

APTC Bulletin: Practicum Education & Training (PET)

A Publication of the
Association of Psychology Training Clinics

www.aptc.org

The Association of Psychology Training Clinics (APTC) is a professional organization for directors of doctoral-level psychology training clinics and interested associates and affiliates. The organization is affiliated with the American Psychological Association (APA).

APTC has established a multipurpose mission and specifically seeks to:

- *promote high standards of professional psychology training and practice in psychology training clinics;*
- *facilitate the exchange of information and resources among psychology training clinics that provide doctoral-level practicum training in professional psychology; and*
- *interface with related professional groups and organizations to further the goals of APTC, including influencing the establishment of standards and guidelines on service delivery and training of future psychologists.*



CURRENT OFFICERS

President

Heidi Zetzer, Ph.D.

University of California, Santa Barbara
Hosford Counseling &
Psychological Services Clinic
1151 Education Bldg
Santa Barbara, California 93106-9490
hzetzer@education.ucsb.edu



Secretary

Karen Saules, Ph.D.

Eastern Michigan University
611 W. Cross Street
Ypsilanti, Michigan 48197
ksaules@emich.edu



President-Elect

Leticia Flores, PhD

University of Tennessee
UT Conference Center 600 Henley
Street
Suite 208
Knoxville, Tennessee 37996
lyflores3@utk.edu



Treasurer

Scott Gustafson, Ph.D., ABPP

University of Mississippi
G382 Kinard Hall
University, Mississippi 38677
sagustaf@olemiss.edu



Past President

Karen Fondacaro, Ph.D.

University of Vermont
Behavior Therapy and
Psychotherapy Center
Department of Psychology,
University of Vermont
Burlington, Vermont 05405
karen.fondacaro@uvm.edu



Member-At-Large

Saneya Tawfik, Ph.D.

University of Miami
5665 Ponce de Leon Blvd.
2nd Floor, #215
Coral Gables, Florida 33146-0726
stawfik@miami.edu



President Emeritus

Robert Hatcher, Ph.D.

Graduate Center -
City University of New York
365 Fifth Avenue, Room 6422
New York, New York 10016-4309
rhatcher@gc.cuny.edu



Member-At-Large

Jennifer Schwartz, Ph.D.

Drexel University
3141 Chestnut Street Stratton Hall
Philadelphia, Pennsylvania 19104
jls636@drexel.edu



Early Career Member-At-Large

Danielle Keenan-Miller, Ph.D.

Psychology Clinic, UCLA
2191 Franz Hall, Box 951563
Los Angeles, California 90095-1563
danikm@psych.ucla.edu



DIVERSITY STATEMENT

The Association of Psychology Training Clinics is dedicated to furthering cultural awareness, competency, and humility through supportive learning opportunities and environments. We are committed to engaging in training activities which increase an understanding of individual and cultural diversity, and focus on the inter-play between contextual factors and intersectionality among all people. We respect and celebrate awareness, appreciation, and sensitivity toward all and encourage an appreciation of how political, economic, and societal influences affect individuals' behaviors, particularly those from disadvantaged and marginalized groups.



STANDING COMMITTEES

Membership & Resources - Chair: Karen Saules (ksaules@emich.edu)

Collaboration & Liaison - Chair: Leticia Flores (lyflores3@utk.edu)

Programs & Conferences - Chair: Mike Taylor (mjtaylor@sciences.sdsu.edu),

Publications & Public Relations – Chair: Phyllis Terry Friedman (phyllis.friedman@health.slu.edu)

New Directors/Mentoring - Chair: Mary Beth Heller (mheller@vcu.edu)

Research - Chair: Danielle Keenan-Miller (danikm@psych.ucla.edu)

Diversity – Co-Chairs: Randy Cox (coxrj@unt.edu) & Saneya Tawfik (stawfik@miami.edu)

Awards & Recognition - Chair: Jen Schwartz (jls636@drexel.edu)

Professional Competencies & Practicum Training- Chair: Bob Hatcher (rhatcher@gc.cuny.edu)

By-Laws & Documents – Chair: Rob Heffer (rob-heffer@tamu.edu)

Supervision - Chair: Stephanie Graham (srgraham2@wisc.edu)

Council of Past Presidents - Chair: Tony Cellucci (CELLUCCIA@ecu.edu)

International Committee Co-Chairs: Heidi Zetzer (hzetzer@education.ucsb.edu) & Judy Hyde (judy.hyde@outlook.com)

COUNCIL OF PAST PRESIDENTS

The Council of Past Presidents (COPP) is comprised of previous APTC presidents who are currently members of APTC. COPP members serve as advisors to the current president and president-elect

Tony Cellucci
Bob Hatcher (Emeritus)
Lee Cooper
Phyllis Terry Friedman
Rob Heffer
Erica Wise
Eric Sauer
Colleen Byrne
Karen Fondacaro



