Professional Psychology

Training and Practice

Association of Psychology Training Clinics
www.aptc.org

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

APTC has established a multipurpose mission and specifically seeks to:

~ promote high standards of professional psychology training and practice in psychology training clinics;

~ facilitate the exchange of information and resources among psychology training clinics that provide doctoral-level practicum training in professional psychology; and

~ interface with related professional groups and organizations to further the goals of APTC, including influencing the establishment of standards and guidelines on service delivery and training of future psychologists.

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BULLETIN

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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.

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PRESIDENT'S COLUMN

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synergy

noun syn·er·gy \ ˈsi-nər-jē \

I love this word! I love it because it describes the essence of the Association of Psychology Training Clinics (APTC). There is tremendous talent, wisdom, creativity, and ability among our members. When these qualities are combined, great things happen! For example, under the leadership of outgoing president, Dr. Karen Fondacaro and Emeritus Member, Dr. Judy Hyde who recently retired from the University of Sydney, APTC held its first official International Congress of Psychology Training Clinics in Maui, Hawaii March 22-25, 2018. The theme of the conference was *Global Issues and Trends in Psychology Training*. The conference was attended by APTC members from Australia, New Zealand, Guatemala, Canada, and the United States. Our keynote speaker was Dr. Brin Grenyer, the Foundation Chair of the Psychology Board of Australia who offered a presentation entitled *International Core Competencies and the Promise of International Agreements to Facilitate Global Practice*. One major outcome of conference is the formation of an *APTC International Committee*, which is charged with:

~Maintaining connections among members and international affiliates of APTC

~Building new relationships with clinics or training associations with whom we are already informally connected

~Keeping APTC informed of global trends in international competencies, training paradigms, tools, and resources (e.g., measures)

In addition to building international relationships, the APTC Executive Committee, along with our wonderful committees and working groups have been engaged in the following:

~Reshaping the APTC Newsletter into the *Professional Psychology: Training & Practice Bulletin* that you see here! The goal is to elevate and enrich the articles offered to the level of a non-refereed journal publication. The new look is fabulous and I encourage you to respond to calls from the editor, Dr. Phyllis Terry Friedman for submissions

~Creating APTC's Diversity Statement and building resources to support training, research, and service that cultivates and incorporates cultural competency, cultural humility, and intersectionality

~Building resources that will help you educate your university leadership and advocate for clinical training by gathering data from our member clinics via a comprehensive survey and by providing helpful examples of business models and strategic plans

~Maintaining relationships with national training councils including Council of Chairs of Training Councils (CCTC), Association of Counseling Center Training Agencies (ACCTA), and the Association of Psychology Postdoctoral and Internship Centers (APPIC)

~Designing the 2019 APTC Annual Meeting, March 21-24, 2019 in Charleston, South Carolina at the Frances Marion Hotel. The theme of next year's conference *is Integrating Research & Practice in Psychology Training Clinics*. Starting planning now! Proposals are due on October 15, 2018. Poster submissions are encouraged.

If you are attending the 2018 Annual Meeting of the American Psychological Association in San Francisco, be sure to attend the APTC Social on Friday, August 10th, from 5 to 6:50pm in the Hilton San Francisco Union Square Hotel. We will be presenting the following awards at this event:

~Jean Spruill Achievement Award will be presented to Dr. Tony Cellucci, East Carolina University

~Friend of APTC Award will be presented to Dr. Allison Ponce, Chair, Board of Directors, APPIC

Finally, join me in congratulating the awardees who were honored at the APTC Maui meeting:

~Jean Spruill Achievement Award: Dr. Michel Taylor, San Diego State University/University of California, San Diego

~Clinic Innovations Award: University of Wisconsin at Madison Counseling Psychology Training Clinic (Director, Dr. Stephanie Graham)

Toward Integration: Advancing Interdisciplinary Practice in Community Mental Health

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Although traditional training in mental health is discipline-specific, there is an increasing focus on interprofessional education and practice (IPEP). The World Health Organization endorsed IPEP as key to addressing the fragmentation of healthcare systems, shortage of healthcare workers, and increasing complexity of health issues (Gilbert, Yan, & Hoffman, 2010; WHO, 2010). Many have stressed the importance of IPEP in mental health services specifically (Kinnair, Anderson, van Diepen, & Poyser, 2014; Maranzan, 2016). Though some studies find little or no effect of IPEP interventions, outcome results are mostly favorable, suggesting that interprofessional education (IPE) interventions improve health and social care culture and delivery (Reeves, et al., 2008) and that interprofessional collaboration (IPC) improves patient care (Zwarenstein, Goldman, & Reeves, 2009).

