Progressing Your Practice:

Clinical Advancements

AMERICAN PSYCHOLOGICAL ASSOCIATION

Introduction

Licensed psychologists today are operating within a dynamic and increasingly complex professional environment, one that is influenced by rapid technological advancements, evolving treatment modalities, and shifting organizational structures. These changes underscore the growing need for practitioners to integrate clinical expertise with innovative and informed business practices.

This curated collection of articles, originally published in the *Monitor on Psychology* and other APA sources, examines critical developments in the field, including the application of psychological knowledge in organizational contexts, financial tools for running a more profitable private practice, and the implementation of measurement-based care to improve treatment outcomes.

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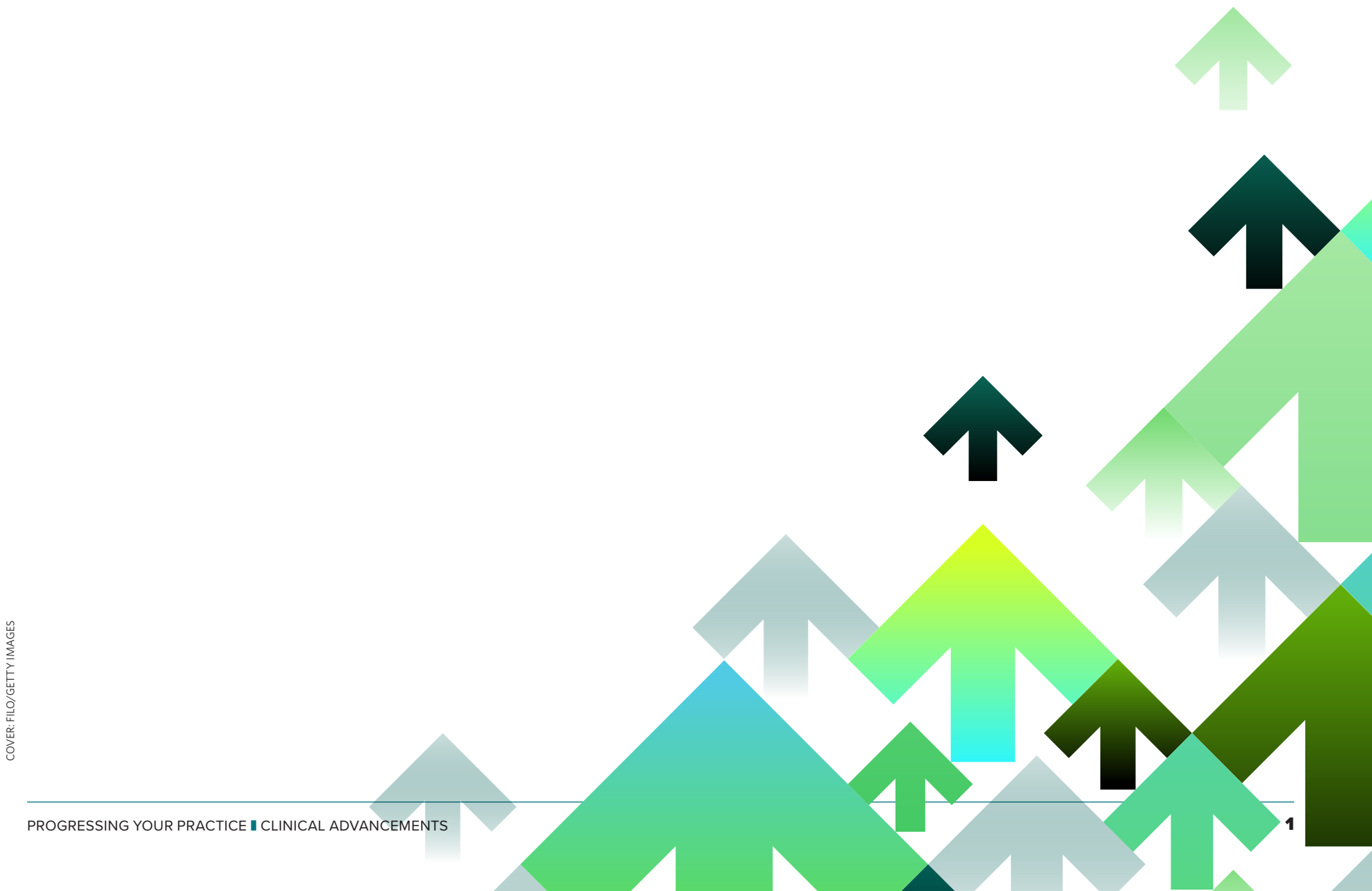

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A Transformative Approach to Treatment

Incorporating patient-reported data in treatment—measurement-based care—can improve therapy outcomes and strengthen the therapeutic alliance, but psychologists have been slow to adopt it. Here's why it is important and how to get started.

BY TORI DEANGELIS
From the *Monitor On Psychology*, January/February 2025

Measurement-based care (MBC)—the use of patient data to inform treatment goals and progress—is squarely in line with the aim of evidence-based practice: using science and data as a key part of good treatment.

But because this kind of measurement is still not routinely taught in graduate school, many psychologists are only tangentially aware of it, so it remains a source of mystery and confusion. Common concerns are that MBC will cut into valuable clinical time, that patients will dislike filling out data forms, and that adding this process will disrupt the natural flow of treatment. Some clinicians also worry that insurers and managers will use the data from measurement-based care to penalize them if they don't think patients are progressing quickly enough.

However, such concerns can prevent psychologists from employing a tool that can empower patients, clarify treatment goals, strengthen the therapeutic alliance, and improve outcomes, said Ruben Martinez, PhD, an assistant professor at Brown University and member of the APA Advisory Committee for MBC and MBHR (Mental and Behavioral Health Registry).

"Like anything else you start that is new, learning this approach can be challenging and anxiety-provoking," said Martinez, who practices, studies, implements, and trains others in the use of measurement-based care. "But in my experience, once you've learned it and you employ MBC with consistency and care, your patients and practice will benefit."

How it works

Measurement-based care is "a clinical process that uses quantitative data to allow clinicians and patients to track patient progress," explained Jessica Barber, PhD, an assistant clinical professor at the Yale University School of Medicine and associate director of the Measurement-Based Care in Mental Health Initiative in the Veterans Health Administration (VHA) Office of Mental Health. "Measures are administered regularly and repeatedly, and that information helps inform treatment decisions and goal setting."

Here's how it works: Ideally, patients fill out a short electronic questionnaire before every session or two that provides a snapshot of how they are doing psychologically, emotionally, socially, and functionally. Many measurement systems assess the relationship between the clinician and patient, as well. With the click of a button, the data are transferred to the clinician, who reviews the results via easily interpretable graphs and metrics. At the beginning of a session the clinician then references the findings, and the clinician and patient have a brief chat about the patient's progress and about any issues in their relationship. If the data indicate any significant improvements or declines, the two mutually decide whether to continue discussing the area of change, stay on the therapy path they were taking, or even terminate therapy if they both feel the patient has made enough headway toward reaching their goals.

Over time, the data provide objective information about patient progress—whether someone is becoming less anxious or depressed or more comfortable socially, for example. It can also show when a patient remains stuck and a different tack or even provider is needed, said Barber, who is also cofounder of the Yale Measurement Based Care Collaborative, dedicated to advancing the understanding and implementation of high-quality MBC.

A central aim of measurement-based care is to make therapy more transparent and collaborative. The approach also offers patients the opportunity to be more honest about how they're doing.

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"MBC can be really useful for detecting inertia in treatment and prompting the clinician and patient to decide together about what treatment options might be helpful to get back on track," she said.

Research on measurement-based care is positive: It shows that employing the technique helps to modestly but significantly reduce symptoms and lower dropout rates, according to a meta-analysis by Kim de Jong, PhD, of Leiden University in the Netherlands and colleagues (Clinical Psychology Review, Vol. 85, 2021). Another study points to specific factors that can make MBC a success: In semi-structured interviews with 26 patient-therapist dyads, Stephanie Brooks Holliday, PhD, of the RAND Corporation in Santa Monica, California, and colleagues found that in dyads that valued MBC the most, clinicians provided clear and repeated rationale for the practice, discussed data with patients each time they received them, and connected observed scores to patients' learned skills or strategies (*Psychotherapy Research*, Vol. 31, No. 2, 2021).

Gains from measurement occur for both patients at risk for treatment failure and those on track to do well, added Matteo Bugatti, PhD, an assistant professor at Oregon State University who studies MBC. That's good news on two fronts: It's rare to find new therapy processes that make an appreciable difference for the better, and it's unusual to find an intervention that benefits all types of patients, he said. That said, further tailoring MBC to the unique process of psychotherapy promises to further contribute to the achievement of good outcomes, he said.

More collaborative therapy

In addition to these basics, a central aim of the measurement approach is to make the therapy process more transparent and collaborative, Barber noted. The "Collect, Share, Act" model, developed by the VHA's MBC in Mental Health Initiative and further operationalized by Barber, highlights the ingredients that go into the optimal use of this approach: collecting data from the patient, sharing what the data may indicate, and acting collaboratively on the data with the patient. The model also emphasizes the importance of explaining the rationale behind the system so that patients understand why they're doing the task.

Using data forms as an integral part of treatment "operationalizes the therapeutic alliance by inviting patients to repeatedly and regularly let us know what they're thinking," said Barber.

In a related vein, MBC offers patients the opportunity to be more honest about how they're doing, said Bruce Wampold, PhD, emeritus professor of counseling psychology at the University of Wisconsin–Madison and chief clinical officer at Making Therapy Better, an MBC-related platform sponsored by the behavioral health care company CarePaths.

