress (Lansford, 2009; Pedro-Carroll, 2010). Smyth and Moloney (2019) observed that emotionally overwhelmed parents often become less available to their children, resulting in strained relationships. From a psychoanalytic perspective, Donner (2006) argues that unconscious psychological vulnerabilities, such as narcissism and envy, can drive hostile custody dis-

continued on page 22

putes. Parents may view losing custody as a threat to their identity, prompting destructive behaviors masked as concern for their child's welfare. Standard interventions may not suffice in such cases because they focus on surface-level conflict management without addressing the deeper psychological vulnerabilities driving hostility. As Donner (2006) explains, unresolved attachment wounds, narcissistic injuries, and unconscious envy can sustain destructive behaviors, making psychoanalytically informed therapy necessary to resolve these underlying dynamics. Amato (2000) highlights that the transition to single parenthood can reduce happiness, self-esteem, and overall life satisfaction. Parents must adjust to altered routines, loss of support, and increased responsibilities, which often result in emotional exhaustion and impaired parenting. While some eventually adapt to these changes, others remain emotionally distressed, particularly when conflict and social isolation persist.

Therapeutic Approaches to Divorce-Related Changes

Several therapeutic approaches have been shown to support children and families through this transition, including play therapy, family systems interventions, and multi-family programs.

Play therapy offers a developmentally appropriate method for children to express emotions and cope with divorce-related changes. It is a therapeutic approach that uses toys, games, and creative activities to help children symbolically communicate thoughts and feelings that they may not be able to articulate verbally. By engaging in play, children can process difficult experiences in a safe and familiar medium, while therapists observe themes, provide guidance, and introduce coping strategies (Landreth, 2012). Research demonstrates that play therapy is effective in reducing emotional distress, improving self-regulation, and enhancing children's problem-solving and relational skills (Gupta et al., 2023). Chafe (2016) underscores that play therapy can be adapted to various theoretical orientations, including cognitive-behavioral and family systems models. A study by Serter and Çelik (2023) showed that structured play therapy improved adjustment to divorce and reduced depression symptoms in children aged 9-12 years.

Chafe (2016) also discusses the importance of using family systems theory to understand the broader impacts of divorce. Experiential family therapy techniques, like using collaborative genograms, can help families explore roles and relationship dynamics through creative expression. These methods can improve communication and foster empathy among family members. Herrero et al. (2023) argue that children's post-divorce distress stems more from instability, poor communication, and parental conflict than the divorce itself. Therapy should focus on reducing these stressors by enhancing parenting skills, maintaining co-parenting consistency, and practicing an emotion-based communication style.

Multi-family therapy (MFT) is another promising approach. Mortimer et al. (2023) evaluated a six-session MFT program for families managing post-separation conflict. The program taught emotional regulation, boundary setting, and communication techniques through both individual and group sessions. Results showed improved parental insight and child well-being, though further research is needed. An additional consideration when treating families is the complex nature of the therapeutic relationships. Günther-Bel et al. (2021) examined the complexities of building therapeutic alliances in high-conflict divorced families. This research emphasized that therapists should remain neutral, validate both par-

continued on page 23

ents, and navigate alliance ruptures with reflexivity. This requires therapists to actively reflect on their biases, emotional reactions, and therapeutic choices to ensure these do not negatively influence the family's progress.

Conclusion

Divorce can significantly disrupt the family system by effecting emotional bonds, daily routines, and relational stability. Children may experience anxiety, depression, or somatic symptoms, while parents may face emotional exhaustion and diminished parenting capacity. Effective recovery requires more than legal solutions—it calls for therapeutic interventions that promote healing and resilience. Implementing child-centered play therapy, systemic models like multi-family therapy, and various strategies to reduce conflict and improve communications can support families as they navigate post-divorce transitions and learn to strengthen their new familial dynamics.

References

Amato, P. R. (2000). The consequences of divorce for adults and children. *Journal of Marriage and the Family*, *62*(4), 1269–1287. https://doi.org/10.1111/j.1741-3737.2000.01269.x

Chafe, D. V. (2016). Play therapy: Concepts and techniques for working with divorce. *Canadian Journal of Counselling & Psychotherapy*, *50*, S80–S92.

Donner, M. B. (2006). Tearing the child apart: The contribution of narcissism, envy, and perverse modes of thought to child custody wars. *Psychoanalytic Psychology*, *23*(3), 542–553. https://doi.org/10.1037/0736-9735.23.3.542

Greenberg, L. R., McNamara, K., Weisz, B. E., Altobelli, J. T., & Davis, F. (2023). Managing children's and adolescents' medical complaints amid parent conflict. *Family Court Review*, *61*(3), 522–537. https://doi.org/10.1111/fcre.12730

Günther-Bel, C., Vilaregut, A., & Linares, J. L. (2021). Towards an understanding of the within-system therapeutic alliance with high-conflict divorced parents: A change process research. *Contemporary Family Therapy*, *43*(4), 329–342. https://doi.org/10.1007/s10591-021-09593-7

Gupta, N., Chaudhary, R., Gupta, M., Ikehara, L. H., Zubiar, F., Madabushi, J. S. (2023). Play therapy as effective options for school-age children with emotional and behavioral problems: A case series. *Cureus*, *15*(6). https://doi.org/10.7759/cureus.40093

Guyette, E., Wilkins-Clark, R., Ferraro, A. J., Markham, M. S., Beckmeyer, J. J., & Brimhall, A. (2025). Bridging parental conflict: Findings from a parent education course. *Contemporary Family Therapy*, *47*(1), 38–50. https://doi.org/10.1007/s10591-024-09698-9

Herrero, M., Roca, P., Cormenzana, S., & Martínez, P. A. (2023). The efficacy of postdivorce intervention programs. *Family Process*, *62*(1), 74–93. https://doi.org/10.1111/famp.12807

Krasniqi, N. (2023). The psychological effects of parental divorce on the behavior of preschool children. *Journal of Social Studies Education Research*, *14*(2), 51–74. https://orcid.org/0000-0002-0206-8071

Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). Routledge.

Lansford, J. E. (2009). Parental divorce and children's adjustment. *Perspectives on Psychological Science*, *4*(2), 140–152. https://doi.org/10.1111/j.1745-6924.2009.011

Mortimer, R., Morris, E., Pursch, B., Roe, A., & Sleed, M. (2023). Multi-family therapy for separated parents in conflict and their children: Intervention development and pilot eval-

continued on page 24

uation. *Journal of Family Therapy, 45*(1), 94 117. https://doi.org/10.1111/1467-6427.12373

Pedro-Carroll, J. L. (2010). *Putting children first: Proven parenting strategies for helping children thrive through divorce*. Avery.

Serter, G. Ö., & Çelik, S. B. (2023). Structured play therapy and children with divorced parents. *British Journal of Guidance & Counselling, 51*(2), 191–203. https://doi.org/10.1080/03069885.2020.1840513

Smyth, B. M., & Moloney, L. J. (2019). Post□separation parenting disputes and the many faces of high conflict: Theory and research. *Australian & New Zealand Journal of Family Therapy*. https://doi.org/10.1002/anzf.1346

FEATURE

Written on Behalf of the Education and Training Domain

Economic Factors on Drug Use in Adolescence

Anjali Modak, Student
Cheri Marmarosh, PhD, ABPP, CGP

For adolescents and teenagers today, the pressures leading to substance use extend beyond peer influence or rebellion. Other factors, like economic challenges, are also an integral part of shaping adolescent behaviors, including drug and alcohol use (Goodman & Huang, 2002). Rising inequity and financial instability coupled with limited access to mental health resources contribute to an environment where substances can feel like a coping mechanism and a way to escape (Wills et al., 2001). The growing gap in socioeconomic status in the United States has contributed to profound stress for many families (Horowitz et al., 2020). Middle-income households are shrinking while the number of families facing economic hardship has increased over the years (Cooney & Shaefer, 2022). For teenagers, financial instability at home can contribute to feelings of anxiety, insecurity, and hopelessness, emotions that have been shown to drive substance use (Goddard et al., 2024). For example, Gerra et al. (2020) published a study showing that adolescents from lower-income families are at greater risk of using substances as a way to cope with the chronic stress of financial instability.

In neighborhoods with higher poverty rates, stressors seem to multiply. Teens in economically disadvantaged areas are more likely to use substances due to a combination of fewer extracurricular opportunities, limited/lacking community support, and increased exposure to drug activity (Wang & Martins, 2024). With limited access to recreational spaces or mental health support, substances may appear to be an accessible outlet for managing stress. The rising cost of higher education also puts tremendous pressure on teenagers to succeed academically. For many, the stakes of gaining admission to a top college or securing scholarships are higher than ever. According to the College Board (n.d.), the average tuition cost at public four-year universities has increased since the 2023–2024 school year. Families facing economic uncertainty may rely heavily on their children's academic performance, adding immense pressure to succeed. For students feeling overwhelmed by these expectations, substances can become a tool to manage exhaustion or anxiety. Stimulants, like Adderall and Vyvanse, are often used as performance enhancers to maintain focus and energy, and sometimes without a prescription. McCabe et al. (2015) found that two-thirds of the high school seniors who endorsed misuse of prescription stimulants in the past year reported simultaneously using other substances (most frequently alcohol and marijuana). What begins as a way to keep up with schoolwork can spiral into dependency, especially when teens feel that failure is not an option.

Economic stress does not exclusively impact teens' academic lives; it can significantly impact their mental health as

continued on page 26

well. Children and adolescents in low-income households are more likely to experience chronic stress, depression, and anxiety (Blair & Raver, 2016). When mental health needs go unmet due to inadequate access to care, some teens turn to substances as a way to self-medicate. In communities where mental health services are unavailable or stigmatized, substance use can become a dangerous substitute for proper mental health care (Harris & Edlund, 2005). Economic barriers, such as a lack of health insurance or transportation, may make it difficult for families to access counseling or therapy, reinforcing the cycle of substance use as a coping strategy.

