A Message from the President

"The Best of All Possible Worlds"

Recently, I was able to attend the ABCT (formerly AABT) annual meeting held in Washington, DC. I had not attended this meeting for quite some time, and so it was an opportunity to reconnect with a community where I began my professional career. Over the years, my commitment to SPR and to the study of psychoanalysis had pulled me in different directions. I never lost touch, though, with old CBT colleagues & mentors, nor perspective on the powerful grip CBT holds on the psychotherapy field at large. (This recognition played some part in the recent redesign of our research program at Beth Israel to examine the impact of specialized training in negotiating the therapeutic alliance on a cognitive-behavioral therapy for personality disorders.)

Although I was impressed by the extensive discussion of evidence-based practice and the continued commitment to empirical research, which has always been a hallmark of the CBT tradition, I have to admit I experienced a bit of culture shock. There is no doubt much common ground. What surprised me was the particular slant on what constitutes research and the particular interpretation of the research literature that I encountered. For example, I was surprised by the extent of emphasis on manualization & empirically supported treatments (ESTs) and the apparent dismissal or ignorance of arguments regarding the ecological validity of EST (see Westen & Morrison, 2001) and the predictive validity of therapist individual differences (see Wampold, 2001) - not to mention the limited attention to the therapeutic alliance.

Now I could assume an elitist position, dismiss the ABCT community, and run back to the comfort of SPR, where to borrow from Garrison Keillor, "We are all above average" when it comes to research. Instead, I was immediately aware what a mistake that would be - on both intellectual and political grounds. After all, ABCT is comprised of approximately 5000 members, nearly 5 times the number in SPR. Its members represent the majority voice that shape policy for APA & funding for NIMH. (As I watched a grant proposal I recently submitted to NIMH make its rounds through the review process, I recognized what a presence CBT researchers have on the review committees.) If we as a community dismiss or ignore this, we run the risk of being marginalized. In a sense, one could argue this is the mistake the psychoanalytic community made.

The theme of the recent ABCT conference was ironically "Building Bridges: Expanding Our Conceptual & Clinical Boundaries." This is an admirable theme that suggests a guiding metaphor for our own future efforts. I would like to see SPR make a more concerted effort to reach out to ABCT, extend the base of members who belong to both communities, bring back CBTers who were previously active SPR members, and perhaps most critically engage them in an open conversation whereby we are genuinely interested in understanding their respective positions. Of course, we should do the same with other psychotherapy concerned communities, as well as communities that conduct like-minded research (e.g., cultural anthropology, child development, discourse analysis, social cognition, etc).

I appreciate our efforts to develop our membership by the mentoring of our respective students. As Voltaire's Candide ultimately concluded after pages of adventure in the pursuit of the best of all possible worlds, "We must cultivate our own garden." But we should do so by also reaching out to other gardeners and ask how they tend their patch of land. In this newsletter, you will find a call for papers for the NASPR meeting to be held in Burs Oak, Ohio, this fall; and you will also find a membership application for SPR enclosed. Please encourage your CBT colleagues, as well as those from other traditions and disciplines, to join us. And of course, continue to recruit your students - our next generation.

CHRIS MURAN, PH.D.

References:


A Student Perspective:
The Medical Model in Context

As students of psychotherapy research, we are coming of age professionally within a culture that strongly emphasizes the medical model of diagnosis and treatment. Our involvement in SPR has been a wonderful opportunity to be exposed to different perspectives on psychotherapy, including the contextual model. We thought it might interest NASPR newsletter readers to know about our attempts to balance these perspectives during the earliest phase of our development as psychologists.

The medical model emphasizes therapeutic techniques that are believed to be remedial for specific symptoms or diagnoses, much like medical treatments, whereas the contextual model emphasizes a holistic common factors approach. It has been an interesting challenge to develop as contextual model researchers and practitioners while learning in an environment steeped in medical model assumptions.

