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Contents

President's Column

Disseminating CBT: By the 10,000 or by the 1

Michael W. Otto, *Center for Anxiety and Related Disorders, Boston University*

Given the extraordinary devotion of ABCT members to improving the lives of patients—by direct service provision and by trying to broadly influence care by documenting treatment principles and treatment effects in psychopathology studies and outcome trials—it is particularly rewarding to hear about large-scale dissemination successes. In this issue, I am using my last presidential column to reflect on two very different stories of success in spreading good clinical care to individuals in need.

The first concerns some amazing developments in the highest levels of health care policy in the British government. Following an economics-based analysis on the costs of poor mental health to England, the British Upper House of Parliament led a call for more CBT providers in the National Health Service. Specifically, the call came for 10,000 new CBT providers over the next decade. This news is so striking that after hearing about it at the British Association for Behavioural and Cognitive Psychotherapies (BABCP) meeting this summer, I asked Dr. Rod Holland to summarize these events for ABCT members. This article appears as an adjoining piece to this column (see p. 199), and I will leave it to Rod to convey these exciting events directly.

The story of another dissemination success was relayed to me recently over a breakfast in New Mexico with one of my mentors from graduate school, Dr. Al S. Fedoravicius. I had the pleasure of training with Al in the mid 1980s when he was Director of Behavioral Medicine at

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the Albuquerque VA Hospital. Al went on to become Chief of the Psychology Service and Director of Mental Health at that hospital, but one of his particular dissemination successes occurred not in New Mexico, but in the country of his origin, Lithuania. As a child, Al had fled Lithuania as a refugee during World War II. As an adult, he began visiting the country as Lithuania emerged from years of powerful domination by the Soviet Union. On one such trip in early 2000 he decided to drop in to visit the Department of Psychology at the University of Vilnius.

After discussing mutual interests, the Chair of the Department, Dr. Danutė Gailienė, decided that Al should address the department's faculty and graduate students. Subsequently, Al began giving yearly 1-week intensive courses on empirically supported treatments, CBT in particular. During initial seminars, Al faced many of the same challenges from the audience that he experienced in the mid 1970s in the United States. That is, during the early post-Soviet years, the Vilnius psychology department had embraced training in psychodynamic psychotherapy, and accordingly, during Al's initial presentations, graduate students and faculty sounded some of the classic challenges: "CBT is too mechanistic and sterile for patients"; "Change doesn't happen quickly"; "CBT will lead to symptom substitution." In his responses to these claims, Al kept his audience focused on a core message: Our responsibility to patients in need is to understand what works and what doesn't, and to inform our practice and our case formulations not by convention but by what the empirical literature suggests is true.

He combined this focus on "show me the data," with strong training in functional analyses of patients' problems and a sense of pride in being able to document beneficial treatment outcomes. He also tapped into the enthusiasm in post–Soviet Eastern Europe about an individual's new ability to take on entrepreneurial and leadership roles. For young psychologists, and an emerging psychology department, this meant expanding the role of psychologists as strong and independent providers armed with a willingness to show the effectiveness of their treatments. The result is that the University of Vilnius now has a curriculum, faculty, and graduating students that are embracing the values, principles, and techniques of CBT with an orientation to improving health care in Lithuania.

It makes me happy! ✍

INSTRUCTIONS FOR AUTHORS

The Association for Behavioral and Cognitive Therapy (formerly known as Association for Advancement of Behavior Therapy) publishes *the Behavior Therapist* as a service to its membership. Eight issues are published annually. The purpose is to provide a vehicle for the rapid dissemination of news, recent advances, and innovative applications in behavior therapy.

- Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.
- Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.
- Feature articles and brief articles should be accompanied by a 75- to 100-word abstract.
- Letters to the Editor may be used to respond to articles published in *the Behavior Therapist* or to voice a professional opinion. Letters should be limited to approximately 3 double-spaced manuscript pages.

Prior to publication authors will be asked to submit a final electronic version of their manuscript and complete a copyright transfer form. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Electronic submissions are preferred and should be directed to **reitmand@nova.edu**. Please include the phrase ***tBT submission*** in the subject line of your e-mail. Include the first author's e-mail address on the cover page of the manuscript attachment. By conventional mail, please send manuscripts to:

David Reitman, Ph.D., Center for Psychological Studies, 3301 College Avenue, Nova Southeastern University, Fort Lauderdale, FL 33314-7796

Improving Access to CBT in the UK: An Increase of 10,000 Therapists

Rod Holland, *British Association for Behavioural and Cognitive Psychotherapy Workforce Group*

Over the past 18 months an incredible amount of media and political interest has been given to the development of CBT in the UK, with numerous articles appearing in the quality press, magazines, interviews on television and radio, and debate in the British Parliament—all relating to the key role that CBT can play in helping to overcome mental health problems. Much of this interest has been fueled by a member of the British Upper House of Parliament (the "Lords") by Lord Richard Layard, and more recently the government's commitment to increasing access to psychological therapies.

Lord Layard is not a psychologist or psychiatrist but an Emeritus Professor of Economics from the prestigious London School of Economics. As a social economist he has had a long interest in areas such as unemployment and mental health and the negative impact that these can have on the "well-being" and "happiness" of a society. This interest led him to facilitate a seminar entitled "Mental Health: Britain's Biggest Social Problem," which was presented at the Prime Minister's Strategy Unit in December 2004. David Clark, who at that time was on sabbatical at Stanford, flew back to participate in the seminar, which was so successful and influential that the present Labour government under Tony Blair went so far as to commit itself in their 2005 election manifesto by including a reference to an expansion of CBT as something they intended to achieve in their current term of office.

Having made such a commitment, a programme of work was initiated under a project entitled "Improving Access to Psychological Therapies Programme (IAPT)" by the Department of Health, with the aim of turning the manifesto commitment into a reality. IAPT was designed to look further at Richard Layard's proposal to increase the number of available "evidence-based" psychological therapists (CBT) by 10,000 over the next 10 years and to set up a network of specialist treatment centres able to deliver CBT and other "evidence-based psychological therapies" to tackle mild to moderate mental health problems and, in particular, the areas of depression and anxiety that often prevent people from playing a full and productive role in society.

Various members of the British Association for Behavioural and Cognitive Psychotherapy (BABCP) have been involved in the work with Lord Layard and the IAPT programme to bring these ideas to a reality. Richard Layard also accepted an invitation to give a special invited address and join a panel and audience discussion on "The Layard Report: Increasing Access to Evidence Based Psychological Treatment" at the BABCP Annual Congress held in July this year at Warwick University. Panel members included David Clark, the Institute of Psychiatry, London; Chris Cullen, President of the BABCP; Mark Freeston, Newcastle Cognitive and Behavioural Therapies Centre; and Mark Williams, University of Oxford.

A number of initiatives under the IAPT programme are currently being developed in preparation for a formal submission to the Government Autumn Spending Review in November, which is where decisions will be made on whether or not to make the necessary public funds available to support the expansion of CBT. Two pilot sites employing CBT therapists are testing out the hypothesis put forward by the economic commentators and politicians, that the provision of stepped improvements in access to psychological therapy for adults of working age with mild to moderate depression and anxiety in primary and other community settings will improve people's well-being, satisfaction, and choice and access and support to help maintain work or return to work.

It is recognized that many people with mild to moderate depression find it difficult to access evidence-based psychological therapies, with long waiting times and services unevenly spread across the country. Yet, clinical evidence from the UK National Institute for Clinical Effectiveness (NICE) Guidelines suggests that better access to therapies such as CBT can help overcome depression and anxiety and reduce time off work due to ill health. People with mental health problems have also identified a preference to receive talking therapies rather than medication.

The challenge of increasing the workforce by 10,000 new therapists also requires a better understanding of the competences required to undertake such work at various levels and the development of training programmes and supervision to support these. A unique project has been commissioned by IAPT to explore in detail the competences required by examining in detail the skills, techniques, and procedures necessary for CBT. Preliminary results from this work being undertaken by Tony Roth and Steve Pilling from University College London will be available in the new year and will be used to inform the development and commissioning of new training programmes that will ensure that CBT-proficient therapists with the appropriate skill sets are available.

A proposal to develop a number of new postgraduate CBT training courses to deliver 4,000 new qualified CBT therapist over the next 10 years is being developed by BABCP's workforce group and will include the capacity to train a significant number of people to a level that will provide the training and supervision for generations of CBT therapists to come.

Exciting times for CBT in the UK and a massive challenge to deliver and demonstrate the effectiveness that we know the therapy is well able to deliver. ✍

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Letter to the Editor

Disaster Response: More Political Than Clinical?

Saul D. Raw, *Weill Medical College of Cornell University*

I read with interest your introduction to the issues addressing disaster relief (see Reitman, 2006). I fully agree with your identification of the issue as rather more political than clinical and your mentioning the plethora of pointless and perhaps potentially harmful treatments promulgated to victims of disasters.

But I think that there is something more fundamental underlying the availability of much of these psychological "treatments" and, in my view, the millions of dollars misspent on some of these projects. That is, the promulgation by some in the trauma industry (and this includes some otherwise well-credentialed persons in our field) and the popular media that there are inevitable psychological sequelae of disasters that routinely require professional intervention. Although there are some who do require psychological intervention, the necessity for large-scale psychological projects addressing these presumed sequelae, whether based on empirically supported treatments or not, needs to be completely rethought on the basis of the available evidence of the actual frequency of serious and chronic psychological sequelae.

For any number of reasons, trauma and its aftermath has become much more of a political than clinical issue.

Reference

Reitman, D. (2006). Responding to disaster: Balancing the risks of doing nothing or doing harm. [Special issue]. *the Behavior Therapist, 29*, 115-116. ✍

As Dr. Raw suggests, we clearly need more empirical guidance before making critical decisions regarding how to, or perhaps even whether or not to, disseminate disaster response efforts. Interestingly, one of the non-empirically based relief efforts sponsored by the Florida Department of Children and Families {i.e., Project H.O.P.E. (Helping Our People in Emergencies)} and described by Allen, Saltzman, Brymer, Oshri, and Silverman (2006), has been roundly criticized by members of Congress. {Please note that the empirically informed project developed by Allen et al. is called "Project Recovery"}. According to the Sun-Sentinel *(October 8, 2006), since 2004, grants totaling $46.8 million have paid for puppet shows, Hurricane Bingo, yoga on the beach and salsa for seniors—as well as other, presumably less controversial forms of "crisis counseling." U.S. Sen. Susan Collins, R-Maine, reportedly asked the Inspector General of the Department of Homeland Security to investigate the crisis-counseling program nationwide. Notably, Florida Department of Children and Families officials attempted to reassure legislators, commenting, "We all know everyone is doing a wonderful job and completely in compliance with what is expected by the feds."*

—Editor

Reference

Allen, A., Saltzman, W. R., Brymer, M., Oshri, A., & Silverman, W. K. (2006). An empirically informed intervention for children following exposure to severe hurricanes. *the Behavior Therapist, 29*, 118-124.

News and Notes

Kelly Rohan

Sarah Evans and David DiLillo,
University of Nebraska, Lincoln

Kelly Rohan, Ph.D., assistant professor of psychology at the University of Vermont and ABCT member, has recently been featured in several media outlets, including the *Burlington Free Press, Milwaukee Journal Sentinel*, and *ScienceDaily*, a Web site devoted to the latest research news. These articles have publicized Dr. Rohan's work on the efficacy of cognitive-behavioral interventions for Seasonal Affective Disorder (SAD), which affects as many as 14.5 million Americans. Although light therapy is a common treatment for SAD—and can be effective—a frequent limitation is that patients discontinue treatments once initial symptom relief is achieved. Rohan, who previously used cognitive behavioral therapy to treat depression, wondered if similar techniques could be used as part of a long-term fix for the winter blues of SAD. Rohan's CBT intervention includes educating clients about SAD and its origins, challenging symptom-maintaining cognitions, teaching skills for coping with the winter season, and developing individualized relapse prevention plans. Findings from a recent study conducted by Rohan and her colleagues showed that 80% of SAD participants who received a combination of light and talk therapy no longer exhibited symptoms of depression; this represented a significant improvement over the 53% of patients who benefited from light therapy alone. Further, 1 year following treatment, those who received CBT, either in combination with light therapy or alone, were less depressed than patients who received only light therapy. As recent news articles note, Rohan believes these findings are attributable to the tendency to discontinue the use of light therapy once symptoms subside. Rohan's research is innovative in its adaptation of traditional CBT for use in relieving the immediate and longer lasting symptoms of SAD-related depression. ✍

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Research-Practice Link

The State of Practice Update: New Convention Presentation Format Aims to Bring Together Scientists and Practitioners

Jerome Yoman, *Santa Barbara Life Skills*

EDITOR'S NOTE: *Dr. Yoman's contribution speaks to an issue identified as highly salient to members of ABCT's governing boards: how to achieve broader dissemination of behavior therapy while continuing to support efforts to promote scientifically informed practice. We'd like to encourage more of you in private practice and direct service settings to share your perspectives in* tBT. *Responses to Dr. Yoman's article or other innovative approaches to addressing the challenges of dissemination can be sent to reitmand@nova.edu.*

As a practitioner-scientist in private practice and 20-year member of ABCT, I am interested in recent discussions about practitioners as "missing persons" at our annual convention (see, for example, the February 2005 issue of *tBT*). Given my commitment to ABCT and my primary background as a practitioner and program director, I want to share some thoughts about why practitioners may be missing, what ABCT might do about it, and what I personally am doing about it.

