



Doctoral Internship in Clinical & Community Psychology

July 1, 2021 – September 30, 2021

(ALL Seminars will be virtual)

7/1/21– 8:30am – 8:45am

Welcome & Overview of Orientation: Amber Childs, PhD

7/1/21 8:45am-10:15am

Getting Acquainted

Amber Childs, PhD

(Orientation)

Session description:

The Getting Acquainted session is designed to help fellows learn about each other, with emphasis on the personal self rather than the professional self.

Session/learning objectives:

At the conclusion of this session, fellows will:

- 1) Have greater knowledge about their peers in the internship program.
- 2) Be able to interact with other fellows with a greater level of ease and comfort.

7/1/21 – 10:30am – 12:00 noon

Internship Orientation - Part #1

Amber Childs, PhD

(Orientation)

Session description:

This first session is designed to orient fellows to the internship program. It includes a review of topics in the Internship Handbook and various administrative matters. The Fellow Advisory Committee will be described and an invitation will be made for fellows to nominate themselves to serve on this Committee.

Session/learning objectives:

At the conclusion of this session, fellows will:

- 1) Be familiar with the Handbook and the various policies and procedures that it contains.
- 2) Be able to access online resources for the curriculum.

7/2/21 – 1:30pm – 2:30pm

Amber Childs, PhD

Internship Orientation – Part #2

(Orientation)

Session description:

This is the second orientation session. The Session description: and learning objectives are the same as for the first session.

7/2/21 – 2:45 – 4:00 pm

The Yale Internship in the Context of the Community

Jacob Tebes, PhD

(Orientation)

Session description:

This session serves as an introduction to the cultural diversity inherent to greater New Haven. Historical data and current affairs will be used to contextualize the role of both the Yale internship, and the fellows, within the local community. Trainee first impressions will be discussed, and the impact of New Haven's rich socio-cultural influences among client and community populations identified.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Share their observations and experiences of moving to and living in the greater New Haven community.
- 2) Provide background about Connecticut and New Haven history, population characteristics, and sociopolitical structures.
- 3) Summarize and discuss key issues of culture and diversity – religion, social class, race/ethnicity, and town-gown relations – as they pertain to the Yale internship.

Recommended readings:

7/6/21 – 2:30 – 3:30pm

Internship Orientation (Part 3)

Amber Childs, PhD

Leadership Panel Discussion 3:30-4:00pm

Amber Childs, PhD; Rajita Sinha, PhD, Jacob Tebes, PhD

(Orientation)

Session description:

This is the third of three orientation sessions. The Session description: and learning objectives are the same as for the first session.

7/6/21 4:15 – 5:30pm

Introduction to Community Psychology

Jacob Tebes, PhD

(Consultation, Interprofessional & Systems Based Practice)

Session description:

This session provides an overview of community psychology, including its history, core principles, practice competencies, and the relationship of community psychology to clinical practice, research, and intervention. Participants will have the opportunity to learn about the field through a combination of didactic presentation and practice-based vignettes. The session will conclude with a focus on how a community psychology perspective can complement clinical, counseling, and systems interventions and research.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Identify the core principles of community psychology.
- 2) Identify the major practice competencies of community psychology.
- 3) Understand how these principles and practice competencies inform clinical practice, research, programs, and policies relevant to addressing behavioral health challenges.

Recommended readings:

From the list below, read the Tebes et al (2014) article from pages 481-490 for an introduction to the core organizing principles for community psychology. (If you are interested in meta-science, the entire article may be of interest.) Also, read the Tebes (2016) editorial introduction to a special issue on the 50th anniversary of the birth of community psychology.

- Tebes, J. K., Thai, N. D., & Matlin, S. L. (2014). Twenty-first century science as a relational process and a place for community psychology. *American Journal of Community Psychology*, 53(3-4), 475-90. PMC4076783
- Tebes, J. K. (2016), Reflections on the future of community psychology from the generations after Swampscott: A commentary and introduction to the Special Issue. *American Journal of Community Psychology*, 58: 229–238. doi:10.1002/ajcp.12110

7/13/21 2:45 – 4:00 pm

Telemental Health: More than Pandemic Psychotherapy (Part 1: A How to Guide)

Jennifer M. Doran, PhD; Faith Prelli, PsyD; & Jessica Lawson, PhD

(Intervention)

Session description:

In the wake of the COVID-19 Pandemic, telemental health (TMH) has become a critical tool for allowing psychologists to continue providing behavioral healthcare and meeting the needs of their clients in these unprecedented and challenging times. This training provides an overview of TMH as a viable tool for clinical service delivery, and is designed to increase general knowledge about TMH, offer important information about how TMH works in practice, and provide clinical considerations relevant to this modality. The training will be provided by three TMH experts who will discuss utilization of TMH both within a major healthcare system (the VA) as well as private practice. We will also review the original research of Drs. Doran and Lawson examining provider perceptions to TMH during the pandemic.

We will consider the advantages and disadvantages of TMH, associated ethical and procedural challenges, and review important clinical considerations such as engagement/rapport and risk management. The training will occur through a social justice lens and framework, and will include a purposeful focus on special populations, including diverse and underserved communities. An experiential activity will occur in the session to help participants consider their own stimulus value and the role of environment in conducting telemental health. The session will conclude with an opportunity for an interactive discussion with attendees.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Provide a comprehensive overview of TMH and associated ethical and procedural considerations.
- 2) Describe at least two advantages of TMH and its place in the future of clinical service delivery.
- 3) Reflect on the relationship between TMH and social justice, including increasing access to care for diverse and underserved communities.
- 4) Understand provider perceptions and clinical considerations unique to TMH.
- 5) Acquire greater confidence in their abilities to utilize TMH in their future clinical work.