For example, our off-campus training in community mental health centers has been shaped by the requirements of the insurance companies who pay for our clients’ treatments. Diagnoses are required justifications for treatment. Treatment plans that target specific symptoms or aspects of the diagnosis are also required. Many of our clients perceive their psychological problems as medical problems, a situation that is exacerbated by the culture at the community mental health centers where we are being trained, in which psychiatrists and case managers emphasize pharmacotherapy as the primary component of treatment. One thing that we do to incorporate our own beliefs into our work is to include contextual factors into our treatment plans wherever possible. We both present diagnoses to our clients in a way that recognizes the limitations of such a medical label. We hope the contextual model is also evident to our clients in the ways that we conceptualize their problems in living and rationalize their treatment.

The medical model also shapes our experience on campus. Currently, Ohio University is working to selectively invest in graduate education and research in the areas of health, technology, energy, and economic development, in the hopes of gaining more national prominence as a research institution. Accordingly, the department of psychology has invested in hiring faculty who are expected to initiate grant-fundable research in health psychology. This strategy essentially results in departmental endorsement of the values of the medical model. We have seen the de-emphasis of common factors in our own efforts to receive funding for research, whereas funding seems to be more available to those who are interested in building on the medical model.

This trend affects coursework as well. Within the standard curriculum, most of our fellow students receive only the broadest exposure to experiential psychotherapies, whereas there is more emphasis upon neurology, pharmacology, and the DSM. We have been very lucky that our advisor arranged for Ohio SPR’s Robert Elliott to lead a series of weekend workshops on process-experiential therapy for our students and our peers. As a consequence, we’re among the few students at OU who have some understanding of how emotion-focused therapy works. This is just one example of how we have broadened our education through SPR-based initiatives. Although it can be isolating to be part of one of the only common factors research labs in the department, we have sought out SPR connections to bring us into the community of contextual model researchers.

We are particularly looking forward to hosting NASPR at Burr Oak in October 2006. This will provide us with yet another opportunity to expand our training and development, while also exposing the OU research community to the SPR culture. We look forward to seeing you there.

LIZ DAVIS, M.S. & GREG GOLDMAN, M.S.
OHIO STATE UNIVERSITY

Past President’s Column by David Orlnsky

Comments on the State of Psychotherapy Research (As I See It)

I must start by confessing that I don’t really read psychotherapy research when I can help it. Why? The language is dull, the story lines are repetitive, the characters lack depth, and the authors generally have no sense of humor. It is not amusing, or at least not intentionally so. What do I instead of reading is scan or study.

I do routinely scan the abstracts of articles as issues of journals arrive to assure myself there is nothing I need or want to know in it, and if the abstract holds my interest then I scan tables of results. Also, at intervals of years, I have agreed to study the research on psychotherapy systematically, usually with a specific focus on studies that related process and outcome (Howard & Orlnsky, 1972; Orlnsky & Howard, 1978; 1986; Orlnsky, Graue & Parks, 1994; Orlnsky, Rannestad & Wilutzki, 2004). I have done this for 40 years or more or less, and on that basis (for what it is worth) here is what I think about the state of psychotherapy research.

I think in recent years that psychotherapy research has taken on many of the trappings of what Thomas Kuhn (1970) described as “normal science”—meaning that research by and large has come devoted to incrementality and systematically working out the details of a general “paradigm” that is widely accepted and largely unquestioned. The research paradigm or standard model involves the study of (a) manualized therapeutic procedures (b) specific types of disorder (c) in particular treatment settings and conditions. This is very different from the field that I described three decades ago (Orlnsky & Howard, 1978) as “pre-paradigmatic,” and in some ways it represents a considerable advance. However, I refer above to the “trappings of normal science” as a double entendre to suggest that the appearance (trappings) of normal science with its implicit paradigmatic consensus may also represent entrapment (trapping) in a constricted and unrealistic model.

The paradigm is familiar. It holds that psychotherapy is basically a set of specific and specified procedures (G. interventions or “techniques”) that can be taught, learned, and applied; and that the comparative potency or efficacy of these procedures in treating specific and specified psychological and behavioral disorders defines more or less effective forms of psychotherapy if patients are willing and able to comply with the treatment provided by a competent therapist.