Conventions are largely vehicles for scientists to present their work. In fact, scientists often choose whether to attend a convention in a particular year based on whether their work was accepted for presentation. Producing research or even conceptual articles is an exceptional challenge for practitioners. Organizational and business demands of practice make it difficult to maintain balance in one's life and still carve out time to conduct research or write. Yet the latter are the only generally accepted admission tickets to the convention stage. Perhaps, then, creating more opportunities for distinguished practitioners to contribute meaningfully to convention dialogues on development of effective and efficacious therapies may help us find some "missing persons." I learned long ago, while practicing cognitive-behavioral "group work" under Sheldon Rose's supervision, that involvement leads to satisfaction and group commitment.

Organizers of convention presentations might reach out more to practitioners by involving those who meet the standards of excellence by which the practice world functions: experience, organizational and practice accomplishments, and collegial relationships, not just publications. If they don't personally know outstanding practitioners, organizers might solicit applications for participation on symposium panels in much the same way employers solicit job applicants: by requesting resumes and references. This would help locate practitioners who represent the best of the practice world, and thus can contribute in the most valuable way to convention dialogues. The resulting relationships between a larger number of practitioners and scientists might spawn interesting writing and research. Involvement of exemplary practitioners in organizing and giving convention presentations would help such presentations better meet the needs of potential practitioner attendees.

This leads to a second suggestion, concerning practitioners as "customers" at the convention. As a long-time convention attendee, I want workshops and symposia to give me the latest information, not a rehashing of the basics I learned at a similar presentation 4 or more years prior. As a behavior therapist, I would like (and surprisingly often don't receive at ABCT) a summary of the empirical support for a new theory or technique before it is taught to me. Improving CBT dissemination may also require addressing the familiar practitioner complaints that selection criteria for clinical trials weed out the multiproblem clients who make up much of their caseloads, and that the interventions presented may not be realistic or even effective when implemented in practice settings. Finally, as consumers of research, such practitioners want access to research findings in a user-friendly format that readily demonstrates relevance to their practice. This enables them to be good behavior therapists by applying techniques best supported by the latest research.

In response to such practitioner interests, ABCT might improve the appeal of its convention for them by introducing a new presentation format: the State of Practice Update. I think this format would also help researchers identify the next logical questions as they design research. A State of Practice Update could be a preconvention institute, a symposium, or even a team-taught workshop, focused on describing the current state of practice in a particular area, for example, cognitive behavioral interventions for bipolar disorder. The Special Interest Groups (SIGs) might be natural sponsors of this type of presentation. Panel members and their roles would be as follows:

1. *Literature reviewer*. This would be someone who has published, or had accepted for publication, a recent review of the literature in the area of interest. He or she would summarize what is known and what is yet to be discovered about effective practice in the area, including, but not limited to, effect sizes and their clinical significance, and mechanisms of action. The literature reviewer would provide participants with written citations of review articles.

2. *Assessment expert*. This person would comment on behavioral assessment methods used to evaluate efficacious/effective practice in the area, and their reliability, validity, and limitations. He or she would also present information on norms, cutoff scores for diagnosis and targeting, criteria for clinically significant change, and guidelines for the discussion and use of assessment results in therapy. In the case of bipolar disorder, this presenter might focus on ways of measuring mania or quality of life. The presenter would provide handouts of assessment instruments, citations of their sources, and references on the validity and reliability of those instruments.

3. *Treatment manual developer*. This individual would present a treatment manual he or she has developed (preferably, an empirically validated one), outlining and demonstrating (live or by videotape) the interventions it includes and the empirical support for them. This person would also describe the intended population (e.g., diagnosis, medication status) and what is known about nonresponders to the treatment. This presenter would provide participants with handouts including a source for the treatment manual, training on it (if available), and citations for empirical data

on the manual. If more than one manual has been shown to be empirically supported, more than one manual developer might participate on the panel.

4. *Practitioner*. This person, selected by the process outlined above, would have experience in practice settings implementing interventions in the area of interest, as well as perhaps training and supervising others in doing so. The practitioner might discuss challenges to intervention fidelity, treatment duration, client resistance encountered, and case studies/single-subject data on adaptation of techniques to the challenges of serving individual clients presenting complex diagnostic or behavioral pictures (e.g., persons with bipolar disorder and substance abuse). This person might also comment on program evaluation data and organizational obstacles to adoption or implementation of the interventions.

5. *Discussant*. This would be a person well-versed in the literature and experienced at leading symposia. His or her role would be to encourage dialogue between presenters and with the audience, and to provide a brief synthesis of recent advances and remaining questions at the end of the presentation. She or he also might solicit feedback from the audience regarding obstacles to applying the research presented. Finally, the discussant might direct audience members to other relevant presentations at the convention.

I recently organized, with my colleagues Kim Mueser and Shirley Glynn, a State of Practice Update on Family Therapy for Major Mental Illnesses for the November 2006 ABCT convention in Chicago. This presentation was supported by ABCT's Schizophrenia and Other Severe Mental Disorders SIG, and condensed the format described above into a 3-hour workshop. I fulfilled the practitioner and discussant roles. Dr. Mueser served as literature reviewer, and Dr. Glynn as treatment manual developer. Dr. Mueser discussed measuring mechanisms of change, and I the measurement implications for practice. We look forward to member feedback on this new format.

In conclusion, the State of Practice Update embodies the *raison d'etre* of ABCT: promoting empirically validated practice. That mission only begins with treatment efficacy. It endures through treatment dissemination and ends with the effectiveness of disseminated treatments. The latter is really the bottom line of ethical cognitive-behavioral science and practice. By better engaging practitioners as both contributors and customers in our organization and conventions we can better advance this bottom line.

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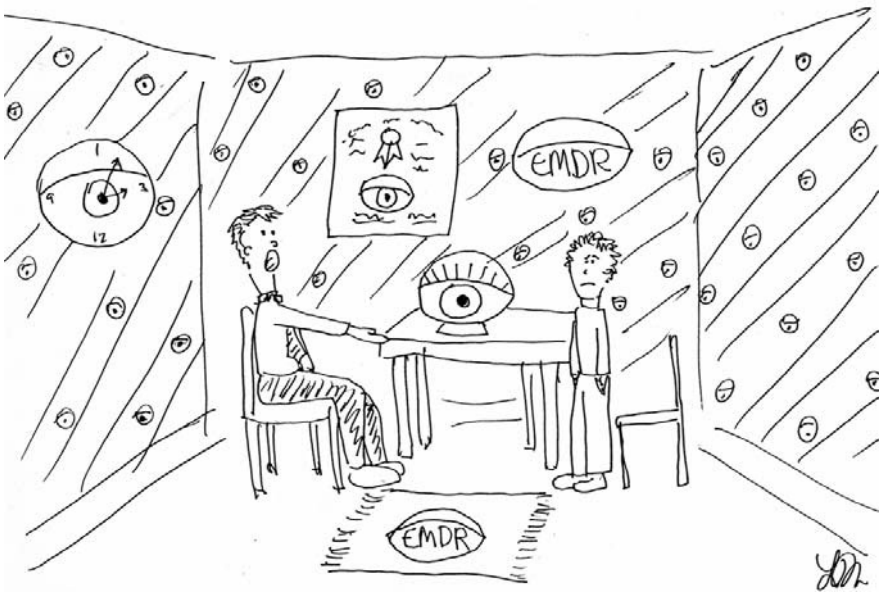
Lighter Side

Elizabeth Moore, *Mayo Clinic*



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Student Forum

Special Series: The Application Process

Introduction

Megan M. Kelly, *Brown Medical School*

Trying to get into the clinical or counseling psychology graduate program of your choice can be a daunting task, especially if you are not sure where to start. The same can be said for experienced graduate students who are hoping to match to their favorite internship or receive an offer to work at a choice postdoctoral position. Countless students become overwhelmed each year with the requirements for each type of application, including time lines, finding the best match, and selling themselves to the site of their choice. The articles presented in this special series on the application process are offered in an effort to relieve some of those anxieties and frustrations associated with applying for each stage of training.

Many of the principles of applying for training positions are the same, including the value of organizing and filling out the endless trail of application materials, finding mentors and faculty with similar clinical and research interests, and, of course, presenting yourself in a favorable light. However, each type of application, whether it be graduate school, internship, or postdoctoral, poses unique challenges. What works best for internship does not always work when applying for a postdoctoral position. For instance, the APPIC match for internship no longer applies when it comes to most postdoctoral positions. Adding up every clinical hour will be of less value when applying for a postdoctoral position (but don't worry, you will be able to do it again for state licensure applications). Having some guidelines concerning the do's and don'ts of getting the position you want at each stage would be helpful in confronting these challenges, which brings us to the purpose of this special series.

The following collection of articles focuses on applying to clinical or counseling psychology graduate programs, as well as internship and postdoctoral positions. These articles, written by students who have experienced these challenges (often quite recently), offer advice on how best to navigate each type of application. Andrew Ekblad provides some thoughts about his own experience with applying to graduate school. Eric Sullivan gathered information from directors of training and faculty members at several major internship programs and condensed this valuable information on what internship programs are looking for in candidates and, more importantly, what prospective interns should consider when applying to various internship programs. For those considering the value of a postdoctoral training position, Kristy Dalrymple and Megan Kelly provide some advice about the steps to take to find the right position for your chosen career path.

In addition, the application process can be even more challenging for individuals who have families to consider. Often, students with spouses and children have to worry about the impact of training on the well-being of their families, as well as themselves. Balancing both tasks is not easy, but it can be done. Tiffany Fusé writes about this delicate balance and provides insights from her own experience on applying for training positions while keeping her family life in mind.

Whatever your stage of training, we hope that the advice and guidance contained in these articles will be of use. Good luck! ✍

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A Letter to the Graduate School Applicant

Andrew Ekblad, *Duke University Medical Center*

I love clinical psychology. I find that when people ask me what I do, I often get a grin on my face when I tell them. It is difficult for me to imagine anything I would rather do with my life than try to better understand what I think of as the most powerful thing on Earth (the mind), and given that understanding, attempt to alleviate the suffering that sometimes stems from the mind.

I have also struggled in graduate school. I have learned to alter my expectations of how long it takes to write a paper, learned what constitutes a "thorough" literature review, learned to be more precise in the way I explain things I am enthusiastic about, learned to revise, revise, and revise on projects I previously would have thought of as complete, etc. Long hours, long-distance relationships, and little money are all constants among graduate students in psychology.

During the first semester of my freshman year in college, I made the lowest grade I would make in my entire life in an Introduction to Psychology class. I was disappointed. I enjoyed psychology, but figured it was not for me if I couldn't even muster the same grade I'd managed in precalculus (a class I took more out of obligation than anything else). So, I went on my merry way, never taking another psychology class as an undergraduate. I pursued major courses of study I enjoyed and excelled in from the outset. I did well in my major, and by the time I graduated, I received honors and awards in one of those majors: English, with an emphasis in poetry writing. In my early 20s, I wanted nothing more than a Master of Fine Arts or a Ph.D. in creative writing. Not only did I aspire to do more writing, I seemed well set up to do just that. I was studying under several well-regarded writers, all of whom encouraged my work. That is why I was surprised when, as my senior year began, they began discouraging me from applying to those graduate programs that were (to me) the logical next step in my education—the step they themselves had taken when they were my age.

"I didn't know what I was doing, Andrew," said one of my mentors. As we continued to speak, what I discovered was that my mentors were not trying to dissuade me from pursuing a life of writing; they were encouraging me to seek a life that

I would find most fulfilling. They saw the first step of seeking that most fulfilling life as removing some of the preconceptions I had about what I *should* or *could* do next. They weren't trying to talk me out of going to graduate school for writing, they were reminding me that there is a lot more to "learning" and "education" than formal schooling, and considerably more to life than doing what others have done, or what I thought I should do to advance my: career, education, . . . *fill in the blank*.