"Many patients just want to please their therapist," he said, "so if I ask them if they think they're making progress, they're likely to say yes. " Providing hard data "allows them to give a more objective answer to that question. " In fact, in collaboration with CarePaths, Wampold has created a free MBC-based app, Making Therapy Better, that patients can share with their therapist whether or not their therapist uses measurement-based care. "This app empowers patients to improve their therapy," he said.

In understanding what MBC is, it is also important to understand what it is not, Wampold added. For one thing, it is not intended to be a rigid system that requires psychotherapists to use one or two specific questionnaires in specific ways. Although many clinicians and agencies rely on a few well-vetted measures that address common concerns like depression, anxiety, and post-traumatic stress disorder, there are hundreds of measures to choose from, including those that assess factors like functionality, well-being, loneliness, and therapy relationship factors such as confidence in the therapist and in the treatment. Some clinicians also use idiographic measures, which track patient progress on issues of individual importance, for example, how often they fight or do enjoyable things with their partner.

In addition, psychologists can use more than one measure to assess and address different problems, for example, if a patient has both depression and insomnia, or obsessive-compulsive disorder and problems in social functioning. "You can pick one or several measures that are appropriate for a particular patient, their context, their disorder or problem, and their individual goals," Wampold explained.

MBC also does not mean changing your theoretical orientation, noted Simon Weisz, president and cofounder of Greenspace Health, a company that uses technology and training to help organizations and individuals implement MBC in ways tailored to their culture and needs.

"If anything, MBC should fit easily and flexibly into your workflow to enhance your practice and inform your clinical decisions with objective insights," said Weisz, who is also a member of APA's MBC advisory committee. "First and foremost, MBC is about providing clinical value to both clinicians and their patients."

Tailored uses

Measurement-based care is still vastly underused: Less than 20% of clinicians have adopted it despite advances in technology that have made measurement easier to implement (Jensen-Doss, A. , et al. , *Administration and Policy in Mental Health and Mental Health Services Research*, Vol. 45, No. 1, 2018).

But many of those using the methodology underscore that it has strengthened their practice by clarifying treatment goals, putting more agency in the

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hands of patients, and providing an evidence-based way to keep improving how they work with patients. Thanks to the flexible nature of MBC, they've also been able to tailor it to meet the needs of diverse patients and settings.

Martinez, for example, worked at a therapeutic day program for children and teens that strongly involved parents as well. He used standard depression and anxiety screeners to assess young people's symptoms but also worked with a care team to incorporate a brief idiographic measure called Youth Top Problems, which asks young people and their parents to list the top three issues each wants to work on.

Because parents and kids pick the issues themselves, it is easy for both parties to see tangible progress in areas that make an immediate practical difference, such as kids getting along better with siblings or parents not yelling at their kids as much. It also gives therapists and nurses clear goals to track over time.

"Treatment can meander, it can wander, and using MBC in these ways helps to define our focus," Martinez said.

Meanwhile, Ajeng Puspitasari, PhD, a clinical professor and director of clinical training at the University of Wisconsin–Milwaukee and a member of the APA advisory committee for MBC, has used the modality not only with patients who have depression and anxiety but also with those who have serious mental illness or suicidal thoughts and behaviors. Like Martinez, she supplements symptom measures with other measures, for example, those that assess more internal factors like emotion regulation and mindfulness.

"Because these patients often struggle with 'big feelings,' they tend not to see how much progress they're making," she said. "But if we use measures that look at more than just symptoms, we can say, 'Okay, maybe your depression is not going down, but look at how far you've come in your ability to manage symptoms, to be mindful, to regulate your emotions. '" Such input gives patients who are struggling hope and confidence that they are improving, she said.

On a larger scale, Robbie BabinsWagner, PhD, chief executive officer at the Calgary Counselling Centre in Alberta, Canada, first implemented MBC in 2004 and has been refining it ever since.

All 120-plus members of the clinical staff use the same measurement system, making it relatively easy to study how the system is working overall, Babins-Wagner explained. Before each session, patients fill out a form called the Outcome Questionnaire, a checklist that asks about symptoms of distress, social role functioning, and interpersonal relationships. With the best practice use of MBC, the findings are consistently used as a fulcrum for communication and intervention, resulting in a slow but steady increase in patient improvement (*Psychotherapy*, Vol. 53, No. 3, 2016).

The ability to analyze long-term data also means that center clinicians have discovered ways to improve treatment they might not have noticed otherwise, Babins-Wagner added. For example, one therapist grew curious about factors that influenced the center's depression rates. She used

TRAINING

Options for Skill-Building in Measurement-Based Care

It is still hard to find training in measurement-based care (MBC) because there is not one single national or professional training source to turn to yet—a gap that APA and others are trying to address. In the meantime, options for training include accessing online training modules (see below), purchasing MBC platforms with a training element, hiring a measurement consultant, and working in a health system that provides training. Experts also advise clinicians to:

■ **Involve patients in the approach.** An important step in implementing MBC is telling patients why they are filling out questionnaires. Otherwise, they may end up confused or resistant, said Jessica Barber, PhD, cofounder of the Yale Measurement Based Care Collaborative, a hub for measurement research, resources, and training.

"We want to make sure that patients understand what we're doing with these assessment tools—how we'll be using them together, and how they're informing our treatment—so they can see that this is really an active part of their intervention," she said.

■ **Choose a platform carefully.** Experts advise choosing a platform that offers the most practical features for one's practice. For example, some platforms flag the therapist when there is a significant clinical change, while others provide links to salient research and information on how to respond to various score changes.

■ **Form a supervision group.** A group of colleagues using MBC can hire a coach to discuss problems, work on different treatment scenarios, and learn from one another, suggested Robbie Babins-Wagner, PhD, a pioneer in agency-based MBC. Tech tools can enhance some of this work, Babins-Wagner added. Her staff uses Skillsetter, software that helps them practice therapy skills shown to characterize the most effective therapists. Other resources include:

- **PCOMs** (Partners for Change Outcome Measurement System): a manualized system that includes assessing the therapeutic alliance as well as domains that address social and interpersonal functioning.
- **Yale Measurement Based Care Collaborative:** MBC training videos, resources, and research.
- **Greenspace Health:** wraparound services to help mental health systems and clinicians implement MBC.
- **Measurement-Based Care: Guiding treatment and improving outcomes using the tools you already have:** an online training through the University of Buffalo.
- **Making Therapy Better:** aimed at educating clinicians, patients, and researchers about MBC.
- **International Center for Clinical Excellence:** a global network that promotes excellence in behavioral health care through feedback-informed treatment and deliberate practice.

10-year data to compare the effects of individual therapy and group therapy. To the therapist's surprise, patients who underwent individual counseling followed by 14 weeks of group therapy were no longer depressed at the end of treatment, while those who only undertook individual counseling were less depressed but did not meet the cutoff score for depression.

The center is now changing its program to make group therapy a regular part of depression and anxiety treatment. "We don't care if the data are good or bad because we learn something no matter what they tell us," Babins-Wagner said.

Increasing uptake

While research and experience suggest that MBC could be a significant boon for the field, there is more work to be done to convince psychologists that it's a wise investment of time and energy. More work is also needed to educate mental health agencies, health care systems, and insurance companies about the proper use of MBC in the mental health context, Bugatti said. In many settings, it's still used more for administrative purposes—a box for therapists to check to indicate they're using the system—than as a tool for clinical improvement. There is also a big need to develop measures that reflect the more nuanced realities of psychotherapy rather than those of medicine, where there is a direct, causal relationship between, for example, a drug intervention and a medical outcome, he said.

APA is starting to address many of these issues through its advisory committee for MBC and MBHR. Subcommittees are working to engage with third-party payers to educate them about psychology's unique makeup as it relates to MBC and to train psychologists in measurement who can then train others in the approach. A related workgroup is also writing a professional practice guideline that will detail optimal ways to incorporate MBC into psychological practice.

Research on MBC is also still in its infancy, especially as it relates to mental health. Terms for the practice are all over the board, and research needs to evolve so it better defines and addresses the processes and outcomes of MBC, as well, Barber said.

Challenges notwithstanding, it's important that practitioners consider adopting a measurement approach, both because of its value for patients and because it is increasingly on the radar of insurers and regulators, said Weisz.

"We're seeing significant growth in its utilization among providers, and the momentum is promising," he said. "When we know what is working, what is not working, and why, we can continually improve care and innovate, using the same standards that are already in place across other health care specialties."

At its core, measurement-based care is about enhancing why psychologists went into the field in the first place, Barber added.

"With this little clinical process that anybody can weave into their practice," she said, "we can confer this extra benefit—this above-and-beyond improvement—in how our patients are responding to care."

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Finding Your Niche in Private Practice: A Guide for Clinicians

Step-by-step, learn how to use practical tools to clarify and refine your private practice in "Finding Your Niche in Private Practice" presented by the American Psychological Association. The recorded CE-webinar shows you how to clearly define whom you serve, what challenges you address, and how you approach treatment—so you can guide the people you are committed and qualified to treat toward the care they seek.

BY SELBY FRAME

When starting or growing a private practice, many clinicians find themselves overwhelmed by a simple but daunting question: Whom do I serve, and how do I communicate that effectively? The idea of "niching down"—focusing on a specific population, clinical issue, or treatment modality—often evokes concern, particularly among psychologists struggling to build their caseloads. Yet, specialization, when done thoughtfully, can be one of the most powerful strategies for building a sustainable and impactful practice.

In the APA CE webinar, "Finding Your Niche in Private Practice," psychologist Marie Fang, PhD, offers a step-by-step guide for psychologists to build practices that align with their values and strengths—beginning with identifying their niche.

