ADPTC NEWSLETTER

November 2006

President's Column: *"Excellence and Enjoyment"*
Rob Heffer, Ph.D.
Rob Heffer talks of these two as watchwords for ADPTC, and highlights the upcoming national Spring meeting in San Diego. He also highlights the ADPTC Administrative Guidelines for Training Clinics.

"It Works for Me": *Advice and Tips for Teaching/Supervision of the Practicum Trainee*
Steve Lisman, Ph.D.
If you have questions about the worth of doing supervision and how that compares to "academic" work, check out Steve's article about this parity snarl.

Touch in Psychotherapy
Kim Fuller, Ph.D.
To touch or not to touch? Kim Fuller presents very useful information on questions, thinking, and action regarding this dimension of training and practice. It arises often, and there are ethical factors of course.

The Briar Patch: *Thorny Challenges for Directors*
Vic Pantesco, Ph.D.
"No one ever told me this before!" This is often encountered when the Director must confront a student whose experience so far apparently had been trouble-free. Addressing students whose problems had been either ignored or undetected is thorny indeed.

Minutes of Business Meeting - New Orleans August 2006
You will find information about decisions and projections for ADPTC, including: Awards; the New Listserv site; sharing meeting and initiatives with other organizations such as CCTC; and more.

Report on ADPTC at the APA Competencies Benchmarks Workgroup
Bob Hatcher, Ph.D. and Kim Lassiter, Ph.D.
Bob and Kim report on an intensive two-day effort by a national brain trust of APA's leaders in training and education, in which Bob offers that it "was a highpoint for ADPTC participation in APA affairs."

Midyear Meeting: San Diego '07 Information!

ADPTC at APA, New Orleans: Three Symposia

•Brian Lewis chaired "Best Practices for Competent Supervision in Practicum." Judy Hyde, Kim Lassiter, and Vic Pantesco joined Brian, and Linda Forrest was the discussant.

•Erica Wise chaired "Training for Ethical and Multicultural Competencies in the Practicum." Sonia Banks and Tony Cellucci were on the panel, and Rob Heffer was discussant.

•Eric Sauer chaired "Incorporating Research and Systematic Data Collection in the Practicum." Terry Pace, Bonny Forrest, Bobbie Volmer were presenters, and Phyllis Terry Friedman was the discussant.

President's Column

Rob Heffer

"The secret of joy in work is contained in one word - excellence. To know how to do something well is to enjoy it." The Joy of Children, 1964, Pearl Buck (1892-1973)

Thinking about my colleagues in ADPTC conjures up two words: excellence and enjoyment. In my experience, ADPTC-ers are eager to exhibit excellence in their work and enthusiastic about enjoying each other. The work of a training clinic director may not consistently be joyful, but I find joy overall in my work through developing, extending, and improving what I do as I learn from—and along with—others.

The recent revision of the ADPTC Administrative Guidelines for Training Clinics http://www.adptc.org/orb/page/guidelines is an example of our organization's efforts to promote best practices and support the role of training clinic director. Thanks to Brian Lewis and his committee, this document—initially penned by Bob Hatcher following the first ADPTC mid-year meeting in Chicago (March 1999)—has been revised and is ready for distribution. "These Guidelines are intended to provide clinic directors, directors of psychology training programs (clinical, counseling, school or combined programs), departmental chairs, and other interested parties with recommendations for the appropriate, effective and ethical administration of university-based psychology training clinics" (*Purpose,* page 1). Specific best practices are recommended in the areas of (a) the Clinic Mission, (b) the Director's Role, (c) Supervision, (d) Students/Trainees, (e) Clients, and (f) Operational Guidelines. Attention was given to the diverse range of training models within which ADPTC members work. Rather than to demand conformity to "standards" the Guidelines were "formulated to assist directors in their roles, recognizing that effective leadership is supported and strengthened by an explicit statement of essential components for the professional operation of training clinics" (*Introduction,* page 1). Of course, this kind of document will evolve over time as information is incorporated from updated sources, such as the APA Record Keeping Guidelines (a draft is now available for public comment http://forms.apa.org/practice/recordkeeping/index.cfm). Please review, adapt, implement, and disseminate the ADPTC Administrative Guidelines to press toward excellence and enjoyment in your work.

In addition, plan now to enjoy and to learn with your colleagues at the **ADPTC Mid-Year Meeting April 12th-14th at the Sheraton Marina Hotel in San Diego**. Rick Schulte and Phyllis Terry Friedman are working on the local arrangements and Randy Cox and his Program Committee are developing an outstanding program. Our Mid-Year Meeting will parallel the biennial APPIC Conference, "Defining and Building Skills in Psychology Training: From Practicum to Practice." We will share some keynote speakers and a couple sessions with APPIC and have our own sessions for the remainder of the meeting. As expected, the 2007 Mid-Year Meeting will focus on equipping clinic directors to excel in the unique roles they play in their training program and departments and on enjoying each other's company. I look forward to seeing you there!

Rob

"It Works for Me"
Advice and Tips for Teaching and Supervision of the Practicum Trainee

Steve Lisman, Ph.D.

To Supervise or to Teach? --- How about Both?

Do your non-clinical colleagues convey the impression that clinical supervision is easy?...does not involve preparation?... takes less time than classroom teaching?....is not scholarly?.... should not receive teaching credit? Well, then today's advice column is for you!

Faculty involved in practicum supervision of graduate students in clinical and counseling programs frequently report such complaints by their non-clinical colleagues. What to do? Some of my clinical peers suggest, "Ignore complaining colleagues and continue to do what we do". But I found that it is more productive to consider that many non-clinical colleagues are simply uninformed about clinical supervision. While examining how to better inform my non-clinical colleagues, I found that I could do so and also improve my supervision by taking into account the kinds of activities that my colleagues readily recognize as "teaching". After all, clinical supervision is a teaching endeavor.

The problem for my non clinical colleagues was that supervision sounded more like an avuncular chat than teaching as they knew it. It seemed that most of my clinical peers conduct their supervision, whether individually or in a group, by some traditional combination of listening to or watching a recorded session, and discussion of that session with the trainee. And that was it. I thought that it might be useful to develop some guidelines that would parallel the teaching activities of my non-clinical colleagues, and that might also enhance supervision.

First, I learned how much time each week the university administration expects faculty to spend teaching a typical course – comprising prep time and class time, for a course that is not being developed for the first time. That should serve as an upper limit on the amount of time the clinical faculty should be spending in supervision activities, as well as a commitment of time comparable to that of teaching a typical classroom course.