By encouraging me to take a break from formal education, they opened a door for me to take a step back from things and reconsider my interests from a variety of perspectives. Most importantly, they helped me see that continuing my formal education should not be an arbitrary next step but a choice based on a passion for and commitment to my interests. When I have met difficult times in graduate school, I have been grateful time and again for being acquainted with that passion and commitment. Why am I making coffee at midnight so I can keep studying for a final? Because I *love* this stuff. Why am I going home to study instead of heading to the pool hall? Because I *love* this stuff. Enthusiasm for and commitment to your interests is what helps sustain you when the inevitable unexpected and undesirable hassles of graduate school arise.

Going to graduate school is partly about advancing your formal education and partly about advancing career opportunities. At the same time, and perhaps more importantly, graduate school in clinical psychology represents an opportunity to move in a direction that will be fulfilling in other ways. There are a number of values with which a Ph.D. may be in accord: the alleviation of human suffering, natural curiosity about the mind, nature more generally . . . Be honest with yourself about what pursuits and possibilities you find inspiring both inside and outside the classroom. Use this as your guide to pursuing interests that can be sustained through the labors of doctoral work.

The "laboriousness" of graduate work may warrant some description. Pursuing a Ph.D. in clinical psychology is very different from undergraduate work. While classes are typically emphasized in the first year or two, beyond this point, relatively few aspects of the graduate school process come with linear and straightforward directions or set deadlines. It is reasonable (likely) that you may spend a year or more on *pre*-dissertation projects. Much of the time spent on these projects may be related more to skill acquisition (literature reviews, statistics, hypothesis-generation, writing) than learning specifically about the area of study you are most interested in. Clearly, abilities to be motivated internally and to seek, accept, and respond to criticism repeatedly and over long periods of time are essential. While processes like this can be tedious, they are often the only way to become a truly independent clinician, thinker, and investigator; this is what a Ph.D. prepares you for.

Speaking of being an independent investigator, you have to work for one in graduate school; this person is called your *mentor*. No brief article, or even a brief book, could completely describe the nuances of the mentor-student experience; but *do not* underestimate the importance of this relationship. A few graduate students have told me they believe the mentor relationship is *the* most important relationship they have (professional or personal) in graduate school. As with all things, there are no rules here. However, some of the following thoughts may be helpful: Seek out information from other students about what working with a particular professor is like. Know what you are looking for. Know the kind of people with whom you resonate and work well. More supportive than challenging? More challenging than supportive? Someone who is willing to give you free reign to explore anything from parapsychology to rat maze learning? Someone who has a specific project up and running they want you to step in on, take a part of, and plan your dissertation around? Do you want to be one of a couple of graduate students in your lab, or one of a couple of graduate students working with a few postdocs, working with a few faculty members, working with your mentor, who has a variety of ongoing collaborations on multiple continents? None of these possibilities is the perfect option for everyone. Nevertheless, your choice of a mentor will have a significant impact on your experience as a graduate student. Some professors may be better overall mentors than others, but more important is whether or not this faculty member is the best *match* for *you*.

If you are uncertain whether or not training in a Ph.D. program is the best fit for your interests, another way to build confidence about your opportunities postbaccalaureate is consideration of alternatives to the Ph.D. in clinical psychology. Perhaps you are not sure if you want to go into a research or clinically oriented program. If this is the case, take the time to make sure you have experience on both sides of the scientist/practitioner coin. One can learn more

about clinical work by volunteering on a crisis line, working in a hospital, finding an opportunity to recruit or assess patients involved in a larger treatment program. Research experience can be gained in most academic and medical centers. What is research? How do you start to do it? How do you write a paper or present at a conference? For those interested in a program that involves research, familiarity with statistics and research methods before entering the program is highly recommended. Since different programs often lean to one side or the other of the scientist/practitioner balance, learn a bit about which of these activities appeals to you most before choosing the schools to which you ultimately apply.

Perhaps you're not clear about the differences between seemingly similar graduate programs such as Master of Social Work, Doctor of Psychology, Doctor of Philosophy (in clinical, developmental, social, or more neurologically based emphases of psychological study), Doctor of Medicine, Nursing, Law . . . Each of these degrees, and the career paths associated with them, should be considered excellent possibilities for someone interested in psychology. Finding a job or volunteering in settings related to these careers can be an excellent opportunity to explore the career, as well as meet persons that may later be able to facilitate your advancement in the field (e.g., by writing letters of recommendation, etc.).

Meeting people is important, because one of the most important things you can do as you think about your steps after college is consider the well-informed opinions of others. Seek the opinions of others who are active in your field of interest. Why did they choose this career? What do they like about it? What do they dislike about it? What do they wish they had known before choosing? What are the implications of this education/career choice for financial, geographic, social, and relationship concerns? Rather than seeking a "single right answer," gather information that will inform a more complete assessment of your options. What would make you happiest? What best suits your vision of a meaningful education and career? I believe a satisfying graduate career, one in which a student can continue to find enthusiasm for the work while preparing the 30th draft of some paper, is built on a special kind of commitment. Talking to others will help you develop a more realistic picture about what is involved in a given area of study or career. Honest self-reflection about values and lifestyle will help you orient toward which of these options is the best fit for you.

Without a doubt, I have known individuals to move straight into graduate school from college, and excell. I have friends and colleagues who in their early 20s had a clear understanding of who they were, what type of career they wanted. If that's you, great! Go for it. There's no need to worry about what's right for you if you already know.

On the other hand, if you're not so sure, know this: it's fine to be not so sure. It's fine to give yourself a while to "find your bliss" (Campbell, 1988, p. 147), as philosopher Joseph Campbell recommended. I'm not suggesting you have to wait for absolute certainty before moving ahead. If this were the case, we would probably all have a hard time leaving the house in the morning! There are always uncertainties. Seek a balance between reasonable uncertainty and something solid within you that says: "Look here. Try this." My suspicion is that without some awareness of the "energy" that nudges us in given certain directions, heading into a Ph.D. program could ultimately prove disappointing and frustrating. If, on the other hand, you feel well informed about the challenges: (possible) relocation, accompanied relationship and social changes, lower income for a number of years; and benefits: (ideally) throwing yourself into something you truly care about, being surrounded by similarly enthused peers and mentors, learning how to be an independent investigator of phenomena you are fascinated by, then this is the ticket.

In the end, attending graduate school may not be the right choice for everyone. Only you can decide whether such a course of action will prove satisfying. Some soul searching, maybe a little time, and frank discussions with people you know in a variety of education and career tracks will go a long way toward helping you decide. Be honest with yourself about what you want from your education, and more broadly, what you value inside and outside the classroom and office. Balance information and advice from others with an awareness of what stirs and moves you. *Don't* let uncertainty scare you away from your interests. *Do* allow your curiosity and passion to inform your educational and career decisions.

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Early Doctoral Student Questions About Predoctoral Internship Preparation and Application: Responses From the Experts

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According to the most recent Association of Psychology Postdoctoral and Internship Centers (APPIC) Board of Directors (2006) "match" statistics, 2,479 graduate students applied for predoctoral internships in clinical psychology in 2006. Many more graduate students worried about what it will take to one day get into the predoctoral internship of their dreams and how best to prepare for application to that internship. The sheer volume of predoctoral internship applicants could discourage future hopefuls. Students may suppose, "With so many applicants, there must be many with experiences and competencies that match or rival my own—I won't have a chance at getting into a good internship!" As reassurance, the 2006 APPIC Board of Directors match statistics also provide encouraging news. In 2006, 45% of applicants received their top-ranked choice of internship, 66% received their second-ranked choice or better, and 79% received their third-ranked choice or better.

Still not persuaded that the sky is not falling? You are not alone. While the Matching Program statistics provide hope for future applicants, many graduate students still struggle with application-related issues and concerns. This article describes a few of my concerns and those shared by other early doctoral students. In reply to these concerns, faculty and internship directors provide insight from their experiences. There are already a number of useful resources on predoctoral internship application and navigating practica and the predoctoral internship successfully (e.g., Baird, 2001; Megargee, 2001; Oehlert, Sumerall, & Lopez, 1998; Williams-Nickelson, Prinstein, Lopez, & Keilin, 2004). The APPIC Web site (http://www

.appic.org/) provides essential information for future and current applicants.

Given the rather comprehensive resources already available to internship applicants, the present article sets out to accomplish two rather specific aims. The first aim is to normalize student internship concerns by presenting issues and concerns expressed by current early doctoral students in clinical psychology. The second is to present these concerns and issues to those in charge of internship sites, doctoral programs, and clinical professionals at large.

To sample the variety of issues and concerns graduate students possess about predoctoral internship preparation and application, I surveyed early graduate students in our clinical psychology program at Suffolk University (first- through fourth-year students). In an e-mail message, I asked them to provide questions that they had about internship application or preparation. I compiled a list of all of these questions, highlighted the questions that students posed most frequently, and sent them to several faculty members and present and former directors of clinical training at predoctoral internship sites across the country.

Several knowledgeable and seasoned professionals responded. Some provided detailed answers to the list of questions while others provided quick comments and a summary of what their site values in an internship applicant. Two current directors of clinical training at cognitive-behavioral (CBT), research-focused predoctoral internship sites responded. Dr. David Elkin, ABPP, Associate Professor at the University of Mississippi and Director of Clinical Training at the University of Mississippi Medical Center/VA Medical Center in Jackson, and Dr. Anthony Spirito, ABDD, Training Consortium Director in Clinical Psychology at the Brown University Medical School Training Consortium in Psychiatry and Human Behavior, offered their advice. Three full-time and adjunct faculty members at Suffolk University also responded. Dr. Lynda Field, an adjunct professor and full-time staff member in the Suffolk University Counseling Center, provided advice for clinically minded internship applicants. Dr. Gary Fireman, full-time professor at Suffolk University, Director of Clinical Training for the Clinical Psychology Doctoral Program at Suffolk University and past professor and clinician at Texas Tech University, also offered his insight. Finally, Dr. Susan Orsillo, full-time Associate Professor at Suffolk University, past Assistant Professor at Oklahoma State University, and past Clinical-Researcher and Internship Supervisor at the National Center for Posttraumatic Stress Disorder at the Boston VA Healthcare System, offered her knowledge.

One of the most striking findings was that many of the most commonly voiced student concerns were not necessarily areas emphasized by faculty as important for internship success. For example, most students that I surveyed reported being most concerned about the total number of APPIC-approved practicum hours necessary to obtain a good internship. However, almost unequivocally, each of the experts reported that it is not the number of experience hours, per se, that make a successful applicant. What matters is the overall quality of your training experience, including course work, clinical experience, research productivity, and professional mentorship. Drs. Elkin and Spirito both expressed that they do not evaluate candidates on the quantity of clinical hours but on what they experienced, how productive they were, and what they accomplished.

Match factors prominently into the internship selection process. Students significantly increase their chances of obtaining an internship at a site if the work that they performed prior to internship coincides with the orientation and goals of a given institution. For example, research-oriented internship sites, such as Brown University and the University of Mississippi, highly value research productivity from their applicants (they cited poster presentations at professional conferences, peer-reviewed publications, and institutional grant awards as examples). However, attaining a given quantity of research experiences in various domains is less important than showing evidence of drive and productivity in research in general. For example, while the University of Mississippi does not require a magic number of poster presentations or publications, the site does evaluate evidence of research ambition. Furthermore, Dr. Elkin went on to say that at his training site, research is neither supplemental nor extra; rather, it is required of all students.

On the other hand, both Dr. Fireman and Dr. Field indicated that some more clinically oriented sites highly value the total number of APPIC hours a student accumulates. Dr. Field noted that, for many university counseling centers, the number of clinical hours an applicant attained (especially the number of clinical hours attained at university counseling centers) is a critical

factor in the selection process. At the Suffolk University Counseling Center, they set a minimum of 1,500 total APPIC hours for consideration of applications. On the APPIC Web site, each predoctoral internship site lists the average number of clinical hours their matriculating interns accumulated. These averages provide a useful estimate of the number of hours necessary for a given site.

