APTC NEWSLETTER

November 2016

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Presidential Reflections

Karen Fondacaro, Ph.D.

I cannot help but feel so proud of our Clinic Directors and the important daily commitments we share. Along with handling serious ethical dilemmas, potential life threatening situations, and challenging supervision, we are responsible for integrating science and practice. Our clinics are gaining recognition as the most important terrain for scientist-practitioner training in psychology. We are central to this education and we are uniquely positioned to enhance our role in the integrated training of psychologists. Our relatively recent emphasis on Clinical Competencies, financial functioning, and measurement of clinic outcomes clearly gives us the potential to further the field of psychology. I offer a few reflections on these challenging issues to be discussed further at our meeting in 2017:

Clinic Directors are Central to Furthering Clinical Competencies

Most of our clinics have adopted the use of clinical competencies, and using these guidelines, graduate students are evaluated across three levels of professional development (i.e., readiness for practicum, readiness for internship, and readiness for practice). Clinic directors supervise and evaluate graduate student functioning at different developmental levels and can give unique perspectives on effective measurement.

Financial Focus

Clinic directors are dedicated to flexible and skillful implementation of evidence-based practice, ensuring the highest level of care - often to underserved populations. Many clinics are finding ways to simultaneously build successful business models in order to enhance student training with state-of-the-art assessment and technology. We currently have a Business Models Working Group, chaired by Catherine Panzarella including members: Jim Whelan, Scott Gustafson, and Heidi Zetzer. The group is charged with developing a shared language for showing the value of training clinics and identifying a few prototypical business models or describing features of a range of business models that are used by members of APTC. Short of obtaining MBA's, let's continue to help one another gain new ways to create healthy functioning clinics with flexible finances to enhance our student training.

Reflections on Repositories

Many of our clinics are natural locations for true integration of science and practice especially during these challenging times when obtaining external research and clinical grants can be so difficult. Client intakes, ongoing assessment and outcome measurement all naturally represent the integration of research and practice, and can shed light on important clinical questions. Over the years, our clinic directors and research committee have conducted excellent work regarding supervision, clinical outcomes, barriers to treatment, therapeutic alliance, etc. Why not continue this work and enhance our students' knowledge of important clinical issues? We could establish a clinic repository with data from our clinics to create powerful practical and research perspectives.

A few updates. . .

Planning for our 2017 Annual Meeting in Miami, Florida is well on its way. We have made arrangements to host the meeting from Thursday, March 30, 2017 through Sunday April 2, 2017. Regular programming will end on Saturday, April 1, 2017 and the Executive Committee will meet on Sunday morning. We are also offering training on the new APA Standards of Accreditation on Thursday, with New Directors programming later that afternoon.

We are also working on our 2018 annual meeting with the goal of combining APTC with international affiliates and clinics in the Pacific Rim. Kris Morgan has completed a great deal of work for this meeting and we may be able to host it in Hawaii. Please stay tuned…

I am heading to Washington DC this week for the CCTC meeting and will keep you posted with updates via our listserve and the next newsletter!

Trauma Services Clinic: Northern Illinois University

Karen White, Ph.D.

Drs. Holly Orcutt and Michelle M. Lilly

Northern Illinois University's doctoral clinical psychology training programs allows for several areas of emphasis, one of which is in traumatology. Dr. Holly Orcutt and Dr. Michelle Lilly have fine tuned the trauma-related training in research and clinical practice at NIU.

A two-course sequence (completed within the first two years) includes: ***Traumatology*** - a broad overview of trauma-related mental health sequelae and predictors of adverse outcomes; and ***Intervention and Assessment*** which focuses on empirically-supported treatments for PTSD and depression.