This shift in perspective toward IPE and IPC mirrors the progression of healthcare delivery at the national level. The Affordable Care Act (ACA) clearly recognized the need for patient-centered, non-mind/body dualistic healthcare delivery models to reduce the extremely high economic burden of a healthcare system which lags behind other industrialized nations in terms of outcomes. The ACA incentivized whole-patient preventative services, such as patient-centered medical homes (Davis, Abrams, & Stremikis, 2011), that necessarily benefit from interprofessional education, training, and care (Patient Protection and Affordable Care Act of 2010, Section 3502, *Establishing Community Health Teams to Support the Patient-Centered Medical Home*). Recognizing that serious mental illnesses often co-occur with physical and substance use conditions, the ACA also encouraged integration and collaboration between physical and behavioral health with the goals of increasing access to behavioral health services, decreasing stigma related to mental illness, and reducing patient burden in navigating fragmented healthcare systems (Croft & Parish, 2013).

Given that the future is integrated healthcare, students must be adequately prepared in interprofessional practice, which requires innovation. University of Nevada, Las Vegas (UNLV) has a training clinic, The PRACTICE, dedicated to this innovation, and grounded in the knowledge that IPEP is essential to developing core clinical competence in collaborative practice and interdisciplinary consultation.

The PRACTICE developed in part to meet a growing need within its community. Nevada currently ranks 51st in the nation in terms of mental illness prevalence compared to access of mental health resources (Mental Health America, 2018). According to recent estimates, 18.3% of adults in Nevada suffer from a mental illness with 4.33% of adults suffering from a serious form of mental illness (Lipari et al., 2017a & 2017b). Denby, Owens, and Kern (2014) reported that, compared to adults living in surrounding states, adults in Nevada have more difficulty accessing services, have fewer positive experiences accessing services, and have poorer

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The innovative structure of the clinic allows for other innovative practices.

outcomes, with only 63.1% of consumers indicating a benefit from services (SAMHSA, 2012). Given the paucity of mental health services within the Las Vegas community that The PRACTICE serves, the clinic is called upon to supply as many well-trained, competent mental health professionals as it can. The PRACTICE was created to share resources and efficiently utilize supervision training opportunities across disciplines. In the face of a challenge, The PRACTICE relied upon building connections, looking for common ground, and building networks of support. The goal is to provide training in state-of-the-art practices because many of our students will go on to shape the organizations which provide services to the community. We consider interdisciplinary training as integral to our mission.

There is general consensus in healthcare that patient-centered, interprofessional care results in better practice and research to meet the needs of the community. Interprofessional education and practice includes educators and learners from at least two health professions; these professionals collaborate to enhance patient care. Broadly, the move is from silos to a system of care.

The PRACTICE results from a collaboration between the College of Liberal Arts, which houses a clinical psychology doctoral program, and The College of Education, which houses a school psychology master's program, school psychology doctoral program and a clinical mental health counseling master's program. Both colleges provide support to the operation of the clinic through agreed-upon allocation of space, salaries, and operating costs. The PRACTICE has a Director who oversees two Assistant Directors: the Assistant Director of Clinical Services and Research, and the Assistant Director of Clinical Services and PreK-12 Outreach. The directors represent multiple disciplines (i.e., health service psychology and counselor education) and act in supervisory capacities for trainees both in their own disciplines and collaboratively with the other disciplines represented. The PRACTICE also has two full time postdoctoral fellows in health service psychology who provide clinical services and supervision to junior colleagues. The clinic trains both undergraduate and graduate students in psychology, clinical mental health counseling, school psychology, marriage and family therapy, and occasionally other disciplines such as social work.