Students in the survey also frequently asked about the ideal distribution of total practicum hours and experiences necessary to obtain a quality predoctoral internship. The theme of match arose in the experts' responses once again. For example, Brown University would prefer to see that an applicant's pre-internship experience involve more direct provision of treatment, followed by assessment experiences (including diagnostic interviewing). As previously mentioned, university counseling centers prefer applicants with experience in those settings. As a further example, for applicants interested in working with children, the amount of experience an internship applicant has with children will have bearing. At Brown University, many applicants spent as much as 75% of their clinical hours with children. Dr. Fireman noted that the quality of your experiences with children is also taken into consideration. Dr. Orsillo added that a combination of research and clinical experiences, preferably under the mentorship and supervision of an active child researcher, would best prepare an applicant for internship.

Many students were searching for the one criterion or quality most valued by internship sites. However, the experts agreed that while there are many important factors, there was no single answer for every student or every site. Many sites, particularly research-oriented sites such as Brown University, prefer to see a good match between student research interest, experience, and background, and the interests of the faculty at the internship site. Dr. Fireman noted that many internship sites value student ability to benefit from supervision, openness to learning, professional responsibility, and ability to work independently. Dr. Orsillo emphasized the importance of the interview, noting that while many students are qualified to be interns, interest, enthusiasm, openness, and interpersonal ease displayed by candidates during the interview often determine final offers. Those deciding on interns often wonder whether an applicant will prove to be an asset to the site, enhancing its goals and activities.

Students also asked about the extent to which an applicant's theoretical orientation plays a role in intern selection. The site in question often determines the answer. Dr. Orsillo noted that many sites highly value faculty-student orientation match as a facilitation of honing student ability and expertise in an area. For instance, Brown University highly values a cognitive-behavioral orientation. On the other hand, other internship sites value an emerging sense of professional identity and openness to experience and growth, as eloquently stated by Dr. Fireman.

Participants in the sample also posed questions about the role personal factors, such as geographic constraints, play in the internship selection process. In considering the location of an internship site, Dr. Fireman remarked that applicants should keep personal factors in mind such as family considerations, financial issues, interests, desire to live in a given region, etc. On the other hand, the student should also weigh these factors against professional considerations such as the local or national reputation of the internship site. Dr. Orsillo concurred. She recalled that Dr. Terry Keane, past Director of Internship at the VA Boston Healthcare System and her former colleague, once described the internship application process as containing "degrees of freedom." The more one constrains internship site selection factors (such as geographic location), the fewer choices one has with regard to other factors (such as area of clinical expertise). Dr. Orsillo emphasized that important professional contacts often develop during internship and can significantly influence your professional career. In addition, many sites now hire predoctoral interns as postdoctoral fellows. Finally, the local or national connection and reputation of a site may determine your appeal to similar sites.

Requirements for graduate school gradually increase in response to licensure requirements and as student dissertation projects become larger and more sophisticated. Given this, many students asked about the ideal time to apply for internship. Most of the experts agree that it is not so much a matter of whether you apply one year or another, but rather how much experience you acquired up to the point of application. On average, they note that most students apply during their fourth and fifth years of graduate school. Many internship sites prefer students who have completed their dissertations, although this is not a necessity. It is preferable for students to have made some significant progress on their dissertation before internship.

Dr. Susan Orsillo summed up the essence of good predoctoral internship preparation best (and professional development in general) by imploring me to follow my heart. If you follow your heart, the rest, she said, would fall in line. While useful as a guiding career philosophy in general, when consolidating all of the advice in this article, it also sums up the essence of the experts' advice. If, in your preparation for internship, you pursue clinical and research experiences and training that match your interests and passions, and then apply to internship sites whose passions and activities match these, both you and the predoctoral internship site will be the better for it. When seeking out and applying to internships, seek out those that further your interests and career goals and those whose interests and goals you also fulfill.

If you follow your heart to the experiences and knowledge that fill you with passion, you will best prepare yourself for a happy and successful present, a strong internship application, and a satisfying future internship experience.

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The Postdoctoral Search: Tips and Advice for the Hunt

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Once you are an intern or have completed internship and are looking at potential job opportunities, the question hits you: "Should I apply for a postdoctoral position?" Pursuing a postdoctoral position can be a substantial undertaking and may provide valuable opportunities for career development. In considering your options, it's best to start from the beginning and assess how a postdoctoral position might benefit you, your career, and your life plan.

First, you may want more expertise in a particular area. Whether for research or clinical purposes, you may feel it necessary to obtain additional experience in order to be become an "expert" in your chosen field. Postdoctoral training in specific areas (e.g., substance abuse, eating disorders) will enable you to make connections with well-known scholars or clinicians in the field, provide you with the skills necessary for researching or providing treatment for the population you wish to work with, and help you to develop a specialization in your area.

Additionally, if you choose to pursue a research career, you may decide that you need more publications and research experience than you already have. In this case, a postdoctoral research position may enable you to build up your CV and make you more marketable when you apply for academic positions. In addition, you may receive specialized training in research methods of interest to you. Many believe that a postdoctoral position is a good time to gain experience in applying for grant funding that will help you start your independent research career, and subsequently, help you obtain an academic position in a competitive research environment.

Another reason to seek a postdoctoral position is to obtain the clinical experience necessary for licensure. Originally, supervised postdoctoral experiences were intended to provide new graduates with opportunities to hone and practice their clinical skills before obtaining licensure (Clay, 2000). However, today's clinical psychology graduate students receive more supervised predoctoral clinical experience than when the postdoctoral requirement was created. As a result, some have suggested that the licensure requirements for postdoctoral supervision be dropped (Clay, 2000). So far, the postdoctoral requirement is alive and well, and new graduates who wish to obtain licensure have to find the supervised clinical experiences that are required by state licensing boards. A formal or informal postdoctoral position is one way of obtaining these experiences.

Postdoctoral positions can also enhance your job prospects following the completion of your residency or fellowship. For example, if your plan is to obtain a position in a medical school setting, it may be easier to break into the market if you work as a postdoctoral fellow and possibly stay on as a staff or faculty member. In addition, if you have your heart set on a particular geographical area in which you want to settle down, obtaining a postdoctoral position will help you to learn about your community and develop connections. Others seek out temporary positions to allow them the time to consider which career path to take.

Conversely, there are several reasons to forego a postdoctoral position. If you have worked exceedingly hard, established yourself as a researcher, have multiple publications, and have developed a programmatic line of research, it might be best for you to skip the postdoctoral phase and head straight into academia. At the other end of the spectrum, if you've yet to complete your dissertation, and it may take some time for you to finish it, perhaps it would be better to finish your degree before considering a postdoctoral position. Finally, if you are determined to obtain a high salary and generous benefits right now, it might be a good idea to concentrate your job search on career avenues that do not include a postdoctoral assignment. However, if you are still interested in obtaining a postdoctoral position even after considering the downside of postdoctoral work, then read on!

Types of Postdoctoral Fellowships

So, you've chosen to apply for a postdoctoral position. Now what? First, you have to consider the type of postdoctoral position that suits you and your career goals. There are many different types of fellowships available, ranging from formal to informal, clinical to research, and anywhere in between. Length of fellowship also varies, ranging from 1 to 2 years. As a general rule, clinical fellowships typically last 1 year, and research fellowships typically last 2 years (to provide ample time to write grants, produce publications, and obtain post-degree clinical hours). The type of fellowship you choose should be related to the type of career path you wish to pursue. For example, if you wish to pursue clinical work either in private practice or a hospital setting, you should apply for postdoctoral positions that require mostly clinical duties, either with a specific population or method (e.g., a particular type of assessment or intervention approach) or a more generalist training. Formal clinical fellowships can be found in the various resources listed below, or you can "create your own" postdoctoral position. For example, some individuals have created a position in a private practice setting where licensed psychologists were willing to provide supervision. However, keep in mind that you may have to pay for supervision if it is not a formal postdoctoral position.

For those who would like to pursue a career in academia, particularly in a university or college psychology department, a fellowship that combines both clinical and research activities may be a better option. These fellowships can include working as a project coordinator for a clinical study or working as a therapist or assessor on a clinical study. Ideally, time also would be available to write manuscripts from the database in order to increase publications. Therefore, you would have the best of both worlds—obtaining clinical hours for licensure as well as producing research and publications. Some fellowships also include seminars on topics such as professional development, research design/methodology, working with a specific population, or using particular assessment or treatment methods. Formal postdoctoral positions that combine clinical and research activities can be found via the resources below. Informal fellowships also exist, often when faculty at a university receive a grant and will pay a fellow to serve as a project coordinator.

Finally, if you wish to pursue a research career at an academic medical center, you will need a fellowship that provides ample opportunities for grant writing experience and manuscript preparation. This can be best accomplished via formal research fellowships, such as NIH training grants (T32s). As part of a T32 fellowship, you would be expected to write a grant by the end of the fellowship, publish papers, attend seminars to gain formal grant writing experience, and conduct research (in many

cases clinical research, which will also provide you with supervised clinical hours). The disadvantage is that given the heavy emphasis on research, you may need to moonlight to gain the necessary clinical hours for licensure (or just take longer to obtain those hours). Some individuals even fund their own fellowship by writing an F32 grant. Often this is done by individuals who would like to stay on at their internship site and pursue their own line of research based on their dissertation. Once a researcher is awarded an F32, they may be able to move it to another institution.

Searching for a Postdoctoral Position

Postdoctoral positions are advertised throughout the year, although most postings start in early fall and continue into late spring. Most interns begin their internships in midsummer or early fall. Many interns find it difficult to "get in gear" to apply for a postdoctoral slot. After all, you've just arrived at your internship. The tendency is for many interns to concentrate on new responsibilities and to let go of those application hassles. As a result, some interns miss out on postdoctoral opportunities that are advertised early in the academic year. However, do not be concerned if you have not been able to find a postdoctoral position by the time spring rolls around. Many postdoctoral positions become available following grant-funding cycles, and new positions may be advertised at those times.

Networking is a valuable tool for finding a postdoctoral position. Often, postdoctoral positions come to potential candidates by word of mouth from those they know. Ask mentors, supervisors, faculty members, former students, and current postdoctoral fellows about positions that they might have heard about. Also, keep in touch with fellow graduate students about postdoctoral opportunities—they might know about positions for which you are a good match. Feel free to contact faculty members that you've met during internship interviews or at conferences. They are often very willing to pass along any information about fellowship openings at their site. In addition, the relatively new ABCT listserve (visit www.abct.org for information on how to subscribe) offers excellent opportunities to learn about postdoctoral positions—often well in advance of formal postings elsewhere.

The Association of Psychology Postdoctoral and Internship Centers (APPIC) offers several resources that might come in handy. On the APPIC Web site, www.appic.org, many postdoctoral training programs advertise their yearly positions and offer information similar to that advertised for internship programs. However, APPIC accreditation is not as important for postdoctoral fellowships as it is for internships. Many more postdoctoral programs are being added to this list each year, making this site a useful and growing resource for those seeking both clinical and research postdoctoral positions.

In addition to formal postings of postdoctoral programs, APPIC hosts a listserve where postdoctoral positions are posted throughout the year. Information on postdoctoral positions of all kinds can be found, and a search of the listserve archives may reveal additional postings that you may have missed before signing up. There are other important listserves that provide similar information, including those hosted by APA that can be found at http://www.apa.org/apags/members/listserv.html. Other postdoctoral postings can be found in the classified ad section of APA's *Monitor on Psychology*, as well as through Internet searches for job postings on the APA and APS Web sites, and psychwatch.com.

The Application Process

Once you have found postdoctoral programs that suit your interests and career goals, it is time to gather your materials and apply. Fortunately, this process is much simpler than applying for internship. If you are applying for formal fellowships (e.g., ones listed on the APPIC directory or in the *Monitor*), then there will be specific instructions on what materials are required and the deadline. Often the required materials include a cover letter, curriculum vitae, statement of purpose, and letters of recommendation. Occasionally, sites may require you to complete a separate, but brief, application form. Many of these materials can be adapted from your internship application materials. In addition, some sites (especially those that are more clinically oriented) may require you to submit a sample case conceptualization and test report.

As with internship sites, you should apply to postdoctoral positions in which you already have some experience in the services they provide or research they conduct. However, they also should be able to provide you with further training in your area of specialization. Therefore, your application materials should reflect this balance (i.e., how your previous experience would make you an ideal candidate for the position and how they can contribute to your career development). Similar to the internship application process, this is a time to sell yourself, so do not be shy! Be sure to emphasize any clinical experiences, research projects, publications, or grants that you have been part of, in order to highlight how well you would fit into their site.