WORKING GROUPS

Survey Work Group–Chair: Jim Whelan

Technology Work Group- Chair: Leticia Flores (lyflores3@utk.edu)

CONTENTS

PRESIDENT’S COLUMN

Creativity 5

A LOOK BACK

APTC - Over Four Decades 7

COLLECTIVE WISDOM: ETHICS CORNER

Trainee Value Conflict 8

Director’s Toolkit 9

A Multi-Level, Multi-Role Experiential Learning Session: Enhancing Engagement in the Complex Task of Assessing Suicide Risk in a Training Clinic

2019 APTC Clinic Innovations Awards..... 11

Noelle Lefforge - University of Nevada, Las Vegas
Bill Salton - Yeshiva University

Collaborative Clinic Research 13

Measuring the Impact of Assessment on Client Understanding & Empowerment

APTC Celebrates: Manuscript Acceptances..... 14



PRESIDENT'S COLUMN



Phyllis Terry Friedman & Heidi Zetzer
APTIC Conference Charleston, SC
March 2019

Phyllis was recognized for her contributions as President of APTC (2003-2005) and Editor of the APTC Newsletter from 2001-2003 & 2005-2019.

Message from the APTC President Heidi A. Zetzer, Ph.D.

Creativity

cre·a·tiv·i·ty

/, kr ēā' t i vədē/

“Creativity¹ is the act of turning new and imaginative ideas into reality. Creativity is characterized by the ability to perceive the world in new ways, to find hidden patterns, to make connections between seemingly unrelated phenomena, and to generate solutions. Creativity involves two processes: thinking, then producing.”

Creativity that centers on thinking, then producing, is what being a psychology training clinic director is all about. It takes creativity to design, build, implement, maintain, renovate, and then reflect on the myriad of projects that training clinic directors are assigned to do or dream up themselves. It was creativity that prompted a small group of psychology training clinic directors to form the Association of Directors of Psychology Training Clinics (ADPTC), now known as APTC in 1978! Mary Alice Conroy spoke about APTC's beginnings at as part of APTC's 2019 Spring Conference Welcome and Rob Heffer crafted a poster on the two phases of our association's life, 1978-1998 and then 1999-2019. The organization started as 11 or 12 directors in 1978, then increased to 30 in 1979 and has grown to 203 members in 2019. Wow!

Creativity was in evidence throughout our Spring Conference held in Charleston, South Carolina March 21-24, 2019. The theme of the conference was Integrating Research & Practice in Psychology Training Clinics. Our keynote speaker was Dr. Phillip Kendall, ABPP, who offered a presentation entitled, “Flexibility and Fidelity: Integrating Research and Practice.” Dr. Kendall inspired participants to integrate research into training clinics even more fully, and conference presenters shared captivating examples of how they do just that. There were posters and presentations on Practice-Oriented Research, Routine Outcome Monitoring, practice networks, clinic research infrastructures, telemental health, measuring outcomes, ethics, supervision, service learning, and social justice. Those who missed the conference are encouraged to visit <http://www.aptc.org> and check out the presentations posted there.

A real stand-out was Dani Keenan-Miller's presentation, brought to us by the talented efforts of the APTC Research Committee, called “What We Do and How We Do It: Results of the APTC Survey.” The results are an invaluable resource for all training clinic directors and include information on clinic size, director positions, salary averages, sources of funding, electronic record keeping systems, and video-recording, as well as communities served and mean income. (This presentation is also on our website.)

The 2019 Awards were presented at the Spring Conference. The Jean Spruill Achievement Award is the highest award for an individual member of this organization, the purpose is to honor a member who demonstrates longstanding and active involvement in APTC, commitment to excellence in training, and dedication to innovative and best practices in doctoral training clinics.

The 2019 Jean Spruill Award recipients²:

Dr. Randall Cox has made being a clinic director his life's work. He got started on the job in 1997 before the 2002 Competencies Conference, before any empirical research on supervision in training clinics, and well before routine outcome monitoring. He integrated all of these elements into the clinic at University of North Texas right away. He now runs one of the largest training clinics in the country which houses an active and impressive research program. Randy has made innumerable contributions to APTC, APA, and our field. He has been recognized for Outstanding Contributions to the Advancement of Disability Issues by APA, served as the Individual and Cultural Diversity Representative on the Committee on Accreditation during the revision of the Standards of Accreditation and has co-chaired the APTC Diversity Committee.

Dr. William Rae, recently retired Director of the Counseling and Assessment Center within the Educational and School Psychology Department at Texas A&M University, received the Jean Spruill award for his long-standing service training students in pediatric psychology and over 20 years of service to APTC. As an early member of the original cadre of training clinic directors, he joined APTC founders in promoting the organization and supporting its mission within the psychology community. He was always one of the first to help at conferences where he shared his infectious humor and frequent insights. When there was a need to fill the role of treasurer, Bill stepped up and then continued in this role for two more election cycles (2009-2016). He was awarded the Lee Salk Distinguished Service Award by the APA Pediatric Division (54) and was elected as an APA fellow. He has been an exemplary clinic director and a valued contributor to our shared APTC history and mission.

