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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.

From the Co-Editors

One of the authors in this issue, Bill Salton, is renowned for quoting song lyrics. Having just read his article called, “APTC Goes to Heaven,” I feel prompted to recall a set of lyrics myself, this time from the Grateful Dead, “What a long strange trip it’s been.” We are all still grappling with the ever-changing effects of the pandemic, legal exceptions and new legislation related to education, training, and supervision in professional psychology, our own challenges and losses, along with an infusion of accomplishments and joys. I feel grateful to be a colleague of Miriam Thompson who also authored a piece for this issue called, “Thriving as a First-Year Assessment Clinic Director in an Era of Uncertainty,” within which she describes the challenges of starting a new job, a new clinic, and moving from the east to the west coast during the pandemic, *along with* key principles for not just surviving, but *thriving* in those challenging circumstances. As you can see through the words of these authors and the other contributors to this issue of the bulletin, psychology training clinic directors are a hearty bunch—emphasis on *heart* (see the APTC President’s Message).

This issue of *APTC Bulletin: Practicum, Education, & Training* (PET) focuses on the career development and work-life pathways of psychology training clinic directors. Our hope is that directors at all stages of professional development will see aspects of themselves, or perhaps their future selves (in the case of prospective and retiring directors) in these pages. Linnea Burk, is the new co-editor of the bulletin and given that neither she nor I will be editors forever, I have asked her to tell you, what led her to join this marvelous collective endeavor. Perhaps you can start envisioning yourself in this or another APTC leadership role!

—Heidi A. Zetzer, Ph.D.

—Linnea R. Burk, Ph.D.

When people ask me how I came to be where I am, I never know quite what to say. I never planned on being a clinic director and yet I am five months into my 13th year! I was aiming for something more typical—a tenure-track academic job or a practice position at a university medical center—but life had other plans. I became a clinic director because at the time I *really* needed a job in Madison. I stayed on as the director because I discovered my varied clinical and research interests—think “a little bit country and a little bit rock-and-roll” (if we stick with song lyrics)—had prepared me for the many hats we all wear. I had found a niche and a way to grow into a leadership position, which as a temperamentally shy person, I never thought I would occupy. As for becoming co-editor, I answered Heidi’s call as a challenge to myself to become more involved. I have learned a lot from everyone at APTC and look forward to making a contribution.

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President's Message

Leticia Flores, Ph.D.
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This president's essay will mark the waning months of my time in this role, and provides me with an opportunity to look back and reflect on what our organization has been through. Quite frankly, much of it has been a big, masked blur—so much has happened in the past two years, that it is sometimes hard to gather it all into a meaningful whole. Nonetheless, I'll give it a try.

Starting in March 2020, when we should have all been gathering together in Albuquerque at our annual conference, we instead hunkered down in our respective clinics, preparing for what many of us thought would be a brief (two weeks, tops!) shutdown until this new COVID virus ran its course. As weeks turned to months, the APTC listserv exploded, as we began to grasp the implications of this virus that was not only not going away, but was worsening.

We saw members step up and show true leadership and innovation, and we experienced in the virtual space the real, heartfelt love and care that directors held for their colleagues, students and clients. For example, Jen Schwartz published a wonderful article on managing the ethical challenges (and opportunities) of training during the COVID-19 pandemic. Jennifer Hames, Debi Bell, and several other APTCers published an article on psychological testing during COVID. Saneya Tawfik, Beth Heller, Jordan Wright, and others collaborated with various divisions to develop best practices for assessment protocols. Randy Cox provided us with an amazing document for quickly getting our clinics up to speed with numerous technology options. Dani Keenan-Miller crafted a document that detailed the challenges we all experienced, which was shared with directors of clinical training (DCTs), chairs, and deans. When directors experienced setbacks or tragedies in their own clinics, other directors provided support and guidance and showed their colleagues that they were not alone in their struggles. We saw what so often happens during trying times—people put their colleagues and friends front and center, and help each other out. I still remain profoundly grateful to this group for helping me to problem-solve how to provide services and training in a remote and stressed-out environment.

We saw a flood of new directors start their jobs in the COVID chaos. If karmic prizes exist, they win them, hands down. Anne Wilson, Heather Hruskoci, Danielle Baran and many others have jumped head first into the deep end of clinic directorship, and we couldn't be happier to have them! Their bravery and can-do attitude inspires us all, and likely makes veterans like me

nostalgic for those days when everything was new and exciting and terrifying—and still, we persisted. I sincerely hope that we get a chance to meet all of you new directors, so we can swap stories of our respective trials and tribulations these past two years. There's nothing more satisfying than meeting another soul who "gets you"—and that's what the APTC conference does.

On the other end of the professional cycle, we're seeing many of our treasured colleagues move on to better things. Mike Taylor, Elizabeth Akey, and THREE Karens! (Fondacaro, Saules & White) are just a few of the many amazing people who will no longer be sharing their kindness, wisdom and grace with us. Saying goodbye on the listserv doesn't fully communicate to those of you leaving how much we have valued your presence and your contributions, and for that I am sorry—you all deserve so much more. I'm feeling a generational shift happening in our field. It's both sad and exciting, as most ends and new beginnings are. We all stand on the strong, steady shoulders of those who came before us, and we all hope to provide the same kind of service to those who come after us.

I know I've missed many people in this listing—people publishing, struggling with losses, new directors and departing directors. But I know we've all celebrated and grieved with you each time you've shared on the listserv, or maybe during side conversations with other colleagues. For those of you going through similar highs and lows, I hope you'll consider sharing on the listserv or with another clinic colleague for support—we've all been there or will be there someday.

This latest edition of the bulletin focuses on that professional cycle mentioned above—how do we get from "here" to "there"? This volume's theme, "Training Clinic Director Career Paths: Promises, Positives, and Pitfalls," will expose us to the many different paths we have taken to get from here to there. We're a varied bunch, with interesting journeys. The essayists hope to share some wisdom and/or lessons learned, as well as to cheer others on in their career trajectories. Some of you may just discover your own recipe for future professional development in these essays. I know you'll find humor, warmth, creativity and inspiration here—qualities that describe the typical clinic director, wherever they may be in their journey.

Enjoy the stories—and as always, thank you for being who you are, and doing what you do.

—Lettie

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.

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Training the Next Generation of Clinic Directors

Early Identification, Mentorship, and Support of Doctoral Students with Clinic Director Potential



There are myriad career paths that graduates of clinical psychology programs may take. Yet, many doctoral students, myself included, begin training unaware of the many options that are available. Students often believe that they have to choose between a research or clinical career, which may preclude them from learning more about other careers, including those with a greater emphasis on training and supervision, such as a clinic director position. However, training positions are essential to the long-term growth of the field, and identifying doctoral students who show early promise and interest in clinic directing has the potential to improve training across programs.



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Training clinic directors (TCDs) are essential to graduate programs and are one of the few faculty members within a department who work with all of the students. Research faculty interact primarily with their advisees and teaching faculty typically see students for a limited time. TCDs, however, are responsible for the early training and competency establishment for all students and, as such, have direct or indirect contact with each trainee who enters the program. The American Psychological Association (APA) has outlined specific competencies for health service supervisors, which can be extended to TCDs, in order to ensure that they meet ethical, legal, and training standards (Falender et al., 2014). Competency areas include: psychological service interventions, formal education and training in supervision, coordination with other professionals involved in supervision, diversity across populations, ethics, and technology (Falender et al., 2014). Across domains, TCDs must be not only aware of the guidelines, but also up to date on current legal and ethical issues in health service psychology. Moreover, directors carry large administrative responsibilities and must be able to manage and oversee a wide range of people with different levels of training in order to ensure that all client and trainee needs are met. Overall, these individuals must be strong clinicians and supervisors, but also must navigate multiple complex systems, show a proclivity for problem solving, have strong organization and administrative skills, and demonstrate a consistent commitment to training around issues of ethics and diversity (see APTC's Guidelines for Training Clinics for description of TCD role; APTC, 2015).

Given the importance of the TCD role, early identification and support of students who are likely to seek training careers may allow for earlier role-specific training and provide students the support and scaffolding necessary for growth. Mentoring at this stage allows trainees to learn what the role may involve. There are three main ways that a relationship between a trainee and a TCD may begin: 1) a student is/becomes aware of the role of a psychology TCD and seeks out training, 2) students are placed in leadership roles (i.e., graduate student assistant or teaching assistant) in the clinic or supervision courses, or 3) the TCD identifies a student who may be interested in and/or well suited for the position, and provides an opportunity for mentorship.