Interviewing

Your hard work has paid off. You have received multiple interviews. What do you need to know about these sites, and what questions should you ask? As a general rule, you want to know how this site will provide you with the opportunities you need to meet your career goals. If your main goal is to pursue a clinical career, then the site should provide you with enough supervised clinical hours to meet licensure requirements in that state and provide you with clinical training in your area of specialization. As licensure requirements vary from state to state, make sure that the fellowship would fulfill licensure requirements for the state in which you would like to be licensed (especially if it is a state different from the one in which the fellowship is located). Other questions to keep in mind: Who will be conducting the supervision, and how often? Will I have to pay for supervision? Do they provide services for a particular population, or is it a general clinical practice? Are there opportunities to stay on at the site after I receive licensure? Do the existing fellows/employees seem happy, or overworked?

If you are interested in a clinical/research or purely research fellowship, much of the information you need to obtain from the interview pertains to research productivity. For example, how much time per week is devoted to clinical and research activities? Of the time available for research, how much of that time is spent working on existing faculty projects, and how much time is available for you to work on your own research projects? How does this faculty member approach authorship decisions on manuscripts? When choosing a postdoctoral position, it is important to choose a site in which the faculty and current fellows are as productive as you would like to be. Therefore, you may want to ask the following questions: How many publications have previous fellows produced? How many previous fellows have applied for grants, and how many have been funded? How successful are faculty at receiving grants? In order to be productive on fellowship, you also need to be sure that you have adequate facilities—office space, computer access, li-

brary access—to carry out this research. If you are concerned about the number of clinical hours offered at a particular site, you may want to ask if there are opportunities to moonlight in order to obtain the necessary clinical hours for licensure.

If you are interested in eventually pursuing a faculty position at a college or university that is less research-focused, then you may wish to know whether the fellowship provides opportunities to teach or supervise other trainees (e.g., undergraduate research assistants, interns, or graduate students). If no teaching opportunities are available at that particular site, then you may be able to serve as an adjunct professor teaching evening classes at a nearby college. Finally, more general issues to consider when interviewing include stipend, health insurance, whether time can be "set aside" to study for the national state licensure examination in psychology (Examination for Professional Practice in Psychology; EPPP) and start date. One question that often arises is whether you can start a fellowship if you have not yet defended your dissertation. The answer depends on the particular site. Some sites allow you to start your fellowship if you have not yet defended, but your clinical hours will not count toward licensure until you defend. However, other sites will not allow you to start unless you have defended. Therefore, as a general rule, it is best to have defended before you start your fellowship, especially because you do not want to carry that burden while trying to adjust to a new position.

After you have survived the interview process, there is no ranking as in the internship application process. Therefore, you are free to communicate your interest to sites. As with internship interviews, it is appropriate to send a brief thank-you note or e-mail to express your continued interest in the site. Unlike the internship process, because of the lack of a match system you may receive offers from sites before you have heard back from other ones. Therefore, be aware that you may need to negotiate a time to let them know your decision, or you may need to pass on offers if you are willing to wait to hear back from preferred sites. However, once you have received and accepted an offer, you can negotiate a start date and rest easy knowing you have secured a position for at least another year!

The postdoctoral search can be exciting and life changing. You will likely meet colleagues and professionals who will remain influences in your career for years to come. Thinking ahead about the particulars involved in the postdoctoral search will allow this process to unfold more smoothly than negotiating the path blindly. With some luck and preparation, you can maximize the likelihood of reaching a place that's tailor-made for you.

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Balancing Academics and Family During the Internship Application Process (and Beyond)

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Applying to internship is an exciting as well as stressful process. All applicants are faced with the task of considering their career goals, their academic strengths and weaknesses, their training needs, and their personal goals when selecting an internship. Applicants who have families must also take into account a myriad of other considerations when making decisions about applying to and ranking internship sites. These applicants must consider the personal and professional needs and wants of partners, children, or other family members. I am currently a 5th-year graduate student who has just completed the internship selection process. I am also the mother of an 8-month-old boy. The following advice for navigating the process of applying for internship when you have a family is based mainly on my personal experience and conversations I have had with other intern applicants who are also parents.

Communicate With Family Members

Open, honest, and direct communication with family members is essential during the internship application process. Balancing family and academic obligations is inherently stressful, and students need emotional support throughout this period. Fortunately, the availability of emotional support from family members is one of the major benefits of having a family. Families can meet our needs for love and companionship, as well as practical support. We can turn to family members when we are feeling overwhelmed, stressed, or discouraged. Graduate students who lack social support face their own challenges. However, for families to be able to meet these needs, ongoing communication regarding matters such as money spent during the application process, internship responsibilities, child care, family time, and the division of labor is essential. Furthermore, it is useful to revisit family issues and arrangements throughout the internship process and after you begin internship.

Open communication is especially important when it is time for the student to make significant life- and career-altering decisions such as applying for internship. Decisions about where to apply for internship affect the whole family. This time may be extremely stressful as the graduate student attempts to balance his or her training needs and goals with the needs and goals of his or her family. As pursuing advanced training through internship often entails a geographical move, graduate students with families may be asking partners to leave their current jobs and having children leave their current home to attend new schools. These considerations are especially difficult when both partners are students, both with their own training needs. Such decisions and choices often require sacrifice on the part of all family members and may be quite difficult.

Be Honest With Potential Training Directors and Internship Faculty Members About Your Family Situation

According to APA guidelines, students are not obligated to disclose their family status during the graduate school application process or the internship application process (APA, 2002). Additionally, internship programs are prohibited from discriminating against applicants because of their family status. However, it is common for applicants with children to fear discrimination in this arena. This may be partly due to the fact that applicants generally do not receive feedback regarding why they were not accepted into an internship program, so they may be left to wonder whether their

family status played any role in training directors' decisions.

My advice to disclose your family status to training directors and faculty may well be my most controversial suggestion, and I would like to state at the beginning that this advice is based mainly on my own values and personal experience, and therefore may not be appropriate for everyone. From my perspective, a supervisor who would violate APA ethical principles and discriminate against someone based on his or her family status would not make a good mentor for anyone, but especially not for a graduate student with a family. The reality of caring for dependent children is that, invariably, situations will arise in which the student will need to put family concerns before academic activities. For example, if a child is ill, the student may have to leave work early for the day to care for his or her child. Having a supervisor who is not supportive and flexible would place the student in a very difficult and uncomfortable position.

I have been extremely fortunate to have had very positive experiences in this domain. My mentor and other members of the faculty in my graduate program have been extremely supportive of me. Furthermore, during the internship application process, I chose to disclose my family status, and I found training directors and other program staff members to be supportive.

Parenting and family life does not take away from what you have to contribute to your internship program. In a human service field, life experience may enhance our knowledge and ability to empathize with others. I believe that being a parent has enhanced my performance in academic pursuits. For example, as an instructor for an undergraduate child development course, being a parent has made it easier to come up with examples to clarify and explain course material.

Look for Specific Things That Will Help You Balance Your Family and Professional Responsibilities When Considering Internship Sites

Many internship sites hold a philosophy that encourages interns to develop personally as well as professionally. These sites offer many advantages to the intern with a family. Such internship programs value the contribution that students bring from their life experiences and generally expect students to work reasonable hours.

During the application process, pay attention to practical factors such as on-site child care and a health care plan that will adequately meet family members' medical needs. These benefits are often described in the internship brochure, or described to you during the interview process. If you are applying to internships with a partner using the APPIC "couples match," you might want to ask internship sites during the interview process whether they are willing to take multiple students from the same program.

If Possible, Talk to Current Interns Who Have Families

Remember that you are not alone. Many current interns and other internship applicants have families. If possible, talk to current or former interns about their experiences applying for and completing internships. They are often good sources of advice regarding which programs are more or less "family friendly" and which cities or towns are good for raising children. They may also offer helpful advice on the practical aspects of undertaking the application process with a family. For example, long-distance travel for interviews may be complicated when the applicant has children, and being separated from an infant all day for an interview presents some unique challenges for the nursing mother.

Keep in mind that students face conflicts while balancing family and internship responsibilities in many different ways. Even if you are the only student with children, students who are caring for elderly parents or sick family members face many of the same challenges.

Take Care of Yourself

Although following this advice may be extremely difficult at times, setting aside time to nurture yourself is not selfish—it is important for your well-being. Eating healthy, getting enough exercise, and having some downtime will take more time out of your day, but it will benefit you and your family in the long run. First, you will be setting a good example for your children by sending them the message that nutrition, exercise, and good self-care are fundamental for well-being. Second, if you pour all of your energy into your work and family without caring for yourself, you will end up burning out. Unfortunately, parents (especially mothers) often feel that taking some time out for themselves is selfish and detrimental to their families. I have spoken with many mothers who believe that they are constantly forced to choose between "what is best for me" and "what is best for my family." However, as our families depend on us to meet their needs, is it not true that what is best for you is also best for your family? Your well-being is essential to their well-being, and so by caring for yourself, you are also caring for them.

Do not be afraid to ask for help. Whether it is practical support, such as asking someone to watch your children for a few hours while you finish a paper or report, or emotional support, such as talking to a professional about family difficulties, asking for help is an important component of self-care.

Accept That It Is Not Easy

Both pursuing a doctoral degree and having a family are important, valuable, worthwhile endeavors that are full-time jobs in their own right. Embarking on both endeavors simultaneously is an inherently daunting experience. Simply pursuing advanced graduate study without a family entails many sacrifices. I was often reminded of this earlier in my graduate career. Although I did not have the family responsibilities I have now, I witnessed my friends who had already begun their careers obtain good jobs, buy houses, go on vacations to Europe, and purchase brand-new cars. This was at a time when I was working very long hours and being able to afford something besides macaroni and cheese for dinner was a rare treat. Pursuing a graduate degree with dependent children often entails even greater hardships. This is especially true for single parents who lack a second income and the practical support of a partner.

Remember that many of the challenges faced by graduate students who have families are temporary. Financial difficulties, the stress associated with traveling for interviews, and needing to change geographical locations for internship are generally temporary challenges that you will not have to struggle with forever. However, for many of the professional positions in our field, many of the aforementioned stressors will persist. Building good communication with family members, seeking out positions where the needs of families can be accommodated, and taking care of yourself are likely to be life-long investments that pay long-term dividends. ✍

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Suggestions for Workshops are welcomed. Please send a 250-word abstract and a CV for each presenter to:

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Call for Workshop Submissions
41st Annual ABCT Convention

November 15–18, 2007, Philadelphia

DEADLINE:
January 15, 2007

Training Program Update

Internship Opportunities for ABCT Student Members

Edited by Clint Field, *Utah State University*

TRAINING PROGRAM UPDATE EDITOR'S NOTE: *I am highly appreciative of the program administrators, indicated below, that responded to our open invitation on the ABCT listserve. We are fortunate to have enough space that all interested sites could contribute. Please note that included here is only a sampling of the internship sites that may be of interest to ABCT student members. Undoubtedly, a variety of circumstances preempted contributions from a number of sites that could be represented here. Program administrators that were not able to participate in this issue should know that the invitation remains open. Internship program updates and descriptions may still be submitted and will be included in subsequent issues of* tBT. *Please reference other sources listed in this issue for additional internship site information.*

Few words provoke a greater emotional response in the lives of graduate students than the mention of "internship." Few activities command a student's attention (and time and money) more fully than the internship application process. A student's internship experience is significant. For many, it is the capstone of their clinical training. Some view it as the start of the career they have been working toward, while others recognize it as the last formal training opportunity they will experience as a student. Regardless, prospective interns should carefully appraise the opportunities that can be theirs through internship. Student members of ABCT may have a particular interest in securing training experiences that will add depth or breadth to their behavioral and cognitive clinical repertoire. In this issue we provide updates and overviews of the training programs of several prominent internship sites that may appeal to our student membership.

MASSACHUSETTS MENTAL HEALTH CENTER PSYCHOLOGY INTERNSHIP PROGRAM

▪ **Robert M. Goisman**

Site/Program Overview

The Massachusetts Mental Health Center (MMHC) was founded in 1912 as a partnership between Harvard Medical School and the Commonwealth of Massachusetts for the diagnosis and treatment of seriously mentally ill individuals, the training of future generations of professionals, and research into the causes and best treatment of these disorders. It is one of the oldest public-sector mental health training sites in the U.S. It has had a Day Hospital for almost 40 years as part of its array of clinical and training services. In 2002, this program was restructured as a Partial Hospital (PH) with two teams of 13 to 14 patients each: the Cognitive-Behavioral Therapy (CBT) team for patients primarily with schizophrenia and schizoaffective disorder, and the Dialectical Behavior Therapy (DBT) team for patients diagnosed with personality disorders and comorbid Axis I illnesses.