Two Clinic Innovations Awards were also presented:

The Clinic Innovations Award-Training: *UNLV- The PRACTICE*, under the direction of Michelle Paul and co-direction of Noelle Lefforge. This award goes to an APTC Training Clinic in which one or more individuals affiliated with the clinic have provided the leadership for a specific innovation that is notable for its creativity and impact in how we train/teach our students. The APTC Clinic Innovations Award includes a \$500 grant to the training clinic. |

Clinic Innovations Award-Social Justice: *The Parnes Clinic of the Ferkauf Graduate School of Psychology*, under the direction of Dr. William Salton. The award is bestowed upon an APTC Training Clinic in which one or more individuals affiliated with the clinic have provided the leadership for a specific innovation that is notable for its contribution to social justice. This APTC Clinic Innovations Award also includes a \$500 grant to the training clinic.

Training Clinics are in a constant state of evolution as standards, competencies, organizations, and technologies change. APTC is evolving too and there is much news to share:

- We continue to reshape the APTC Bulletin and are grateful to Saneya Tawfik and Karen White for serving as Interim Editors for two editions of the Bulletin while the Publications and Public Relations Working Group creates a formal position and recruits an editor.
- The Website Working Group is collaborating with our webmaster and renovating the APTC website in order to increase its utility and give it a modern look.
- The Program Committee is designing the 2020 APTC Annual Meeting, which is scheduled 3/26/20-3/29/20 in Albuquerque, New Mexico. The conference theme is Diversity & Social Justice and a call for proposals will go out in the fall, 2019.
- Finally, if you are attending the 2019 Annual Meeting of the American Psychological Association in Chicago, be sure to attend the APTC Social on Saturday, 8/10/2019 from 5:00-6:50 p.m. in the Biology Room of the Marriott Marquis Chicago Hotel or breakfast on Sunday, location and time to be announced.

The Association of Psychology Training Clinics is filled with creative people who, “find hidden patterns, to make connections between seemingly unrelated phenomena, and to generate solutions.” Please use your creativity to join us for breakfast and/or the social at the APA Convention or better yet, to meet up with your colleagues at our Spring 2020 Conference in Albuquerque, New Mexico.

¹ <https://www.creativityatwork.com/2014/02/17/what-is-creativity/>

² Parts of these descriptions were excerpted from nomination letters.

APTC - OVER FOUR DECADES

Mary Alice Conroy

Sam Houston State University, Huntsville, TX

According to current lore, APTC (previously called the Association of Directors of Psychology Training Clinics—ADPTC) began with a chat at the APA Convention in 1978. Whether this occurred in a conference room or in a bar remains unclear. However, following that event, a small group of training clinic directors (most likely inspired and led by Jean Spruill of the University of Alabama) began meeting regularly at conferences. The group drafted some preliminary bylaws. An annual newsletter was created—actually sent out in print version to an early mailing list. Almost sounds like it was written on stone tablets. Annual dues were a mere \$15.00. However, over the first twenty years, the organization had two major problems: 1) lack of funding and 2) the unfortunately low status of clinic directors.

In 1999 came a revitalization effort in the form of the infamous “Chicago 12.” This group held a mid-winter meeting in Chicago. And, yes, there was a blizzard. Attendees included Jean Spruill, Bob Hatcher, Brian Lewis, Lee Cooper, Phyllis Terry Friedman, Carol Yoken, Manny Gerton, Tony Cellucci, John Flores-Tostado, Bobbi Vollmer, Rob Heffer, and Mary Alice Conroy. In Chicago, we could all fit around one table at a restaurant. And some of us still remain in a cohort of what is now well over 200 clinics.

Efforts were made to raise the profile of the organization and clinic directors nationally. This included reaching out to groups such as CCTC, ACCTA, APPIC, and CUDCP. We were generally welcomed and now have liaisons with these and other important councils. Both dues and membership rose quickly, improving our financial situation. Over the following years there were a number of special accomplishments initiated by clinic directors. Starting with Bob Hatcher and Kim Lassiter, APTC made major contributions to the competency movement—now the norm in clinical training. A research network was formed and has flourished. The APTC website is an ever expanding treasure trove of resources for the training community. It includes manuals from clinics across the country, a set of guidelines that is regularly revised, results of national surveys, and the latest news about up-coming events. Members often rave about the great advice and support they receive via the very active listserv. And in recent years, the organization has broadened diversity by reaching out internationally.

Training clinics have distinguished themselves by developing unique specialty programs. These include programs for immigrants and refugees, services for veterans, treatment for addictions, trauma services, telepsychology, and services for the courts. This is to name just a few.

APTC has grown numerically, yet it remains a very personal organization. Members have provided support for each other through the tragedy at Virginia Tech, Hurricane Harvey, the California Wildfires, and the Las Vegas shootings. It will be exciting to see where the organization goes over the next decade.



