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# Leadership in Turbulent Times: Lessons Learned

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When I began my term as the 2025 President of the American Psychological Association, I anticipated a demanding and meaningful year. I expected complex decisions, spirited debate, and opportunities to advance the field. What I did not anticipate was the degree of turbulence that would shape nearly every aspect of the work.

The year required a level of steadiness, flexibility, and emotional endurance that often felt strikingly similar to what clinicians experience when sitting with clients in profound distress.

As I reflect on this period, I am reminded that leadership is not separate from clinical practice; it is an extension of it. Mental health clinicians lead every day, whether or not they hold formal titles or positions. We lead when we guide clients through trauma, when we supervise trainees, when we advocate for community resources, and when we shape the culture of our clinics, group practices, and organizations. The lessons I learned this year are deeply relevant to the therapeutic work we do. They speak to how we show up, how we make decisions, and how we sustain ourselves in the face of uncertainty.

## Guiding Values in Leadership

In turbulent times, values function much like a treatment plan: they provide orientation when the path forward is unclear. For me, feminist principles and values serve as a compass. These principles are not abstract ideals; they are practical tools that help me navigate complexity with integrity and compassion.

### 1. The Personal Is Political

Clinicians understand that individual distress is often rooted in systemic inequities. We see how racism, sexism, poverty, ableism, and other structural forces shape mental health and health disparities. Leadership requires naming these forces and working to shift them within organizations, communities, and society. When we acknowledge the systemic dimensions of suffering, we validate our clients' lived experiences and strengthen our advocacy. This stance also reminds us that psychological work is inseparable from social context.

### 2. Empowerment

Empowerment is central to therapeutic change and equally central to leadership. Empowerment does not mean giving people power; it means creating conditions where their inherent agency can flourish. In clinical work, this may involve supporting clients in reclaiming their lives. In leadership, it means fostering environments where colleagues feel safe to voice concerns, innovate, and participate meaningfully in decision-

making. Empowerment is a relational process that strengthens both individuals and systems.

### 3. Intersectionality

Clients and colleagues carry multiple identity dimensions that intersect in ways that shape their experiences of privilege and oppression. Effective leadership requires honoring these complexities rather than flattening them. Intersectionality, a term coined by Crenshaw (1989), highlights how overlapping marginalized identities compound the impact of systemic and structural oppressions. Applying an intersectional lens helps us design policies, interventions, and relationships that are responsive rather than reactive. It also reminds us that no single narrative captures the full truth of a person's experience.

### 4. Collaboration and Co-creation

Therapeutic change is relational, and so is organizational change. Collaborative leadership mirrors the therapeutic alliance: shared goals, shared understanding, and shared responsibility. The lived experiences of systems are co-created by those who participate in it. When people feel included and valued, they are more willing to engage in problem solving and more resilient in the face of stress. This collaborative and inclusive approach is especially important in times of uncertainty, when top-down directives can inadvertently heighten anxiety.

### 5. Reflexivity and Self-Awareness

Clinicians are trained to examine their impact and biases on the therapeutic process, as well as their intersectional identities and social positionalities. Leadership requires the same discipline. Reflexivity protects against biases and blind spots and fosters cultural humility. Throughout the year, I had to confront my own assumptions, limitations, and areas for growth. This was not always comfortable, but it was essential. Reflexivity is a commitment to ethical practice and accountability.

### 6. Power Analysis and Boundaries

Similar to clinicians maintaining boundaries as an ethical practice with clients, leaders must understand how power operates and how to use it ethically. Boundaries are not rigid walls; they are structures that keep relationships safe. Leadership requires clarity about roles, responsibilities, and limits. It also requires awareness of how our decisions impact others, especially those with less institutional power or influence. Ethical use of power is foundational to trust.

