Psychology Department
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SPRING/SUMMER 2009

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Introducing *Liaison*

This is the seventh publication of *Liaison* and is designed for alumni and friends of the graduate psychology programs at Wheaton College, including doctoral and master's level curricula.

Facts

- The Psy.D. program in Clinical Psychology was established in 1993 and has been continuously accredited by the American Psychological Association since 1998. This five-year program admits some 18–20 students annually.
- The M.A. program in Clinical Psychology, a two-year program, was established in 1977 and admits approximately 30 students each year.
- In 1999, an additional Master's degree was added in Counseling Ministries, a one-year degree for individuals who primarily work through churches or mission agencies.

CLINICAL TRAINING STATISTICS 2008/2009

Number of Supervisors supervising Wheaton College students at Training Site Partners	55
Psy.D. Students being supervised at Training Partners (Practicum I/II; Practicum III/IV or Clerkship)	52
M.A. Students being supervised at Training Partners	29
Psy.D. Students at Pre-Doctoral Internship	17
% of Intern Applicants who obtained internships	94%
% of Intern Applicants who obtained APA approved internships	72%

Increased Supervision Standards

Clinical Training Partners, Students & Faculty Prepare for Mandatory Recording of Sessions

Supervision is an area of increasing quality standards within the mental health field. In an effort to keep up with general trends in training and supervision standards, Wheaton College has implemented a supervision requirement of involving the use of electronic recording or live viewing of sessions to improve upon the quality of students' clinical training.

In January at the annual Practica Information Exchange Luncheon, Clinical Training Partners and Clinical Faculty had the opportunity to receive an update of trends in supervision standards. Associate Professor, Dr. Terri Watson, ABPP addressed Clinical Training Partners and Clinical Faculty to give an update on trends and best practices in Clinical Supervision. The following is a brief summary of this update.

Changes in the training contract at Wheaton are reflective of changes in the practice of clinical supervision. Professional organizations such as ACA, AAMFT, and APA recommend video, audio, live, and co-therapy supervision as the emerging standard of supervision practice. Video supervision has many advantages over the more traditional case consultation model including: increased supervisee self awareness and improved ability to objectively evaluate one's clinical work. Video supervision also brings the client 'to life' for the supervisor, resulting in more accurate supervision, greater supervisor involvement, and more factual, impartial information on client progress.

Five 'best practices' are recommended for video/audio tape supervision:

1. Provide supervisees with an orientation to use of video/audio tapes in supervision with clear expectations and guidelines.
2. Think developmentally in your use of tapes in supervision—i.e. beginning therapists have different supervision needs compared to more experienced clinicians.
3. Target specific skills, and use tapes to demonstrate improvement.
4. Encourage self supervision—supervisees will be more open to your feedback if they have an opportunity to review their tape first and point out strengths and areas for growth.
5. Finally, target 50% of your supervision time to be spent viewing and discussion some form of 'raw data' of your supervisees work. You will find that supervisee anxiety will dissipate by the second or third supervision session if you use tapes regularly. ■

Wheaton College Graduate Psychology is welcomed as a new member of the Council of Professional Geropsychology Training Programs

In January 2009, Wheaton College Psy.D. Program was welcomed as a full member of the Council of Professional Geropsychology Training Programs. The Council of Professional Geropsychology Training Programs (CoPGTP) is a new organization of graduate, internship, postdoctoral, and post-licensure programs that provide geropsychology training consistent with the Pikes Peak Model for Training in Professional Geropsychology. CoPGTP is committed to the promotion of excellence in training in professional geropsychology and supporting the development of high quality training programs in professional geropsychology at the graduate school, internship, postdoctoral fellowship, and post-licensure levels. CoPGTP provides opportunities to continue the dialogue on training issues, and it will be comprised of organizations and individuals with common interests. More information about CoPGTP can be located on the web at www.usc.edu/programs/cpgtp. ■

ANNOUNCEMENTS

Dr. Sally Schwer Canning has been named Assistant Coordinator of Diversity for the Psy.D. program. Primary to her new role as Assistant Coordinator of Diversity for the Psy.D. program is an ongoing effort to keep and enhance the program's commitment to attract and nurture a diverse and flourishing community of students and faculty.

Welcome to Sarah Hall, Ph.D. Candidate (Clinical Psychology) who will be joining the faculty this fall. Sarah comes to the Wheaton College Psychology Department as Assistant Professor after graduating from The Pennsylvania State University this summer. Sarah will be teaching in the undergraduate psychology program.

Goodbye to Dr. Janelle Kwee ('06). Many thanks for years of service to the graduate programs of the Psychology Department.

Welcome to Benjamin Pyykkonen, Ph.D. (Clinical and Rehabilitation Psychology) who will be joining the faculty this fall as Assistant Professor. Ben, a Wheaton College undergrad alum, completed his doctoral work at Illinois Institute of Technology. Ben will be teaching primarily in graduate psychology programs.

ALUMNI NEWS

Barbara Tollefson, L.P., M.A. ('88) founded Tollefson Counseling Services six years ago in Monticello, MN where she works in a private practice with individuals, couples and families.

Tyler Bauer, M.A. ('97) completed requirements for an M.B.A. Tyler continues to work as the Clinical Manager for Outpatient and Intake Services in the Department of Child & Adolescent Psychiatry at Children's Memorial Hospital.

Congratulations to Diana (Temple) Shiflett, M.A. ('97), on her marriage in August 2008.