The innovative structure of the clinic allows for other innovative practices. Our intake process allows every client who presents to the clinic for counseling services to be reviewed by the interdisciplinary treatment team. Our clinic administrative staff consists of our office manager, approximately five graduate assistants, and two undergraduate field interns, all training in mental health fields. This staff is responsible for conducting the initial phone screen for any client contacting the clinic. All our graduate-level trainees, regardless of discipline, are trained in conducting initial intakes. Initial intakes include a semi-structured interview and objective measures of symptomatology and group therapy readiness. After the initial intake, the intake counselor presents the case in a weekly meeting, termed "case rounds." All clinic directors and supervisors are encouraged to attend case rounds alongside all the trainees in the clinic. This full-staff involvement at case rounds allows for the functioning of an interdisciplinary treatment team, in which each discipline brings its own value to clinical evaluation and treatment planning. For example, psychology brings heightened awareness of the scientific basis of behavior and intervention and expertise in manualized treatment. We are often fortunate to have specialized professionals (e.g., neuropsychologists, eating disorder specialists, OCD specialist) in the room to provide input on cases. Mental health counselors often emphasize the importance of a client-centered, resiliency-based approach, emphasizing common factors, and grounded in social justice. The school psychologists bring knowledge of the educational system

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and assessment procedures unique to the educational setting. The marriage and family therapists bring a systems perspective. The social workers bring macrolevel knowledge and consult on navigating social service systems. Naturally, there is a great deal of overlap among the disciplines involved and treatment team optimal functioning relies upon the humility of each member, as opposed to rigid adherence (e.g., “drawing a line in the sand”) of each profession’s scope of practice. The directors support equality among the professions in many ways, such as creating platforms for the various professions to contribute and balancing didactic offerings across disciplines.

The PRACTICE’s group psychotherapy program exemplifies the benefit of interprofessional service delivery. Given the mental health shortages in Nevada, there is a great community need for empirically-supported treatments with cost-effective implementation. Research demonstrates that group psychotherapy is as effective, if not more effective, than individual psychotherapy for the majority of conditions that are seen in a community mental health setting (Burlingame, Seebeck, Janis, Whitcomb, Barkowski, Rosendahl, & Strauss, 2016). The PRACTICE offers a group psychotherapy program that includes services for adults as well as children and adolescents. The adult group offerings consist of two cognitive-behavior therapy groups, one dialectical behavior therapy group, and an interpersonal process group focused on depression and anxiety issues. There are two groups for children that are both developed from an integration of cognitive-behavioral and dialectical behavioral therapeutic approaches. One group serves children (8 to 12 years olds) and their parents, while the other is for adolescents (13-17 years olds). All groups are co-facilitated by graduate-level trainees and postdoctoral fellows.

Given the mental health shortages in Nevada, there is a great community need for empirically-supported treatments with cost-effective implementation.

Group co-facilitators are intentionally chosen from across disciplines to create an interdisciplinary team in the hopes of optimizing client outcomes. Our group program has been enhanced by this model, again through the unique contributions from each discipline. Two examples best illustrate this enhancement. First, trainees from different disciplines often enter the training clinic with different educational experiences. The clinical mental health counseling training program requires a group therapy course with experiential learning as a part of its first-year curriculum, so these trainees come to The PRACTICE with expertise in group therapy. The clinical psychology doctoral training program prepares students for delivery of specific, empirically-supported treatment with a focus on cognitive-behavioral therapy, so these trainees have advanced knowledge in the skills that are delivered via the group. This combination creates a unique and mutually beneficial opportunity for learning. Second, our youth group programs are typically facilitated by a team of clinical psychology and school psychology trainees. The clinical psychology students’ expertise in the intervention is utilized in group. The school psychology students’ expertise allows for enhanced collaboration with educators who spend most of the day with the children and adolescents who attend groups. In both of these examples, clients are offered higher quality services by the interdisciplinary co-facilitation model.