In the first example, students—often those with a strong interest in clinical work—may have prior awareness or learn about the TCD position and express interest. In the second, students assigned to these roles may learn through those positions. In the third, the TCD may look for qualities in a student, including: proclivity for clinical work, openness to a non-research dominant career, skills in the domains of management, organization, administration, and problem solving, and the ability to tolerate high risk situations involving patients and/or trainees (i.e., client crises, trainee errors in documentation).

Once the interest has been established, the TCD may meet with the trainee to discuss the position and to explore their interest further. Specific attention should also be paid to communication with the student's primary mentor because it is important that the student's training goals are communicated to all individuals responsible for overseeing their success.

Once a mentoring relationship is established, there are a few paths available. For instance, one approach is for the student and director to work together to promote competency development; while clinical psychology doctoral students must meet competencies outlined by the American Psychological Association (APA), administrative and management skills are not included in the domain specific skills or profession-wide competencies in the APA Health Service Psychology Standards. While management is a competency outlined for psychologists by Fouad et al. (2009), many of the management skills are not assessed until after internship, and thus may not be emphasized until later in training. Further, while some supervision training is required by APA, it tends to occur in the latter half of doctoral programs, often when students have already narrowed their career paths. Exposure to the TCD role as a career path earlier in one's training may help to shape trainee choices. If future TCDs are identified early, they may be able to receive supplemental training in competencies not often addressed in training programs (i.e., advanced supervision) and strengthen their overall experience and preparation for this career. Specific attention should also be paid to the developmental level of trainees; understanding a student's unique strengths and weaknesses will allow for a greater establishment of skills. TCDs may also support students by inviting them to join professional activities that occur behind-the-scenes; for example, many doctoral students do not realize that TCDs publish and have research lines of their own. Bringing students into these publications can help to increase exposure to the various tasks and responsibilities of a director, and help to guide trainee development.

I (Trainor) knew from the beginning of graduate school that I wanted to pursue a clinical path, but I assumed this meant working in private practice or in an academic medical center. In the first year of my doctoral training, I developed an interest not just in therapy, but in the process of becoming a therapist, including the ethical and practical training guidelines. Then, while discussing potential career paths in supervision, I told my supervisor (Dr. Schwartz, also the TCD) that I was interested in clinical work, but not necessarily private practice. She asked me if I had ever considered being a TCD. I had not at that time, largely because I did not fully understand the breadth of her role, but I said I would be interested in learning more. Over the past few months, she has worked to teach me about TCDs.

I have learned a great deal about what it means to be a TCD. For example, when I have had questions about ethics, we have discussed not just the clinical or patient issue at hand, but the training issues underlying it. When I said I was not sure I was ready to give up research, she shared the ways she

has continued to bring research into our clinic, and how that improves clinical care. When I shared that I was struggling to find passion in my research lab and that I was interested in more psychotherapy-based research, she asked if I had checked with my advisor regarding the time commitment and change in research interests (yes!) and discussed various datasets from our clinic that would be available. When I have questions about documentation or going back to face-to-face services after the pandemic, or how to get a new laptop if mine has broken, she has patiently shown me the administrative side of her job. In short, after we established that this might be a path for me to take, and that I have my primary advisor's blessing to pursue these goals, the TCD has consistently offered me opportunities to gain experience. There is no pressure for me to enjoy them, rather, it is her way of showing me what this path *could* look like if I want to take it.

My TCD saw something in me and offered suggestions that interested me, and we have continued to build this relationship and assess my goals. Her recognition of my passion and curiosity for clinical work helped her to identify me as a trainee who may have a future as a clinic director. Moreover, even if I

do not pursue this path, she has helped to provide me with the skills and training necessary to think from that perspective. She has taught me not only what to do, but how to explain what I'm doing and why. I have developed skills to articulate my thought process around therapy and have learned to think on my feet while wearing multiple hats. These skills have broadly informed my clinical work and training goals.

The role of a TCD is unique and necessary, and a focus on identifying and supporting the training of students who may be interested in this path is warranted. As TCDs are one of the few faculty members who interact with all students, they have the privilege to be able to see each trainee's strengths and weaknesses and can identify those who may show promise. We would like to encourage directors to provide more opportunities to train students on all aspects of their jobs, including supervision, research, and management. Long-term, early identification of promising students will lead to earlier career training and better prepared TCDs, as they learn the skills specific to the position early on and gain practice with the wide range of responsibilities.

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Once a mentoring relationship is established, there are a few paths available.

Thriving as a First Year Assessment Clinic Director in an Era of Uncertainty



Miriam E. Thompson, Ph.D.
University of California, Santa Barbara

In March 2020, the COVID-19 pandemic abruptly halted the delivery of in-person services (e.g., psychotherapy, assessments), which forced training clinic directors to quickly determine *how* to meet the training needs of graduate students and the mental health needs of individuals in the community. The unprecedented nature of the pandemic meant that training clinic directors were left to generate new policies and procedures.

In September 2020, I started my position at the University of California, Santa Barbara (UCSB) as an assistant teaching professor and assessment clinic director. As assessment clinic director, I was charged with revitalizing my department's former assessment clinic with the goal of launching it by January 2021. In the context of the pandemic, the nature of this charge was overwhelming. Moreover, not only was I tasked with the responsibilities of clinic administration and graduate student training, but also teaching, service, and scholarship. I repeatedly experienced moments when the pressure felt unmanageable. I knew that I would make mistakes, which was an uncomfortable reality that I had to accept. Positively, I decided to embrace the unfamiliarity of these circumstances, which has allowed me to grow personally (i.e., greater confidence, greater self-efficacy) and professionally (i.e., improved clinical judgment, development of supervision skills).

In writing this narrative, my goals are multifold. First, I want to provide a personalized account of my experiences as a new assessment clinic director during my first year at UCSB during the pandemic. Second, I want to talk about how I grappled with imposter syndrome. Third, I want to discuss the intersecting challenges that accompany my roles as an instructor, a scholar, and an administrator. Finally, I want to emphasize the importance of delineating boundaries between work and personal life, so that one can prioritize self-care as a way to effectively avoid burnout. See Figure 1 for a model of the four considerations described herein.

Immersion into the Unknown

In August 2020, I moved from Boston, Massachusetts to Santa Barbara, California to begin my new position as a tenure-track faculty member and assessment clinic director at UCSB. The thought of moving 3,000 miles across the country triggered a mixture of emotions: excitement, hesitation, wonder, fear, uncertainty, and eagerness. Although I was elated to be leaving the cold, long Boston winters in pursuit of the sunny, temperate climate of Santa Barbara, I experienced significant trepidation. I had not visited Santa Barbara nor even UCSB's campus. As a result of the pandemic, all aspects of my interview (e.g., colloquium, interviews with faculty, students, and administration) were conducted virtually. The virtual medium made it challenging to envision *how* I would perform the functions of a role that I greatly desired. Furthermore, I knew that I would be starting this role amid the pandemic, which was disquieting. In spite of the disquietude, I decided to be open, venture outside of my comfort zone, and take a "leap of faith."

First Consideration

Develop an openness to experience (Kaufman, 2013; McCrae & Costa, 1987), which will help to foster creativity, intellectual curiosity, imagination, and exploration of your new role.

Figure 1. Model for Thriving as a First Year Assessment Clinic Director



Feeling Fraudulent

Since graduating from my doctoral program in 2016, I have felt like an imposter. I specifically recall feeling as though I had defrauded my university of my Ph.D. in School Psychology. Logically, I know that to be untrue, but I have been unable to rid myself of this lingering feeling that someone will discover that I am an imposter. In fact, when I received notification that I had been selected for my current position, I was certain that I had tricked the search committee, dean, and students into believing that I was qualified for this role. These experiences and feelings are known as *imposter syndrome*, which was discovered by Clance and Imes (1978) in their study of high achieving women. Clance and Imes found that the imposter phenomenon persisted among these women in spite of their repeated successes (e.g., publications, grants, promotions, awards). The authors attribute this nagging self-doubt to pervasive societal beliefs and expectations that women should seek any explanation for their achievements *except* for their own intellectual prowess. In other words, society teaches women that they cannot and should not attribute their successes to their own intelligence. Although the imposter phenomenon exists among both men and women, it occurs less frequently among men, possibly because society approves

of their conspicuous display of confidence. For women who are in leadership and administrative positions (e.g., being an assessment clinic director), refusing to attribute achievements to their own intellectual talents is self-diminishing.

Second Consideration

Imposter syndrome is commonly experienced amongst high achieving individuals, therefore normalizing (yet not internalizing) these feelings of phoniness will be helpful along your professional journey.