In this process, therapists are assumed to be active subjects (agents, providers) and patients are assumed to be reactive objects (targets, recipients). Researchers may well believe theoretically that patients as well as therapists are active subjects and that what transpires between them in therapy should be viewed as interaction, but in practice the paradigm or standard research model that they typically follow implicitly defines treatment as a unidirectional process.

Evidence of these implicit conceptions of the patient, therapist, and treatment process is to be found in experimental designs that randomly assign patients to alternative treatment conditions, just as if they were objects (rarely bothering to inquire about their preferences) whereas they never assign therapists to alternative treatment conditions, randomly or systematically (because it seems essential to consider their subjective treatment preferences). The consequence is that comparisons between treatment conditions reflect treatment X-therapist interaction effects rather than treatment main effects as Elkin (1999) and others have made clear—but it is an embarrassment that is conveniently ignored by all (as in the tale of the emperor’s new clothes). In addition, the dominant research paradigm constrains our view of the phenomena that psychotherapy researchers presume they are studying by focusing on certain abstracted qualities or characteristics of patients and therapists. The target of treatment is not actually the patient as an individual but rather a specifically diagnosed disorder. Other personal characteristics of patients are presumed to be “controlled” either through random assignment (another embarrassing myth since the effectiveness of random assignment depends on the law of large numbers, and the number of subjects in a sample or of replicated samples is rarely large enough to sustain this), or controlled statistically by using the few characteristics of patients that are routinely assessed in studies as covariates. The covariates most typically are atheoretical demographic variables assessed for the purpose of describing the sample-age, gender, marital status, race/ethnicity, and the like—since there are no widely accepted theories to guide the selection of patient variables. (More recently, “alliance” measures have been routinely collected from patients, reflecting the massive accumulation of empirical findings on the impact of therapeutic relationship.)

...continued on page 3
Psychotherapies are likewise viewed in terms of certain abstracted qualities or characteristics. The agent of treatment studied is not actually the therapist as an individual but rather a specific set of maneuvers or treatment skills in which the therapist is expected to have been trained to competence and to which the therapist is expected to show adherence in practice. The few other therapist characteristics that are routinely assessed-professional background, career level, theoretical orientation, and perhaps gender and race/ethnicity—are used largely to describe the sample or, occasionally, as covariates. Again, this is because there are no widely accepted theories, or extensively replicated empirical findings, to guide the selection of therapist variables.

The constrained and highly abstracted view of patients, therapists, and the therapeutic process in the dominant research paradigm is supported by cognitive biases in modern culture that all of us share. One of these was well-described by the sociologist Peter Berger and his colleagues as componentiality. This is a basic assumption that "the components of reality are self-contained units which can be brought into relation with other such units—that is, reality is not conceived as an ongoing flux of juncature and disjuncture of unique entities. This apprehension in terms of components is essential to the reproducibility of the [industrial] production process as well as to the correlation of men and machines. ... Reality is ordered in terms of such units, which are apprehended and manipulated as atomistic units. Thus, everything is analyzable into constituent components, and everything can be taken apart and put together again in terms of these components" (Berger, Berger & Kelher, 1974, p. 27).

This componentiality is reflected in the highly individual and decontextualized way that we think about persons. We tend to think of individuals as essentially separate, independent and basically interchangeable units of 'personality' that in turn are constituted by other internal, more or less mechanistically interacting components—whether these are conceptualized as traits that may be assessed quantitatively as individual difference variables, or more holistically but less precisely as clinical components of personality (e.g. ego, id, and superego). Thus when researchers seek to assess the (hopefully positive but sometimes negative) impact of psychotherapy on patients, they routinely focus their observations on componential individuals abstracted from life-contexts, and on the constituent components of individuals toward which therapeutic treatments are targeted—symptomatic disorders and pathological character traits. They do not generally assess individuals as essentially embedded in sociocultural, economic-political and developmental contexts but rather as componential ontologies and of the individuals who engage in it is implicit in the dominant research paradigm, and produces a comforting sense of cognitive control for researchers—but does it do justice to the realities we seek to study or does it distort them?