The third innovation at The PRACTICE made possible by our interdisciplinary arrangement is our tele-mental health program. Nevada has two major population centers, one in the north (Reno/Carson City) and one in the south (Las Vegas). The rest of the state, often referred to as “the rurals,” is sparsely populated. The PRACTICE created a partnership with Communities in Schools (CIS), an organization dedicated to removing barriers to high school graduation. Many of the children CIS serves have mental health barriers to academic

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Our current innovations were borne out of simple intentions: to meet the needs of a state-wide mental health care crisis and to respond to calls to action for increased integration across health service disciplines.

achievement and reside in "the rurals," such as Elko. There are severe shortages of mental health professionals who serve rural Nevada. In fact, all rural counties of Nevada are classified as Mental Health Professional Shortage Areas by the Federal Health Resources and Services Administration with the most pronounced shortages being of psychologists and psychiatrists (Guinn Center, 2014). Thus, the ability to provide counseling services through live video to students in these regions makes our CIS partnership an important one. The interdisciplinary training model of The PRACTICE allows us to train a best-practice approach for delivering mental health services remotely to our mental health profession students, regardless of program. All of our trainees are assigned tele-mental health cases, ensuring they are adequately prepared to meet the need for teleservices throughout their careers. We would not be able to meet the demand for our tele-mental health services without having all trainees (~25) staff these cases. Furthermore, given the circumstances of these clients—often high-need clients served remotely in communities with sparse resources—team-based care is essential. It is helpful to collaborate with the treatment team to address risk factors appropriately, secure additional resources for families, and coordinate care with parents and school counselors for these clients.

The PRACTICE's tele-mental health program has demonstrated success. At the end of the 2016-2017 school year, 80% of clients who received these services reported improved quality of life; 89% reported improvement in their ability to manage emotions; and 93% reported improved overall-decision making.

We hope to expand the scope of our interdisciplinary education and practice. The PRACTICE's directors currently participate in UNLV's Mental and Behavioral Health Training Coalition, which brings together more disciplines across campus. We are planning for increased opportunities to include these other professions (e.g., nursing, medicine) in The PRACTICE's training and service provision. We also participate with an interprofessional education and practice work group which organizes an annual training event. IPEP Day invites the major healthcare disciplines from UNLV and surrounding institutions to learn about interprofessional education and practice. Teams are created with representatives of these disciplines (medicine, nursing, dentistry, physical therapy, psychology, couples and family therapy, social work, healthcare administration) to create interprofessional treatment plans on case studies. These organizations coordinate with the university's pursuit of top tier initiatives including the establishment of an academic health center. UNLV also has a new medical school and The PRACTICE strives to be inextricably linked with its ongoing development. Perhaps one day, The PRACTICE will relocate to facilities in Las Vegas' emerging medical corridor to co-locate with the medical school.

The PRACTICE has come a long way in its mission to provide interdisciplinary education and practice. However, we are not satisfied. Our current innovations were borne out of simple intentions: to meet the needs of a state-wide mental health care crisis and to respond to calls to action for increased integration across health service disciplines. We have found carrying out these intentions to be fruitful for both trainees and clients, and are prepared to continue to change, grow, and evolve with the needs of our community and industry.

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Role of Social Justice in Clinical Psychology: Community Outreach Training

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Social justice action plays an important role in the mental health field, especially in the current sociopolitical climate. A common way for mental health professionals to implement social justice advocacy is through outreach programs. The use of the Communitarian Model of Justice provides a strong-foundation for outreach. This model is used to identify oppressive domains and apply specific interventions to target them (Vera & Speight, 2003). Direct interventions consist of different roles, such as therapist or group facilitator that apply causal-focused and goal-oriented interventions directly to the client (Vera & Speight, 2003). Alternatively, indirect interventions consist of roles, such as advocate or consultant, at a political or policy-focused level and apply macro-level interventions to social processes (Vera & Speight, 2003). Both types of interventions can be interwoven within one's chosen career path. For example, time and services can be offered to underserved communities by working with organizations that provide direct services in addition to outreach and advocacy for positive public policy reform. Experience through research and training empowers students and professionals to become change agents and actively provides service-based learning, diversity based theory learning, and volunteer-work (Vera & Speight, 2003). At the Pacific Psychology and Comprehensive Health Clinics, this model is implemented through multiple year-round outreach teams, including a Latino(a)-focused team. A key component of the outreach program includes diversity and multiculturalism to address the needs of marginalized groups. All full-time practicum students are required to complete a minimum of one semester rotation, which includes weekly meetings, developing a mini-project, a presentation, and a tabling or networking. The Latino(a) focused outreach team requires participation throughout the entire program and is comprised of bilingual student clinicians from the Sabiduria Latina/o Psychology Emphasis. This team has an additional requirement of participating in the Interprofessional Diabetes Clinic which serves patients from the Latino(a) community diagnosed with diabetes and are currently underinsured or not insured. Overall, participation in outreach gives students the skills to engage in the community across different socioeconomic statuses and professional disciplines while actively supporting marginalized communities. Future outreach teams not only build upon the foundation of previous teams but also strive to create new ways to address unique aspects of the surrounding communities and the ever-changing political climate.