Beyond individual mental health, social acceptance and peer dynamics are also influenced by economic status. For teenagers, fitting in with peers can be challenging, especially with a rise in social media usage and clique-like atmospheres in school. Substance use can sometimes become a method of bridging that gap, offering a way for teens to participate in social activities or feel included. This peer pressure can be a powerful force, and when access to social experiences is limited by financial constraints, substance use can help teens gain a sense of belonging (Ivaniushina et al., 2019).

The impact of wealth inequality also plays out on a systemic level. Schools in wealthier communities often have more resources for extracurricular activities, mental health support, and substance use prevention programs (Chiu & Khoo, 2005). In contrast, underfunded schools can lack these protective resources, leaving economically disadvantaged teens more vulnerable to the risks of drug use (Gerra et al., 2020). One of the most dangerous aspects of substance use is the illusion of control it provides. For teenagers facing economic uncertainty, initial exposure to using drugs can seem like a quick relief; however, substance use often leads to dependency, creating additional challenges for teens already struggling with economic pressures (Young et al., 2002). What begins as a way to cope with financial stress or academic demands can result in a loss of control over one's life (Adalbjarnardottir & Rafnsson, 2001).

Systemic oppression can contribute to mental health challenges faced by teenagers. Racism, hatred, and discrimination can create an environment of chronic stress and anxiety for marginalized groups. Adolescents from communities targeted by systemic oppression often face higher rates of depression and trauma, which can increase their vulnerability to substance use as a means of escape (Adolescent Trauma and Substance Abuse Committee, 2008). A 2022 study by the Substance Abuse and Mental Health Services Administration found that racial and ethnic minorities experiencing discrimination were more likely to report using drugs or alcohol to cope with emotional distress. This toxic cycle can be exacerbated when teens feel unsupported by institutions like schools or the healthcare system, where bias and unequal treatment further diminish their sense of safety and belonging.

What can we do? Solving the issue of teenage substance use requires more than just warning students about the dangers of drugs and alcohol. It involves addressing the root causes, including economic inequality, academic pressure, and lack of mental health resources. Schools and communities need to provide accessible mental health services and support systems that reduce the stigma around seeking help. Programs that promote stress management, resilience, and healthy coping mechanisms are essential. Parents

continued on page 27

also play a crucial role in addressing these challenges; open conversations about financial stress and realistic expectations can ease some of the pressure teens may feel. Encouraging teenagers to value their well-being over performance is crucial in preventing substance use. Economic success shouldn't come at the expense of mental health. Teens should know their worth is not tied to grades, achievements, or the amount of money available to them. As a high school student, I have witnessed firsthand just how prevalent substance use has become in my school community, where many students consistently face economic challenges. It is time we address the root causes of substance use in adolescents and teens.

References

Adalbjarnardottir, S., & Rafnsson, F. D. (2001). Perceived control in adolescent substance use: Concurrent and longitudinal analyses. *Psychology of Addictive Behaviors*, *15*(1), 25–32. https://doi.org/10.1037/0893-164X.15.1.25

Adolescent Trauma and Substance Abuse Committee. (2008, June). *Understanding the links between adolescent trauma and substance abuse: A toolkit for providers, 2nd edition.* The National Child Traumatic Stress Network. https://www.nctsn.org/sites/default/files/resources/understanding_the_links_between_adolescent_trauma_and_substance_abuse.pdf

Blair, C., & Raver, C. C. (2016). Poverty, stress, and brain development: New directions for prevention and intervention. *Academic Pediatrics*, *16*(3), S30–S36. https://doi.org/10.1016/j.acap.2016.01.010

Chiu, M. M., & Khoo, L. (2005). Effects of resources, inequality, and privilege bias on achievement: Country, school, and student level analyses. *American Educational Research Journal*, *42*(4), 575–603. https://doi.org/10.3102/00028312042004575

College Board. (n.d.). *Trends in college pricing: Highlights.* https://research.collegeboard.org/trends/college-pricing/highlights

Cooney, P., & Shaefer, H. L. (2022, October). *Material hardship and well-being of U.S. households in 2022.* Poverty Solutions, University of Michigan. https://sites.fordschool.umich.edu/poverty2021/files/2022/10/Material-Hardship-PB-final.pdf

Gerra, G., Benedetti, E., Resce, G., Potente, R., Cutilli, A., & Molinaro, S. (2020). Socioeconomic status, parental education, school connectedness and individual socio-cultural resources in vulnerability for drug use among students. *International Journal of Research and Public Health*, *17*(4). https://doi.org/10.3390/ijerph17041306

Goddard, J. A., Pagnotta, V. F., Duncan, M. J., Sudiyono, M., Pickett, W., Leatherdale, S. T., & Patte, K. A. (2024). Original quantitative research: A prospective study of financial worry, mental health changes and the moderating effect of social support among Canadian adolescents during the COVID-19 pandemic. *Health Promotion and Chronic Disease Prevention in Canada*, *44*(3), 101–111. https://doi.org/10.24095/hpcdp.44.3.04

Goodman, E., & Huang, B. (2002). Socioeconomic status, depressive symptoms, and adolescent substance use. *Archives of pediatrics & adolescent medicine*, *156*(5), 448–453. https://doi.org/10.1001/archpedi.156.5.448

Harris, K. M., & Edlund, M. J. (2005). Self-medication of mental health

continued on page 28

problems: New evidence from a national survey. *Health Services Research, 40*(1), 117–134. https://doi.org/10.1111/j.1475-6773.2005.00345.x

Horowitz, J. M., Igielnik, R., & Kochhar, R. (2020, January 9). Most Americans say there is too much economic inequality in the US, but fewer than half call it a top priority. *Pew Research Center.* https://www.pewresearch.org/wp-content/uploads/sites/20/2020/01/PSDT_01.09.20_economic-inequailty_FULL.pdf

Ivaniushina, V., Titkova, V., & Alexandrov, D. (2019). Peer influence in adolescent drinking behaviour: A protocol for systematic review and meta-analysis of stochastic actor-based modeling studies. *BMJ Open, 9*(7). https://doi.org/10.1136/bmjopen-2018-028709

McCabe, S. E., West, B. T., Schepis, T. S., & Teter, C. J. (2015). Simultaneous co-ingestion of prescription stimulants, alcohol and other drugs: A multi-cohort national study of US adolescents. *Human Psychopharmacology, 30*(1), 42–51. https://doi.org/10.1002/hup.2449

Substance Abuse and Mental Health Services Administration. (2022). *Highlights by race/ethnicity for the 2022 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/reports/rpt42731/2022-nsduh-race-eth-highlights.pdf

Wang, Z., & Martins, S. (2024). How do socioeconomic factors affect the development of adolescent-onset drug use disorders? *Journal of Student Research, 13*(1). https://doi.org/10.47611/jsrhs.v13i1.6316

Wills, T. A., Sandy, J. M., Yaeger, A. M., Cleary, S. D., & Shinar, O. (2001). Coping dimensions, life stress, and adolescent substance use: a latent growth analysis. *Journal of Abnormal Psychology, 110*(2), 309–323. https://doi.org/10.1037//0021-843x.110.2.309

Young, S. E., Corley, R. P., Stallings, M. C., Rhee, S. H., Crowley, T. J., & Hewitt, J. K. (2002). Substance use, abuse and dependence in adolescence: Prevalence, symptom profiles and correlates. *Drug and Alcohol Dependence, 68*(3), 309–322. https://doi.org/10.1016/S0376-8716(02)00225-9

Society for the Advancement of Psychotherapy

FEATURE

The Maintenance of Self-Preservation in Narcissistic Personalities: Suggestions for Partners, Family Members, and Friends

Michael Pica, PsyD

Abstract

This paper examines narcissistic personality disorder as a psychological reaction against internal fragmentation brought on by the activation of unresolved core maladaptive emotional states that shape a foundational sense of self. The goal for the individual exhibiting narcissistic behavior is to maintain self-preservation. Restorative regression can cause interpersonal damage that may leave partners, family members, and friends feeling lie their reality testing has been distorted. Treatment approaches are suggested based on where an individual falls on the psychotic-borderline-neurotic continuum. Considerations for partners, family members, and friends are explored, including education and prescription of narcissistic behavior for self-preservation.

The term *narcissism* has become a catchphrase in contemporary society. At times, this term may be used accurately when describing narcissistic tendencies; more often, however, it seems to be employed to label individuals who seem self-centered or self-serving. It is easy t o find a website or online group that caters to the study or experience of narcissism as a personality structure. While this may be helpful in some situations, it can also blur, over-simplify, or exaggerate concepts describing narcissistic personality disorder, potentially leading individuals to place unwarranted (and unhelpful) labels on partners, family members, and friends.

Narcissism as a Form of Developmental Arrest

Research into the biology of narcissism has shown links between narcissistic personality disorder (NPD) and oxidation levels, prefrontal brain structure, and brain development (Jornkokgoud et al., 2023; Lee et al., 2020; Nenadic et al., 2021). From a psychological perspective, narcissism is rooted in preverbal developmental arrest and is likely a consequence of lacking or limited consistency in nurturing care in childhood. This deficit in care interrupts the development of a cohesive identity, resulting in an unstable sense of self. These individuals learn to read the environment as a way to avoid psychological fragmentation, or an internalized shattering of oneself (Stolorow & Lachman, 1980). This fragmentation can occur suddenly and often creates devastating impacts on significant others.

The need to maintain self-preservation prevents individuals diagnosed with NPD from taking ownership of their behaviors. When things are working well within their cognitive schemas, they appear smooth on the surface. However, when challenged by others who they perceive as a threat, they may shatter and resort to blame, ridicule, or invalidation of others to restore themselves.

While it is easier to hide narcissistic tendencies at younger ages, it can become more difficult to mask into adulthood and when forming intimate relationships. The individual can still be perceived as quite charming when a rela-

continued on page 30

tionship feels less threatening, the other person is able to remain under their control, or when they are putting significant energy into securing that relationship. This may be why clients in relationships with these individuals often mention their partner was not always this way. It is sometimes helpful to explain to these clients how narcissistic tendencies may have developed, what maintained them, and, importantly, validating the challenge of identifying these tendencies early on in their relationship.