**Picture time...Wrangling celebratory balloons and some of the founding members of APTC:
Lee Cooper, Phyllis Terry Friedman, Tony Celucci and Rob Heffer (L to R)**

Trainee Value Conflict

Jennifer Schwartz & Erica Wise

Drexel University and University of North Carolina, Chapel Hill

You are conducting your first supervision session with a brand new trainee. A portion of this “get to know you” meeting is spent discussing the trainee’s identity, training thus far, and questions and concerns related to clinical work. You ask the trainee, “Are there any patient populations you would find difficult to work with?” The new trainee says, “I don’t think I could work with a Trump supporter.” Upon probing, the trainee acknowledges that they were “half-kidding and half-serious.” The trainee is adamant that there are many issues that plague our society and that it would be “just about impossible” for them to sit in a room with someone who didn’t understand the importance of those issues or who “even worse,” voted for someone whose policies would undermine the path toward fixing those issues. They could be okay with working with such a person if they were willing to change and if their political leanings were identified as targets of treatment.

Before reading the rest of this article pause for a few minutes and consider these questions:

1. How would you react internally to this discussion?
2. What would you do?
3. Can you ethically assign this trainee a first case at this time? Whatever your response, how would you enact it? Is it feasible to screen clients for their political beliefs before assigning them to a trainee? If you believe it is feasible would you do it (why or why not)?

There has been substantial attention in recent years devoted to working with trainees who identify as conservatively religious and experience values conflict working with an LGBTQ client. Although the issues in those situations differ to some extent in that political values or beliefs are not accorded the same protection as religious values and beliefs, there are clear ethical parallels to consider. In all clinical work the primary obligation is to the client and to the training of psychologists who can provide effective care to a diverse population. See link below for BEA resources on preparing psychologists to serve a diverse population: <https://www.apa.org/ed/graduate/diversity-preparation>

As supervisors we are mandated to delegate work to trainees when we can expect them to be competent (see Ethical Standard 2.05). Further, we must always do our best to avoid harm (see Ethical Standard 3.04). We might let the trainee know that we appreciate their honesty since it allows us the opportunity to discuss their position before assigning a client. This would be an excellent opportunity to discuss with the trainee their ethical obligations as a psychologist including the principles of beneficence and nonmaleficence, justice, and respect for people’s rights and dignity as well as the standards of unfair discrimination (Standard 3.01) and informed consent (standard 3.10; is this what the client wants as a treatment target?)

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Retrieved from <https://www.apa.org/ethics/code/ethics-code-2017.pdf>



A Multi-Level, Multi-Role Experiential Learning Session: Enhancing Engagement in the Complex Task of Assessing Suicide Risk in a Training Clinic

Karen J. White, Ph.D.
Northern Illinois University

Casual conversations at APTC conferences reveal heightened concerns among clinic directors about the severity of pathology and significant risk for suicide among clients in training clinics and university counseling centers. Clinic directors are often engaged in a balancing act of meeting training needs of students and providing service to the community. We sometimes find ourselves in a situation in which our trainees require rather advanced “in-the-trenches” skills to respond to the needs of their clients. Understandably, clinical psychology graduate students experience rather high levels of anxiety when faced with the challenge of implementing “in the room” skills of assessing suicide risk. As clinic directors and supervisors, we recognize how anxiety can get in the way of learning how to handle situations that are inherently anxiety-provoking.

As may be the case with many clinical psychology programs, the NIU clinical graduate students are exposed to basic information about suicide risk assessment in an ethics class, but focus more on the legal and ethical dilemmas inherent in the prediction and prevention of risk to self and others. There is some attention to suicide risk in courses on psychopathology (i.e., coverage of depression, borderline personality disorder). The more focused and applied training on suicide risk assessment happens in two places: 1) the beginning therapy and interview skills class taught by the clinic director (a 1-credit semester-long class); and 2) in the training clinic with real clients. Because our clinic has a sub-specialty in trauma-related cases, our clients often have complicated histories that make risk issues very likely.

In an effort to respond to the clinical needs of our clients and the training goals of our students, the NIU Psychological Services Center embarked on an experiential learning exercise in suicide risk assessment skills. In the spirit of using what we know about managing anxiety, an exposure-based approach to teaching risk assessment skills was used. The training experience utilized several modes of teaching:

- role play and modeling (by novice, experienced, and expert clinicians)
- observation (employing several different kinds of prompts)
- opportunities for students and supervisors to move in and out of roles
- post-role play discussions to share experiences and observations

After brief consultation with supervisors and advanced students, here's how the training plan was introduced to student clinicians and PSC supervisors. In advance of our regular PSC Friday staff meeting, student clinicians and faculty supervisors were emailed a description of the plan for an “in vivo” training experience. They were asked to re-read a chapter on risk assessment (previously assigned in the beginning therapy skills class; Sommers-Flanagan & Sommers-Flanagan, 2017) and the Clinical Risk Situations section of the PSC manual. Students were also encouraged to view professionally produced risk assessment videos available in the clinic.

