ASSOCIATION OF DIRECTORS OF PSYCHOLOGY TRAINING CLINICS

adptc newsletter

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Erica Wise, President-Elect

ADPTC MIDYEAR MEETING: SANTA BARBARA MARCH 16-18

Newsletter Editors:
Phyllis Terry Friedman
Vic Pantesco

President's Column

We don't accomplish anything in this world alone ... and whatever happens is the result of the whole tapestry of one's life and all the weavings of individual threads from one to another that creates something. – Sandra Day O'Conner

I value being a thread in the ADPTC tapestry. I've been thinking about "connections" lately and the tapestry theme seems especially salient. As Judge O'Conner opined, our lives are a culmination of individual experiences. I assert that our lives also reflect the connections we have with others.

Some of us are intertwined through long-standing involvement in ADPTC; others are newer, valued additions to our tapestry: Jean Spruill, a founding member of ADPTC, retired; LaTrelle Jackson is new. Both have their own threads. Each ADPTC member contributes a thread and I urge you to create yours. Join a committee (see our website) - they are clearly focused on connections among people and ideas. Through our website with its great resources, our active listserv, our APA and mid-year meetings, and our renovated newsletter, ADPTC members can join with colleagues and their innovations to develop new patterns in our tapestry. This benefits not only local training clinics, but also the larger national community of trainers. ADPTC's neighborhood is expanding. It has established connections with APPIC, CCTC, and ACCTA and has made important contributions to APA entities such as CoA, BEA, and ELC. ADPTC thus enhances what these groups do and enriches what we do. Our basic mission guides the design and dimensions of ADPTC's evolution: (a) promote high standards of professional psychology training and practice, (b) facilitate the exchange of information and resources among psychology pre-doctoral practicum training clinics, and (c) interface with related professional groups and organizations to further the goals of ADPTC.

I aim to continue the fine tradition of leadership within ADPTC. Some specific goals include: (a) continuing the core features of ADPTC, especially support and advocacy for Clinic Directors, (b) expanding membership involvement in committee and leadership roles, (c) prioritizing

Rob Heffer is ADPTC's new president.

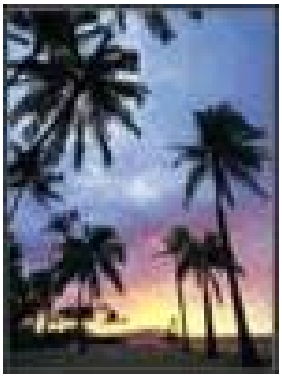
ADPTC's involvement and collaboration with other organizations, and (d) consolidating and updating documents (e.g., By-Laws, guidelines and competency documents, policies and procedures) that define and guide ADPTC

ADPTC is moving toward bolstering our mid-year meetings and redirecting our presence at the APA annual convention (e.g., more "mainstream" symposia, such as the *very* successful one in Washington, D.C.). Please come to the mid-year conference March 16-18, 2006 at the Hotel Mar Monte in Santa Barbara, California. An excellent tapestry for that meeting is already emerging. Please respond to requests you may get for participation.

Rob Heffer

Featured Director: Susanne Johnson Smith
ADPTC Hostess in Santa Barbara

In this column we profile Suzanne Johnson Smith, PhD., Director, Hosford Clinic at UCSB, our gracious hostess this coming March in Santa Barbara.



I grew up in Pennsylvania, got my undergrad degree at University of Pennsylvania and my PhD in Clinical Psychology at Temple University in Philadelphia. I then went on to do Internship and Post-doc at Massachusetts General Hospital in Boston. I worked as a private practitioner in both private practice and a hospital clinic settings, specializing in treating folks with eating disorders.

After a few years of this, my husband and I decided that a change in geography would be fun, and we relocated to Santa Barbara in August, 2004. I had planned on finding a clinic or similar situation in which to practice, but Santa Barbara is much smaller than Boston and such positions are scarce. My husband had gotten a faculty position at the Counseling, Clinical, and School Psychology program at UCSB, and it just so happened that they needed an interim Clinic Director. They offered me the position, which I gratefully accepted. It was meant to be a year-long position, but within the first few months they asked me to stay for a second year, which I agreed to. This is a non-ladder-faculty position, so my primary responsibilities include directing the clinic and teaching 5 courses a year. I also supervise some students.

