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PSYCHOTHERAPY BULLETIN

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SAP FALL PRESIDENTIAL COLUMN

Stewart Cooper, PhD, ABPP



Recently, the twenty-year anniversary of Hurricane Katrina was honored with documentaries reviewing its causes as well as efforts at healing from its injuries, physical and personal. The devastation of Katrina resulted from a complex interplay of natural as well as human and structural factors. Today, we are facing a new type of hurricane, perhaps a never experienced before level 6 or 7 one, caused by rapidly accelerating changes and intensifying uncertainty, and fueled by a complex interaction of technological disruption, global interconnectedness, shifting workforce expectations, and societal pressures. Psychotherapy practice, education, supervision, research, and administration are being impacted by this hurricane of unprecedented very rapid change—and all of us, as SAP members and leaders, alongside our clients, students, supervisees, and research participants, will need to collaborate together to both mitigate the destructive aspects as well as to optimize the opportunities.

This is the final of my four Presidential Columns it is my privilege to write this year, each being the lead article in every issue of the **Psychotherapy Bulletin** and also as the featured article on the **SAP Website Homepage**. My hope is the structure I have employed has helped you in becoming aware of the myriad activities SAP leaders and volunteers are doing for you as well as the opportunities they are making available to you and that you are excited about both these directions and opportunities. My wish is that you have reached out to SAP leaders to get involved or to express

needs or that you do so this Fall.

My first Presidential Initiative focuses on furthering our focus on the salience and incorporation of identity and culture in the science, practice, and education of psychotherapy and psychotherapy supervision. Details on how the various domain/committee areas of SAP have been working in that were shared in my first Presidential Column linked [here](#).

My second Presidential Initiative focuses global cross-fertilization of psychotherapy research, education, practice, and application. The contributions of the various SAP domain/committee members to this important area were outlined in my second Presidential Column which can be accessed [here](#).

My third Presidential Initiative focuses on increasing the value and engagement of SAP membership across the professional lifespan. The third Presidential Column linked [here](#) provides information on how the various areas of SAP functioning are working on this critically important priority.

My fourth and final Presidential Initiative focuses on having SAP function as the authoritative voice in advancing psychotherapy science, practice, education, and application. The remainder of this column will feature what each of our seven Domains (in their alphabetic order) plus our Publications Board have done, are doing, or plan to do as aligned with this fourth priority. At the end of the column, I will opine some comments about my hopes for SAP for the future as tied into the times of unparalleled change that are manifesting in so many ways and areas.

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Diversity Domain

Domain Representatives:
Changming Duan, PhD, and
Susan Woodhouse, PhD

Committee Chair: Wonjin Sim, PhD

Coordinator of the Advocacy and Mentoring Program for Diversity (AMPD) program: Rosemary Phelps, PhD

- Diversity Domain has been active engaging members and conducting activities in line with President's initiatives for 2025. Specifically, a number of activities have been initiated and pursued, and they have yielded some positive outcomes. Among them:
 1. AMPD program is healthy and going well! The 2023-2025 cohorts of scholars (2) have just graduated with a presentation at APA convention. The recruitment of the next cohort of scholars will start soon.
 2. A new diversity committee has been recently formed with 5 members. The committee has met twice and developed six programs with persons in charge identified.
 3. We have initiated and implemented a collaborative program with International Domain—we presented at Society for Psychotherapy Research 2025 and submitted to PB subsequently.
 4. Diversity Research Grants applications were reviewed by the adhoc committee, committee chair, and domain representatives and two recipients (Yu Tian and Cameron Andrews) were selected. The grant award was presented to Cameron Andrews was presented in person at APA 2025 in Denver.

Early Career Psychology (ECP) Domain

Domain Representative: Yujia Lei, PhD

Committee Chair: Peter Franz, PhD

The ECP committee is currently focused on expanding training opportunities to improve clinical practice in two key areas. First, we are planning a webinar focused on improving clinicians' abilities to enhance engagement, commitment, and alliance with therapy clients. This webinar will feature Jordan Harris, PhD, who has developed a deliberate practice training program he will share with our attendees. Second, we are planning a webinar focused on technological innovations that can enhance clinical assessment and intervention efforts, especially for high-risk clients. This webinar will feature Matthew Nock, PhD, who codirects Harvard University's Center for Suicide Research and Prevention.

Education and Training Domain

Domain Representative:

Erica Marshall-Lee, PhD

Committee Chair: Melissa Jones, PhD

The Education and Training Domain is working on several projects:

- We are actively identifying strategies to increase webinar and CE offerings and attendance.
- We will discuss offering a webinar focused on the ethics, benefits, and utilization of AI as a therapeutic intervention in session and as an aid to the therapeutic process between sessions.

International Domain

Domain Representative: Xu Li, PhD

Committee Chairs: Changming Duan, PhD & Dana Tzur-Bitan, PhD

Positioning SAP as the Authoritative Voice in Psychotherapy Science, Practice, Education, and Application

continued on page 4

1. Overview

In alignment with the presidential initiative, the International Committee has focused on strengthening SAP's global presence, fostering international research collaboration, and promoting culturally informed psychotherapy. Through scholarly dissemination, strategic partnerships, and inclusive membership initiatives, the committee has contributed to SAP's leadership as a global authority in psychotherapy.

2. Major activities and outcomes

2.1 Advancing international scholarship

- Quarterly meetings have sustained ongoing planning and collaboration across regions.
- Five Bulletin articles were published by committee members in 2025, sharing global perspectives on psychotherapy.
- At SPR 2025 (Krakow), the committee organized five symposia and a social hour, highlighting SAP's international leadership.
- The special issue of *Practice Innovations on International Perspectives on Psychotherapy* (edited by Rod Goodyear & Dana Tzur-Bitan) is nearing completion, expanding SAP's influence on global practice.

2.2 Building global research capacity

- Coordinated the Division's International Research Grant review process for students and early career professionals.
- Continued an ongoing multi-country research project involving seven countries/regions.
- Launched a collaborative project examining the role of *social location* in psychotherapy, advancing equity-focused research.

2.3 Strengthening partnerships and membership

- Continued collaboration with Oriental Insight (China), resulting in steady membership growth and strong engagement.
- Implemented the International Membership Grant, supporting outreach to underrepresented regions.
- Partnered with the Diversity Domain for a joint program at SPR and a subsequent *Psychotherapy Bulletin* submission.

3. Key results

- Global visibility: SAP maintains a strong and growing presence at international conferences such as SPR.
- Enhanced scholarly engagement: Bulletin submissions have increased, reflecting successful outreach strategies.
- Collaborative community: Our 17-member committee has become a productive, globally connected network.
- Expanding reach: Membership in China continues to grow, supported by active engagement and dissemination efforts.

4. Summary

Through research, outreach, and collaboration, the International Committee has advanced SAP's role as a globally engaged and authoritative voice in psychotherapy. Our work continues to strengthen SAP's impact across science, practice, education, and application worldwide.

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Membership Domain

Domain Representative:

Jairo Fuertes, PhD

Committee Chair:

Firouz Ardalan, PhD

- One of our primary goals is to strengthen and cultivate deeper engagement among our membership, while ensuring that our work remains integrated, collaborative, and mutually reinforcing throughout the division. Furthermore, we are continuing to design and build better ways to maintain and engage new members of the division. We aim to create a more cohesive structure and process that maximizes the collective strengths of our membership to help advance the overall mission of Division 29.
- Equally central to our vision is ensuring that our membership is aware, engaged, and active in the society's many offerings. This emerging generation represents the future of the Society for the Advancement of Psychotherapy. By both attracting new members and engaging current members, we will ensure a robust community and spread the powerful voice of Division 29. Our members' involvement is essential in shaping the identity, values, and culture that Division 29 aspires to embody, which strongly promotes advancing psychotherapy science, practice, and education. We are committed to building pathways for mentorship, professional development, and meaningful participation so that students, early-career psychologists, practitioners, researchers, policy-makers, and others feel welcomed, supported, and empowered to contribute to the Division's long-term vitality and mission.

Professional Practice Domain

Domain Representative: Amy Ellis, PhD

Committee Chair: Marcy Rowland, PhD

- We are pleased to announce that we have an upcoming webinar in which we will be offering two free continuing education credits, titled, "Pathways to Specialization: Lessons from Experts in Creating Thriving Niche Practices" which will take place on December 12, 2025 at 2:00pm EST. Register here: https://us06web.zoom.us/webinar/register/WN_bkcsq5bSbm0ShuzhSgTsg. More about the webinar: This continuing education symposium brings together five seasoned mental health professionals from diverse disciplines, including social work, counseling psychology, clinical psychology, professional counseling, and marriage and family therapy—to share their journeys in developing successful niche practices. Panelists will discuss their unique pathways to building practices and provide insight into how specialized practice areas can enhance client care, strengthen referral networks, and create a sustainable business model. Topics will include developing expertise in working with unique populations (e.g., clients in rural settings, couples and families, trauma survivors, adolescents, autism evaluations) and navigating the practical and ethical considerations of niche marketing. Panelists will highlight common challenges associated with balancing business demands and offer concrete strategies and lessons learned to help them identify their own niche areas, market effectively, and design practices that align with their professional values and goals.
- We're launching a broad initiative to better understand member per-

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spectives on the evolving issue of master's-level psychology training and accreditation. We're inviting Division 29 members with any relevant experience or insight (whether through clinical work, supervision, training, or policy engagement) to complete a brief survey. Your responses will contribute to a qualitative synthesis of perspectives from across the Division, with the goal of informing dialogue, education, and policy considerations around this complex and timely topic. The survey includes a few open-ended questions and takes approximately 10–15 minutes to complete. If you're interested in further involvement, there's also a question at the end about potential authorship or contribution to a future Bulletin article:

https://novapsy.sjc1.qualtrics.com/jfe/form/SV_033j2bLX3PuW6XQ

Public Interest and Social Justice

Domain Representative:
Andreas Perez-Rojas, PhD

Social Justice Committee Chair:
Linda Campbell, PhD

The Public Interest and Social Justice Domain is actively advancing several key projects that position SAP as an authoritative voice in psychotherapy on many fronts:

1. Measure of Structurally Competent Case Conceptualization

- Advances science and practice by developing a validated tool to assess therapists' integration of social determinants of health into case conceptualization.
- Strengthens education and application by providing a standard for training and supervision.
- Positions SAP as a leader in defining structurally competent psychotherapy.

2. Culture & Context-Specific Psychotherapy Factors (with Diversity Domain)

- Expands scientific knowledge on psychotherapy for marginalized clients.
- Informs education and training to better prepare therapists for real-world diversity.
- Establishes SAP's voice in embedding cultural and contextual awareness into psychotherapy.

3. Pilot Study: Challenges Faced by Asian Students (with Diversity Committee)

- Contributes new research evidence on an underserved student group.
- Guides practice and resource development for equitable student support.
- Serves as a model for expanding research to other identity groups, reinforcing SAP's leadership.

4. Webinar Series on Structural Competency

- Advances education through accessible, practice-oriented learning opportunities.
- Bridges science and application by translating research into clinical skills.
- Positions SAP as the go-to source for training in structural and contextual psychotherapy.

Science Domain

Domain Representative: Patricia Spangler, PhD

Committee Chair: Harold Chui, PhD

- Science and Scholarship continues to encourage psychotherapy scientists from across the world to apply for our

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grants. Proposals for the Charles J. Gelso, PhD., Psychotherapy Research Grant and the Norine Johnson, PhD., Psychotherapy Research Grant for Early Career Psychologists were announced in the *Psychotherapy Bulletin* in February, were received on May 1, 2025. The grants committee was pleased that both the Gelso and Johnson grants received multiple applicants, several of them from outside the United States. The 6 Gelso and 5 Johnson grant applications were highly competitive with quality research proposals coming from across the United States from 4 international applicants. The committee chair was able to recruit 4 reviewers from among SAP member to rate the applications. The committee chair and domain representative were pleased that our goal of encouraging international applicants was met for both the Gelso and Johnson grants.

- The domain representative, Patricia Spangler, and committee chair, Harold Chui, continue to work with grant recipients on grant administration issues, which have typically involved processing requests for extensions due to unforeseen issues.

In addition to our above Domains, our *Bulletin* and *Psychotherapy* publications continue to have a focus on this third initiative.

- As always, please check out our fantastic articles, related to Dr. Cooper's presidential themes, located on our website:
 - <https://societyforpsychotherapy.org/knowing-what-you-dont-know/>
 - <https://societyforpsychotherapy.org/integrating-technology-into-psychotherapy-practice/>
 - <https://societyforpsychotherapy.org/behavioral-health-technology-platforms-and-the->

[implementation-of-measurement-based-care-in-psychotherapy/](#)

- And through our journal with a recent special issue on big needle jumps in psychotherapy research:
 - Constantino, M. J., Coyne, A. E., & Boswell, J. F. (2025). Big needle jumps in psychotherapy research. *Psychotherapy*, 62(3), 263–266. <https://doi.org/10.1037/pst0000582>
 - Goldberg, S. B., Tanana, M., Stewart, S. H., Williams, C. Y., Soma, C. S., Atkins, D. C., Imel, Z. E., & Owen, J. (2025). Automating the assessment of multicultural orientation through machine learning and natural language processing. *Psychotherapy*, 62(3), 292–300. <https://doi.org/10.1037/pst0000519>
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Final Comments

We are living in a time of unparalleled change. Such times can involve a high level of stress and anxiety but they also offer tremendous opportunities (Guan, Wang, Zhang, & Cao, 2023). As computing power, AI, biotech, renewable energy, and communications show exponential growth patterns (Moore's Law-style trends), technological developments build on each other, so breakthroughs come faster. Because of global connectivity and social media, cultural shifts (e.g., attitudes toward work, gender roles, climate change) diffuse across societies far more quickly than in past centuries. Scientists note that climate impacts—extreme weather, melting ice, biodiversity loss—are not linear but accelerating

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erating due to feedback loops. The need for psychotherapy as a support and a facilitator could not be greater. Helpful **Mindsets for Leading Accelerated Change** (see Ravitch & Herzog, 2023) need to be encouraged. These include:

1. **Adaptability & Flexibility** — Willingness to pivot quickly, experiment, and learn from failure;
2. **Growth Orientation** — Seeing disruption as an opportunity for innovation, not just a threat.
3. **Systems Thinking** — Understanding how changes in one area ripple through others;
4. **Empathy & Human-Centeredness** — Recognizing that people experience change at different paces and with different anxieties;
5. **Resilience** — The ability to absorb shocks, recover, and model steadiness for others; and
6. **Ethical Foresight** — Asking not just *can we* change, but *should we*—a crucial stance in tech-driven acceleration.

I feel deeply grateful for the opportunity to serve as Division 29 President and am excited and optimistic that all of what needs to be accomplished in the remaining months of 2025 will be successful. I am also deeply appreciative for all the talented and dedicated leaders in the Society who volunteer their time and efforts to advance psychotherapy science, practice, education, supervision, and administration, and for the many, many SAP

members who do likewise. A new opportunity created this spring is to participate in Presidential Town Halls. These Presidential Town Halls will focus on different populations within the Division. Please be on the lookout for these Town Halls.