The following article, derived from Fang's presentation, defines the dimensions of a niche practice—and outlines effective methods for speaking directly to the people you are trying to reach.

The paradox of specialization

One of the most common misconceptions about building a niche practice is the belief that narrowing one's focus will inevitably reduce patient inquiries. Understandably, if your practice isn't yet full, the idea of becoming more selective about whom you serve might feel counterintuitive. The logic goes: If fewer people see themselves in my messaging, won't I receive fewer referrals?

The opposite may be true: Well-articulated specialization can significantly enhance professional visibility and client engagement by streamlining referral pathways. When you clearly define the scope of people you help and how you help them, your messaging becomes compelling to those specific individuals. Rather than being overlooked in a sea of generalists, you stand out as the therapist who "gets it"—who understands their issues, their language, and their hopes for healing.

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Evolving interests and flexible identities

Another issue clinicians often raise is that they simply have too many interests to choose a single niche. It's a legitimate concern: Many psychologists enter the profession with a wide array of clinical passions and curiosities. Fortunately, choosing a niche is not a lifelong commitment. Your clinical identity, like your patients' needs, is fluid. It's normal—healthy, even—for your niche to evolve as you grow in experience and skills.

Importantly, a niche does not need to be narrowly defined by a single demographic or issue. Rather, it can represent a dynamic intersection of population, presenting concerns, therapeutic styles, and even personal values. For example, your niche might not just be "working with couples," but "supporting couples recovering from infidelity through Emotionally Focused Therapy." This level of precision can transform your practice from broadly available to deeply resonant.

Defining the dimensions of a niche

An effective niche comprises three core elements: the who, the what, and the how.

- The *who* refers to your ideal patient. Not just their age or relationship status, but the deeper identity markers that inform how they move through the world—perhaps busy professionals, new parents, or first-generation college students.
- The *what* refers to the clinical issues they present—postpartum depression, unresolved trauma, career burnout, anxiety, interpersonal conflict, etc.
- The *how* refers to your specific approach to helping them. Do you guide them through values clarification, mindfulness-based interventions, narrative restructuring? This therapeutic stance is a key part of your clinical brand.

These dimensions help prospective patients feel seen and understood—not abstractly, but intimately. When they encounter a therapist who articulates their struggle and outlines a path forward, trust is built before the first session even begins.

From abstract to empathetic: creating the ideal client avatar

One of the most powerful exercises in niche development is crafting an Ideal Client Avatar (ICA)—a fictional, composite character who represents the kinds of patients you most want to serve. While it might sound contrived at first, the process of developing an ICA forces us to move beyond categories and diagnoses and into lived experience. What does this person worry about at night? What do they fear, long for, or believe about themselves?

Let's take a clinical example. A vague statement like, "I work with new moms" may be accurate but fails to communicate depth. Refining it to, "I work with high-achieving new mothers struggling with postpartum anxiety" adds clarity. But humanizing it is where the real connection happens:

"I help new moms create a pathway forward by strategically identifying your top priorities while also embracing your humanity. I know you are able to do a lot, but you also can't do everything. Often, as new moms, we need to learn that we are enough, even if some lower priorities get missed. You can still be an amazing mom and career woman."

This one is a narrative that does more than describe services; it creates emotional resonance. It speaks to the client rather than about them, which is crucial in therapeutic marketing. Your practice website, professional profile, or online directory listing are often first points of contact with potential clients. When your message aligns with their inner experience, they are far more likely to reach out.

> **"We need to better understand what it's like to be in the shoes of our ideal client and how it feels to live with their presenting issue."**
>
> Marie Fang, PhD

The clinical and ethical imperative of clarity

Defining a niche is not just about marketing—it's about clinical effectiveness. When you clarify the focus of your practice, you also define the scope of your clinical expertise. You can develop a toolkit of strategies that are highly effective for specific concerns, rather than spreading yourself thin trying to master every modality. This not only improves outcomes but reinforces ethical practice: treating within one's competence and continuously refining it.

Moreover, understanding your niche fosters deeper attunement to your patients' experiences. The more intimately you know the landscape of their issues, the more effectively you can walk alongside them.

Specializing in private practice is not about exclusion—it's about connection. By refining whom you serve, what you address, and how you do so, you offer clarity to your patients and help create a pathway toward trust. Your niche becomes not a box, but a beacon—guiding people you are committed and qualified to treat toward the care for which they've been searching.

Whether you are just beginning your private practice journey or looking to refine your existing approach, developing a niche is a vital step toward building a practice that is not only thriving, but also deeply fulfilling.

Fang is a licensed psychologist in private practice in San Diego, California. Her therapy practice focuses on working with folks often marginalized by their faith community, with an emphasis on supporting the LGBTQ+ community. She is the creator of Private Practice Skills, a platform teaching therapists how to start and grow sustainable private practices.

Get in-depth, step-by-step guidance on targeting your ideal therapy clients in APA's Continuing Education webinar, Finding Your Niche in Private Practice.

Thriving in Temporary Assignments

Short-term assignments are the key to work-life balance and career advancement for a growing number of psychologists

BY ALYSON POWELL KEY
FROM THE MONITOR ON PSYCHOLOGY, MARCH 2025

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Temporary work for psychologists is starting to gain traction. For those in a medical field, short-term positions have long been a part of work options. One study found that by 2023, about 50,000 doctors, or 7% of the U.S. physician workforce, worked temporary assignments. While concrete stats for temp work for psychologists are difficult to find, anecdotally, this work has expanded significantly over the past 2 decades.

Locum tenens, or temporary work, allows psychologists to expand their résumés, gain varied experience, and potentially transition into a permanent role. Locum tenens roles suit both early career and experienced psychologists; some use it to test different work environments without a long-term commitment. Others find that temp work suits their needs to alleviate burnout, experience a new region of the country, or ease into retirement.

One recruitment agency, LocumTenens.com, established in 1995 with psychiatry staffing, historically worked primarily with doctors and advanced practice registered nurses. In 2020, the agency expanded into psychology staffing. Though overall numbers are still small, they have seen significant growth over the past 5 years. With the COVID-19 pandemic compounded by social unrest and workforce shortages, the agency's clients have "needed all the help they can get to address and meet the needs of their patients," said Jeannie Smith, associate vice president of behavioral health at LocumTenens.com.

A career change

As the COVID-19 pandemic raged around the world and millions of people's lives were upended, Debra Warner, PhD, PsyD, realized that she needed a change.

The forensic and organizational leadership psychologist wanted more flexibility in caring for her aging mother, who's a cancer survivor, and an aunt with dementia, and to be more present for her children. She started looking into temporary psychology work—months-long assignments that would allow her to escape traditional, rigid work schedules and tailor her career around her family life.

Warner now works as a contract consultant in a correctional facility in California, training profession-

AT A GLANCE

- At certain career or life stages, temp work offers essential work-life balance with a choice of location, hours, and practice settings.
- Temp work allows psychologists to try different facilities, from hospitals to telehealth, enhancing their experience.
- Agencies handle licensing, credentialing, and logistics, ensuring psychologists focus on patient care.

als from psychologists to security staff. She works mainly hybrid and often schedules in-office time during her children's school breaks when they can travel with her.

Her family remains her top priority, and being able to travel with them to different assignments and maintain a stable income made temporary work ideal. "My job allows me to support my family and still be there for them, which is an amazing thing," Warner said. With more flexibility, she's also pursuing activities that bring her joy and fulfillment, including more media-related work and volunteer opportunities.

The COVID pandemic turned out to be the perfect time for a career shift because the demand for psychology services surged. A survey conducted by APA about 6 months into the pandemic found that more than a third (37%) of psychologists reported an increase in patient referrals. And 44% observed a decrease in no-show rates and appointment cancellations compared with before the pandemic.

Amy Gentile, divisional vice president of behavioral health at locum tenens agency Consilium Staffing, has been in the industry for more than 20 years. "I don't remember seeing psychology jobs when I started, but in the last decade, it's really grown." Her agency also saw a surge during and after the COVID pandemic as mental health needs increased. For practitioners experiencing burnout, locum tenens provided viable options to relieve pressure. Agencies say this growth has continued in the years after COVID.

Building skills and finding the right fit

"Locum tenens" is a Latin phrase meaning "to hold the place of, to substitute for." This health care model began in the 1970s in Utah to prevent burnout among rural doctors. A network of physicians took over rural practices while local doctors attended training. Today, recruitment agencies match clinicians with employers, offering short-term assignments that fill staffing gaps and address the rising need for mental health services.

The process for a temp agency begins with understanding a clinician's availability, preferences, and experience. "I try to match them first to their actual interests," explained Kristina Armistead, psychology and clinical social work recruiter at LocumTenens.com. This involves detailed questions about preferred settings, populations, and case types.

Armistead says the most in-demand settings for employers at her agency include state hospitals, community mental health clinics, and correctional facilities. They also work with private practices, Indian Health Services facilities, and government entities.

Meeting the need in underserved areas

Rural areas face a critical shortage of psychologists. Studies show that the mental health workforce meets only 32.5% of the estimated demand for behavioral health services, indicating a significant gap. This shortage is especially pronounced in rural regions, where around 62% of the designated mental health professional shortage areas are found (Domino, M. E., et al., *The Journal of Rural Health*, Vol. 35, No. 1, 2019).

To attract psychologists to rural areas, recruitment agencies and employers will sometimes negotiate higher rates. "There are times when facilities, if funding is available, will offer higher pay to get clinicians to consider more remote opportunities," Smith said.