Wearing Different Hats

My faculty position at UCSB is multifaceted. Not only am I an assessment clinic director, but I am also a tenure-track assistant teaching professor. The nature of the latter means that I am to fulfill the responsibilities of teaching, scholarship, and service. Participating in such a breadth of activities is rewarding and meaningful; however, there are a few challenges. Due to the high number of daily tasks, it is difficult to determine *which* of those tasks to prioritize. For instance, should I prioritize watching video recordings of student clinicians' assessment administration and clinical interviewing? Should I grade assignments for

my course or finalize a manuscript for submission? Although due dates help to determine which task should be given more immediate attention, it can be nonetheless dizzying to figure out how much time I should assign to each task and when I can anticipate completing it. To cope with these competing agendas, I have been using a task organization grid through www.monday.com to maintain awareness and organization of my responsibilities.

Third Consideration

Our time is finite. If we identify which tasks are important (i.e., will have long-term benefit) and which tasks are urgent (i.e., in the moment needs that do not necessarily further a goal), we can meaningfully prioritize the balance of how we spend our time.

Boundaries and Self-Care

Upon starting my position, I knew that creating personal space, establishing boundaries, and engaging in self-care would be critical for sustaining the longevity of my career. Individuals who do not allow themselves the space to take breaks from work are essentially stating, “My work is more important than all other aspects of my life, including mental health.” For example, conceding the urge to respond to an email allows for immediate relief and gratification because the task is completed. Unfortunately, however, doing this sets a precedent that becomes difficult to dismantle over time. It becomes increasingly difficult to ignore emails during non-work hours and one feels guilty when they do not provide someone with an immediate response. Additionally, individuals may fear that others will view them as “slackers” when they do not respond immediately to emails. Of course, this is untrue and individuals who do not respond immediately to emails are not slackers but are rather exercising personal responsibility by implementing these important boundaries. Keep in mind though that implementing these important boundaries or changing the “rules of the game” may result in unfavorable responses from others who have grown accustomed to quick responses.

As a final note, those who work without taking any breaks are less focused in the long-term (Ariga & Lleras, 2011), lack creativity (Oppezzo & Schwartz, 2014), and are less productive (Godwin et al., 2016). I find that when I take breaks and engage in self-care activities, I return to work with a different perspective, increased mental vigor, and renewed enthusiasm. This statement is supported by the scientific literature which states when we take breaks, our minds are not idle, but are still actively processing information (Immordino-Yang et al., 2012).

Fourth Consideration

Create space for yourself to recover from work, protect your time, and remind yourself that it is acceptable to leave some tasks unfinished.

Conclusion

As I near the completion of my first year as assessment clinic director, I am amazed at the abundance of experience that I have acquired. I started this position with trepidation, but positively, it became overshadowed by my optimism. It is difficult to be fully prepared for any new position, specifically one that requires so much versatility, multitasking, and on-the-spot problem solving. For individuals who are interested in becoming assessment clinic directors, it is important that you trust in yourself and be open-minded. By doing so, you will respond to challenges adaptively and flexibly. From personal experience, I can attest that adopting this flexible mindset has provided me the grit needed to respond adaptively to situations.

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From Trainer to Trainee

Becoming a Training Clinic Director or Associate Director as an Early Career Psychologist



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Although all health service psychologists who facilitate clinical training were once trainees themselves, moving directly from a trainee position to a leadership role within a graduate training clinic is a unique experience. The immediate transition from trainee to trainer requires a shift in professional identity, including beginning to conceptualize oneself as a leader and authority figure after years of primarily identifying as a learner. Becoming a clinic director or associate director as an early career psychologist presents benefits as well as challenges, and this article offers suggestions for successfully navigating the transition.

Among several important benefits to both the psychologist and the clinic, serving as the leader of a graduate training clinic provides an opportunity for early career psychologists to replicate the close, thoughtful supervision they found beneficial within their own training (Hage et al., 2020), allowing them to “pay it forward.” Additionally, having so recently inhabited a trainee role can give clinic directors particular insight into the academic and emotional needs of their students. Early career psychologists can provide up-to-date guidance on specific trainee challenges such as conceptualizing a career path, meeting professional development goals, and applying to internship, and they may be perceived by trainees as less intimidating than established faculty members, which could invite students to seek their support or disclose relevant areas of difficulty. Finally, early career psychologists typically have recent experience in settings outside their current clinic (e.g., internship or fellowship sites, their graduate institution), which may allow them to suggest beneficial changes to clinic policies and procedures.

There are also distinct challenges for recent graduates taking on a clinic leadership role. In general, early career psychologists are more likely than experienced psychologists to report leadership development needs (Shaffer et al., 2021). The unique nature of training clinic positions often means that new directors and associate directors must learn how to extemporaneously meet the demands of their position, a challenge that may be particularly acute among those who are recent trainees. Early career psychologists may need guidance in navigating the identity shift from student to professional, particularly when working in a setting that closely resembles their own recent training. Challenges to leadership and expectations around emotional labor have been identified as particularly difficult for early career psychologists to navigate (Kolar et al., 2017), highlighting the importance of mentorship in this role (Doran et al., 2018). Additionally, early career psychologists often report lacking confidence in their abilities (Kolar et al., 2017; O’Shaughnessy & Burnes, 2016), which may be especially salient in a unique role such as clinic director, in which the stakes can be high (e.g., risk management) and expectations for one’s position are often distinct from those of institutional peers, limiting opportunities for targeted mentorship and feedback.

Given these benefits and challenges, early career psychologists in clinic leadership may wish to keep the following recommendations in mind:

- 1. Recognize that you have something meaningful to offer your clinic, trainees, and colleagues.** Even as an early career psychologist, you are bringing expertise to this role, despite any doubts and anxieties (Kolar et al., 2017; O'Shaughnessy & Burnes, 2016). Moreover, as a recent trainee, you have an important perspective on your students' needs and concerns, and you can use that insight to advocate for policies that will support their training and overall well-being. Given that clinical effectiveness has actually been shown to decrease as psychologists gain post-graduate experience (Goldberg et al., 2016), recent trainees may be particularly effective role models for students. Being an early career psychologist is not a liability.
- 2. Engage with trainees as a professional rather than a peer.** As a recent trainee, you may sometimes feel more aligned with the attitudes, perspectives, and behaviors of your students than your colleagues. Additionally, some students may identify closely with you, leading them to seek a peer-like relationship. While maintaining a connection to your own training experiences is likely helpful in understanding your students, it is important to present yourself as professionally distinct, especially when you spend most of your working hours in the clinic with students rather than colleagues. Remind yourself of your professional status, and consider ways of maintaining appropriate distance from trainees while still building meaningful relationships. For example, you may limit personal disclosures to students and refer to your own training experiences judiciously in order to reinforce your identity as a professional.
- 3. Connect with your colleagues and other professionals.** Early career psychologists can feel isolated after transitioning out of training environments in which they were surrounded by a cohort of peers (O'Shaughnessy & Burnes, 2016). Additionally, there is often only one training clinic director on campus and finding colleagues who truly understand what you do can be difficult, resulting in minimal support. To reduce isolation, post on the APTC listserv (even just to introduce yourself!) and attend the annual conference to build relationships with other clinic directors and associate directors. Aim to build professional and personal relationships with faculty at your institution as well; this can require intentional effort given that your day-to-day experiences (and even your location) may be quite different from those of your colleagues. Look for opportunities at your institution and within professional organizations to meet other early career psychologists to provide mutual support and build a network.
- 4. Recognize that some traits that contributed to your success as a trainee may actually undermine your efforts in a clinic leadership role.** While most clinic directors likely elect to work in training settings due to a desire to help others, this stance can be overvalued by trainees and colleagues. Consider your boundaries carefully (Kolar et al., 2017), clearly identifying which tasks are required of your position and which are optional. Be intentional during your early months on the job: you are setting expectations for the types and breadth of tasks others will ask you to perform moving forward. In a busy training clinic, you cannot help everyone with everything.
- 5. Consider your own preferences in shaping the expectations of your position.** Professional freedom is an important benefit of working in academia. While clinic leadership positions entail specific job duties, there is often some latitude when deciding what clinical activities you will supervise, the trainees with whom you will work, and perhaps even the classes you teach. As a recent trainee, you may be used to taking direction from others, but recognize that your position allows you to shape your time and activities in the directions that feel most meaningful for you.
- 6. Set goals and identify milestones.** Early career psychologists report that a major challenge of this period is transitioning from an environment in which milestones are well-defined and externally applied (e.g., complete a dissertation, obtain an internship) to an environment in which goals may be amorphous (O'Shaughnessy & Burnes, 2016). Establishing clear goals in the clinic can be especially challenging given the often competing aims of a health service psychology training program (e.g., quality of clinical training vs. clinic revenues; students' clinical training vs. research and teaching obligations). It is important to identify relevant goals for both the clinic and yourself. Consider accessing examples of strategic plans or clinic manuals on the APTC website to see other clinics' goals. Identify specific goals for yourself in various domains (e.g., clinic administration, supervision, service, teaching, research), and assess your progress each year.
- 7. Accept that some trainees and colleagues may be less inclined to value your ideas or perceive you as a leader, at least initially.** This is especially likely if you appear young or hold identities that have not traditionally been associated with leadership (O'Shaughnessy & Burnes, 2016). There are many ways to run a clinic, and entering a clinic leadership position as an early career psychologist may involve offering new perspectives or changing previous policies, which can be met with enthusiasm or dismissal. Experiment with new ideas, own your role as a leader, and accept that you cannot please everyone as you move toward workable solutions for your clinic.
- 8. Seek mentorship** (Doran et al., 2018). While graduate training has specifically fostered your clinical, research, and teaching skills, the administrative and leadership aspects of directing a training clinic are often new. Consider requesting a formal mentor through APTC. Seek informal mentorship from APTC members on the listserv and at the annual conference. Consider establishing a mentorship relationship with one or more colleagues at your institution, even if they work outside the clinic. Senior faculty members can offer guidance for navigating your department and institution, and support your efforts to develop as a leader. Colleagues such as the director of clinical training or the head of the university counseling center can provide valuable guidance and support.