The activities and materials for the 90-minute meeting included the following:

- The whole group (about 20 students, 4 supervisors) watched a short role-play of suicide risk assessment available on YouTube by Dr. Todd Grande - - <https://www.youtube.com/watch?v=0XEKRJeB5I>
- Each supervision team member was assigned a role:
 - For advanced students and faculty supervisors: clinician, “back-up” clinician, client
 - For beginner-level students: observer of clinician, observer of client
 - Note. The goal was to facilitate engagement so that participants could “observe themselves” making focused observations, jump in as “back-up” clinician to support a colleague, pay attention to nonverbal cues in clients while also listening to the content of their verbalizations.
- Each observer was given:
 - note cards and pencils. Some note cards had specific cues for the type of observations to be made (e.g., At what point would you ask for help from a supervisor? What questions would you like the clinician to ask and at what point in the interaction? What do you think your colleague needs as they interview this client? What is the client communicating without actually saying it?)

- copy of the PSC's Safety/Coping Plan form
 - Some observers were instructed to make notes on the safety plan form of information offered spontaneously by the client that provided the clinician with important information such as:
 - types and accessibility of social support
 - helpful/pleasant activities that could be labeled as coping strategies already possessed by the client.
 - Observers were reminded to note client-presented information that points to "reasons for living" (e.g., wants to graduate, wants to have a child, does not want child or significant other to be left alone or to feel guilty, religious/spiritual beliefs).

After the role plays (about 30 minutes), the entire group gathered again to assess what was learned and what would be helpful in the future training activities. Some key discussion questions emphasized by faculty supervisors included:

- What information shared by the client cued you to think about actuarial data regarding risk (e.g., recent loss, serious substance abuse, diagnosed with very serious/terminal illness, possesses potentially lethal drugs, possesses a gun)?
- How did clinicians work to understand the client's state of mind? How do you go beyond asking clients to "rate intent" on a 10-point scale?
- How can an understanding of coping skills and social support be used to engage the client in collaboration with the clinician?
- What did you do to manage your own anxiety and use your subjective experience to guide your thinking?

Some post-training comments from students:

- *I didn't like it that faculty were involved in the role-play; it made me too anxious.*
- *I thought it was really good to involve faculty in the role plays and to be observed. It made me anxious in a very real sense, and it helped me experience and think through how to manage my own anxiety in a situation where it was imperative to think clearly and focus on the client.*
- *I liked having a "buddy" in the room to fill in when I felt lost about what to say or do next.*
- *It's helpful to have moments when actors "came out of role" to guide other students or to explain something about the client's verbalizations that should be explored further.*
- *It was great to have more advanced students step in to help "in the moment". I liked having a "tag team".*
- *I found out that some of the faculty are pretty good actors!*

Faculty supervisors disclosed to students that they pay attention to when their "palms begin to sweat". We talked about how to use our own subjective experience as "signals" to use a different lines of questioning, a shift to active listening mode only, and ask the next logical question, even if it makes us uncomfortable. We emphasized the importance of consultation with colleagues and the value of social support for clinicians, at all levels of experience. Some students seemed reassured by discussion of clinician subjective experience as an important source of information. Others seemed a bit unnerved. We emphasized the value of using lots of video and text resources to develop a "cognitive map" of their knowledge about suicide risk. Most students felt supported by the structure of the experience, although some seemed to want an "anxiety free" experience. Nearly all students seemed to feel it was a valuable learning opportunity.

This training exercise has been implemented twice now in the past 18-24 months, allowing students who were "beginners" in the first exercise to experience being more seasoned clinicians who can now support and guide less advanced students. It was instructive for supervisors to get a sense of student skill level and needs for further instruction. We plan to repeat the training exercise and build in some pre-post measures to evaluate our process and progress.

Relevant references:

Cramer, R.J., Johnson, S.M., McLaughlin, J., Rausch, E. J., & Conroy, M. A. (2013). Suicide Risk Assessment Training for Psychology doctoral program: Core Competencies and a framework for training, *Training and education in Professional Psychology*, 7 (1), 1-11.

Mackelprang, J.L., Karle, J., Reihl, K.M. & Cash, R. E. (2014) Suicide intervention skills: Graduate training and exposure to suicide among Psychology trainees, *Training and Education in Professional Psychology*, 8(2), 136-142.

Sommers-Flanagan, R. & Sommers-Flanagan, J. (2017). *Clinical interviewing* (6th edition). Hoboken, NJ: Wiley.

2019 APTC Clinic Innovations Awards

Saneya H. Tawfik and Karen White invited Noelle Lefforge and Bill Salton to have lunch so they could share with everyone the creative endeavors launched in their training clinics. The interview required a lunch time “field trip” in Charleston. We headed down King Street, took a left on Wentworth and found ourselves heading into the rooftop restaurant, Eleve at the Grand Bohemian Hotel.