Psychologists passionate about helping underserved populations tend to be more successful in rural roles. "They're there because they want to be there; they aren't just chasing a check," explained Ricky Moses, divisional vice president of behavioral health at Consilium Staffing. Psychologists who

Choosing a Recruitment Agency

What should psychologists looking for temp work consider when selecting an agency?

- **Support services.** Look for an agency that provides support services, including licensing, credentialing, and logistical arrangements.

- **Dedicated recruiters.** Does the agency have specialty-specific recruiters or those for each state or region of the United States? This helps psychologists and recruiters build relationships. "Make sure there's a human connection with your agency—it's not just a business but about serving those who serve patients," said Amy Gentile of Consilium Staffing.

- **Credibility.** Look for an agency that communicates transparently and understands you and your needs. Read reviews and ask for referrals by reaching out to peers through professional networks such as APA Community.

take on these assignments typically have a deep-rooted commitment to service, which helps them thrive despite the challenges of remote or resource-limited environments.

Agencies assist with travel and lodging to make relocation as easy as possible. And they provide support with licensing, credentialing, and pay negotiation. The idea is to ensure that the process is "seamless so providers can focus solely on patient care," Armistead said.

Some agencies also cover malpractice insurance for workers. But since clinicians are considered independent contractors, agencies don't typically provide traditional benefits. So while the hourly wage might be higher for temporary work, psychologists pay their own taxes and for life insurance, disability, retirement plans, health insurance, and other benefits out of pocket.

The Locum Tenens life

Joseph D. Salerno, PsyD, a clinical psychologist, was initially drawn to locum work because of the higher pay and opportunity to travel. "I've always been interested in seeing different areas of the country. This is a great way to see it."

He's worked in various settings, including correctional facilities, an immigration processing center, and a state psychiatric hospital. He typically stays in one location for 6 months to a year and often applies for licenses to practice in states he wants to explore, planning moves months or years in advance. His dream location is Hawaii.

Salerno said those interested in temporary assignments "need a certain degree of flexibility to get started with licensing as the first step." He added that assertiveness is another essential quality "to make decisions in terms of what you want and where you want to go."

Salerno plans to continue with temporary roles for now, appreciating the variety it brings to his work. "The role of psychologist never changes, just the location."

Warner encourages psychologists new to locum work to try different roles and, as with any other job, be ready to work hard. "Be able to roll your sleeves up and just go in there. You can choose to stay or decide it wasn't your cup of tea."

Temporary assignments typically last 3 to 6 months, although some may extend to a year or more. This flexibility provides opportunities for diverse work experiences and allows for personal scheduling. One psychologist associated with LocumTenens.com works with the agency for 6 months each year and spends the remainder of the year volunteering with Doctors Without Borders.

The impact of temp work and the future ahead

There isn't much research yet on the impact of locum tenens; however, one study looked more broadly at independent contractors (who may negotiate contracts directly with hiring organizations) in public mental health clinics (Beidas, R. S., et al., *Psychiatric Services*, Vol. 67, No. 7, 2016). From a hiring perspective, employers appreciate flexibility in hiring for specific skills, but there are challenges.

The study found that relying on independent contractors leads to increased staff turnover. Administrators noted that contractors are more likely to leave their positions

without adequate notice, creating operational instability and challenges in providing consistent patient care.

Employers also saw independent contractors as having a weaker connection to the organization than salaried staff. This disconnect stems from their exclusion from organizational activities such as team meetings, professional development opportunities, and social events, which leads to a sense of isolation. Because contractors aren't integrated into the organization's culture, they often view their roles as transactional rather than mission driven. This perspective limits their commitment to the organization's broader goals and initiatives.

Some organizations have reported a reluctance to allocate resources for training and professional development for independent contractors. Since contractors are not permanent employees and tend to have higher turnover rates, organizations view investing in their training as a financial risk. They're concerned that training contractors may not provide long-term benefits since contractors could leave before the organization recovers its investment (Beidas, R. S., et al., Psychiatric Services, Vol. 67, No. 7, 2016).

Temporary employees also allow organizations to cover vacations and sabbaticals or supplement seasonal staffing needs during peak seasons, which can be more cost-effective than hiring permanent staff.

Regine Neiders, PhD, is the CEO of Pacific Rehabilitation Centers in Washington, which provides physical, occupational, medical, vocational, and psychological therapies for injured workers. The company has employed temporary psychologists for the past decade to address ongoing psychology staffing shortages. Her team is intentional about integrating temp staff into the organization.

"We train them on our state's workers' compensation system and assign mentors to smooth out misunderstandings about our approach. They join all appropriate team meetings and educational sessions. We make them feel like they are truly part of the team."

Dr. Debra Warner has found a satisfying work-life balance through temporary assignments.

Today, the locum tenens industry prioritizes onboarding by providing important points of contact, orientation, and training to improve the experience for the hiring organization and the locum workforce.

For now, the future of locum tenens work for psychologists appears to be on an upward trajectory. The severe shortages of psychologists in some areas and the increasing desire for services mean more work for both agencies and psychologists, plus relief in the form of temporary staff for clients. Locum tenens work is redefining career possibilities for psychologists, offering flexibility, diverse experiences, and the chance to make meaningful contributions in underserved areas. As demand for mental health services continues to rise, this model provides a unique pathway for professionals to thrive—on their own terms—while meeting critical community needs.

Is Locum Tenens Right for You? Key considerations for psychologists

Here are some questions psychologists should ask themselves to determine whether locum work is right for them:

- Are you comfortable with change?
- Are you open to relocating or working in varied practice settings?
- Do you want more control over your hours and work-life balance?
- Are you in a life or career stage that makes short-term flexibility ideal?
- Are you comfortable managing your own benefits, such as health and life insurance?

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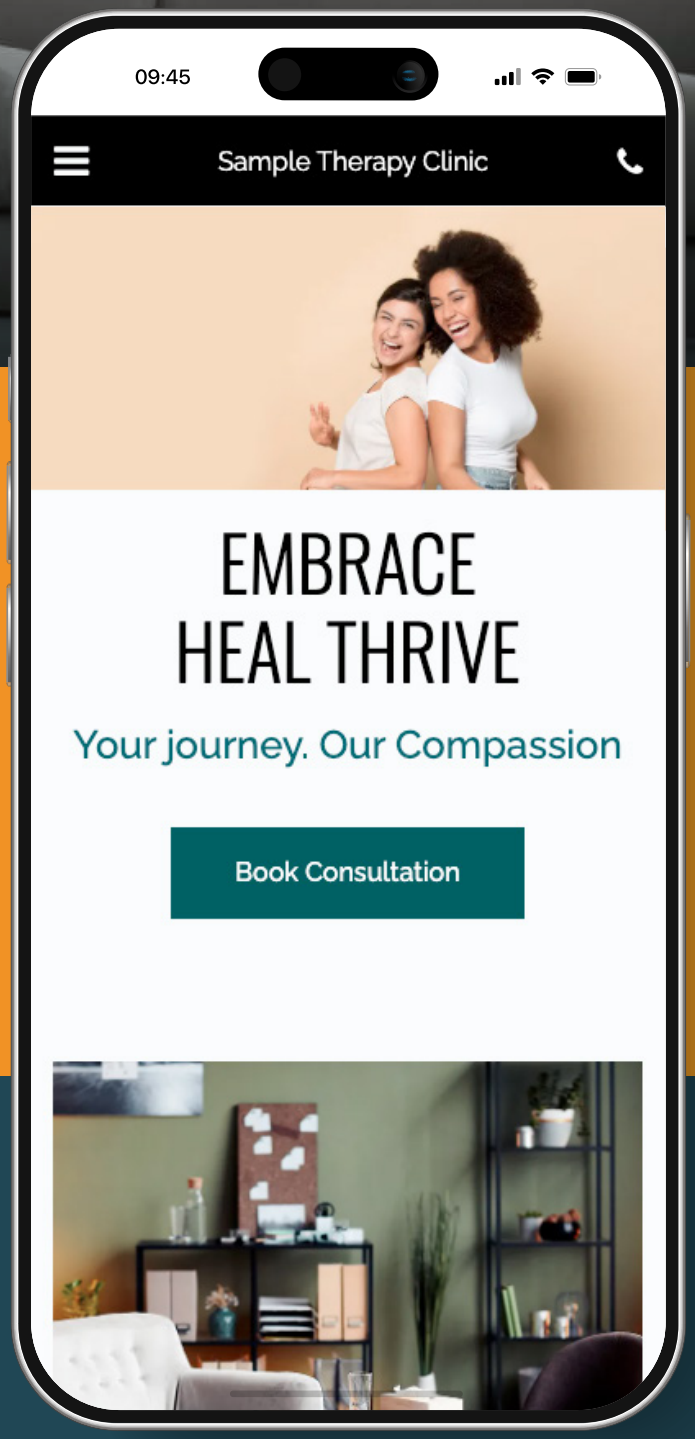

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Building a Profitable Private Practice

While private practice offers psychologists the freedom to set their own schedules and shape their professional paths, it also brings a host of financial responsibilities—managing billing, handling taxes, covering office expenses, and creating a sustainable budget. Questions often arise: Is forming an S Corporation worth it? How can you manage student loan debt while still turning a profit? Do you owe taxes in every state where your clients reside?

These are just a few of the key topics covered in the topical webinar, "The Financial State of Private Practice for Psychologists," paid for by the accounting platform Heard. The session, led by Heard partners Forrest Perry and Michael Fulwiler, offers practical insights into the financial foundations of running a successful and profitable private practice.

To the right are highlights of their discussion.