Although this job has been wonderful in many ways -- I have wonderful colleagues and enjoy many of the students -- it is not where my heart is. I love practicing and have missed it. So I started a part time private practice last spring and will leave this position in the summer to pursue a full time practice in Santa Barbara.

One special perk of this job has been ADPTC. I have only been to one meeting -- last year's Mid-Year Meeting in Austin -- but so appreciated the support of the folks I met there. This has been a wonderful group to be a part of, and I will truly be sad to leave it. I'm glad to have the opportunity to give something back by hosting this year's Mid-Year Meeting in Santa Barbara.

ADPTC MIDYEAR MEETING: SANTA BARBARA MARCH 16-18

On the Job and in the Briar Patch:
Thorny Challenges for Directors

by Vic Pantesco

The "Thorn"

Campus-based training clinics, while mostly enjoying benefits to being attached to the department and institution, may suffer from some attitudinal "drift" into the clinic. What is that?

It relates to the developmental or maturational concerns we have for many students and their willingness or ability to embrace professionalism. Some particular attitudes and demeanor, common to roles as students, may drift into the very different real world professional setting of the clinic.

For example, these can evidence themselves as chronic lateness, inadequate attention to details (returning calls, proper notation of contacts, replenishing the copy paper), expectations that supervisors or director will let them know what's and when's as opposed to their keeping on top of requirements, or hallway talk about cases.

Caught in the Briar Patch

To Dull the Pain

One useful approach for us has been to load awareness about this into the orientation, and we use this frame: working here at the clinic is not an extension of school. It is on-the-job training, with real people, with real needs, with real risks, opportunities, and liabilities (I allow them to sense the director's nervousness about pathways of liability as highlighted for instance in National Register articles about supervisors at risk).

We take some time going over a list of possible student/ classroom attitude drifts that particularly reflect our local student culture. Some of our ADPTC listserve discussions about dress protocols have highlighted the usefulness of involving students in discussing their notions of professional dress. We do the same in these matters of on-the-job professionalism, including dress.

For example, what might they as a consumer expect in terms of timeliness and thoroughness in returning phone calls, or leaving appropriate messages for their colleagues about calls they fielded in the office? Or, how would an employer or administrator view leaving the job without notice to supervisors or colleagues – even just to go out for coffee (we have a Starbucks just down the street)? As you might surmise, when I use the words "on-the-job training" (which thankfully are required less as the year proceeds), having set it firmly in the initial frame makes its introduction and recognition much smoother, with typically desirable results. Not the least of such results is lower blood pressure for the director.

Note: "Thorns" are welcome for submitting to the Newsletter for consideration. We welcome also thorns successfully dulled by your strategies.

ADPTC Report on Accreditation Summit

By Tony Cellucci, Ph.D., ABPP

Tony represented ADPTC at the Accreditation Summit in Snow Bird, Utah in June of this year.

This is a brief report on the recent Inter-organizational Summit on the Structure of the Accrediting Body for Professional Psychology on June 24 and 25th. Summit participants represented 50 different organizations and their communities of interest. The goal was to create a smaller convener group which would produce a document regarding the structure and composition of CoA for the "field of organized psychology" to consider. We were asked to focus on structural models.

The initial breakout groups addressed various concerns and perceived difficulties with the current CoA structure as well as principles or criteria that any new structure should embrace. For example, resolving workloads to allow more time for policy considerations, and appropriate representations for communities of interest (i.e., increased representation for internships and specialty areas).

CoA now reviews about 220-250 sites a year, and currently there are 871 accredited programs (368 doctoral, 468 internships, and 35 post-doc sites). Each of four breakout groups presented at least three structural models describing their strengths and weaknesses There was some consensus about value features (e.g. use of review panels that reported to a decision-making body, inclusion of an assembly as a sort of council of liaisons, respect for various training models) but also differences in how seats might be assigned to the governing body. There were also models that both combined and separated internship and post doc panels.

The convener group presented a preliminary model incorporating many of the proposed features of the working groups. In this version, seven panels were recognized reflecting clinical training models, counseling, school/combined programs, internships, and post docs. Such panels would review certain programs but would have broad representation themselves.