Serving as the director or associate director of a graduate training clinic as an early career psychologist offers valuable opportunities to accomplish meaningful work, develop as a leader, and support the field of health service psychology. While leading a clinic as a recent trainee offers unique challenges, the transition from trainee to trainer can hopefully be eased by following these recommendations, including seeking support and guidance within APTC.

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OVERCOMING SOME CHALLENGES OF MID-CAREER TRANSITION: From Clinical Practice to Psychology Training Leadership



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A shift into training clinic leadership can be stressful for an established clinician in a community setting. Psychologists in independent or group practice may feel fulfilled in their independent role. One or two years into a career of professional practice, a psychologist has likely had the opportunity to carve out a work-life balance, create a customized schedule, cultivate everyday professional supports, and regularly engage in meaningful connections with patients. Though clinical supervision can be a part of that role, it is not typically the largest responsibility. A role in which clinical training is central is a significant shift from this type of professional independence.

There are parallels in this kind of mid-career-shift to a change in roles in other fields (e.g., classroom teacher to a school principal, community physician to medical academic) and researchers have even noted similar obstacles facing transnational immigrants as they adapt to their new country's norms (Wilson et al., 2014). If you as the reader have felt like an “imposter” or otherwise uncomfortable in this leadership position, know that this is common! Across different fields, similar concerns can discourage people from pursuing, feeling established in, or maintaining a leadership role. These may include too many demands, not enough time, too little pay, and not enough actual authority (Stone-Johnson, 2014).

When a practicing psychologist enters training clinic leadership, it can be a “culture shock” experience (Wilson et al., 2014). First, shifting from roles with high levels of expertise such as patient

care or interprofessional consultation into ones where competence requires further development including teaching or administration can be satisfying, but stressful. Demands for “on-the-job learning” are particularly high in an academic setting. Though all psychologists should strive to apply research-based skills, in roles where the primary objective is to cultivate tomorrow's professional psychologists, there is an increased responsibility to model and teach cutting-edge skills. That means not only striving to establish competence in a variety of roles, but maintaining those high levels of competence in an ever-changing landscape.

Second, it is a challenge to run a clinic to serve the greater community's needs while having the clinic's primary objective being one of training. Psychology graduate students are notably busy, so a clinic that relies on graduate student clinicians will be limited in the number of clients it can serve. In a relatively resource-sparse area, having a growing waitlist of community members awaiting services is uncomfortable. Unlike community settings where strong demand can justify increases in hiring, the size of student cohorts depends on unrelated factors, such as research funding and faculty advisor availability.

Finally, and possibly most importantly, the shift from a busy medical setting to a busy academic one results in loss of everyday contacts with professional peers for regular support and consultation. Clinic leaders regularly shoulder great responsibilities (e.g., client crises,

trainees in need, gatekeeping decisions), and these can take a toll. Leadership itself can be isolating, and a setting primarily valuing research and/or teaching rather than clinical training means that peers in one's institution will not always understand or value one's particular experiences and professional activities (Wilson et al., 2014). This makes APTC's connections critical for those transitioning to clinic head roles.

Those transitioning from an independent role to one managing a training clinic could benefit from considering practical strategies adapted from academic medicine education (Hannon et al., 2020). These strategies can help if struggling with feelings of imposterism and can improve job satisfaction:

1. **Be proactive with questions.** Ask about paths for career advancement for this type of position, past departmental experience with mid-career professionals, and how to get involved with scholarship or other components of the new role.
2. **Try to establish personal connections within the department as well as allied ones.** Connect with departmental or program leaders or directors of clinical training (DCTs) to discuss their expectations for this new role and what advice they may have.
3. **Make use of the institution's resources.** Teaching and research institutes and interprofessional collaboration centers can help to increase competence and/or confidence.
4. **Get (more) involved with APTC!** If one clinic leader is struggling with a particular issue, it is likely that others in APTC have, too. This group is so generous in sharing their support, expertise, and ideas; reach out when needed or just to connect.
5. **Find mentors.** Cultivating advisors both within and outside of a primary institution can be particularly helpful. APTC's mentoring program, the Society for the Teaching of Psychology (American Psychological Association [APA] Division 2) mentorship program, and an internal mentor or two can help one navigate workplace idiosyncrasies. Having supportive and experienced advisors to consult about professional development decisions can be critical to job satisfaction.
6. **Say "no" as needed.** Consider opportunities and growth areas carefully, both independently and with mentors, to establish boundaries and allow a workplace schedule to be sustainable.
7. **Lean into established areas of expertise.** And expect that job duties may need to adapt over time.
8. **Remember that unique perspectives matter!** One's experiences outside of academia will help bridge a cultural divide between university settings and other settings that will benefit trainees in the long run.
9. **Model self-care.** Graduate students can have high levels of angst due to their transitory period of professional development (think teenagers); self-compassion can allow best support of psychologists-in-training. Use time and energy gained from turning down some opportunities (see #6) to engage in self-care: get out of the office and move, connect with friends and family, and engage in passions.

This article has focused on mitigating challenges faced in this career path. Equally important is directing attention to its rewards. It is grounding to remember that years in clinical practice contribute a valuable perspective that shapes one's clinical supervision, teaching, and other roles as a training clinic leader. Thinking broadly, by playing a critical role in the development of future professionals, clinic directors are likely to impact an exponentially larger population than psychologists in other positions. More narrowly, clinic leaders can savor the satisfaction that comes from helping students master clinical skills and establish themselves as psychologists. Many in training clinic settings also have the luxury of providing "best practice" services, without limits set by health maintenance organization (HMO) denials and relative value unit (RVU) demands.

In sum, a thoughtful approach to a mid-career transition into clinic leadership can allow one to appreciate the rewards and manage the stresses. A combination of reaching out to others for support and looking inward to recognize personal limits can allow one to establish the clear boundaries necessary for this to be a fulfilling chapter in one's career.

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“You May Ask Yourself, ‘Well, How Did I Get Here?’”¹



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I have had a long and winding path to my position as a clinic director, one that has presented many diverging roads, and I often took the path less traveled. I'm glad I followed my interests/took some risks; it has made for a very interesting life. Along the way, I have tried to learn from the many mistakes I have made and hope my story can give you some tips and tricks for your journey.

Though Mexican-Americans and other Latino/x folks like me have recently experienced increasing rates of college attendance, we still remain less likely than our Anglo counterparts to enroll in four-year universities, become full-time college students, and earn bachelor's degrees (Fry & Taylor, 2013). We are no better off when looking at representation in graduate education. In 2011, we obtained just over 8% of all doctorates, compared to 74% of Anglos (National Science Foundation & National Center for Science and Engineering Statistics, 2021). We are also significantly underrepresented among college/university faculty. In 2011, our representation closely mirrored the numbers of doctorates cited above.