Bookkeeping Basics for Psychologists

Bookkeeping is an important concept because [it] is foundational to understanding how your finances work across the board. It's simply categorizing all the income and expenses for your business. A deposit comes into your account—if you have a simple practice, then categorize that as therapy income. But there may be others: a few checks written for a group session you are running, or group therapy income. It becomes important to categorize each one of those incomes.

Categories become even more important when you are looking at expenses. There are about 16 or 20 different categories the IRS has for expenses. Each one of those expenses also needs to be categorized. For example, advertising, marketing, or interest payments. Individuals have anywhere from 20 to maybe a few hundred transactions a month. Depending on how much you're buying, when you're buying, and what you're buying, the level of effort for bookkeeping could vary, but each one of those transactions should be categorized.

There's a lot of different ways to do bookkeeping. One common way is with software such as QuickBooks or Wave, which connects to your bank account. Some folks use a simple Google spreadsheet because all you need to do your bookkeeping is the date, description, and dollar amount.

Why are you doing this? Because at the end of the month, you know your profit and you can then decide how much you are going to pay yourself. But remember, as a self-employed individual, you are paying the IRS each quarter, usually about 30% of profit. So you will need to save that amount and then decide your owner's distribution, and maybe set aside some for a rainy-day fund. Plus, you'll get to the end of the year and have everything categorized and ready to hand to your tax preparer.

When to Raise Fees

Compare your expenses from last year to this year. Realistically, the majority of them went up. Things got more expensive for everyone across the country, across the world. So it's important to consider if you need to increase your fees to hit net income goals and also account for the increase of expenses.

The best time to raise fees is usually the beginning of the year, but the biggest thing is timing. Be sure to give folks a heads-up if you plan to raise costs. Then have a preconceived plan if someone says no—how are you going to handle that? Maybe you offer a sliding-fee scale, or have some other providers to refer them to.

Another approach could be to keep your current clients at their existing rate, but start charging all new clients a higher fee. The idea is that those lower-fee clients will eventually graduate out over time. If you've got people on a sliding scale—say, you're seeing two of them a week—and the rest are insurance-based or private pay, make sure to factor all of that into your goal setting. That way, you can get a clearer picture of where your profit and income are headed.

It's also a good idea to think about other ways to create what's called 'passive income'—basically, having multiple income streams. That could mean running courses or group sessions, offering psychological testing, teaching, or doing supervision. There are so many different paths you can explore to bring in extra income or revenue.

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Pursuing Additional Income Streams in an Uncertain Economy

Practitioners are diversifying their services to buffer their practices against economic instability

BY EFUA ANDOH
From the *Monitor On Psychology*, July/August 2025

Clifton Berwise, PhD, never expected his clinical expertise would lead him to the cutting edge of digital mental health. In 2020, while he was working as a staff psychologist at the University of Delaware, a former supervisor approached him about assisting a digital mental health initiative focused on improving mental health outcomes for Black Americans experiencing racism. Berwise agreed and developed a suite of evidence-based tools for dissemination on a wellness app named Happify, now rebranded as Happify by Twill.

Berwise's college counseling background proved key to communicating mental health concepts in relatable, user-friendly ways. For example, via the app, users were able to gain insights on the impact of microaggressions and receive recommendations for adaptive ways to respond such as developing a mindfulness practice.

"This experience opened my eyes to the growing world of digital mental health—and the need for psychologists in this space," he said. He is now clinical strategy senior lead for digital content at Modern Health, a mental health benefit that assists employers with employee mental well-being. Berwise shapes the platform's clinical self-guided resources, making sure they are grounded in psychological science and reflect the users' needs.

In 2024, more than half of psychologists (52%) diversified their income streams beyond therapy, according to Heard's 2025 Financial State of Private Practice Report. Consulting topped the list of non-therapy income sources for psychologists (17.8%), while testing (14.8%), supervision (14.4%), teaching (14.1%), and speaking (10.7%) also proved popular. As small business owners, psychologists in private practice often carve out entrepreneurial opportunities to supplement their practice income. With the current economic uncertainty, including rising unemployment and reduced insurance coverage, psychologists are being creative in how they use their expertise to earn extra funds.

Transferring clinical skills to transform consulting

For Berwise, his training as a psychologist gave him an opportunity to fill a gap in the tech industry. "At the time I joined, many key players had backgrounds in tech or business, but few had clinical training. It became clear that psychologists could play a vital role in shaping content, translating complex concepts

In 2024, more than half of psychologists diversified their income streams beyond therapy; consulting, testing, supervision, teaching, and speaking were the most popular non-therapy sources.

MINISERIES/GETTY IMAGES

into accessible tools, and ensuring that interventions were grounded in psychological science." He was motivated by the realization that his work could reach far beyond the walls of a therapy room.

He encourages psychologists interested in tech careers to showcase their work outside of academic journals and consider local publications, podcasts, or community events as meaningful venues for outreach. Berwise found the online community Therapists in Tech vital for networking with other clinicians in the industry and discovering professional development opportunities.

"Brag on yourself a bit, especially as it relates to your transferable skills," Berwise added. "Showcase your years of providing services, developing projects from ideation to completion, managing teams, providing effective feedback, thinking strategically, and making data-informed decisions. Using that language on résumés and job applications will get your foot in the door."

Jamila Oni Dakhari, PsyD, founder of Dakhari Psychological Services in Moorestown, New Jersey, began her consulting journey while working as a pediatric psychologist. "I've always found it deeply rewarding to consult with allied health professionals—physicians, nurses, social workers, and educators—and to advocate for the integration of psychological principles into multidisciplinary care," Dakhari said.

She works hard to convey the inimitable role psychology plays in promoting patient and family well-being and her consulting work has expanded to include educators, wellness providers, and business owners. "My experience has been incredibly enriching. It allows me to bridge gaps in understanding, reduce stigma around mental health, and promote a more holistic, patient-centered approach across disciplines," she added.

She advises psychologists to consider their strengths and interests when looking for opportunities outside the therapy space. If their colleagues routinely seek their input on clinical operations, supervision, burnout prevention, or organizational dynamics, these are areas where they could potentially work as consultants. Psychologists should also remain adaptable and responsive to the needs of stakeholders, Dakhari added. "Consulting moves at a different pace than therapy. Stakeholder priorities may shift, deliverables can evolve, and success is often measured by tangible results rather than reflection."

Changing systems through coaching

Vanessa Downing, PhD, also began her career in a hospital setting, working as a cardiovascular psychologist. While she was initially hired to support patients, early conversations with medical staff revealed a deep unmet need. "I asked them what their work was like, and it was as if nobody had ever asked them that before," she recalled. "Some of them cried. Some of them shared a lot." From those first interactions, Downing pivoted to focus on clinician support and organizational well-being. In 2017, she cofounded and later became the director of the Center for WorkLife Wellbeing at ChristianaCare, with the goal of improving workplace culture for medical staff experiencing burnout, compassion fatigue, and vicarious trauma.

The stressors of the pandemic brought even greater clarity. "I learned we could have the best well-being interventions on the planet, but what mattered most was who those physicians reported to," Downing said. "Leaders were the ultimate lever for well-being outcomes." She switched from helping clinicians cope with toxic environments to equipping leaders to create healthier ones. In 2021, she launched Congruence Coaching & Consultation, where executive coaching now makes up 80% of her professional work. For Downing, coaching provides a way to heal systems, not just individuals. She partners with health systems and coaching firms to provide executive coaching to health care leaders, particularly physicians in high-stakes roles.

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- **How psychologists can thrive in startup roles**
  If you are drawn to technical fields, learn the key roles psychologists can play in digital health startups. www.apaservices.org/practice/business/technology/tech-talk/startup-roles-psychologists

- **Running start … to a great career: Launching a consulting business**
  Consulting can bring both financial and personal fulfillment. Whether you hope to consult part-time or full-time, here are some essential tips on how to break into this arena. www.apaservices.org/practice/update/2017/06-15/consulting-business

- **Coaching that helps businesses thrive**
  Discover how psychologists are leveraging their expertise to coach business leaders and employers to address complex workplace concerns. www.apa.org/monitor/2024/09/organizational-consulting

Downing recommends psychologists seek formal training and certification before going into coaching to better understand the clear differences between coaching and therapy. "High-quality certification programs, especially those accredited by the International Coaching Federation, help clarify the important ethical and business distinctions between coaching and therapy," she said. Downing holds the Professional Certified Coach credential, the industry "gold standard" for certification and accreditation. While training and certification takes 6 to 10 months and costs approximately $9,000 to $15,000, Downing views it as a worthy investment. "Coaching can be more lucrative than counseling, and people often find after getting certification in coaching that they soon recoup those costs." She suggested joining professional communities like the Society of Consulting Psychology (APA Div. 13), the Society of Psychologists in Leadership, and coaching networks like Harvard's Institute of Coaching for peer support and professional development opportunities.

Dana Ackley, PhD, established his practice in the late 1970s and like most fellow practitioners relied heavily on insurance reimbursement for his income, but he became disenchanted over the years. "Managed care wanted me to do shoddy work for lousy money," he said. He eventually transitioned away from insurance dependency and built a thriving private clinical practice.

He also developed a practice model and a guidebook, Breaking Free of Managed Care: A Step-by-Step Guide to Regaining Control of Your Practice (Guilford Press, 1997), that offered tools and strategies for other psychologists to pursue similar paths. "My professional journey involved several years of operating a clinical practice outside of insurance. Then, over a 5-year period, I evolved my work into executive coaching and organizational development," Ackley said. "I loved what I did, and I love what I do. Much of what I learned as a clinician transferred, but I also had new skills to learn."

Ackley is now the president of EQ Leader, Inc., an executive coaching firm that helps leaders build their emotional intelligence. He urges fellow psychologists to think expansively about where their expertise might lead. Ackley believes there are virtually limitless opportunities for those willing to use their imagination and think beyond traditional practice.