Recommended readings:

- APA Guidelines for the Practice of Telepsychology:
<https://www.apa.org/practice/guidelines/telepsychology> 2)
- Drum, K. B., & Littleton, H. L. (2014). Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations. *Professional psychology, research and practice*, 45(5), 309–315.
- Doran, J. M., & Lawson, J. L. (2021). The impact of COVID-19 on provider perceptions of telemental health. *Psychiatric Quarterly*. Online First Publication. doi: 10.1007/s11126-021-09899-7
- Jacobs, J. (August 7, 2018). Managing Risks of Telepsychology. *The National Psychologist*.
<https://nationalpsychologist.com/2018/08/managing-risks-of-telepsychology/104807.html>
- Crethar, H. C., & Ratts, M. J. (2008). Why social justice is a counseling concern. *Counseling Today*, 50(12), 24-25.

7/13/21 4:15 - 5:30 pm

Telemental Health: More than Pandemic Psychotherapy (Part 2: A How to Guide)

Jennifer M. Doran, PhD; Faith Prelli, PsyD; & Jessica Lawson, PhD

(Intervention)

Session description:

In the wake of the COVID-19 Pandemic, telemental health (TMH) has become a critical tool for allowing psychologists to continue providing behavioral healthcare and meeting the needs of their clients in these unprecedented and challenging times. This training provides an overview of TMH as a viable tool for clinical service delivery, and is designed to increase general knowledge about TMH, offer important information about how TMH works in practice, and provide clinical considerations relevant to this modality. The training will be provided by three TMH experts who will discuss utilization of TMH both within a major healthcare system (the VA) as well as private practice. We will also review the original research of Drs. Doran and Lawson examining provider perceptions to TMH during the pandemic.

We will consider the advantages and disadvantages of TMH, associated ethical and procedural challenges, and review important clinical considerations such as engagement/rapport and risk management. The training will occur through a social justice lens and framework, and will include a purposeful focus on special populations, including diverse and underserved communities. An experiential activity will occur in the session to help participants consider their own stimulus value and the role of environment in conducting telemental health. The session will conclude with an opportunity for an interactive discussion with attendees.

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<https://www.apa.org/practice/guidelines/telepsychology> 2)

- Drum, K. B., & Littleton, H. L. (2014). Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations. *Professional psychology, research and practice*, 45(5), 309–315.
- Doran, J. M., & Lawson, J. L. (2021). The impact of COVID-19 on provider perceptions of telemental health. *Psychiatric Quarterly*. Online First Publication. doi: 10.1007/s11126-021-09899-7
- Jacobs, J. (August 7, 2018). Managing Risks of Telepsychology. *The National Psychologist*. <https://nationalpsychologist.com/2018/08/managing-risks-of-telepsychology/104807.html>
- Crethar, H. C., & Ratts, M. J. (2008). Why social justice is a counseling concern. *Counseling Today*, 50(12), 24-25.

7/20/21 2:45 – 4:00 pm

The Relevance of Trauma to General Practice

Joan Cook, PhD

(Evidence Based Assessment)

Session description:

Many individuals in the United States are exposed to a potentially traumatic event at some point in their lives. In fact, conservative estimates indicate that up to 60% of adults have experienced at least one event that would be considered traumatic, such as child maltreatment, interpersonal violence, natural disaster, war or serious accident, in their lifetime. Although many individuals who experience a single potentially traumatic event do not have long-term negative consequences, a substantial minority do develop significant physical and mental health difficulties. Indeed, traumatic exposure has been implicated as a risk factor for numerous major mental disorders, including depression, substance abuse/dependence, and Posttraumatic Stress Disorder (PTSD). Trauma is also associated with physical health problems (e.g., ischemic heart, chronic lung and liver diseases), negative health behaviors (e.g., smoking, severe obesity), poor social and occupational functioning, and overall decreased quality of life. This class will address the relevance of trauma to general clinical practice.

Session/learning objectives:

- 1) Explain that exposure to trauma is not a rare event, that a history of exposure to traumatic events is prevalent in the general population and a history of exposure to trauma is appreciably more prevalent in clinical samples.
- 2) Describe how exposure to traumatic incidents is related to several mental health disorders (i.e., PTSD, acute stress disorder, complex PTSD) as well other disorders and psychological symptoms (e.g., dissociation, depression, anxiety, substance abuse).
- 3) **Note the research on the effects of diversity (e.g., gender, gender identity, race, ethnicity, age, social class, sexual orientation, ability status, and religion) on traumatic exposure and subsequent mental health difficulties.**
- 4) Identify why psychologists should know about potentially traumatic events and their health consequences.

Recommended reading:

- Cook, J. M., Newman, E., & the New Haven Trauma Competency Group. (2014). A consensus statement on trauma mental health: The New Haven Competency Conference process and major findings. *Psychological Trauma: Theory, Research, Practice and Policy*, 6, 300-307.
- Herman, J. L. (1997). *Trauma and recovery*. New York, NY: Basic Books.