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Influence of Client Attachment and Gender on Therapy Transfers: A Multi-Leveled Examination

The full article has been published in Training and Education in Professional Psychology 2017, Vol. 11, No. 1, 33-40

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The purpose of this study was to examine the role of client factors in predicting symptom levels before and after a transfer to a different therapist, which is common in training settings like the one used in the current study. Previous work examining client transfers has been largely atheoretical, so attachment theory was used to ground the current study and the focus on specific client factors that might affect the transfer. Also, given that gender differences have been observed in attachment (Del Giudice, 2011; Schmitt et al., 2003) and in psychological symptoms measured with the OQ (e.g., Timman et al., 2015), we also tested the effect of gender on symptomatology during client transfers. Our findings suggest that although women had higher pre-transfer and post-transfer psychological distress than men, they did not seem to be as adversely affected by the transfer as men. Men were more likely to experience an increase in psychological distress following transfer to a different therapist, especially if they had experienced a relatively high level of pre-transfer distress. In other words, men were less likely than women to experience a successful transfer. This may be related to the stigma associated with counseling among men. Men are more likely to stigmatize themselves for experiencing distress and tend to be less likely to open up about their distress (e.g., Pederson & Vogel, 2007). Indeed, some men involved with psychotherapy might experience a double set of gender-role conflict challenges linked to a general tendency for self-stigmatization that could be further exacerbated by elevated attachment anxiety orientations. In the current study, men may have struggled more than women to open up to their counselor in the beginning and thus, when transferred to a different counselor, they were again faced with the challenge of disclosing concerns to a different therapist, possibly leading to an increase in distress. Future studies should examine the role of stigma and gender role conflict and possible moderators of effects suggested in the current study, and openness to disclosing as a potential mediator of distress and symptom change for men who are transferred to a different therapist.

Results also suggested that attachment orientation affected symptom change during client transfers. Interestingly, although anxious attachment did not moderate the association between pre- and post-transfer OQ scores, avoidant attachment had a significant and meaningful moderating effect. At higher levels of avoidant attachment, clients were more likely to experience an increase in symptoms following the transfer to a different therapist. Clients higher in avoidant attachment could be expected to have more difficulty engaging with their therapist because they tend to be guarded, have difficulty encoding and accessing their internal emotional experience, and prefer self-reliance over interpersonal connection (Fraley, Garner, & Shaver, 2000; Mallinckrodt & Jeong, 2015). Similar to the conclusion about why men struggle more with transfers, it may also be that clients with high avoidant attachment struggled to open up to their new counselor, leading to an increase in distress.

Although the initial model did not reveal anxious attachment to be associated with post-transfer OQ changes, interrupted time-series (piecewise) analyses focusing on only the 4 sessions before and 4 sessions after the transfer revealed a trend effect of anxious attachment moderating pre-post transfer OQ scores. This finding suggests that clients with low attachment anxiety continued to show declining psychological distress throughout the transfer process, but those with high attachment anxiety began experiencing increasing symptoms after transfer to a different therapist. This is consistent with our hypothesis and other literature indicating that those with anxious attachment orientations have difficulties with comfort and emotional closeness with important attachment figures, including therapists (Taylor, Rietzschel, Danquah, & Berry, 2015).

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2018 AWARDS

Jean Spruill Achievement Award

Michael J. Taylor & Tony Cellucci

Remarks prepared by Shannon Coulture for presentation at the APTC annual meeting in Maui.