Then the group examined this proposal. Consistent observations addressed: 1) reducing the size of the governing body, 2) adding a diversity seat under the public interest domain, 3) specifying a mechanism for the inclusion of new categories of programs, 4) a need to better specify the composition and function of the panels, 5) strengthening the relationship between panels and site visitors, and 6) elaborating on the functioning of the assembly.

While much had been accomplished, the convener group had considerably more work to do for elaborating the full proposal, including attending to specialties, fears about specifying training models in the panels, and specific groups not being represented on the board.

From my perspective, issues related to practicum training were well regarded, and our ADPTC group with its vanguard competencies document and salient expansion into more national forums is clearly respected.

The final proposed model will be posted for public comment at **http://www.psyaccreditationsummit.org**

I am thankful for the opportunity to represent ADPTC.

Tony Cellucci was ADPTC's representative to the CoA Summit and coordinates input to CoA from ADPTC.

CCTC Workgroup on Competencies

ADPTC Representative: Vic Pantesco

On March 4, 2004 as ADPTC's representative I participated in my first of several national conference calls with this work group. That group, chaired by Nadine Kaslow, has many folks who are prominent in matters of training and ethics. The March 4 conference for example had the following participants: Sherry Benton, Bev Thorn, Linda Forrest, Nancy Elman, Lisa Bishoff, Craig Shealy, Mike Madson, and Steve Behnke.

The group's task back then was fashioning the document: Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs. Craig Shealy proposed, and the group accepted, the document in light of all the inputs from constituency groups, including APAGS. We also focused on funding and recognition by BEA, the Bureau of Educational Affairs.

Most recently, we have been working on better definitions of "impaired" as we continue to refine the concepts and intervention pathways for addressing trainees with problems requiring attention beyond expected learning curves and maturation. My intervention for a new term instead of impairment has been: "*problematic* imperfections." Thoughts are welcome; just email me. Next national conference call is in January.

Remediation of Problem Trainees

D. Kim Fuller

In recent years, increasing attention has been paid to issues related to the identification and remediation of problematic psychology graduate students (Kaslow et al, 2002; Forrest et al 1999). This talk will summarize some of the most difficult issues, and emphasize the importance of documenting both problems and remediation efforts clearly and in measurable terms.

"Problem" trainees are practicum students who do not meet expectations in exhibiting behavior and attitudes outlined in the practicum competency documents. Trainees may have a variety of kinds of problems. They may have difficulty acquiring certain skill sets, they may progress more slowly than expected, or they may acquire skills and then deteriorate in performance. Some trainees have personality characteristics that make it difficult to function well clinically, such as rigidity, defensiveness, perfectionism or arrogance. Some practicum students have substance use, mood or other treatable Axis I disorders that make it difficult or impossible for them to function well in the practicum setting, and some trainees exhibit unethical or antisocial behavior that raise a red flag for trainers.

Problems of this kind are extremely common, with 66% to 95% of academic and internship programs reporting having at least one problem trainee in the last 5 years (Forrest et al, 1999). "Problems" in trainees are not conceptualized as those that are developmental, such as initial discomfort with diverse clientele, performance anxiety, or lack of skill or knowledge in initial interventions.

Trainees who present the biggest challenge for teachers and trainers are those ho seem unable or unwilling to engage in self-reflection or to accept criticism from supervisors (Pantesco, 2002). Some students seem to lack awareness that problems exist, or to blame the evaluator, the setting or even the patient for problems that are observed in their work. Others may refuse to engage in remediation activities that are recommended or to engage in them reluctantly.

It is vitally important that descriptions of problems exhibited by practicum students be clear, preferably linked to measurable or observable behaviors, and that multiple independent evaluators document the issues. Using more than one evaluator helps to insure that a negative evaluation is not due to the supervisor's bias, cultural misunderstanding, or an idiosyncratic personality conflict (Vasquez, 1999). It also increases the likelihood that the problem trainee will be able to accept feedback, and understand how remediation efforts will be measured.

"Problems" in trainees are not conceptualized as those that are developmental, such as initial discomfort with diverse clientele, performance anxiety, or lack of skill or knowledge in initial interventions.