I want to end my final Presidential Column with encouragement for each of you to utilize all the knowledge and tools that the Society is providing through its **Website**, **Psychotherapy Journal**, **Psychotherapy Bulletin**, the **listserv**, and Various **Social Media** outlets as well as opportunities for involvement on its various **committees**. I also encourage you to contribute to each of these outlets. **Opportunities for leadership are available**. If you are not sure how you would like to contribute but would value a conversation, please reach out to me.

Stewart Cooper, PhD, ABPP
SAP President

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- Ravitch, S., & Herzog, L. (2023). *Leadership Mindsets for Adaptive Change: The Flux 5*. Taylor & Francis.



ELECTRONIC COMMUNICATION EDITOR'S COLUMN

Zoe Ross-Nash, PsyD



Hello SAP!

I wanted to extend my deepest gratitude for your understanding regarding our shortened Fall *Bulletin*. I have a joyful personal update, I'm getting married! The timing coincided with our usual deadline and I would not have been able to support the team in producing the *Bulletin* on our regular schedule. As a result, this issue will include fewer articles than usual, but we anticipate a larger volume in the next edition.

A special thank you to the Electronic Communications team for your flexibility and support. I'm also happy to share that the entire team has committed to another term in their roles. We're excited for another year of connecting with authors and highlighting the

brilliant work happening within this division.

This issue features insightful articles from our incredible authors, covering topics such as private practice skills, integrating AI into clinical decision-making, neuroplasticity, and clinician well-being.

As we wrap up Volume 60, we look forward to what's ahead in *Psychotherapy Bulletin* Volume 61. A heartfelt thank you to all the authors who made this past year a success!

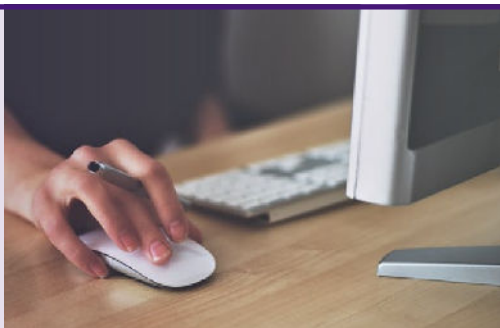
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Best,
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INTERNATIONAL DOMAIN

From Data to Intervention: Four International Case Studies of Practice-Research Networks in Mental Health

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Abstract

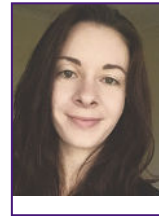
The gap between psychotherapy research and clinical practice remains a significant challenge, hindering the translation of evidence into real-world settings and the generation of practice-based evidence. Practice-research networks (PRN) have emerged as a powerful collaborative model to bridge this divide. This paper presents and synthesizes insights from four distinct international PRNs to illustrate their versatility, benefits, and operational models in advancing mental healthcare. We provide a descriptive review of four case studies that were presented at the 2025 Society for Psychotherapy Research Conference. The case studies reveal that while PRNs share a common goal of integrating science and practice, their structure and primary focus are responsive to context and may vary significantly. PRNs represent a vital and adaptable framework for the future of psychotherapy research and innovation. By fostering collaboration between clinicians, researchers, and patients, these networks are uniquely positioned to improve clinical outcomes, support continuous quality improvement, and create learning health systems that are responsive to the needs of diverse populations.

Introduction

For decades, a persistent gap has existed between the worlds of psychotherapy research and clinical practice (Castonguay et al., 2013). Research conducted in highly controlled academic settings often struggle for relevance and applicability in the complex reality of day-to-day clinical work. Conversely, the valuable data and clinical wisdom generated in practice have historically been difficult to systematically collect, analyze, and disseminate (Kazdin, 2008; Margison et al., 2000). This disconnect hinders the development of a truly evidence-based and evidence-generating mental healthcare system.

Practice-research networks (PRN) have emerged as a powerful solution to this challenge. PRNs are formal collaborations be-

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tween practicing clinicians and academic researchers that is built on a foundation of mutual respect and shared goals (Boswell et al., 2015). By implementing routine outcome monitoring (ROM) and pooling data from real-world clinical settings, PRNs create an infrastructure that serves both practice and research. For practitioners, PRNs provide tools for quality improvement, benchmarking, and immediate clinical feedback. For researchers, they give access to naturalistic datasets that enhance the ecological validity of their findings. Ultimately, these networks foster a learning organization (Senge, 2006) where practice informs research and research, in turn, enhances practice. The benefits of PRNs are manifold, including enhancing real-world relevance, improving clinical outcomes, empowering clinicians as researchers, and informing policy and funding decisions (Bower et al., 2012). However, there is no single blueprint for a successful PRN. Their structure, scale, and primary objectives can vary dramatically based on the specific context, available resources, and goals of the stakeholders.

In this paper, we present four distinct case studies of productive PRNs from the United States, the United Kingdom, and Norway. Each case study was originally presented as part of a panel at the 2025 Society for Psychotherapy Research Conference and illustrates a different model of PRN functioning. By comparing and contrasting these international examples, we aim to provide a comprehensive overview of the current landscape of PRNs and highlight the diverse ways they are driving innovation in mental healthcare.

Four International Case Studies of Practice-Research Networks

The following case studies demonstrate the implementation and operation of practice-research networks. Additional

information regarding this research is provided by Locke and colleagues (2012) and is discussed further throughout the following four case studies.

Case Study 1: The Center for Collegiate Mental Health (CCMH)—A Model of Large-Scale Data Aggregation. The Center for Collegiate Mental Health (CCMH) based out of Penn State University in the United States represents a mature, large-scale model of a PRN. CCMH was developed over several years (2003-2010) through a grassroots college counseling center initiative. Its mission is to bridge the gap between science and practice in college student mental health by providing accurate data to stakeholders to improve client care. Since it was formally launched in 2010, CCMH has grown into an international network of over 860 University Counseling Centers (UCC).

CCMH's success is built on a robust, grassroots-developed infrastructure. It provides UCCs with a standardized dataset for intake paperwork and a routine outcome measure called the Counseling Center Assessment of Psychological Symptoms (CCAPS). This data—spanning client identity, history, context, and symptoms—is uploaded from member centers' electronic health records (EHR) to a central, de-identified repository. This creates a powerful data flow and access to crucial information that incorporates the following:

- **Data sources:** Client self-reports, clinician reports, and administrative data.
- **Contributions:** Data from approximately 170,000 new clients and 5,000 therapists each year.
- **Products:** Localized reports for member centers, measure development, clinical trainings, and numerous peer-reviewed research publications.

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A representative CCMH study by Trusty et al. (2024) illustrates the network's impact. Using data from 16,197 clients at 85 UCCs, the study examined the link between psychotherapy dose, clinical outcome, and academic withdrawal. Structural equation modeling revealed that a higher number and frequency of therapy sessions predicted greater reductions in psychological distress. In turn, these improved clinical outcomes predicted a lower likelihood of the student withdrawing from the university. This finding provides crucial, practice-based evidence that UCCs can use to advocate for resources, demonstrating that an adequate therapeutic dose not only improves mental health but also supports the university's core mission of student retention.

Case Study 2: The SCORE Consortium—Building a National Evidence Base from the Ground Up. The Student Counselling Outcomes Research and Evaluation (SCORE; see <https://score-consortium.sheffield.ac.uk/home>) Consortium in the United Kingdom (UK) exemplifies a bottom-up approach to building a PRN. It was formed in response to a recognized need to develop a robust evidence base for student mental health services in the context of increased demand and inconsistent data collection practices. SCORE is a practice-research group that unites university counseling services, professional bodies, and researchers. Its core activity has been to pool routine service data from its member institutions (see Broglia et al., 2021; Newcombe et al., 2024; Scruggs et al., 2023). A key challenge was that services used different outcome measures and data systems. A major part of SCORE's work has, therefore, involved creating data recoding guides, identifying data gaps, and consulting with the sector to develop a national minimum dataset to improve data standards and facilitate meaningful cross-institutional

analysis (see O'Donnell et al., 2024).

Through this collaborative effort, SCORE has produced vital research to inform practice and policy. For instance, early work profiled student mental health and counseling effectiveness across four UK services, providing foundational data for the sector (Broglia et al., 2021). More recent studies have examined the impact of the COVID-19 pandemic on service delivery, including the pivot to online therapy, and explored the relationship between psychological distress and academic outcomes. The work of SCORE demonstrates how a PRN can be instrumental in creating an evidence base where one is lacking, fostering a culture of evaluation and data-informed practice across an entire sector.

See: <https://score-consortium.sheffield.ac.uk/home>

Case Study 3: Norse Impact—A PRN for Developing and Testing Digital Adjunct Interventions. The Norse Impact Program based in Norway showcases a forward-looking PRN model focused on using data collected from the Norse Feedback PRN (Nordberg et al., 2021) to create and test novel interventions. In one case application, it operates within the Helse Vest PRN, which serves a population of 1.1 million people and collects approximately 10,000 personalized, multi-dimensional Norse Feedback self-reports monthly. A foundational question for the PRN is how to use ROM toward additional client usefulness, beyond the already established benefits of clinical feedback on outcomes when integrated within psychotherapy processes (Moltu et al., 2018).

Norse Impact's core hypothesis is that enhancing a patient's health competency (their ability to understand, access, and apply mental health information and resources) outside the therapeutic

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encounter can increase the effectiveness of psychotherapy. The project moves beyond passive data collection to active intervention. The goal is to use the vast repository of ROM and outcomes data to develop machine learning and artificial intelligence (AI) algorithms that can:

- Predict outcomes, such as treatment dropout.
- Match patients to personalized, digital, adjunct resources (e.g., psychoeducational videos, self-monitoring visuals, evidence-based exercises) delivered to their mobile devices between sessions.

By using machine learning and large training sets to analyze patterns in self-report data, Norse Impact aims to identify patients' specific treatment needs and match these with available digital adjunctive treatment resources. These digital resources will be automatically delivered, for example, to strengthen the therapeutic alliance, increase insight or control, or to provide coping skills. Norse Impact represents a shift from using data for retrospective analysis to using it for real-time, personalized, and scalable patient support. This case aims to illustrate how PRNs can serve as innovation incubators, leveraging cutting-edge technology to augment traditional psychotherapy and empower patients.

Case Study 4: University of Oslo—Using a PRN Framework to Test Clinical Theory. The final case study (Høstmælingen et al., 2025) from the Norwegian Multi-Site Project for Studies of Process and Outcome in Psychotherapy (NMSPOP) at the University of Oslo highlights how the principles of practice-oriented research, which are foundational to PRNs, can be used to investigate core theoretical questions in psychotherapy. This work exemplifies a deep dive into a specific clinical mechanism within a naturalistic setting.

NMSPOP is a PRN collaboration between the universities of Oslo, Bergen, and Trondheim and eight sites comprising 15 Norwegian mental health outpatient clinics providing routine mental health services. A key motivation for the PRN was to provide insight into processes and outcomes from psychotherapy in a naturalistic treatment setting within the regular Norwegian health care system. Treatment was not manualized or restricted to a certain number of sessions, and data were collected from 1995 to 2008 from a highly distressed sample with a range of mental health problems. Data collection was intensive and conducted regularly through treatment, at 6-month, 1-year, and 2.5-year follow-ups.

This study addressed a long-standing question in depression treatment: does improvement in depressive symptoms lead to better interpersonal functioning, or does improvement in interpersonal problems drive the reduction of depressive symptoms? To investigate this, researchers followed 178 depressed patients receiving open-ended, non-manualized psychotherapy. They collected data on depressive symptoms and interpersonal problems at nine time points before, during, and after treatment (up to a 2.5 years). Using latent curve modeling with structured residuals, they analyzed the reciprocal, time-lagged influences between these two domains (Høstmælingen et al., 2025).

The results indicated that while the two are related, improvement in interpersonal problems was a stronger and more consistent predictor of subsequent improvement in depressive symptoms over time. This finding lends support to theories suggesting that interpersonal functioning is a core driving force in depression. For clinicians, this practice-based evidence suggests that specifically assessing and addressing patients' interpersonal distress, not just their

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depressive symptoms, may be crucial for achieving lasting change (Høstmæligen et al., 2025). This study is a powerful example of how naturalistic data, collected systematically within a PRN framework, can be used to refine clinical theory and guide therapeutic practice.

Discussion: Synthesizing the Models

These four case studies, while all rooted in the PRN philosophy, present a spectrum of models for bridging the research-practice gap.

The divergence lies in their primary application of this data. CCMH excels at descriptive power and benchmarking, answering “What is happening?” on a massive scale. SCORE demonstrates the power of a PRN in system building, creating order and shared standards where they were absent. Norse Impact points to the future, using a PRN as an engine for technological innovation and intervention development. Finally, the University of Oslo study shows how a PRN framework can provide a definitive answer

Table 1. Comparison of Four International Practice-Research Network Models

Dimension	CCMH (USA)	SCORE (UK)	Norse Impact (Norway)	NMSPOP (Norway)
Primary Goal	Large-scale data aggregation, benchmarking, and quality improvement.	Building a national evidence base; establishing data standards.	Developing and testing data-driven digital adjunct interventions.	Testing specific clinical theory in a naturalistic setting.
Scale	Very large international network (>800 centers, >170k clients/year).	National consortium of universities and professional bodies.	Large regional health network (1.1M population).	Single multi-site research study (N=178).
Key Innovation	Standardized data infrastructure integrated with EHRs.	Pooling and standardizing disparate data from multiple sources.	Using AI/ML to match patients with personalized digital support.	Application of advanced statistical modeling to naturalistic data.
Example Outcome	Evidence linking therapy dose to student retention.	Data on COVID impact; minimum data standard for the UK sector.	A predictive model to deliver personalized psychoeducation.	Evidence that improving interpersonal function reduces depression.

Common Threads, Barriers, and Facilitators of Success

Despite their differences, several common themes emerged from these case studies. First, all four models rely on the systematic collection of routine outcome data as their foundation. Second, they are all built on collaboration, recognizing that the expertise of both clinicians and researchers is essential. Third, they share a commitment to producing practice-based evidence that is relevant and useful for real-world care.

to a fundamental theoretical question.

The collective experience of these networks also sheds light on critical facilitators and barriers.

- Facilitators: A shared vision, strong leadership, a “clinical-first” focus that provides tangible benefits to practitioners, and a robust data infrastructure are crucial. The grass-roots development of CCMH and

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the practitioner-driven impetus of SCORE highlight the importance of clinician buy-in.

- Barriers: Challenges often include securing sustainable funding, navigating data privacy and ethics regulations, standardizing data across different systems, and managing the technical complexities of EHR integration.

Conclusion and Future Directions

Practice-research networks are not a monolithic concept but a flexible and powerful framework for advancing mental healthcare. As demonstrated by these four international case studies, PRNs can be adapted to serve a multitude of functions, from establishing a foundational evidence base to testing advanced AI-driven interventions.

The future of PRNs is bright and points towards greater integration and innovation. We see a trend towards more international collaboration, such as a new partnership between SCORE and CCMH to develop a new Student Experience and Academic Adjustment Measure (SEAM-10). The work of Norse Impact signals a significant move towards using PRN data not just to observe, but to actively and personally intervene.