7/20/21 4:15 – 5:30pm

Introduction to Voluntary Faculty Resource Members

David Tate, PhD

(Communication & Interpersonal Skills)

Session description:

Voluntary Faculty Resource Members are available to fellows to discuss sensitive matters that they may be uncomfortable raising directly with their advisors and supervisors. In this session the Voluntary Faculty Resource Members will discuss their role and provide some information about themselves to the fellows. They will then moderate the first Open Discussion, which is a forum, without members of the full-time faculty present, in which fellows can talk about topics or issues of their choosing. The discussion is designed to promote and provide opportunities for Reflective Practice.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Identify the program's Voluntary Faculty Resource Members.
- 2) Describe the role of Voluntary Faculty Resource Members.
- 3) Identify the limitations to the Voluntary Faculty Resource Member role.

Recommended reading:

- Voluntary Faculty Resource Member Policy (in Program Handbook)

7/27/21 2:45 – 4:00 pm

Mandated Reporting of Child Abuse & Neglect

Michelle Comas, PhD

(Ethical & Legal Standards)

Session description:

Professional psychologists working in both clinical and research settings have a legal and ethical mandate to report suspected child abuse and neglect. Decisions about when and how to report suspected child abuse and neglect can be difficult to negotiate. This session will introduce the psychology fellows to the legal, ethical, administrative, and clinical aspects of mandated reporting. A conceptual framework of mandated reporting, Connecticut statutes, ethical guidelines, and a series of case vignettes drawn from the local system of care will be used to illustrate critical considerations in the process of making decisions about whether a situation warrants a mandated report.

Session/learning objectives:

At the conclusion of this session, fellows will:

- 1) Conceptualize mandated reporting of suspected child abuse and neglect as a decision-making process informed by state statute, ethical guidelines, and clinical information;
- 2) More clearly decide when a mandated report of suspected child abuse or neglect is and is not indicated;
- 3) Better manage a mandated report of child abuse or neglect in a clinical or research setting when one is indicated.

Recommended reading:

- Connecticut Department of Children and Families (2016, March 10). *What mandated reporters need to know.*

- Connecticut Department of Children and Families (2012, August 2). *Definitions of child abuse and neglect*. Available at <http://www.ct.gov/dcf/cwp/view.asp?a=2639&Q=393928>
- The following resources are available from the instructor as sources of more detailed information:
- Sedlak, A. J., & Ellis, R. T. (2014). Trends in child abuse reporting. In J. E. Korbin & R. D. Krugman (Eds.), *Handbook of Child Maltreatment* (pp. 3-26). Springer.
- Pietrantonio, A. M., Wright, E., Gibson, K. N., Alldred, T., Jacobson, D., & Niec, A. (2013). Mandatory reporting of child abuse and neglect: Crafting a positive process for health professionals and caregivers. *Child Abuse & Neglect*, 37(2-3), 102-109. <https://doi.org/10.1016/j.chiabu.2012.12.007>
- Kenny, M. C., Abreu, R. L., Marchena, M. T., Helpingstine, C., Lopez-Griman, A., & Mathews, B. (2017). Legal and clinical guidelines for making a child maltreatment report. *Professional Psychology: Research and Practice*, 48(6), 469-480. <http://dx.doi.org/10.1037/pro0000166>

7/27/21 2:45 – 4:00 pm

Suicide Risk Assessment

Emily Cooney, PhD

(Assessment)

Session description:

Individuals with a diagnosed mental health disorder are at greater risk for suicide. Multiple aspects of identity are also implicated in risk for suicide. Understanding and responding to an individual's risk for suicide is a critical component of psychologists' work. We will review theories, suicide risk factors, and suicide protective factors. We will discuss how to assess and respond to risk for suicide, as well as other potentially risky behaviors. Case vignettes will be presented and strategies for determining risk will be applied.

Session/learning objectives:

At the conclusion of this session, fellows will:

- 1) Identify risk and protective factors for suicide, including demographic and individual level variables such as gender, race, sexual minority status, with attention to intersectionality
- 2) Describe strategies for intervening in crisis, including safety planning
- 3) Identify current terminology for use in describing suicide risk behaviors

Recommended reading:

- Joiner, T.E., Van Orden, K.A., Witte, T.K., & Rudd, M.D. (2009). Risk assessment. In *The interpersonal theory of suicide: Guidance for working with suicidal clients* (pp.53-81). Washington, D.C.: American Psychological Association. This chapter provides more in depth discussion of risk factors for suicide, a review of several suicide risk assessments, and clinical transcripts illustrating the use of suicide risk assessment and management strategies. **Please read before session.**
- Klonsky, E.D., May, A.M., & Saffer, B.Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology*, 12: 307-330. This review presents a theoretical synthesis of recent research, with recommendations for assessment and practice. It also explains the Three Step Theory of how individuals may (or may not) progress from ideation to attempt. **Please read before session.**

For further reading after session if desired:

- Crosby, A.E., Ortega, L., & Melanson, C. (2011). Self-directed violence surveillance: Uniform definitions and recommended data elements. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention: Atlanta, GA. Accessed on 6/16/2017 at <https://www.cdc.gov/violenceprevention/pdf/Self-Directed-Violence-a.pdf> This is the definitive CDC

guide to suicide nomenclature. It includes quiz questions to check your ability to properly label various behaviors. I recommend referring to this prior to planning a research study, documenting, publishing, or presenting on suicide or suicidal ideation to ensure you are using proper nomenclature.