One can imagine the dismal numbers of Latinos/x in higher education at the time I went to Duke University, three decades earlier. California, Florida, and New York, where Hispanic (as we were called in Texas at the time) youth had more established histories of Latino achievement, could have been different planets for all I knew. While I had two uncles who obtained PhDs, the women in my family had less education, if any. My elementary school teacher mother was my biggest role model. One summer, she

attended master's classes while I attended pre-college classes at the same university, even though she never obtained an MA degree. I had no Latino/x faculty, knew very few Latino/x fellow students, and thus had no Latinx/o role models for being a psychologist. However, I did have a few non-Latino mentors who took the time and energy to give direction, so I put on my big girl pants and started down my winding career path. I watched the other students on my trail, and followed those who looked like they knew where they were going and what they were doing.

My first six jobs came and went based on interest, financial demands, family considerations, networking, stumbling and luck, both good and bad. I chose my research-focused post-doc simply because I wanted to visit Seattle. While the position was not a good fit in the end, I learned to take the initiative to get experiences outside of my fellowship to enhance my clinical skills. My dissertation advisor, who helped me get that post-doc, also helped me find my first tenure-track job. Although I loved living in Seattle, I needed to be closer to my mother, whom I loved more, because of her need for a serious heart operation. This tenure-track job was not a good fit either, but while there I got my license to practice, taught for the first time, and began to build administrative skills as I developed a master's program in health psychology. I also met my future husband, the biggest benefit of taking this job. Although others saw it as a big risk, I jumped off the tenure train after three years. I had discovered that I was not cut out for the life of research, and needed clinically-focused work to be happy. The

¹ The title is a lyric from a song, “Once in a Lifetime” by the band, Talking Heads.

next year, I worked three different jobs, and loved them all. I worked as a part-time psychologist in a pain clinic, completed utilization reviews for chronic pain treatment, and taught part-time in a counseling psychology master's program. These jobs honed my time management and teaching skills, enhanced my ability to collaborate across disciplines, and led me to realize that I like making decent money.

When my partner was courted by another university, I followed my heart and moved to Virginia. A friend back in Texas who worked with Harcourt Assessment encouraged me to apply to a remote test development manager position there. This job enabled me to see my family in Texas regularly, resulted in a big raise (for just *one* job, not three), taught me how to manage a team of people, built my program management skills, and sparked a longstanding interest in technology. I also learned that I did not like working remotely and missed clinical work and working with university students. After I quit Harcourt, I became licensed in Virginia and worked part-time in a multidisciplinary group therapy practice. I also began teaching at the nearby Virginia Commonwealth University (VCU). One of my classes was therapy supervision—a new experience for me, as supervision was not a well-developed construct for training at that time (Falender et al., 2004). I loved being in the training clinic and seeing the students practice and patients being helped. I began to think about how a career as a clinic director might be for me. When the director resigned, I jumped at the opportunity, and was named first interim and then, permanent director. All my previous job experiences came to into play, as I applied time management, teaching, program management, technology and other skills throughout this role.

I was not a very good director for my first few years—I micromanaged and made numerous missteps. But the students, my colleagues, and the community taught me how to improve. I also discovered “my people” at APTC’s conferences, and those meetings confirmed that I was where I wanted to be. Like Delbert McClinton likes to sing, my APTC colleagues are “the same kind of crazy” as me—simultaneously optimistic and able to plan for apocalypses, and endowed with a MacGyver-like ability to run a clinic with few resources. I created cool community partnerships, began doing LGBTQ+ advocacy in earnest, and grew some political chops to advocate for resources from the university.

Another promotion for my partner brought me to Tennessee, and I was made Associate Director of the University of Tennessee (UT) Psychological Clinic. All my experiences at VCU served me well at this new clinic. The UT clinic needed many updates, particularly in their technology, and I was able to bring them into the 21st century. I still made mistakes, but they were new mistakes and I learned my lessons. The move solidified my confidence in my career choice, and I finally felt like I knew what I was doing. This confidence led me to run for office within APTC, and since then, I have worked to give back to the organization that has given so much to me.

I know that my colleagues all have unique paths that have led them to the clinic director position, and those of us who stay in these sometimes seemingly impossible roles are a special breed. I salute you all, and feel so proud and lucky to have you as my peers. I once was lost, but now am found.

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MENTORING ACROSS THE GENERATIONS:

A BRANCH OF AN APTC FAMILY TREE



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The occupational lifespan of a clinic director (CD) can stretch across decades and directors' influence on trainees as well as the trainees' impacts on directors can be long-lived. The purpose of this article is to share reflections from three "generations" of one clinic-director family tree. We discuss our mentorship into the director role, pivotal lessons-learned from one another and/or from the role more broadly, and the importance of the work we do.

How Did You Get Involved with APTC?

Tony Cellucci—East Carolina University/Idaho State University (23-Years as a CD)

As I become older, I reflect on how much I owe my parents, a debt I can never repay. The same is true in my professional life. I'm not sure if I had a single career mentor, but there have been many folks who helped me. When I first became a CD at Idaho State, the director of clinical training (DCT) brought me to my first APTC meeting, then held exclusively within the American Psychological Association (APA). The association was filled with welcoming people. An early leader, Jean Spruill, helped us develop the clinic's initial handbook. When speaking with her about my first year as a CD, she surprised me by suggesting that we offer a workshop called "Directing a Training Clinic!" Next year, I joined a small group of directors at our first-ever mid-winter meeting in Chicago. The APTC leaders taking the organization to a national level were my mentors and became my professional friends.

Jennifer Schwartz—Drexel University/University of Delaware (17-Years as a CD)

When Tony was the CD at Idaho State, I was in the role of a teaching assistant (TA) for the clinic. During this time, I was convinced that I would be a clinician upon graduation. My research mentor told me that he thought this unlikely because I valued science so strongly. He didn't think practice was "evidence-based" enough for me to embrace this career path. So, I made a conscious decision to pursue training students, to embrace science in practice, and to reject the false dichotomy of being a scientist or a practitioner. I asked Tony how I could get a job like his when I graduated. He told me to "choose something else." His counsel was not harsh but motivated by the limited number of CD positions. I was not easily derailed and Tony, supporting my goal, exposed me to administrative and clinical issues. My introduction to APTC was when he was Treasurer and I helped process dues payments. He modeled involvement, leadership, and interest in the career paths of his students. While other professionals mentored me in different ways, Tony inspired my career choice, supported me as I took on the role, and has remained available as a mentor and colleague.

Natalie Moser—Michigan State University (8-Years as a CD)

When I met Jen, I was a fifth-year graduate student at the University of Delaware (UD) and she was beginning her CD career there. I was moving on from UD while Jen was leaning into her new role with passion and dedication. I noted this contrast; we were close in age, but I was exhausted and unsure about what to do next. Jen

was invigorating and innovative! I wondered if perhaps a CD position could be a reasonable path for me. It was not until years later, following several years of private practice/adjunct teaching, that I applied for the CD role at Michigan State University (MSU). Jen, at Drexel, in her second CD position, was the first person I called. I noted that she was now a seasoned CD, but still demonstrated the same passion and drive. Her enthusiasm was contagious. Jen's mentorship through the interview process, negotiation phase, and integration into APTC was invaluable. Her content-related advice was extremely useful. However, Jen's excitement for graduate training and keen interest in what I could do, paved the way for me to begin and then nourish my career. In addition to my APTC colleagues, I am fortunate to have other mentors who provide support and compassion. Given the many roles and varied tasks of a CD, it is wise to find multiple mentors. A specific mentor may be uniquely situated to provide a certain type of support (e.g., ethics, research, community practitioner).

What Are Your Memories and Pivotal Learning Moments?

Tony Cellucci

I shared with my co-authors that I made a lot of mistakes in the first few years. I asserted authority and was less tolerant of student developmental issues, and certainly not “woke” enough to issues of cultural identity. However, I loved the job and working with students exhibiting clinical passion. Jen Schwartz, one such student, sought out the clinic TA job and I recall her as someone with many suggestions and ideas, thinking outside the usual boxes. I hope I modeled passionate caring and professionalism. I taught the ethics course, which is a great fit for the CD position (Cellucci & Heffer, 2002). Professional service involvement is important to me. I was deeply involved in university service, the state association, and APTC. I often advise students to look for “two-fors”, activities where you get double credit (e.g., service collaboration also resulting in a conference presentation). The joy of, and trick to our job is to keep learning. A colleague labeled me Mr. Continuing Education (CE) because I am always attending trainings. The faculty would host speakers and take the students to conferences. I recall meeting Jen's dad at a state association conference, and it was clear that he was a proud supporter of his daughter. It helps to understand that our students are first people with individual identities, then students with multiple roles.