By bringing researchers and clinicians together, PRNs break down old silos and create a virtuous cycle of inquiry and improvement. They ensure that research is grounded in the realities of practice and that practice is continually informed by the latest evidence. For any stakeholder committed to improving mental health outcomes, supporting, joining, or building a practice-research network is one of the most impactful investments we can make.

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Art Therapy with Ukrainian Refugees: A Pilot Program

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Clinical Impact Statement: This manuscript provides information for researchers and practitioners about the experiences of adult Ukrainian refugees in group art therapy. This pilot study provides information about the relevance of using culturally-focused art to help clients decrease anxiety and increase community connection.

In recent years, the number of worldwide refugees has skyrocketed. The United Nations High Commissioner for Refugees (UNHCR, 2025) reported there are over 43 million refugees—more than double what it was just 10 years ago—and 8 million asylum seekers internationally. Displaced people need support in variety of ways ranging from physical security to psychological treatment. While the experiences of refugees are unique and require individualized supports, many refugees endure mental health conditions at a higher percentage than the general population (World Health Organization [WHO], 2025). As such, it is crucial to make effective mental health support available to this vulnerable group. Because therapeutic intervention for refugees occurs in a country that is not their home country, cultural humility (Hook et al., 2017) and culturally informed therapeutic practices are essential for making mental health treatment accessible to this group. This approach can protect refugee populations from the risk of further isolation and harm caused by improper and inadequate treatment practices for this vulnerable popu-

lation (Davis et al., 2018). Art therapy is one option that shows promise with refugees, given its emphasis on nonverbal expression, which may help those with difficulty talking about their experiences and ease the role of language barriers.

Examining the merger of culturally informed treatment with art therapy as an approach to helping refugee populations is important, but current research on such treatments with refugees is extremely limited, particularly when considering the needs of adult refugees (as opposed to child refugees). What empirical studies do exist, however, conclude that art therapy may be helpful with adult refugee populations (Scott & Williams, 2024). As one example of treatment effectiveness, Hanania (2020) found positive results in a pilot program with refugees from the Levant region of the Eastern Mediterranean that incorporated a culturally significant form of embroidery into group art therapy. The use of culturally significant materials in art therapy coupled with a community emphasis in a population often faced with cultural isolation could be a promising avenue of research and treatment.

Considering the need for adequate systems of mental health support for refugees, the potential of group art therapy, the importance of culturally informed care, the promising results of the Hanania (2020) study, and the lack of current research in this area, the authors conducted a pilot, exploratory, mixed-methods study of a group therapy program with Ukrainian refugees using culturally significant materials.

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These materials included Ukrainian symbols, such as the national flag, and collage materials significant in Ukrainian culture (i.e., images of Ukrainian cultural symbols and landscapes). The aim of the five-week program was to bring relief to the participants and to facilitate their connections to their communities and home cultures.

The Study

Five Ukrainian refugees consisting of one male and four female participants with a mean age of 36.60 years ($SD = 5.86$) and who had been in the United States for less than a year took part in the five-session pilot art therapy program led by a licensed art therapist. Present at every session was the primary researcher and one or two interpreters to interpret for the art therapist. The program was held in a community room at a local Ukrainian Church in the Washington DC area and each session was 1-2 hours long. The therapist led participants through a series of collage

prompts and discussions about their creations. Due to the short timeframe of the pilot program, the goal was to encourage cultural connection and relieve stress rather than facilitate deep trauma work. No therapy was offered in the first session; participants gave informed consent and were given time to get to know one another and ask questions about the program. In the second and third sessions, participants engaged in collaged art of their safe places and integrations between opposing concepts, such as hope and loss or Ukraine and the US. In the final two sessions, they worked together to create a *community flag* (see image below) by decorating squares of yellow or blue canvas with representations of what being Ukrainian meant to them, with the final creation being the assembly of all the canvas squares into a Ukrainian flag.



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Before and after the program, participants completed surveys assessing their anxiety, resilience, and sense of connection to their local Ukrainian community. We chose to examine these variables for a few reasons. First, we wanted to see if the program might assist in reducing anxiety because refugees experience anxiety at a rate significantly higher than the general population (WHO, 2025). Second, we focused on resilience because it has been found to be a protective factor against trauma and anxiety (Leys et al., 2021). Similarly, we chose connection to a local community of people from their shared culture as our final variable because community has been found to be beneficial to refugees' mental health (Ermansons et al., 2023).

In addition to completing the pre-post quantitative measures, participants also took part in an interview with the primary researcher during the final session. The interview transcripts were translated from Ukrainian to English and then analyzed using consensual qualitative research (CQR; Hill et al., 1997). CQR analysis was performed by a team of four students, including the primary researcher. All four researchers identified as White, two identified as cisgender women, one identified as genderqueer, and one identified as nonbinary. The auditor, who identified as a White female, is a counseling psychologist with expertise in psychotherapy research and the use of CQR for data analysis. The team analyzed the interview transcripts to uncover core ideas and categories in the following three domains: Art-making experience, benefits of the program, and suggested changes to the program.

The pre-post survey results revealed reduced anxiety levels, increased resilience, and improved community connection. Given the small sample size,

caution should be taken when interpreting the success of this program; however, the qualitative data was shown to support the quantitative findings. In every interview, participants expressed they had a positive artmaking experience and drew some type of emotional benefit from the program. Most mentioned that communication with others as an additional benefit with two participants reporting this was the greatest benefit of the program. Despite the positive reactions, all participants felt that the program was too short and reported a desire for both more sessions throughout the program and longer sessions.

Implications for Research and Practice

The greatest takeaway from the pilot study is that culturally informed group art therapy shows potential, but there needs to be more: more research, more sessions, and more participants. Ultimately, this study was an exploratory pilot program; it was by no means conclusive, but the results did show promise. As noted above, refugees struggle with anxiety at a higher rate than the general population (WHO, 2025). Previous research shows promise that art therapy is an effective treatment modality for addressing anxiety with adolescents and adults (Newland & Bettencourt, 2020). In addition, Haiblum-Itskovitch et al. (2018) studied the effects of creating art on both emotional and biological processes such as heart rate. They found that creating art, and particularly with oil pastel, was associated with enhanced mood and physiological arousal; however, not all art forms (e.g., working with pencil) had the same effects. They suggested that fluidity and enhanced tactile experience of working with paints may explain the different physiological and emotional responses. Thus, the link between emotional experiences and art therapy may be a beneficial topic of study with refugee populations,

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as these studies suggest artmaking could potentially give a space to express and process positive and empowering emotions. Combined with our focus on culturally significant art forms, our findings add to this body of work and future research should continue to build on these findings in a variety of ways. Most notably, researchers should explore reductions in anxiety and increases in community connection in group art therapy for refugees across longer periods of time and with larger sample sizes.

In addition, art therapy practitioners who work with refugees should remain mindful of cultural factors. Attending to culture and community within the therapeutic framework may go a long way in making refugees feel less isolated and more comfortable with receiving support to address some of the unique hardships they may face. As Hanania (2020) found, implementing a culturally focused program helped participants connect to their homeland and to one another. The results of the present study further emphasize the importance of a culturally- and community-focused approach.

Yet mental health support, even when aiming to build resilience and community connections, is not enough on its own to truly support refugees' well-being. Silove et al. (2017) explain that mental health struggles in refugees are best understood as the result of imbalanced environmental factors rather than innate, pre-determined, and individual ones. Advocating for and implementing more comprehensive and accessible systemic supports (financial aid, transportation, health insurance, etc.) is essential to stabilizing the mental health struggles of this population. Networking with aid organizations to ensure continued physical and mental health support may serve as a beneficial supplement to therapy (see list of organizations below).

Overall, refugees continue to face limited and lacking resources across multiple areas, therefore, ensuring this support is accessible, multidimensional, and effective is crucial. It is our hope that the findings of this initial pilot study will help guide researchers and practitioners to consider additional ways to help the ever-growing refugee populations around the world.

Listed below are a few aid organizations for the Ukrainian population with helpful resources:

- United Help Ukraine:
<https://unitedhelpukraine.org/>
- Nova Ukraine:
<https://novaukraine.org/>
- US Ukrainian Activists:
<https://usukrainianactivists.org/>
- Telehelp Ukraine:
<https://telehelpukraine.com/>

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THERAPIST SUPPORT

“You Have to Be It to See It” — And Other Phrases to Improve Psychotherapist Well-Being

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Clinical Impact Statement

Sternlieb (2013) argued that psychotherapists can enhance their self-care by learning easy-to-learn phrases, such as “You have to be it to see it,” which are purported to encapsulate helpful ideas for emotional regulation. This article considers the extent to which these phrases reflect evidence-supported principles of emotional regulation.



The work of a psychotherapist can be emotionally taxing. Psychotherapists must deal with the day-to-day micro-stressors, such as treating people with unpleasant emotions and difficult interpersonal situations. In addition, many psychotherapists will experience, at some time in their careers, a macro-stressor, such as having patients die from suicide, being threatened with an assault from a patient, being the victim of patient stalking, or some other traumatic work-related event (Norcross & VandenBos, 2018). As a result of these stressors, many psychotherapists may experience stress or burnout, which can impact the quality of their work.

Psychotherapists with compromised emotional well-being tend to have worse patient outcomes. For example, Delgado et al. (2018) found that pa-

tients had better outcomes when their psychotherapists scored lower on a burnout scale compared to patients treated by psychotherapists who scored higher on the same scale. Other studies have also found a similar association between psychotherapists’ well-being and patient outcomes. For example, Salyers et al. (2015) found that psychotherapists who experienced high levels of burnout believed that they delivered a lower quality of services to their patients. These findings make intuitive sense and are supported by other literature showing that psychotherapists who experience a high degree of emotional distress may have difficulty attending to their patients’ emotions or controlling their own emotions in psychotherapy.

Of course, the well-being of psychotherapists is multi-determined and depends, in part, on the totality of their working conditions as well as their strengths and vulnerabilities. The stressors can be even more impactful if psychotherapists do not have a social support system, have high administrative burdens (Yang & Hayes, 2020), have pre-existing vulnerabilities (i.e., personal history of adverse childhood experiences; La Mott & Martin, 2019), or have adopted unrelenting perfectionist standards for themselves or engage in excessive self-sacrifice (Kaeding et al., 2017; Simpson et al., 2019). These factors may be relevant to the extent that they impact the ability of psychotherapists to regulate their emotions.

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Given the importance of self-care and emotional regulation, various scholars have proposed interventions or strategies to help psychotherapists protect and enhance their well-being. The strategy chosen may depend on each psychotherapist's needs, strengths, and circumstances—no strategy is appropriate for every psychotherapist (Norcross & VandenBos, 2018).

Some emotional regulation strategies are pragmatic and straightforward, such as setting limits on one's caseload, taking breaks during the day, and ensuring time for relaxation and vacations. Other strategies focus on processing or responding to the numerous micro-stressors encountered throughout the workday, as well as the macro-experiences that arise from them. These could include strategies for increasing pleasant emotions or decreasing unpleasant emotions.

Sternlieb has offered three brief and memorable phrases to help psychologists who want to downregulate their negative emotions: "You have to be it to see it," "You have to name it to tame it," and "You have to share it to bear it" (Sternlieb, 2013, p. 21). These three phrases require action on the part of psychotherapists: seeing or acknowledging the emotion, naming or labeling it, and sharing it with someone. These phrases are catchy, easy to remember, and highlight important information about self-care.

The "Name it to tame it" phrase was originated by Dr. Daniel Siegel (Mindfulness, n.d.). Dr. Sternlieb developed the other phrases after years of working with healthcare professionals in Balint and other self-help groups. Other sources have used similar phrases, although the origins are unclear. For example, Billy Jean King used the phrase "see it to be it" to refer to the necessity of visualizing women's participation in

sports before it can actually happen. This appears to be an example of different persons using different contexts to describe different events. To our knowledge, there was no cross-fertilization of ideas (<http://www.goodreads.com/quotes/43749-you-have-to-see-it-to-be-it>)

However, it is worth examining whether these phrases accurately reflect what is scientifically known about emotional regulation. Generally speaking, cognitive reappraisals, self-awareness, and non-judgmental acceptance are effective strategies for regulating one's emotions. In contrast, emotional suppression—avoiding or hiding one's feelings due to the potential consequences—is an ineffective strategy. Do these three phrases accurately reflect these findings?

"You Have to Be It to See It"

The work of a psychotherapist necessarily involves emotional suppression at some time or another. For example, a highly disturbed patient may engage in therapy-interfering behaviors, such as missing appointments without canceling, repeatedly showing up late, failing to pay for services as agreed upon, or making harsh comments directed at the psychotherapist. This effort to control one's emotional reactions, known as emotional labor, also occurs among other healthcare and non-healthcare professionals (e.g., consider a mechanic who has to deal with an angry customer after learning the cost of car repairs). Emotional labor, however, can result in emotional exhaustion (Clarke et al., 2021). When psychotherapists are in these stressful situations during a session, it is usually productive for them to temporarily suppress their spontaneous anger or hurt and respond to the provocations with a calm and understanding voice. A good psychotherapist tries to step back, gain perspective, understand the origin of the problematic behavior, and respond accordingly.

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Although short-term emotional suppression may be necessary in a professional setting, it is generally not a sustainable strategy for regulating emotions in the long run. Psychotherapists who suppress or deny their emotions will likely suffer in the long run unless they recognize and accept their emotional pain. Thompson et al. (2014) found that maladaptive coping responses, such as denial (a form of suppression), were related to subsequent feelings of burnout. Some psychotherapists who hold themselves to impossibly high standards may believe they should have such excellent emotional health and psychological equilibrium that they can endure these difficult situations without experiencing painful emotions. All of us may be vulnerable to these impossibly high standards and deny, minimize, or suppress the emotional pain that comes from psychotherapeutic work.

Consequently, the phrase “You have to be it to see it” is helpful as it sensitizes psychologists to the perils of emotional suppression. Of course, any brief phrase must balance memorability with precision or comprehensiveness. A phrase like “You will promote your well-being in the long run if you acknowledge feelings rather than suppressing them” may be more scientifically exact but less memorable.

“You Have to Name It to Tame It”

Labeling and consciously naming emotions is an important strategy in emotional regulation. Emotional labeling is commonly used in cognitive behavioral therapy or dialectical behavior therapy, and it appears to reduce negative emotions. Moreover, preliminary evidence suggests it can be helpful for non-clinical and clinical populations to practice this strategy (Fitzpatrick et al., 2019). Perhaps it is effective because it allows for the non-judgmental acceptance of emotions or facilitates cognitive reappraisal. The

phrase “You must name it to tame it” captures that finding very well.

Naming our experiences can be a crucial first step in determining the most suitable options for addressing our needs. For example, knowing that we feel hungry can help us decide whether it is a good time and prudent to seek nourishment. Conversely, recognizing one’s frustration with a patient allows the psychotherapist to help us consider options to address that frustration. Psychotherapists can choose to address the process rather than merely reacting defensively to the patient’s behaviors. Monitoring countertransference entails monitoring the emotions that others evoke in us and how we respond, as well as the expectation we have for that response.