Noelle Lefforge- University of Nevada, Las Vegas

If you're a kid in rural Nevada, and you've got problems, who can you talk to? What are your options? In many cases, you are hundreds of miles away from a trained mental health professional. Luckily, some school-aged kids have the opportunity to “meet” via telemental health with graduate student therapists under the direction of clinical supervisors at the University of Nevada- Las Vegas (UNLV)'s The PRACTICE. We want to showcase UNLV's The PRACTICE, one of our recipients of the 2019 APTC Clinic Innovations Awards.

The PRACTICE developed a partnership from Community in Schools (CIS) Nevada, a national dropout prevention program founded by Elaine Wynn. Not surprisingly, mental and behavioral concerns can be an obstacle for school completion, hence the partnership developed.

Students ages 9 to 15 years (Grades 5 -12) are provided emotional support and psychotherapy services by UNLV clinical psychology, clinical mental health counseling, and school psychology grad students. Noelle explained that most of the children and adolescents come from communities wracked by poverty and difficult home lives that include parents working multiple jobs, facing incarceration, or struggling with substance abuse. Sadly, the most frequent presenting problem is suicidal ideation. Imagine that. How critical is it for kids to have a safe predictable school environment? For many of their young clients, the UNLV grad students are a literal lifeline. One of the schools that is partnered with the UNLV clinic is in Elko, Nevada, directly north of Las Vegas, 422 miles away.

We asked Noelle about logistics and risk management issues. Although one of the biggest challenges is lack of trust in the small towns, CIS helps refer students within the community. Noelle explained that CIS helps their program get release and consent forms from parents. Therapists are then set up in therapy rooms equipped with the technology to make the HIPAA-compliant connection. Most supervisors at the UNLV clinic are on board with the program, but it has taken additional training and a willingness to step out of their comfort zones and “reach through the screen”. The program has been active for 7 years, since 2012 when The PRACTICE opened. The young clients are set up in rooms in their schools or in trailers on the school grounds. There are connections with school counselors and teachers who are available by phone should an emergency arise (e.g., child becomes agitated, wants to leave the session unexpectedly, or exhibits substantial suicidality). Noelle explained that the key

to making such a service work for the kids is to help her grad students learn how to translate “in the room” skills of relationship-building and trust “through the screen”. Given the wide age range of students served, the student therapists have learned how to connect by playing games with (e.g., Mad Libs for kids, Tic Tac Toe, “Heads Up”/Charades, origami).

So, what does it take for kids in rural Nevada to get someone to help sort out all the challenges they face with access to few resources? You need a place like The PRACTICE to think and act with creativity and have the gumption to pursue resources made possible by generous people who are looking to help communities in need.



The PRACTICE: A UNLV Community Mental Health Training Clinic Staff
Noelle Lefforge, Asst Director. Michelle G. Paul, Assoc. Director (far right)

Bill Salton- Yeshiva University

How can a clinic in the Bronx that offers services to the underserved and charges an average fee of \$5-\$10 per session end up with \$1.7 million dollars? Well, that's exactly what happened to Bill Salton, Ph.D., one of the recipients of the 2019 APTC Clinic Innovations Awards.

Bill has been Director of the Parnes Clinic of the Ferkauf Graduate School of Psychology at Yeshiva University for the past 12 years. His story will show you how perseverance can fund a full clinic upgrade at minimal cost to the University. During our interview, Bill explained to us that the Parnes Clinic was never intended to be a money-maker for Yeshiva. However, when Bill learned that his clinic was slated to get an upgrade and was to be relocated, the University, which was in financial straits, challenged him to raise funds to help make this happen. He accepted the challenge.

Although not sure at first where to go for the funds, Bill's driving force was his strong belief in the services his clinic offered. The Parnes Clinic, a community clinic in the Bronx, serves people from all over the world. In fact, Bill lovingly describes his waiting room as a "motley" version of the general assembly of the United Nations. As Bill states, the Bronx is "the poorest of New York City's 5 boroughs" and it has one of the highest prevalence of mental illness, substance abuse, medical conditions, and homelessness. His community clinic addresses all of these issues. The clinic provides psychological services for over 650 patients annually. They also have a "sub-clinic" that treats the emotional factors related to medical conditions, such as asthma and obesity. Recently, they also developed a program to help immigrants who are seeking political asylum, including helping advocate for them in court.

Who and how did Bill approach individuals to help fund his clinic? "I believe that the successful solicitation of funds in order to better serve our chronically underserved clientele is a true model of social justice, which enables the assurance that opportunities and resources are distributed evenly." Bill decided to meet his local politicians, since these politicians could be the "providers" of social justice and represented some of the "poorest and neediest" constituents who had no voice and could not afford



**William (Bill) Salton, Director:
Max & Celia Parnes Family Psychological Services Clinic**

mental health services. Bill, who described himself as a "successfully analyzed introvert," presented the Parnes Clinic to the Bronx Borough President, and his City and State Assemblymen and women. (He was even able to practice his "Jewish- influenced Spanish"). The result? After one year and a half of persistent hard work and "schmoozing", along with help from the University's Vice President for Government Relations, Bill ended up with a total of \$1.7 million dollars from his local politicians. Bill's ability to think "out of the box" gave his clinic and community something to be proud of. Although it was hard work, Bill believes that "every clinic director can raise money in this way by finding out who their local politicians are". Indeed, there is a need for social justice in every state.