Core Maladaptive Emotions

Emotionally focused therapies illuminate the concept of core maladaptive affective states (Greenberg & Johnson, 1988). These are unresolved, vulnerable, emotional states that shape the foundational sense of self that originated in early childhood, including feelings of shame, worthlessness, inadequacy, and insignificance. How these various affective states shape and influence individuals' interactions with others and the world around them is unique to each individual and the perception of their experiences.

The function of defensiveness exhibited by individuals with NPD is used to defend against activation of core maladaptive affective states. When intentionally or inadvertently triggered by a partner, co-worker, or family member, the individual becomes internally fragmented. This often results in defensive or aggressive behaviors toward the person believed to be the trigger; this is referred to by the author as *restorative regression*, whereby the regression serves to restore the self. Pica, Welches, and Engel (2003) reported on the unresolved feelings of shame, inadequacy, and inferiority that drive aggressive behaviors with participants in an experientially-based, inpatient, anger management group. One woman shared her struggle of feeling ignored and invalidated from a young age (i.e., inferiority, worthlessness). This led her to becoming physically aggressive and violent toward a stranger who stepped in front of her in line after perceiving this person as invalidating her existence. While her outward expression was one of aggression and violence, her internal state was fragmented and destabilized. Once restored, she was left with the consequences of this restorative regressive episode. Consequently, the partner, co-worker, family member, or friend is left to feel like they are walking on egg shells (Mason & Kreger, 2010). The individuals in a relational dynamic with someone living with NPD likely have a similar internal experience to them, feeling almost constant, unpredictable, and fluctuating emotional states.

Character Structure Continuum

McWilliams (1994) described a continuum of character structure that ranges from psychotic to borderline to neurotic. It is important to note that McWilliams' verbiage surrounding character structure (i.e., psychotic, borderline, neurotic) is conceptually distinct from the clinical language used to describe the same terms within the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2022). According to McWilliams (1994), where individuals fall on this continuum is based on their ability to readily maintain their internal cohesion or self-preservation. In general, individuals living on the psychotic end of the character structure continuum struggle to maintain a cohesive self and live with a distorted perception of reality. Those with a borderline character structure maintain a cohesive self when the world is functioning in accordance with how they believe things should be. When their interactions with others and/or with themselves does not align with these engrained mental models, the individual

continued on page 31

may become internally fragmented and can regress to the point of becoming paranoid, reactive, and/or irrational. Once restored, people with a more borderline character structure may reappear as a *good neurotic*, which describes individuals who generally maintain their self-cohesion across circumstances with only mild and/or shortened regressions. Individuals with a neurotic character structure tend to maintain the most consistent experiences of self-cohesion, allowing them to function in their environment by utilizing more accurate reality testing and by exhibiting more adaptive behavior and relational patterns. These individuals may experience minor, short-lived fragmentations, however, they may be more inclined to self-reflect and take ownership for their actions (McWilliams, 1994).

A critical point to note relative to character structure is the variation amongst individuals labeled narcissistic; they present in a variety of ways at different times and in different settings. The differentiation between a psychotic, borderline, or neurotically structured narcissistic individual is key as it informs what the most effective treatment approach for the client's unique and specific character structure may be (McWilliams, 1994).

Psychotherapeutic Considerations for Psychotic, Borderline, and Neurotically Structured Narcissistic Personality Types

Individuals who fall in the psychotic and borderline area of this spectrum may be challenging in therapy at times due to the level of threat they readily perceive and their tendency for fragmentation, regression, and emotional dysregulation during session. Those in the borderline range may derive benefit from a more structured, psychoeducational, or skill-based approach as this style of approach may feel less threatening than an insight oriented or emotionally focused psychotherapy. Treatment for individuals within the psychotic range might include a referral for medication management along with a skills-based approach to psychotherapeutic intervention.

Individuals who fall in the neurotic range typically have a solid enough sense of self to begin exploring their vulnerabilities, focusing on empathy, and taking accountability for their behaviors. It is important to locate in their body where they feel fragmented and utilizing breathing and tense-and-release exercises to regain control of their feelings and their internal fragmentation. The ultimate goal is for the client to learn and understand the difference between feeling stable and feeling fragmented.

For clients who are able to explore their core maladaptive emotions, examining early childhood relationships and more realistic aspects of the caregiver dynamics might prove useful. It may offer a perspective to make sense of their vulnerabilities, shedding light on the function of their defenses. Individuals on the narcissism spectrum may inaccurately portray the experience of an ideal childhood, which may be associated with their defense against experiencing a vulnerable affective state. In other words, individuals with narcissism may choose to perceive an idealized experience as a result of not having the emotional resources to tolerate the vulnerability of being raised in a difficult family system. Perceiving any faults in a family system they are a member of may put pressure on them to identify faults within themselves, which is something that is often too painful to face.

Treatment Considerations for Partners, Family Members, and Friends

Individual treatment for clients who are partners, family members, or friends with

continued on page 32

someone living with NPD starts with the decision to stay, maintain, or leave the relationship. For those who decide to stay, validation and education become the most powerful tools. Clients may feel embarrassed falling into the same dysfunctional patterns, to which normalizing this part of the process of understanding a person living with NPD should be emphasized. When these clients wonder if foundational change is possible, it can be impactful to explore how the person with NPD is able to manage their developmentally arrested behavior.

Quite often, a recommendation is made to prescribe the behavior; that is, knowing the behavioral script and understanding how it is going to play out before it happens. In actuality, the script is quite simple. It comes as a surprise when the clinician can so readily describe the script without ever having met the partner, friend, or family member. Being grounded in the script removes the surprise when it begins to play out in real-time. It then becomes easier for clients to remain firm in their boundaries and stable in their sense of reality and rationality.

It is crucial to remind clients that the unconscious goal of the person with NPD is to maintain self-preservation. This can be confusing for the client when the individual may appear calm, likeable, confident, and charismatic to those that have not experienced the less than healthy sides of them. Individuals with NPD may politic or talk poorly about their partners or family members when fragmented. Making someone appear worse than they are, however, remains a secondary goal to self-preservation. Partners, family members, and friends have a hard time understanding that not all actions taken by the person with NPD are consciously manipulative. It may as easily occur as an unconscious attempt to maintain self-preservation, which may subsequently make one look good or better to others in the process.

Summary and Conclusion

Treatment for partners, family members, and friends relies on psychoeducation of character structure, arrested development, and fear of vulnerable affective states. The unrelenting commitment to self-preservation results in patterns of defensiveness toward the activation of core maladaptive emotions like shame, inadequacy, and worthlessness. Prescribing the behavior is suggested to help ground partners, family members, and friends by anticipating and preparing for the predictable behavioral and emotional responses that have been exhibited in the past. Maintaining an internal sense of control that is grounded in reality can be a functional and adaptive response to these interactions and may lead to a more evolved dynamic and/or a more evolved self.

References

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Greenberg, L. S., & Johnson, S. M. (1988). *Emotionally focused therapy for couples*. Guilford Press.

Jornkokgoud, K., Baggio, T., Faysal, M., Bakiaj, R., Wongupparaj, P., Job, R., & Grecucci, A. (2023). Predicting narcissistic personality traits from brain and psychological features: A supervised machine learning approach. *Social Neuroscience*, *18*(5), 257–270. https://doi.org/10.1080/17470919.2023.2242094

Lee, R. J., Gozal, D., Coccaro, E. F., & Fanning, J. (2020). Narcissistic and borderline personality disorders: Re-

continued on page 33

lationship with oxidative stress. *Journal of Personality Disorders*, *34*, 6–24. https://doi.org/10.1521/pedi.2020.34.supp.6

Mason, P. T., & Kreger, R. (2010). *Stop walking on eggshells: Taking your life back when someone you care about has borderline personality disorder*. New Harbinger.

McWilliams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. Guilford Press.

Nenadic, I., Lorenz, C., & Gaser, C. (2021). Narcissistic personality traits and prefrontal brain structure. *Scientific Reports*, *11*(1), 15707. https://doi.org/10.1038/s41598-021-94920-z

Pica, M., Engel, S. D., & Welches, P. (2003). An experiential approach to the inpatient anger management group. *International Journal of Group Psychotherapy*, *53*(2), 177–200. https://doi.org/10.1521/ijgp.53.2.177.42816

Stolorow, R. D., & Lachman, F. M. (1980). *Psychoanalysis of developmental arrests: Theory and treatment*. International Universities Press.

FEATURE

Toward Healing: Integrating Trauma-Informed Care and Liberation Psychology in the Treatment of Immigration Trauma

Gabriela Balardin, MS

Immigration trauma is a multifaceted phenomenon rooted in the cumulative distress experienced across the migration timeline: pre-migration, migration journey, and post-migration resettlement. Each of these stages carries profound psychological implications. The experiences of war, political persecution, and natural disasters in home countries often serve as catalysts for migration yet leave behind deep emotional scars (Garcini et al., 2017). The journey itself—often fraught with danger, exploitation, or violence—can become an additional source of trauma. Even after reaching their destination, many immigrants face post-migration stressors including discrimination, language barriers, acculturation stress, and chronic fear of deportation. These ongoing adversities not only compound previous traumas, they can also act as independent traumatic stressors (Fallot & Harris, 2009; Hinton & Lewis-Fernández, 2011).

Research consistently highlights the cumulative nature of these stressors, emphasizing how repeated exposure across the migratory trajectory increases the risk of developing posttraumatic stress disorder (PTSD) and other mental health conditions, such as substance use disorder (Garcini et al., 2017). Despite this knowledge, however, there were only 97 studies conducted on cross-cultural PTSD from 2000-2017 (Hall-Clark et al., 2016), revealing a significant gap in culturally responsive mental health research.