Another widely shared bias of modern culture that complicates and distorts the work of researchers on psychotherapy and psychopharmacology (and medicine more broadly) is the implicit assumption of an essential distinction or dichotomy between soma and psyche (or matter and mind), notwithstanding the efforts of modern philosophers like Ryle (1949) to undo this Cartesian myth. Because of this, findings that psychological phenomena have neurological or other bodily correlates (e.g., using MRI or CT scans to detect changes in emotional response) are viewed as somehow amazing and worthy of note even in the daily press. The materialist bias of modern culture also fosters a tendency to view this correlation in reductionist terms, so that the physiological aspects of the phenomena studied are assumed to be more basic, and to cause the psychological aspect.

Thanks to a conversation at the recent SPR conference in Montreal among colleagues from different cultural traditions (Bae et al., 2005), I became aware of how unnatural the body-mind dichotomy (with its consequent distinction between 'physiological' and 'mental health') appears from other cultural perspectives, and of how grossly it distorts the evident psychosomatic continuity of the living human person. When this basic continuity is conceptually split into 'psyche' and 'soma', a mysterious quality is created as the byproduct (much as energy is released when atoms are split) a mysterious quality that is labeled (and as much as possible viewed dispassively) as "the placebo effect." This effect, mysteriously labeled in Latin, is viewed as a "contaminant" in research designs but, struggle as researchers do to "control" it (rather than understand it), they typically fail in the attempt because the 'effect' reflects an aspect of our reality as human beings that cannot be eliminated.

The reality, as I see it, is that a person (a) is a psychosomatic unity, (b) evolving over time along a specific life-course trajectory, and (c) is a subjective self that is objectively connected with other subjective selves, (d) each of them being active/response nodes in an intersubjective web of community relationships and cultural patterns, a web in which some same patterns and relationships (e) exert a formative influence on the psychosomatic development of persons.

The reality of psychotherapy, as I see it, is that it involves (a) an intentionally-formed, culturally-defined social relationship through which a potentially healing interpersonal connection is established (b) between persons who interact with one another in the roles of client and therapist (c) for a delimited time during which their life-course trajectories intersect, (d) with the therapist acting on behalf of the community that certified her (e) to engage with the patient in ways that aim to influence the patient's life-course in directions that should be beneficial for the patient.

Neither of these realities seems to me to be adequately addressed by the dominant paradigm or standard research model followed in most studies of psychotherapeutic process and outcome. Instead, the dominant research paradigm seriously distorts the real nature of persons and of psychotherapy (as I see them). Why then does this paradigm dominate the field of psychotherapy research, and why do researchers persist in using it if it is so uncomfortably ill-fitting a Procrustean bed as I have claimed?

The answer is partly cultural, as the paradigm neatly reflects the componential, psychosomatically split, materialist/cognitive biases of Western culture. It is also partly psychological, with supporters of the paradigm becoming more militant as a result of cognitive dissonance generated by the incipient failure of the paradigm's utopian scientific promise (see, e.g., Festinger, Riecken & Schachter, 1956). It is partly historical too, as the field of psychotherapy originated and initially evolved largely as a medical subspecialty in the field of psychiatry as well as the field of clinical psychology that overlapped with, imitated, and set out to rival psychiatry. Again, the answer is partly economic, since it is necessary to please research funding agencies (the real 'placebo' effect) in order to gain funding for research and advance one's career by contributing publications to one's field and reimbursement for "indirect costs" to the institution where one is employed.