- Linehan Risk Assessment and Management Protocol (2016). Accessed on 5/7/2019 at <http://depts.washington.edu/uwbrtc/wp-content/uploads/LSSN-LRAMP-v1.0.pdf> This checklist was developed for use in clinical trials with individuals at high risk for suicide. It contains useful checklists of risk and protective factors and can be used throughout the duration of treatment when risk levels change.
- Nock, M.K., Borges, G., Bromet, E.J., Cha, C.B., Kessler, R.C., & Lee, S. (2008). Suicide and suicidal behavior. *Epidemiologic Reviews*, 30, 133-154. This chapter reviews the prevalence of suicidal behavior and trends related to suicidal behavior in the United States and other nations. More current data are available from CDC, however, this review includes international data and a theoretical synthesis.
- Reporting on Suicide .org website accessed 5/7/2019 at <http://reportingonsuicide.org/> This website is aimed at journalists and bloggers, and the guidelines apply to us too: if you are talking about this to colleagues, clients, or the public, follow the guidelines.
- Suicide Prevention Resource Center Accessed 5/7/2019 at <https://www.sprc.org/populations> The Suicide Prevention Resource Center has resources on individual and program level interventions. This page presents resources specific to people from various populations.
- The Trevor Project accessed 5/7/2019 at <http://www.thetrevorproject.org/> This website is aimed at suicide and crisis prevention among LGBTQ youth.
- Van Orden, K.A., Witte, T.K., Cukrowicz, K.C., Braithwaite, S.R., Selby, E.A., & Joiner, T.E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117, 575-600. Review of the interpersonal theory of suicide in detail with supporting evidence for each component.

8/3/21 2:45 – 4:00 pm Part 1

Developing a framework for discussing issues of race & creating communities of safety in the mental health context

Nakia Hamlett, PhD

(Individual and Cultural Diversity)

Session description:

For centuries, Black and White Americans, as well as other indigenous groups, have been living in the shadow of our country's problematic history of slavery, racial segregation, and inequity. Each generation is socialized to this historical context, often without conscious awareness, leading to the same social enactments, injustices, prejudices, and inequities. Despite our efforts, this troubling legacy continues to be the veritable "noose around all of our necks" as we struggle to move beyond the paradigm of White Supremacy and racialized identities to reframe our collective experiences as citizens of the United States.

This present work will present a framework for understanding the impact of racism, and other identity-related discrimination, on all society members. The aim of this workshop is to present important frameworks and practical strategies to promote resilience and recovery from race-based traumatic stress among staff and clients. In particular, this workshop aims to present a framework for discussing racial and other forms of implicit bias and understanding race-based traumatic stress and its impact on people of color as well as White Americans. Through the use of experiential activities, contemporary media, and small-group discussion, this seminar specifically seeks to support the exploration of personal perspectives on race and the challenges inherent to discussions of racial bias and prejudice in clinical

settings. This seminar also seeks to present a simple framework for identifying and managing nuanced situations involving racial bias and discrimination and strategies for being social agents of change in clinical settings.

With an explicit focus on helping individuals develop the “muscle” for discussing issues of race, broadly speaking, this seminar seeks to support the development of “racially-safe” clinical spaces for colleagues and clients; a key component in efforts to create equitable, democratic, and safe communities.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Understand the impact of race-based traumatic stress and the physical, emotional, and behavioral consequences of racially stressful experiences on all society members
- 2) Engage in self-reflection and better identify their own feelings, memories, and challenges associated with race-related experiences occurring in the clinical situation
- 3) Understand the complex interactions of intersectionality, implicit bias, and institutional racism
- 4) Identify barriers to acknowledging and discussing issues of race and discrimination
- 5) Identify nuanced examples of racial bias and inequity
- 6) More effectively advocate for social justice, promote transparency, and foster communication
- 7) Empower colleagues and clients to explore their own resilience, identify strengths, and build “bubbles” of support and safety for themselves

Recommended reading:

- Quote from Caste, by Isabelle Wilkerson,
- Book Reference: Wilkerson, I. (2020). Caste (Oprah's Book Club): The Origins of Our Discontents. Random House.
- Article: Harro, B. (2000). The Cycle. Readings for Diversity and Social Justice, 15.

8/3/21 4:15 – 5:30 pm – Part 2

Developing a framework for discussing issues of race & creating communities of safety in the mental health context

Nakia Hamlett, PhD

(Individual and Cultural Diversity)

Session description:

For centuries, Black and White Americans, as well as other indigenous groups, have been living in the shadow of our country’s problematic history of slavery, racial segregation, and inequity. Each generation is socialized to this historical context, often without conscious awareness, leading to the same social enactments, injustices, prejudices, and inequities. Despite our efforts, this troubling legacy continues to be the veritable “noose around all of our necks” as we struggle to move beyond the paradigm of White Supremacy and racialized identities to reframe our collective experiences as citizens of the United States.

This present work will present a framework for understanding the impact of racism, and other identity-related discrimination, on all society members. The aim of this workshop is to present important frameworks and practical strategies to promote resilience and recovery from race- based traumatic stress among staff and clients. In particular, this workshop aims to present a framework for discussing racial and other forms of implicit bias and understanding race-based traumatic stress and its impact on

people of color as well as White Americans. Through the use of experiential activities, contemporary media, and small-group discussion, this seminar specifically seeks to support the exploration of personal perspectives on race and the challenges inherent to discussions of racial bias and prejudice in clinical settings. This seminar also seeks to present a simple framework for identifying and managing nuanced situations involving racial bias and discrimination and strategies for being social agents of change in clinical settings.