The first "Jean Spruill Achievement Award" was bestowed on and named after Dr. Jean Spruill for her efforts in the founding of APTC and her active involvement for almost three decades. The purpose of this award is to honor an individual who demonstrates longstanding, active involvement in APTC, commitment to excellence in training, and dedication to innovative and best practices in doctoral training clinics. This award is intended to recognize members who display excellence and innovation in training practices, administrative procedures, integration of research and practitioner training and who provide outstanding service and leadership to APTC.

For 2018, we are delighted to present the award to two deserving recipients Dr. Michael J. Taylor and Dr. Tony Cellucci! Dr. Taylor received his award at this year's inaugural International Congress of APTC held in Maui March 22nd through 25th. Dr. Cellucci will receive his award at the APTC Social at the APA Convention in San Francisco in August.

Mike Taylor has been an active member of APTC since he became clinic director in 2007. Shortly thereafter, he became a leader on the APTC Programming and Conferences Committee. His commitment to identifying the best programming, organizing all the details, and thinking through how our conference will best serve our members is an often-cited reason for why so many of us love APTC. Mike has been the heart of this, and we are truly indebted to him. In addition to working tirelessly to improve APTC, Mike has also shown this same dedication in his own clinic where he has renovated his clinic, instituted an EMR, and a hushmail system for secure email exchanges, in addition to developing new weekly didactic series and a new ADHD/LD evaluation service. Mike has correspondingly received many accolades at his own university, being promoted twice, receiving the SDSU/UCSD Joint Doctoral Program Faculty Award in 2008 and 2011 and the 2012 Outstanding Faculty Member of the Year award in the Psychology Department. He has also shown dedication to our field as a whole as an American Red Cross volunteer, an APA site visitor, a reviewer for many publications including TEPP, and maintaining an active research profile with over 25 publications. On top of all this, Mike is a truly caring, humble and genuine person. Thank you, Mike, for your service to APTC!

Clinic Innovations Award Recipient

University of Madison at Wisconsin Counseling Psychology Training Clinic

The APTC Clinic Innovations Award was developed to recognize innovation in psychology training clinics and/or competency-training more broadly. This year's recipient is the University of Wisconsin at Madison Counseling Psychology Training Clinic (Director: Stephanie R. Graham). Dr. Graham spearheaded efforts in her clinic to partner with the Division of Diversity, Equity, and Educational Achievement (DDEEA) to increase access to culturally responsive psychological services for underrepresented students. In particular, the partnership provides funding for two students (along with a third volunteer student completing a practicum) to work exclusively with DDEEA students. The aim is to destigmatize therapy services and facilitate scheduling with therapists perceived to have cultural competence through the campus events they offer and videos they create. Therapists also identify as being from an underrepresented group. As a result, over half of current sessions in the center are now delivered to DDEEA clients (as compared to 18% before the program began). Correspondingly, therapists in the center have been exposed to training and supervision with a greater emphasis on culturally competent treatment, thus impacting the training experiences of all therapists within the center. For example, the advanced students who work directly for the DDEEA serve as peer mentors to beginning therapists in the center, and the number of didactics focusing on cultural issues has increased significantly. This is an inspiring example of how to work effectively with the campus community, campus offices, and strategic initiatives to develop resources for training and service provision. The data collected while implementing this program has shown how effective it truly is for clients and for therapists in training, and suggest a model we might all consider for addressing cultural issues in our own center.

HONORING OUR OWN: KAREN FONDACARO, PH.D.

Heidi A. Zetzer, Ph.D.

On behalf of the association, I would like to thank Dr. Karen Fondacaro for her leadership as APTC president. Not only is she a wave rider, she is a wave maker – an agent of change in her institution and in ours! The international APTC conference in Maui is one example of Karen's leadership and ability to precipitate change within systems. We are on a new trajectory of growth and inclusion that will enrich everyone involved.