Training Model

The CBT team uses empirically supported or promising psychosocial interventions in treating a severely ill and socioeconomically bereft population. Group therapy is the most important psychosocial modality and includes social skills training groups as pioneered by Liberman and colleagues at UCLA; anxiety management groups utilizing progressive muscle relaxation, cognitive restructuring, and exposure-based interventions; social contracting; and cognitive restructuring groups for psychotic symptoms as described by Kingdon and Turkington. Individual psychotherapy supports group interventions and promotes generalization. Psychopharmacologic and forensic consultation is regularly available.

Treatment on the DBT track is a modification of standard DBT targeting a diverse population that is, in general, treatment resistant and suffering from emotional dysregulation. Most are chronically suicidal and self-injurious. Common Axis I diagnoses include disorders of eating, substance abuse, anxiety, and mood. The program begins with careful assessment using standardized instruments and outcome measurement. Modifications of standard DBT include an expanded group program and daily sessions. Groups focus on the acquisition and generalization of the DBT skills package but also include functional analysis, mentalization, REBT, and ACT-based curricula. Trainees provide structured, behavioral individual therapy. DBT competence is shaped via individual supervision and the consultation team.

Unique Program Aspects/Training Opportunities

The MMHC PH offers a unique multidisciplinary and theoretically rigorous training environment. Psychology interns and psychiatry residents share primary treatment responsibilities. The attending psychiatrists on both teams, responsible for the care of all team patients, are well experienced in CBT and DBT and teach nationally in their areas of expertise. Interns and residents share in the education of junior trainees including medical, nursing, pharmacy, and occupational therapy students. Chief residents and postdoctoral psychology fellows are the immediate supervisors of the interns and residents and are themselves supervised by the attending psychiatrist.

The DBT track has a technically specific, well-articulated, empirically based treatment philosophy with all staff intensively trained in DBT. Training opportunities include weekly individual supervision by the track attending who is a national DBT trainer, a mini-intensive on DBT at orientation, weekly didactics on DBT case formulation, treatment planning and delivery, group therapy supervision, and a consultation team. The CBT team is structured similarly and includes didactic instruction based on the work of Kingdon and Turkington, and Wright, Basco, and Thase. Both teams offer an opportunity to participate in the creative application of cutting-edge, evidence-based treatments to a complex multiproblem patient group.

Intern and Resident Placement

MMHC has a long history of graduating clinicians contributing to public-sector mental health care and assuming professional leadership positions. The current and immediate past (acting) Massachusetts Commissioners of Mental Health are MMHC residency graduates. Intern and resident graduates develop careers in academia; community mental health; and, to a lesser extent, private practice.

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ST. JOSEPH'S HEALTHCARE, HAMILTON, PSYCHOLOGY RESIDENCY PROGRAM

▪ **Karen Rowa**

Site/Program Overview

The Clinical Psychology Residency Program at St. Joseph's Healthcare in Hamilton, Ontario, is a relatively new residency/internship program that offers an exciting range of rotation opportunities for predoctoral psychology students. The program recently received full accreditation for 5 years from both the Canadian and American Psychological Associations. The residency is physically located at two principal sites (depending on the rotation): St. Joseph's Hospital and the Centre for Mountain Health Services, which are located approximately 5 minutes from one another. Both of these sites are part of St. Joseph's Healthcare, a teaching hospital affiliated with the Faculty of Health Sciences at McMaster University. The city of Hamilton is an affordable city with a population of approximately 500,000, and is within an hour drive of Toronto, Ontario, and Buffalo, New York.

The residency program is committed to a scientist-practitioner model of education and practice. The use of empirically supported assessment and treatment modalities is encouraged, and most psychology faculty members maintain a program of empirical research. Indeed, several members of the faculty are internationally known researchers in their respective fields and are responsible for the publication of numerous books, chapters, peer-reviewed journal articles, and presentations at international conferences each year.

Training Model

Our program is committed to helping residents become independent practitioners in psychology. As such, psychology residents are encouraged to become competent in a number of core activities, namely: assessment, psychotherapy, consultation, attention to issues of diversity, attention to ethical and professional issues, and clinical research. At the same time, residents are provided the opportunity to participate in a unique combination of experiences that may not be available at other sites or during previous training experiences. For example, in a given year a resident may complete rotations in forensic psychology, anxiety disorders, and be a cotherapist for a CBT group for individuals with psychosis. The director of the residency program, Dr. Heather McNeely, works with each resident to design a schedule that is balanced in both breadth and depth of psychology skills.

The faculty at St. Joseph's Healthcare realize that psychologists function in a number of unique professional roles, including researcher, clinician, consultant, supervisor (and/or educator), and administrator. Psychology residents are exposed to psychology faculty working in each of these roles, and are provided direct (e.g., hands-on experience) and/or indirect (e.g., didactic seminars) opportunities to participate in these roles or learn more about them. It is our hope that graduates will think broadly about their career options as professional psychologists.

Unique Program Aspects/Training Opportunities

Our residency program offers a broad range of rotations, including anxiety disorders, community mental health, eating disorders, forensic psychology, health psychology, inpatient psychodiagnostic assessment, mood disorders, neuropsychology, and schizophrenia and severe mental illness. For more detailed information on each rotation, please visit our Web site (see below). In addition to these core rotations, residents are offered other exciting opportunities. For example, many of our residents receive instruction and experience in clinical supervision. This year all four of our current residents are supervising psychology practicum students on assessment and therapy cases. As mentioned earlier, in many rotations residents become involved with clinical research, often collaborating on ongoing research projects or analyzing data that have already been collected. Residents are encouraged to attend relevant conferences, are offered financial support to do so, and are also provided a budget to purchase books and other educational resources.

Intern and Resident Placement

Over the past several years, residents have transitioned into a wide range of professional positions. Graduated residents have taken academic positions, completed postdoctoral fellowships, accepted a position in a teaching hospital, and entered private practice.

Program Contact Information

To learn more about our program, visit our Web site at www.psychologytraining.ca or contact our Director of Training: Heather E. McNeely, Ph.D., Schizophrenia Service, Centre for Mountain Health Services (Room E223H), St. Joseph's Healthcare, Hamilton; 100 West 5th St., Box 585; Hamilton, ON L8N 3K7; CANADA; phone: 905-522-1155, Ext. 6422; fax: 905-381-5635; hmcneely@stjosham.on.ca.

CHEROKEE HEALTH SYSTEMS PSYCHOLOGY INTERNSHIP PROGRAM

▪ **Parinda Khatri**

Site/Program Overview

The APA Accredited Psychology Internship Program at Cherokee Health Systems (CHS) provides intensive and broad-based clinical training within a multidisciplinary community health setting. CHS is a comprehensive community health care organization with a longstanding commitment to training of psychologists. Interns participate in a unique range of clinical rotations, including integrated primary behavioral care and psychosocial rehabilitation, as well as traditional outpatient mental health care. With 22 sites in 11 East Tennessee counties, a faculty of over 30 psychologists, and a multidisciplinary team of health care professionals, CHS serves an increasingly diverse population with a variety of behavioral health needs. The objectives of the clinical training experience are to expose interns to (a) assessment, treatment, and consultation within a range of treatment modalities (e.g., integrated primary care, traditional mental health, psychosocial rehabilitation); (b) opportunities to work with multiple disciplines (e.g., primary care

providers, psychiatrists, social workers, nurses, case managers); (c) a variety of theoretical orientations (e.g., cognitive-behavioral, systems, interpersonal, psychodynamic); and (d) diverse developmental (children, adolescents, adults, elderly) and ethnic (rural Appalachian, African American, Latino/Latina, urban) populations.

Training Model

The internship program subscribes to a developmental model of training (Finkelstein & Tuckman, 1997; Kaslow & Deering, 1993). Viewing the internship as a developmental process helps supervisors individualize training to maximize the interns' progress in transitioning from student to practitioner. In this approach, the supervisor facilitates the intern's movement from relative dependency to increased autonomy and responsibility in service planning and delivery. Training is personalized and adapted to the trainee's level of functioning as new professional challenges are encountered. Interns are provided with a graded sequence of supervised clinical training experiences, with increasing levels of responsibility. Training experiences evolve as trainees demonstrate increased comfort and competency over the course of the internship year. Supervision and didactic training incorporates a biopsychosocial perspective that is informed by scholarly inquiry and models critical thinking.

Unique Program Aspects/Training Opportunities

The internship program provides unique training in the growing field of primary care psychology. Interns serve as behavioral consultants within a primary care setting (adult, family practice, pediatric). As members of an interdisciplinary primary care team, interns are involved in on-site and timely assessment, brief intervention, consultation, and consultative case management with primary care patients. Interns provide a range of health psychology services to patients and medical providers, including psychoeducation, management of behavioral factors in illness and health, and implementation of evidence-based treatment protocols for mental health disorders. Interns also participate in a traditional mental health rotation and a psychosocial rehabilitation rotation. Additionally, interns have the option of incorporating elective training in pediatric psychology, child/adolescent psychology, health administration, developmental disabilities, rural mental health, psychological services with Latino/Latina populations, substance abuse, or school psychology.

Intern and Resident Placement

Following graduation, intern placements have included postdoctoral fellowships in medical centers, community health settings, private practice, and university counseling settings. The majority of internship graduates have chosen to work in multidisciplinary health care settings.

Program Contact Information

Internship brochure, organization information, and application guidelines can be obtained at www.cherokeehealth.com. Inquiries can also be emailed to Dr. Parinda Khatri, Training Director, at parinda.khatri @cherokeehealth.com.

References

Kaslow, N. J., & Deering, C. G. (1994). A developmental approach to psychotherapy supervision of interns and postdoctoral fellows. *Psychotherapy Bulletin, 29*, 20-23.

Tuckman, A., & Finkelstein, H. (1997). Distinguishing the supervision needs of assessment and therapy trainees. *Professional Psychology: Research and Practice, 28*, 595.

NEBRASKA INTERNSHIP CONSORTIUM IN PROFESSIONAL PSYCHOLOGY

▪ **Susan M. Swearer**

Program Overview

The Nebraska Internship Consortium in Professional Psychology (NICPP) is a group of outpatient, inpatient, and school agencies in both rural and urban settings in southeastern Nebraska. The mission of NICPP is to provide an integrated, individually tailored and coordinated series of learning experiences that provide interns with opportunities to (a) practice and expand on previously held knowledge and learned skills; (b) develop new skills and knowledge; and (c) experience professional growth and development, thus contributing to the emergence of a larger pool of competent psychologists trained in the scientist-practitioner tradition.

Each year, approximately 25 interns and 10 to 12 postdoctoral fellows complete training at one of the eight training sites within NICPP. The eight training sites are located in Omaha, NE (i.e., Munroe-Meyer Institute at the University of Nebraska Medical Center, Quality Living, Inc., Girls and Boys Town, Creighton University Counseling and Psychological Services, and Omaha Public Schools); Lincoln, NE (Catholic Social Services and the University of Nebraska—Lincoln Counseling and Psychological Services); and Beatrice, NE (Beatrice State Developmental Center).

Training Model

The training model is guided by ecological developmental theory, which recognizes that individuals are in constant interaction with the broader environment and that professional growth and development occurs over time. All interns in NICPP, in conjunction with their training directors, create professional goals and monitor their attainment over the course of the internship experience. As such, the interns' experiences are guided by a set of formal training goals that are developmentally appropriate and that provide a breadth and depth of experiences designed to facilitate the interns' acquisition of their professional career goals.

Unique Program Aspects/Training Opportunities

Interns in NICPP experience psychology across the lifespan. Across the NICPP sites, psychological services are provided to individuals from birth to geriatrics. In order to facilitate training across the breadth of experiences in professional psychology, all interns complete two site visits where they spend at least one day at one of the other sites within NICPP. Additionally, through a series of monthly, coordinated seminars that are held at each of the training sites, interns give case presentations, share training experiences, and participate in lectures on issues in professional psychology. Thus, through a series of coordinated seminars, case presentations, site visits, and goal attainment scaling, training in professional psychology permeates the NICPP interns' experiences.

Intern and Resident Placement

Post-internship placement for interns in NICPP spans multiple settings from university counseling centers to academic positions to private practice in various settings. Within the 2005–2006 internship cohort, 40% of interns accepted postdoctoral fellowships at medical centers, 20% will be postdoctoral fellows at community mental health centers, 16% will be postdoctoral fellows at state or private hospitals, 8% will be assistant professors, 4% will be school psychologists, 4% will be postdoctoral fellows at a university counseling center, and 8% remain undecided.