One pivotal study by Garcini and colleagues (2017) examined trauma among undocumented Mexican immigrants living in high-risk neighborhoods. Participants, who were predominantly low-income, Spanish-speaking women with limited formal education, reported a high rate (82.7%) of exposure to multiple types of traumatic events with nearly one-third of participants experiencing six or more traumatic events. Additionally, women were more likely to report domestic violence and sexual assault experiences, while men reported more exposure to warlike conditions, extortion, robbery, and deportation. Most notably, 47% of participants exhibited clinically significant psychological distress, which was highest among those who experienced domestic violence (59%), bodily injury (58.9%), and material deprivation (54.9%; i.e., the lack of necessary goods and/or services for basic living).

This cumulative distress combined with increased risks underscores that immigration trauma cannot be understood or treated through an individualistic or pathology-focused lens exclusively. Instead, treatment must recognize the broader social, economic, and political structures shaping immigrant experiences. Herein lies the importance of integrating trauma-informed care with liberation psychology.

Trauma-Informed Care and Liberation Psychology

Trauma-informed care as defined by Fallot and Harris (2009) centers on understanding and responding to the effects

continued on page 35

of trauma by prioritizing safety, trust, collaboration, empowerment, and choice. This framework is crucial in helping clinicians identify and support immigrant survivors of trauma without retraumatization. However, to fully address the roots and realities of immigration trauma, trauma-informed care should be paired with the insights of liberation psychology—a framework born out of Latin America's liberation theology and spearheaded by Ignacio Martín-Baró and Paulo Freire (Chavez-Dueñas et al., 2019; Martín-Baró, 1996).

Liberation psychology emphasizes the necessity of understanding and confronting the sociopolitical oppression that contributes to psychological suffering. Rather than focusing solely on symptoms, it advocates for reclaiming cultural memories, fostering resistance, and cultivating collective healing (Freire, 1968; Martín-Baró, 1994). Thus, healing is seen not just as personal recovery but as an act of empowerment and resistance to systemic injustice.

For Latinx immigrant populations in particular, this dual framework is critical. Studies show that Latinos are at higher conditional risk of developing PTSD with more severe and persistent symptoms (Alcántara et al., 2013; Pole et al., 2005; Vásquez et al., 2012). They are also more likely to present with peritraumatic symptoms, which occur during or in the immediate aftermath of a potentially traumatic event, and are distinct from post-traumatic symptoms, like dissociation and avoidance. The presentation of peritraumatic symptoms may delay trauma processing and contribute to somatic distress, such as gastric issues and migraines (Brosschot & Aarsse, 2001; Hinton & Lewis-Fernández, 2011). Moreover, the onset of PTSD in this population may be delayed, as evidenced by post-9/11 research showing a significant increase in PTSD symptoms among Latinos two years after the event that were not reported symptoms one year after the event. This study highlighted the avoidance and numbing previously mentioned and how the course of PTSD can look different for Latinx individuals compared to other ethnic groups (Adams & Boscarino, 2006).

Cultural and linguistic expressions of distress further complicate psychiatric diagnoses. In a study by Eisenman and colleagues (2008), Latino immigrants frequently described trauma symptoms in terms of somatic, physical experiences (e.g., chest tightness, digestive issues, migraines) and emotional states (e.g., anger, sadness, nervousness). These physical and emotional expressions of distress can be easily overlooked by clinicians who are unfamiliar with cultural idioms of distress—the culturally rooted ways individuals express psychological suffering). Clinicians unfamiliar with these cultural idioms may misread or minimize the distress being conveyed. Some examples of familiar misunderstandings include:

- Somatic complaints might be interpreted as purely medical rather than psychological in nature, leading to referrals to primary care instead of mental health services.
- Emotional states, like *nervioso* (i.e., nervousness), may not fit neatly into diagnostic categories, resulting in misdiagnosis or diagnostic overshadowing.
- Cultural stigmas around mental illness and differing health beliefs may further discourage open discussions about trauma, compelling clients to use physical or emotional metaphors instead.

Thus, unfamiliar clinicians may overlook trauma or misclassify distress, not out of neglect but due to cultural incongru-

continued on page 36

ence—a mismatch between the clinician's diagnostic framework and the client's cultural language of suffering. The work by Eisenman et al. (2008) underscores the need for cultural competence and humility in clinical assessment. Clinicians should attend closely to clients' idiomatic expressions of distress, inquire about their meanings within the client's cultural context, and avoid pathologizing culturally normative experiences.

Understanding immigrant trauma also requires attention to assimilation patterns—the process through which immigrants or minority groups adapt to and become integrated into the dominant or host society's culture. Segmented assimilation theory introduced by Portes and Zhou (1993) challenges the notion of linear assimilation into a single mainstream culture. Instead, it identifies three primary pathways: upward assimilation into middle or upper classes, downward assimilation into marginalized underclasses, and selective acculturation where immigrants retain cultural roots while adapting to aspects of the dominant culture. These outcomes are shaped by external forces like racial discrimination, local economic conditions, and access to education (Cohodes et al., 2021; Portes & Rumbaut, 2001).

Clinicians must also recognize that effective therapy for immigrants inherently involves advocacy. The healing ethno-racial trauma (HEART) model developed by Chavez-Dueñas and colleagues (2019) provides a culturally grounded framework for addressing trauma in Latinx immigrant communities. This model emphasizes community-based healing through the four phrases described below.

1. **Establishing sanctuary spaces.** Fostering safety and cultural respect across individual, family, and community settings.
2. **Acknowledging and reprocessing trauma.** Validating trauma narratives and integrating culturally congruent coping strategies like spiritual practices and art.
3. **Strengthening cultural identity and resilience.** Reconnecting with traditions, cultural pride, and survival strategies.
4. **Liberation and resistance.** Encouraging civic engagement and systemic change through activism, education, and leadership development.

This framework exemplifies the dual imperative of addressing internal psychological symptoms while also treating external systems of oppression. It acknowledges that exclusive focus on internal experiences risks individualizing what are, in fact, social wounds. Conversely, focusing solely on systemic injustice can obscure the personal and deeply subjective nature of trauma (Chavez-Dueñas et al., 2019).

Moreover, collaboration across national and cultural borders is essential in developing generalizable and culturally-specific treatment approaches. Henning et al. (2022) caution against the assumption that interventions proven effective in controlled research environments will translate seamlessly into community-based practice. This observation underscores a key limitation of evidence-based interventions. Research samples will often exclude clients with multiple, intersecting stressors, such as chronic discrimination, acculturation challenges, and ongoing socioeconomic hardship, that frequently characterize the lived experiences of immigrant populations. Consequently, clinicians in community settings must adapt or supplement research-based protocols to address the more complex, culturally embedded,

continued on page 37

and multifaceted trauma presentations seen in practice. Henning and colleagues (2022) critique thus emphasizes the need for culturally responsive and contextually adaptable approaches that bridge the gap between empirical efficacy and real-world effectiveness.

In conclusion, immigration trauma is not a single event but an evolving, cumulative process shaped by structural, interpersonal, and historical forces. To adequately support immigrant communities, clinicians must integrate trauma-informed principles with the liberatory ethos of social justice and community healing. Only then can mental health interventions move beyond symptom management to fostering empowerment, resistance, and collective liberation.

References

Adams, R. E., & Boscarino, J. A. (2006). Predictors of PTSD and delayed PTSD after disaster: The impact of exposure and psychosocial resources. *The Journal of Nervous and Mental Disease, 194*(7), 485–493. https://doi.org/10.1097/01.nmd.0000228503.95503.e9

Alcántara, C., Casement, M. D., & Lewis-Fernández, R. (2013). Conditional risk for PTSD among Latinos: A systematic review of racial/ethnic differences and sociocultural explanations. *Clinical Psychology Review, 33*(1), 107–119. https://doi.org/10.1016/j.cpr.2012.10.005

Brosschot, J. F., & Aarsse, H. R. (2001). Restricted emotional processing and somatic attribution in fibromyalgia. *International Journal of Psychiatry in Medicine, 31*(2), 127–146. https://doi.org/10.2190/K7AU-9UX9-W8BW-TETL

Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist, 74*(1), 49–62. https://doi.org/10.1037/amp0000289

Cohodes, E. M., Kribakaran, S., Odriozola, P., Bakirci, S., McCauley, S., Hodges, H. R., Sisk, L. M., Zacharek, S. J., & Gee, D. G. (2021). Migration-related trauma and mental health among migrant children emigrating from Mexico and Central America to the United States: Effects on developmental neurobiology and implications for policy. *Developmental Psychobiology, 63*(6), 1036–1049. https://doi.org/10.1002/dev.22158

Eisenman, D. P., Meredith, L. S., Rhodes, H., Green, B. L., Kaltman, S., Cassells, A., & Tobin, J. N. (2008). PTSD in Latino patients: Illness beliefs, treatment preferences, and implications for care. *Journal of General Internal Medicine, 23*(9), 1386–1392. https://doi.org/10.1007/s11606-008-0677-y

Fallot, R. D., & Harris, M. (2009, July). *Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol.* Community Connections. https://children.wi.gov/Documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf

Freire, P. (1968). *Pedagogy of the oppressed.* Seabury Press.

