FEATURED ARTICLE

MULTIPLE HATS, ONE VISION:

Clinic Directors' Distinct Role in Bridging the Science-Practice Gap

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The integration of science into clinical psychology training has served as a foundational framework for most doctoral-level programs, underscoring the profession's identity as a scientific-minded discipline (McFall, Treat, & Simons, 2015; Rodolfa et al., 2014; Stoltenberg & Pace, 2007). Moreover, we have an ethical obligation in our professional training programs to foster the foundational competencies of evidence-based professional practice (American Psychological Association [APA], 2017; Canadian Psychological Association [CPA], 2017; CPA 2023; Kaslow, 2004). However, training students effectively in both science and practice within the constraints of existing program structures can present logistical challenges. As such, trainees may be left with the impression that there is a choice to be made between academic research and clinical practice for their career (Gee et al., 2022; Hayden, 2024).

As directors of Psychology Training Clinics (PTC), we are in a uniquely influential position to demonstrate how science and practice can be meaningfully integrated. Wearing multiple hats of responsibility, directors apply data-informed decision making to a range of training responsibilities, including administration and management; client care program innovation, implementation, and evaluation; supervision, and service delivery. By modeling data informed decision-making and by making these processes visible to trainees, clinic directors support the development of adaptable, evidence-informed competencies among students. This includes preparing trainees to apply these skills to complex, real-world problems and diverse

professional pathways beyond graduate training.

Modeling Data-Driven Management Decision Making

Administration of training clinics often occurs behind the scenes, and students may not be aware of the application of clinical competencies for everyday management decision-making. By sharing the process and decision-making steps, directors have an opportunity to foster trainee competencies in data driven applied practice. Specifically, it may be helpful to students when PTC Directors organize steps of administrative problem-solving into clearly defined procedures to illustrate the use of data and a research mindset for management competencies.

Illustrative example from the University of Waterloo

After the onset of the COVID-19 pandemic, there seemed to be an increase in the number of cancelled sessions in the training clinic, both by clients and by clinicians. As years progressed, attendance rates did not return to pre-pandemic levels but seemed to reflect a 'new normal'. This was theorized to have an impact on student hours, duration of service, wait times, and number of clients seen; however, the observations were speculative without data. The following steps illustrate the ways in which a training clinic director may share the process of using data to address this administrative question about cancellations.

1. Identify the problem and formulate administrative questions (e.g., Why are we seeing so many cancelled sessions since the pandemic? What are the consequences of high cancellations?).
2. Determine the indicators/data that will inform an understanding of the problem and analyze the data (e.g., pull aggregate data from client information systems to demonstrate cancellation patterns across time; track unintended consequences such as longer duration of service, fewer new admissions, longer waitlists).
3. Consult and share the findings (e.g., present dashboards of indicators and invite trainees and supervisors to contribute to ideas for action).
4. Develop actionable items to address the problem (e.g., revise cancellation policy, update expectations for service hours per client to incorporate expectations for cancellations).
5. Communicate the outcomes (e.g., share the process and outcomes with trainees and supervisors via creative use of medium).

Modeling Data-Driven and Innovative Solutions for Client Care Program Challenges

PTC Directors also have an opportunity to model competencies in creating innovative, data-driven solutions to improve client care in clinics.

Illustrative Example from Baylor University

PTCs provide high-quality, low-cost services but still encounter obstacles like long waitlists, which exacerbate already existing access to care barriers (Mohr et al., 2010). Research indicates

that waitlist placement is a major factor in pretreatment attrition, suggesting the importance of engagement strategies during wait periods (Krendl & Lorenzo-Luaces, 2022).

To address these challenges, the PTC Director at Baylor University identified the problem, partnered with key stakeholders (e.g., graduate student clinicians, supervisors, and clinic leadership), and distilled several best practices for reducing pretreatment attrition, creating an innovative, recovery-oriented, psychoeducational intervention ("BEARSTEPS") that was offered to clients before case assignment.

The intervention included an orientation session that involved socialization to the therapy process, refinement of therapy goals, and collection of baseline data. A brief consultation call followed the orientation.