The Psychological Services Center also has a specialty team, the Trauma Services Clinic (TSC, http://www.niu.edu/psyc/psc/programs/tsc.shtml/). TSC clinicians (in 4th and 5th year) have performed well in the clinic, have taken the trauma course sequence, and most have completed a practicum at the Hines VA. These students come to the table with trauma-specific didactic and experiential training. Supervision occurs on tiered teams. Second and 3rd year practicum students completing the standard clinical training are exposed to supervision of trauma-related cases (e.g., survivors of physical and sexual abuse as children, sexual assault survivors, and Viet Nam and post-9/11 veterans). This developmental approach exposes students to trauma-related training starting with didactics in their first year, exposure to trauma-related clinical work in their second and third year, and then experiential training in their fourth and fifth years at Hines VA, which is "icing on the cake".

The Traumatology Journal Club, a regularly scheduled "brown bag," has the mission to keep students and faculty up to date on findings in the field. Journal club members select a recent article, read it as a group, then discuss thoughts and reflections on it. This helps to stimulate conversation about what's being learned in courses and in the therapy room. Topics range from neurocircuitry of PTSD to ecological momentary assessment of negative affect. Students studying other forms of anxiety (e.g. social anxiety, OCD) also attend the journal club and take the traumatology courses.

The intersection of substance abuse and trauma

The role of substance abuse is considered in the context of trauma, that is, it involves behavior (e.g., drinking) that effectively allows avoidance of the main ingredient of treatment effectiveness, such as exposure-based approaches to treating PTSD (including treatment approaches such as Skills Training in Affective and Interpersonal Regulation (STAIR), Cognitive Processing Therapy (CPT), and Prolonged Exposure (PE). Not many clinical training programs have a strong suit in alcohol and substance abuse research and treatment, and the NIU program is no exception. Students and supervisors need extra reading and training about substance abuse, especially as it applies to trauma, and guidance in determining how social contexts influence substance use (e.g., initiation and celebratory rituals in the military).

As clinic director, I need to judge the appropriateness of clients for a training clinic and to consider how much dysregulated-to-dangerous behavior can be managed by a clinic that does not have 24-hour coverage. This means that in some cases the TSC has not been able to provide services until clients received treatment for dangerous levels of drug and alcohol abuse.

Remember risk management

Initial assessment of the appropriateness of a TSC case requires careful attention to a heightened risk of suicidal thoughts and behaviors, helping trainees absorb and discern the difference between clients' sometimes subtle allusions to self-injury and actual suicidal ideation and intent. The potential for mandated reporting tends to be higher among TSC clients, in terms of child abuse perpetrators having access to clients' younger siblings, clients' knowledge of past abusers who work in settings such as public schools, karate clubs, team sports clubs. Students need extra guidance and support in managing their own anxiety about asking clients about sensitive topics that may "cause" the clinician to consider breaching confidentiality.

Trauma Services: Survivors of Torture and Trauma

Karen Fondacaro, Ph.D.

Connecting Cultures is a specialty service of the Vermont Psychological Services Clinic (VPS) in the department of psychological science at the University of Vermont. VPS is an out- patient, non- profit community mental health center and training clinic for pre-doctoral clinicians working toward their doctoral degrees in clinical psychology. The clinic has been providing psychological services to underserved communities in Vermont, New Hampshire and Northern New York for over 40 years and has established a reputation for delivering high quality cost effective services. Licensed doctoral clinicians/faculty and graduate student clinicians provide services to individuals, families, groups, and communities.

Connecting Cultures, the most recent specialty service associated with VPS was established in 2007. Connecting Cultures is specifically designed to promote well-being and mental health services for refugees re-settled in Vermont. Connecting Cultures is the mental health component of the New England Survivors of Torture and Trauma (NESTT) program which represents a direct partnership between psychological and legal services (Vermont Law School).