Jennifer Schwartz

The transition from postdoctoral fellow to CD was a major one. My first pivotal learning moment took place when I realized I had not negotiated for many job necessities (e.g., a desk, a phone, etc.). I learned quickly about contracts and startup funding. Perhaps the biggest lesson that first year was how vital APTC members are to the support and

growth of *new* directors. All the resources for documentation in a clinic, descriptions of positions, and benchmark descriptions were readily available and organized on the APTC website. I began attending the annual conference and was welcomed warmly by a group of people who just “get it.” Future negotiations always included attendance at APTC conferences as part of my contract!

My next big learning experience occurred, ironically, as I was doing what Natalie described above—going full force with my first CD position. A faculty member noticed the time and energy I was spending cleaning out an old building, crafting the infrastructure of the clinic, teaching more than four classes a semester, supervising, and a myriad of other administrative jobs. She warned me that as a single woman, it was possible to throw myself into the job with this kind of time and energy, but that it wouldn't be sustainable as my life circumstances (e.g., marriage, children) changed. At that point, scaling back might appear to others as slacking or disinterest. She was right! While I still had enthusiasm after my move to Drexel University, I learned how to better establish boundaries (e.g., not teaching evening classes); effective CDs do say “yes” to many asks, but also say “no” when it's not a good fit or not a good time. Interestingly, most of my recent trainees would describe me as a faculty member who models work-life balance and self-care (e.g., Callan et al., 2020). We talk about values and how to allow some tasks to be “good enough,” so that others can be “great.”

Natalie Moser

I am learning every day and am hopefully humble enough to recognize that many moments are still pivotal learning moments for me. However, when I reflect on my most recent experiences, I realize that I am aware that the CD holds an essential responsibility for integrating justice, equity, diversity, and inclusion (JEDI) into the work we do. This was not something I left graduate school understanding or something that I began my CD career prepared for; however, I am working to embrace the challenge. I benefited from conversations with my coauthors, as we can relate to each other in this way. When Tony noted he wasn't “woke” enough, I immediately empathized with his concern, wondering, “Am I?” I have garnered support and information from the APTC listserv regarding policies, practices, and tools from a JEDI lens. I am also fortunate to have excellent support and training available through MSU and a clinical science faculty engaged in learning alongside each other to increase our cultural competence. I have modified policies, implemented cultural interviewing as standard procedure, updated our statement on diversity and affirming care, sought supervisors with diverse identities, and revamped our clinic manual to use non-binary, supportive, and affirming language. However, the pivotal learning involves knowing that our learning with respect to diversity and cultural competency is never done, but a lifelong endeavor of acquiring information and self-reflection (Cornish et al., 2010).

What Are Ways You Have Been Influenced by Those Who Trained You and Those You Have Trained?

Tony Cellucci

As CDs we learn from our students. Sometimes those lessons are hard stops (e.g., a phone call from Jen about whether the clinic would be open, jolted me into understanding the events of the September 11th, 2001 terrorist attacks). Other lessons are gradual revelations on how to be a better supervisor. I took these lessons to APTC conferences, discussed them with colleagues, and received support. When I conduct presentations on supervision, I now emphasize never underestimating the anxiety of beginning clinicians and the power and privilege we hold as supervisors. As a CD today, I'm more laid back and less focused on the small stuff. When stressed, I seek a long-term perspective. Interacting with colleagues, I am more apt to see myself as part of a team. I discuss problematic students with faculty in our clinical training group rather than try to solve the situation alone. I recommend always talking positively about other program faculty and their expertise. You are building a positive socio-emotional climate and creating the "ethical context," Erica Wise's term for health services professional training (Wise & Cellucci, 2014).

I perceive the primary mission of the clinic is to be a center for excellence in training. This prevents me from thinking I should be running a business or substituting for the needed community mental health resources. Identifying your clinic mission and values is crucial. For example, evidence-based treatment, diversity, and student involvement are some of my values. These are operationalized via the requirement that all second years use Barlow's Unified Protocol for Emotional Disorders (Barlow et al., 2018), that all case presentations must include a diversity considerations slide, and by engaging students in my reviews/presentations. I'm also still learning from the students. Pre-COVID-19, we started using identification badges in our clinic where students could list their pronouns in support of gender diversity. I recommend involving them in decision-making and offering opportunities for leadership. My graduate teaching assistants (GTAs) read over my annual report and offer suggestions. It may get them thinking about the position of CD as a future career. My first East Carolina University clinic GTA recently published a book on movement disorders. I ordered the text and recently ended up consulting her about an evaluation of a college age woman presenting with a tic disorder. I am in awe of what students accomplish.

Jennifer Schwartz

When I contacted Tony and Natalie regarding writing this article, my thought was that there are so many times we have been inspired by or inspire others that often we don't know what was meaningful to another person. I remember one such event with Tony when I was a graduate student. He

invited me to listen to a speaker, Donald Meichenbaum, in Utah. Tony also arranged road trips to an Idaho Psychological Association meeting where he had a leadership position and had created a student poster session opportunity (his "two-fors" idea above). He modeled pursuit of enriching educational experiences, interest in training beyond the clinic/classroom, and involvement in the profession. I experienced being brought into the profession by someone who was eager to share his passion for the field with others.

Natalie was my first experience watching the metamorphosis of a trainee to a young professional. I saw in Natalie a willingness to take career "leaps of faith," as she relocated with her family. She and her husband both worked to build their respective careers, and good opportunities for one at times meant starting in a new place for the other. Natalie was an example of the balance that we strike between our professional and personal lives and how taking risks can pay off in meaningful ways.

Natalie Moser

When I began attending APTC, I remember observing the ways in which members formally and informally interacted with colleagues from across the country, shared problems and solutions, and took on leadership roles within the organization. These networking skills directly benefited me as APTC members willingly introduced me to others and offered opportunities within APTC. Less directly, they demonstrated how to find support within APTC (hint: it is not hard to find!). I have now attended six APTC conferences and continue to feel fortunate at each for the professional network that is there. Not only do Jen and I share a history from our brief overlap at the University of Delaware, but now, as colleagues, we share current successes and struggles. Having a mentor who grows with you allows for mutual reflection and mutual growth.

The Importance of the Work We Do

Tony Cellucci

Being a CD allows us to stay connected to a university and the field. To be successful, you must continue to grow personally and in competencies. You are part of a community of learners. I can't emphasize enough how important it is to stay connected and to get involved in APTC. My participation has given me back much more than I was able to contribute. Most recently, APTC members were extremely helpful to me in the COVID-19 transition, especially as our clinic adapted to tele-assessment. Undoubtedly, some of your past students will continue to reach out to you after they graduate. It often isn't who you would predict but cherish those who do. More than that paper we wrote, they make us feel like our careers made a difference. If you're lucky, you will have students who are now more colleagues and friends. As I near retirement, I appreciate all the students who have influenced me for the better as well as my supportive APTC colleagues. Pass it on.

Jennifer Schwartz

I find myself presently in the “sandwich generation” of CDs. Many of those who I have looked up to, been mentored by, and who have had a tremendous impact on my career trajectory are at or approaching retirement. It’s unfathomable to me that the faces I have seen year-to-year at APTC conferences, names I recognize regularly across my emails, and those who have “always” been the leadership in APTC are starting to move onto new phases of life. However, it’s simultaneously true that I’m hoping to inspire more trainees to consider CD as a career path (e.g., Trainor & Schwartz, *in press*). Overall, my choice to be a CD was purposeful and goal-directed. I want to continue to inspire those students I train to be well-balanced, science-loving (and informed!), ethical, and competent practitioners (broadly defined) of psychology. My hope is that the approach I take to training allows for flexibility within fidelity and continues to push the boundaries for what experiences can be offered in a training clinic. I also hope that I will have a positive impact on my current APTC colleagues facing similar journeys at the present time. I have tremendous gratitude to my colleagues who have come before, those walking with me concurrently, and our future colleagues.

Natalie Moser

Admittedly, the long-term impact of my work is still evolving. In our conversations preparing for this paper, it was heartwarming to hear about the impact a CD has on others. I have supervised many students, implemented innovative changes, and cultivated meaningful relationships. Hearing from recently graduated students regarding their current work and memories of graduate school provide me with glimpses into the positive impact of my role and my relationships. I care deeply about graduate training and aim to bring state-of-the-art training to the clinic and broader clinical science program at MSU. I hope the changes I have made and my plans for the future will have a measurable impact on students and their professional development. I am grateful for the CD role and responsibilities, ongoing learning, open-minded colleagues, a well-resourced department, and an extremely supportive organization at APTC.