“You Have to Share It to Bear It”

Another way to counter emotional suppression is to share one’s emotions. Sharing is a multifaceted concept that involves articulating the narrative, reinforcing the need to acknowledge and name the emotion. This allows psychotherapists to think through their reactions with the support of trusted colleagues who will offer unconditional acceptance of their work yet remain caring enough to give honest and helpful feedback on their behavior. This sharing may help psychotherapists reappraise their responses and reactions to the stressors they experienced.

This may be why sharing in ongoing consultation groups is recommended for psychotherapists who work with patients with personality disorders, as they (Korner, 2012). These groups can help psychotherapists acknowledge, express, and reappraise their feelings in a non-judgmental and accepting atmosphere. It is helpful to gain perspective and remember that the patient is acting this way because

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they have learned that it is the best way (or perhaps the only way they know) to reach their goals. The group may help the psychotherapist understand the patient's perceptions and attempt to see things from their perspective.

Sternlieb's third phrase, "You have to share it to bear it," appears valid because it reminds psychotherapists to think through, process, and reappraise their emotions with supportive colleagues. Receiving validation from one's peers reduces the burden of bearing the myriad patient problems alone, thus reducing practitioner isolation, a factor associated with burnout (Yang & Hayes, 2020).

Further Thoughts

The three phrases encourage psychotherapists to engage in mindful practices. Mindful approaches help psychotherapists develop non-judgmental acceptance of their emotions. This involves *bifurcated attention* or "being aware of both the client's and their own emotional state" (Nissen-Lie et al., 2023, p. 90). Psychotherapists benefit by making this awareness a daily habit in their professional lives.

Perhaps we can create additional phrases for therapist regulation strategies. Some ideas include:

- "Is this a patient's problem to be solved or a self-worth issue to be resolved?"
- "You must not judge it or you will fudge it."
- "You must accept or you will be schlepped."
- "Be curious, not furious."

While these phrases may not compare to those created and identified by Sternlieb, perhaps a self-care seminar could ask participants to create their own self-awareness phrases to use both in and out of client sessions. Creating

unique phrases that align with the individual therapist's needs may establish a greater connection to the words and potentially increase their impact and/or effectiveness.

Practice Pointers

Psychotherapists tend to achieve better patient outcomes when they prioritize and enhance their own well-being, which can involve various strategies tailored to their unique needs and circumstances. This could consist of learning better ways to regulate emotions. Sternlieb's three memorable phrases are anchored on sound, evidence-based practices for emotional regulation. Remembering these phrases can help psychotherapists regulate their feelings because they remind them of the importance of:

- Recognizing the emotions generated by their work.
- Naming or labeling their emotions.
- Sharing and reappraising their emotions within a supportive community of peers.

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THERAPIST SUPPORT

Entering the World of Private Practice: What Graduate School Did Not Teach You

Michael Pica, PsyD



Abstract

Young psychologists entering the world of private practice often find themselves holding naïve concepts about this area of psychotherapy and may be ill-prepared to work for a group private practice and/or start their own practices. This may be related to various obstacles surrounding credentialing and billing, insurance operations and processes, restrictive covenants, marketing tasks, and reimbursement. Additionally, other barriers to consider include handling patients' crisis situations individually, understanding how therapy works in a for-profit setting, and maintaining a caseload with a non-captive group of clients who are free to choose who to see and determine whether the sessions are worth their time and money. This paper takes a look at the obstacles facing young psychologists wanting to enter the private practice arena, an area graduate schools may not emphasize in their teachings.

A growing trend within the field of clinical psychology has been a focus on student training. In fact, the American Psychological Association (APA) has a student division called the American Psychological Association of Graduate Students (APAGS) and a journal, *Training and Education in Professional Psychology*, dedicated to student training and internship development. Countless studies regarding clinical training have been conducted on a range of topics including the ambiguous nature of clinical training (Pica, 1998), diversity in student training (Callahan et al., 2018), attitudes toward

“impaired” peers in clinical psychology training programs (Oliver et al., 2004) and attitudes toward evidence-based practices (Bearman et al., 2015). One important area that has been neglected, however, relates to the obstacles young psychologists face when transitioning into private practice. Many times, they enter into this world with little idea of how it works, with the exception of trainees who have completed a practicum or internship in a private practice. Even trainees with some experience in a private practice may be limited in their knowledge about the operations and processes of this type of work.

Insurance Considerations, Credentialing, & Restrictive Covenants

The first question often asked is, “How do I make a living as a private practice psychologist?” Whether one chooses to work individually or as part of a group, the first barrier relates to credentialing. Often, young clinicians possess little knowledge of what it means to be credentialed and the processes and timelines involved with credentialing oneself or by a group.

As simple as it sounds, a clinician must be billable to insurance companies as many clients prefer to use their insurance. What young clinicians may not realize is that credentialing with large insurance companies like Blue Cross, Cigna, Aetna, and Medicare can take several months to complete. Moreover, some companies require clinicians to be licensed for three to five years before they can even apply to be a member of their insurance panel. Many new pro-

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viders are unaware of the concept of contracted rates as opposed to their billing rate and the differences between deductibles, co-pays, and co-insurance amounts. All of these concepts require an openness to learning in order to prevent payment problems at time of service and growing unpaid balances

Group practices can employ a clinician as a W-2 employee to expedite seeing clients under the group tax ID, however, an issue may arise in the future if a clinician decides to leave the practice and is prohibited from taking their clients due to a restrictive covenant clause in the employment contract. The restrictive covenant may prohibit clinicians from taking their clients for a certain period of time after leaving the group and may prohibit working within a certain geographical radius for a period of time following termination from the group. The enforceability of restrictive covenants can vary from state to state and should be an important consideration for psychologists entering private practice settings before signing an employment contract.

Marketing and Building Referral Sources

For those hoping to start their own practice, the issue of credentialing and knowing how insurance works along with a lack of marketing and referral sources makes the prospects even more daunting. Building referral sources is important even for those deciding to work for an established practice where referrals may be bountiful. Clinicians may take this abundance for granted and may see their referrals drying up when new staff are hired. Many practices hope that those they hire will make time for building their names in the community through contacting referral sources or attending marketing events in the community. Those that do

this work outside of session may find themselves busy with cases both from the practice and by direct referral and may also find a growing sense of satisfaction in growing their professional name in the community and obtaining their own referral sources.

For those desiring to start their own practices, marketing and developing referral sources is most crucial and can often take a while to generate a steady stream of referrals. This is why it is important to set realistic goals about practice volume and to start the process as early on as possible.

Case Retention

Case retention is not to be overlooked. This does not mean holding on to clients to make money. What it refers to is the ability to engage and hold clients long enough to work through their presenting problems and additional concerns that may arise during the course of treatment. That being said, clinicians new to private practice have trouble recognizing that they are no longer working with a captive set of clients in a school or hospital-based setting. Private practice clients, whether through their insurance or private pay, have a choice of who they want to see and for how long (unless treatment is court mandated). This results in these clients having more autonomy to find and work with a clinician who is a sufficient to meet their unique personal and clinical treatment needs.

Clinicians newer to the private world soon find out they may have to step out of their comfort zones and work harder and more creatively to engage their clients. They may have to step outside of the use of handouts or psychoeducation to make the sessions feel more alive in order to hook the client. This can be achieved by having the client leave each

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session with something psychologically tangible to hold onto or, when working with children or teens, bringing the parents into session to enliven the dynamic and demonstrate to parents the clinical work that is being done.

Sometimes, a clinician may be left feeling frustrated with clients who do not engage as readily and may ask to be transferred or will simply drop out of treatment without any specified reason. A less experienced clinician may take this as a personal hit. The clinician adapting to the demands of private practice will redefine their therapeutic approach. They may also begin to understand the pace of private practice versus program models, the difference between symptom and process, how the initial treatment plan may evolve over time as the client begins to feel more comfortable addressing certain issues, and as things continue to effect the client in real time that may take the treatment in different directions.

Hospitalization and Recommendations for Most Appropriate Level of Care

At some point in private work, clinicians will likely be faced with having to hospitalize a client and, in some cases, without consultation from trusted colleagues. There may also be times when clinicians may have to determine the most appropriate level of care for a client in crisis, such as partial hospitalization or intensive outpatient services, all of which increase the clinician's liability if not addressed correctly. The best way to accomplish such scenarios is for young clinicians to familiarize themselves with the hospital and hospital-based programs available in the community and even reach out to contact program directors and tour the facilities.

Clinical recommendations come best when they are delivered with confidence and

knowledge. It is most helpful to facilitate a hospitalization or transfer to a higher level of care when one knows the program and processes for admission. Conveying an understanding of the process builds trust and only enhances the quality of the therapeutic relationship when the client is discharged and returned to treatment.

Supervision After Licensure

In the first year of adjusting to private practice work, clinicians in private practice should consider clinical supervision, even for those who are licensed. To ensure success, it is a time to put ego aside. Those who transition the best are open to feedback and consultation regarding the clinical operations of the practice and the clinical idiosyncrasies that may arise, such as crisis management, ethical concerns, and dealing with high conflict individuals and divorce.

One particular issue relates to treatment goals and termination, which can continue to evolve in the private world. Goals may change and new concerns may arise in the client's life that may require a shift in treatment focus, goals, and plans. Knowing when to bring up termination and how to structure that conversation needs to be made with careful thought and negotiation between client and therapist. A client does not want to feel rushed out of treatment, or like one is being abandoned and no longer wanted to be seen in treatment. A skilled therapist is able to track the process from the initial referral and recognize when the primary reasons for treatment have been addressed. This allows the therapist to remain prepared to shift the course of treatment when indicated, such as increasing the time between sessions or shifting the focus of sessions to a different treatment goal, all of which should be clearly explained to clients at the onset of treatment.

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Time of Service Collections

An additional consideration relates to payment collection. Practices may differ in how payment is collected from clients. In an individual private practice, there is no other option but for the clinician to collect payment, as most individual clinicians do not employ office staff. This is not something typically discussed or explored in graduate school training programs. This may be easier for some clinicians while others struggle with the idea of collecting money. Clinicians may also fail to track payment information, which can result in large bills being owed and can potentially create increased stress when attempting to address this with the client which may also effect the therapeutic relationship. Payment plans and promises from the client do not always work, so it is critical to learn how to be comfortable collecting money at time of service just as any other medical professional does. Just because we are psychologists does not mean payment should not be received for our services.

Compensation from the Group Practice

One last point relates to compensation in the group practice setting. Many practices pay clinicians a percentage of revenue collected as an independent contractor or as an agreed upon rate as a W-2 employee. The safest route is to be employed as a W-2 employee as it ensures clinicians can see clients under the group tax identification that is credentialed with the various insurance companies. In this way, clinicians need not be individually credentialed and it can protect the group and individual clinicians from fraud within the practice. Another benefit of working as a W-2 employee is that the group, depending on the state, may pay for half of Social Security and Medicare taxes.

Those who sign on as non-W-2 independent contractors should consult with an

accountant to ensure any tax estimates are being paid through the year and whether they should make themselves a corporation. They should prioritize credentialing as soon as possible in order to be billable to the practice as they are not W-2 employees of the practice. They should also make sure they are not being involved in anything that might be construed as fee-splitting, which essentially describes a situation in which a referral source is being paid for sharing referrals. Individual state laws on what constitutes fee splitting should be thoroughly explored so as to avoid a potential legal or ethical dilemma.

Summary and Conclusion

This brief paper touched upon some of the aspects young clinicians should consider when looking to start their own practice or work for a group practice, which are often not addressed in graduate training programs. Setting oneself up for success as a private practice clinician requires an understanding of how the business and clinical systems work. Plenty of time and consideration needs to be given to things such as credentialing, understanding how insurance works, how one is being paid by the group, what a restrictive covenant is, collecting payment from clients, marketing / building a referral system, adjusting to more independent clinical work and the impact of that on the course of treatment, and how to navigate crisis situations.

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IN MEMORIAM



Charles J. Gelso • 1941-2025

Charles J. Gelso, Ph.D., completed his doctorate in counseling psychology at Ohio State University in 1970 before becoming a professor of counseling psychology at the University of Maryland for his career. Dr. Gelso published widely in the area of the therapeutic relationship, with particular emphasis on what he has termed a tripartite model of the client-therapist relationship: the working alliance between client and therapist, their real or personal relationship, and the transference-countertransference configuration. In addition, Gelso also studied research training in practice-related fields in psychology and the integration of science and practice. He wrote several books, including *The Real Relationship in Psychotherapy: The Hidden Foundation of Change*, *The Therapeutic Relationship in Psychotherapy Practice: An Integrative Perspective*, *Countertransference and the Therapist's Inner Experience: Perils and Possibilities* (with Jeffrey A. Hayes), and *Counseling Psychology* (with Elizabeth Nutt Williams, Ph.D.).

As an avid fly fisherman, he also wrote a *Guide to Maryland Trout Fishing: The Catch and Release Streams*. He received many awards, including the Leona Tyler Award, the top award in the field of counseling psychology, and was the editor of the *Journal of Counseling Psychology and Psychotherapy*. Dr. Gelso made an indelible mark on the field of psychotherapy and will be missed by all for his sharp mind, sense of humor, and deep kindness.

Seismic Changes in the Science, Practice, and Education of Psychotherapy

Pat DeLeon, PhD

Stewart Cooper, PhD, ABPP



As with most of society, the advancement of the practice, science, education, supervision, and administration of psychotherapy is facing a time of unparalleled change. It is certain that few psychologists have done more to advocate for the improvement of these very facets than Dr. Pat DeLeon. I invite



you to be inspired by his Bio attached to this article.

Given his decades long advocacy for the field, I invited Dr. DeLeon to share his perspectives and recommendations via a presentation at the 2025 APA Convention in Denver. His comments are a synthesis of his presentation. I encourage all to join in the priority of developing Transformational Change Leaders.

Stewart E. Cooper, PhD, ABPP
President, APA Division 29

Having served as President of APA in 2000 and on Capitol Hill for nearly four decades, I have come to appreciate the policy consequences of developing a long-term perspective. It is as if one is standing on a cliff and viewing the coming of an awesome Tsunami. Far below, families are enjoying the beach, frolicking in the waves, and completely unaware of what is about to strike. You can yell; but they cannot hear. All you can do is watch. In many ways, this scenario may reflect that which awaits the membership of the Society for the Advancement of Psychotherapy (Divi-

sion 29), of which I am also a former President.

Today our nation is undergoing unprecedented change on many fronts. The critical question: Whether our colleagues are able to expand their vision (and actions) beyond their historical and comfortable silos of providing quality patient-centered care, in order to appreciate the broader context in which their professional lives currently exist. Without question, our society is undergoing **major** structural change. An increasing proportion of the population is obtaining advanced educational experiences and with that a very different expectation for how they will be treated by health care providers. As our population continues to mature and age, they will demand that the supportive and holistic services required will be available and ultimately paid for.



My mother was the second attorney in the State of Connecticut. She failed the bar examination the first time—the letter informing her when her oral exam was scheduled arrived 40 years later. “Hard to pass if you only take half the test! If I were a male, they would simply have

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asked me ‘where were you?’” She passed the second time. Today, many of the helping professions, including psychology and law, are predominately female.