Garcini, L. M., Peña, J. M., Gutierrez, A. P., Fagundes, C. P., Lemus, H., Lindsay, S., & Klonoff, E. A. (2017). "One scar too many:" The associations between traumatic events and psychological distress among undocumented Mexican immigrants. *Journal of Traumatic Stress, 30*(5), 453–462. https://doi.org/10.1002/jts.22216

Hall-Clark, B., Sawyer, B., Golik, A., & Asnaani, A. (2016). Racial/ethnic differences in symptoms of post-traumatic stress disorder. *Current Psychiatry Reviews, 12*(2), 124–138.

continued on page 38

https://doi.org/10.2174/1573400512666160505150257
Henning, J. A., Brand, B., & Courtois, C. A. (2022). Graduate training and certification in trauma treatment for clinical practitioners. *Training and Education in Professional Psychology, 16*(4), 362–375. https://doi.org/10.1037/tep0000326
Hinton, D. E., & Lewis-Fernández, R. (2011). The cross-cultural validity of posttraumatic stress disorder: Implications for DSM-5. *Depression and Anxiety, 28*(9), 783–801. https://doi.org/10.1002/da.20753
Martín-Baró, I. (1994). *Writings for a liberation psychology.* Harvard University Press.
Martín-Baró, I. (1996). Toward a liberation psychology. In A. Aron & S. Corne (Eds.), *Writings for a liberation psychology* (pp. 17–32). Harvard University Press.
Pole, N., Best, S. R., Metzler, T., & Marmar, C. R. (2005). Why are Hispanics at greater risk for PTSD? *Cultural Diversity & Ethnic Minority Psychology, 11*(2), 144–161. https://doi.org/10.1037/1099-9809.11.2.144
Portes, A., & Rumbaut, R. G. (2001). *Legacies: The story of the immigrant second generation.* University of California Press.
Portes, A., & Zhou, M. (1993). The new second generation: Segmented assimilation and its variants. *The Annals of the American Academy of Political and Social Science, 530*(1), 74–96. https://doi.org/10.1177/0002716293530001006
Vásquez, D. A., de Arellano, M. A., Reid-Quiñones, K., Bridges, A. J., Rheingold, A. A., Stocker, R. P., & Danielson, C. K. (2012). Peritraumatic dissociation and peritraumatic emotional predictors of PTSD in Latino youth: Results from the Hispanic family study. *Journal of Trauma & Dissociation, 13*(5), 509–525. https://doi.org/10.1080/15299732.2012.678471

FEATURE

Why Artificial Intelligence Will Not Replace Human Psychologists: Legal, Ethical, and Clinical Limitations

John Gavazzi, PsyD, ABPP

Clinical Impact Statement

The responsible integration of artificial intelligence (AI) into the practice of psychology requires that it functions strictly as a tool for human psychologists who must retain ultimate accountability for all clinical decisions. AI systems cannot replace empathy, judgment, and professional responsibility, which form the foundation of high-quality psychological care.

This article builds on previous arguments (Gavazzi, 2025a; Gavazzi, 2025b) stating that although AI technologies are rapidly advancing, they cannot replace human psychologists performing psychotherapy; this is simply the result of evolutionary advantages in humans across social, emotional, and cognitive domains that are essential for therapeutic interactions. In addition, these systems are unlikely to replace psychologists in the foreseeable future for practical reasons. Legal, ethical, and clinical barriers—particularly those involving state licensing, clinical judgments, forensic considerations, and accountability—make the deployment of autonomous systems in therapeutic settings impractical and potentially dangerous. This article presents key structural and philosophical reasons why human oversight and involvement remain essential in psychological practice.

State Licensing Considerations with Artificial Intelligence

An immediate obstacle to AI technologies replacing human psychologists is the regulatory framework that governs mental health practice. In the United States, psychology is regulated at the state level through practice acts, which consistently define a licensed psychologist as a human professional who has met rigorous educational, supervised training, and experiential requirements (American Psychological Association [APA], 2011).

Currently, no state licensing board recognizes non-human entities as eligible for licensure. Illinois enacted legislation prohibiting autonomous AI technologies from providing direct therapeutic interventions or making clinical decisions (Roy, 2025). Licensure requirements include academic training, supervised clinical experience, and examinations as well as continual use of professional judgment, adherence to ethical codes, and accountability for actions. These professional obligations are inseparable from human agency.

Professional oversight mechanisms presuppose human accountability as licensing boards investigate complaints, hold hearings, and impose sanctions. These processes require a human practitioner capable of understanding the consequences of their actions and then modify their professional behavior accordingly. Licensing an AI system as a practitioner would necessitate a complete restructuring of these systems, including new definitions of competence, malpractice, and remediation. There is currently no legal precedent or regulatory movement toward such change (Mello & Cohen, 2025).

continued on page 40

The complexity of clinical decision-making presents an additional barrier. High-stakes contexts—including assessment of suicide or homicide risk, mandated reporting duties, and severe psychopathological presentations—demand much more than data analysis. Psychologists integrate intuition, cultural sensitivity, and emotional attunement into their clinical conceptualizations, considerations, and treatment plans. AI systems, even those trained on extensive datasets, lack the lived experience and contextual awareness needed for adaptive clinical reasoning (Gavazzi, 2025b; Thakkar et al., 2024). Although AI agents may contribute as adjuncts to psychological services, current legal and regulatory structures preclude recognition of non-human independent practitioners.

Fidelity, Judgment, and Forensic Implications

AI technologies lack a genuine understanding of ethical principles, a deficit that is particularly consequential within a therapeutic relationship. A critical example is the principle of fidelity, which obligates clinicians to uphold commitments, foster trust, and prioritize the patients' best interests. Upholding this principle requires a nuanced comprehension of the patient's emotional state, developmental history, cultural sensitivities, and psychological resilience. These are competencies that AI systems currently cannot replicate (Thakkar et al., 2024). For instance, a decision on whether to pursue involuntary hospitalization for a patient expressing suicidal ideation depends on multiple factors. These include assessing the immediacy and lethality of their intent, their access to means, the strength of protective factors (i.e., family support, future orientation) and their history of impulsive behavior compared with chronic despair. A human clinician synthesizes this information through years of training and interpersonal experience. In doing so, the clinician navigates these considerations while safeguarding both the patient's autonomy and safety—balancing the therapeutic alliance with the inherent duty to protect. An AI system, constrained by its probabilistic modeling, cannot genuinely grasp the weight of removing someone's freedom or the complex relational consequences of such interventions (Montemayor et al., 2022).

These limitations have especially serious implications in forensic contexts. When psychological records are subpoenaed or clinicians are called to testify, it is unclear how an AI system would respond to such legal demands. If an AI system were to testify, it's reasoning processes would be opaque as a result of the black box nature of machine learning, where the internal logic connecting data to decisions is invisible to humans. This opacity would make the AI system's decision making difficult, if not impossible, to defend in court (Price, 2017).

Several critical questions follow: Could an AI system be compelled to testify under oath? Who bears responsibility for its decisions; the developer, the deploying institution, or the algorithm itself? If the AI system's code were generated or modified by another AI (as occurs in generative systems) the chain of responsibility fragments and becomes untraceable. Price (2017) warns that algorithmic decision-making in healthcare may advance faster than the legal system's ability to assign liability, creating an accountability vacuum. Beyond questions of liability, concerns about data integrity and chain of custody arise. AI-generated psychological records would require new protocols to ensure authenticity, prevent tampering, and verify the origin of documentation. Without standardized, auditable safeguards, the admissibility of AI-generated psychological documentation in court remains uncertain.

continued on page 41

Accountability and Standard of Care Issues

A cornerstone of professional psychology is accountability. When allegations arise that a human psychologist has practiced below the standard of care, there are established mechanisms for investigation, peer review, and disciplinary action. By contrast, in cases involving AI systems, accountability becomes diffuse and legally ambiguous (Price et al., 2022). AI systems cannot be held personally liable, nor can they be suspended, fined, or required to undergo remedial training. Instead, liability would fall on the developers, healthcare institutions, or software vendors, none of whom are necessarily licensed mental health professionals. This disconnect between liability and professional oversight creates a critical gap in the enforcement of professional standards.

Determining what constitutes substandard care by an AI is also fraught with difficulty. Should AI systems be held to the same standard as a reasonably competent human psychologist, or should a new, algorithm-specific standard be developed? Establishing such a benchmark would require expert testimony from individuals with expertise in both clinical psychology and software engineering, which are not plentiful (Minssen et al., 2020).

Moreover, unlike human errors which are typically isolated, AI system errors become systemic. A flaw in an algorithm's training data or decision logic could affect thousands of patients across multiple jurisdictions simultaneously. For example, if an AI system incorrectly assesses suicide risk due to biased training data that underrepresents certain demographics, the harm is not individualized but widespread and may remain undetectable without large-scale audits. The scalability of AI systems amplifies both their benefits and their risks. While a human clinicians' malpractice typically affects a limited number of patients, a defective AI system could compromise the care of thousands or tens of thousands. For example, an AI system operating in an interjurisdictional manner that incorrectly assesses suicide risk due to flawed natural language processing could be catastrophic.

Such systemic failures would raise unprecedented questions: Should all patients treated by the AI systems be reevaluated? Who should bear the cost? How should harm be quantified across diverse populations? Insurance models are not equipped to handle such large-scale liability, and existing malpractice policies do not account for algorithmic error (Price et al., 2022). High-profile AI system failures could severely undermine public trust in mental health services and care, which is founded on trust, confidentiality, and empathy, elements that are difficult to replicate in AI systems and challenging to regulate as it is. A single, widely publicized incident of AI-related harm could delay the integration of AI technology in psychology for many years.

Conclusion

AI shows the potential as a supportive tool in psychological practice by assisting with screening, data analysis, and treatment planning, however, it cannot replace the human psychologist. Legal frameworks governing licensure, the ethical requirements of therapeutic fidelity, the forensic challenges of algorithmic transparency, and the systemic risks of accountability all point to the irreplaceable role of human judgment, empathy, and responsibility in mental health care.

State licensing boards are unlikely to credential non-human practitioners; courts are unprepared to evaluate AI testimony; and liability systems cannot adequately address algorithmic harm. More funda-

continued on page 42

mentally, the essence of psychotherapy—rooted in relationships, trust, and shared human experiences—cannot be replicated by AI technologies. As the field integrates AI technologies into psychological services, the focus should remain on augmentation and not replacement. The future of psychology lies in collaborative models where technology enhances rather than replaces the human connection that is central to healing.