Second, I developed a syllabus. That is, I considered recent texts in psychotherapy and articles that fall into the gaps between formal coursework, articles that affected my training and that may even be in journals that are less familiar to the students. These articles might be strictly clinical (comprising case studies or perspectives on clinical issues), "pre-clinical" (comprising articles in social or cognitive psychology that have direct bearing on how to think about clinical issues), or "translational" (articles that integrate or apply laboratory research with or to clinical domains). The syllabus also contained my own expectations for the supervisees, and was often supplemented by various handouts throughout the year. Of course, supplementary material based on timely readings about the problems of current clients was also frequent.

Third, I structured weekly supervision to include a "seminar" format. Our group would rotate leaders in highlighting the paper or chapter, and developing reactions and questions to foment discussion. This would be followed by the more familiar review of cases, during which issues for supervision would be addressed, both by the initiative of the trainee and the reactions of the supervisor and the rest of the group. How long would this take? – the group supervision meeting and the review/revision of reports and notes between meetings, the addition of individual meetings, and the review of audio/videotape would equal the total teaching time expected by the university for a typical course.

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The reaction?

Our faculty consensus was that the format I developed neatly addresses the question of how our clinical supervision can best foster our program model of clinical science. That is, site visitors or accreditation groups can examine selected syllabi and speak to faculty and students about how this strategy works. When faculty are asked each semester to submit their syllabi, some clinical faculty have these detailed, customized descriptions of their supervision course. They are filed with the syllabi of the entire department faculty.

The students are pleased. Students often complain that they do not receive reading suggestions to supplement coursework and their own sometime haphazard searches for materials. They like access to articles that convey their supervisor's philosophy of therapy and supervision, especially reading that addresses their client issues or their own developing expertise. They express their satisfaction with timelines, contracts (written into the syllabus and then customized for each supervisee), and reading assignments, while concurrently still working with the chaos and uncertainty that clinical work and patients often entails.

When clients do not show up for their session, the supervision meeting is not cancelled; we have plenty to talk about in the form of the readings and the material that spins off from them, typically related to the cases being treated or those that were seen in the recent past, by trainees or by the supervisor.

Problems? Of course. And they are just what you might suspect. While the clinical faculty consensus was that it is a great idea to address the problems described at the outset and to undertake the steps described above, not all have overcome their inertia to take these steps, or fully engage the time commitment (which may even include taking on another supervisee to meet the time commitment that a classroom course entails). Sometimes faculty members do not complete their evaluation of their trainee – whether responding to structured forms or writing a narrative – despite pleading and threats.

But the point of this column is to disseminate what works for some supervisors. And this works for me. I am looking forward to disseminating what you tell me works for you. Send me your advice and tips, and I'll put them into the next newsletter.

Training Students on the Ethiccs of Touch in Psychotherapy

D. Kim Fuller, Ph.D., ABPP

How many times has a student or supervisee asked you how they should respond to a client's spontaneous hug? Do students ask about the ethics of touching children during play or family therapy? Have you included information about the ethics of touch in your case conferences? Since touch is such a fundamental, powerful and potentially healing form of communication, yet one that contains so much risk of client exploitation, it is important for training programs and clinical supervisors to include information about how and when to use touch in an ethical and therapeutic manner. It is unethical to practice outside one's areas of expertise or training, yet few training programs even mention touch let alone provide training in the ethical use of it. Training programs should provide a context for psychologists to think about touch in an ethical manner. Consultation should be encouraged. As Pope et al (2006) remind us, therapists grow and develop best in an atmosphere of openness, respect and encouragement to tackle difficult subjects.

Although most therapists do touch their patients, at least occasionally (Hunter and Struve, 1997; Pope et al, 2006), few of us received any training or guidance about how and when touch might be therapeutic, when it might be neutral or when harmful. The 2002 Ethics code of the American Psychological Association says very little about touch, and does not even use the word "touch" anywhere in the code. Sexual touching is of course prohibited and is always unethical (sections 10.05 – 10.08). Psychologists are also prohibited from engaging in behavior that might constitute sexual harassment (3.02), conflicts of interest (3.06) or exploitation of clients (3.08). But there are many instances in which nonsexual touching might occur in psychotherapy, and lack of training or guidance presents an ethical dilemma that many of us resolve by refraining from touching clients at all. The ethical concerns that are raised by questions about therapeutic touch are too complex to be fully explored in a brief article, but I will attempt to outline some of the issues that merit consideration in our work. Physical touch is a powerful and emotional form of communication. It is always reciprocal—that is, one cannot touch without being touched. It therefore has the potential of facilitating the emotional connection between therapist and client. Human beings are "hardwired" to need loving touch in order to grow and develop. The extensive literature on attachment and parent-infant bonding, as well as studies of the physiological and psychological effects of massage document the potential healing and soothing impact of touch (cited in Zur and Nordmarken, 2006). Therapists may use nonsexual touch in psychotherapy for many reasons: to greet clients, to console them in grief or despair, to ground them in the present moment, to restrain a violent or assaultive client, to express understanding or to provide encouragement (Zur and Nordmarken, 2006). Touch may also occur in play therapy with children, in certain family therapy techniques such as psychodrama or family sculpture, or in therapeutic interventions using EMDR or hypnosis.

In considering how and when to touch a client, it is helpful to examine the question in light of the broad general principles that organize the 2003 APA ethics code. The principles of **beneficence and nonmaleficence** remind us to do no harm to clients and to choose interventions most likely to benefit them. Because touch is deeply emotional, it can trigger powerful negative as well as positive feelings in clients. Clients who have been victims of violence or abuse, or those with paranoid or borderline personality characteristics can experience touch as intrusive or threatening. Touch should never be used unless the therapist knows the client well and is certain that touch is in the client's interest. Hunter and Strube (1997) ask "Who is likely to benefit from this? In all cases, the answer must be the client. If touch is being considered for the therapist's needs rather than for the client's needs, then it should not be used" (p.141). These authors caution that clients should consent to touch before it is used. Consent can be written or verbal. Verbal consent can be obtained by asking a client, "Is it OK with you if I touch your hand?" A formal written consent should be used if touch is a *primary tool* in the therapy as in exposure and response prevention therapy for OCD or tapping a client's hands in EMDR. Verbal consent is sufficient if touch is an *adjunct* to verbal psychotherapy as in the use of touch to communicate empathy during an emotional verbal therapy session (Zur and Nordmarken, 2006). Model language for a formal written consent form can be found in Hunter and Struve's 1997 book (p.154). These authors also recommend that information about the use of touch, including the client's assent to it, should be documented in the client's chart. For any consent to be freely given, however, clients need to feel comfortable saying no. They need to feel secure that the therapist will not be offended and that the therapeutic bond will remain intact regardless of their response. Consent should include the proviso that the client can change his or her mind about the use of touch at any time, for any reason.