With an explicit focus on helping individuals develop the “muscle” for discussing issues of race, broadly speaking, this seminar seeks to support the development of “racially-safe” clinical spaces for colleagues and clients; a key component in efforts to create equitable, democratic, and safe communities.

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At the conclusion of this session, fellows will be able to:

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- 2) Engage in self-reflection and better identify their own feelings, memories, and challenges associated with race-related experiences occurring in the clinical situation
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- 6) More effectively advocate for social justice, promote transparency, and foster communication
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Recommended reading:

- Quote from Caste, by Isabelle Wilkerson,
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- Article: Harro, B. (2000). The Cycle. Readings for Diversity and Social Justice, 15.

8/10/21 2:45 – 5:30 pm

Assessing Race-Related Stress and Trauma

Angela Haeny, PhD

(Individual & Cultural Diversity, Clinical)

Session description:

The focus of this session is on race-related stress and trauma. The fellows will 1) gain background on race-related stress and trauma, 2) learn how to assess for race-related stress and trauma using the Uconn Race-Related Stress and Trauma Scale (UnRESTS), and 3) will briefly discuss how to incorporate race-related stress and trauma in case conceptualization and treatment planning. It would be great if the fellows could practice administering the UnRESTS prior to this session so they could come with more specific questions.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Identify when a patient might benefit from assessing race-related stress and trauma
- 2) Administer the UnRESTS
- 3) Incorporate race-related stress and trauma in case conceptualization and treatment planning

Recommended readings:

- Carlson, M., Endlsey, M., Motley, D., Shawahin, L. N., & Williams, M. T. (2018). Addressing the impact of racism on veterans of color: A race-based stress and trauma intervention. *Psychology of violence*, 8(6), 748.
- Williams, M. T., Metzger, I., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a DSM-5 framework: The UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innovations*, 3(4), 242-260. doi: 10.1037/pri0000076 Explore the experience of discrimination with a psychotherapy client of color using the UnRESTS.
- Liu, William Ming, Rossina Zamora Liu, Yunkyoung Loh Garrison, Ji Youn Cindy Kim, Laurence Chan, Yu Ho, and Chi W. Yeung. "Racial trauma, microaggressions, and becoming racially innocuous: The role of acculturation and White supremacist ideology." *American Psychologist* 74, no. 1 (2019): 143.

8/10/21 4:15 - 5:30 pm

Beyond Magic Bullets: White Race as Social Determinant of the Opioid Crisis

Helena Hansen

(Individual & Cultural Diversity, Clinical)

Session description:

This talk reports on a decade of ethnographic research on how the current opioid crisis became “white.” It details multiple levels of structural racism that ultimately led to high levels of opioid use disorder and overdose among whites and non-whites, and provides a view of what a racially just and effective approach to stemming the opioid crisis would be.

Session/learning objectives:

At the conclusion of this session, fellows will be able to

- 1) Define structural racism in relation to the opioid crisis
- 2) Identify two ways that whiteness is symbolically conveyed in neuroscience, drug development and marketing
- 3) Discuss two interventions to counteract structural racism in opioid policy

Recommended readings:

- 2020 Hansen H, Parker C and Netherland J: “Race as a Ghost Variable in (White) Opioid Research.” *Science, Technology and Human Values* March 30 [epub ahead of print]
- 2015 J Netherland and H Hansen: “White Opioids: Pharmaceutical Race and the War on Drugs that Wasn’t.” *BioSocieties* 12(2):217-238

8/17/21 2:45 – 4:00PM

Risk Assessment & Management in Clinical Practice: Theory & Research (Part 1)

Madelon Baranoski, PhD

(Assessment)

Session description:

Risk assessment and management are critical components of clinical practice and psychological consultation. The two-part series offers theories of risk management and of research on risk factors which will provide a foundation for case discussions demonstrating risk assessments and management strategies and their limitations. The use and limitations of static and hybrid assessment measures will be

reviewed to augment structured clinical assessments. Cases will demonstrate strategies for tailoring assessments to gender, ethnicity, and age, with emphasis on young adults and those experiencing social marginalization and discrimination.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Incorporate risk management strategies into clinical treatment approaches.
- 2) Select and incorporate static and hybrid measures of risk assessment into clinical treatment.
- 3) Formulate risk trajectories to evaluate treatment effectiveness and determine appropriate level of care.
- 4) Recognize and address factors related to culture, gender, social class, age and ethnicity in risk assessments and management strategies.

Recommended readings:

- Yang, M., Wong, S. C. P., Coid, J. (2010). The efficacy of violence prediction: A meta-analytic comparison of nine risk assessment tools. *Psychological Bulletin*, 136 (5), 740-767.
Link to paper: <https://pdfs.semanticscholar.org/9b0d/424207687c6bbddc2b4f345ec022ffd861a.pdf>
- Monahan J, Skeem, JL. (2014) The evolution of violence risk assessment. *CNS Spectrums* 19, 419–424. & Cambridge University Press doi:10.1017/S1092852914000145

Both papers illustrate the challenges of actuarial and static measures of risk assessment. They also demonstrate an evolution toward an integrated approach that considers empirical risk factors within the individual context that includes culture, age, and social factors.

8/17/21 4:15 – 5:30pm
Risk Assessment & Management in Clinical Practice: Theory & Research (Part 2)
Madelon Baranoski, PhD
(Assessment)

This is the second of two sessions. The Session description: and learning objectives are the same as for the first session.