Program Contact Information

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SALEM VETERAN'S ADMINISTRATION (VA) MEDICAL CENTER PREDOCTORAL INTERNSHIP PROGRAM

▪ **Dana R. Holohan**

Site/Program Overview

The Salem VA Medical Center is located in beautiful southwestern Virginia, close to the Blue Ridge Parkway and Appalachian Trail. We offer a warm training environment where interns are both supported and challenged to grow. Although our staff is quite diverse in training background, supervisory style, and theoretical orientation, the internship primarily emphasizes cognitive-behavioral therapy, with a focus on the use of empirically supported treatments. We also encourage interns to be involved in research and program development opportunities throughout the year. Both breadth and depth of training are priorities, providing interns with a solid, well-rounded experience that will prepare them for a broad range of employment settings. Finally and importantly, we believe in providing exceptional supervision, didactics, and clinical experiences, while also aiding interns in their own professional and personal development.

The internship is structured into major and minor rotations. Major rotations are on site and include experiences within several core programs: The Center for Traumatic Stress, Behavioral Medicine/Primary Care, Posttraumatic Stress Inpatient Treatment Program, Substance Abuse Treatment Programs (residential and outpatient), and Outpatient Psychological Services. Interns select three of these rotations, resulting in a comprehensive training experience. In addition to these major rotations, interns choose among 20 minor rotations. These include off-site non-VA rotations that allow training with civilian populations, such as businesses, children and adolescents, sports teams, private practice clients, forensic patients, and university students. In addition, there are numerous VA minor rotations that enable interns to sample new experiences or to focus on a specialized area. Some of these rotations include research, administration, neuropsychology, pain, military sexual trauma, combat PTSD, and substance abuse.

Training Model

There are two important aspects of our training model. First, we value a developmental approach to training in which tasks of increasing complexity are given to interns throughout the year as they demonstrate their ability and readiness to take on new responsibilities. The intensity of supervision also diminishes over the course of the rotation as the intern matures into the role of colleague rather than student. Second, we aspire to implement the scientist-practitioner training model. We believe that, to the greatest extent possible, clinical practice should be conducted using empirically derived methods. Psychologists and trainees should remain current with research and treatment advances in order to inform practice decisions. In addition, measurement of treatment progress and outcome should be conducted regularly, and clinical research should be conducted to further our knowledge base. Our ideal is that of a psychologist who is skilled in both the understanding and application of clinical research and scientific methods to practice. Many of our doctoral staff are involved in research and interns are encouraged to participate in research opportunities over the year.

Unique Program Aspects/Training Opportunities

A special focus of our internship is fostering the growth and integration of interns' personal and professional identities. We emphasize the need for balance in our lives, insist on a 40-hour work week, offer a seminar on self-care, and encourage interns to pursue interests outside of psychology, such as recreation, exercise, and family. Interns also meet weekly for a "bonding lunch." Professional development is a focus evidenced by monthly meetings with the director of training, the inclusion of two "job days" discussing different career paths for psychologists, and a seminar series on private practice issues. Finally, the atmosphere in our internship is quite collegial. We value our interns highly, appreciating them both as professional colleagues and as fellow human beings.

Intern and Resident Placement

As our emphasis on empirically supported treatments, CBT, and research has increased over the last several years, our interns' career paths have followed suit. In particular, several trainees have pursued teaching, academic, and research careers. Others have sought postdoctoral fellowships, both research and clinical, in areas such as posttraumatic stress disorder, behavioral medicine, and substance abuse. In addition, it is not uncommon for past interns to pursue employment at the VA. Several are on staff at our VA, while others have developed successful careers at other VA sites. Finally, interns have pursued careers in forensic, private practice, business consulting, counseling centers, and state hospital settings.

Program Contact Information

Please contact the Director of Training for Psychology, Dana R. Holohan, Ph.D., for additional information at 540-982-2463 (ext. 1-2934) or via email at Dana.Holohan@va.gov. In addition, our complete program brochure and application instructions are available on the Web at http://www.avapl.org/training/Salem/index.htm.

BOSTON CONSORTIUM IN CLINICAL PSYCHOLOGY

▪ **R. Keith Shaw**

Site/Program Overview

Psychology internship training has a very long (more than half-century) history within the programs that now comprise the Boston Consortium. Prior to the 2005–2006 training year, the Consortium expanded to include six internship training sites. In partnership with Boston University School of Medicine and Harvard Medical School, the Consortium's training sites include Boston Medical Center, three major campuses of VA Boston Healthcare System (Boston/Jamaica Plain; Brockton; and West Roxbury medical centers), and two VA Boston outpatient clinics (Boston/Causeway Street; Worcester). The 12 training rotations within the Consortium match with a total of 19 interns, who will complete that 8-month "Match" rotation, as well as another 4-month rotation. In addition to their rotation supervisors, all Consortium interns select and work with at least one research mentor. The internship's educational program includes weekly didactics, as well as authorized time to attend conferences or other educational events outside the internship. All of this takes place in the midst of one of America's historical and cultural centers (www.cityofboston.gov/visitors/). More

than 100,000 students cannot be wrong about Boston.

Training Model

The diverse mental health programs of VA Boston and Boston Medical Center provide a wealth of clinical training opportunities and support for the intern's development as a behavioral scientist, one whose skills will inform her clinical practice and skills as a practitioner. The internship's training model fosters the integration of psychological science and practice by providing interns with an array of training opportunities, role models, and mentors, as well as an intensive core educational curriculum for all Consortium interns. This seminar series brings interns and faculty together on a weekly basis for 4 hours, throughout the internship. The Consortium's mentors and supervisors include many clinical investigators who are committed to developing the integrated skills of the scientist-practitioner—and to a training model within our internship that teaches and promotes these goals. This commitment to our training model is also reflected in the Boston Consortium's membership in the Academy of Psychological Clinical Science (APCS) as a clinical science internship program.

Unique Program Aspects/Training Opportunities

Beyond the core training experiences associated with the internship's 12 major rotations [which include child and adolescent psychology (BMC), two divisions of VA's National Center for PTSD, behavioral health rotations (in medical psychology and medical rehabilitation/gerontology), general and geriatric neuropsychology, substance abuse, inpatient/severe psychopathology, and varied outpatient mental health programs], interns have other opportunities to be trained by and potentially to collaborate with the developers of evidence-based treatments (e.g., Najavits, Resick, Monson, O'Farrell, Litz). Prospective interns interested in telehealth interventions; training and applications of ACT, CPT, Seeking Safety, or Trauma Systems Therapy; working in a child psychiatry trauma team; medical and refugee trauma; or neuropsychology training in a very stimulating multidisciplinary clinical team with diverse populations will also find these compelling training experiences. Finally, as a result of the changing demographics in the veteran populations being served by VA, women are increasingly represented in VA clinics, and the ages of veterans being seen now span 19 to 85 years.

Intern and Resident Placement

Upon completion of the Boston Consortium internship, most of our graduates initially secure postdoctoral fellowships (including those from within the Consortium, as well as in other Boston, New England, and U.S. postdoctoral programs), while others have taken academic appointments or research positions. A significant proportion of our internship graduates eventually work in academic, medical school, and other research settings.

Program Contact Information

- R. Keith Shaw, Ph.D., Consortium Internship Director Keith.Shaw@va.gov
- Internship Web site (watch for updates): http://members.aol.com/intern04/TB_files/page0001.htm.
- Stephen Lancey, Ph.D. (re: application questions) Stephen.Lancey@va.gov

MONTEFIORE MEDICAL CENTER

▪ **Simon Rego**

Site/Program Overview

The Department of Psychiatry and Behavioral Sciences is APA-accredited for the maximum duration of 7 years and has an established reputation for delivering the highest quality clinical care. *U.S. News & World Report* ranks us among the top hospital departments of psychiatry in the nation. In our academic community, an enthusiastic and collegial faculty provides cutting-edge innovations in clinical practice, empirically supported approaches, and psychopathological research without compromising time-tested wisdom and clinical lore. Our comprehensive training is based on a scientist-practitioner approach to the study and treatment of psychopathology. Intellectual freedom in a tolerant "family" atmosphere is the honored tradition at Montefiore.

Training Model

Based in an academic medical center, our psychology training program emphasizes learning about the nature of psychopathology using diagnosis, psychological assessment, neuropsychological assessment, and a variety of treatment approaches. As we see it, a scientific approach to the study of psychopathology requires an in-depth understanding of research findings and empirically supported treatments as well as the principles informing those treatments. By the end of their training, interns have a strong command of the expanding knowledge base in psychopathology, including the complex interrelationship between biology, emotions, and behavior.

Interns at Montefiore Medical Center gain experience as primary therapists in a range of clinical settings with a variety of patient populations. One of the distinguishing characteristics of training in an academic medical center is the kind of patients who present for treatment. Patients exhibit clear-cut evidence of psychopathology, oftentimes with comorbid disorders, and either an acute or chronic illness. As primary therapists, interns have the opportunity to liaison with other disciplines, reflecting the multifaceted nature of health and illness, and the necessity for multiple sources of assistance in the hospital and community. Interacting with other professionals helps the intern to define his or her professional role and responsibilities, and to organize complex information into formal oral and written presentations.

One of the objectives of the internship is to draw attention to the patient's ethnic, socioeconomic, and cultural background, reflecting the diverse inner-city population served by Montefiore Medical Center in the north Bronx. No understanding of the patient's psychology and psychopathology can be complete without an appreciation of the individual's real-life situation. Interns with language fluency will be able to conduct treatment in Spanish. Furthermore, as financial and insurance factors play an expanding role in the changing health care environment, interns also gain considerable exposure to managed care issues, such as utilization review, benefit limits, mental health capitation, and copayments. By the end of the year, interns are comfortable with the practical, ethical, and psychological aspects of payment for treatment, understanding their own attitudes as well as the patient's.

Unique Program Aspects/Training Opportunities

Our program makes every reasonable effort to tailor training to the needs and interests of the individual intern, and we offer two specialized tracks: one in adult and another in child/adolescent psychology. Although we have an outline of the internship year and general expectations, each intern is able to individualize his or her experience by concentrating on certain as-

pects of the entire menu of clinical experiences offered at MMC. The template for the adult track is a 4-month rotation on the inpatient neuropsychiatry ward, a 1-month rotation in the psychiatric emergency room, a 1-month rotation in the addiction medicine service, and a 6-month outpatient rotation. The template for the child/adolescent track is a full year outpatient rotation. Interns may supplement their clinical experiences by choosing among the following rotations as they prefer: neuropsychiatry inpatient ward, adult outpatient clinic, psychiatric emergency room, addiction medicine consultation/liaison program, neuropsychology and child/adolescent testing service, child outpatient clinic, adolescent depression and suicide program, child abuse program, geropsychology, morbid obesity program, school-based mental health program, substance abuse treatment program, and our behavioral managed care company. There are opportunities for applied clinical research in each of these settings.

Our faculty train interns in all the major schools of psychological thought and treatment, and interns participate in extended seminars on advanced cognitive behavior therapy and dialectical behavior therapy. We teach basic principles underlying a wide array of treatments considered empirically supported according to Division 12 guidelines, and offer training in third-wave cognitive and behavioral therapies. We believe that teaching principles is as important as teaching specific interventions. We use treatment manuals whenever possible, and we go beyond the manual when indicated. Interns receive intensive supervision, but also learn from cotherapy experiences with faculty and by viewing tapes from our extensive video library. Many of our faculty have been involved in the development and promulgation of treatment guidelines and have leadership positions in the professional psychology community. Please refer to the Web site for a representative list of publications as well as a list of specific ESTs offered at MMC.

Intern and Resident Placement

Graduates of the MMC internship have an excellent track record. Many graduates are recruited into clinical and research staff positions at MMC. Others pursue academic careers on the faculty of university-based departments of psychology. The remaining graduates take full-time clinical positions in other medical centers, clinics, or group practices. Our illustrious graduates are now leaders in the field.

Program Contact Information

Scott Wetzler, Ph.D., Director of Psychology Training, Department of Psychiatry and Behavioral Sciences, Montefiore Medical Center, 111 E. 210th St., Bronx, NY 10467; 718-920-4797; Web site: http://quark.aecom.yu.edu/montepsych. ✍

Classifieds

positions available

ASSOCIATE/FULL PROFESSOR OF MEDICINE (RESEARCH), Research Scientist, Rhode Island Hospital/Brown Medical School. The Department of Medicine at Rhode Island Hospital, one of the affiliated hospitals of Brown Medical School, seeks a research faculty member beginning on or before September 1, 2007. This is a renewable, non-tenure track position. The successful candidate must quality for a faculty position at the rank of Associate or Full Professor (Research).