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Justice and integrity refer to treating clients fairly and being honest. Zur and Nordmarken (2006) raise the interesting suggestion that the rigid avoidance of touch, especially if it is avoided primarily out of risk management concerns is unethical. If touch is withheld from clients for whom it could be healing, helpful or therapeutic (for example, shaking the hand of an AIDS patient, hugging a grieving client who is well-known to the therapist) it is unethical to do so. These authors remind us that "therapists are not paid to protect themselves; they are hired to help, heal, etc". It is unethical to avoid touch purely out of fear. On the other hand, decisions about the use of touch should be mutual. Just because a client desires the therapist's touch does not mean that the therapist is obligated to provide it. Therapists may experience a client's request for a hug or other nurturing touch as intrusive or sexualized. Or they may be uncertain of whether or not touch would be beneficial because they have not carefully considered it and are untrained about how and when to use touch in therapy. Being honest with the client about one's reservations can provide a therapeutic opportunity to discuss touch, intimacy and other issues pertaining to close emotional relationships. Hunter and Struve (1997) encourage therapists to remain attuned to their own boundaries and comfort level with clients and to seek consultation as necessary to clarify them.

The general principles of **fidelity and responsibility** further reinforce the centrality of trust in therapeutic and other professional relationships. An important component of taking professional responsibility with clients is to maintain awareness of the power differential between therapist and client in which the therapist holds inherent power. Because the therapist holds more power than the client, there is always the risk that a client may acquiesce to a therapist's suggestion even when it makes her or him uncomfortable (Welfel, 2002). Much of the opposition to the use of touch in psychotherapy is related to concern that the power differential between client and therapist invariably means that touch is exploitive or dangerous. But having power does not necessarily mean using it to exploit. Instead awareness of the inevitable power differential in therapeutic relationships means that it behooves the therapist to be cautious about introducing touch into the therapeutic relationship until the relationship is well-developed. At a minimum the therapist should have a clear understanding of the client's history, especially vis-à-vis previous experiences of physical touch. In addition therapists should fully attend to nonverbal as well as verbal indications from the client about his or her response to touch. Any indication from the client that touch is unwelcome should be respected and discussed. This too can be a therapeutic opportunity to validate and empower the client.

The principle of **respect for the rights and dignity** of our clients suggests that a therapist must understand the meaning of touch from the perspective of the client's culture, personal history and personality. Touch, like other forms of nonverbal communication, is easily misinterpreted if client and therapist have different assumptions about its meaning. In the United States, touch often has a sexualized meaning, especially for men. Nonsexual touch is initiated by men less frequently than it is by women, and males may experience touch as a sexual overture more readily than women do. In general, North Americans are less likely to touch each other than individuals from South America or the Mediterranean. And within the United States there are regional as well as ethnic differences in the use of casual touch and in expectations regarding personal space (Zur and Nordmarken, 2006). Clinicians must carefully examine their own cultural norms regarding touch. For example, as a straight Caucasian woman whose family of origin was verbally affectionate but low on the touch continuum, I am quicker to touch children than adults, women than men, and White clients than African Americans. If a therapist is unfamiliar with the client's cultural assumptions regarding touch, these assumptions should be verbally explored before the use of touch is considered in therapy. Hunter and Struve (1997) caution that client expectations are a critical factor in determining whether or not touch is appropriate. "Expectations should fall within the range of what is actually possible within the therapy relationship" (p. 139). They recommend having a set of written guidelines for clients to clarify the boundaries of the therapy relationship and to elaborate the basic rights and responsibilities for both therapist and client.

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Thorny Challenges for Directors

Vic Pantesco, Ed.D.

"No one ever told me this before!"

The Thorn

In the training clinic the student's personal style and learning demeanor are challenged and visible in ways not typically evident in the classroom. The supervisor, office manager, director or others on the faculty of the clinic may encounter elements of style that, in the new visibility of on-the-job (versus classroom) training, blossom into thorns or varying degrees of sharpness and depth.

For example, a student with (in their view) comprehensive experience that warrants bypassing protocols or timely callbacks to clients (since that's the way things were done in the agency they worked at before). Or, a student conceptualizes poorly and writes consonant with that deficit, thus inviting supervisor correction. Since apparently previous professors had not seen this problem or neglected it, the supervisor is set up to be seen as uniquely persecutory and unfair. Or, a student obviously is rigid in therapy sessions, thereby inviting a number of predictable client responses.

In all of these, a frequent seasoning in the emotional territory of confronting difficulties previously ignored or not even seen, a frequent energetic complaint is: No one ever told me this before! This statement is not offered as an ah-ha within our understanding of reflexive learning. Rather, it typically is proffered as sufficient rebuttal in establishing that the problem is located in the supervisor and/or clinic.

To Dull the Pain

Pursuing two venues may be helpful here. First would be the frame setting in the clinic's orientation materials. In our clinic for example we have the student sign at the start that they have read the clinic manual and "agree to abide by its spirit and prescriptions." The manual is typical of most of our clinics with the forms, check off procedures, and pragmatics. Our manual also, however, includes language that allows access to the "spirit" of the manual. By-the-book folks may have much trouble in the spirit dimension. I wrote once in student materials: living according to letter-of-the-law may produce such adamant attention to the spellings as to lose appreciation for the richness of the words….

The second intervention focuses on the dynamics in addition to the frame. It goes like this. If I hear "But No One Ever…" I listen through it, and then offer a question and reflection: "OK. So, would you have me keep silent? If yes, what do you think the cost might be to both of us, and what benefits?" At most, this produces a deeper level of discourse and access to the style dynamics with potential for movement. At worst, a documented interaction with these questions with responses highlighted may be very useful in the evaluation dimension.

Minutes
Executive Committee Meeting
APA, New Orleans August 11, 2006

Members in Attendance: Rob Heffer, Erica Wise, Joseph Scardapane, Colleen Byrne, Eric Sauer, Kim Dudley Lassiter, Brian Lewis, Bonny Forrest, Judy Hyde, Randy Cox

11:50 a.m. - 12:30 p.m. Lunch

12:30 p.m. Call to Order

12:30 – 12:45 p.m. **Awards and Recognition** – Rob Heffer:

Rob commented on the "stellar" presentations given by ADPTC members thus far at APA. Judy and Erica concurred.

Rob reported that Paul Nelson sustained an injury and could not be present to accept the Friend to ADPTC award. A video of the presentation was made for him. Rob is sending information on this ADPTC award to Paul and to the Education and Training Directorate.