It may be ironic that the paradigm adheres so closely to the medical model of illness and treatment at a time when the psychiatric profession which historically represented medicine's presence in the field has largely (and regretfully) withdrawn from the practice of psychotherapy (Lurman, 2000). The apparent solidity of the paradigm that survives is based (a) on the fact that psychotherapeutic services still are largely funded through health insurance which had been politically expanded (after much lobbying) to include non-medical practitioners, and (b) on the fact that psychotherapy research still is largely funded through grants from biomedical research agencies. Although there is no-for-profit industry promoting psychotherapy and supporting research on it as Big Pharma does with the psychopharmacologic treatments of biological psychiatry, most of the money that can be had in psychopharmacologic practice and psychotherapy research comes from sources that implicitly support a medical model of mental health. As ever "they who pay the piper call the tune," though perhaps it is more subtle and accurate to say that those who need and receive financial support (therapists and researchers) display their tunes in ways that they hope will be pleasing to potential sponsors. Necessity drives us (always), but we (all) have an uncanny ability to persuade ourselves that advantage and merit coincide.

A sociology-of-knowledge confession: I know full well that I can say these things mainly because I am privileged by having an old-fashioned, tenured, hard (but small)-booboo position in an arts and science faculty, and because I am not really in the competition for funds. As a producer of psychotherapy research, I am free to go my own way through my work as participant in the SPR Collaborative Research Network: but as a consumer of psychotherapy research, I have serious misgivings about the state of the filed stem from a perception that the prevailing paradigm which permits research to pursue its studies in the manner of 'normal science' represents a risky premature closure in understanding the actual nature of psychotherapy and the people who engage in it. If it is not overtly corrupting (as may be true of some research on psychopharmacological treatments funded by pharmaceutical firms), it is nevertheless constraining in ways that seem to me highly problematic.

If we are indeed to have evidence-based psychotherapies grounded in systematic, well-replicated research (e.g., Goodheart, Kazdin & Stember, 2006), and evidence-based training for psychotherapists (e.g., Orlinsky & Rennestad, 2005), then it would be very nice-in fact, I would think essential—for that research to be based on a standard model or paradigm which more adequately matches the actual experience and lived reality of what it presumes to study.

I don't know what that new paradigm or model for research will turn out to be. Constructing it is the task of the next generation—but from it will come the sort of psychotherapy research I think I would like to read.

David Orlinsky, PhD.

Please email d-orlinsky@uchicago.edu for references.
Beware! NASPR 2006!

Please check your calendar and make sure that you have reserved October 26–29, 2006 for the NASPR meeting to be held Burr Oak, Ohio. The resort is nestled in the foothills of Appalachia, the most beautiful region of Ohio. The conference is being held near the peak of the fall foliage, which should make the one-hour drive from the Columbus, Ohio airport (CMH) worth the drive. Everyone might also start thinking about a Halloween costume: The famous or infamous Athens, Ohio Halloween block party will be on Saturday night, about a 20-minute drive from the conference site (Go at your own risk!)

We're ready for you to begin making accommodations too. We were able to negotiate a great rate for rooms at the lodge (standard rooms at $59 per night and $79 for a double). There are also a limited number of cabins for those who want to be among families or larger groups. You can make your reservations as early by calling 1-800-282-7275 and just mention that you want the NASPR or psychotherapy rate. If you have any questions re making your plans, please contact Tim Anderson and ander

T. IM ANDERSON, PH. D.

CALL FOR PAPERS FOR THE 2006 NASPR MEETING

OCTOBER 26-28 AT BURR OAK, OHIO

"RETREAT, RENEW, REKINDLE"

The NASPR meeting at Burr Oak, outside of Athens, promises to be a great opportunity to retreat to the woods and hills in beautiful southeastern Ohio, renew and form new relationships with colleagues, and rekindle your energy for conducting cutting edge psychotherapy research. In this spirit, we invite a wide variety of submissions on the process and outcome of psychotherapy research.

Furthermore, in the tradition of SPR, we welcome research contributions at various stages of development with preference given to completed studies. The conference language will be English and we ask that submissions be in English. The deadline for submissions is April 30, 2006.