Writing and publishing

Writing offers psychologists another avenue for income and influence. Rachel Bédard, PhD, entered publishing after receiving requests from families seeking resources for autistic youth. Bédard is a licensed psychologist who focuses on autism and anxiety in Fort Collins, Colorado. Together with colleagues in speech-language pathology and marriage and family therapy, Bédard coedited a series of books about the experiences of autistic people, their families, and the multidisciplinary health care professionals who work with the autism community. The team formed an informal writing group, and their work eventually led to monthly articles in Autism Parenting Magazine. This led to more requests for

presentations, articles, book blurbs, and reviews of new books. "All our careers have been bolstered by this collaborative approach," she said.

Bédard emphasizes that it is essential for psychologists to find their own distinctive voice, avoid jargon, and embrace storytelling in roles outside of the therapy room. "If you are going to write, you need a unique take on a topic or a unique problem to solve. As a psychologist, you are a natural problem solver and a keen observer of the human condition," she said. She encourages psychologists to fearlessly pitch story ideas and partner with other types of experts who have complementary strengths.

While publishing hasn't fully replaced Bédard's clinical income, her books have been the launchpad for other opportunities. "My writing career has driven more diverse folks into my practice, more contact with professionals across the globe, and access to other well-known authors. That diversity of experience makes it all worth it," she said. Bédard has found that even a single sentence can create lasting impact. She contributed just one line to an article on autistic burnout's effects on patients—and the response was overwhelming. "That one sentence brought new clients, new writing invitations, and more visibility than I expected," she said.

Opportunities in media

Psychologists are bringing their deep understanding of human behavior to the entertainment industry. For Vinita Mehta, PhD, EdM, a licensed psychologist, journalist, and media expert based in Washington, D.C., her transition into screenwriting reflects a lifelong love of storytelling. Mehta has completed two fellowships—the CAPE New Writers Fellowship and the Warner Bros. Discovery Access Writers Program—to become an emerging screenwriter. "My interest in screenwriting comes from the same place as my passion for clinical work. They both have the power to provide connection, insight, and empathy," Mehta said.

She advises other psychologists who are seeking to break into this competitive field to prepare accordingly. "Study the craft of screenwriting as well as the business. Take classes or enroll in a program, join a writers group, attend lectures, and be part of a community of writers and creatives," she said. She also proposed entering scripts in contests, applying to fellowships, and going on retreats. "In both [my fellowships], we were advised to write a script that no one else but you could write. That's why my protagonists are psychologists—there are great stories from our field to mine and to tell."

Clinical psychologists Kristina Pecora, PsyD, MPP, and Abby Brown, PsyD, have discovered that hosting a podcast requires more passion than perfection. In early 2025, they launched (Trail)Blazers & Coffee to showcase diverse stories of women in leadership. Their training as psychologists perfectly equips them to jump behind the microphone. "Psychologists know how to ask great questions," Pecora said. "Translating that into podcasting isn't that difficult, as long as you're genuinely interested and curious about the person sitting opposite you."

With active private practices, Pecora and Brown follow a monthly release schedule to balance the podcast with their clinical responsibilities. They promote the work of their guests alongside their own in the context of their interviews, plugging books or workshops. They also view the podcast as a potential springboard for other public speaking opportunities. Pecora's key advice for aspiring podcasters: Create a unifying theme that reflects a niche only you can fill and share stories only you can tell.

Building resilience post-pandemic

When the pandemic struck, the disruption prompted deep reflection for Gloria Carpenter, PhD, a licensed clinical psychologist and owner of Oxford Psychological, LLC, in Arlington, Virginia. She turned inward and focused on building both her personal and professional resilience. She invested in additional training that was meaningful to her, including equity, diversity, and inclusion; cultural sensitivity; and African-centered psychology. She also got certified as a Gottman therapist, a "huge undertaking and investment" that has paid dividends for her couples therapy services. These investments allowed her to grow her practice into a more resilient one. With a child headed to college, Carpenter says she has been diligent in building an emergency fund to safeguard both her business and family from the economic turmoil of the moment.

The pandemic also taught Carpenter the value of flexibility. She shifted therapy sessions to times that accommodated her patients' working hours, and she expanded her offerings by conducting marriage counseling workshops and presentations at local churches as part of their couples ministries. "It has given me joy to work with folks in a workshop setting where I can help them align their marriage with their spiritual values," Carpenter said.

At a time marked by turmoil and division, the contributions of psychology have never been more essential. Psychologists who find unique ways to deploy their expertise to serve people's needs may build a more secure financial situation for themselves. "The world desperately needs what psychologists have. Simply look around and see the anger, fear, and broken relationships," Ackley said. "Think of the core knowledge of psychology as the hub of a wheel with thousands of spokes–different ways it can be used to the benefit of humans. The world needs what you can dream up."

FURTHER READING

A practice analysis of coaching psychology: Toward a foundational competency model
Vandaveer, V. V., et al. *Consulting Psychology Journal: Practice and Research*, 2016

On becoming a consultant: The transition for a clinical psychologist
Liebowitz, B., & Blattner, J. *Consulting Psychology Journal: Practice and Research*, 2015

What I've learned from creating 75 YouTube videos
Mattu, A. *The Amplifier Magazine*, 2017

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Audio-Only Telehealth Services Remain a Key Part of Professional Practice

From the *Monitor On Psychology*, October 2024

Even as many clinicians have resumed in-person treatment, talking to a licensed psychologist by phone is still preferred by a sizeable number of patients, according to data compiled by APA's Center for Workforce Studies. It is consistently the second most popular form of telehealth, just after videoconferencing.

43%
of psychologists treated patients by phone

69%
used audio-only telehealth services when treating adults ages 26-64

66%
reported patient preference as a reason for using audio-only telehealth

LEMONO, YULIIA KUTSAIEVA/GETTY IMAGES

Want more information? See CWS's interactive data tools at https://www.apa.org/workforce/data-tools or contact cws@apa.org.

Sources: Page, C., Stamm, K., & Assefa, M. (2024, October). Audio-only telehealth services remain a key part of professional service. *Monitor on Psychology*, 55(7), 21. https://www.apa.org/monitor/2024/10/datapoint-audio-only-telehealth

Protecting Patients When Tragedy Strikes

Professional wills give practitioners an opportunity to plan how to close a practice and who will take responsibility for carrying out their wishes

BY HEATHER STRINGER
From the *Monitor On Psychology*, June 2025

Lisa Harris, PhD, was worried when her therapist's health steadily deteriorated each month, with symptoms of a worsening cough and noticeable weight loss. Harris shared her concerns, and the therapist—who was experiencing a recurrence of breast cancer—told Harris she was confident she would beat the disease. Soon the therapist started bringing an oxygen tank to sessions and occasionally would not show up.

"She kept telling me she was fine," said Harris, who was in her 20s at the time and hadn't earned her doctorate yet. "For months, I struggled with confusion and hurt—and guilt for having these feelings." She felt ashamed for wanting to find a new therapist, but eventually she did. Six months later, she heard that her previous therapist had died.

When Harris launched her own private practice in New York City years later, she promised herself she would never subject patients to the same experience. She created a professional will, which outlines a practitioner's wishes for closing a practice in the event of illness or death. This document can include instructions for who will contact patients and how to protect patient confidentiality, passwords to access records, suggested referrals, and other details. A will also names a practice executor who will carry out these instructions.

While most states do not require therapists to draft a professional will, APA's Ethics Code states that "psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement," and having a professional will is one way to achieve this objective. This type of will—which provides a road map for managing all the practical and legal aspects of closing a practice—protects patients from perceived abandonment and the psychologist's family members who may unexpectedly be responsible for closing the practice. It also offers psychologists some peace of mind that these details have been taken care of.

A professional will provides a road map for managing all the practical and legal aspects of closing a practice and offers psychologists peace of mind that these details have been taken care of.

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Despite the ethical imperative to create a plan, 68% of therapists in a recent survey reported that they did not have a professional will (Miller, R. B., *Independent Practitioner,* Vol. 45, No. 1, 2025). The primary reasons given were procrastination, anxiety, and lack of guidance. Forty percent reported feeling dread when thinking about creating a professional will. Finding a practice executor was another significant barrier, with 46% reporting that they did not want to burden anyone with this responsibility and 27% feeling they were not close enough to any colleague to ask.

The survey was conducted by Robyn Miller, PhD, a psychologist in private practice in Bethesda, Maryland, who stepped up as practice executor when a friend and colleague was diagnosed with stage IV cancer several years ago. As the practice executor, Miller had the responsibility to sensitively deliver the news to more than 30 patients and manage referrals to other providers, but those conversations and duties took an emotional toll (*Psychoanalytic Perspectives*, Vol. 18, No. 1, 2021).

"One of the common misconceptions is that [serving as practice executor] is simply an administrative task that will take a couple of hours, but it was incredibly stressful and draining," said Miller, who estimates that she spent 60 hours fulfilling this role.

Preparing to share the news

The experience with her friend motivated Miller to found TheraClosure in 2024, a company that helps therapists create a professional will and serves as the practice executor in the event the therapist dies. Patients should be informed and provide consent to having a practice executor involved in the unlikely event that their therapist becomes ill or incapacitated. Attorneys can also assist psychologists with preparing a professional will, but they are not able to execute the clinical aspects of the will. Some psychologists form groups of colleagues who agree to share the duties of covering for one another. Miller recognized that mental health providers, who pride themselves on navigating difficult emotions, often fear or avoid this task. Sidestepping this ethical obligation can have unintended mental health consequences. "Patients are vulnerable people, and they have formed a therapeutic bond," she said. "By creating a plan, we can help these bereft people get the support they need if we are incapacitated."