Jean Spruill is accepting her award this evening. Rob emphasized that the Jean Spruill Achievement Award will be reserved for those who have made a longstanding contribution to ADPTC.

Joe proposed the idea of giving awards to our own membership such as money for travel to conferences.

Eric further suggested that we have 3 such internal awards: one for Science, one for Research, and one for Training.

Bonny suggested that the awards be related to advancing the profession.

Rob added that self nomination for such internal awards would be appropriate. The award winner could then to a presentation at the next ADPTC meeting. For now the Executive Committee is also the award committee.

The group discussed the pros and cons of offering awards at the Mid-Year Meeting versus APA.

12:45-1:00 p.m. **Membership:**

Erica reminded the Committee that we still need to move our listserv to a new host site at which there is a current ADPTC member.

Joe mentioned that it would be convenient for him to manage the listserv, as he has the most current information on member status.

Judy volunteered Macquarie University, saying she has slides from the Santa Barbara meeting posted at her website.

Bonny said she would look into options for listserv hosting, perhaps through ADPTC's existing website.

Colleen recommends that she investigate options such as Yahoo and Google Groups since they are free and easily configured.

It was mentioned that Karen Saules is looking for someone to take over the job of archiving listserv discussions by topic and storing uploading them to the website.

The group was reminded that members can change personal information by clicking the "my account" link.

Joe reported that there is still a substantial lag time between new member sign-up and a new member being posted on the website. Joe suggested we discuss the option of hiring a professional to manage the website.

Randy added that he finds it difficult to access the website from home.

Rob raised the issue of increasing membership.

Colleen suggested asking ADPTC liaisons to post a link to ADPTC on their own association's web pages.

Bonny proposed that we invite representatives from organizations like CCTC to a symposium on a topic of shared interest like competencies.

Erica suggested sending materials to psychology program DCTs and asking them to pass materials on to their Clinic Directors.

Brian asked if we have a CUDCUP representative in our membership.

Kim mentioned that an ad in the *Monitor* would reach many potential members.

Bonny added that an article in the *Monitor* would do so as well.

The Executive Committee nominated Judy Hyde to be in charge of international recruiting. She suggested the position be called Globalization Strategist.

Rob noted that Phyllis will be in charge of the elections in May and July of 2007.

Minutes - *continued*

Executive Committee Meeting
APA, New Orleans August 11, 2006

1:00 – 1:15 p.m. **Treasurer's Report** – Joe Scardapane:

Joe reported that 115 have paid dues for Full Member and 20 have paid dues for Associate Member. He further states that ADPTC is in "excellent" financial shape" with a balance of $13,500 estimated after the APA meeting.

Joe anticipates that the organization's balance could exceed $20,000 after collection of dues in January. He says this could mean that we could allow attendance at the Mid-Year Meeting with no or low registration fee.

Joe reports that he needs to examine tax issues for ADPTC.

Rob suggested that we continue to keep dues and registration fees as low as possible. Some directors do not have institutional financial support.

1:15 – 1:25 p.m. **Publication**

Rob says general feedback regarding the ADPTC newsletter has been positive. People have mentioned that they like the electronic format.

Rob reported that Bob Hatcher has contacted Emil Rodolfa about the costs of having TEPP journal subscription included in ADPTC membership. Rob says that he will encourage ADPTC members to get involved with TEPP in the next newsletter.

Bonny suggested scaling levels of membership so Clinic Directors could choose whether or not they wanted to receive TEPP.

Bonny wondered if authors were including their ADPTC affiliation when submitting journal articles for publication.

The Executive Committee says this is appropriate when the data come from ADPTC efforts or from past ADPTC presentations.

Eric reported that Cathy B. requested symposia submissions from ADPTC for a special issue of TEPP. Further, he mentioned that we need to nominate 1 or 2 people to take the lead and to serve as co-editors of this special issue of TEPP. Lastly Eric recommends that we contact the TEPP editors before making a formal commitment.

Rob proposed that the Research Committee facilitate the process for turning symposia and/or talks given by ADPTC members into journal submissions.

Eric says the review process is easier when a paper has already been presented at APA.

1:25 - 1:30 p.m. Research

Judy raised the issue of using the OQ45 through Carepaths or through the author. Judy says she prefers the latter since the norms are continuously updated.

1:30 – 1:35 p.m. **Bylaws and Documents**

Rob mentioned that the Executive Committee might need to review bylaws this year. He will get back to the group on this matter.

Rob suggested that Clinical Scientist and School Psychologists might be good readers of the Competency Document.

Kim expressed concern about this saying that the Competency Document has already been submitted for publication. Also, other groups are in the process of developing their own set of competencies.

1:35 – 2:15 p.m. **Programming**:

Next APA:

Joe believes the ADPTC-sponsored symposia at this year's APA were great. He notes feeling a loss of coherence given the lack of opportunities for us to meet as a group. He suggests considering ½ -day of ADPTC programming for the next APA.

Kim agrees that unstructured time for ADPTC members to interact is highly productive.

The group agreed that informal, unstructured discussions should be pitched as time to discuss positive innovation as opposed to time for venting.

Bonny says that she prefers a pre-APA meeting for ADPTC members that could either be a workshop or a social meeting.

Randy notes that he strongly believes that we should continue the tradition of having ADPTC members present symposia at APA.

Rob notes that we could reasonably expect to cover 4 to 5 topics in a ½-day, pre-conference workgroup session. He asked to group to consider if we should return to having a 2-hour business meeting and social hour at APA.

Erica mentioned that counseling psychology does well with a 2-hour business meeting that held to a strict agenda.

Kim and Erica wondered if ADPTC really needed a social hour to attract new people.

Rob added that perhaps we could have an informal meeting the night before APA begins with anyone interested allowed to attend.

- Bonny volunteered to find a quiet dinner place for this meeting.

Minutes - *continued*

Executive Committee Meeting
APA, New Orleans August 11, 2006

Erica proposed that we consider the function of ADPTC meetings during APA. Is it find new Clinic Directors or for general exposure?

Randy believes that we get considerable exposure through presentations made at APA.

Colleen volunteered to research ADPTC ribbons for the APA nametags and/or ADPTC lanyards, both of which could help increase our exposure.

APPIC & ADPTC in San Diego

Rob notes that the Board of APPIC is meeting on 4/12/07 and will likely invite ADPTC's Executive Board to their meeting.

Erica notes that the CoA site visit training sessions will be held April 12, before the APPIC official meeting (4/13-4/14) and will be open to ADPTC membership.