Past-President Karen Fondacaro, right, with current President Heidi Zetzer

Karen makes leadership look easy. Recently, I have gotten a behind-the-scenes view of her accomplishments on our behalf:

~Karen consulted, coordinated, and crafted responses to innumerable queries as to APTC's collective opinion on key issues and in training from: CCTC, APPIC, ASBPP, BEA, CUDCP, CCPTP, ACTA, APAGS & APA

~Karen is currently and will continue to represent APTC on the planning committee for the 2020 All Training Council Conference being organized by CCTC.

Being president means providing practical, political, and compassionate leadership during trying times, which in the last two years includes the Pulse Night Club shooting, Parkland, FL shooting, Las Vegas shooting, hurricanes in the southeast, including Texas, Florida, and Puerto Rico, and wildfires in Northern and Southern California.

Karen provided the leadership, and along with Mike Taylor, creating exceptionally rewarding meetings in Miami and Maui. She organized elections that produced new leadership with Lettie Flores as president-elect, Jennifer Schwartz as Member-at-Large, Saneya Tawfik as Member-at-Large, Karen Saules as Secretary, and Dani Keenen-Miller as Early Career Member-at-Large.

Most importantly, Karen included a new element into our mission and that is to "extend our membership to include international training clinics from around the world," and we would not have held an international conference without Karen's enthusiasm, along with that of Judy Hyde and Alice Shires, for building relationships across the sea.

Thank you for two awesome years of service. We are lucky that you cannot yet count yourself as retired but instead as a past president and now a member of the League of Past Presidents.

Ensuring Diverse Clients

Jason Herndon, Ph.D.
University of North Carolina, Greenville

At the UNCG Psychology Clinic, one of the methods we use to ensure a diverse population of clients is to actively look for opportunities to bring new types of clients into the clinic and resources to support them. For years, our program has been involved with a unique public school where the students have all immigrated to the United States within the last year. The students attend school here as they get acclimated and then transition to their local school district after one year to continue their education. This opportunity was previously limited to only a few students a year, who drove to the school to see their clients. I recommended that we expand this opportunity to all our child rotation student therapists and suggested that we expand the services we offer to include providing services to the parents and siblings of these families. This increased our capacity to see more of these clients and made the opportunity to engage in treatment assisted by an interpreter a more universal experience for our students. Beginning this semester, we now have several clinicians who travel to the school and additional clients who are seen in the clinic. Our students on adult rotation can see parents who need additional support. We're supporting this endeavor with the monies we received from the school and are using it to support interpreters and transportation to the clinic for families who need it. The innovation did not require an additional grant or special funding, only a reimagining of how we could structure an existing opportunity.

Paper Chart Quality Assurance

Saneya H. Tawfik, Ph.D.
University of Miami

The Psychological Services Center (PSC) at the University of Miami (UM) Clinical Psychology program has a procedure whereby paper charts are reviewed systematically. First, during Clinic orientation, Practicum students are given clear expectations regarding chart organization and quality assurance. Students have access to our Clinic Policy and Procedure manual, where we have specific guidelines (Patient chart *checklists*) that clearly outline what a Therapy chart ("Therapy Chart Organization for Audits" checklist) and an Assessment chart ("Assessment Chart Organization for Audits" checklist) should include. Sample documents that are expected to be included in the charts are available in the manual. They are encouraged to seek out help from their supervisors, advanced peer mentors and/or the Clinic Assistants (CA; similar to RAs, advanced graduate students), who are available to answer any questions regarding chart organization. We encourage them to begin chart organization from the beginning of their first session with their clients. Every Fall and Spring (usually in the middle of each semester), Therapy charts are audited by the CA. An email is sent out to all students prior to the chart audit letting them know the deadline (date) as to when they have to prepare their therapy charts for audit and a list of "common errors to double check" is provided (e.g., check "audit checklist" to see where documents should be located, client ID number should be on every single page, progress note is made for *every* client contact, updated agreement for case supervision form etc.). For Assessments, audits are performed on a rolling basis throughout the year, as students complete their cases. Audited charts are returned with the checklist attached to the charts indicating what changes, if any, need to be made. An email to the student, with the supervisor copied, is also sent for necessary changes, which need to be corrected within 1 week. If changes are not corrected in a timely manner, their end-of semester evaluation will reflect this under the professional values, attitudes and behaviors section.