



SUMMER CORE SEMINAR SERIES SYLLABUS: JULY 2022-SEPTEMBER 2022

July 12, 2:45-4:00pm

Suicide Risk Assessment and Mitigation

Emily Cooney, PhD

(Ethical and Legal Standards)

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 briefly discuss suicide risk and protective factors and their implications for assessment and response to risk for suicide. Case vignettes, demonstration and practice will complement this material.

Session/Learning Objectives:

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

- 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

Required Materials:

Linehan Risk Assessment and Management Protocol (2016). Accessed on 7/7/2022 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. **Please bring to class.**

Recommended Readings:

- Chu, J., Robinett, E. N., Ma, J. K., Shadish, K. Y., Goldblum, P., & Bongar, B. (2019). Cultural versus classic risk and protective factors for suicide. *Death Studies*, 43(1), 56-61. This paper highlights the role of intersectionality, context and identity in the assessment of suicide risk. **Please read before or after session.**
- Jobs, D. A. (2016). *Managing Suicidal Risk: A Collaborative Approach*, Second Edition (pp.56-102). Washington, D.C.: American Psychological Association. These chapters describe the primary elements of CAMS suicide risk assessment and treatment planning in compelling, readable and practical detail. **Please read before or after session.**
- Klonsky, E. D., Pachkowski, M. C., Shahnaz, A., & May, A. M. (2021). The three-step theory of suicide: description, evidence, and some useful points of clarification. *Preventive Medicine*, 152, 106549.

This review presents a brief description of the model, followed by a review of its evidence base, followed by points of clarification. **Please read before or after 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 7/7/2022 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.

Collaborative Assessment and Management of Suicidality Care accessed on 7/7/22 at <https://cams-care.com/> This website has a number of links to information and resources including access to a range of free webinars and online symposia by pre-eminent suicidology researchers and clinicians.

Fox, K. R., Huang, X., Guzmán, E. M., Funsch, K. M., Cha, C. B., Ribeiro, J. D., & Franklin, J. C. (2020). Interventions for suicide and self-injury: A meta-analysis of randomized controlled trials across nearly 50 years of research. *Psychological bulletin*, 146(12), 1117.

An impressive and sobering precis on where we are regarding suicide risk intervention.

Reporting on Suicide .org website accessed 7/7/2022 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 7/7/2022 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 7/7/2022 at <http://www.thetrevorproject.org/> This website is aimed at suicide and crisis prevention among LGBTQ youth.

July 12, 4:15-5:30pm

Mandated Reporting of Child Abuse & Neglect

Michelle Comas, Ph.D.

(Ethical and 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 be able to:

- 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 Readings:

- 1) Connecticut Department of Children and Families (2016, March 10). *What mandated reporters need to know*.
- 2) Connecticut Department of Children and Families (2012, August 2). *Definitions of child abuse and neglect*. Available at <https://portal.ct.gov/-/media/DCF/Policy/Chapters/22-3-rev-2-1-2021.pdf>

The following resources are available from the instructor as sources of more detailed information:

- 3) 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.
- 4) 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>
- 5) 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>

July 19, 2:45-4:00pm

Person-Centered Recovery Planning (Part 1)

Janis Tondora, PsyD

(Assessment)

Session Description:

Many psychologists arrive at internship having had limited formal training or experience in the emerging practice of person-centered recovery planning (PCRP). This overview training is designed to enhance your knowledge and comfort with PCRP as you apply it within your various internship settings and as you look ahead to future careers as likely implementation leaders.

The session provides an overview of the core principles and practices of comprehensive person-centered recovery planning, and how this differs from traditional approaches to care. The focus of the session will be a didactic presentation of the PCRP model, with an emphasis on the “nuts-and-bolts” of quality implementation from both a process and a documentation perspective. Participants will receive guidance in co-creating Recovery Plans which respect strengths-based, culturally aware and person-centered principles while also satisfying expectations associated with clinical, accreditation, and fiscal regulations. Hypothetical, case-based examples of quality PCRPs will be shared with the group as a way of illustrating key elements of quality recovery plans.

Session/Learning Objectives:

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

- 1) Identify 2 differences between “person-centered care” in mental health and how this differs from traditional models in behavioral health service delivery.
- 2) Identify at least 3 concrete, practical strategies that exemplify the implementation of PCRP.
- 3) Learn at least 2 strategies to maintain the rigor of documentation in order to meet fiscal and accreditation standards.
- 4) Have knowledge of at least 2 possible differences in approaches to PCRP based on cultural factors.