Kim says that APPIC has a full day board meeting and then 2 days of programming (speakers, etc.).

Rob proposes that we "ride APPIC's coattails" with dual-interest programming thus giving ADPTC time for niche-topic programming.

Rob says that Phyllis and Rick Schulte are looking into shared meeting rooms versus separate meeting rooms.

Russ Newman will be asked to give a keynote talk entitled "Training Psychologists for the Next Millennium"

Proposed Topics for ADPTC in San Diego 4/12/07-4/14/07:

Erica suggested that we cover topics of shared interest with APPIC members such as competencies, sequence of training, ethics, diversity, supervision, troubled trainees, self-care for supervisors, etc.

APA says core training must come before specialized training. Bonny proposed a talk on how specialized training is taking place earlier and earlier in the practicum and how to integrate specialty training into core practicum training.

Eric emphasized the importance of varying the mode of presentation with overall programming. Specifically he suggests that we rotate formats, such as lecture then focus group then an individual or group activity.

Brian, Vic, Kim, and Judy have an idea for the Mid-Year meeting that they will email to Randy.

Randy will send out request for proposals, by committee, in the fall.

2:15 p.m. Meeting Adjourned

Competencies Benchmark Workgroup

Bob Hatcher and Kim Lassiter

I thought I'd give a brief report on Kim Lassiter's and my participation at the APA Competencies Benchmarks Workgroup meeting that was held in DC at the end of last week, prior to the Education Leadership Conference, which we also both attended.

I think that the Workgroup meeting was a highpoint for ADPTC participation in APA affairs. The idea behind the conference was built considerably on the ADPTC/CCTC Practicum Competencies Outline. The idea was to extend the concept of defining competencies to include pre-practicum, internship/readiness for licensure, and post-doctoral as well as practicum training. The impetus for this was largely the recently-passes APA Council of Representatives policy statement on the model licensing act, which incorporates practicum training with internship to replace the internship - post-doctoral sequence as preparation for licensure. So there is need to be more specific about what graduate students learn during their clinical education. The Board of Educational Affairs, chaired by Nadya Fouad, organized the meeting through a planning commitee (I was a member of this group). The idea was to invite 32 psychologists who are leaders in the domain of competencies and their assessment to form four groups, each to consider what the core competencies are for their portion of the educational sequence -- pre-practicum, practicum, internship and post-doc. The pre-prac group was led by Ray Crossman, chair of CCTC; I led the practicum group (with Kim as recorder); Steve McCutcheon, chair of APPIC, led the internship group, and Nadine Kaslow, now head of ABPP, led the post-doctoral group. The groups included many people that we all know, including Emil Rodolfa, Jeff Baker, Nancy Ellman and Linda Forest, and lots of CoA people. We all worked intensively for the 2 days and came up with a draft document that includes core competencies, behavioral indicators of the competencies, and methods for assessing these competencies. Nadya and Cathi Grus will work together to pull it all into a further draft document, which will be reviewed at the CCTC meeting in November, and then circulated widely for comment. During the course of the meeting, Kim and I got lots of comments about how the Practicum Competencies Document helped everyone in their tasks, which made us feel good.

There was a follow-up discussion about the Benchmarks Workgroup at ELC on Monday morning that Kim and I participated in as well.

I think that this effort will help position us further for good interaction and discussion with the APPIC board this spring.

MIDYEAR MEETING

April 12-14 2007, San Diego, CA

The 2007 ADPTC Mid-year meeting will be held April 12th -14th in parallel with the 2007 APPIC biennial Conference ("Defining and Building Skills in Psychology Training: From Practicum to Practice") at the Sheraton Marina Hotel in San Diego, California. ADPTC leadership will meet with the APPIC Board on the morning of April 12th. ADPTC will hold its business/committee meetings during the afternoon of April 12th. Randy Cox and Rob Heffer are working on some initial programming issues for April 13th and 14th. Randy and his program committee will be solidifying the program over the next month or so. Rick Schulte and Phyllis Terry Friedman have been working on the local arrangements.

ADPTC has reserved rooms for April 11-14 at the rate of $197.88 per day per room, inclusive of taxes ($179/day + 10.545% taxes). To receive this rate you MUST make a reservation by:

- Telephoning **Kathy Kelly** to register (no one else) 619-692-2781
- Identify yourself as the ADPTC group.

Symposium at APA

Training for Ethical and Multicultural Competencies in the Practicum

Erica Wise, Tony Cellucci, Sonia Banks

Chair: Erica H. Wise, Ph.D., **Discussant:** Robert W. Heffer, Ph.D.,

Symposium Summary

The overall goal of this symposium is to present a model for integrating formal didactic and experiential training for ethical and multicultural competencies into the practicum. While nobody in our field would argue with the assertion that practicum is the traditional venue for training in the basic clinical competencies of assessment and intervention, our position is that the practicum experience presents a unique opportunity for in-depth understanding of ethical and multicultural concepts and practice. In the first section, Erica Wise will provide an overview of the proposed model and will review the standards and guidelines within APA that relate to training in ethical and multicultural competencies. In the second section, Tony Cellucci will present an integrative model for teaching ethics throughout the pre-doctoral program and within the practicum setting. In the third section, Sonia Banks will challenge us to look beyond the traditional models for inculcating meaningful self-knowledge and multicultural competency that integrates didactic and experiential training.

Presenter: Erica H. Wise

Practicum training for ethical and multicultural competence

Clinical trainers have an obligation to prepare our graduate students to function ethically and effectively in their myriad future roles as psychologists in an increasingly multicultural society. Drawing from standards and sources of guidance within the APA, we are proposing a developmental professional training model that promotes the integration of formal didactic training in ethical and multicultural diversity issues into practicum training. This model is based on the following documents: The APA Ethics Code (2002), The APA Guidelines and Principles for Accreditation of Programs in Professional Psychology (especially Domains B and D), The ADPTC Practicum Competency Document (2004) and the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002). The unifying concept for training graduate students in both ethical and multicultural competencies is the expectation that trainers will both demonstrate and teach ethical behavior and a high level of sensitivity and respect for individual and cultural diversity. As role models, our supervision must conform to the provisions of the 2002 APA Ethics Code. This includes the provision of accurate descriptions of clinical training opportunities that are designed to provide students with requisite skills and competencies (Ethical Standards 7.01 and 7.02), an awareness of the importance of being sensitive to the use of mandated disclosures of personal information (ES 7.04), the importance of providing timely and fair evaluations that are based on actual performance (ES 7.06) and the importance of avoiding exploitative relationships with supervisees (ES 3.05 and 7.07). In regards to training for multicultural competence, the APA Ethics Code (2002) reminds us in General Principle E that psychologists respect the dignity and rights of all people. Other sections of the Ethics Code also speak to the ethical imperative of sensitivity to individual and multicultural diversity. The APA Multicultural Guidelines and the ADPTC Practicum Competency Document both emphasize the importance of self-awareness and the extent to which our attitudes and beliefs can influence our perceptions of and interactions with others. Of particular relevance is Guideline #3 of the APA Multicultural Guidelines which states that “As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education”. Where better for this to occur than in practicum training?