Types of submissions include:

- **Paper**: Papers are usually summaries of completed studies or projects. Where possible we will attempt to schedule papers of similar topics together, so please be sure to complete the keyword section of the submission form. Additionally, you will be asked to indicate your willingness to present your paper as a poster, should a large number of paper submissions be received by the scientific program committee.

- **Poster**: Posters are appropriate for a full range of research reports and offer a unique opportunity for viewers to pay detailed attention to arguments and graphic presentation of data. As is the tradition for NASPR, poster presenters will be invited to perform an entraining (song, skit, poem etc), brief (1-2 minute) introduction to their poster, prior to the poster hour. Participation is strictly voluntary, though greatly cherished.

- **Panel**: This form of presentation is ideally suited for the presentation of thematically related studies. We prefer panels consisting of 2-3 related studies, rather than breaking up one study into several small presentations. Panels should have a chair (usually the convener of the panel) and can have a discussant, preferably someone not directly involved with the studies. In order to facilitate discussion and interchange, panels will be 2 hours in length, and can be eligible for CE accreditation.

- **Open Discussion**: This is an opportunity to assemble a group of interested researchers to stimulate discussion on a topic of wide interest. The discussion leaders (up to 6) will address the issues or positions to stimulate interactive dialogue rather than present formal talks or present findings from specific research projects. While we encourage discussion rooted in empirical work, we would like these sessions to provide everyone with a chance to interact, inquire, and contribute to the discussion. A convener of the discussion usually also acts as a moderator in order to ensure broad audience participation. A rationale for the proposed discussion groups should be provided in the abstract that is submitted.

- **Workshops**: This format is suitable for a more didactic approach. The topic can be methodological, conceptual, or practice-oriented. The goals, method of presentation, and some indication as to who might benefit from participation in the proposed workshop should be addressed in the abstract. We particularly encourage workshops that draw from disciplines outside of psychology. We believe that psychotherapy research and psychotherapy researchers themselves could benefit tremendously from knowledge germinated in other fields (e.g., speech communication, cultural anthropology, statistics). Please encourage colleagues at your home institutions to consider presenting a workshop. Because the conference is brief and we anticipate a full program, workshops are likely to be scheduled during the afternoon on Thursday, October 26.

Proposals should:

a) identify whether you are proposing to present a poster, individual paper, panel, open discussion or workshop
b) provide a title for the presentation, as well as the names, professional titles, affiliations, mailing addresses, and email addresses of all co-presenters, chairs, and discussants (where relevant). Be sure to identify chairs and discussants for panels, open discussion, and workshops.

c) contain a 250-word abstract (maximum) which summarizes your proposed poster, individual paper, panel, open discussion or workshop submission. Please note that in the case of a panel submission, individual abstracts for each paper in the panel should also be submitted, as well as an abstract that summarizes the panel as a whole.

d) identify keywords for your presentation

- indicate whether your research findings represent preliminary or final results. Preference for a paper presentation will go to completed work. Classifying the stage and type of work will allow the program committee to group similar work and inform potential attendees more fully about the expected content.

- indicate if you wish to offer CE credits for attendees of your panel, workshop, or open discussion. To receive CE credits, the chair will be required to provide itineraries for all presenters and three learning objectives. These must be submitted no later than April 30.

Due to potential time constraints, it may be necessary to request that the format of some presentations be changed (e.g., from paper to poster).

You may submit no more than one abstract as a first author. However, if more than one of your presentations is accepted and the program is full, you may treat one of the proposals as "primary" and schedule it in its original form and ask that you present other proposals for which you are first author as posters. (If you have a preference which is your "primary" submission, please indicate this on your abstract).

Submission will be via email and can be done starting immediately. Proposals should be sent to the conference program chair, Jeff Hayes, at jkh34@psu.edu.

Please remember that a central purpose of NASPR is to foster discussion and interaction between members. With this in mind it is essential that presenters leave ample time for discussion during presentations. We suggest allowing one-third of your allotted time to open discussion to make the meetings most rewarding for everyone.