Miller's experience in this role for her friend and colleague helped her learn the considerations for clinicians when drafting a plan. Initially, the two friends grappled with the devastating diagnosis, but the grieving process was cut short because of the immediate implications for a caseload of patients. The friend gave Miller her schedule, patient contact information, and details about each patient's history, progress in therapy, transference and attachment, and future goals for treatment. Her friend also found a colleague who would be a good fit for a referral for each patient.

Miller agreed to call each patient directly with the news. She let them know that her colleague's disease was terminal, and she did not have any hope of returning to practice. In some cases, Miller's colleague provided specific guidance about how to share the information, such as putting off explaining the full situation to a pregnant patient until she was safely in her second trimester.

For those first 2 weeks, Miller called her friend's patients in the evening after she finished seeing her own patients. She explained that her colleague wished she could speak to them herself, but she was sick and unable to do so. "I wanted them to leave with a feeling of being cared for despite the tremendous loss, and I would often hang up and cry after these calls," said Miller.

Protecting loved ones and colleagues

Ben Rutt, PhD, who runs a solo private practice in Baltimore, Maryland, did not have guidance from a professional will when his sister, a therapist, died unexpectedly in 2023. Years earlier she had informally asked him to step in if she was ever incapacitated. He knew where she kept the keys to her business mailbox, but getting information about

Attorneys can assist psychologists with preparing a professional will, but they are not able to execute the clinical aspects of the will.

RUDI_SUARDI/GETTY IMAGES

her patients required him to retrieve paper charts she stored in her home. "I had to figure out which ones had more serious issues like suicidal ideation because they might need intervention sooner," he said. He contacted a large local group practice, and they agreed to assign his sister's patients to individual providers.

There were also challenges because his sister had been leading a group practice with eight employees. The employees did not receive paychecks for a few weeks because Rutt could not access her business bank account. His sister also did not have a personal will, which meant the probate court appointed an attorney who took responsibility for accessing her bank account and managing her records—which according to her state's law needed to be kept for 7 years after a patient's discharge date. "There came a point when I could not handle it anymore," Rutt said. He took a leave of absence from his practice for 2 months after his sister's death to focus on his grief and recovery.

"Professional wills are a form of insurance for the emotional safety and well-being of our patients."

Lisa Harris, PhD, private practitioner in New York City

Like Rutt, psychologist Dale Blunden, PhD, had to scramble when a colleague in her group practice died. The colleague, who had liver cancer, had been seeing patients in the office just days before she died. The group struggled to pinpoint who her patients were and how to reach them, so in most cases they resorted to asking people in the waiting room who they were scheduled to see. If they named the colleague who had died, a group member would take them aside to share the news. "We were grieving, angry, overwhelmed, and sad for the clients who were getting this shocking news," Blunden said. After the experience, the group spent hours together researching professional wills, and each member of the group created one.

When Blunden started working on her professional will, the process of planning for the unexpected motivated her to transition from paper to electronic records. She realized that accessing electronic patient records would be far easier for a practice executor.

Business details to remember

While contacting current patients is a pressing priority after a clinician's death, executors also tackle the business aspects of closing the practice. States have different requirements dictating how long practitioners must maintain patient records, and patients who have been discharged within that time should be notified of who is in possession of their records. To protect patient confidentiality, records outside this time period should be destroyed, such as by shredding paper documents or deleting electronic health records on a personal computer. Electronic records maintained on a server, such as a Health Insurance Portability and Accountability Act (HIPAA)–compliant cloud service, should be deleted, and any backups, trash, or files in a "recently deleted" folder should be permanently deleted. A log should be kept of the records that were deleted, the deletion date, and the deletion method.

Information about the practice closure and who to contact with questions should be explained on the website and in outgoing voicemail messages. Executors should also notify the licensing board and malpractice insurance carrier about the practice closing, and automatic bill payments should be stopped. If someone is leasing a space, the executor informs the landlord and addresses the lease according to the terms of the agreement.

Richard Bloch, JD, general counsel for the Maryland Psychological Association, has helped many psychologists create a professional will. "For a solo practitioner, having this documentation is even more necessary than if others are in the practice who know the client base and have some sort of process available to manage an unexpected death," he said. APA has also created a sample professional will that can be accessed online.

Lisa Harris tackled the task when she was working with an attorney to draft her personal will and testament. The attorney helped her with the professional will as well, and Harris asked a colleague who was leading a group practice to manage the distribution of her patients.

Harris was relieved to have a plan in place when she had major surgery 10 years ago. Before the surgery, she let her patients know that she expected to recover but reassured them that if anything unexpected happened, someone would contact them. More recently, she had a cancer scare. Although testing revealed that the mass in her lung was benign, she was administratively prepared if the news had been different. "Professional wills are a form of insurance for the emotional safety and well-being of our patients," said Harris.

The importance of this forethought was clear to Leilani Salvo Crane, PsyD, whose own therapist of 12 years died in 2022. A psychologist who was a friend and colleague of her therapist called Crane to tell her about the death. Crane appreciated the love and care she felt as the psychologist listened, offered to provide referrals, and invited Crane to touch base with her. "I felt that this was my therapist's gift to me," she said. "She had seen me through significant trauma, and this experience confirmed that she was exactly the sort of person I thought she was."

FURTHER READING

Fostering engagement during termination: Applying attachment theory and research
Marmarosh, C. L.
Psychotherapy, 2017

Mental health professionals preparing for cognitive decline and death: Denial and action
Cohen, J.
Professional Psychology: Research and Practice, 2022

Key issues and recommendations for ethical and effective endings in psychotherapy
Barnett, J. E., et al.
Professional Psychology: Research and Practice, 2024

Psychotherapist professional wills: Easy to avoid, crucial to address
Miller, R.
Society for the Advancement of Psychotherapy, 2024

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A Powerful Way To Recharge Your Practice

APA's clinical and professional practice guidelines are condensed versions of the field's most up-to-date clinical and practice knowledge—but many psychologists don't know about them. Here's how to make optimal use of these valuable, science-backed tools.

BY TORI DEANGELIS
From the *Monitor On Psychology*, July/August 2024

Paul Kettlewell, PhD, firmly believes that using the best science leads to the best practice. As director of clinical services at Geisinger Medical Center in Danville, Pennsylvania, he taught interns and postdocs how to use APA's professional and clinical practice guidelines to inform their patients' treatment.

"It is our obligation [as psychologists] to seek the evidence," said Kettlewell, who is now retired and serving on APA's Board of Professional Affairs, which helps initiate and form committees that develop some of the guidelines. "And the guidelines condense the evidence in a much more efficient and thorough way than people can do on their own, which helps them practice more competently and with greater confidence."

Besides their utility for students and clinicians, APA's guidelines also help educate other important parties, including consumers, researchers, advocates, and policymakers, on the most up-to-date findings and recommendations in a range of practice areas, said Claire Collie, PhD, director of quality assurance and improvement at the Veterans Administration (VA) Central Office and chair of APA's Advisory Steering Committee for Development of Clinical Practice Guidelines. "They distill a massive amount of literature into clear-cut recommendations about the effectiveness of different treatments," she said.

But the guidelines are only beneficial if people use them, she added.

"It's like that old saying, 'If a tree falls in the forest and no one hears it, does it make a sound?'" said Collie. "We're not just interested in developing high-quality guidelines; we want to be sure they get out there and that people use them."

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Two types of guidelines

There are two types of practice guidelines promulgated by APA: clinical practice guidelines, or CPGs, and professional practice guidelines, or PPGs. The names of these guidelines are similar enough to create some confusion, but they perform different and complementary functions. CPGs represent the latest vetted knowledge on how to treat specific conditions, while PPGs cover psychological practice with certain populations or in particular areas without focusing on specific disorders or treatments, said Lynn Bufka, PhD, ABPP, APA's deputy chief of practice. As their names suggest, the aim of both types of guidelines is to provide information and ideas on how to improve one's practice, but neither is mandatory, she added.

CPGs cover mental and behavioral health and related physical conditions that affect specific populations, such as depression across the life span or obesity and overweight in children and adolescents. They are based on a preestablished, rigorous, and comprehensive systematic review and evaluation process that follows the best practices outlined in *Clinical Practice Guidelines We Can Trust*, standards developed by the Institute of Medicine (now the National Academy of Medicine) in 2011. The process starts with an advisory committee that selects a diverse multidisciplinary panel of experts who come from varied research and practice backgrounds as well as patient representatives who are full members. In addition, it includes public comment periods that solicit input from psychologists, other health care providers, external organizations, consumers, families, and the public, as well as input from relevant APA sources, including APA boards, committees, and staff. CPG panels make recommendations about

APA's guidelines condense the science in an efficient and thorough way to help clinicians practice more competently.

first- and second-line treatments and make note of treatments that do not yet have sufficient evidence for a recommendation, said John McQuaid, PhD, ABPP, a member of the CPG advisory steering committee, chief of psychology at the VA Palo Alto Health Care System, and former chair of the APA depression CPG panel.

"[The CPGs] directly address some of the key challenges we have as providers: how to best match the needs of the people we serve to the resources and treatments that are available, and to do so in the most methodologically sound way possible," he said.

PPGs, meanwhile, provide practical guidance and education to practitioners in areas that need greater attention and consolidation, including emerging areas of practice. Examples include providing optimal care for transgender and gender nonconforming people; using telehealth in responsible, ethical, and practical ways; and providing psychological evaluations in child protection cases. They are not intended as a formal, rigorous literature review, but rather as general research- and practice-based guideposts on specific or general practice areas in need of further clarification, explained Amanda Jensen-Doss, PhD, a professor at the University of Miami and chair of a new PPG committee on measurement-based care, or using data from patient sessions to evaluate problems and progress.