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Presenter: Tony Cellucci

The development of professional ethical competence: One program model

Although ethics is a required component of doctoral training, it is often isolated to a didactic course early in a student's program. The literature is clear that ethics training must go beyond simple knowledge or recitation of the APA code to include values and ethical reasoning as part of one's professional identity (Bernard, Murphy, & Little, 1987; Welfel, 1992). Handelsman, Gottlieb and Knapp's (2005) acculturation metaphor is a useful perspective for thinking about ethical/ professional socialization. This presentation will elaborate on the ethical competencies suggested by ADPTC and argue that they must be integrated and addressed throughout the training program. In particular, the psychology clinic becomes the focal point for students to integrate knowledge of ethical issues with actual practice (Cellucci & Heffer, 2002).

The ADPTC competencies document includes seven items related to ethics: 1) knowledge of the ethics code, professional guidelines, as well as statutes, regulations, and case law; 2) being able to analyze ethical /professional issues across a spectrum of professional activities; 3) understanding ethical dimensions of his/ her own attitudes and practice; 4) seeking appropriate information and consultation; 5) appropriate professional assertiveness related to ethical issues; and 6) evidence of commitment to ethical practice. It is instructive that these competencies reflect not only knowledge and moral reasoning but sensitivity, self-awareness and acting on ethical issues. These competencies can be very useful in formulating program objectives related to this domain.

This presentation will describe one university model for professional ethical development which is distributed and reinforced throughout a student's training. This will include first year orientation to the clinic, a description of a standard ethics course that incorporates WebCt as a discussion tool, various activities and methods that can be used by training clinics to reinforce and integrate professional ethical development within practicum, and a capstone ethics/ professional issues seminar prior to internship. The presentation will include specific ideas and exercises for enriching the teaching of ethics. Knowledge survey data for the course will be presented along with case analyses conducted by senior students.

Presenter: Sonia R. Banks

Practicum and Multicultural Competency: Weaving Multicultural Issues into the Overall Training Agenda

As clinical trainers, we have the ethical challenge to ensure that our practicum students are trained to offer competent care to the multicultural clients we serve. Yet, even with the mounting focus on competency based training, we find that training in the area of multicultural competence often remains perfunctory. Approaches that seek to integrate the learning of multicultural theory in the classroom with practicum training have met with more success than the basic "read and then do as I say" faculty approach that many supervisors endorse. Academia is not generally receptive to creating the kind of applied training in cultural competency that we offer in other areas of our discipline. There is often little program training time or support devoted to the application of innovation and creativity to learning ways to break the barrier of race, culture, gender, orientation and language bias. Even though we know that many of the current tried and true teaching approaches are not effective, they continue to be widely used in psychology training programs. Creating a new paradigm takes time. We can teach how to build a model one case at a time, one session at a time, that will serve as an inroad to true multicultural competence. A model will be presented that allows us to effectively integrate didactic and practicum training and to determine if there is sufficient development occurring for the student related to their understanding of treating a diverse client population.

This presentation will focus on:

1. What needs to be understood at the novice, intermediate and advanced level?
2. How does the supervisor determine if more course-work, field study or role play is needed?
3. What are the barriers to integrating such a progressive approach?
4. Who will benefit if it is not implemented and if it is implemented and why?
5. How can training directors, training practicum directors and supervisors contribute to this paradigm shift?

Symposium at APA:

Incorporating Research and Systematic Data Collection in the Practicum

Eric Sauer, Bonny Forrest, Terry Pace, Bobbi Volmer

Chair: Eric M. Sauer

Symposium Summary

Introduction: This symposium is one of a 3-topic series of symposia proposed by members of the Association of Directors of Psychology Training Clinics (ADPTC) on topics related to the pre-doctoral practicum in professional psychology. Through email communications with us, David Tolin suggested that these three symposia be reviewed as a group, although submitted separately. We are requesting acceptance as a series, but are open to acceptance of some, if not all, of the symposia. The other two symposia being submitted are:

Abstract: This symposium will address a perennial debate in professional psychology. That is, how can we best train our students to be competent scientist-practitioners? With their tripart mission of providing psychological research, student training, and services to the public, psychology training clinics (PTCs) are ideally suited to offer students integrative research and practice training experiences. The current symposium consists of four presentations that will highlight the diverse ways that PTCs may effectively incorporate research and systematic data collection into practicum training. In the first presentation, Terry Pace, will discuss an ongoing psychotherapy evaluation project that includes multiple dimensions and perspectives. Using the clinical literature as a guide, this practical and integrated approach to outcome evaluation has yielded findings that are useful to treatment planning, client self-evaluation, service evaluation, and helping students learn about the value of evaluation and thinking more scientifically about their applied work. In the second presentation, Bonny Forrest, who directs multiple training clinics located in a low-income and racially diverse community, will provide an overview of her efforts to help students learn the importance of thinking scientifically about service delivery. She will highlight research findings from a clinical study on depression and religious coping in a racially diverse sample and demonstrate how alternative research methods employed at these clinics have significantly increased client participation in research. In the third presentation, Barbara Wollmer, will describe how the utilization of collaborative treatment planning interviews, treatment modality-specific supervision, and close monitoring of client progress have enhanced the depth of students' understanding of the application of various treatment models. She will also describe how these same efforts have been effectively applied to a clinical study on problem gamblers. In the fourth presentation, Eric Sauer, will highlight how practicum courses housed in PTCs can be used to stimulate scientific thinking and provide effective research training. Two areas of focus will include using outcome measurement to inform practice and involving students in clinical research projects..