8/24/21 2:45 – 4:00 pm
Introduction to Career Development
Brian Kiluk, PhD & Allison Ponce, PhD
(Professionalism)

Session description:

Internship year is a critical time for making decisions about one’s career trajectory and taking steps to prepare for the future. This session will start a year-long series of discussions about career development and relevant considerations for early career psychologists. We will focus on defining professional goals, exploring the range of options available after internship, and accessing resources to help you succeed.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Outline emerging professional goals.
- 2) Complete a career development self-assessment taking into consideration one’s diverse and intersecting personal and professional identities.
- 3) Identify resources to assist with the postdoctoral search.

Recommended readings:

- American Psychological Association (2006) Building bridges: Opportunities for learning, networking, and leadership. <https://www.apa.org/careers/early-career/building-bridges.pdf>
- Green, A. G., & Hawley, G. C. (2009). Early career psychologists: Understanding, Engaging, and Mentoring Tomorrow's Leaders. *Professional Psychology: Research and Practice*, 40, 206-212.

8/24/21 4:15 – 5:30 pm

Diversity Movie Night

TBA

(Individual & Cultural Diversity)

Session description:

8/31/21 2:45 – 4:00 PM

Strategies for Giving and Receiving Feedback

David Tate, PhD

(Communication & Interpersonal Skills)

Session description:

Giving and receiving feedback is an important aspect of human interactions in life, and relevant to clinical psychologists in many different professional settings (e.g., as supervisors, teachers, and administrators). This session will allow participants to consider why giving and receiving feedback can be so challenging, and also will allow them to learn and practice a method for giving and receiving feedback. We will discuss in small and large group formats people's experiences with feedback and how they can apply what they learn to their work this year and going forward.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Articulate 3 different ways people are triggered by feedback.
- 2) Use a 7 step process for receiving feedback from others.
- 3) Use a 7 step process for delivering feedback to others.

Recommended readings:

- Porter L. (1982). Giving and receiving feedback: It may never be easy, but it can be better. In NTL reading book for human relations training (pp. 14-19). Alexandria, VA: National Training Laboratory.

8/31/21 4:15 – 5:30pm

Psychopharmacology & Related Issues (Part 1)

John Cahill, MD

(Intervention)

Session description:

The two-part series aims to increase the fellow's knowledge base on the various classes of psychotropic medications, potential side effects, and those most commonly indicated for psychiatric illnesses; and offer practical skills such as recognizing when to request a medication consultation, improving communication with clients about the use of medication, reading prescription orders, and seeking reliable information on specific medications. In addition, the session will also provide opportunity for

discussion on how to maximize the collaborative relationship between psychology and psychiatry and team-oriented care in community settings.

Session/learning objectives:

At the conclusion of this session, fellows will:

- 1) Gain awareness about the major groups of psychotropic medications and their most common side effects.
- 2) Be able to describe important elements of effective psychology/psychiatry collaboration.

Recommended readings:

- Preston and O'Neal (2013). *Handbook of Clinical Psychopharmacology for Therapists*. New Harbinger Publications Inc.
- Thase, M. E., Friedman, E. S., Biggs, M. M., Wisniewski, S. R., Trivedi, M. H., Luther, J. F., ... & A John Rush, M. D. (2007). Cognitive therapy versus medication in augmentation and switch strategies as second-step treatments: a STAR* D report. *The American journal of psychiatry*, 164(5), 739-752.
- Taylor, D., Paton, C., & Kapur, S. (2009). *The Maudsley prescribing guidelines*. CRC Press.
- Stahl, S. M. (2011). *The prescriber's guide*. Cambridge University Press.

9/7/21 2:45 – 4:00pm

Assessing Traumatic Exposure and PTSD

Joan Cook, PhD

(Assessment)

Session description:

Many patients who seek mental health services have significant trauma histories. Knowledge of and skills in applying assessment measures developed, normed, validated and determined to be psychometrically suitable for use with trauma survivors will be reviewed. Information will be presented on how to clinically respond to a patient who has just disclosed a significant trauma history. In addition, the importance of trauma in informing an initial treatment psychotherapy plan or recommendations will be taught.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Describe some general considerations when conducting trauma and PTSD assessment.
- 2) Identify trauma and PTSD screens, self-report measures and structured clinical interviews.
- 3) Note factors, including **diverse characteristics of trauma survivors being served**, that influence a comprehensive trauma/PTSD assessment.

Recommended readings:

- Armstrong, J. (2017). Incorporating trauma into an assessment interview. In S. Gold, C. Dahlenberg, & J. M. Cook (Eds.), *Handbook of Trauma Psychology: Vol. 2. Trauma Practice* (pp. 431-448). Washington, DC: American Psychological Association.
- Dalenberg, C. J., & Briere, J. (2017). Psychometric assessment of trauma. In S. Gold, C. Dahlenberg, & J. M. Cook (Eds.), *Handbook of Trauma Psychology: Vol. 2. Trauma Practice* (pp. 431-448). Washington, DC: American Psychological Association.
- Pole, N. (2017). Behavioral and psychophysiological assessment of trauma. In S. Gold, C. Dahlenberg, & J. M. Cook (Eds.), *Handbook of Trauma Psychology: Vol. 2. Trauma Practice* (pp. 431-448). Washington, DC: American Psychological Association.

9/7/21 4:15 – 5:30 pm

Evidence Based Treatment for PTSD and Related Disorders

Joan M. Cook, Ph.D.