Applicants much have a doctoral degree in psychology, sociology or social work, have prior federal funding along with an actively funded independent research program in alcohol, drug abuse, mental health, and/or HIV disease. Primary responsibilities: the applicant will be expected to participate in Brown's funded research program working with an expanding multidisciplinary group of substance abuse and HIV investigators whose adult and adolescent studies include behavioral interventions, health services research, international research, community-based research, and work with incarcerated populations. This position provides an outstanding opportunity to develop pilot projects, work with post-doctoral trainees, and collaborate with other senior staff.

Review of applications will begin immediately and continue until the search is successfully concluded. Rhode Island Hospital is an EEO/AA employer and actively solicits applications from minorities and women.

Interested applicants should forward a letter of application, an updated curriculum vitae along with three letters of reference to: Michael D. Stein, M.D., Chair, Search Committee, Rhode Island Hospital, Division of General Internal Medicine, 593 Eddy Street, Providence, RI 02903.

ASSISTANT OR ASSOCIATE PROFESSOR OF MEDICINE (RESEARCH), Rhode Island Hospital/Brown Medical School. The Department of Medicine at Rhode Island Hospital, one of the affiliated hospitals of Brown Medical School, seeks a research faculty member beginning on or before September 1, 2007. This is a renewable, non-tenure track position. The successful candidate must quality for a faculty position at the rank of Assistant or Associate Professor (Research).

Applicants much have a doctoral degree in psychology, sociology or social work with research experience and interest in alcohol, drug abuse, mental health, and/or HIV disease. Primary responsibilities: the applicant will be expected to participate in Brown's funded research program working with multidisciplinary group of substance abuse and HIV investigators whose adult and adolescent studies include behavioral interventions, health services research, international research, community-based research, and work with incarcerated populations. The applicant is expected to develop an independent funded research program.

Review of applicants will begin immediately and continue until the search is successfully concluded. Rhode Island Hospital is an EEO/AA employer and actively solicits applications from minorities and women.

Interested applicants should forward a letter of application, an updated curriculum vitae along with three letters of reference to: Michael D. Stein, M.D., Chair, Search Committee, Rhode Island Hospital, Division of General Internal Medicine, 593 Eddy Street, Providence, RI 02903

OUTSTANDING OPPORTUNITY FOR A CHILD OR PEDIATRIC PSYCHOLOGIST WITH CLINICAL AND RESEARCH INTERESTS. The Department of Psychiatry, School of Medicine and Biomedical Sciences, State University of New York at Buffalo is seeking a psychologist for a tenure track assistant professor or advanced assistant professor position. This position involves 50% time to develop a research program and to collaborate with other faculty in psychiatry and psychology. We are most interested in applicants with interests in internalizing disorders or acute and chronic pediatric illnesses. In addition to developing a program of research, this person will also engage in 50% clinical activities at the University Child and Adolescent Outpatient Clinic.

The Department of Psychiatry is a large multi-site program committed to quality care and empirical research with outstanding resources. The School of Medicine and Biomedical Sciences has organized a consortium of affiliated hospitals offering a wide range of clinical settings including the University Child and Adolescent Outpatient Clinic, Consultation-Liaison Services, Therapeutic Preschool, Pediatric Psychopharmacology Clinic, the Developmental Disabilities Clinic and ECMC Acute Adolescent Inpatient The department maintains relationships with the Roswell Park Cancer Institute and WNY Children's Psychiatric Center and

Intensive Treatment Unit. In addition, we maintain collaborative ties with the Center for Children and Families, a university level, interdisciplinary center with substantial federal funding, focused mainly on treatment outcome research with child disorders. Applicants will be able to collaborate with and receive mentoring from senior faculty at CCF in addition to Psychiatry Faculty.

Candidates must have a PhD from an APA-accredited clinical psychology program, have completed an APA approved internship, and be licensed or eligible for licensure in New York State. Previous research experience is essential. This position is tenure track, with excellent salary and benefits. Send cover letter describing clinical and research interests, resume, sample publications, and three letters of recommendation to: Kenneth Leonard, Ph.D. Director of Psychology in Psychiatry, Dept. of Psychiatry, Erie County Medical Center, 462 Grider Street, Buffalo, NY 14215 or kleonard@buffalo.edu.

The University at Buffalo is an Equal Opportunity/Affirmative Action Employer; qualified prospective minority and women candidates with disabilities and qualified individuals may request needed reasonable accommodations to participate in the application process; no persons with the University at Buffalo or The State University of New York shall be subject to discrimination on the basis of age, creed, color, disability, national origin, race, religion, ethnicity, sex, sexual orientation, marital or veteran status.

RESEARCH PSYCHOLOGIST FOR COMPUTER-BASED TREATMENT STUDY. Position: The Department of Psychiatry at Beth Israel Deaconess Medical Center is seeking a doctoral-level psychologist to participate in the management of a randomized controlled trial of a computer-based treatment of depression. An academic appointment at Harvard Medical School is available. This person will oversee day-to-day operations of the trial and conduct psychological evaluations on study participants. Additional responsibilities will be to help design computer-based trainings, assessments, and self-help interventions for astronaut crews on long-duration space missions, such as the International Space Station, the Moon, and Mars. These programs involve high-end interactive multimedia, incorporating video, animations, graphics, audio, and text. This is a good opportunity for a creative person. Two years of full-time funding on this study is available, with potential to join or propose other projects, or do clinical work. The position will remain open until filled.

Requirements: A doctoral degree in clinical, educational, or counseling psychology is required. Basic understanding of behavior change principles (cognitive behavioral therapy, stages of change, etc.) and a writing sample is required. Experience with computer-based intervention, assessment, or training, or with computer programming, artificial intelligence or any kind of media production, is preferred but not required.

Setting: Beth Israel Deaconess Medical Center is a major teaching hospital of Harvard Medical School. It is located in Boston in the Longwood Medical Area, near four other research hospitals, affording the opportunity to collaborate with scientists and clinicians in multiple specialties. The job will be situated in the Division of Clinical Computing, which includes specialists in clinical psychology, psychiatry, medical informatics, neurology, and computer programming.

Beth Israel Deaconess Medical Center and Harvard Medical School are Equal Opportunity Employers. Women and minorities are particularly encouraged to apply. Please send letters of inquiry or nominations with a current curriculum vitae to: Laurie Baires, Administrative Assistant, Beth Israel Deaconess Medical Center, Division of Clinical Computing, 330 Brookline Avenue, FD 867, Boston, MA 02215; 617-851-8913; lbaires@bidmc.harvard.edu.

SUMMER FELLOWSHIPS IN RATIONAL EMOTIVE BEHAVIOR THERAPY (REBT) AND CBT FOR FULL-TIME UNIVERSITY FACULTY: Limited number of 3-week fellowships for university and college faculty in psychology, psychiatry, counseling or social work available at the Albert Ellis Institute in New York City in July 2007. Program will feature intensive practica in REBT, direct supervision of therapy sessions and special seminars. Send statement of objectives for participation along with vita to Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th Street, New York, NY 10021, or email krisdoyle@msn.com. Proficiency in English required. Stipend provided. Deadline: February 1, 2007.

CLINICAL FELLOWSHIPS IN RATIONAL EMOTIVE BEHAVIOR THERAPY AND CBT: Limited number of part-time 1-year predoctoral Internships and 2-year post-graduate Fellowships available at the Albert Ellis Institute beginning July 2007. Intensive supervision of individual, couples, and group therapy will be given by Ray DiGiuseppe, Ph.D., Kristene Doyle, Ph.D., and Wilson McDermut, Ph.D. Candidates carry diverse caseload of clients, co-lead therapy groups, participate in special seminars and ongoing clinical research and co-lead public workshops. Stipend given for 24 hours per week involvement in wide variety of professional activities. For applications contact Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th Street, New York, NY, 10021 or go to www.albertellisinstitute.org. Deadline for applications is February 1, 2007.

SCHOOL OF PROFESSIONAL PSYCHOLOGY, Open Faculty Positions. The School of Professional Psychology (SOPP, at Wright State University (WSU), is seeking candidates for two faculty positions at the Assistant or Associate Professor rank for Summer or Fall, 2007. We are seeking individuals to teach and provide clinical supervision to doctoral-level students in our APA-accredited PsyD program in Clinical Psychology. Preference will be given to strong generalist candidates whose teaching and/or professional interests coincide with some primary program needs such as assessment, child-clinical/adolescent, substance abuse/dual diagnoses populations, multicultural issues, psychodynamic theory or school related experience. Other possible interest areas that would benefit the program include clinical forensic, research design/statistics, adult psychopathology and ethics. In addition to teaching and provision of clinical supervision and/or clinical program development, duties include mentoring/advising of graduate students, directing doctoral dissertation, providing service to the doctoral program and university, engaging in scholarship, and conducting clinical practice in the faculty practice plan.

Applicants must have a doctorate in clinical or counseling psychology from an APA-accredited doctoral program (degree anticipated before employment start date), demonstrated ability to teach practitioner students, and be licensed in Ohio as a psychologist or be able to acquire licensure in Ohio within one to two years of appointment. We encourage applications from those who would further our commitment to multiculturalism and diversity and could serve as a mentor to students from diverse backgrounds. Applicants must also have a commitment to the practitioner model of professional education. To be considered at the Associate level, candidates must have documented evidence of sustained and high quality scholarly/creative activity, practice, and teaching.

WSU is a comprehensive, research-intensive state university with its main campus located in Dayton, Ohio. It serves approximately 17,000 students. The University places a high priority in the creation of an environment supportive of ethnic minorities, women, and persons with disabilities. The SOPP program is among the first doctoral programs in the country to develop a PsyD, practitioner model program and has been fully accredited by APA since graduating its charter class in 1982. SOPP has four major locations, two on the WSU campus and two based in the Dayton community. SOPP also offers an APA-accredited internship program and a post-doctoral training program.

A letter of interest, vita, three current letters of recommendation, and a transcript verifying highest degree should be sent to: Ms. Sharon Daugherty, School of Professional Psychology, Wright State University, 117 Health Sciences Bldg., 3640 Colonel Glenn Hwy., Dayton, OH 45435-0001. Review of applications will begin February 1 and continue until the position is filled. Wright State University is an EO/AA employer. Visit our website at: www.wright.edu /sopp/.

FULL TIME LICENSED OR UNLICENSED PSYCHOLOGIST, BIO-BEHAVIORAL INSTITUTE, GREAT NECK, NY. Multi-disciplinary outpatient facility specializing in cognitive and behavioral treatment of anxiety, mood, and obsessive compulsive spectrum disorders. Weekly and intensive therapy provided to children, adolescents, and adults. Opportunities for research, presentations, and publications. Clinical training and supervision available. Work with a cohesive and energetic team of psychologists and psychiatrists. Neuropsychological assessment and CBT training a plus. Competitive salary with increasing compensation. Call (516) 487-7116 or fax resume to (516) 829-1731, attention Dr. Fugen Neziroglu.

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EVIDENCE SUPPORTED TREATMENT

Who is this clinical innovator?

She wrote:

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Another chance to win a tin of CB*Tea* (the world's first cognitive and behavioral tea, complete with 7 thought-provoking quotes from pioneers of the field). Anyone who can name the individual pictured above wins!

Send the answer to

Stephanie Schwartz, Managing Editor

- sschwartz@abct.org
- FAX: 212-647-1865
- REGULAR MAIL: ABCT, 305 Seventh Ave.
  New York, NY 10001

NOMINATE

The Next Candidates for ABCT Office

I nominate *the following individuals for the positions indicated:*

PRESIDENT-ELECT (2007–2008)

_____

_____

REPRESENTATIVE-AT-LARGE (2007–2010)

_____

_____

NAME (printed)

_____

SIGNATURE (required)

_____

Every nomination counts! Encourage colleagues to run for office or consider running yourself. Nominate as many full members as you like for each office. The results will be tallied and the names of those individuals who receive the most nominations will appear on the election ballot next April. **Only those nomination forms bearing a signature and postmark on or before February 1, 2007, will be counted.**

Nomination acknowledges an individual's leadership abilities and dedication to behavior therapy and/or cognitive therapy, empirically supported science, and to ABCT. When completing the nomination form, please take into consideration that these individuals will be entrusted to represent the interests of ABCT members in important policy decisions in the coming years. Contact the Nominations and Elections Chair for more information about serving ABCT or to get more information on the positions.

Please complete, sign, and send this nomination form to Stephanie Felgoise, Ph.D., Nominations & Elections Chair, ABCT, 305 Seventh Ave., New York, NY 10001.

the Behavior Therapist
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