References

American Psychological Association. (2011). Model act for state licensure of psychologists. *American Psychologist, 66*(3), 214–226. https://doi.org/10.1037/a0022655

Gavazzi, J. D. (2025a). Beyond algorithms: The irreplaceable human in psychological care. *The Pennsylvania Psychologist, 85*(1), 28–30. https://assets.noviams.com/novi-file-uploads/ppa/PA_Psychologists/2025/PPA_-_Pennsylvania_Psychologist_-_Spring2025_FINAL.pdf

Gavazzi, J. D. (2025b, March 24). The advantages of human evolution in psychotherapy: Adaptation, empathy, and complexity. *On Board with Professional Psychology, 5*. https://abpp.org/newsletter-post/the-advantages-of-human-evolution-in-psychotherapy-adaptation-empathy-and-complexity/

Mello, M. M., & Cohen, I. G. (2025). Regulation of health and health care artificial intelligence. *JAMA, 333*(2), 1769–1770. https://doi.org/10.1001/jama.2025.3308

Minssen, T., Gerke, S., Aboy, M., Price, N., & Cohen, G. (2020). Regulatory responses to medical machine learning. *Journal of Law and the Biosciences, 7*(1). https://doi.org/10.1093/jlb/lsaa002

Montemayor, C., Halpern, J., & Fairweather, A. (2022). In principle obstacles for empathic AI: Why we can't replace human empathy in healthcare. *AI & Society, 37*(4), 1353–1359. https://doi.org/10.1007/s00146-021-01230-z

Price, W. N. (2017). Regulating black-box medicine. *Michigan Law Review, 116*(3). https://doi.org/10.36644/mlr.116.3.regulating

Price, W. N., Gerke, S., & Cohen, I. G. (2022). Liability for use of artificial intelligence in medicine. In B. Solaiman & I. G. Cohen (Eds.), *Research handbook of health, AI and the law* (pp. 1–22). https://doi.org/10.2139/ssrn.4115538

Roy, I. (2025, August 13). *Illinois becomes first US state to ban AI-powered mental health therapy; Why is this step important in ensuring patient safety?* Health and Me. https://www.healthandme.com/health-wellness

Thakkar, A., Gupta, A., & De Sousa, A. (2024). Artificial intelligence in positive mental health: A narrative review. *Frontiers in Digital Health, 6*. https://doi.org/10.3389/fdgth.2024.1280235

Society for the Advancement of Psychotherapy

WASHINGTON SCENE

"Take One Fresh and Tender Kiss"

Pat DeLeon, PhD

The Centennial APA President: On New Year's Day, Jack Wiggins—the American Psychological Association's Centennial President—celebrated his Centennial birthday. Twenty admirers gathered for a virtual birthday party on Zoom, to share tributes and remembrances, toasting and roasting throughout. The festivities culminated in heartfelt singing of "Happy Birthday." An inspirational visionary, Jack shaped the agenda and direction of independent practice and the APA. He was remembered as a mentor, colleague, teacher, role model, friend, and travel companion.

Leading up to the event, at Alan Entin's suggestion, dozens of psychologists sent birthday cards, emails, and photographs to Jack's son, Grant, which he collected into an album, titled "Celebrating Jack Wiggins at 100: Psychology Pays Tribute." The book offers a glimpse into the history of Jack's contributions in many areas of independent practice. Many of the book's contributors earned Karl Heiser awards, an honor that Jack helped to establish, to recognize psychologists for their advocacy for their profession. Of note, Jack's wife Alice designed the award's beautiful commemorative pin. Robust for 100, Jack rose to the occasion, and thanked all for their kind words and remembrances as they celebrated his birthday. "Jack, we congratulate you and thank you for all you have done for psychology and psychologists!" opined Alan.

The Society for Prescribing Psychologists (Division 55): Jack, along with Former APA President Ron Fox, was instrumental in the establishment of Division 55, serving as its first President in 2001. Reflecting the Division's broad appeal and its relevance to ongoing changes occurring within our nation's health care environment, a review of the Division's elected and Honorary Fellows includes an impressive number of former APA Presidents—Don Bersoff, James Bray, Ron Fox, Debra Kawahara, Jennifer Kelly, Ron Levant, Tony Puente. Bob Resnick, and naturally Jack and myself. The 1992 report to Council from the ad hoc Task Force on Psychopharmacology, chaired by the late-Michael Smyer, foresaw this likelihood, concluding: "Practitioners, with combined training in psychopharmacology and psychosocial treatments, could be viewed as a new form of health care professional, expected to bring to health care delivery the best of both psychological and pharmacological knowledge. Further, the proposed new providers had the potential to dramatically improve patient care and make important new advances in treatment."

Former Division 55 President Lynette Pujol: "The Society for Prescribing Psychology had a productive 2025 as several long-term projects came to fruition and we celebrated 25 years of the Division. One of these long-term projects, led by Derek Phillips, was establishing The American Board of Psychopharmacological Psychology (ABRxP). The inaugural board held their first two exams mid-December. The rest of the inaugural board are preparing to take the exam early this year and we will then open it to all-comers. David Shearer and Bret Moore led the writing of the *APA Guidelines for Psychologists' Involvement in Pharmacological Issues* that

continued on page 44

was approved by the APA Council in August 2025. These ethical principles are relevant for all psychologists, not just those with prescriptive authority. They serve as a guide for answering questions about medications that are often asked by our patients.

"We loved celebrating the 25th year of the Division as we looked back to those pioneers who established the Division. All those who prescribe or consult are indebted to early founders who used their considerable skills and resources to move RxP forward. With an estimated 300 colleagues already possessing prescriptive authority, recent research shows a discernable positive difference in access to care for underserved populations because of prescriptive authority. The capable Bethe Lonning, whose work is a primary reason Iowa has a prescriptive authority law, has taken over the helm for 2026. She is the Director of Professional Affairs for the Iowa Psychological Association, as well as our current President. She has already assembled a Task Force, led by Judi Steinman, to renew our specialty petition in APA. Keep your eye out for multiple state initiatives and an exciting announcement about CE opportunities through Division 55."

Reflections Over the Years by Those Possessing Prescriptive Authority: Ray Folen reflecting upon his years as Chief Psychologist at the Tripler Army Medical Center in Honolulu, Hawaii: "April 26, 2016. In the last ten years, I have written 3,178 prescriptions (most of them for medications with Black Box warnings) and Mike Kellar has written 5,780. No adverse events." The late Floyd Jennings, who is perhaps the first psychologist to formally prescribe: "July 14, 2016. The year was 1988—now 28 years ago—and I had been appointed as Chief, Behavioral Health Services at the PHS/IHS Santa Fe Service Unit, in Santa Fe, NM. Limited, dependent prescriptive privileges were granted to me by the Medical Director, i.e. a limited formulary excluding scheduled drugs, and dependent upon his supervision. I had the support of the IHS Albuquerque area psychiatrist with whom I spoke regarding every case; review and support was granted by the NM Psychological Assn. ethics committee. Slightly less than two years later I was to leave that post—by which time, after being invited to speak before the Senate Committee on Indian Affairs, thousands of letters of complaint had been sent to the Medical Director of IHS by psychiatrists across the nation, though over three hundred patients had been seen, with no adverse effects (and with enormous support from the physicians working in IHS). Note that in the years subsequent, there has been no nimiety of psychiatric physicians seeking to work or even volunteer in those pueblos of the Albuquerque area!

"From those turbulent beginnings, and due both to vision and persistence, psychologists have been given authority to exercise prescriptive privileges in Iowa, Illinois, New Mexico and Louisiana, as well as in the Public Health Service [thanks to Division Fellow Kevin McGuinness], the U.S. military and Guam. A cursory look at the NM Board of Psychologist Examiners website reveals forty names of persons with active certification as prescribing psychologists. Though by no means thorough, an internet search turns up approximately eleven who are in PHS/IHS, state or federal agencies or mental health facilities. Many psychologists having national prominence in this area have now completed careers in federal services in the almost 30 years since those days in PHS/IHS. We have indeed 'come a long way!'

"Yet there is much to be done. For example, in Texas alone, 185 of the 254 counties have no psychiatrist. Nurse practitioners have been quite successful

continued on page 45

in extending their scope of practice to include prescriptive privileges—in many venues. In fact, the future of primary care may well transfer to nurse practitioners, with the increasing specialization of medicine and the decreased number of young persons seeking careers in medicine, where reimbursement rates are far less than in high technology. Yet, in Texas, and in many other states, the likelihood of expanding the scope of practice for psychology is not great. I argue that is far more likely to occur when the basis is need (rather than greed). Wouldn't it be interesting if there were many programs to train psychologists to prescribe—at no cost to the person—in return for a two-year commitment to work in an underserved area? Wouldn't it be exciting if there were a national recognition of the absolute necessity to increase the array of health resources in now underserved areas—of which psychology could be a part? I shall not live to see it, but I can dream, can't I?"

In my personal judgment, one of Jack's most significant contributions to the field of professional psychology was his successful request of then-Secretary of Veterans Affairs Anthony Principi that the VA initiate a post-doctoral training program. When the Secretary asked for his rationale, the discussion quickly turned to PTSD which numerous Vietnam War Veterans were experiencing. "Additional specialized training is necessary" resulted in the Secretary immediately approving Jack's visionary request. Shortly thereafter, under CEO Ray Fowler's leadership, APA began to formally accredit post-doctoral training programs.

A Truly Visionary Treatise: Former APA President Alan Kazdin recently published *Mental Health Interventions in Everyday Life* highlighting the harsh reality "the majority of individuals in need of mental health services receive no treatment, none. This is true in low-, middle-, and high-income countries." Alan describes a variety of well-known barriers, including the lack of sufficient services, limited or no insurance coverage, stigma associated with seeking mental health services, etc. And yet, he proposes that there are many practices and activities that can reduce the symptoms of mental illness and improve overall mental health, well-being, and quality of life. For example, physical activity and exercise, contact with nature, fostering social relationships, and yoga. Alan's focus is on interventions available in everyday life that have been shown *in research* to have a positive impact on mental health and which reduce psychological problems.