Currently, ***Connecting Cultures*** has a director, associate director, three licensed psychologists, seven pre-doctoral clinicians, one licensed supervising social worker and three social work interns. The Connecting Cultures program has four unique components, providing an integrated, culturally sensitive approach to providing mental health services including: 1) community-based outreach services (working in homes and with entire refugee communities); 2) direct clinical services (given the trust established, refugees choose to receive confidential treatment services in our clinic); 3) mental health research (we believe that program evaluation is an essential component to providing effective services) and 4) training (we have a commitment to teaching other professionals as we continue to enhance our own learning and cultural knowledge). Each of these four integrated components informs and enhances the others.

A community-based forum is used to provide clinical outreach services while direct services are provided at our clinic (or our satellite office at the Association of Africans Living in Vermont - AALV) for an array of mental health concerns including individual treatment for Post-traumatic Stress, Depression, Anxiety, Domestic Violence Issues, and Grieving the loss of family members and country of origin. We also conduct groups regarding Parenting, and Stress Management. In addition, we conduct a Post Traumatic Well-Being (PTWB) group for torture survivors experiencing post traumatic stress. Additionally, evaluative research and a data repository involving understanding refugees' mental health is ongoing. Finally, an emphasis of the program is to share information with other professionals through a collaborative training format and to show how research findings and clinical work inform one another. To date we have established relationships with numerous refugee communities (from over 29 different countries) who currently utilize our services including the Bhutanese, Sudanese, Iraqi, Burundi, Somali-Bantu, Burmese, Vietnamese, and Bosnian communities.

As ***Connecting Cultures*** has gained trust, we have had the opportunity to discuss mental health strengths and concerns with many communities. This has resulted in a dramatic increase in requests for individual confidential services by refugees at our clinic. Given the community's and AALV's recent expressed concerns about domestic violence, sexual violence, and youth concerns, we recently have been attempting to increase our capacity for providing intake, outreach and direct services by co-working on grants with AALV. Our most recent grant award is a National Institute of Health – Small Business Innovation Grant (NIH-SBIR) Phase I. Through this grant, we are currently in the process of developing a technology-based application addressing between session disparities in mental health for individuals who do not speak English. The application is part of the Chronic Traumatic Stress Treatment currently being developed by our program.

STATS

- **60 million refugees and Internally Displaced Persons (IDP) worldwide (2015, UNHCR)**
- **Approximately 50% are children**
- **Reached its highest point since WWII**
- **United States accepts approximately 75,000 refugees annually**
- **There are approx 180 resettlement centers dispersed across the United States**
- **Refugees have experienced many traumatic events and many have been tortured**

Trauma Services: Veterans

Law & Psychology Clinic Collaboration

Leticia Flores

In 2009, VCU began a unique collaboration with the fledgling veterans benefits clinic at William & Mary's Law school. VCU's psychology training clinic provided inexpensive, comprehensive diagnostic evaluations for veterans appealing disability ratings that hampered their ability to obtain compensation and services for conditions like PTSD. The collaboration was more successful than either school imagined, helping over a hundred veterans and recouping thousands of dollars in back pay and services. Clinic director Beth Heller currently manages this successful partnership.

This law and psychology clinic collaboration model expanded to include other APTC and law clinics, as well as pro bono attorneys. The National Veterans Legal Services Project (NVLSP) worked with clinic director Leticia Flores to develop a "manual" to guide clinics and attorneys working together on a veteran's case. These collaborations pay off in many ways. For example, students who have conducted evaluations are better prepared for practicum or internships with VAs, and veterans receive more extensive testing than they get from VA providers or contractors.

Training clinics encounter some challenges when working with veterans with trauma. The military service member may be asked to describe experiences they have tried hard to suppress, and disclosure can cause varying levels of distress. Significant others may be asked to accompany the veteran for emotional support. Sometimes veterans may need transportation options, because their PTSD makes it difficult or even impossible to drive to the clinic. Consequently, regular communication between the law student/attorney and the clinic is encouraged, so that possible barriers and risks can be anticipated and planned for.