(Intervention)

Session description:

Although the scientific literature on traumatic stress is large and growing, most psychologists have only a cursory knowledge of trauma science and do not apply evidence-based psychosocial treatments for PTSD and other trauma-related disorders consistently, if at all. Over the past decade numerous treatment guidelines have been published, presenting best practices for PTSD, the disorder most closely identified with exposure to trauma. These guidelines indicate that cognitive-behavioral therapies such as exposure therapy, cognitive therapy, and Eye Movement Desensitization and Reprocessing are the most efficacious for PTSD. All these treatments involve some form of processing traumatic memories and reminders. In addition, psychotherapies that are used with individuals with complex PTSD will be noted.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Identify what clinical guidelines say about effective treatments for PTSD.
- 2) Describe evidence-based psychotherapies for PTSD.
- 3) Explain the three stages of treatment recommended for complex traumatic stress disorders.
- 4) **Note potential differential effects of diversity in relation to trauma survivors' engagement, adherence, satisfaction and outcome of psychological treatment**

Recommended readings:

- American Psychological Association, Guideline Development Panel for the Treatment of PTSD in Adults (2017 February). Clinical practice guideline for the treatment of Posttraumatic Stress Disorder (PTSD) in adults. Retrieved from: <http://www.apa.org/about/offices/directorates/guidelines/ptsd.pdf>
- Courtois, C. A., Ford, J. D., van der Kolk, B. A., & Herman, J. L. (2009). Treating complex traumatic stress disorders: An evidence-based guide. New York: Guilford.
- Foa, E., Hembree, E., Rothbaum, B. O., & Rauch, S. (2019). Prolonged Exposure Therapy for PTSD: Emotional processing of traumatic experiences therapist guide. New York, NY: Oxford University Press.
- Forbes, D., Bisson, J.I., Monson, C.M., & Berliner, L. (2020). Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies, Third Edition. New York: Guilford.
- Resick, P. A., Monson, M. C., & Chard, C. M. (2016). Cognitive Processing Therapy for PTSD: A comprehensive manual. New York, NY: Guilford Press.

9/14/21 2:45 – 4:00pm

Important Elements of the Application Process

Brian Kiluk, Ph.D. & Christy Olezeski, PhD

(Evidence Based Assessment #6)

Session description:

Although the doctoral fellowship year is just beginning, this is an important time to start exploring options for positions upon completion of your doctorate (e.g., postdoctoral fellowships). This session will focus on the types of postdoctoral positions one might consider based on their career goals, how to identify these positions, and the important elements of the application process for securing these positions.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Identify the various resources to assist with the postdoctoral search.
- 2) Describe the options available for funding your own postdoctoral training.
- 3) Identify the components of a typical postdoctoral application package.

Recommended readings:

- Bailey, D.S. (2004). The skinny on the postdoc: When to get started, how to get one and what you can do to make the most out of it. *gradPSYCH Magazine, Jan 2004*.
<http://www.apa.org/gradpsych/2004/01/postdoc-skinny.aspx>
- Walton, A.G. (2014). To postdoc or not to postdoc? How to weigh whether postdoctoral training will boost your career prospects. *gradPSYCH Magazine, April 2014*.
<http://www.apa.org/gradpsych/2014/04/postdoc.aspx>

9/14/21 – 4:15 – 5:30 pm

Psychopharmacology & Related Issues (Part 2)

John Cahill, MD

(Intervention)

Session description:

This is the second of two sessions. The session description and learning objectives are the same as for the first session.

Cognitive Screening and the Mental Status Exam

9/21/21 2:45 -4:00pm

Cognitive Screening and the Mental Status Exam

Timothy Belliveau, PhD

(Assessment) **Pending Revisions**

Session description:

The point of departure for this session will be a presentation and discussion about the recent challenge of completing cognitive screening assessments of individuals recovering from COVID-19 during hospital-based rehabilitation. Issues for discussion include consideration of medical, demographic, and diversity issues which can affect performance during cognitive screening and influence rehabilitation progress. Related topics include recognizing threats to the validity of obtained test data, anchoring inferences of cognitive decline with an estimate of premorbid intellectual abilities, appreciating the extent of normal variability in test scores among healthy / unimpaired individuals, and maintaining an awareness of non-neurological factors which contribute to low test scores. The session will also include a description of the key elements of the mental status exam, an explanation of how to derive the most relevant diagnostic information from single test scores, and the importance of embedding cognitive screening data into a well-organized narrative about the examinee's current status.

Session/learning objectives. At the conclusion of this session, fellows will be able to:

- 1) Recognize various non-neurological factors that can contribute to low cognitive test scores.
- 2) Identify the data needed to derive the most relevant diagnostic information from single test scores.
- 3) Identify the key elements of the mental status exam.

Recommended readings:

- .Pending

9/21/21 4:15 – 5:30 pm

Reflections – Community Organizing & Building

Billy Brommage, MSW & Bridgett Williamson

(Individual & Cultural Diversity, Clinical)

Session description:

One of the primary aims of the internship is to foster the growth and development of psychology leaders and innovators who can effectively apply their knowledge and skills to ensure access, availability and affordability of psychological interventions to meet the needs of an increasingly diverse public.

Reflections is a seminar series with the overarching goal of creating antiracist, social justice- and advocacy-oriented psychologists who reflect deeply about our individual, professional and discipline specific responsibilities as being leaders in affecting change. Conceptually, *reflections* seminar sessions focus on the fellow themselves, within the context of the discipline and within the context of broader society (local, national, international) and the intersections between those. Specifically, the seminars are guided by a process of “self-study” in which fellows are encouraged to reflect on the Self-in-Context as individual psychologists. Additionally, together with their fellow colleagues and an expert discussant(s), fellows are encouraged to engage in “self-study” of the discipline.