Recommended Readings:

- Tondora, J., Pocklington, S., Gorges, A.G., Osher, D., & Davidson, L. (2005). Implementation of Person-Centered Care and Planning: How Philosophy Can Inform Practice. (dated but it is still foundational in terms of the values of person-centered care and planning)
- Tondora, J., Miller, R., & Davidson, L. (2012). The top ten concerns about implementing person centered care in public mental health systems. *International Journal of Person Centered Medicine*, 2(3), 410-420. (presents the most common concerns/barriers raised in the implementation of person-centered recovery planning and offers alternative ways for thinking about, and addressing, these issues).

- Tondora, J., Adams, N., Grieder, D., and Davidson, L. Person-centered recovery planning as a roadmap to recovery. In The American Association for Community Psychiatry: Textbook of Community Psychiatry, Second Edition. eds. Sowers, W., McQuiston, H., Ranz, J., Maus-Feldman, J., and Runnels, P. Springer International Publishing, Switzerland (2022). (presents a practical overview of the 4 components of person-centered recovery planning (i.e., philosophy, process, plan, and product/purpose) with a particular focus on how to maintain person-centered values in the co-creation of the formal service plan while also satisfying a complex mix of fiscal and regulatory requirements. Chapter concludes with a comparison of a "traditional, problem-focused service plan" with a transformed, more "person-centered" plan.

July 19, 4:15pm -5:30pm

Introduction to Voluntary Faculty Resources

Laura Yoviene Skyes, PhD

(Communication & Interpersonal)

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)

July 26, 2:45pm -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/424207687c6bbbddc2b4f345ec022ffd861a.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.

July 26, 4:15pm -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.

August 2, 2:45pm -4:00pm

Developing a framework for discussing issues of race & creating communities of safety in the mental health context (Part 1)

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.

August 2, 4:15pm -5:30pm

Developing a framework for discussing issues of race & creating communities of safety in the mental health context (Part 2)

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.

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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.

August 9, 2:45pm -4:00pm

Assessing Race-Related Stress & Trauma

Angela Haeny, PhD

(Individual and Cultural Diversity; Assessment)

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.

August 9, 4:15pm -5:30pm

TBD

August 16, 2:45pm -4:00pm

Self-Care and Boundary Setting

Adrienne Allen, PsyD & Michelle Comas, PhD

(Professional Values, Attitudes, and Behavior)

Session Description:

For emerging psychologists, mastering the implementation of self-care and attention to personal wellbeing is vital for one's mental health. When attention to personal needs is not prioritized, trainees and licensed professionals are at increased risk for vicarious trauma, burnout, and interpersonal conflict both at home and in the workplace. Moreover, recent literature has acknowledged challenges in advocating for one's needs in supervision, with clients, and on multi-disciplinary teams, which can further contribute to diminished wellness for trainees and staff. The purpose of this talk is to explore issues relating to the self-care of mental health trainees, including boundary setting within supervisory and client relationships. Peer reviewed literature on this topic will be discussed, and directions for future research will be explored.

Session/Learning Objectives:

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

- 1) Identify areas for personal growth relating to self-care and boundary setting.
- 2) Identify empirically supported strategies for self-care, targeted specifically for trainees and early career professionals.
- 3) Identify effective strategies for boundary setting, as proposed by psychological literature.

Recommended Readings:

- 1) Barnett, J. E., & Cooper, N. (2009). Creating a culture of self-care. *Clinical Psychology: Science and Practice*, 16 (1), 16–20. <https://doi.org/10.1111/j.1468-2850.2009.01138.x>
- 2) Chur-Hansen, A., & McLean, S. (2007). Perceived Boundaries in the Psychiatry Trainee-supervisor Relationship. *Focus on Health Professional Education*, 9(2), 47–59. <https://search.informit.org/doi/10.3316/informit.005509080515458>
- 3) Ziede, J. S., & Norcross, J. C. (2020). Personal Therapy and Self-Care in the Making of Psychologists. *The Journal of Psychology*, 154(8), 585-618. DOI: [10.1080/00223980.2020.1757596](https://doi.org/10.1080/00223980.2020.1757596)
- 4) (2008) Mentoring, boundaries, and multiple relationships: opportunities and challenges, *Mentoring & Tutoring: Partnership in Learning*, 16:1, 3-16, DOI: 10.1080/13611260701800900
- 5) Jiang, X., Topps, A. K., & Suzuki, R. (2021). A systematic review of self-care measures for professionals and trainees. *Training and Education in Professional Psychology*, 15(2), 126–139. <https://doi.org/10.1037/tep0000318>

August 16, 4:15pm -5:30pm

Person-Centered Recovery Planning (Part 2)

Janis Tondora, PsyD
(Assessment)

Session Description:

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The session provides an overview of the core principles and practices of comprehensive person-centered recovery planning, and how this differs from traditional approaches to care. The focus of the session will be a didactic presentation of the PCRP model, with an emphasis on the “nuts-and-bolts” of quality implementation from both a process and a documentation perspective. Participants will receive guidance in co-creating Recovery Plans which respect strengths-based, culturally aware and person-centered principles while also satisfying expectations associated with clinical, accreditation, and fiscal regulations. Hypothetical, case-based examples of quality PCRPs will be shared with the group as a way of illustrating key elements of quality recovery plans.