Interprofessional education and collaboration are becoming increasingly common. Society as a whole is definitely more comfortable discussing mental/behavioral health issues including anxiety, depression, burn-out, PTSD, and one’s emotional responses to physical issues such as heart attacks. And yet, it was not that long ago when Senator Inouye amended the relevant federal statutes to authorize reimbursement for nurse practitioners. During Committee “mark-up” one year he proffered two amendments to cover the services of nurse midwives and psychiatric nurse practitioners. The first was enthusiastically adopted with several senior Senators commenting that they personally had been delivered by a nurse midwife. However, considerable hesitancy was expressed regarding covering psychiatric nurses; so that amendment was deferred for a year.



As a nation, we are increasingly impacted by the unprecedented advances occurring within the communications and technology fields—telehealth, interactive Apps, prosthetics, and most recently Artificial Intelligence (AI). I recall several decades ago suggesting to the leadership of the Rehabilitation Hospital of the Pacific that the future of rehabilitation was engineering not medicine. Even those on the board with engineering degrees could not appreciate what seemed obvious to me.

Similarly, when I addressed an annual meeting of the Deans of Pharmacy and talked about pharmacy being a Primary Care health profession, very few understood. Today, both of these visions have come to pass. In a university policy seminar that I have been conducting over the past decade, visionary speakers repeatedly note that previously successful enterprises that do not adjust to change soon disappear—such as those stocked with rental VHS and DVD movies.

APA CEO Arthur Evans has consistently urged our colleagues to develop a population-based orientation to addressing the nation’s mental health needs (perhaps “crisis”). His focus on “wellness” and addressing the structural of quality care including Diversity, Equity, and Inclusion (DEI) is most timely. Our next generation possesses increasing opportunities to make a difference. Exciting post-doctoral opportunities, providing proactive leadership throughout rural America and even internationally, developing psychopharmacological (RxP) expertise, and building upon former APA President Tony Puente’s vision for redesigning reimbursement systems all provide unlimited opportunities for those with vision to radically challenge the status quo. Whereas it was common to expect advances from leading-edge NIH research to take 17+ years to impact practice, today evidence-based decision making radically shapes the definition of quality care. And, with an increasing number of our colleagues pursuing additional training in related professions such as law, nursing, pharmacy, and public health, the potential for systemic realignment of the nation’s health care priorities increasingly emerges as these different perspectives and cultures focus upon what patients really desire.

From my personal perspective, I have been especially pleased with the extent to

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which our younger generation has become interested in being personally involved in the public policy/political process as either elected officials or their senior staff. Listening to the stories of those selected for the Robert Wood Johnson Health Policy Fellowships (Danny Wedding being the first psychologist selected, with former University of New Mexico President Bob Frank soon thereafter) and APA's Congressional Science Fellows gives us good reason to believe that seismic change is coming, especially within the all-important reimbursement arena.

And yet, Why is it that so many of our colleagues are clearly hesitant to apply for the societal recognition provided by APA Fellowship or ABPP certification? Why are there still state psychological associations that have not enthusiastically adopted the APA endorsed ASPPB PSYPACT Compact which provides licensure mobility and improves access to quality psychological care throughout rural America? Are we collectively unwilling to focus upon the real needs of underserved patients? Do our current training models foster respect for the profession and encourage broader conceptualization?

As APA's Robin McLeod keeps reminding us, radical changes are occurring within our nation's health care environment. While each of the health care professions are evolving toward doctoral level status, there are still close to one million behavioral health masters (or even less) trained providers seeking recognition. Will psychology step up and affirmatively provide visionary leadership to shape our future health care system? Will APA become actively involved in accrediting masters level training programs to ensure high quality expertise? Will we bring our clinical and organizational leadership to focus upon developing and utilizing the ever-impressive expanding technology

applications (Apps and AI) within the delivery of care?



Or, will we continue to encourage colleagues to use their expertise to raise abstract and theoretical objections, such as those who oppose the use of telehealth for clinical supervision and who oppose supervising trainees in the delivery of care through interjurisdictional practice? What is it in our training that holds us back from embracing leadership positions and working to significantly modify the critical reimbursement protocols for psychological and behavioral health care? Should we not encourage our next generation to become Transformational Change Leaders, as Robin has suggested? Psychology is one of our nation's educated elite. As such, we have a unique societal responsibility. From the vantagepoint of that overarching cliff, a monstrous Tsunami is rapidly approaching. How can Division 29 encourage its highly educated, dedicated, and compassionate members to become effective Agents of Change? Aloha and Mahalo,

Pat DeLeon, former APA President



A Meeting of Brains: Inter-Brain Synchrony and Plasticity in the Clinic

Haran Sened, PhD

Simone Shamay-Tsoory, PhD



Clinical Impact Statement

The current article informs readers of the connection between inter-brain synchrony and therapeutic outcomes, as is beginning to be demonstrated in recent research. It will help clinicians understand the significance of recent findings in the field and suggests practical implications.



The in-session relationship between therapists and clients has been widely recognized as an essential component of the therapeutic meeting (Baier et al., 2020). One of the key relationship-building mechanisms used across interpersonal interactions is synchrony, or the tendency to coordinate their verbal and non-verbal behaviours. There are a variety of types of behavioural synchrony that have been associated with better treatment outcomes (Wiltshire et al., 2020). In recent years, new technologies for brain imagery as well as innovations in research design have allowed psychotherapy researchers to explore a new type of synchrony named inter-brain synchrony.

Inter-Brain Synchrony Outside of the Clinic

When two people interact, their behavior reflects their brain activity. For example, if one person is feeling happy, they may smile or say something uplifting; the other person's perception of this behavior (i.e., seeing their smile or hearing their uplifting words) also results in brain activity.

Thus, individual brain activity for each person is coordinated, or synchronized, with the brain activity of the person in the interaction (Hasson et al., 2012). Just like dancers whose synchronization with their partners allows them to intuit their next moves, inter-brain synchrony is associated with improved interpersonal dynamics, including closeness (Dikker et al., 2021; Kinreich et al., 2017) and cooperation (Czeszumski et al., 2022), as well as improved performances on joint tasks, such as learning (Pan et al., 2018; Shamay-Tsoory et al., 2025), drawing (Xie et al., 2020), and problem-solving (Lu et al., 2019). This association is bidirectional—when people are asked to cooperate with one another, their inter-brain synchrony increases (Hu et al., 2018). Such methods that directly increase brain synchrony leading to better interpersonal outcomes include movements and speech rhythms (Deng et al., 2024a; Kawasaki et al., 2013; Nozawa et al., 2019), joint mindfulness exercises (Deng et al., 2023; Deng et al., 2024b), and direct dual-brain stimulation (Pan et al., 2020).

What do this mean for individuals who are managing mental health challenges? Many clinical diagnoses and conditions are associated with interpersonal difficulties (Girard et al., 2017). As may be expected, many of these diagnoses and conditions are also associated with deficits in inter-brain synchrony, including borderline personality disorder (Bilek et al., 2017), depressive disorders (D. Zhang et al., 2020), and in prodromal psychosis risk (Wei et al., 2023). Thus, difficulties with synchronizing brain activity might

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be part of the problem in many such situations.

Inter-Brain Plasticity: A Potential for Lasting Interpersonal Change

Is there a way to help people who are struggling with interpersonal difficulties to change these inter-brain dynamics? One of the main mechanisms of neurological change, termed brain *plasticity*, is called spike-timing-dependent plasticity (Caporale & Dan, 2008). It essentially means that when two parts of the brain are activated in close succession, the connection between them will grow stronger over time. As a simplified example, a person who is learning French might start with a weak connection between brain regions activated by the notion of “Yes” in their native language and brain regions activated by the sound “Oui.” However, in going over class materials and through increased exposure, activation of the sound “Oui” will automatically activate the semantic notion of “Yes,” allowing the person to understand conversations in French better and faster.

Inter-brain plasticity theory (Shamay-Tsoory, 2021) and its specific application to therapy (Sened et al., 2022) suggests that the same process can increase synchrony between the brains of two people. For example, a client who has been exposed to abusive relationships since childhood might be unsure whether people smiling at them is an expression of genuine interest and affection or is in preparation to manipulate them. Thus, their therapist’s feelings of warmth toward them reflected in a smile might not, at first, lead to any specific brain activity as they remain wary of the meaning of this gesture. However, over time, the therapist’s ability to maintain a stable relationship with the client and to demonstrate their understanding and care can lead to the therapist’s smile being consistently associated with genuine warmth in

the client’s brain. Through brain plasticity this connection can become more automatic, allowing the client to enjoy their relationship with the therapist more as they better understand the therapist’s gestures. It also allows them to interpret a wide array of verbal and non-verbal expressions by the therapist. Eventually, this experience may be generalized to communications with other people in the client’s life, improving the overall quality of their interpersonal relationships. Thus, inter-brain plasticity theory suggests that therapy should improve clients’ capacity for inter-brain synchrony with their therapists and with others in their lives.

Inter-Brain Synchrony and Plasticity in the Clinic

The theoretical concept of inter-brain synchrony and plasticity in the clinic, though relatively novel, has been studied more closely in recent years. Single session studies in which participants were assigned to a single session with a therapist (as opposed to simply making small talk) had increased inter-brain synchrony (Zhang et al., 2018). The same study linked inter-brain synchrony with the quality of the working alliance between therapists and clients. Interestingly, another study with a similar procedure has shown that more experienced therapists are able to initiate stronger brain synchrony with their clients, indicating inter-brain plasticity on the therapist side as well (Y. Zhang et al., 2020).

As for long-term effects among people previously diagnosed with borderline personality disorder, people in remission have higher inter-brain synchrony in interactions than people with an active diagnosis (Bilek et al., 2017), suggesting that changes in their clinical conditions have led to changes in their capacity for inter-brain synchrony. These authors and colleagues examined inter-brain synchrony in a small sample

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of clients experiencing test anxiety who underwent a six-session treatment program (Sened et al., 2025). Participants' capacity for inter-brain synchrony increased over the course of treatment, an increase which was mirrored by their symptom reduction. These researchers have recently concluded data collection on what is the largest study of inter-brain synchrony in psychotherapy, funded by a Norine Johnson grant from the Society for the Advancement of Psychotherapy. We examined 21 clients undergoing 16 sessions of supportive-expressive psychotherapy for major depressive disorder while performing brain imaging every other session. Our preliminary results suggest that inter-brain synchrony improves alongside symptom reduction, suggesting that inter-brain plasticity is at play. Preliminary evidence suggests associations between inter-brain synchrony and interpersonal variables, such as working alliance and therapist empathy.

Takeaways and Future Directions

While in-session behavioral synchrony has been studied for quite some time (Koole et al., 2020), recent research highlights the role of inter-brain synchrony in therapy, with initial studies linking it to therapeutic outcomes. Importantly, this line of research demonstrates that existing forms of therapy are already engaging inter-brain plasticity and improving clients' capacity for inter-brain synchrony. However, when taking into account non-clinical findings, we would expect joint creative exercises, such as those used in art therapy and similar methods, as well as joint experiential exercises (e.g., joint imagery or mindfulness practices), to facilitate in-session synchrony.

As this field of study progresses, we expect new findings to highlight the role of specific neuro-social mechanisms in therapeutic processes and to examine the effects of biological processes, such as sleep on the effectiveness of therapy sessions,

resulting in new avenues for improving psychotherapeutic treatments.

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A Primer on Educative-Experiential Psychotherapy

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Clinical Impact Statement: This article introduces a conceptualization and treatment model to the field of psychotherapy based on the author's clinical experience and evolving

theoretical orientation designated as the educative-experiential model. The model is integrative in nature, but what makes it unique is its emphasis on a mastery of various psychological disciplines provided in graduate school (versus technique-driven schools of thought), which are delivered within a lived-experiential-flow between client and therapist. The reference to psychological disciplines refers to core graduate coursework rooted in developmental psychology, social psychology, family systems, and personality theories.

The Educative Aspect of the Educative-Experiential Model

The educative-experiential (EE) model is educative in that the knowledge of human behavior embedded in the fundamental disciplines of this approach is thoughtfully and thoroughly explained to clients within an experiential framework. For instance, to normalize teen behaviors, clinicians might introduce the work of Erikson (1950), Marcia (1966), Elkind (1967), or Elkind and Bowen (1979) to parents and teens to provide insight into the developmental demands that may be influencing the teen's behavior and clinical presentation. The goal is to arrive at an adaptive and functional level of individuation that aligns with parental boundaries and aims to avoid power struggles that can breed feelings of resentment and erode emotional connections between parent and child.

When working with a client who has

been ostracized by their family unit, it can be a validating experience to identify and explore possible explanations as to why their family has seemingly excluded them (Bowen, 1978; Minuchin, 1974). The idea is that each family member takes on an assigned role so as not to expose the familial dysfunction to members outside the family unit. Individuation can feel threatening to the family unit and may leave some members feeling exposed or vulnerable to their own faults once the individual who previously received the displaced blame has recognized this tendency. The end result, especially for more rigid family structures, is to ostracize this family member.

The concept of the introject can be introduced to individuals who have been told statements like, "You act just like your aggressive father." The introject refers to the incorporation of the most powerful aspects of the primary caregiver's personality into the child's developing psyche (Henry et al., 1990). Conversely, the maladaptive part or parts of the primary caregivers typically play out under high levels of distress in their lived experience. Therefore, it is crucial to emphasize to the client that although he may behave similarly to his father when he is feeling distressed, this does not make him "just like" his father. The manifestation of the introject demonstrates the pervasive impact of his father's behaviors on his current functioning and points to the presence of an unconscious introject created in childhood.

Education on character structure as espoused by McWilliams (1994) and restorative fragmentation might be used when working with family members of

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someone with disruptive personality features. In this example, the family may be able to see a narcissist's behavior in light of a psychologically fragile individual who is married to one's self-preservation, making it difficult (if not impossible at times) to self-reflect and take ownership for their behavior. This might help the family members anticipate the harmful behaviors instead of being surprised by both the behaviors and the reflective limitations of these behaviors on others.

Other significant concepts that can be timely employed to facilitate knowledge, understanding, and/or validation include areas related to accommodation (Piaget, 1954), adult lifespan development (Levinson, 1978), influence of preverbal development on styles of attachment (Mate, 2018), upward and downward comparisons (Festinger, 1954), fundamental attributional errors (Weiner, 1985), and emotionally focused ideology (Greenberg & Johnson, 1988). How these are used in treatment will be explored in the case study that follows.

Lastly, educative feedback based on the mastery of core psychological principles is likely under-utilized when implementing treatment interventions. When used effectively, this can allow the client to move beyond initial defensiveness and resistance, and can create a shift in perspective on why and how one impresses upon and is being treated by others. It can also reveal core defense mechanisms, tendencies toward emotional projection, and the behavioral and emotional patterns causing the client (and others in their life) significant distress. This can provide clients with insight and guidance on how to navigate relationships by reflecting on the disruptive patterns they engage in while interacting with others. Additionally, clients may have increased awareness and understanding of how their behav-

iors can influence and impact the way others interact with and respond to them. When timed and delivered to maximize effect, this educative knowledge has the effect of being held firmly in their mind, which clients often report utilizing to reframe their thinking and protect against engaging in harmful relational patterns and styles of interacting. Therefore, educative feedback can promote a deeper integration of the psychological strategies and practices learned, leaving the individual with a sense of control over their choices and their path toward growth.