Designed to be highly interactive, each session will be anchored in a topic relevant to health service psychology practice. Every session is jointly facilitated by the Director of Training along with an expert discussant(s) in each topic area who will be invited to help frame in-depth discussions and interactive dialogue. Discussions are intended to allow for up to the minute, “real world” discussions about how these topic areas are playing out in our world more broadly, and more specifically how this translates to their leadership, scholarship, community engagement and clinical work. Within each segment, an examination of individual and cultural diversity sits at the core of the discussion and reflection will necessarily center on how these issues are being brought to bear in our work and in our field. Finally, fellows will engage in a short reflective writing piece each session to coalesce learning and to begin to outline action-oriented next steps.

Though sessions will have a base of planned content and corresponding literature for fellows to review, they are intentionally flexible to allow for incorporation of emergent and current issues as the year unfolds. This will allow fellows’ feedback and corresponding discussion to inform subsequent sessions where possible. Prior to each session, fellows will receive a set of corresponding readings or literature and any necessary instructions for the specific session. The number of sessions per year will vary, though in general, one session per month will be offered.

In this session, entitled *Reflections- Community Building and Organizing* fellows will be encouraged to reflect, exchange ideas and brainstorm challenges, debrief, and make commitments to action regarding community building and engagement. Fellows will specifically be encouraged to explore considerations needed to engage with and form meaningful relationships in communities, the importance of acknowledging role and power dynamics in community engagement, and ideas for working alongside people in recovery to support their connections to community.

Session/learning objectives. At the conclusion of this session, fellows will be able to/will have:

- 1) Identify skills they can use to successfully engage with community leaders and organizations
- 2) Evaluate aspects of their power as service providers and agents of a healthcare organization in relation to clients as community members *this might need some re-wording*
- 3) Identify ways to support clients’ community connections and civic engagement

Recommended readings:

To be distributed in advance of the session.

- McKnight, J. (1991). Services are bad for people: You're either a citizen or a client. *Organizing, Spring/Summer*, 41–44.
- Bromage, B., Barrenger, S., Clayton, A., Rowe, M., Williamson, B., Benedict, P. & Kriegel, L.S. (2019). Facilitating community connections among people with mental illnesses: Perspectives from grassroots community leaders. *Journal of Community Psychology*, 47(3), 663-678.

9/28/21 – 2:45 – 4:00pm

Making Your CV and Cover Letter Stand Out

Seth Axelrod, PhD & Robin Masheb, PhD

(Professionalism)

PLEASE READ THESE INSTRUCTIONS

It is strongly recommended that all fellows bring 10 copies of their CV but **DO NOT** update them prior to the session. In our experience delivering this workshop we find that it is much more time-efficient to first learn the CV enhancing strategies. We anticipate giving feedback to everyone on their CVs and even if we don't get to yours you will want to have it to take notes.

For those who have begun cover letters, we highly encourage these fellows to bring 10 copies of one letter as well along with the description of the position being applied for.

Session description:

Applying to postdoctoral positions is a highly variable process that is generally less like applying to a training program and more like applying for a first job. This session will orient fellows on the transition from student to professional, and how to present oneself in writing (on CVs and cover letters) and in person that reflects this transition. We will also focus on selling oneself as a good fit to prospective employers including the expected benefits to both applicant and program.

The session will be approximately 20-minutes of didactics followed by an interactive breakout session where we will workshop CVs and cover letters. Fellows will be divided into three groups for the breakout session based on positions sought: primarily academic, primarily clinical, and mix of academic and clinical.

Session/learning objectives:

At the conclusion of this session, fellows will be able to:

- 1) Effectively state their expertise as a junior professional
- 2) Update their CVs to ensure consistency, clarity, organization, and professionalism
- 3) Sell themselves as a good fit to prospective employers

Recommended readings:

- Beskind, D.L., Hiller, K. M., Stolz, U., Bradshaw, H., Berkman, M., Stoneking, L. R., &... Grall, K. J. (2014). Does the experience of the writer affect the evaluative components on the standardized letter of recommendation in emergency medicine? *Journal Of Emergency Medicine* , 46(4), 544-50.
- Madera, J. M., Hebl, M. R., & Martin, R. C. (2009). Gender and letters or recommendation for academia. *Journal of Applied Psychology*, 94(6), 1591–1599.
- Messner, A. H. & Shimahara, E. (2008). Letters of recommendation to an otolaryngology/head and neck surgery residency program: Their function and the role of gender. *Laryngoscope*, 118(8), 1335-44.

- Bertrand, M. & Mullainathan, S. (2004). Are Emily and Greg more employable than Lakisha and Jamal? A Field Experiment on Labor Market Discrimination. *Economic Review*, 94(4), 991-1013.
- Trix, F. & Psenka, C. (2003). Exploring the color of glass: Letters of recommendation for female and male medical faculty. *Discourse & Society*, 14(2), 191-220.
- Brem, C., Lampman, C., & Johnson, M. (1995). Preparation of applications for academic positions in psychology. *American Psychologist*, 50, 533–537.

9/28/21 – 4:15 – 5:30 pm

OPEN SESSION

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Session description:

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Session/learning objectives:

At the conclusion of this session, fellows will be able to:

Recommended readings:

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