Session/Learning Objectives:

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

- 5) Identify 2 differences between “person-centered care” in mental health and how this differs from traditional models in behavioral health service delivery.
- 6) Identify at least 3 concrete, practical strategies that exemplify the implementation of PCRP.
- 7) Learn at least 2 strategies to maintain the rigor of documentation in order to meet fiscal and accreditation standards.
- 8) Have knowledge of at least 2 possible differences in approaches to PCRP based on cultural factors.

Recommended Readings:

- Tondora, J., Pocklington, S., Gorges, A.G., Osher, D., & Davidson, L. (2005). Implementation of Person-Centered Care and Planning: How Philosophy Can Inform Practice. (dated but it is still foundational in terms of the values of person-centered care and planning)
- Tondora, J., Miller, R., & Davidson, L. (2012). The top ten concerns about implementing person centered care in public mental health systems. *International Journal of Person Centered Medicine*, 2(3), 410-420. (presents the most common concerns/barriers raised in

the implementation of person-centered recovery planning and offers alternative ways for thinking about, and addressing, these issues)

- Tondora, J., Adams, N., Grieder, D., and Davidson, L. Person-centered recovery planning as a roadmap to recovery. In The American Association for Community Psychiatry: Textbook of Community Psychiatry, Second Edition. eds. Sowers, W., McQuiston, H., Ranz, J., Maus-Feldman, J., and Runnels, P. Springer International Publishing, Switzerland (2022). (presents a practical overview of the 4 components of person-centered recovery planning (i.e., philosophy, process, plan, and product/purpose) with a particular focus on how to maintain person-centered values in the co-creation of the formal service plan while also satisfying a complex mix of fiscal and regulatory requirements. Chapter concludes with a comparison of a "traditional, problem-focused service plan" with a transformed, more "person-centered" plan.

August 23, 2:45pm -4:00pm

Introduction to Career Development

Adrienne Allen PsyD & Krysten Bold, PhD

(Professional Values, Attitudes, and Behavior)

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.

August 23, 4:15pm -5:30pm

Working with Interdisciplinary Teams: Navigating Differences in Ethics, Communication, and Hierarchies

Jennifer Kilkus, PhD

(Ethics, Communication & Interpersonal Skills)

Session Description: There can be significant differences amongst healthcare disciplines in expectations and norms around ethics, communication, and power differentials. This presentation will outline common differences in these areas and provide strategies for effectively navigating these differences as a psychologist.

Session/Learning Objectives:

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

- 1) List common differences between psychologists' code of ethics and that of other healthcare disciplines
- 2) Name at least two strategies for effective communication with other healthcare disciplines
- 3) Articulate the importance of understanding titles and hierarchies within healthcare

Recommended Readings:

It is recommended that these articles are reviewed prior to the session.

- 1) Vemuri, M., & Dunn, L. B. (2017). Ethical and Clinical Issues in Integrated Care Settings: Patient Privacy Concerns and Electronic Health Records. *Focus (American Psychiatric Publishing)*, 15(3), 301–305. <https://doi.org/10.1176/appi.focus.20170018>

This paper outlines best practices for ethical issues for psychologists in integrated academic medical settings.

- 2) Gergerich, E., Boland, D., & Scott, M. A. (2019). Hierarchies in interprofessional training. *Journal of interprofessional care*, 33(5), 528-535.

This paper reviews the role of hierarchies in interdisciplinary care and presents data from an interprofessional training on the impact of hierarchy on treatment teams.

August 30, 2:45pm-4:00pm

Strategies for Giving and Receiving Feedback

Laura Yoviene Skyes, 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.

August 30, 4:15pm-5:30pm

Psychopharmacology & Related Issues

John Cahill, MD

(Intervention)

Session Description:

This session aims to increase the fellow's knowledge of the various classes of psychotropic medications and how they are prescribed as part of the holistic care of clients. It will include a brief overview of typical uses, adverse effects and monitoring requirements; but prioritize principles and concepts facilitating further reading and the use of the recommended resources. Toward efficient use of class time, this session will prioritize principles and concepts.

Participants will have the opportunity to explore how psychiatric providers approach prescribing; practical tips for collaborating with prescribers; and seeking and communicating reliable information on medications.