Conclusion

Pericles stated, “What you leave behind is not what is engraved in stone monuments, but what is engraved in the lives of others” (as cited by Parker, 2006, p. 118). Through this reflective exercise, the impact CDs have and their multigenerational influence have been elucidated. Our legacy will pass down through generations to come.

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APTC Goes To Heaven: LIFE AFTER THE APTC

Introduction

In 1970, Neil Young wrote “Birds” for the album, *After the Gold Rush*. Here is the chorus:

*When you see me
Fly away without you
Shadow on the things you know
Feathers fall around you
And show you the way to go
It's over, it's over*



William Salton, Ph.D.
Yeshiva University

We all know those emails. They start out: “after ‘n’ number of years of dedicated service...”, or “although this wasn’t planned...”, and most often, “it is with very mixed emotions that...”. It is usually after these introductions that people announce that they are leaving. Leaving their jobs as training clinic directors, leaving the profession of psychology and leaving the Association of Psychology Training Clinics (APTC). This article is a brief analysis of questions and answers about the next step, the next challenge, and the next “road taken” for the APTCers who “fly away” from the nest of the APTC. Where do they fly? Has APTC influenced the things they know? And what shadows remain when their association with the Association is truly “over”?

Method

A list of clinic directors who had either left, or will be leaving their positions (and the APTC) was obtained. They were asked to complete the “Salton APTC Leaving Questionnaire” (SAPTCLQ) which consists of the queries below. The statements in parentheses indicate the modifications of the questions for directors who will soon be leaving the APTC. Participants were informed that their identities would be kept confidential. The SAPTCLQ includes the following questions:

- How long were you a clinic director?
- What are you doing now? (What will you be doing after you leave?)
- How has being a training clinic director helped you in your current (or future) endeavor?
- What do you (will you) miss most and least about being a training clinic director?
- How has the APTC influenced your participation in other organizations?
- How did you know when it was time to leave?
- If you could change one aspect of your life as a training clinic director, what would it be?

Results

A list of 39 clinic directors who have left, or will imminently be leaving the APTC was obtained. Ten directors responded to the questions. Below is a summary of their answers to each question:

- **How long were you a clinic director?** Range = 2-21 years, $M = 14$ years, Median = 16.5 years.
- **What are you doing now? (What will you be doing after you leave?)** There are three categories of results for this question. About one-third of the respondents

have moved on to other academic or academic-related jobs in universities and hospitals. All are in positions of leadership. Another third has undertaken more “clinical” pursuits like private practice, or clinical consulting. The final third is only minimally involved with psychology, preferring such varied pursuits as traveling, dancing, playing music and taking care of animals. This group has essentially “retired” and they are spending the rest of their lives doing things that they have waited until retirement to do, while they remain in good physical health. One respondent referred to this time as the “go-go” years.

- **How has being a training clinic director helped you in your current (or future) endeavor?** Although no one cited a “direct” correlation (“I am good at ‘fill-the-blank’ now because I did ‘fill-in-the-blank’ as a training clinic director”), there are some general qualities of the clinic director job which seemed to be helpful going forward. They are: flexibility, leadership, organizational knowledge, dealing with the unexpected, and tenacity. One former director bluntly stated: “I couldn’t deal with all the ‘bull----’ in my current job if I hadn’t developed ‘calluses’ on my mind, heart and soul as a training clinic director.” Even the directors who are retiring felt that being a training clinic director and the spirit of the APTC has taught them how to get as much enjoyment from their lives as possible.
- **What do you (will you) miss most and least about being a training clinic director?** By an overwhelming majority, clinic directors report missing working closely with their students through teaching and supervision. Every aspect of APTC, from the conferences to the listserv, is also missed. Significantly less missed are issues relating to funding and resources, as well as dealing with difficult faculty and administrators at the university and especially those who tend to demean the roles of the clinics and their directors. Finally, one clinic director stated specifically NOT missing “dealing with new regulations as they come up only after finding out about them on the APTC listserv.”
- **Has the APTC influenced your participation in other organizations?** The results here indicate a resounding “yes.” APTCers seem to be “joiners” who continually participate in organizations dedicated to the training and practice of psychology. Specifically, many of them become site visitors. One of the retirees even related her work in the APTC to her participation in a local animal rights organization. Yet, everyone said that the APTC was their favorite organization.
- How did you know when it was time to leave? Apparently, the “pull” to leave came either from without or within themselves. Half the clinic directors believed that they were moving on to opportunities that would enhance

their overall careers and “life goals,” while the other half wanted to pursue more “non-psychological interests” in their lives. For some, issues around the pandemic were key motivators to move on. Indeed, two directors said that it was time to retire when they began to feel like they were “missing out” on things they wanted to do.

- **If you could change one aspect of your life as a training clinic director, what would it be?** Being a clinic director is difficult and stressful. All the directors said they could have used more staff, either in the form of an assistant director, administrative help, or teaching assistants. There also seems to be a general feeling that clinics and clinic directors are “undervalued” in their departments and universities, and there was a wish that this would change.

Discussion & Conclusions

This is a small sample. Many of the former clinic directors are no longer reachable via their university email addresses. Yet, it seems that when APTC clinic directors move on, they are generally happy with their moves and report that their experiences as clinic directors are vital and important. They also stay at their jobs for a reasonably long time. Depending on the age of the clinic director, their jobs prepare them well for either another job or for “life.” Additionally, APTC seems to be a stellar and unique organization with the type of structure, policies and procedures that make clinic directors feel supported, heard, valued, and understood.

One set of questions that are not addressed are the characteristics of an effective clinic director. Obviously, it is not a job that everyone can do or wants to do. These results suggest that flexibility, endurance, a knowledge of systems, excellent clinical skills, and the ability to have fun are key components. However, it would be interesting to design another questionnaire that examines our characteristics in greater depth.

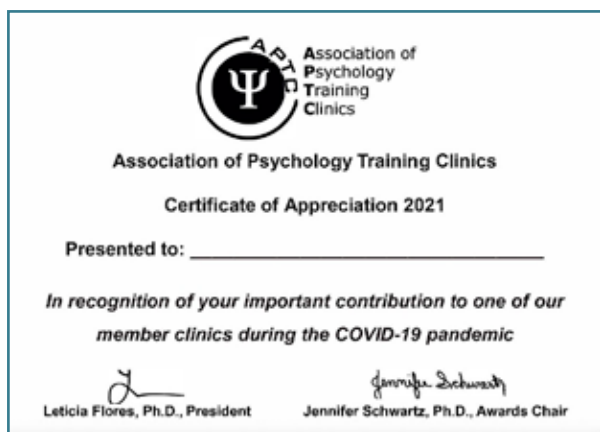
In conclusion, let’s go back to the words of Mr. Young. It seems that when being a clinic director is “over,” our experiences give us many things that we “know” and really do “show us the way to go.” Indeed, “heaven” takes many different forms within the “flock” of the APTC, and it is clear that the association gives its birds many tools with which to “fly away.”

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APTC CERTIFICATES OF APPRECIATION: 2020-2021

Last spring, with the pandemic in mind, the APTC Awards Committee wondered whether there was an award that could be given to honor people within our clinics who went above-and-beyond expectations during our collective transition to telehealth. There was consensus within the committee that we all had “helpers,” whether they be staff members, graduate assistants, or graduate students, who were instrumental in helping us during such an unprecedented time. We also agreed that it would be impossible to choose one award winner across our clinics because virtually all of us had people worthy of this recognition. Therefore, we created the *APTC Certificate of Appreciation*, to honor their contributions. Clinic directors were asked to submit the names of deserving recipients and then to present them with the certificate on behalf of APTC. We are all so grateful to all of these amazing people, whose support was essential to supporting the missions of our many member clinics.



Brigham Young University Comprehensive Clinic

David Fawcett, Ph.D.

Dr. Fawcett is being recognized for rapid, thorough, effective, and efficient efforts to create teletherapy tools for the Clinic.

Recognized by: Dean E. Barley, Ph.D.

Center for Psychological Services and Development, Department of Psychology, Va. Commonwealth University

Stacey L. Maples, M.B.A.

Stacey is being recognized for exceptional contributions to establishing clinic policies and procedures in response to COVID-19, allowing us to quickly return to service.

Recognized by: Mary Beth Heller, Ph.D.