If you would like to contact colleagues about a collaborative panel, please consider using the SPR listserv at list@psychotherapyresearch.org. To subscribe, go to the society's home page and follow the "Contact" link. If you have ideas for workshops that you would be interested in attending or presenting, please contact Jeff Hayes at as soon as possible.

**NA-SPR Student Travel Awards and Mentoring Program**

Graduate students who are submitting an abstract for the meeting are invited to enter the North American Student Travel Awards competition. To be eligible for consideration for the award you must a) be the primary author of the submission, b) be a student member of SPR and c) indicate your desire to be considered for a NASPR student travel award on the abstract submission form. This competition has been a longstanding tradition at NASPR and it is a reflection of our commitment to supporting graduate student participation at our conferences. In the past we have been able to offer 6-8 awards at each meeting. The amount of the travel awards will range between $150-200 US.

Students members represent a significant constituency of the NASPR membership and many current, regular members of SPR began their association with SPR as a student members. We strongly believe that student members of NASPR have been, and will continue to be, the foundation for the future of psychotherapy research. Students' continued participation in our conferences is vital to the continuation of our organization as well as the field of psychotherapy research and practice in North America. We hope to continue to provide a working environment at our meetings that provides students with unique opportunities to present their research to, and to interact with, leaders in the field. In this vein, we will continue a tradition where students interested in being paired with a mentor will be matched with members of NASPR who are willing to serve as a resource and point of connection for a student. If you would be interested in having a mentor at the conference or serving as a mentor, please contact Jeff Hayes.

JEFFREY HAYES, PH.D.

Thank you, & we look forward to another wonderful NASPR meeting.
Update from the Mid-Atlantic Regional Group

In October 2005, the Mid-Atlantic Regional Group hosted the Mid-Atlantic Society for Psychotherapy Research (MASPR) conference. The conference was founded in 1999 at the University of Maryland and has since been hosted at Lehigh University (2000), Penn State University (2002), and, most recently, St. Mary's College of Maryland (2005). Conference participants have reported that this conference offers a unique, informal venue for practicing therapists and researchers to explore a variety of issues around psychotherapy research. It is a place where practitioners and researchers sit side by side and share insights, strategies, and obstacles, just as with other SPR events.

This year, we expanded our event to include a pre-conference ethics workshop, led by Mary Ann Hoffman and Nicole Taylor, entitled "Ethics and Risk Management in Conducting and Supervising Psychotherapy Research." The workshop was successful and generated wonderful discussion of ethical dilemmas. The conference itself, held on Saturday, October 15, 2005, was also a great success! We had over 60 attendees, with participants from across the mid-Atlantic and beyond. Professionals, graduate students, and undergraduate students all participated. Following our tradition, we invited an SPR member to give a keynote address at our lunch meeting. We were particularly excited to welcome Bill Stiles as our keynote speaker this year, who gave an inspiring talk entitled "Case Studies as Scientific Evidence: Building the Assimilation Model."

There were four concurrent sessions throughout the day, including 15 different paper presentations and one open discussion (led by Bill Stiles on case study methodology following his keynote address). Early morning papers were presented by Clara Hill and colleagues from the University of Maryland on their dream research and by Ann Doucette (George Washington University) and Abe Wolf (MetroHealth Medical Center of Cleveland, Ohio) on item response theory and assessment of psychotherapy outcome. In our later morning sessions, we had presentations by Jeff Hayes (Penn State), Alan Baehr (Center for Mental Health of State College, Pennsylvania) and Mark Fleming (University of Delaware) on a variety of countertransference studies, as well as by Ian Kellem (West Virginia University) on religious/spiritual issues in counseling, Stephanie Gardner (St. Mary's College) on cultural variables in perceptions of therapists, and Laura Kasper (George Washington University) on immediacy issues in psychotherapy.