Remediation efforts should always be closely linked to the conceptualization of the problem. For example, why might a practicum student progress slowly or have difficulty acquiring certain skills? Does he or she lack sufficient previous experience that may be needed to benefit fully from the practicum experience? Is the student having emotional difficulties that may be interfering with learning? If the problem is supposed to be lack of previous experience, an appropriate remedy may be to take additional time to complete practicum, or to have closer supervision than is usually required. These students may need to take remedial classes, at either the graduate or undergraduate level. If we conclude that emotional difficulties, poor stress management skills or immaturity are interfering with the student's ability to progress, therapy may be suggested or mandated.

Students who have demonstrated ethical lapses may also be required to take supplemental classes or to do readings about ethical principals and issues. Remediation in these cases usually requires close supervision and monitoring during and after the remedial period. Depending on why the program or evaluator believes the student has made poor ethical decisions, counseling might also be suggested or mandated.

Students whose problems are believed to be a result of personality problems, psychiatric illness or substance abuse may be required to obtain counseling to help remediate the problems. They may be offered a reduced client load, at least temporarily, or given a leave of absence while they attempt to resolve personal issues that impede adequate performance.

Whatever type of remediation is suggested by the program, it is always useful to have the student involved in a dialogue about the nature of the problems that have been observed. If the student can give her or his opinions about what is causing the problem and make suggestions about what s/he thinks will help, remediation is more likely to be successful than if the student feels that it has been unfairly imposed. Students may be required to help write a remediation plan for themselves and to participate in re-evaluations at a later date.

As the above discussion implies, psychotherapy is often suggested or mandated as part or all of remediation efforts with problem trainees. Forrest et al (1999) report that between 60% and 93% of graduate programs use psychotherapy as a form of remediation for inadequate clinical performance, the most commonly used form of remediation. There are thorny ethical issues that arise when this is part of a remediation effort. One of the most difficult issues revolves around issues of confidentiality and fidelity. Who is the client? Is the student free to choose any therapist he or she chooses or will the program or practicum site require a particular therapist? Is the program going to require reports from the therapist about the problem trainee? If so, will the report merely be an accounting of attendance, an account of the content of the therapy, an evaluation of the student's progress and ability to handle further clinical work or some combination of the above? If the student and not the program is the client, then he or she should be free to accept the suggestion to seek therapy or to reject it and attempt to resolve the problems in other ways. There is little data to indicate whether or not psychotherapy is effective in resolving trainee problems or to help training programs predict which trainees are likely to benefit and which are not.

Whatever the remediation required by the graduate program, the decision as to whether or not it has been successful will be closely tied to good, clear documentation. It has been noted that disagreement among faculty members, among supervisors or among evaluators and trainees about

what constitutes inadequate performance is one of the major barriers to addressing impairment (Forrest et al 1999).

The practicum competency documents being developed by the ADPTC competencies workgroup are an excellent start in defining clearly what kinds of skills and behaviors are expected of practicum students at various levels of training. They are clearly developmental, and reflect an understanding that competence depends on a student's level of training and experience. This means that a student who exhibits discomfort with certain kinds of psychopathology might be well within expected competency limits in her first year of training, but be below expectations in her fourth year for example. Especially for our more problematic trainees however, documentation must be even more specific and observable.

For example, even an item such as "dresses appropriately" can be difficult to explain to a defensive or narcissistic student. Certainly items that are even more subjective, but also more important for the successful functioning of a psychologist, such as "tolerance/ understanding of interpersonal conflict" will be problematic if trainees lack awareness of their own difficulties.

It might be useful for each practicum site to use the competency documents as a basis upon which to craft specific criteria of expected performance that are both general and unique to the particular setting. For example, at the UM PSC, "appropriate" dress is clearly defined: no jeans, no flipflops, no bare midriffs or cleavage, slacks preferred for females doing play therapy or sitting on the floor to do group work, and so on. For more difficult items it might be useful to require the evaluator and the trainee to come up with specific examples of times in which a skill such as "tolerance or understanding of interpersonal conflict" was demonstrated. If it has not yet been observed that can be noted. If it has been observed to be lacking, that should be documented with specific examples. Observations of trainee behavior in practicum should be made by more than one observer, and the trainee should also be asked to self-reflect and comment on behaviors, attitudes and skills that are outlined in the practicum competency documents. So, as an example, each supervisor who is assessing a trainee on his/her "tolerance/understanding of interpersonal conflict" should rate the trainees ability in this area and back the rating up with a concrete example of such tolerance or lack of it. If the supervisor has in fact never observed the trainee handle interpersonal conflict, that should also be noted.