Collaborative Clinic Research

Measuring the Impact of Assessment on Client Understanding & Empowerment

Danielle Keenan-Miller, Chair of APTC Research Committee

University of California - Los Angeles

There is an increasing focus on accountability in mental health care, including an emphasis on showing that clients demonstrate the desired outcomes. In therapy, these outcomes are typically measured using symptom change. However, little research has addressed how to measure outcomes for clients seeking psychological or psychoeducational assessment. This study piloted a measure of client understanding of their problems and empowerment to address their problems as markers of client outcomes in assessment. The 126 participants were adults seeking psychoeducational assessments at three training clinics, two of which use a standard approach to assessment (The Psychological Services Center at the University of Miami and the UCLA Psychology Clinic) and one of which employed a collaborative/therapeutic approach (the Argosy University Assessment and Intervention Clinic). At three points over the course of the assessment process and one follow-up approximately two to four weeks after the feedback session, participants completed a measure of their self-reported understanding of the difficulties that led to the assessment, understanding of the steps needed to address their difficulties, and level of empowerment to address those concerns. Statistical analyses using a repeated measures ANOVA indicated that participants reported a greater understanding of their difficulties and the steps needed to address those problems over the course of the assessment. Although participants reported an increase in empowerment to address their concerns between the intake and the final feedback session, there was a significant decrease in empowerment between the time of feedback and the follow-up two to four weeks later. The patterns of change across these three outcome measures did not differ based on the assessment approach used (traditional versus collaborative/therapeutic). Across the outcome measures, approximately half of participants reported some or much improvement (57% for understanding of difficulties, 47% for empowerment), but there were notable subgroups of participants who reported a decrease in understanding of difficulties (10%) or empowerment (17%) over the course of assessment. Future research should work to understand the factors that contribute to this variability in outcomes. This study highlights the overall impact of the psychoeducational assessment process on client's self-understanding and empowerment to address their presenting concerns. The measure tested in this study may be of use for clinic directors wishing to measure outcomes associated with psychoeducational assessment and to identify clients who may not be maximally benefiting from the assessment process.

Happening Now

“The Research Committee is currently 26 members strong. We last met in May to continue our work on developing a multi-site study open to any interested APTC clinics. Stay tuned for an upcoming survey of interested clinics to assess the feasibility of and interest in several research design possibilities. We are also working on compiling research-related resources that will be available through the new upcoming APTC website.”

APTC Member Celebrations: Recent Publications

- Aljabari R., Murrell, A.R., **Callahan, J.L.**, **Cox, R.J.**, & Lester, E.G. (2019). Do distress level and waitlists impact termination in a training clinic? *Training and Education in Professional Psychology*, 13(2), 127-137.
- Berdin, A. N. & **Saules, K. K.** (in press). Combined Use of Alcohol and the Internet: Associated Features. *Substance Use & Misuse*. DOI: <https://doi.org/10.1080/10826084.2019.1630440>.
- Carr, M.M., Schulte, E., **Saules, K. K.**, & Gearhardt, A. (2018). Measurement invariance of the Modified Yale Food Addiction Scale 2.0 across gender and racial groups. *Assessment*. doi: 10.1177/1073191118786576. [Epub ahead of print]
- Cruz, R., Peterson, A. P., **Fagan, C.**, Black, W., & **Cooper, L. D.** (2019, June 6). Evaluation of the Brief Adjustment Scale-6 (BASE-6): A measure of general psychological adjustment for measurement-based care. *Psychological Services*. Advance online publication. <http://dx.doi.org/10.1037/ser0000366>
- Danzi, B. A., **Tawfik, S. H.**, Ringle, V. A., & Saez-Flores, E. (2019). Enhancing profession-wide competencies in supervision and assessment: An evaluation of a peer mentorship approach. *Training and Education in Professional Psychology*. Advance online publication. <http://dx.doi.org/10.1037/tep0000256>
- Dexter, C. A., Johnson, A., Bowman, M., & **Barnett, D.** (2018). Using Kindergarten Language, Dialect Variation, and Child Behavior to Predict Second Grade Reading Ability in African American Children. *Reading Psychology* 39(8), 763-786.
- French, A.N., Yates, B.T., & **Fowles, T.R.** (2018). Cost-Effectiveness of Parent-Child Interaction Therapy in clinics versus homes: Client, provider, administrator, and overall perspectives. *Journal of Child and Family Studies*, 27, 3329-3344. <https://doi.org/10.1007/s10826-018-1159-4>
- Kilmer, E. D., Villarreal, C., Janis, B. M., **Callahan, J. L.**, Ruggero, C. J., Kilmer, J. N., Love, P. K., & Cox, R. J. (2019, February 25). Differential early termination is tied to client race/ethnicity status. *Practice Innovations*. Advance online publication. <http://dx.doi.org/10.1037/pri0000085>.
- Kuhn, T., Jin, Y., Huang, C., Kim, Y., Nir, T.M., Gullett, J.M., ... Thames, A.D. (2019). The joint effect of aging and HIV infection on microstructure of white matter bundles. *Human Brain Mapping*. Advance online publication. doi:10.1002/hbm.24708 (**Sayegh, P.**)
- Mayo, C., Scarapicchia, V., **Robinson, L.**, Gawryluk, J.R. (2018). Ethical Considerations in Neuropsychological Assessment of Traumatic Brain Injury. *Applied Neuropsychology: Adults*. Jan 9, 1-9. <https://www.tandfonline.com/eprint/uMXXGChszXTSvP4rNMZt/full?target=10.1080/23279095.2017.1416472>
- Richardson, P. A., Sala-Hamrick, K., Simon, V., & **Barnett, D.** (2019). Secure Base Representations among Inner-City Adolescents. *Journal of Child and Family Studies*, 28 (3),784-795.