Apps for Interventions

CBT Tools for Kids
Colleen Byrne

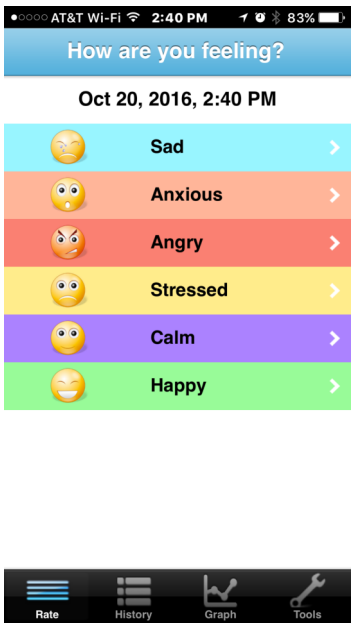
Hello fellow psychologists doing CBT with children and teens. How many of you have decent compliance with written homework? What, no hands raised?? Well, I'm with you there. Getting clients to complete CBT homework with paper and pencil can be a challenge, and it seems that the younger the client the more difficult it is. The CBT Tools for Kids app is a multifunction app that is intuitively easy to use, visually appealing, and functions true to CBT as an evidence-based treatment. Basic CBT skills such as mood monitoring, mood intensity rating, and distress-triggering thoughts/events are adeptly mapped onto CBT skills such as relaxation, positive actions, or reframing of negative thinking. The screens are engaging with simplistic, colorful design and relatable emoji.

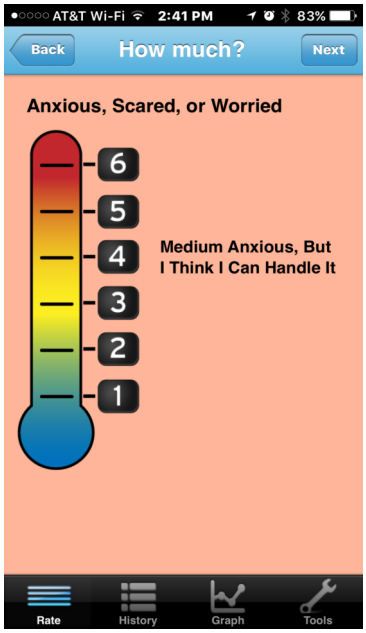
Specs

This app was developed for kids and teens (8 to 18) by Clinical Psychologist, Veronica Raggi Cregg. Created in 2013, the app is still in its current version (1.0) and is compatible with iOS 5.0 or later. It works on Apple platforms for iPhone, iPad, and iPod touch, but not on Android or Google devices. The app is available through the App Store icon on your Apple smart device for a one-time cost of $2.99. There are no subscription or renewal fees and no in-app purchases.