The Experiential Aspect of the Educative-Experiential Model

The EE model is experiential in nature, however, this is not always as simple as it seems. The experiential aspect rests on the idea that each individual has a unique way of perceiving one's lived experiences and will attach meaning to them based on their mental and emotional state in that moment and based on their perceptual background (Merleau-Ponty, 1945/2002). From this perspective, therapy is maximized when it is delivered in a reciprocally lived-experiential-flow that promotes peak therapeutic experiences. In using this approach, a skilled therapist will assess the client's ego strength and specific areas of focus to learn the level of pressure applied when certain doors open (therapeutically), with the goal of minimizing distress to the client.

The delivery of educative knowledge is done, more operationally speaking, by suspending presuppositions (Giorgi, 1991), staying in the client's experience, and tracking the client's word use, tone, and subtle behavioral nuances (which can be done by mirroring the behaviors back to the client). Progressive muscle relaxation, for example, is delivered within the context of arriving to the lived-moment and entering into the

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space by the therapist and client together. The following example demonstrates mirroring and reflecting back to the client what they are doing and saying with the intention of imparting educative knowledge.

Consider the following example. A restless client abruptly stands up in the therapy room and begins pacing around. The client states, "I'm sorry" in response to noticing her reaction and the therapist reflects back, "...sorry." The client sits down and silence fills the room. The therapist observes the client and states, "Your shoulders look tight." This prompts the therapist to lead tense-and-release exercises that are practiced together with the client, who quietly responds, "I'm just so tired of myself." The therapist softly reflects, "...tired." The client begins to describe a profound fear that she will never be able to find stability in her life independently and will continue to depend on her parents. The reflections made by the therapist subtly and impactfully encouraged the client to self-reflect in a safe, supportive space and in a meaningful way. This unlocked a discussion about vulnerable, deep-rooted feelings that led to the introduction of emotionally-focused concepts (i.e., core feelings of inadequacy, inferiority, and shame) that were then intentionally and consistently reframed both in and out of session. The lived-experiential-flow, as described earlier, led to an impactful moment that allowed more easily integrated educative feedback to be absorbed and discussed without defensiveness highlighting the efficacy of this model.

Case Example Utilizing the Educative-Experiential Model

The following is a case example of a therapeutic experience utilizing the EE model.

Dee identifies as a woman in her mid-forties whose father (that she described as

narcissistic) left the family unit when she was an infant. She was raised by a mother who was described as having features resembling those in people who live with borderline personality and/or histrionic personality structures. Dee's mother reportedly left her for extended periods of time during her preverbal development to be cared for by her grandmother.

Dee presented to therapy with high levels of persistent anxiety, recurrent episodes of panic, and continuous feelings of hopelessness and low self-efficacy. She was struggling with a potential divorce from her husband of 23 years, who was reported to be significantly older than her and who was described as "narcissistic." A reciprocally lived-experiential-flow was accomplished, in part, by allowing Dee to choose whether she was wanted to scream, lay on the floor, cry, use expressive language, or restore her breath through grounding practices.

Concepts derived from a preverbal developmental perspective (see Erikson, 1950; Marcia, 1966) were used to illuminate the early dynamics surrounding her birth and how the absence of her father and inconsistent presence of her mother may have disrupted the consolidation of self. This left her to enter into post-verbal development with an anxious attachment style, a sense of mistrust, and a fleeting ego strength. Similarly, these concepts were utilized to illuminate a foreclosure of her adolescent self, deferring to the kind of identity her mother imposed on her. This left her without having explored who she was and who she wanted to be; learning to consistently put her individual needs aside to prioritize the needs of others. She entered early adulthood as an anxious and unsure individual searching for connection and intimacy, but she continued to feel isolated, alone, and rid-

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dled with self-doubt. Dee compensated for these feelings by sexualizing herself and eventually meeting an individual described as emotionally unavailable, narcissistic, and much older (similar traits to her father), initiating the start of two decades without sufficient emotional intimacy and intra- and inter-personal growth.

From a psychodynamic perspective, Dee relied on the use of intellectualization as her primary defense mechanism. She presented with a neurotic character structure, which she was amused to learn is considered an adaptive style of character structure. This suggested she had a relatively functional ego strength with an ability to remain emotionally regulated when navigating challenging interpretations in treatment. These explorations and subsequent interpretations included unconscious choices and relational repetitions that have presented across many areas and in many relationships throughout her life. This was exemplified when she chose to be in a partnership with a man who resembled many of the challenging aspects about her father. This explanation and connection resonated deeply with Dee's lived experience, leaving a significant impact on her shift in perspective.

Educative interventions were used along with psychodynamic interpretations, skill building, and cognitive restructuring within the EE model. The impact of the therapy across 18 sessions was significant. By the end of treatment, Dee was able to sit still in session and her tearful outbursts were no longer present. Likewise, she reported a significant reduction in panic symptoms, which decreased in intensity and duration as treatment progressed. Dee's symptoms of depression began to alleviate as she started to let go of the many harmful messages conveyed to her throughout her life. She made intentional choices to establish more concrete and

consistent boundaries with her sister and her mother. She reported more positive self-talk, reduced self-doubt, and, of significant importance, she stopped worrying about her ex-husband's children and what they thought of her. This eventually led her to challenge her fear of being alone and by the end of treatment sessions, Dee made the decision to finally file for divorce. At the last check-in with Dee, she had recently moved into her own home and established a positive and supportive group of friends.

Summary and Conclusion on the Educative-Experiential Model

The educative-experiential model derived from the author's ever-evolving theoretical style focuses on the use of important educative concepts and is delivered within a reciprocally lived-experiential-flow between the client and therapist. When implemented as intended, theoretical and clinical considerations derived from foundational psychological domains (i.e., developmental, social, biological, psychological) are used selectively and with intention in a specific moment to maximize the effect of this experiential model. Moreover, therapists must be skilled enough to enter this experiential flow with clients to maximize peak therapeutic opportunities while maintaining an awareness of the client's ego strength and their present ability to remain regulated. This combined approach can establish new paradigms for a client's self-understanding and allow them to continuously re-root themselves in their identity and lived experience.

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From Clinical Judgment to Machine Learning: Rethinking Psychotherapeutic Decision-Making with Artificial Intelligence

Caleb Onah, MS

Joy Gwar, PhD



According to the World Health Organization (WHO; n.d.) mental health disorders, such as anxiety disorder, bipolar disorder, schizophrenia and post-traumatic stress disorder (PTSD), are some of the most significant public health challenges in the WHO European Region. Within this region (which includes 53 countries across Europe and parts of Central Asia), mental health disorders are the leading cause of disability and the third leading cause of overall disease burden. Among these disorders, depression remains one of the most common mental illnesses globally, yet a staggering 66% of affected individuals continue to live with unmet treatment needs (Eilert et al., 2021; World Health Organization, 2023).

Empirically supported psychotherapeutic treatments have demonstrated strong efficacy, are endorsed by clinical guidelines, and are widely used in mental health care as a preferred first-line treatment option (Lorimer et al., 2021). A substantial body of research and numerous clinical trials have affirmed their effectiveness across a wide spectrum of mental and behavioral health disorders (Eilert et al., 2021), applicable to diverse settings (e.g., primary care medicine, community health, specialty treatment services), and across the lifespan (Nathan & Gorman, 2007). In addition, psychotherapy research has identified

both specific and non-specific factors that contribute to treatment outcomes (Norcross & Lambert, 2019). Beyond core techniques and strategies, broader factors, such as the quality of the therapeutic relationship, therapist competence, and adherence to protocols, significantly shape psychotherapy's clinical effectiveness. As such, psychotherapy is a fundamentally human-centered practice, dependent on the dynamic interplay of targeted interventions delivered within a professional, relational framework to effect meaningful clinical change (Aafjes-van Doorn et al., 2020).

At the same time, artificial intelligence (AI) and machine learning are rapidly advancing and are increasingly applied to the field of mental health, including psychotherapy (Burr & Floridi, 2020; Torous et al., 2020). These technologies aim to assist individuals in learning and applying therapeutic skills, identifying behavioral patterns, and integrating interventions into daily life and by drawing on well-established approaches, such as cognitive behavioral therapy (CBT), positive psychology, and mindfulness (Prescott & Barnes, 2024). Some AI-based conversational agents and chatbots are even designed to simulate emotional intelligence with the goal of forming therapeutic alliances with users, clients, or patients (Darcy et al., 2021; Ghandeharioun et al., 2019).

The most promising applications of computer-assisted interventions (CAI) are seen among vulnerable or under-

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served populations, such as the elderly, adolescents, and individuals facing stigma, financial limitations, or a preference for non-traditional care (Fiske et al., 2020; Luxton, 2020). Furthermore, AI holds the potential to enhance mental health care through personalized treatment delivery, support for therapeutic technique implementation, empowerment of patients, and early detection of mental health conditions via digital phenotyping (Onah et al., 2024; Tekin, 2020). These potentials are underscored by the growing research interest in CAI and the rising number of developers and service providers in the mental health technology space (Bendig et al., 2022; Fiske et al., 2020).

However, the implementation of CAI also introduces a range of complex challenges and unresolved questions that must be explored to fully understand its long-term societal and individual impacts (Sedlakova & Trachsel, 2023). Even though millions of people now interact with so-called “digital psychotherapists,” the true efficacy and implications of such technologies remain insufficiently evaluated (Shatte et al., 2019). While preliminary studies point to benefits in areas like prevention, treatment, and relapse management, the current evidence base is still emerging and should be interpreted cautiously (Bendig et al., 2022; Thieme et al., 2020; Torous et al., 2020). Compounding this, many widely promoted chatbots and conversational agents lack rigorous empirical validation, creating a wider gap in the literature of this uniquely complex topic (Bendig et al., 2022; Kretzschmar et al., 2019).

Much of the current ethical discourse around AI-driven mental health tools is focused on immediate concerns such as privacy, data security, and the evidentiary foundation of interventions (Bauer et al., 2020; Luxton, 2020; Wang et al., 2020). Although these are important

considerations, this narrow lens restricts the capacity to anticipate the broader and more enduring implications of these technologies. AI in mental health intersects with multiple aspects of life and involves diverse stakeholders, thereby requiring a more comprehensive and integrative approach (Rubeis, 2021). Such an approach must consider conceptual, epistemic, normative, and ethical dimensions of human-AI interaction while also grounding analysis in the four core principles of biomedical ethics: Autonomy, Beneficence, Non-maleficence, and Justice.

Nevertheless, even this framework faces limitations in addressing deeper philosophical concerns. As emerging technologies evolve, they may shift the foundational meanings of ethical principles; what constitutes harm, for example, may look different in a digital therapeutic context than in an in-person therapeutic context. Integrity remains a core value in psychotherapy, where deception is only acceptable in rare and justified circumstances (American Psychological Association, 2017). These raises pressing questions in the digital domain, such as whether it is ethically permissible for AI chatbots to simulate empathy, and the literature strongly advocates for more holistic, long-term, and human-centered evaluations that account for the evolving individual and societal impacts of these technologies (Bendig et al., 2022; Burr & Floridi, 2020; Rubeis, 2021). Below is a chart describing differences between traditional psychotherapy and artificial intelligence psychotherapy (Spytska, 2025).

Thus, from the foregoing, researchers have also emphasized the need for ethical guidelines and clearly defined criteria for the development and application of AI technologies, as well as the impor-

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Aspect	Traditional Therapy	AI Therapy (e.g., Chatbots)
Personal interaction	Direct, face-to-face with a therapist	No direct human interaction, virtual conversation
Emotional support	High level of personalized, empathetic care	Limited emotional support; relies on programmed responses
Accessibility	Limited by therapist availability and geographic location	Highly accessible, available 24/7 regardless of location
Scalability	Limited by number of therapists and session time	Highly scalable, can serve many users simultaneously
Adaptability	Therapists can adapt care based on real-time feedback	Adapts responses based on user input but lacks human nuance
Anonymity	Usually not anonymous	Often allows full anonymity
Crisis Situations	Highly effective, but may be inaccessible in crisis zones	Easily accessible in crisis zones with internet access
Effectiveness in reducing anxiety	Higher effectiveness due to personalized care	Effective but less than traditional therapy
Cost	Typically, more expensive due to human resources	More cost-effective due to automation

Source: Spytka (2025).

tance of equipping health care professionals with appropriate training. Additionally, experts in the ethics of AI in mental health are recognizing the need to explore how interactions with AI may influence core aspects of psychotherapy, such as the therapeutic relationship, individual self-understanding, and personal identity (Burr & Floridi, 2020; Fiske et al., 2020).

Promise, Risks, and the Ethics of Data-Driven Treatment

Digital treatments have introduced a transformative development in psychotherapy: access to multi-dimensional data sets. These data sets containing biological, demographic, clinical, and behavioral variables created a shift beyond traditional inferential paradigms, such as reliance on p values and effect sizes, which have been criticized for limited replicability and clinical utility. When integrated with advances in artificial intelligence and machine learning, such data hold considerable promise for enhancing diagnostic precision, predicting prognosis, and optimizing treatment planning for individuals with mental

health conditions, thereby improving overall treatment outcomes (Dwyer et al., 2018).

Clinically, these innovations could lead to more accurate assessments, better patient stratification, and the delivery of tailored or combined interventions (Dwyer et al., 2018). In systems strained by long waitlists and workforce shortages, even modest gains in treatment responsiveness could yield significant benefits at individual, economic, and societal levels (Prasad et al., 2023). Machine learning has been applied to diverse data types, such as session transcripts, patient-reported outcomes, neuroimaging, biomarkers, and sensor-based metrics, and utilized to predict symptom remission, treatment response, relapse risk, and the long-term course of mental disorders (Aafjes-van Doorn et al., 2020; Angstman et al., 2017; Hilbert et al., 2020; Kautzky et al., 2018; Lorimer et al., 2021; Maarsingh et al., 2018; Prasad et al., 2023; Thieme et al., 2020). While the field remains nascent, its convergence with AI provides a

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strong proof of concept, or evidence of its value and potential, to warrant continued research and innovation (Aafjes-van Doorn et al., 2020; Chekroud et al., 2021; Thieme et al., 2020).

However, the growing enthusiasm for AI in psychotherapy has also led to heightened awareness of its limitations and associated misconceptions (Chekroud et al., 2024). As the volume and complexity of collected data expand, researchers are increasingly challenging the presumed objectivity and reliability of algorithmic inferences. A key concern is the tendency to follow algorithmic recommendations uncritically, without understanding their underlying assumptions and constraints.

Chekroud et al. (2024) highlighted how a machine learning model failed to generalize treatment outcomes for schizophrenia, thereby exposing the limits of algorithmic rationality. Similarly, other studies document instances where technically functional algorithms have caused harm to vulnerable and marginalized groups (Broussard, 2018; Eubanks, 2019). A striking example is the legal sentencing algorithm that disproportionately labelled Black individuals as high-risk for recidivism, while incorrectly assessing White individuals as low-risk, resulting in racially-biased sentencing (Eubanks, 2019).