Session/Learning Objectives:

At the conclusion of this session, fellows will:

- 1) Identify the major classes of psychotropic medications, their typical uses and potential adverse effects
- 2) Describe key principles psychiatric providers apply when approaching prescribing
- 3) Identify common indications to alert/involve a collaborating prescriber

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.

September 6, 2:45pm -4:00pm

Director Training Feedback Session
Amber Childs, PhD
(Continuous Quality Improvement)

September 6, 4:15pm -5:30pm

Telemental Health: More than Pandemic Psychotherapy
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:

*See attached and save for future reference

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.

September 13, 2:45pm -4:00pm

Important Elements of the Application Process

Adrienne Allen, PsyD & Kysten Bold, 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.

September 13, 4:15pm -5:30pm

Psychology, entrepreneurship, and business-building

Rand J. Gruen, PhD

(Professionalism)

Session Description:

Psychological principles play a central (and underappreciated) role in many aspects of business including employee recruiting; teambuilding; retention; internal and external communication; marketing; sales; performance evaluation; training and development; coaching; and culture building. These functions help determine the success or failure of any business, whether it's a startup and a more established business. For many entrepreneurs, the idea of creating a successful new business is the most sought after of outcomes. The problem is that 90% of startups fail. Why? This seminar is designed to teach students how to begin to think about business processes – how to evaluate new business ideas, where funding for startups comes from, the organizational/people factors that play a critical role in successful businesses, and how psychologists, due to their training, are uniquely positioned to develop some of these functions.

Session/Learning Objectives:

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

- 1) Understand how to assess the viability of a new business idea
- 2) Identify key organizational factors that enable the success of any business
- 3) Understand how psychological processes contribute to key business functions which enable growth

Recommended Readings:

Instructions: Please read before seminar.

- 1) Eisenmann, T. (2021, May-June). Why Start-ups Fail. Harvard Business Review.
- 2) Gulati, R. & DeSantola, A. (2016, March). Start-ups that Last. Harvard Business Review, 54-61.

September 20, 2:45pm -4:00pm

Screening for Cognitive Impairment

Lucus Driskell, PsyD

(Assessment)

Session Description:

This lecture will include a discussion about the administration of various cognitive screening measures, as well as how cognitive screening differs from cognitive testing and neuropsychological evaluation. The session will touch on the extent of normal variability in test scores among healthy individuals and maintaining an awareness of non-neurological factors that can contribute to low test scores. Topics will include consideration of medical, psychological, educational, socioeconomic, and diversity factors that can affect performance during cognitive screening and influence diagnostic classification. Lastly, the session will include a discussion on how to conceptualize cognitive screening data in the larger picture of the patient's overall status.

Session/Learning Objectives:

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

- 1) Feel more confident in their ability to utilize cognitive screening measures in their own practice.
- 2) Look beyond the "cut-off score" and appreciate the impact demographic variables can play in normal and abnormal performances.
- 3) Identify the data needed to effectively reduce uncertainty about the probability of a condition of interest based on a single test score.

Recommended Readings:

- 1) Block, C. K., Johnson-Greene, D., Pliskin, N., & Boake, C. (2017). Discriminating cognitive screening and cognitive testing from neuropsychological assessment: implications for professional practice. *The Clinical Neuropsychologist*, 31(3), 487-500.
- 2) Malek-Ahmadi, M., Powell, J. J., Belden, C. M., O'Connor, K., Evans, L., Coon, D. W., & Nieri, W. (2015). Age-and education-adjusted normative data for the Montreal Cognitive Assessment (MoCA) in older adults age 70–99. *Aging, Neuropsychology, and Cognition*, 22(6), 755-761.
- 3) Rossetti, H. C., Lacritz, L. H., Cullum, C. M., & Weiner, M. F. (2011). Normative data for the Montreal Cognitive Assessment (MoCA) in a population-based sample. *Neurology*, 77(13), 1272-1275.

September 20, 4:15pm -5:30pm

Reflections Series #2 – The Community Building

Billy Bromage, MSW & Bridget Williamson, Certified Peer Specialist
(Individual & Cultural Diversity)

Session Description:

In this session, entitled *Reflections- Community Organizing and Community Building*, 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 one's professional role and the power dynamics implicit in it when undertaking 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:

- 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
- 3) Identify ways to support clients' community connections and civic engagement

Recommended Readings:

1. McKnight, J. (1991). Services are bad for people: You're either a citizen or a client. *Organizing, Spring/Summer*, 41–44.
2. 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.

September 27, 2:45pm -4:00pm

Making your CV and Cover Letter Stand Out

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.

September 27, 4:15pm -5:30pm

Diversity Movie Night

Amber Childs, PhD & Rebecca Miller, PhD

(Individual & Cultural Diversity)

**More information to come.*