- Tawfik, S. H.,** & Danzi, B. A. (2018). Generalized anxiety disorders (GAD). In E. Braaten (Ed.), *The SAGE encyclopedia of intellectual and developmental disorders*. CA: SAGE Publications, Inc.
- Tawfik, S. H.,** & Danzi, B. A. (2018). Obsessive compulsive disorder (OCD). In E. Braaten (Ed.), *The SAGE encyclopedia of intellectual and developmental disorders*. CA: SAGE Publications, Inc.
- Tawfik, S. H.,** & Hoffman, M.F. (2018). Fluid intelligence. In E. Braaten (Ed.), *The SAGE encyclopedia of intellectual and developmental disorders*. CA: SAGE Publications, Inc.
- Tomfohr-Madsen, L., **Madsen, J.W.,** Bonneville, D., Virani, S., Plourde, V., Barlow, K.M., . . . Brooks, B.L. (Epub). Treating sleep disruption in adolescents with persistent post-concussion symptoms: A pilot randomized clinical trial of cognitive-behavioural therapy for insomnia. *Journal of Head Trauma Rehabilitation*. doi:10.1097/HTR.0000000000000504
- Saules, K. K.,** Carr, M.M., & Herb, K. (2018). Overeating, overweight, and substance misuse: What's the connection? Invited manuscript for *Current Addiction Reports*, 5 (2), 232-242. DOI: 10.1007/s40429-018-0208-9.
- Saules, K. K.** & Herb, K. (in press). Sex and gender differences in compulsive overeating. In P. Cottone, G. Kook, V. Sabino, & C. Moore (Eds.) *Food Addiction and Compulsive Eating Behavior: Research Perspectives*. Elsevier.
- Sayegh, P.,** Moore, D.J., & Wheeler, P.F. (2018). HIV/AIDS in Later Life. In *Oxford Research Encyclopedia of Psychology*. Oxford University Press. doi:10.1093/acrefore/9780190236557.013.430
- Sayegh, P.,** & Piersol, C.V. (in press). Functional assessment in Latinos with dementia: Review of tools and cultural considerations. In Y.N. Tazeau, H.Y. Adames, & D. Gallagher-Thompson (Eds.), *Caring for Latinxs with dementia in a globalized world: Behavioral and psychosocial treatments*. New York: Springer Publishing Company.
- Sayegh, P.,** Suarez, P.A., & Funes, C.M. (2018). Dementia assessment in Latino Americans. In G. Yeo, L.A. Gerdner, & D. Gallagher-Thompson (Eds.), *Ethnicity and the dementias* (3rd ed., pp. 143-162). Milton, UK: Taylor & Francis Group.
- Sedov, I., **Madsen, J.W.,** Goodman, S.H., & Tomfohr-Madsen, L.M. (2019). Couples' treatment preferences for insomnia experienced during pregnancy. *Families, Systems, and Health*, 37, 46-55. doi:10.1037/fsh0000391
- Withers, M., **Sayegh, P.,** Rodriguez-Agudelo, Y., Ernstrom, K., Raman, R., Montoya, L., . . . Ringman, J.M. (2019). A mixed-methods study of cultural beliefs about dementia and genetic testing among Mexicans and Mexican-Americans at-risk for autosomal dominant Alzheimer's disease. *Journal of Genetic Counseling*. Advance online publication. doi:10.1002/jgc4.1133

APTC at APA:
Social Hour



Saturday, 8/10/2019

5:00 - 6:50 pm

in the **Biology Room**
of the

**Marriott Marquis
Chicago Hotel**