Craig Brower, Psy.D. ('01), his his wife, Pam, and their two children, Alyssa and Luke, live in New York. Craig is currently working in a growing and vibrant private practice in Watertown, NY called Danser & Knudsen Psychological Services.

Andrea Johnson Yost, Psy.D. ('01) is pleased to announce the birth of her son, James Yost.

John Laskowski, Psy.D. ('02), M.A. ('96) is living in Norfolk, Nebraska with his wife, April. John is a psychologist at Oasis Counseling International and is midway in the process of fulfilling the many requirements for the credential of Registered Play Therapist-Supervisor.

Vitaliy Voytenko, Psy.D. ('05) and his wife, Marissa, are preparing to move to western Ukraine as missionaries with Mission to the World (the sending agency of the Presbyterian Church in America). They are currently raising support and hope to be on the ground in L'viv, Ukraine by September of this year. Vitaliy has served as Director at Oviedo Counseling Clinic, the student counseling center at Reformed Theological Seminary/Orlando, where he also teaches several courses in the MA in Counseling program. He plans to use teaching and direct services provision as a means for outreach, as he and Marissa help to plant a new Reformed church in the City of L'viv.

Elizabeth Long, M.A., LPC ('08) is currently working as a staff clinician at the Counseling Services office of First Baptist Church of Elgin (IL).

Krista Sweenor, M.A. ('08) recently took a position as Care Ministry Counselor at First Baptist Church of Warrensburg in Warrensburg, MO.

ALUMNUS PROFILE: Psy.D. Graduate Takes a Road Less Traveled

I remember the moment like it was yesterday. I was in a hotel room in upstate New York on a road trip with my wife—a sort of celebratory trip following my graduation from the Wheaton Psy.D. program, except that I was not in a celebratory mood. I had been irritable for days, probably months and my wife had had enough. She looked at me and said, "You need to do something about this." It was then that I had a startling and uncomfortable realization—I had spent 5 years of my life working towards becoming a psychologist, and I did not like my profession.

There was something about psychological practice that did not fit with my in worldview. During my years at Wheaton, I thought it had to do with the antithetical aspects of psychology and Christianity. But even that did not seem to capture my discontent. Somehow the practice of psychotherapy seemed so disconnected from what made sense to me. I just didn't have a sense of what actually made sense to me. So, I made the decision to forego a post-doctoral position I had been hired for. It would take me several months before God showed me where all my preparation, not only at Wheaton but in life, would begin to make sense. It began at a primary care clinic for the underserved on the west-side of Chicago called the Lawndale Christian Health Center (LCHC).

The story of how I came to LCHC is a story unto itself, but suffice to say that it was clearly God's leading. I was the first mental health professional they had hired for a newly created mental health service. I was told simply to do what mental health professionals are supposed to do. So I did, and I failed miserably. I had set up a traditional office, a traditional schedule, and waited for physicians to refer their patients to me. I figured the need was great, and I would be in great demand. I was right about the need, not about the demand.

My work was disconnected from that of the physicians' and ultimately from the real needs of patients. This population of African-Americans and Hispanics was not looking for 15 sessions of CBT in hour-long weekly segments. And, these physicians were not helped by my disconnected practice when patients were crying in their exam rooms. I had to make a change in my practice, and this led to a change in my professional identity. Again, how this occurred is a story unto itself, but suffice to say that I landed on a model of care that finally made sense to me. **I had found a home as a psychologist.**

The model of care that I began to work in is called the Primary Care Behavioral Health (PCBH) model. Basically, I started hanging out with the physicians and made myself immediately available for same-day consults right in their exam rooms. The chest pain that was panic attacks, the chronic headaches that was depression, the diabetic struggling to lose weight now had a team working with them—one that was an expert in medicine and another that was an expert in behavior change. And, both worked on the same visit in a similar style. I did not have my fancy office any longer, and I did not see patients for 50 minutes in a set schedule. But I did not miss that. What made sense to me about my newfound work was the way that patients responded to it. These were people who more than likely would never access a mental health professional and yet they embraced this collaborative work. They weren't going to see the shrink—they were going to see their doctor and see me as part of that visit. And they weren't going to be asked to review their entire history and commit to the 15 sessions of CBT. They were going to receive what they needed, wanted, and was most helpful to them in the present.

Ironically, I found that conversations about the interaction of their faith with their health were so much more seamless in this environment than in the specialty settings that I had worked in. Somehow the synergy of mind and body made discussions about spirituality flow naturally. In addition, I found that I had a much closer relationship to the community surrounding the clinic that made my work feel more naturalistic. I had found my home as a Behavioral Health Consultant (BHC).

That was nearly a decade ago, and I not only continue to practice in primary care clinics for the underserved, I also consult to help other clinics around the country start such practices (see primarycareshrink.com). This has become a movement to create a new level of care to complement specialty mental health—a primary care level of population-based care. For many reasons, our health care system sorely needs this. This model makes sense to me and has come to define for me what I believe to be a truly Christian type of practice—incorporating mind, body, spirit, and community.

This model saved my career in psychology. ■

Dr. Serrano is the Manager of Primary Care Behavioral Health at Access Community Health Centers in Madison, WI and runs a consulting practice, primarycareshrink.com. His wife has stuck by him and is a resident in Emergency Medicine at the University of Wisconsin. They have three children, Emma (4), Sophia (2), and Caleb Neftali (coming soon).