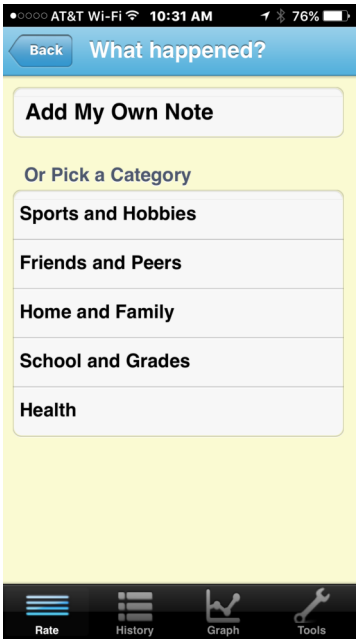
Purpose & Features

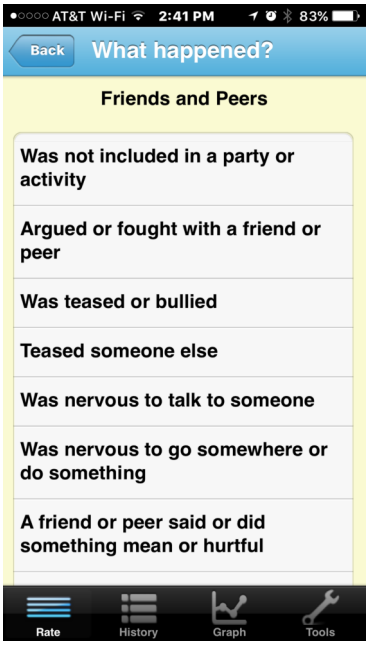
The CBT Tools for Kids app "allows children to learn and use effective strategies for understanding and managing their thoughts and emotions" using tools and skills based on Cognitive Behavior Therapy. In the app, users rate their *feelings* (e.g. Sad, Anxious, Angry, Stressed, Calm, and Happy) and intensity of those feelings using a 6-point thermometer-themed Likert scale. Each intensity rating is paired with a helpful written descriptor. Next users are guided screen by screen to choose broad and specific categories associated with the feeling (e.g. Sports and Hobbies; Friends and Peers; Home and Family; School and Grades; and Health), and they have the option to add their own note for more detail.



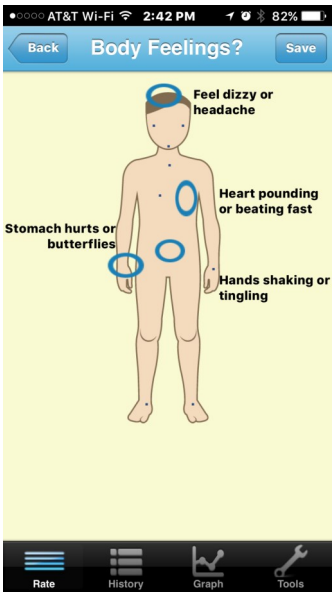


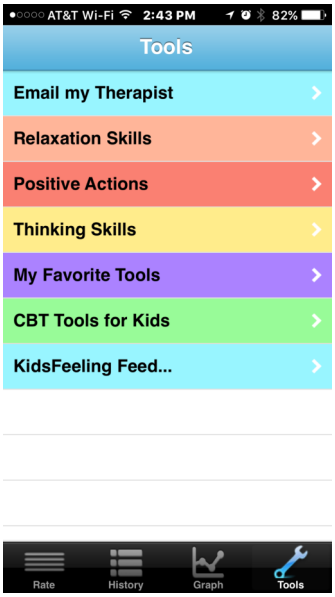
Apps for Interventions



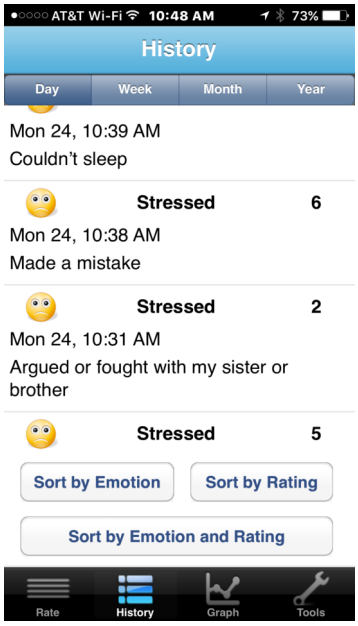


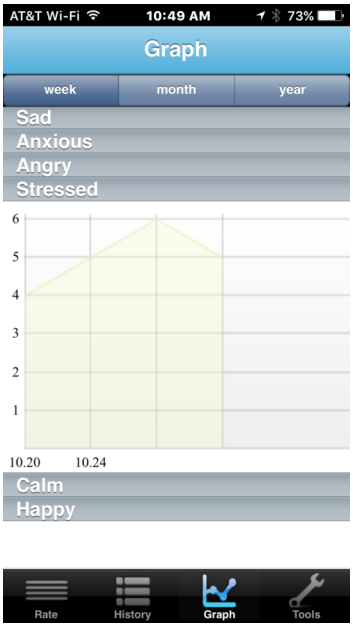
On the final screens, users are encouraged to elaborate on associated *thoughts* and *behaviors* and to click on body areas paired with common symptoms of anxiety (e.g. click on abdomen = "stomach hurts or butterflies"). After saving, users are presented with a list of positive coping strategies (e.g. Email my Therapist; Relaxation Skills; Positive Actions; and Thinking Skills). The app tracks progress with outcome ratings over time (e.g. Day, Week, Month, Year) that are presented either list wise with the History option or line graph with the Graph option. The History option also displays the specific thought/event associated with the feeling.