Now more than ever before, we collectively recognize the interrelation of psychological and physical health. Individuals with physical health problems are at greater risk for developing mental health problems (e.g., anxiety, depression, suicide) than are individuals without good physical health. And individuals with mental health problems (e.g., loneliness and prolonged stress) are much more likely, subsequently, to show a physical disease and die sooner than their peers without mental health problems. Being the classic academic, Alan passionately stresses that what we know from research is important. He constantly asks the readership: What evidence do we have that would support the strategies discussed?

"Psychological processes include how we feel (emotions), think (cognitions), process the environment (perceptions), and act (behaviors). Problems emerge when one or more of these interrelated domains begin to interfere with our functioning in everyday life and continue or are enduring." "Overall, the weight of the evidence suggests mind-body interventions can

continued on page 46

have an impact on psychiatric symptoms, with extensive evidence on depression and anxiety but other domains as well…. As with physical activity and exercise, there are key benefits in physical health." Intriguing questions: How can we capitalize upon the unprecedent advances occurring within the technological fields, including the use of digital apps? What are our constantly changing intervention options? What have other nations learned that we might want to consider?

Our colleague concludes with specific recommendations and proposed next steps. First, select a narrow focus—on one disorder or problem domain perhaps. Build on existing models. And always ensure that identifiable measures are available and in place. Although there is remarkable work going on and at many levels, there remains a huge treatment gap and health disparities in the care of mental health problems. "The treatment gap remains staggering.… The majority of people in need of mental health services receive no treatment. We are not sufficiently reducing mental health problems or directing those in need to treatment options. The challenge is to decide what we ought to do now…. The next step—to show that we can make a difference, if only moving the proverbial needle a little to ensure that more people in need are actually served—is critical." "Memories are made of this" (Dean Martin, *Memories Are Made of This*).

Aloha,

Pat DeLeon, former APA President—Division 29—January, 2026

2026 CHARLES J. GELSO PSYCHOTHERAPY RESEARCH GRANT

Brief Statement about the Grant Program
The Charles J. Gelso, Ph.D., Psychotherapy Research Grant, offered annually by the Society for the Advancement of Psychotherapy (SAP) to graduate students, predoctoral interns, postdoctoral fellows, and psychologists (including early career psychologists), provides up to three (3) grants of $5000 each toward the advancement of research on psychotherapy process and/or psychotherapy outcome.

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

Submission Deadline: March 1, 2026

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

Description
The program for 2026 will award one grant for a research project in the area of psychotherapy process and/or outcome.

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

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

Eligibility Requirements
- Demonstrated or burgeoning competence in the area of proposed work
- IRB approval must be received from the principal investigator's institution before funding can be awarded if human participants are involved
- The same project/lab may not receive funding two years in a row
- Applicant must be a member of the Society for the Advancement of Psychotherapy (Division 29 of APA). Join the Society at http://societyforpsychotherapy.org/

continued on page 48

Evaluation Criteria

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

Requirements Components for All Proposals

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

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

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

Additional Information

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion.
- Grant recipients are expected to write a brief article on their project for SAP's *Psychotherapy Bulletin* within 2 years of receiving funding.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.

continued on page 49

- All individuals who directly receive funds from SAP will be required to complete an IRS W-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31)

Submission Process and Deadline

- All materials must be submitted electronically.
- All applicants must complete the grant application form, in MSWord or other text format.
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file.
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email).
- All required materials for proposal should be submitted to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
- Deadline: March 1, 2026

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Science and Scholarship Domain Representative (Dr. Jamie Bedics at jbedics@callutheran.edu), or Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net.

Society for the Advancement of Psychotherapy

2026 NORINE JOHNSON PSYCHOTHERAPY RESEARCH GRANT FOR EARLY CAREER PSYCHOLOGISTS

Brief Statement about the Grant
The Norine Johnson, Ph.D., Psychotherapy Research Grant, offered annually by the Society for the Advancement of Psychotherapy to Early Career Psychologists (within 10 years post earning the doctoral degree), provides $20,000 toward the advancement of research on psychotherapy. All aspects of psychotherapy research can be supported, including the psychotherapy relationship, psychotherapy process, or psychotherapy outcomes.

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

Submission Deadline: March 1, 2026

Request for Proposals:
Norine Johnson, Ph.D., Psychotherapy Research Grant for Early Career Psychologists

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

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

Funding Specifics
- One annual grant of $20,000 to be paid in one lump sum to the researcher, to the researcher's university grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities (see *Additional Information* section below).
- Funds must be transferred to the researcher, university grants and contracts office, or to an incorporated company by December 15 of the year in which the grant award notification is made.

Eligibility Requirements
- Early Career (within 10 years post earning the doctoral degree), Doctoral-level researchers
- Demonstrated competence in the area of proposed work
- IRB approval must be received from the principal investigator's institution before funding can be awarded if human participants are involved
- The selection committee may elect to award the grant to the same individual or research team up to two consecutive years
- The selection committee may choose not to award the grant if no suitable nominations are received

continued on page 51

- Applicants must be a member of the Society for the Advancement of Psychotherapy. Join the society at http://societyforpsychotherapy.org/

Evaluation Criteria

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

Proposal Requirements for All Proposals

- Description of the proposed project to include title, goals, relevant background, target population, methods, anticipated outcomes, and dissemination plans: not to exceed 3 single-spaced pages (1 inch margins, no smaller than 11-point font)
- Principal investigator CV: should focus on research activities and not to exceed 2 single-spaced pages
- A 300-word biosketch that describes why your experiences and qualifications make you suited for successfully carrying out this research proposal.
- Timeline for execution (priority given to projects that can be completed within 2 years)
- Full budget and justification (indirect costs not permitted), which should take up no more than 1 additional page (the budget should clearly indicate how the grant funds would be spent)
- Funds may be used to initiate a new project or to supplement additional funding. The research may be at any stage. In any case, justification must be provided for the request of the current grant funds. If the funds will supplement other funding or if the research is already in progress, please explain why the additional funds are needed (e.g., in order to add a new component to the study, add additional participants, etc.)

Additional Information

- After the project is completed, a full accounting of the project's income and expenses must be submitted within six months of completion
- Grant recipients are expected to write a brief article related to their project for Division 29's *Psychotherapy Bulletin* within 2 years of receiving funding.
- Grant funds that are not spent on the project within two years of receipt must be returned
- When the resulting research is published, the grant must be acknowledged by footnote in the publication
- All individuals directly receiving funds from the Society for the Advancement of Psychotherapy will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31). (For further information, see IRS webpage on Grants to Individuals: https://www.irs.gov/charities-non-profits/private-foundations/grants-to-individuals).

Submission Process and Deadline

- All materials must be submitted electronically **at the same time**

continued on page 52

- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received. Please resubmit.
- Deadline: March 1, 2026

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Science and Scholarship Domain Representative (Dr. Jamie Bedics at jbedics@callutheran.edu), or Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net.

Society for the Advancement of Psychotherapy

THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY (DIVISION 29) DIVERSITY RESEARCH GRANT FOR EARLY CAREER PSYCHOLOGISTS

Deadline: March 1, 2026

The Diversity Research Grant for early career psychologists was established to foster the promotion of diversity within the Society for the Advancement of Psychotherapy (APA Division 29) and within the profession of psychotherapy.

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

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

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

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

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

The Application Must Include:

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

Selections Criteria:

- Consistency with the Diversity Research Grant's stated purposes;
- Clarity of the written proposal;

continued on page 54

- Scientific quality and feasibility of the proposed research project;
- Budgetary needs for data collection and completion and presentation of the project;
- Potential for new and valuable contributions to the field of psychotherapy;
- Potential for final publication or likelihood of furthering successful research in topic area; and
- Awardee *must* be a member of the Society for the Advancement of Psychotherapy (APA Division 29)

Submission Process And Deadlines:

- All materials must be submitted electronically **at the same time**
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
- **Deadline: March 1, 2026**. Incomplete or late application packets will not be considered.

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Diversity Domain: Changming Duan PhD (duanc@ku.edu).

Additional Information

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.
- All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099.

Society for the Advancement of Psychotherapy

THE SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY (APA DIVISION 29) DIVERSITY RESEARCH GRANT FOR PRE-DOCTORAL CANDIDATES

Deadline: March 1, 2026

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

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

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

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

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

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

The Application Must Include:

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

continued on page 56

Selections Criteria:

- Consistency with the Diversity Research Grant's stated purposes;
- Clarity of the written proposal;
- Scientific quality and feasibility of the proposed research project;
- Scientific quality and feasibility of the proposed research project;
- Potential for new and valuable contributions to the field of psychotherapy;
- Potential for final publication or likelihood of furthering successful research in topic area; and
- Awardee must be a member of the Society for the Advancement of Psychotherapy (APA Division 29)

Submission Process And Deadlines:

- All materials must be submitted electronically **at the same time**
- All applicants must complete the grant application form, in MSWord or other text format
- CV(s) may be submitted in text or PDF format. If submitting more than 1 CV, then all CVs must be included in 1 electronic document/file
- Proposal and budget must be submitted in 1 file, with a cover sheet to include the name of the principal investigator and complete contact information (address, phone, fax, email)
- Submit all required materials for proposal to: Tracey A. Martin in the Society for the Advancement of Psychotherapy (Division 29 of APA) Central Office, assnmgmt1@cox.net
- You will receive an electronic confirmation of your submission within 24 hours. If you do not receive confirmation, your proposal was not received; please resubmit.
- **Deadline: March 1, 2026**. Incomplete or late application packets will not be considered.

Questions about this program should be directed to the Society for the Advancement of Psychotherapy Diversity Domain: Changming Duan PhD (duanc@ku.edu).

Additional Information

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

SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY INTERNATIONAL RESEARCH GRANT FOR STUDENTS AND EARLY CAREER PROFESSIONALS

Description
Consistent with the goals of the Society for the Advancement of Psychotherapy (SAP) and its International Domain, the International Research Grant for graduate students and early career professionals was established in order to promote more international and cross-cultural research within SAP and within the profession of psychotherapy.