"PPGs are really useful for providers who want to understand what to aspire to if they want to do a good job in the domain covered by one of these guidelines," she said. While these guidelines cover a wealth of topics to date, APA is also considering ways to change aspects of their content and development to streamline the process and better meet practitioner needs in a timely fashion. An example is to include information that would help practitioners document "medical necessity," a term becoming more frequently used by insurers to determine coverage.

A lot of time, effort, and expertise goes into producing both types of guidelines, all on a volunteer basis (see sidebar). At present, both CPGs and PPGs can take several years to develop depending on factors including their scope, whether the guideline is new or an update, volunteer time, and public feedback. However, it is not clear how many psychologists are using them or if clinicians know the best way to apply them, guideline developers added. To address that, APA is conducting usage surveys with each CPG, using web analytics to monitor how often CPG pages are viewed and downloaded, and launching creative dissemination and implementation strategies such as improving website design to make the guidelines more accessible and usable and promoting them via social media, said Raquel Halfond, PhD, APA's senior director of evidence-based practice and health equity.

Multiple uses for multiple users

In general, CPGs and PPGs are intended as one means of facilitating a good evidence-based practice—"an important tool in your clinical toolbox," as Halfond put it. According to the evidence-based practice model established by APA, three components inform good clinical decision-making:

use of the best research evidence; clinician expertise and judgment; and patient values, preferences, and individual characteristics. Combined, CPGs and PPGs offer a lot in terms of the model's research and knowledge domain. For example, if a provider is treating an adolescent girl with depressive symptoms, consulting the CPG on depression in adolescents and the PPG on treating girls and women offers a broad lens on evidence-based treatment, she said.

Practitioners can also keep in mind that there are many ways to use both types of guidelines—everything from taking a deep dive into a guideline to simply reading the summary recommendations or sections that are most relevant to them. The developers' intent is to make each set of guidelines as user-friendly as possible, noted Sara Smucker Barnwell, PhD, a Seattle-based clinical psychologist and chair of the committee that is revising and updating the PPG on telepsychology, which is likely up for APA Council of Representatives review and approval in August. Her committee is organizing the telepsychology update so a person with a single question in mind can quickly find the section that addresses it. "We are laying out the document so it is accessible and written in forthright language, which is important because technology is a very jargon-heavy space," she said.

Practitioners will also find useful a recent addition to the CPGs: decision-making tools that accompany each CPG and are included on each CPG webpage. Inspired by similar decision aids used by the Department of Veterans Affairs, the tools are organized in a "decision tree" format that helps clinicians consider logical pathways for working with a given patient. The aids include embedded links to specific treatment recommendations, relevant professional practice guidelines to consult, and other resources. They also address the many considerations that inform evidence-based clinical decision-making, including patient preferences, shared decision-making, and multicultural factors, Halfond explained.

In the research realm, the guidelines can help researchers identify areas in high need of investigation, said Brandon Gaudiano, PhD, professor of psychiatry and human behavior at Brown University and vice-chair of the CPG advisory steering committee.

"The guidelines don't just tell us what we know currently; they tell us what we don't know, as well," he said. "That can help researchers identify what they need to spend more time looking at." That same information can serve as an advocacy tool, highlighting gaps in the clinical research literature in a rigorous, peer-approved way and showing funders why it is important to fill them for the good of patients and the public, he said.

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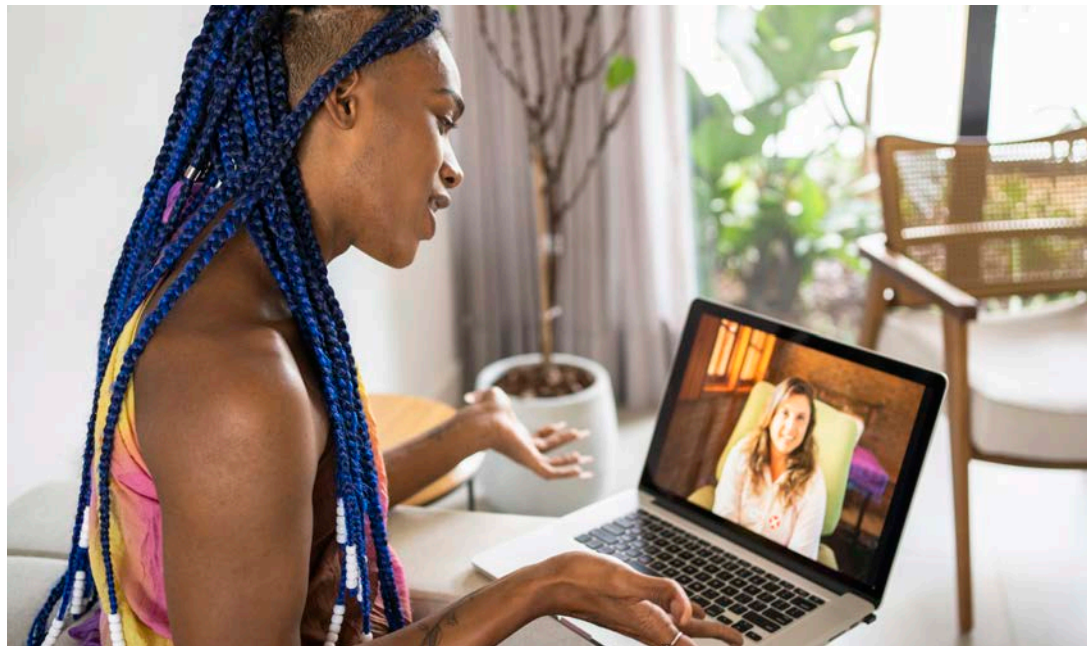

Megan Loew, PhD, chair of APA's Committee on Professional Practice and Standards, which helps develop and make recommendations about professional practice guidelines, said she relies on the guidelines in her role as a behavioral health workforce researcher at the Minnesota Department of Health. "I work on a lot of state legislation research, so being able to lean on the APA guidelines to get the current consensus in the field is incredibly helpful," she said. "They're a good little cheat sheet, if you will."

To that point, CPGs are designed to reach a wider audience than just psychologists, including other health professionals, policymakers, external organizations, and consumers, Gaudiano noted. In fact, because of the rigorous nature of their development, all of APA's CPGs were initially included in national guideline repositories and clearinghouses as well as in the International Guidelines Library, a resource of the Guidelines International Network, a global organization dedicated to improving evidence-based guideline development and use.

Professional practice guidelines offer practical advice for clinicians in areas that need greater attention and consolidation, including emerging areas of practice.

New directions

Both types of guidelines are far from static, fixed entities: They are updated whenever new developments warrant a change, developers emphasized. There is a constant flow of new guidelines in development as well as updates to existing ones, with content determined via lengthy discussions among advisory board and committee members, APA staff, and public input about areas of greatest need, health equity considerations, and new findings in the literature. For example, there is currently a CPG in the works for the treatment of chronic musculoskeletal pain in adults, due for APA Council of Representatives review and approval in August, and another planned on suicidal ideation and behavior in children and adolescents. (The systematic review for that CPG is being funded by the Agency for Healthcare Research and Quality based on APA's nomination.)

Further Reading

APA's clinical practice guidelines
www.apa.org/about/offices/directorates/guidelines/clinical-practice

APA's professional practice guidelines
www.apa.org/practice/guidelines

Meanwhile, a number of PPGs are in various stages of planning, development, or revision, including one on measurement-based care, which developers emphasize is crucial because research shows that outcome-based measurement is an important piece of good evidence-based care but is complex and underutilized. "We're trying to think about how to make this guideline clinically useful to practitioners who want to do this practice but who may not understand exactly what's involved," said Jensen-Doss. Another is the update to the telepsychology PPG, important both because of the many changes in technology that have taken place in the 10 years since the original guideline was released and because "at its core, telepsychology is about access and about bringing evidence-informed care to people who need it," said Smucker Barnwell, the telepsychology committee's chair.

Other newer PPGs include an update of the PPG on older adults, adopted by the council in February, and a new PPG on treating people who have experienced trauma, likely up for council approval in August.

In general, developers of both types of guidelines take a forward-looking stance on their topics and execution. For example, they always consider the public health impact of a given topic, including how guidelines will address issues of health equity and patient vulnerability, a mission facilitated in part by assembling diverse guideline panels. Another example of progressive thinking is the CPG advisory committee's plan to create more guidelines that cover broad physical or mental health areas relevant to a range of mental health conditions, such as the upcoming guidelines on musculoskeletal pain and suicide.

"We want to be more responsive to the fact that clinicians in the real world often work with patient populations that overlap or are not neatly defined," said Gaudiano. In addition, the CPG advisory committee wants to include more panel members with expertise in qualitative and mixed method designs and mechanisms of therapeutic change, both of which will add to the real-world relevance of the guidelines, he said.

An unforeseen gift of working on the guidelines, Gaudiano added, is that within a framework that is both rigorous and interdisciplinary, he has seen firsthand that psychological interventions are often the top treatment choice for a given condition. That's the case "much more than the public knows, other health professionals know, or other organizations know."

"Having these guidelines really allows us a platform to make the public and other health professionals more aware of who we are and what we do," he said. "And ultimately, that is very good for psychology."

"The guidelines don't just tell us what we know currently; they tell us what we don't know, as well. That can help researchers identify what they need to spend more time looking at."

Brandon Gaudiano, PhD, Brown University

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