The use of concrete examples as well as general ratings of competence makes feedback about performance clear, and allows the trainee to articulate his or her own view of his performance. The more observable, behavioral and concrete the item, the more likely it is that evaluators (including the trainee him or herself) will agree on whether the expected level of competence has been met. The fact that it is extremely difficult to make higher level clinical abilities concrete (how do you quantify "personal courage"?) does not negate the utility of doing so.

Recent suggestions (Johnson & Campbell, 2002; Forrest et al 1999; Lamb, 1999) for successful remediation of problems in clinical training include:

- Have clear written expectations of performance such as the competency documents presented today and share them early with all trainees
- Have clear written procedures in place for doing regular performance evaluation
- Identify and describe deficiencies, preferably with concrete examples, that are tied to the evaluation criteria
- Get the problem student involved in describing the problems and in writing a remediation plan
- Use more than one evaluator to insure that the supervisor is not biased and that the poor evaluation is not a result an idiosyncratic personality conflict
- Identify specific goals or changes that need to be made by the trainee
- Give this feedback early
- Give negative feedback clearly and directly, but with respect and compassion
- Identify possible methods for meeting the goals identified
- Follow up consistently on remediation plans and determine a timeline for re-evaluation
- Use clear written performance appraisals following remediation efforts that are closely tied to the expectation documents (again using more than one evaluator)
- Have a clear policy about sanctions that will be applied if remediation is not successful

Sources

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MINUTES

Colleen Byrne, ADPTC Secretary

Association of Directors of Psychology Training Clinics (ADPTC)
Business Meeting Minutes
APA, Washington, DC, August 17th, 2005

Phyllis Terry Friedman – ADPTC Immediate Past President

- Announcements
- Introduction of newly-elected Executive Committee members:
  - Rob Heffer—President
  - Erica Wise—President Elect
  - Joe Scardapane—Treasurer
  - Colleen Byrne—Secretary
  - Kim Lassiter and Eric Sauer—Members at Large
- Discussion of agenda for mid-year meeting: March 17th and 18th, 2006, Santa Barbara, CA
  - Question posed to members regarding hotel options (Pricey in-town versus less expensive oceanfront. Members voted for oceanfront hotel.)
  - Nadine Kaslow, Ph.D. was named as the keynote speaker.
  - Ideas for programming were solicited. Proposals included roundtables for in-depth discussion of topics, division of attendees into groups according to job similarity, poster presentations of data related to outcome research.
  - Use mid-year programming topics to generate APA symposia

ADPTC MIDYEAR MEETING: SANTA BARBARA MARCH 16-18

Rob Heffer—ADPTC President

- Requests for members to introduce themselves.
- Introduced speaker—Bonny Forrest, J.D., Ph.D., Loyola College.

Lunch and Award Ceremony

- Lee Cooper and Phyllis Terry Friedman presented with awards for Distinguished Service.

Business Meeting

Joseph Scardapane, ADPTC Treasur

- **Tony Cellucci (past Treasurer) and Joe Scardapane– Treasurer's Report**
  - A handout was provided. Income and expenditures for 2005 were reviewed. Suggestions solicited, such as taking credit card payments for dues. Current fund balance was explained.
  - It seems that charging a small fee for the mid-year meeting worked well.