Counseling and Assessment Clinic, Department of Educational Psychology, Texas A&M University

Angela Welch

Angela is being recognized for extraordinary service in business and finance for the Counseling and Assessment Clinic.

Anita Sohn McCormick, Ph.D.

Dr. McCormick is being recognized for providing extraordinary clinical supervision to students in the Counseling and Assessment Clinic.

Cynthia Riccio, Ph.D., ABPP

Dr. Riccio is being recognized for extraordinary service in clinical supervision to students in the Counseling and Assessment Clinic.

Jonathan Hall, Technology Services

Office of the Dean & College of Education and Human Development
Jonathan is being recognized for invaluable technology consultation and support, and administration of secure and reliable telehealth services at the Counseling and Assessment Clinic.

Kirsten Newell, Ph.D.

Dr. Newell is being recognized for providing extraordinary clinical supervision to students in the Counseling and Assessment Clinic.

Leann V. Smith, Ph.D.

Dr. Smith is being recognized for providing extraordinary clinical supervision to students in the Counseling and Assessment Clinic.

Teresa Roberts

Teresa is being recognized for extraordinary service in business and finance for the Counseling and Assessment Clinic.

Recognized by: Krystal T. Simmons, Ph.D.

**Counseling and School Psychology Clinic,
Department of Educational Psychology,
University of Nebraska-Lincoln**

Alisa Kushner

Alisa is being recognized for outstanding contributions in helping transition the clinic's operations to telehealth during the pandemic.

Allison Bitz, Ph.D., LP

Dr. Bitz is being recognized for outstanding supervisory contributions towards the success of the clinic.

Dena Abbott, PhD, LP

Dr. Abbot is being recognized for outstanding supervisory contributions towards the success of the clinic.

Edith Reza Martinez

Edith is being recognized for outstanding contributions to the successful billing operations of the clinic during the pandemic.

Dr. Gina Furr, Ph.D., LP

Dr. Furr is being recognized for outstanding supervisory contributions towards the success of the clinic.

Lauren Scanlan

Lauren is being recognized for her outstanding contribution in transitioning to telehealth clinic operations during the pandemic.

Megan Watson, Ph.D., LP

Dr. Watson is being recognized for outstanding supervisory contributions towards the success of the clinic.

Melissa LaRosa

Melissa is being recognized for her outstanding contribution to helping transition to telehealth clinic operations during pandemic.

Michale Scheel, Ph.D., LP

Dr. Scheel is being recognized for outstanding supervisory contributions towards the success of the clinic.

Neeta Kantamneni, Ph.D.

Dr. Kantamneni is being recognized for outstanding supervisory contributions towards the success of the clinic.

Scott Napolitano, Ph.D., LP

Dr. Napolitano is being recognized for outstanding supervisory contributions towards the success of the clinic.

Recognized by: Heather Hruskoci, Ph.D., LP

**Drexel Psychological Services Center,
Department of Psychology,
Drexel University**

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Linda Friedman

Linda is being recognized for contributing to supervision and research wherever needed during the pandemic—a true team player!

Pamela Geller, Ph.D.

Dr. Geller is being recognized for excellent commitment to supervision and flexibility during the pandemic.

Recognized by: Jennifer Schwartz, Ph.D.

**Psychological Assessment and Specialty Services Clinic,
East Carolina University**

Danielle Braley-Winkle, Office Manager

Danielle is being recognized for maintaining and enhancing office operations during the pandemic.

Recognized by: Tony Cellucci, Ph.D., ABPP

**Hagin School Consultation Center,
Fordham University**

Brittany Bucceri

Brittany is being recognized for demonstrating dedication, cooperation, and flexibility which has made it possible to continuously support many students, clients, and faculty throughout the 2020-2021 school year.

Recognized by: Angie Sjoquist, Ph.D.

**McShane Center for Psychological Services,
Department of Psychology,
Dyson College, Pace University**

Alexandra Aviles, M.A., Administrator

Alexandra is being recognized for wonderful contributions to the McShane center throughout the COVID-19 pandemic.

Recognized by: Linda Olszewski, Psy.D.

**Psychology Clinic,
Department of Psychology,
Georgia Southern University**

Doria Douglas, B.S.

Doria is being recognized for exceptional service to the Psychology Clinic during the COVID-19 pandemic.

Recognized by: Amy Luna, Ph.D.

**Psychological Services Center,
Department of Psychological Sciences,
Auburn University**

Eren Armiger

Eren is being recognized for consistently demonstrating excellence in flexibility, decision-making, organization, and collegiality.

Recognized by: Nadia Bhuiyan, Ph.D.

**Psychological Training and Consultation Center,
Department of Psychology,
Central Michigan University (CMU)**

Carls Center Clinical Care and Education Staff,
College of Health Professions

The Carls Center Clinical Care and Education staff are being recognized for their assistance with daily clinic operations during COVID-19.

Kurt Smith

and Healthcare Information Technology (IT)

Kurt and Healthcare IT are being recognized for their assistance with the transition to telehealth and continued technological and security support during COVID-19.

CMU Health Insurance Portability
and Accountability Act (HIPAA) Office

The CMU HIPAA Office are being recognized for their assistance with the transition to telehealth and continued guidance during COVID-19.

Recognized by: Melissa Tuttle, Ph.D.

**Purdue Psychology Treatment and Research
Clinics, Department of Psychological Sciences,
Purdue University**

Alexander Gulik

Alexander is being recognized for keeping us connected through all technical challenges as the computer support specialist in our area.

Bruce Bresnehan

Bruce is being recognized for arranging and maintaining our systems with the privacy and security required for telehealth as head of the department's IT staff.

Christopher Eckhardt, Ph.D.

Director of Clinical Training, Clinical Psychological
Sciences

Dr. Eckhardt is being recognized for generously sharing resources and collaborating on developing and implementing our telehealth services and supervision.

Heidi Campbell

Heidi is being recognized for collaborating through many obstacles to transfer our clinic to a virtual payment system as the department business manager.

Jeff Karpicke, Ph.D.

Chair of the Department of Psychological Sciences

Dr. Karpicke is being recognized for demonstrating unfailing support for our educational and clinical missions as we adapted to telehealth and tele-assessment since becoming chair of the Department of Psychological Sciences during the summer of 2020.

Kelly L. LeMaire, Ph.D.

Dr. LeMaire is being recognized for working side by side with me [Dr. Akey] all year, offering boundless support, maintaining an ethical focus, and demonstrating deep commitment to our missions.

Samantha Ingram, M.S.

Clinic Coordinator

Samantha is being recognized for participating in reworking procedures, retraining student clinicians, and maintaining high standards for client service and documentation.

Sara Ostheimer

Sara is being recognized for working endlessly and cheerfully to adapt her workflow and support every area of our operations.

Recognized by: Elizabeth H. Akey, Ph.D.

**University of California Los Angeles (UCLA)
Psychology Clinic, Department of Psychology,
UCLA**

Bryant Miranda

Bryant is being recognized for demonstrating exceptional administrative service to the Clinic in support of transitioning to a remote model of therapy services.

Recognized by: Danielle Keenan-Miller, Ph.D.

**University of Kansas Psychological Clinic,
Department of Psychology**

Hilary Hicks, M.A.

Hilary is being recognized for extraordinary work over the past COVID year as the clinic coordinator for the University of Kansas Psychological Clinic!

Recognized by: Sarah Beth Kirk, Ph.D., ABPP

**University of Maryland (UMD) Psychology Clinic,
Department of Psychology,
UMD College Park**

Joanne Leffson-Bryant,

Director of Finance and Administration
at the University of Maryland College Park

Joanne is being recognized for demonstrating unflinching support during the Psychology Clinic's rapid transition to telehealth.

Lea Dougherty, Ph.D.

Associate Professor and Director of Clinical Training

Dr. Dougherty is being recognized for demonstrating steadfast leadership and commitment to the health and safety of the UMD Psychology Clinic's clients and clinicians.

Recognized by: Colleen Byrne, Ph.D.

**Vermont Psychological Services Clinic,
Department of Psychological Science,
University of Vermont, Burlington**

Kelly Allen

Kelly is being recognized for her amazing skill and efficiency in continuing our billing system from her home.

Susan Martel

Susan is being recognized for her amazing skill and efficiency in transferring our clinic to a telehealth platform!

Recognized by: Karen M Fondacaro, Ph.D.

**Congratulations
to the newly-elected
APTC
Executive Committee
Members!**

The new officers will assume their roles in March, 2022.

PRESIDENT

Scott Gustafson, Ph.D., ABPP

Florida Institute of Technology

PRESIDENT-ELECT

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