Biases, heuristics, arbitrary classifications, and noisy data embedded in today's multi-dimensional datasets introduce additional uncertainty and error (Hong, 2021). These systemic issues underscore the dual reality of AI in psychotherapy. While its potential is compelling, its ethical, social, and epistemological counterpoints warrant critical scrutiny. Psychotherapy data, like sentencing data, often reflect historically biased systems. For instance, cognitive behavioral therapy

(CBT), a dominant modality in the field of psychotherapy, has been developed and validated primarily with White, well-educated, heterosexual populations. As a result, algorithms trained on such data may fail to account for or appropriately represent neurodiverse individuals, racial and ethnic minorities, LGBTQ+ groups, culturally diverse populations, and people from various socioeconomic backgrounds (Hilbert et al., 2020).

The contextual and lived experiences that are central to effective psychotherapy are frequently underrepresented in existing datasets. In the case of the schizophrenia study mentioned above, datasets were chosen based on their comparability and consistency; traits suitable for algorithmic processing, but not necessarily for reflecting complex, real-world mental health experiences (Wong, 2023). This methodological trade-off often results in the exclusion of environmental and cultural factors critical to treatment outcomes. Consequently, AI applications in psychotherapy risk perpetuating homogeneity, standardizing care, and rendering the nuanced realities of diverse clients invisible (Crawford, 2021; Wong, 2023).

Despite these limitations, some recent studies highlight the perceived benefits of AI-based mental health tools. For example, Sweeney et al. (2021) surveyed 100 mental health professionals across five countries and found that more than half viewed chatbots as helpful in supporting clients' health management. Similarly, the Wysa app study demonstrated that participants who engaged with the app showed improvement in depression symptoms, especially high-engagement users, and over half of the users described the app as helpful and encouraging (Inkster et al., 2018; Palacios et al., 2022; Santomauro et al., 2021). Building on this, researchers are in-

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creasingly exploring ways to aggregate diverse psychotherapy databases to enhance model accuracy (Chekroud et al., 2024; Ulberg et al., 2023). However, data completeness remains a challenge, spurring debates around *datafication*, the process of transforming various aspects of human life, behavior, and experiences into quantifiable digital data. Some scholars argue for strict limits due to privacy risks, while others advocate for innovation through privacy-enhancing technologies that enable the secure integration of varied data sources (The Royal Society, 2023). Additionally, synthetic data (artificially-generated datasets) offer a promising alternative. These datasets are customizable, cost-effective, easy to produce, and inherently protect privacy. Most importantly, they can be designed to include underrepresented groups, thereby addressing inclusivity gaps that exist in many real-world datasets.

Recommendations and Future Perspectives

AI systems used in psychotherapy are only as good as the data and assumptions behind them. Many machine learning models are trained on datasets that lack cultural diversity or overrepresent certain groups—often White, Western, and socioeconomically privileged populations (Kautzky et al., 2018; Swaminathan et al., 2023). This creates a risk that the algorithms will reflect and perpetuate existing cultural biases and stereotypes. For clinicians, it is crucial to approach AI tools with a critical mindset: understand where the data comes from, which populations are included or excluded, and how the algorithm's recommendations are generated. Blind reliance on these tools can lead to misdiagnoses (Wang et al., 2020), inappropriate treatment plans, and overlooking culturally specific symptoms and experiences (Onah, 2024b). By questioning and understanding the limitations of AI,

psychotherapists can better safeguard their clients from harm and ensure that the care they provide remains equitable and respectful.

AI can offer valuable insights, but it cannot replace the nuanced, holistic understanding that a skilled therapist and clinician brings to each session. Clients' cultural backgrounds, life histories, social identities, and unique contexts play a pivotal role in their mental health and how they experience symptoms and respond to treatment (Biswas & Talukdar, 2024). Therefore, therapists must interpret AI-generated suggestions in light of these factors rather than following them unquestioningly. This means actively integrating the client's voice and narrative, assessing how cultural norms, stigma, or socio-political realities shape their mental health journey, and adapting interventions accordingly. AI tools should be seen as adjuncts that support, rather than substitute, culturally responsive clinical judgment (Shatte et al., 2019).

Also, clinicians and psychotherapists have a role to play beyond the therapy room. They can advocate for transparency and inclusivity in the development of AI tools by engaging with researchers, developers, and policymakers. This involves demanding that datasets used to train AI models incorporate a broad spectrum of populations, including racial and ethnic minorities, LGBTQ+ communities, neurodiverse individuals (Mosquera et al., 2024) and people from various socioeconomic backgrounds, to ensure that AI recommendations are relevant and fair across diverse groups (Roa et al., 2021). Clinicians can contribute to or support efforts that audit and evaluate AI for bias and advocate for ethical standards that require accountability from AI developers. Such advocacy helps to move the field toward technologies that

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truly support all clients and reduce health disparities.

As AI becomes more prevalent in psychotherapy, professional education and training must evolve. It is not enough for clinicians to be digitally competent; they must also develop cultural humility and sensitivity specific to AI applications (Thieme et al., 2020). This includes understanding how systemic inequalities and historical injustices might be encoded in algorithms, how bias manifests in AI outputs, and how these biases can affect clinical outcomes (Onah, 2024a). Training programs should provide frameworks for critically evaluating AI tools, recognizing potential harms, and implementing strategies to mitigate bias. By integrating cultural awareness with digital literacy, clinicians can better protect vulnerable populations and provide care that respects diverse experiences (Sedlakova & Trachsel, 2023).

At its core, psychotherapy is a deeply human endeavor grounded in empathy, trust, and relational understanding, all qualities AI cannot authentically replicate. While AI can help identify patterns, track progress, or suggest interventions, it cannot grasp the complexity of human emotions or the lived reality of clients (Eilert et al., 2022). Psychotherapists should use AI tools as supportive instruments rather than definitive authorities. Maintaining a reflective, client-centered stance means continually questioning whether AI-driven recommendations align with the client's values, experiences, and goals. This approach ensures that technology enhances rather than undermines the therapeutic alliance and the ethical foundation of psychotherapy (Eilert et al., 2022).

In conclusion, AI's capacity to analyze multi-dimensional data offers significant potential to enhance diagnosis, personalize treatment, and improve out-

comes in mental health care. However, concerns about bias, ethical issues, and algorithmic limitations persist, especially regarding the exclusion of diverse populations and loss of contextual understanding. To responsibly integrate AI, clinicians must prioritize cultural sensitivity, uphold empathy, and critically assess AI tools. Ethical principles like autonomy, beneficence, and justice must guide this integration. Advocacy for inclusive data and interdisciplinary collaboration is vital. Ultimately, AI should support (not replace) human clinical judgment, requiring ongoing research and reflection to ensure equitable, effective psychotherapy.

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Pitfalls in Ethical Decision-Making: Settling, Fading, and Drift in Psychological Practice

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Samuel K. Knapp, EdD, ABPP



The American Psychological Association's *Ethical Principles and Code of Conduct* (2017) provides the foundations and standards for addressing ethical practice. However, these standards cannot provide direction for psychologists in every situation (Cicero, 2021). Therefore, psychologists need a decision-making



model when ethics codes or laws do not provide adequate direction. Nonetheless, practitioners frequently encounter subtle processes undermining their ability to make the best decisions. Three of these influences are processes the authors label as *ethical settling*, *ethical fading*, and *ethical drift*. Ethical settling is the guiding of one's decisions by the minimum required by laws or ethics codes; ethical fading is failing to consider the ethical implications of a decision (Bazerman & Tenbrunsel, 2011); ethical drift is the rationalization of less-than-optimal decisions (Bourke et al., 2021). By recognizing these challenges, psychologists can adopt deliberate strategies to enhance their ethical awareness and to better guard against the subtle forces contributing to compromised ethical decision-making. This article will review the challenges to quality ethical decision-making and provide recommendations for psychologists to avoid falling into these pitfalls.

Ethical Settling: Lowering the Bar

A positive ethics approach encourages

psychologists to integrate ethical principles with personal values and strive for exemplary conduct, rather than focusing primarily on avoiding punishment for violating laws or ethics codes (Knapp et al., 2018). Knapp and Fingerhut (2024) described *just-good-enough thinking* in which psychologists settle for a solution that meets only the minimal legal requirements. This ethical settling approach represents a shift from aspirational ethical standards to minimal compliance with basic rules. Rather than striving for the highest ethical conduct, practitioners emphasize what is minimally required to avoid disciplinary actions or allegations of negligence. This tendency reduces complex clinical and values-based considerations to simplified behavioral guidelines. When psychologists adopt a "floor" rather than a "ceiling" approach to ethics, they risk providing sub-optimal care that does not fully respect patient dignity, well-being, and autonomy.

Consider the following example. A psychologist conducted an initial assessment when the patient revealed he had thoughts of suicide. The alarmed psychologist then informed the patient's spouse without conferring with the patient regarding this decision or exploring less intrusive ways to ensure the patient's safety. While it is possible that notifying the spouse may have reduced the immediate risk of a suicide attempt, it jeopardized losing the trust of the patient and his willingness to be honest with the psychologist. It may also deter the patient from seeking mental health services in the

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future. Ultimately, the actions of this psychologist may actually increase the possibility of a future suicide attempt.

The psychologist in the above example may justify their decision on the basis that it ensured the safety of the patient and that it was legal (depending on the state where the psychologist practices) to disclose this information without the patient's consent when there is an increased risk for suicidality. Nonetheless, doing something that is legal does not mean one has made the best ethical decision. The psychologist failed to consider other less intrusive ways to protect the patient's safety, such as collaboratively creating a safety plan with the patient or addressing the shame and self-stigma that kept the patient from disclosing his suicidal thoughts to others. It is possible that, given the totality of such situations, psychologists may have to inform a significant other of a patient's suicidal endorsement without that patient's consent. However, such actions should be a last resort and only after less intrusive interventions have failed or are not feasible, and an effort has been made to include the patient in the decision-making process.

The psychologist in question did not maintain bad intentions or motives when caring for this patient. Perhaps they lacked training in effective interventions with suicidal patients and/or personal reasons caused them to overreact to the patient's disclosures. Nonetheless, they hastily chose an action which, although legal, might not have been the optimal one in this situation. When psychologists focus solely on meeting minimal legal or procedural requirements, they may overlook the broader ethical obligations that define exemplary practice.

Ethical Fading: When Ethics Disappear from View

Ethical fading occurs when the ethical dimensions of a decision recede from conscious awareness, overshadowed by

other salient factors, such as economic pressures, efficiency demands, or personal convenience (Bazerman & Tenbrunsel, 2011). This often unfolds as professionals direct their attention away from ethical imperatives and toward other goals (Tenbrunsel & Messick, 2004).

Consider the following example. A psychologist in a rural setting initially maintained ethical boundaries with his patients, however, these boundaries became more relaxed over time. Without careful deliberation, he attended a former patient's new business opening, offered informal advice to a patient's spouse at a community event, and hosted parties attended by former patients. The original concerns about boundaries became less important as he allowed his desire to fit into the community to dictate his actions, which caused him to enter into unwise, multiple/dual relationships that could compromise his objectivity and effectiveness.

As these interactions became normalized for the psychologist, the awareness of his ethical obligations diminished. Without deliberate ethical reflection, his recognition of potential role conflicts faded, and important risks, such as compromised objectivity, confidentiality concerns, and potential patient exploitation, went unaddressed. Psychologists in rural areas often need to be more flexible with boundaries considering they may frequently encounter current or former patients in social or business settings. Nonetheless, the goal is to balance competing factors carefully and make boundary crossings with deliberation; not to ignore boundary issues entirely.

Ethical Drift: Rationalizing Poor Decisions

Ethical drift is similar to ethical fading in that psychologists start with awareness of the ethical issues. In ethical fading, psychologists gradually and likely un-

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consciously direct their attention away from ethical issues and onto other priorities. When engaging in ethical drift, psychologists gradually move away from professional standards while continuing to think about ethical issues, consciously developing rationales to justify their deviations from acceptable standards of conduct (Bourke et al., 2021).

This detachment from sound ethical reasoning facilitates incremental compromises, as the lack of coherent guidelines fosters rationalizations that normalize deviations. Over time, even significant breaches may go unaddressed as psychologists no longer use internal moral frameworks or external ethical benchmarks to recognize their departure from accepted standards. Repeated compromises reinforce a fragmented approach in which decisions are driven more by convenience and self-serving desires than by sound ethical reasoning.

Consider the following example. A psychologist initially adhered to appropriate professional boundaries. However, ethical drift began with accepting a small gift from a patient without processing the meaning of the gift, which she rationalized as simply being a polite gesture. Over time, she shared personal anecdotes unrelated to patient needs, which she justified as an effort to build rapport. Then, she became more directive in her advice to patients on their work and marital issues, which she argued was using psychotherapy time efficiently. Eventually, a patient requested a social media connection and the psychologist granted it, which she justified as added support and respect for the patient's needs. Unlike the rural psychologist who engaged in ethical fading without being consciously aware of it, this psychologist knew she was deviating from standards but created elaborate rationales for her behavior.

This drift perspective highlights that unconscious cognitive processes can influence ethical decision-making. Individuals often depend on instinct rather than deliberate, rational thought, making them susceptible to cognitive biases and irrational thought processes (Moore, 2009). As psychologists normalize these deviations over time, their sensitivity to ethical concerns and vigilance to maintain boundaries may diminish, and their decisions may become increasingly opportunistic. This incremental process allows minor compromises to pave the way for more substantial violations, although the psychologists may contend they have virtuous intentions. Without deliberate ethical reflection and consultation related to countertransference dynamics, psychologists may find themselves unwittingly harming patients yet continue to perceive their actions as justified within their professional role.

Clinical Practice Recommendations

To counteract these pitfalls, psychologists can adopt habits that reinforce ethical vigilance and aspirational practices. The following are clinical practice recommendations for maintaining an ethical and professional standard of care.

- **Adopt a positive ethics approach.**

Although the authors have no data on how many psychologists adopt a “floor” approach to ethics, such thinking appears to be pervasive based on professional experiences. Perhaps these psychologists were unfortunate to have ethics instructors who only emphasized laws, enforceable codes, and disciplinary procedures in their ethics classes (Knapp et al., 2018). Alternatively, perhaps they have a highly anxious nature that overemphasizes personal threats. Of course, one needs to know the laws and rules that govern the profession, but ethics is much

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more than that. Among other considerations, it means genuinely caring for people and proactively seeking out ways to help them in a respectful and caring manner.

The study of ethics should go beyond enforceable ethical standards or laws and focus on overarching principles and values. This means intentionally moving beyond a “floor” approach that focuses primarily on avoiding violations and embracing a “ceiling” approach that focuses on aspiring to the highest ethical ideals. It involves actively integrating ethical principles (like beneficence and fidelity) with one’s daily work and striving for exemplary conduct in all professional activities. The goal is to live out one’s virtues of compassion and care within the framework of one’s professional role.