Apps for Interventions





If the above were all the included features, I would still find this app quite useful, but the included Tools (Relaxation Skills, Positive Actions, and Thinking Skills) are an enormous plus. Specifically, the Relaxation Skills option includes pre-recorded audio that guides children through essential CBT skills such as Calm Breathing, Aware Breathing, Muscle Relaxation, Awareness Meditation, and Imagination. They are extremely well-done and are just the right length for children. The user also has the option of emailing their therapist without having to switch apps.

Pros

- Intuitively easy to use
- Access to ratings history in list or graphic format
- Inexpensive
- Login/sign-up not required
- Potential increase in CBT homework compliance with Gen Z (post-millennials)

Cons

- Limited response options when rating reasons for positive emotions
- On devices using 10.0.2, the app crashes when typing notes. **I contacted the developer--she is aware of and actively working to resolve the issue.

Suggested Upgrades

- Link to therapist account so client can send *data*
- Positive feedback to user in the form of badges, levels, or customization options

Bottom line: I can see this app being useful for adolescents, some adults, and young children too, as reading is not really required to use the Ratings and Tools functions. Overall, I find CBT Tools for Kids to be a highly useful, scientifically-derived therapy app and an excellent value for the cost.

Ratings

Setup	★★★★★
Features	★★★★★
Performance	★★★1/2
Overall	★★★★1/2

Then… and Now

Robert W. Heffer, Ph.D.

As inaugurated in the previous Newsletter, this article provides a link from what APTC was done in the past to its current involvement in psychology doctoral training.

Right now, our graduate students are immersed in the "trauma" of the APPIC internship match process. Of course, this often stressful aspect of professional transformation is *not* to be compared the trauma of clients served by many of our APTC clinics (check-out articles from our colleague contributors to this Newsletter).

From Newsletter articles[1] a mere 10 years ago, APTC was solidifying more formal connections with training organizations, such as APPIC. Then, "new horizons" for APTC included collaborating with training and credentialing entities focused on the integration of research, training, and practice to enhance the quality of work within professional psychology.

At the 2006 APTC Mid-Year meeting (Santa Barbara), key-note speakers Nadine Kaslow and Emil Rodolfa introduced an *emerging* competency model for practicum through internship. At the 2007 Mid-Year meeting (San Diego), APTC and APPIC met in the same hotel for parallel and integrated meetings—the first time APTC coordinated meetings with a sister organization. Of course, in the intervening years APTC all-stars such as Bob Hatcher have made impactful contributions to the profession on both trainee competency evaluation *and* internship match. At the 2006 APTC meetings concurrent with the APA Convention (New Orleans), APTC awarded its first Friend of APTC Award to Paul Nelson, a long-time APA leader in graduate education and training. Two years later at the 2008 Mid-Year Meeting in San Antonio (a joint meeting of APTC and CUDCP), Jeff Baker earned the Friend of APTC Award, largely for his leadership within APPIC to include APTC in collaborative efforts to improve professional psychology training.

That was then… now APTC continues at the vanguard of continuous quality improvement in practicum-to-internship doctoral training in counseling, clinical, health, and school psychology.

https://www.aptc.org/news/news_11_05.pdf; https://www.aptc.org/news/042006/president.html; https://www.aptc.org/news/112006/president.html; https://www.aptc.org/news/122007/president.html

Rob Heffer, Then and Now.

Or Now and Then. You make the call.