The International Research Grant is expected to be used to support the completion of a research project. The grant may be used to fund:

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

Funding Specifics
The grants of $1,000 will be paid in one lump sum to the researcher, to their university's grants and contracts office, or to an incorporated company. Individuals who receive the funds could incur tax liabilities. All grant recipients will be required to complete an IRS form W-9 before funds are issued. International students from countries that have a tax treaty with the United States are exempts from taxes but will need to complete the form W-8BEN.

Eligibility Requirements
The Society may award this $1,000 International Research Grant to a graduate student or early career professional (within 10 years of receiving the doctoral degree). The applicant must be a member of the Society. This grant is available to all graduate students including U.S. citizens, permanent residents, and international students and affiliates. The recipient of the grant will be expected to present their research results in a scholarly forum (e.g., presentation at an APA Annual Convention, the Society journal, Psychotherapy, or other refereed professional journal) and the *Psychotherapy Bulletin*.

Evaluation Criteria

- Consistency with the International Research Grant's stated purposes;
- Clarity of the written proposal;
- Scientific quality and feasibility of the proposed research project;
- Budgetary needs for data collection and completion and presentation of the project;
- Potential for new and valuable contributions to the international advancement of psychotherapy; and
- Potential for final publication or likelihood of furthering successful research in topic area.

continued on page 58

Proposal Requirements

- A 1-2 page cover letter describing how the applicant's work embodies the Society's interest in promoting the internationalization of psychotherapy and how the funding will be used to support the applicant's research project;
- A 1-page document outlining a detailed budget;
- A double-spaced 5-10 page research proposal on the project;
- 1 letter of recommendation from the student's current direct supervisor or advisor; OR a research mentor or reference writer for early career professionals

Additional Information

- After the project is complete, a full accounting of the project's income and expenses must be submitted within six months of completion.
- After the project is complete, a summary report should be submitted to SAP's official outlet *Psychotherapy Bulletin*. The summary report should use accessible language to share the project's aims, methods, major findings, and conceptual and practical implications with SAP's professional community and the general public.
- Grant funds that are not spent on the project within two years must be returned.
- When the resulting research is published, the grant must be acknowledged.
- All individuals who directly receive funds from the division will be required to complete an IRS w-9 form prior to the release of funds, and will be sent a 1099 after the end of the fiscal year (December 31st). The exceptions are international students from countries that have a tax treaty with the United States; however, they will need to complete the form W-8BEN.

Submission Process and Deadline

Submission Process: A complete application must be submitted by email to the International Domain Director: Xu Li, Ph.D., at LIXU.BNU@gmail.com. Incomplete or late application packets will not be considered.

Submission Deadline for Year 2026: March 1st, 2026

Society for the Advancement of Psychotherapy

DIVISION 29 (SOCIETY FOR THE ADVANCEMENT OF PSYCHOTHERAPY) INTERNATIONAL MEMBER SCHOLARSHIP AWARD: EXPANDING PSYCHOTHERAPY ACROSS BORDERS

Now Accepting Applications:
International Member Scholarship Award (Year 2026)

The Society for the Advancement of Psychotherapy (SAP), Division 29 of the American Psychological Association, is excited to announce a new initiative aimed at expanding our global reach and supporting the professional development of early-career psychotherapy professionals around the world.

This scholarship award seeks to empower new international members, particularly those from underrepresented countries or regions, by supporting their involvement in SAP activities and advancing psychotherapy research, training, and practice in their home communities.

Award Overview

- Amount: $500 per recipient
- Number of Awards: 3
- Use of Funds: May include SAP conference registration, travel support, professional training, or access to professional development materials.

Goals of the Scholarship

- Increase the cultural and geographic diversity of SAP membership.
- Support professional growth and leadership of emerging psychotherapy scholars and practitioners around the world.
- Strengthen SAP's international presence through grassroots engagement.
- Promote long-term involvement of international members in SAP activities.

.

Eligibility

All international psychotherapy researchers and practitioners at any stage of professional development (e.g., student to senior practitioner), who are considering SAP membership, are eligible to apply. Applicants do not need to be current members at the time of application. However, if selected, they must be a current member at the time of receiving the award.

Application Materials

Applicants should submit the following:

1. Curriculum Vitae (CV), which shows your
   - Professional background.
   - Evidence of involvement in psychotherapy research, practice, or training.
2. Cover Letter (1 to 2 single-spaced pages). In the letter, please address:
   - Your financial need and how the scholarship would support your professional development.

continued on page 60

- Your plan for engaging with SAP (e.g., attending conferences, joining committees, publishing) and promoting cultural diversity within the SAP.
- Your plan for expanding SAP's outreach in your home country/community.
- How you will use the scholarship funds and the potential long-term benefits to your career and contributions to SAP's global mission

3. Brief Budget Plan: A breakdown of how the $500 scholarship would be used (e.g., conference registration, travel, materials)

Selection Criteria
Applications will be evaluated based on:

- Professional background and financial need.
- Prior involvement in psychotherapy training, practice, or research.
- Clarity of professional goals and alignment with SAP's mission.
- Thoughtfulness of plan for engaging with SAP and promoting diversity within SAP.
- Thoughtfulness of plan for expanding SAP's outreach in applicant's home country/community.
- Feasibility and impact of proposed use of funds.
- Potential for long-term engagement with SAP.

Application Timeline
Application Deadline for Year 2026: **March 1st, 2026.**

Submission Guidelines
Please email all your application materials in one combined PDF document to Xu Li, Ph.D., SAP International Affairs Director, at lixu.bnu@gmail.com. The application email should have a clear subject line "Application for International Member Scholarship Award_Your Name." Late submissions or incomplete submissions will not be considered.

Society for the Advancement of Psychotherapy

Society for the Advancement of Psychotherapy—APA Division 29

Enter our Annual Student Paper Award Competition

The Society for the Advancement of Psychotherapy (SAP) hosts the student award competitions - four paper award categories that aligns with the society's mission, where students are committed to advancing and enhancing the science and practice of psychotherapy

- Donald K. Freedheim Student Development Paper Award: Paper is grounded in the examination of one or more aspects of psychotherapy (theory, practice, or research)
- Lillian Comas-Diaz Diversity Paper Award: Paper effectively presents components of diversity and its relevant concerns within psychotherapy
- Mathilda B. Canter Education and Training Paper Award: Paper distinguishably discusses the educational, supervisional, or training tenants of psychotherapists
- Jeffrey E. Barnett Psychotherapy Research Paper Award: Paper distinctly addresses psychotherapist factors that potentially influences treatment effectiveness and outcomes

What are the benefits to you?

- Winners receive a cash prize of $500 and a certificate, presented at the Society's Awards Ceremony at APA Convention. They will also have the opportunity to receive a $500 reimbursement for travel costs to the APA Convention.
- Enhance your curriculum vitae and gain national recognition.
- Abstract will be published in the Psychotherapy Bulletin, the official publication of SAP/ Division 29.

Who is eligible:?

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

How do I get started?

Have more questions? Interested in applying? See detailed award descriptions and requirements at
https://societyforpsychotherapy.org/members/student-portal/awards/

Submissions should be emailed to: K'hiari Hailey, Chair, Student Development Committee, Society for the Advancement of Psychotherapy, at nh10556@georgiasouthern.edu

Deadline is March 1, 2026

Society For The Advancement Of Psychotherapy

THE ONLY APA DIVISION SOLELY DEDICATED TO ADVANCING PSYCHOTHERAPY

MEMBERSHIP APPLICATION

Society for the Advancement of Psychotherapy

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

JOIN THE SOCIETY AND GET THESE BENEFITS!

FREE SUBSCRIPTIONS TO:

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

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

EARN CE CREDITS

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

DIVISION 29 PROGRAMS

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

SOCIETY INITIATIVES

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

NETWORKING & REFERRAL SOURCES

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

OPPORTUNITIES FOR LEADERSHIP

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

DIVISION 29 LISTSERV

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

VISIT OUR WEBSITE

www.societyforpsychotherapy.org

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

Name _____ Degree _____

Address _____

City _____ State _____ ZIP_____

Phone _____ FAX _____

Email _____

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

If APA member, please provide membership #

Card # _____ Exp Date _____/_____

Signature _____

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

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

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

PUBLICATIONS AND COMMUNICATIONS BOARD

Chair: Amy Ellis, PhD, 2021-2026
Nova Southeastern University
College of Psychology
3301 College Avenue
Fort Lauderdale, FL 33317
516-459-3137
amyellisphd@gmail.com

Changming Duan, PhD, 2019-2024
Bruce Liese, PhD, 2019-2024
Bob Hatcher, PhD 2020-2025
Michelle Collins Greene, 2020-2025
Lavita Nadkarni, 2024-2029
Corey Manley, 2024-2025 (student member)

EDITORS

Psychotherapy Journal Editor, 2025-2029
Jesse J. Owen, PhD
University of Denver
1999 E Evans
Denver CO 80210
Jesse.Owen@du.edu

Internet Editor, 2023-2025
Zoe Ross-Nash, PsyD
editor@societyforpsychotherapy.org

PSYCHOTHERAPY BULLETIN

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

Psychotherapy Bulletin welcomes articles, interviews, commentaries, letters to the editor, book reviews, and SAP-related announcements. Please ensure that articles conform to APA style; graphics, tables, or photos submitted with articles must be of print quality and in high resolution. Complete Submission Guidelines and the online submission portal can be found at http://societyforpsychotherapy.org/bulletin-about/ (for questions or additional information, please email Zoe Ross-Nass editor@societyforpsychotherapy.org 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

Society for the Advancement of Psychotherapy (29)
Central Office, 6557 E. Riverdale Street, Mesa, AZ 85215
Ofc: (602) 363-9211 • Fax: (480) 854-8966 • E-mail: assnmgmt1@cox.net
www.societyforpsychotherapy.org

American Psychological Association
6557 E. Riverdale St.
Mesa, AZ 85215

www.societyforpsychotherapy.org

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

We'd love to hear from you!