The University of Oklahoma Counseling Psychology Psychotherapy Evaluation Project

Presenter: Terry M. Pace

The Psychotherapy Evaluation Project at the University of Oklahoma Counseling Psychology Clinic is a program with research, service and training objectives. Reviews of the literature suggested that a comprehensive approach to outcome assessment in practicum should include multiple dimensions including at least: (a) symptomatic issues, (b) multiple life-role functioning, (c) general well-being or quality of life, (d) targeted problems or goals, (e) quality of the counselor-client relationship, (f) client motivation or readiness for change, (g) and general satisfaction with clinic services. We also concluded that multiple perspectives should be obtained on relevant dimensions, including clients, counselors, parents and supervisors. Our clinic and training program is generalist is scope (i.e., we serve the entire life span, including children, adolescents, adults, couples and families). We wanted an approach to outcome evaluation that would be integrated and applicable across the range of clients we see. We sought methods that would be practical and acceptable for clients, counselors, clinic staff and supervisors. We decided for our needs, that it was better to get consistent data of some breadth and to sacrifice depth. We wanted the evaluation process and results to be useful to counselors and supervisors for treatment planning and useful to the clinic and the training program for overall evaluation. As a scientist-practitioner program, we expected that this project would help our students learn about the value of evaluation and to think more critically, objectively and scientifically about their applied work.

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Likewise, we believed the instruments might assist clients in their own self-evaluation and have a positive impact on their decisions about counseling and motivation for change. Psychometric data will be presented for our instruments, as well as data on clinic services. Implications will be discussed regarding outcome and service evaluation and to unique needs of generalist PTCs.

Depression and Religious Coping in a Racially Diverse, Low-Income, Community

Presenter: Bonny J. Forrest

The Loyola Clinical Centers house seven clinics that serve as the practicum sites for four graduate programs. The city requested that the Clinics be located in a low-income neighborhood. Since opening, we have encouraged students to engage in dialogues about effectively meeting community members' needs. Through conversations at a local food pantry we also understood that depression was a major issue for residents. Many of the folks we spoke with, did not use the term depression, but spoke instead about feeling blue and about often speaking to a greater power about a problem. Research shows that although African Americans, persons of limited means, and non-hospitalized persons, are traditionally underrepresented in research on depression, using religious coping methods to reach these participants can increase participation in applied services and studies.

As a scientist-practitioner program, we hoped that this study would help our practicum students learn the importance of critically thinking about service delivery and the needs of their clients. We will present data on the following alternative research methods: (a) inclusion of more relevant incentives for participation, (b) use of a natural community helper, (c) measuring the use of religious coping, and (d) qualitative interviewing. Some of our findings include:

The two most widely used measures of depression posed significant barriers for use in this population due illiteracy, or blindness;

African Americans reported more somatic complaints and pessimism than Caucasians;

The use of positive religious coping predicted less depression and the use of negative religious coping predicted more depression for African Americans. There was no relationship between religious coping and depression level in Caucasians; and

Depressed individuals were less inclined to volunteer to participate in community research.

Implications will be discussed related to success of alternative methods, outcome and the needs of PTCs in urban community settings.

Development of a Collaborative Treatment Planning Interview and Monitoring Procedures in Practicum

Presenter: Barbara M. Vollmer

Doctoral students often have their pre-doctoral practicum experiences in PTCs. Although students frequently arrive well equipped with basic skills in reflective listening and intake assessment, they often present with deficits in case conceptualization and treatment planning skills. Supervisors of beginning students typically find they need to provide a basic framework from which the student can begin to integrate coursework and practicum training. At the Counseling and Educational Services Clinic at the University of Denver, three procedures have been implemented to help practicum students increase skills in treatment planning and case conceptualization. First, using the clinical literature as a guide, the Collaborative Treatment Planning Interview (CTPI) was developed to follow the traditional intake. The main objectives of this interview are to determine the client's treatment preferences and also to clearly develop the client's initial goals. The CTPI incorporates questions and approaches suggested by several therapeutic models and also asks clients to state their preferences among several therapeutic modalities. Second, supervisors with expertise in each treatment modality offered in the clinic develop a format and guidelines on how to use the intake and CTPI to write case formulations and a treatment plans. Supervisors have also developed progress notes and an intervention checklist tailored to the different therapeutic modalities to allow monitoring of students' adherence to the collaborative treatment plan. Third, all adult clients are systematically administered various evaluation instruments to monitor progress (i.e., a measure of client distress, working alliance inventory, and qualitative interviews). This presentation will conclude by discussing how these innovative and integrative training methods have been used to conduct a pilot study on problem gamblers and served as an example of systematic data collection in PTCs.

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The Development of Scientific Thinking in Practicum

Presenter: Eric M. Sauer

PTCs are ideal laboratories for teaching students how to think scientifically about applied practice. This presentation will describe how faculty at the Center for Counseling and Psychological Services at Western Michigan University are helping practicum students integrate science and practice. One important way that we foster scientific thinking is through systematic outcome assessment. During practicum, students administer psychometrically sound outcome measures to adult clients at intake and before each counseling session. As suggested by Ogles, Lambert, and Fields (2002), these standardized data are used to inform clinical practice and can stimulate critical thinking about (a) initial presenting problems or level of severity, (b) critical needs, (c) targets of treatment, (d) client strengths, (e) client progress, and (f) therapy effectiveness.

The second way that we develop scientific thinking is by providing opportunities for practicum students to participate in student-faculty research teams. For instance, in one of our longitudinal research projects, we are exploring the impact of client and therapist attachment orientations on counseling process and outcome. Several interesting findings have emerged and students have become quite energized to continue lines of applied inquiry. Beyond providing students with a first-hand experience conducting research in an applied setting, research projects such as these offer other important benefits for our practicum students including faculty mentoring and role-modeling, and positive reinforcement for research-practitioner behaviors and beliefs. These benefits are consistent with previously identified variables that foster positive research training environments (Gelso, 2000; Kahn & Gelso, 1997).

Lastly, I will conclude by sharing my impressions of the successfulness of our attempts to stimulate scientific thinking in practicum students. Specifically, I will speak about the immediate impacts on our practicum students and then propose some potential long-term effects that similar efforts may have on the next generation of psychologists.

Symposium at APA

Best Practices for Competent Supervision in Practicum

Brian Lewis, Kim Lassiter, Vic Pantesco, Judy Hyde

Chair: Brian Lewis, **Discussant:** Linda Forrest

Abstract: This symposium is one of a series of three programs being offered by members of the Association of Directors of Psychology Training Clinics (ADPTC) on topics related to the pre-doctoral practicum in professional psychology. As the focus on the practicum has intensified in recent years, so too has the realization that there are challenges unique to this level of training which warrant further consideration. One such challenge involves practicum supervision. In this symposium, four perspectives will be provided on "best practices" in practicum supervision – each addressing a somewhat different area of concern under the general heading. In the first presentation, Kim Lassiter examines the critical role of evaluation in practicum supervision and how this should be tied to practicum competencies. Next, Vic Pantesco will explore the important role of the practicum supervisor in recognizing and responding to the unique needs of problem students as they begin their earliest clinical work. Judy Hyde will then provide an example of a developmental model of practicum supervision currently in use at a university in Australia. This will provide a nice opportunity to broaden the discussion by including a perspective from outside mainstream American psychology. Finally, Brian Lewis will raise the potentially controversial question of whether it is necessary, or even desirable, that the profession consider adopting practicum-specific "guidelines" for supervision. The symposium will end with an open discussion with the audience which will be facilitated by Linda Forrest.