- **Rob Heffer--** Described goals for ADPTC during his presidency
  - Prioritize collaboration with other entities
  - Continue the core functions of ADPTC
  - Expand membership
    - Joe suggested that ADPTC might consider using the upcoming ABCT meeting as an opportunity to showcase its accomplishments.
  - Increase the percentage of members who are involved in leadership
  - Consolidate documents that define and guide our organization

MORE MINUTES

- Create an award to recognize Clinic Directors for service and/or innovative techniques
- Organize a sendoff and recognition for Jean Spruill

Reports from Committee chairs:• Public Relations—call for members to volunteer

- Resources Committee– Karen Saules and Tony Cellucci
  - Karen says that she is working to decrease the amount of time between payment of ADPTC dues and granting of website access.
  - Karen asks that members be aware that all attachments in listserv discussions could be posted on the website.
  - Question posed about what topics belong in the members-only area of the website
- Publications Committee – Rob Heffer
  - Phyllis Terry Friedman will chair this committee
  - Vic Pantesco will co-edit the Newsletter with Phyllis
- PRN – Eric Sauer
  - With the Working Alliance Inventory (WAI) and the Outcome Questionnaire (OQ 45.2), clinics are able to use uniform measures for collaboration
  - The committee needs to re-focus its goals to help clinics using the OQ 45.2 to develop research questions
  - The committee needs to foster collaboration between clinics with similar research questions
- New Directors – Eric Sauer
  - Eric reported that the New Directors breakfast went well this year.
- Competencies Document – Bob Hatcher and Kim Lassiter
  - Bob reported that he believes that the Board of Educational Affairs supports development of the Competencies Document.
  - What level of competency should students attain in pre-doctoral practicum to make the best use of internship?
  - APPIC is considering encouraging letter writers to refer to the competencies document when reviewing students and asking students to rate themselves on each element of competency
  - Kim reported that using competency ratings in her clinic resulted in much earlier identification of both "problem" and "exceptional" students and that the documentation across settings (class, practicum, research labs) makes feedback meetings more productive.
- Diversity – Sonia Banks
  - Committee has lots of energy and called for more members to join
- Survey – Rob Heffer
  - Summary of data from Survey 1 was distributed and will be posted on the website soon. Date from Surveys 2-6 will be similarly posted to the website in the coming months.

o Rob discussed the possibility of using PsychData or some other similar entity to run updates on the survey from time to time.

Eric Sauer, Member-At-Large

ADPTC MIDYEAR MEETING: SANTA BARBARA MARCH 16-18

Kim Lassiter, Member-At-Large

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Council of Chairs of Training Councils

Lee Cooper, former ADPTC president, attended the Washington meeting of CCTC, the Council of Chairs of Training Councils. CCTC is comprised of groups that deal with training and education. Here is his summation of the pertinent issues discussed.

1. Education and Training leading to licensure. As many of you know, a proposal will be presented to APA Council in Feb. 2006 that the year of postdoctoral clinical training be removed as a requisite of licensure. It was an interesting discussion with concerns about how are the state-by-state licensing boards going to get on board with this or not, how psychology will be perceived or spinned by the medical community as reducing the amount of training before licensure, how groups were not represented for this proposal, etc. Bottom line, it is going to get approved and the fallout can begin. Importantly for us, the recommendations make it clear that core competencies at the practicum level is a must and that internships and doctoral programs need to get together to develop core competencies at each level.
2. CoA Summit report. We discussed this at our Exec Committee. Not much discussion on this; mostly the players that got their seats putting on a show of how much they appreciated the process and then again, thinly veiled threats that if this proposal is not approved they will take their marbles and go home. Bottom line, it is a done deal.

Though we are not specifically named in any of these documents, I think it is clear to many of us that we are in an excellent position of having an impact because of the clear need to move towards core competencies in both practicum and internship. This meeting reinforced our plan to work with APPIC. Moreover, I would suggest working our connection with APPIC to jointly connect with CUDCP (both APPIC and ADPTC need CUDCP to endorse/embrace the move towards competencies). The general idea being to create guidelines for the description, assessment, and sequencing of core competencies that flow from pre-internship practicum to internship to licensure (and move away from counting hours). And if any of this occurs at CCTC, I strongly endorse that Bob be directly involved and financed for his efforts (if need be, he takes my place at the meetings) Just one more point, the discussion at CCTC again served to reinforce my profound pride of what our organization has accomplished in these last years. We are continually acknowledged and praised in these meetings, and I am most proud that we have presented our accomplishments (and hard work) as evidence for inclusion rather than set up power plays or provide doom-and-gloom scenarios.