- **Keep ethics in mind.** Psychologists can counteract the tendency for ethical fading by keeping ethical issues at the forefront of their professional decision-making. The goal is to have psychologists consider the ethical dimensions of all their clinical work. Ethical reflection should not only be something to engage in when one feels in a bind or quandary. Instead, it should be habitually incorporated into one’s day-to-day work. Psychologists can routinely ask themselves questions such as, “What is best for this patient?” (promoting beneficence), or, “How can this patient become really engaged in treatment?” (showing respect for patient autonomy).

Psychologists can improve their ethical sensitivity by setting aside time for regular self-reflection, considering immediate practicalities and personal biases, values, and vulnerabilities.

They must also commit to ongoing ethical education and growth throughout their careers. This lifelong learning approach could involve attending workshops, participating in peer consultation groups, conducting case reviews that focus on ethics, engaging in structured journaling, or regularly reviewing relevant literature and ethical guidelines.

- **Challenge your ethical thinking.** Everyone will make ethical mistakes, especially when tired, fatigued, or distracted. Situations that are more ethically complicated or ambiguous, such as those involved with managing complex patient dynamics, responding under time pressure, or balancing conflicting professional roles, increase the risk of ethical errors.

Psychologists can guard against these influences by being aware of how emotions or situations may influence their judgment. Consequently, it is essential to remain aware of personal stress levels and intentionally slow down when making important clinical decisions, especially in high-risk situations. They can consult with a trusted colleague or a paid consultant who can provide critical insight and prevent ethical missteps, particularly with patients who evoke strong countertransference reactions. Ideally, psychologists will be part of an ongoing peer group that will support them when they need it and challenge them when appropriate.

- **Leverage step-by-step ethical frameworks.** In cases where ethical dilemmas are unclear, structured decision-making models (e.g., Johnson et al., 2021; Suarez et al., 2023) pro-

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vide a valuable roadmap. These frameworks encourage methodical analysis by prompting reflection on key factors, such as relevant ethical principles, emotional constraints, cognitive biases, competing priorities, and contextual issues. By systematically working through these elements, psychologists can move beyond instinctive reactions and align their choices with ethical principles, professional standards, and sound clinical reasoning. It is helpful to overlearn a decision-making model so that one can retrieve it easily during times of stress.

By proactively embedding these strategies into everyday practice, psychologists can sustain the integrity of their work, uphold the American Psychological Association’s core principles (2017), and ultimately better serve their patients. Recognizing and remedying ethical settling, ethical fading, and ethical drift is not merely a matter of avoiding disciplinary action—it is a central personal and moral commitment to the practice of psychology.

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CONGRATULATIONS TO THE 2025 SOCIETY GRANT RECIPIENTS!

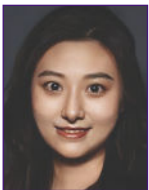
Diversity Research Grants



Cameron Andrews

My name is Cameron Andrews, and I am currently a PhD Counseling Psychology candidate at the University of Denver. I hail from the beautiful coasts of California, where I attended Cal Poly SLO for my undergraduate degree. There, I ran track and field and studied Psychology with a minor in Ethnic Studies. Afterwards, I spent a year volunteering in South Carolina through AmeriCorps, in which I worked in environmental conservation and education. I then moved back to California, where I helped conduct research with my advisors, worked in the wine industry, and supported families with kiddos on the spectrum. After a year, I moved to Valencia, Spain, where I taught English and used my fluency in Spanish to work with the local School Psychologist in supporting underserved students, most notably Romani Spanish students. I then moved to Denver to start the PhD Counseling Psychology program, in which I serve roles as an adjunct faculty professor, an Academic Counselor through the Learning Effectiveness Program, in which I support neurodiverse collegiate students, and finally, collaborating primarily with Dr. Jesse Owen and Dr. Maria Riva in researching ways to support marginalized communities.

My hopes and goals for this grant are to explore the therapeutic experience for Biracial clients, who are the fastest-growing population in the United States as of 2010. There are currently no known studies that solely look at Biracial clients and their experiences in therapy, and it is possible that due to the complexity of Biracial identity, therapists may face challenges in providing effective support. This grant will help to provide the funding necessary to reach my recruitment goals in order to find meaningful results and gain some insight into an overlooked and understudied population. ■



Yu Tian

My name is Yu Tian, and I am currently a PhD candidate in the Department of Educational Psychology at The Chinese University of Hong Kong (CUHK), supervised by Dr. Harold Chui. I earned my Bachelor's degree in Psychology and Communication Sciences and Disorders from the University of Wisconsin–Stevens Point, and dual Master's degrees in Psychological Counseling from Teachers College, Columbia University. I am also a New York State certified school counselor, with professional experience providing academic, social-emotional, and college counseling to middle and high school students in New York City.

My research interests focus on psychotherapy processes and outcomes, multicultural counseling, and therapist self-disclosure. With the support of the Society for the Advancement of Psychotherapy Diversity Research Grant, my current study investigates how Chinese and American clients perceive the helpfulness

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of different types of therapist self-disclosure, and explores how cultural values, such as individualism vs. collectivism and power distance, shape these perceptions. The goal of this project is to provide empirical evidence that can inform culturally responsive counseling practices, enhance therapist training, and ultimately strengthen therapeutic relationships in multicultural contexts. ■



International Grants



Caleb Onah

Caleb Onah is a clinical psychology graduate student and early-career professional at Rev. Fr. Moses Orshio University, (Formerly Benue State University, Nigeria). His research examines the intersection of artificial intelligence, behavioral health, and psychosocial interventions in resource-limited settings. His current research explores how self-care competence, and AI-powered virtual support affect medication adherence among diabetic patients. His broader interests include AI-driven approaches to suicide prevention, digital mental health delivery, and chronic illness management. Across these areas, his work is driven by a commitment to developing culturally responsive, technology-enabled mental health solutions that inform context-appropriate interventions for complex psychological and social challenges. ■



Lindsay Williams

Lindsay is a Master’s student in Clinical, Social, and Intercultural Psychology at the University of Padova. As part of her thesis, she is conducting a qualitative study examining how therapists navigate trust and cultural responsiveness in their work with first generation migrant youth. Support from the SAP International Research Grant enables this project, contributing to greater insights into therapeutic processes with young people from migrant backgrounds. ■



Theodore Bartholomew

Theodore T. Bartholomew, PhD, is an associate professor in the Departments of Psychology and Africana Studies at Scripps College. He earned his PhD in Counseling Psychology from the University of Nebraska (2016). He studies cultural conceptualizations of mental illness, suicide, and treatment as well as psychotherapy process and outcome from cultural and positive psychological perspectives and the use of qualitative and mixed methods designs in psychological research. ■



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: May 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/>

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Evaluation Criteria

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

Requirements Components for All Proposals

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

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

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

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- 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.

CALL FOR AWARDS

Professional Award Nominations Sought

In 2026, the Society for the Advancement of Psychotherapy will present two professional awards: one for a distinguished psychologist (career) and one for an early career psychologist (within 10 years of doctorate conferral).

The deadline for nominations is December 31, 2025.

Self-nominations are welcome.

The early career award is given in collaboration with the American Psychological Foundation. Their portal will open for application on November 1, 2025 (<https://ampsychfdn.org/funding/>).

The distinguished psychologist award applications may be submitted at any time before 12/31/2025 to the award committee chair, Gerry Koocher (koocher@gmail.com). Nominations should include a full curriculum vitae (CV), a cover letter or personal statement describing the nominee's contributions to the practice of psychotherapy, and one or more (no more than three) supporting letters.

Award recipients must be members of SAP/Division 29 at the time of application.

Feel free to contact Gerry Koocher with any questions.

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: May 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

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- The selection committee may choose not to award the grant if no suitable nominations are received
 - 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 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 completed, a full accounting of the project’s income and expenses must be submitted within six months of completion
- recipients are expected to write a brief article related to their project for

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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
- 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 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 exempt 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.

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;

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- 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



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.
 - Your plan for engaging with SAP (e.g., attending conferences, joining committees, publishing) and promoting cultural diversity within the SAP.

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- 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.



CALL FOR FELLOW APPLICATIONS

**THE DEADLINE FOR SUBMISSION TO BE CONSIDERED IS
DECEMBER 15 OF EACH YEAR.**

The Society for the Advancement of Psychotherapy
James Lichtenberg: jlicht@ku.edu
Chair, Fellows Committee

The Society for the Advancement of Psychotherapy encourages Society Members who wish to become Fellows of the American Psychological Association to apply (self-nominate) for APA Fellow status through our Society. The application period extends from September 1 to December 15 each year. The Society wishes to honor our members who have distinguished themselves by exceptional and impactful contributions to psychotherapy in a variety of ways such as through research, practice, and teaching. **Fellow status in APA is awarded to psychologists in recognition of outstanding contributions to the field of psychology.**

The Minimum Standards for Fellowship Under APA Bylaws Are:

- The receipt of a doctoral degree based in part upon a psychological dissertation, or from a program primarily psychological in nature;
- Prior membership as an APA Member for at least one year and a Member of the Society through which the nomination is made;
- Active engagement at the time of nomination in the advancement of psychology in any of its aspects;
- Five years of acceptable professional experience subsequent to the granting of the doctoral degree;
- Evidence of unusual and outstanding contribution or performance in the field of psychology; and
- Evidence of (inter)national impact of the field or profession of psychology beyond a local, state, or regional level.
- Nomination by one of the society or divisions which member status is held.

Application for APA Fellow status is made through the society or division.

The Society for The Advancement of Psychotherapy Criteria for Election to the Category of Fellow are:

- Prior status of Member of the Society for at least one year.
- Five years of qualifying experience in the field of psychotherapy.
- Demonstration of evidence of unusual and outstanding contribution or performance in the field of psychotherapy.
- Documentation of the ways in which the Member's activities, contributions, and/or performance have had a discernable and salutary effect on the development or advancement of the discipline of psychotherapy.
- Endorsement by at least three current APA Fellows, at least one endorser must be a Fellow of the Society for the Advancement of Psychotherapy (endorsements are made via the APA Fellowship portal).
- Nomination to the category of Fellow by the Society's Committee on Fellows, such nomination to be conducted in accordance with extant Bylaws and Association Rules of the American Psychological Association.

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Contributions may be through any of the following individually or in combination:

- **Excellence in Practice.** Demonstrated excellence in the practice of psychotherapy which is evident by national standing. This can include innovative models or programs of practice, applications of scholarship to programs of practice, publications that impact practice, training, etc.
- **Teacher/Trainer/Mentor.** Demonstrated excellence and a national reputation as a teacher, trainer, or mentor of psychotherapists, to include the development of innovative models with a wide ranging
- **Scientific Work.** Documented research in the area of psychotherapy or related areas that impact the practice of psychotherapy such as neuroscience, psychotherapy process, outcome, training, etc.
- **Theoretical and Treatment Advances.** Demonstrated contributions to the field through the development of theory, methods, and techniques of psychotherapy.
- **Leadership, Advocacy, Scholarly Application.** Demonstrated leadership in the advancement of the art, science, and policy of psychotherapy or innovative programs of training, or practice

Evidence Related to Criteria Used by Nomination Committee

The following are offered as examples of the range of activities that may be considered when being nominated for Fellow but are in no way to be considered exhaustive:

- Published scholarly articles in professional journals that are considered important in the field
- Author of books and texts in the field of psychotherapy or related areas in that have important impact on the field of psychotherapy.
- Demonstrated a high degree of involvement in the advancement of psychotherapy at the national level.
- Developed a theory of psychotherapy that is widely considered important to the field.
- Developed approaches to psychotherapy that are widely considered important to the field.
- Produced innovations in the practice of psychotherapy such as models of practice that address novel problems or the needs of special populations in the delivery of mental health services.
- Administered a novel or excellent program for training psychologists in psychotherapy or related areas.
- Demonstrated evidence of service that is
- Demonstrated evidence of scholarly work that advances the field such as editor of an influential journal or special editions.
- Made contributions that advance the status of psychotherapy as a healing art and science.
- Exhibited excellence in serving as a mentor in the
- Demonstrate a program of research that advances the society

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Fellowship Application Process

Initial Fellowship Application Process

New applications for APA Fellow status are made through the [APA Fellows application portal](#). This webpage has links to concise and very helpful guidance for applicants. Most helpful, valuable, and relevant is the APA Fellows Committee’s guidance for preparing and reviewing applications, available at:

<https://www.apa.org/members/your-membership/fellows/advice-workshop.pdf>.

That said, please feel free to contact the Division’s Fellow Committee Chair, Jim Lichtenberg (jlicht@ku.edu) with any questions you may have with regard to the application or review process.

The online application requests a CV and an application letter that addresses how your accomplishments link to the APA and SAP fellow criteria listed above. It also requests the names and contact information for three endorsers who are current APA Fellows, at least one of whom is a SAP Fellows. You should contact these endorsers to assure that they are prepared to endorse you! They are contacted directly by the APA Fellows office, and complete their endorsements through the same portal.

Applications are first reviewed by the SAP Fellows committee, then by the SAP Executive Committee, then by the APA Fellows Committee, and finally by the APA Board of Directors.

Fellowship Status with the Society for those who are Fellows of other APA Societies or Divisions

Society for the Advancement of Psychotherapy (Division 29 of APA) members who have already attained Fellow status through another APA Society or Division may pursue a direct application for Society Fellow by sending a curriculum vitae and a letter to the Society Fellows Committee, indicating specifically how you meet the Society criteria for Fellowship. These applications are not reviewed by the APA Fellows Committee; they are reviewed by the SAP Fellows Committee and recommendations are made to the SAP Board of Directors.

Current Fellows of APA who wish to become a Fellow of the Society for the Advancement of Psychotherapy apply by sending a letter documenting their qualifications with a current CV to the Society’s Central Office at assnmgmt1@cox.net.

The above information—including a list current Society/Div29 Fellows—is available on the Div29/SAP website at:

<https://societyforpsychotherapy.org/members/fellows/>



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, supervisory, 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



Society for the
Advancement
of Psychotherapy

MEMBERSHIP APPLICATION

The Society meets the unique needs of psychologists interested in psychotherapy. By joining the Society for the Advancement of Psychotherapy, you become part of a family of practitioners, scholars, and students who exchange ideas in order to advance psychotherapy. The Society is comprised of psychologists and students who are interested in psychotherapy.

Although the Society is a division of the American Psychological Association (APA), APA membership is not required for membership in the Society.

JOIN THE SOCIETY AND GET THESE BENEFITS!

FREE SUBSCRIPTIONS TO:

Psychotherapy

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

Psychotherapy Bulletin

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

EARN CE CREDITS

Journal Learning

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

DIVISION 29 PROGRAMS

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

SOCIETY INITIATIVES

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

NETWORKING & REFERRAL SOURCES

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

OPPORTUNITIES FOR LEADERSHIP

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

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PSYCHOTHERAPY BULLETIN

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

Psychotherapy Bulletin welcomes articles, interviews, commentaries, letters to the editor, book reviews, and SAP-related announcements. Please ensure that articles conform to APA style; graphics, tables, or photos submitted with articles must be of print quality and in high resolution. Complete Submission Guidelines and the online submission portal can be found at <http://societyforpsychotherapy.org/bulletin-about/> (for questions or additional information, please email Zoe Ross-Nash 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 (29)

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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 newsletter 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!