Presentation Title: Evaluation in Practicum Supervision: Suggestions for Best Practices

Presenter: Kim Dudley Lassiter

Abstract: The Association of Directors of Psychology Training Clinics, ADPTC, is a community of experts on pre-doctoral clinical training. The ADPTC Practicum Competencies Workgroup has produced the Report on Practicum Competencies, which describes a set of core competencies that are the focus of practicum-level training. Having identified core competencies, ADPTC is now examining competency measurement and how to integrate competencies into evaluation in practicum supervision.

Although supervision practices have been assumed to be similar across professional settings, it appears that the clinical supervision that occurs in practicum/educational settings is distinctive, particularly with respect to technological resources (videotape, observation rooms) and time allotted to the activity. The suggestions offered here are proposed as best supervision practices for practicum supervision that is directed toward attainment of pre-doctoral clinical competencies. These guidelines will aid clinical supervisors who have not had the benefit of formal supervision training; will help ensure supervisees' rights to effective and accurate evaluation; and will facilitate gate-keeping the profession.

Best practices in practicum supervision evaluation include: (1) specifying evaluation criteria in a supervision contract with procedures, methods, and timeframes; (2) describing recourse for the supervisee to challenge the evaluation or remediate the deficiencies (due process); (3) differentiating formal from informal evaluation and providing guidelines for each; (4) identifying sources of data and tools for evaluation; (5) making evaluation the norm within the supervisory relationship; and (6) addressing problems early. Finally, given that lack of timely feedback has become the most common basis of formal ethics complaints regarding supervision, supervisors are encouraged to self-reflect regarding issues that may interfere with their ability to be objective in evaluating a given supervisee and to providing feedback more generally.

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Presentation Title: **Best Practices in Practicum Supervision: Focusing on the Problem Student.**
Presenter: Victor Pantesco,
Abstract: Within the Association of Directors of Psychology Training Clinics and more broadly across the Council of Chairs of Training Councils, supervision with problematic students absorbs huge amounts of time and emotional energy. It presents a special category within Best Practices from a few points of view: evaluation procedures, cultural sanctions for addressing problems of a sensitive nature, and professional collegial support for the supervisors. This presentation will offer first some commentary on selected basic principles within a best practices frame. Specifically, we will pay attention to a few principles that combine attention to the salient territory of emotions and defense with particular language and strategies for their management in the difficult supervisions. With these principles and guidelines for both cultural and individual utilization set, particular interventions will be offered and explored within the context of seeking best practice in this challenging subset of supervisees. Specifically, the following will be emphasized as inclusive and broadly applicable contexts and pathways for discerning and conducting supervision interventions:

1. Setting the supervision frame, especially including language and protocol for addressing difficult students
2. Group peer supervision for supervisors
3. Tracking supervision session-to-session: a brief documentation tool
4. Using student evaluations of supervisors to specify themes in supervision
5. Using the developmental perspective for conceptualizing supervisory intervention with the difficult supervisee.

Presentation Title: Utilizing the Integrated Developmental Model of Supervision in Practicum Training
Presenter: Judy Hyde,
Abstract: Developmental models of supervision are characterized by an understanding that trainees and supervisors progress through a series of stages of increasing development from feeling relatively anxious, insecure, dependent, unknowledgeable and unskilled, through to more confident, secure and autonomous, as knowledge and skills increase; to arrive at high levels of integration, skill, self-awareness, professionalism and independence. These empirically validated models provide a useful framework for conceptualizing the tasks and goals of supervision at the practicum level and beyond.
This presentation will describe the stages of the Integrated Developmental Model of Supervision (Stoltenberg, McNeil, & Delworth, 1998) with a focus on practicum training. The stages of development of practicum students commencing the supervisory process suggest a need for more substantial direction, guidance and instruction in a safe, secure structured environment in the early stages of supervision, and more autonomous, exploratory discussion, with a reduction in the amount of direction, instruction and guidance, as confidence and skills develop. The adaptation of the supervisory style to flexibly meet the needs of practicum students, while accounting for the interaction of the level of complexity of the issues being addressed and the level of development of the student, will be described.
Structures to monitor practicum student development will be given, providing markers to assess development across the domains of self and other awareness (both cognitive and affective), motivation, and autonomy. The impact of these developments on a range of professional activities, from skills acquisition to ethics, will be outlined in light of the requirements for supervision environments to change to augment development and appropriately challenge each developmental level.
The presentation will conclude with a description of how this model is being taught to supervisors and implemented in practicum training at the Rod Power Psychology Clinic in Sydney, Australia.
"Integrated Developmental Model of Supervision" and further along confidence and skills develop (not develops).

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Presentation Title: Searching for Guidance: Do We Need Practicum-specific Supervision Guidelines?
Chair: Brian L. Lewis, Ph.D.,
Abstract: As the discussion of the pre-doctoral practicum has intensified, questions have arisen regarding the potential need for standards or guidelines in supervision. It is interesting that clear guidelines currently exist for supervision at later levels of professional training (i.e., the internship and post-doctoral levels), but not for the earliest phase of graduate training. The Association of Psychology Postdoctoral and Internship Centers (APPIC), for example, has explicit policies for supervision for any internship or post-doc training program it approves; these include the expectation that the supervisor is licensed and that supervision occurs in an individual format at least 2 hours each week. The American Association of State Psychology Boards (ASPPB) has its own set of recommended guidelines which are used in many jurisdictions to establish supervision requirements for licensure – again focusing exclusively on internship and post-doc training. The ASPPB guidelines go so far to specify the maximum number of supervisees any one supervisor can oversee (three).
The reason that accepted guidelines for practicum supervision do not exist is because practicum requirements are set by the individual academic programs, and these programs differ in training philosophy and in more mundane concerns like access to resources. The result is considerable variation in supervision practices between doctoral programs, and students are progressing to internship with markedly different experiences (e.g., in the type and intensity of supervision received).
Although there is considerable value in maintaining program autonomy when establishing training requirements, it can also be argued that more consistency is needed in some areas – and practicum supervision expectations might be one of these areas. The purpose of this presentation is to present a case for this thesis in hopes of stimulating further discussion of the topic.