The afternoon sessions included presentations on inpatient settings (by Caleb Stifter and colleagues from Massachusetts General Hospital and Harvard Medical School), assessment of change in treatment of borderline personality disorder (by Kenneth Levy at Penn State), psychodynamic approaches to treating anxiety disorders (by Josh Berman of the Baltimore-Washington Institute for Psychoanalysis), the development of beginning therapists (by Clara Hill and colleagues at the University of Maryland), personality and treatment selection (by Simon Lutterbie at St. Mary's College of Maryland), psychotherapy training in PhD and PsyD programs (by Kathryn Betts and colleagues at Columbia University), and the impact of dual relationships (by Martha Mihaly at the American Psychological Association). We were delighted at the breadth and diversity of topics and presenters at this MASPR conference.

Finally, we also had 24 poster presentations, primarily by students, all of which were interesting, professionally presented, and inspiring of discussions around both methodology and content. (A complete description of the programs is available upon request.) We had wonderful attendance at all of the sessions, though we were in competition with an absolutely glorious, warm and sunny day; St. Mary's College is located right on the St. Mary's River and I caught several conference participants wandering back from walks along the river banks.

I am very thankful for a wonderful organizing committee, including Jairo Fuertes, Jeff Hayes, Clara Hill, Nick Ladany, Barbara Thompson and Alexa Webb, and for my tireless student assistant Carrie Grisham. Plans are already in the works for the 2007 conference (we usually host our conference in years when there is no NASPR conference). More information will be forthcoming. All are welcome and encouraged to attend and participate! We also look forward to meeting again in Edinburgh, Scotland in June, as well as at future Regional, North American, and International SPR meetings.

Libby Nutt Williams, Ph.D.

Notes from the Executive Officer

It is with great excitement that I enter my role as Executive Officer of NASPR. We have done many great things as an organization and I am honored to be serving in this role. I have met with past, current, and future presidents of SPR to get a clear sense on how an Executive Officer can best serve the organization. There are four primary areas that I will be putting my energy toward: (1) Finances; (2) Web Presence; (3) Membership; and (4) Conference Assistance.

In terms of finances, we are in the process of transferring accounts from Lynne Angus to me and then providing a clearer link with SPR. Many thanks go out to Lynne for her amazing work in keeping our organizations finances!

In relation to the web presence, we have moved the web management over to Lehigh University. A huge thank you goes to Adam Horvath and Jedd Horvath who spearheaded and maintained our web activities to date. Suggestions about website are always welcome so please feel free to send me comments and requests at any time.

Regarding membership, I am presently working with SPR to determine how many members we actually have. Rumors abound depending on how the counting has been done, but we hope to have an accurate number soon. At the moment we are sure it's greater than 200 but no more than 1000. Perhaps the later number will be our goal!

Finally, as you will see throughout the newsletter we are in the midst of planning our NASPR conference and I've been working with Tim Anderson to make sure that he doesn't have to personally pay for all the exciting events that are taking place. Moreover, I'm working on creating a database for future presidents to in order to help them with conference organization and implementation.

I would be remiss if I did not note how terrific it has been to work with 'The Presidents' of NASPR. Thanks go to Adam, Louis, Lynne, Chris, and Jeff for their assistance and guidance as I take on my role. I look forward to our future collaborations!

Looking forward to working with all of you! My email address is

nick3@lehigh.edu.

Nick Ladany, Ph.D.

ANNOUNCEMENTS

SEPI 2006 Annual Meeting Los Angeles, May 4-7, 2006, Psychotherapy Integration: Emotion, cognition, & the brain
http://www.cyberpsych.org/sepi/

International Society of Interpersonal Therapy (ISIPT), Extending the Reach of IPT, November 12-14, 2006, Toronto, Canada. For further information, contact: Paula_Ravitz@carlh.net

Active Regional Groups: Mid-Atlantic, Ohio, Wisconsin

NASPR Contact Information
naspr@bethisraelny.org
c/o J. Christopher Muran, Ph.D., President, NASPR
Beth Israel Medical Center, First Avenue at 16th Street, NY, NY 10003

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