### 7. Ethical Practice and Accountability

In turbulent times, ethical clarity becomes a stabilizing force. Integrity, inclusiveness, and accountability must guide every decision. When we lead with ethics, we model the very principles that build our therapeutic relationships with clients—honesty, responsibility, and compassion. Transformative femi-

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nist leadership (Wakefield, 2017) reminds us that both therapy and leadership are opportunities to challenge inequities and cultivate healing spaces. This framework shaped my decisions throughout the year and continues to inform my clinical work.

### Communication as a Core Practice

One of the clearest lessons of this past year was that silence breeds anxiety. Clinicians know this intuitively. When clients lack information, they fill the gaps with fear, assumptions, stereotypes, or worst-case scenarios. The same dynamic plays out in organizations. Transparent and regular communication became one of the most effective tools I had. For clinicians in leadership roles, communication means:

- naming uncertainty rather than avoiding it
- offering continuous updates even when outcomes are still evolving
- modeling emotional regulation and clarity
- inviting discussion rather than issuing directives

Just as clients rely on our steadiness, teams rely on our communication to feel anchored. In turbulent times, communication is not simply an administrative task; it is a clinical intervention.

### Health and Self-Care Through Brain Science

The science of brain health underscores a truth clinicians know well: we are the instrument of our work. Our cognitive, emotional, physical, and relational capacities are central to effective practice. This past year demanded that I attend to my own health and well-being with greater intentionality. I did not do this perfectly. There were moments when I felt depleted or on the edge of burnout, and I had to pause, acknowledge it, and recalibrate.

Early in the year, I explored how best to care for my body and mind. I was drawn to Dr. Sanjay Gupta's *Keep Sharp: Build a Better Brain at Any Age* (2021), which emphasizes the deep connection between the heart and the brain. Gupta argues that "it all begins with your brain... Once your brain is running clearly and smoothly, everything else follows" (p. 7). This perspective reframed my understanding of self-care: tending to the mind is foundational to tending to the body.

Dr. Duke Han, a clinical neuroscientist at the University of Southern California and member of the Global Council on Brain Health, referred me to the work of the Global Council on Brain Health, which synthesizes the latest research from leading scientists, clinicians, and policy experts. Their guidance, developed in association with AARP, identifies six pillars of brain health that apply directly to clinicians:

1. **Be social.** Maintain meaningful connections with family, friends, and community.
2. **Engage your brain.** Stimulate your mind through learning and cognitive challenges.
3. **Manage stress.** Reduce and cope with stress to support cognitive functioning.

4. **Exercise regularly.** Movement and physical activity benefit the brain at any age.
5. **Prioritize restorative sleep.** Quality sleep is essential for optimal brain function.
6. **Eat healthfully.** A more plant-based, less processed diet supports brain health.

Self-care is not a luxury; it is a clinical responsibility. Burnout compromises judgment, empathy, and presence. Ensuring our own health and well-being is part of ethical practice.

### Practical Tips for Clinicians

- **Anchor decisions in values.** When uncertainty arises, return to your guiding principles.
- **Communicate often.** Err on the side of more updates with clients, colleagues, and teams.
- **Track your own health.** Monitor sleep, diet, exercise, and stress. Your well-being shapes your clinical effectiveness.
- **Leverage relationships and community.** Seek social connection and professional networks to buffer against isolation.
- **Adapt culturally.** Understand and tailor resilience-building strategies to the cultural strengths and contexts of each client and community.

### Conclusion

Leadership in turbulent times is not about having all the answers. It is about showing up with integrity, grounding decisions in our principles and values, and sustaining ourselves so we can continue the work we are called to do. For psychologists and mental health professionals, these lessons resonate deeply. We lead in therapy rooms, in communities, and across the profession. We guide clients through trauma, advocate for equity, and model resilience.

Leadership is not a title; it is a clinical act. And in times of turbulence, that act becomes not only an expression of individual care—it becomes an act of collective care. ▲

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References are available on the LACPA Website [www.lacpa.org](http://www.lacpa.org).