Data from BEARSTEPS participants in 2019/2020 and 2020/2021 (n = 97, 64.9% female, 33% racial/ethnic minority, mean age = 31.73) were compared to participants in 2017/2018 and 2018/2019 (n = 130). Outcomes indicated that BEARSTEPS clients waited fewer days for case assignment (M = 50.56, SD = 54.69) than nonBEARSTEPS clients (M = 86.41, SD = 86.61; t (219.49) = 3.81, p = .001, d = 0.48) and "true" wait time (i.e., time from last contact with orientation clinician to case assignment) was significantly shorter among BEARSTEPS participants; M = 23.12, SD = 49.62). Post-assignment attrition was lower for the BEARSTEPS group (29.5%) compared to the nonBEARSTEPS group (82.5%); X2 (1, n = 84) = 23.72, p = <.001). BEARSTEPS highlights how

patient care processes can be improved by partnering with trainees to develop empirically informed programs to address patient-care challenges.

Modeling Data-Informed Practices in Supervision

Within our clinics, we have the duty to model and train our students actively in data collection, utilization, and dissemination as a routine aspect of psychological practice. This includes administration, assessment, intervention choice, and outcome monitoring. Supervision is where classroom teachings, practical experience, and modeling of professionalism intersect. It is here that we begin to model how to be psychologists in all respects.

Illustrative Example from the University of North Texas

Three ways we can model data-informed practices in our work as supervisors are through coding supervision content and skill development (Supervision Preparation Form- available on APTC resources website and through Titanium), creating data dashboards that can be utilized in both supervision and client care, and by having students create competency portfolios with their videos. Supervision preparation forms can help clinicians prepare for supervision, track session milestones, and facilitate review of competencies and supervisor concerns. Data can be reviewed across cases, students, supervisors, and the clinic to answer questions at a micro and macro level about supervision and student development. A data dashboard on session notes can socialize students to gather repeated measurement data, mapping progress towards goals. Students are trained to operationalize their goals for client change and then expected to

consistently monitor progress on those goals. The competency video portfolio can enable video tagging of competency domains, allowing for sample-based review of competency development.

By integrating these data collection methods, we can foster a data-driven mindset for our trainees, gather macro-level data about training in our clinics, and ultimately further our understanding of what yields the best training outcomes for our students.

Dissemination of Treatment Adaptations for Diverse Clients

When working with trainees to select and apply evidence-based approaches for individual clients, supervisors will ideally encourage students to review the existing evidence and identify if/how it applies (or not) to their client. PTC Directors can model this approach at the clinic level by providing training in treatment adaptations and by engaging in collaborative research projects with clinicians and researchers who are working to develop, implement, and disseminate adaptations. Ethical and optimal care for diverse clients requires an intentional expansion of the scope of evidence-based treatment research.

Illustrative example from Dalhousie University

To address the needs of Indigenous clients referred by a community-based partner organization, the PCT co-Directors established a collaboration with Indigenous clinician, Charity Fleming, who developed Mikwendaagwad (It Is Remembered) Sacred Circle CBT. Students in the Clinical Psychology program and clinic supervisors completed a workshop introducing the need for adaptations and foundations of the adapted protocol. The clinical research team will disseminate the process and phases of developing this deep structural adaptation, so that the steps can be used by clinician scientists to address the diverse needs of other groups and regions. The process includes phases of relationship building, information gathering with Elders, deepening cultural connections through ceremony, adapting materials to include Indigenous artwork and metaphors, and finally validation and pilot testing. OCAP principles (Ownership, Control, Access, and Possession) for Indigenous research governance guide each step of the process.

Conclusions

With intentionality and explicit modelling, PTC Directors play a vital role in supporting the development of student competencies that integrate science and applied practice. This includes modeling how to: (1) frame a management or administrative problem into a research question and then determine the data needed to inform a solution; (2) review the literature to distill best practices, collaborate with stakeholders, and design, implement and evaluate innovative clinical programming; (3) integrate our complex sets of competencies by demonstrating data informed practices in supervision; and (4) engage in collaborative

research to address service gaps for diverse clients.

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APPICAPPROVED INTERNSHIP

The "Next Frontier" for Training Clinics

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The Proposition

Calling all "mid-level" (whatever that means) training clinic directors. So, you now have your "clinic 'sea legs' " and you've created some pretty cool clinic initiatives and innovations. If you're like many clinic directors at this level, you might have opened a specialty sub-clinic or secured some funding. Or maybe you've made some great